Wife Battering: A Theoretical Model and Treatment Approaches

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WIFE BATTERING: A THEORETICAL MODEL
AND TREATMENT APPROACHES

by

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A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Arts
Department of Psychology

Western Michigan University
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The purpose of the present thesis is to provide a theoretical framework to deepen understanding of the dynamics which lead to wife battering behavior and to illuminate its original causes and the process maintaining it.

Learning principles explicated by three learning-based theories are utilized as premises to explain the process the batterer engages in which produces his violent behavior. Some existing sociological theories of wife abuse and family violence serve as bases for some of the antecedent variables postulated in the model presented. Other cognitive-perceptual and emotional intervening variables are postulated to explain the process of wife battering behavior.

Treatment approaches taken from the spouse abuse literature and supplemented by the writer's suggestions for family therapy are described in a format which may serve as a useful reference for therapists working with marital violence.
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Special appreciation goes to my husband, Dr. Donald Woods, for his understanding, patience, and emotional support throughout my graduate study and the preparation of this thesis.

Joan Woods
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CHAPTER I

Introduction

This thesis is concerned with a major social problem which has remained hidden for generations: The problem of wife battering or physical assault of a woman by her husband, ex-husband, or male companion, whether living together or separated. Violence between people who know one another intimately in a conjugal relationship was publicly ignored until the late 1960's because of social taboos against intrafamily violence and because of deep shame and embarrassment on the part of victims which precluded their seeking help from any source.

The incidence of wife battering signals a devastating social problem of intense concern to its victims, to society's members, to social scientists, and is of special concern to those in the helping professions. Violent behavior within the family causes suffering of its members, damage to familial relationships, and contributes to family breakdown. The destructive social consequences of interspousal violence for the couples involved in it and for the social milieu in which they live have caused public attention to be focused on this problem by the mass media and by those in the mental health field.

Largely due to the journalistic focus on child abuse
as it came to the attention of people in the helping professions, much public concern was turned to intrafamily violence during the late 1960's and early 1970's. The Women's Movement, too, helped to raise public consciousness about the problem of woman battering, as more and more women protested mistreatment and victimization in all areas of their lives.

Evidence of the growing concern about spouse abuse is illustrated by the publication of a special issue of the journal, *Victimology: An International Journal*, entitled *A Special Issue on Spouse Abuse and Domestic Violence*. The editor, Viano (1977) commented that the unifying theme of the issue is:

1) that violence against women is a violation of human rights and shall be tolerated no more;

2) that women shall not wait for society's institutions to solve this problem but shall create the solution themselves and break the vicious cycle of violence by putting pressure on the male establishment; and

3) that women themselves have gained strength, solidarity and power by addressing this problem.  

(p. 416)

Such investigators as Straus, Gelles, Walker, and Martin have conducted survey studies, empirical research, and have contributed to the literature on interspousal and family violence.
Statement of Purposes of the Thesis

A complex set of socio-cultural and psychological variables operate to produce wife-battering behavior. The major purposes of this thesis are:

(1) to present a multi-causal theoretical model of wife-battering behavior, and

(2) to present treatment approaches to aid therapists in alleviating wife-battering behavior.

A purpose subordinate to that of presenting a theoretical model of wife battering is to arrive at a deeper understanding of the dynamics involved in the violent behavior itself and in the interaction between the assailant and victim of assault. The focus on the dynamics of the behavior results in an emphasis on an explanation of the batterer's behavior rather than the victim's role. The rationale for this approach is that much of the published literature on the subject of interspousal violence has, to date, focused on the victim's problems, characteristics, and role in "maintaining" the violent behavior of her mate. In the writer's view, an emphasis on the victim leaves the impression that the burden of responsibility for the abuse is put on the victim. A victim-blaming phenomenon has occurred, especially among those who have a less-than-full understanding of the problems involved in the process of victimization. It seems reasonable to attempt to examine
the violent behavior itself, its causes, its interpersonal
dynamics, and the system in which it occurs. It is the
hope of the writer that this examination will lead to
illumination of some of the causes of wife-battering in
the batterer's family of origin and in the socio-cultural
matrix in which human beings live.

Husband-battering will not be considered in the
present account; the psychodynamics at work in this
behavior differ from those in wife-battering, particularly
in terms of content. The process, as presented in the
theoretical model herein, may resemble that of husband-
battering, but many of the socio-cultural sources of
learning obviously differ. The incidence of wife-
battering is considerably higher than that of husband-
battering; additionally, the nature of the violence
inflicted on women by male assailants has been found to be
much more damaging and extreme than that inflicted on
males by women, except in cases of retaliation for
chronic, long-standing abuse by a male. A man attacked by
a woman can usually leave the scene, intact, quite easily,
but a woman victim may not have this option.

Various investigators and theorists have emphasized
one or more factors as causal variables. Single-cause
explanations of interspousal violence do not adequately
explain the behavior. Many factors, socio-cultural and
psychological, add to the probability of wife-battering.
In the present thesis, an attempt will be made to generate a multi-causal theoretical model to explain the behavior of wife-beating.

The purpose of presenting the treatment model is to provide a comprehensive treatment plan which may aid mental health professionals in alleviating the problem of wife-battering.

While preventative measures are badly needed by society and would be of great value, it is not the purpose of the writer to develop a preventative model of interspousal violence or wife-battering.
Definition of Wife-Battering

For purposes of this paper, the definition of woman or wife-battering is:

Physical assault or coercion of a woman, whether wife or co-habiting mate or former mate, by her husband, ex-husband, lover, boyfriend, or ex-boyfriend, in the form of slapping, hitting with fist(s) or weapon(s), kicking, pushing, shoving, scratching, stabbing, shooting, binding with anything, such as rope or chains, pulling from one space to another, locking in, locking out, or preventing action of the victim by the assailant. The assault may or may not produce physical pain or bodily injury and may be committed with or without provocation by the victim; if bodily injury occurs, it may be visible or invisible, may be done with or without a weapon, and is to be labeled physical assault if it has indeed occurred according to this definition regardless of the attacker's stated or un-stated intent. The coercion may include forcing the victim to commit or participate in involuntary actions (which may be repugnant to the victim) or preventing from voluntary action, such as being locked out of her own home, in any sort of enclosure, or tied up.

If the assailant repeats the physically assaultive behavior more than once, it may be said that he demonstrates a physically violent and abusive pattern of behavior in the relationship.

Wife or woman-battering may also be referred to as "mate assault, wife abuse, spouse abuse, interspousal violence, domestic assault, domestic abuse, domestic violence, conjugal violence, conjugal crime, mate abuse, spouse assault, or interspousal assault. (Please see "Definition of Terms," following this section.) The term "wife" in the expression "wife battering" or "wife abuse"
includes the victim who is not now or may never have been
married to her batterer, but who has experienced an
intimate relationship with him.

As a crime, wife battering is distinguished from
other forms of assault by two factors: (1) the intimate
relationship keeps the assault private, with many complex
psychosocial factors keeping the victim feeling trapped,
and (2) the usual setting for the battering is the
couple's private domicile, or the domicile of one partner,
or of relatives or friends of one partner. Traditionally,
the privacy of both the relationship and the setting in
which the violence occurs has been regarded as inviolable
by outsiders, even by police.
Definition of Terms

Abuse: (as in conjugal, domestic, mate, spouse, wife or woman abuse): (See Introduction, p. 6.) For purposes of this study, the terms 'abuse', 'assail', 'assault', 'attack', 'batter', 'beat', or 'behave violently' and/or any forms of these terms used herein refer to physical abuse only, although such abuse may be accompanied by verbal and/or symbolic abuse.

Assail: same as "abuse."

Assailant: One who physically attacks another violently; for purposes of this study, one who physically attacks his mate violently in the context of an existing or disintegrating intimate relationship.

Assault: To attack violently; for purposes of this study, same as 'abuse,' 'batter,' or 'beat'.

Attack: To assault violently, in the sense of taking the initiative in a struggle; for purposes of this study, same as 'abuse'.

Batter: To attack physically, to abuse, as defined above.

Battered mate, spouse, wife(-ves), woman: One who has been physically assaulted and abused by a partner in an intimate relationship.

Battering: Same as abuse.

Beat: Same as abuse or batter.
Co-habiting mates: A man and a woman living together as husband and wife whether legally married or not.

Conjugal: Of or relating to marriage, the married state, or matrimonial relations; for purposes of this study, 'conjugal' refers to an intimate relationship whether participants are legally married or not.

Domestic abuse, assault, violence: Same as definition of 'abuse' above.

Husband abuse, assault, battering: Same as definition of 'abuse' above, with the husband as victim of the abuse by the woman.

Marital abuse, assault, violence: Same as definition of 'abuse' above.

Mate: One of a co-habiting or married pair.

Mate abuse, assault: Same as definition of 'abuse' above.

Spouse: A married person, but for purposes of this study, either a co-habiting mate or a married person.

Spouse abuse, assault, battering: Same as definition of 'abuse' above.

Spouse abuse participant: One who participates in the behavior of spouse or mate abuse, as defined above under 'abuse', either as an assailant or as a victim.

Victim: One who is physically assaulted or abused by an assailant, as defined under 'assailant' above; for purposes of this study, the term 'victim' refers to a victim of mate or spouse abuse.
Wife: A woman married to, living with, separated from, or divorced from her husband, co-habiting male mate, or boyfriend.

Wife abuse, assault, battering, beating: Same as definition of 'abuse' above, with the wife as victim of the abuse by the man.
Existing Theories of Interspousal Violence

Most of the theories and explanations of wife-battering behavior or spouse abuse extant in the literature are multi-factored accounts; however, many writers have not tied the factors together to explain the batterer's behavior. Except for the sociological theories, many investigators, particularly those who appear motivated to promote practical means of helping the victims, have tended to focus on the victims' problems, need for help, and tolerance of the abuse, leaving unanswered the question of why the batterer assaults his mate.

Additionally, few of the earlier accounts of wife battering were process oriented. Rather, they provided lists and discussions of the factors involved in the phenomenon of spouse abuse, such as characteristics of batterer and victim, their family of origin experience with violence, and the effects of violence on victims, children, and family relationships. Victims' reports of what they believed to be causal factors of their mates' behavior were and are most frequently cited.

Some of the more recent theories of wife battering, particularly those developed by psychologists, are process oriented; i.e., they attempt to describe the process of what happens between assailant and victim, but do not
explain causal variables to account for the batterer's behavior.

The sociologists were the first to focus on interspousal and family violence; they laid the groundwork for later researchers by investigating the subject empirically as well as developing theoretical explanations of the phenomenon of violence between intimates.

Following are descriptions of the best-known theories of interspousal violence in the literature, developed by three sociologists and a clinical psychologist-researcher.

The Sociologists

Sociologist Goode (1969; 1971), in presenting a theoretical perspective, cited early socialization as the major factor at work in family and marital violence. He postulated that learning "instrumental violence" and the use of physical force occurs as a result of early family experiences. Instrumental violence is defined as purposeful physical coercion used to gain one's own ends. In keeping with Bandura's studies of aggressive behavior which strengthened social learning theory, Goode stated that the child learns from observing his own parents that males are stronger than females, and when they lose in a verbal battle they can have recourse to violence. A girl learns the limits of female power and the necessity to defer to male dominance.
Also, parents and, at times, teachers demonstrate instrumental violence by using physical punishment or its threat as a penalty when a child fails to heed injunctions.

Goode also hypothesized that the greater incidence of spouse abuse among lower classes is due to more socialization to accept violence as a behavioral alternative to handle conflicts than middle class children experience. He also postulated that lower class children receive less parental training in delaying gratification, have fewer sources of pleasure available, their restricted living quarters provide fewer places to escape conflict, and they have fewer resources with which to achieve social, personal, or material goals.

Goode (1971) presented the family as a social system which depends on the use of or the threat of force for its stability. He postulated that the greater the institutional support of the structure and roles within the family, the less overt force is likely to be used between family members. He asserted that the greater resources a person can control, the less he will tend to use physical force. His resource theory states that violence is used as a resource when other resources are lacking. One who has little money, power, or prestige suffers more frustration and may tend to resort to violence more. Positive social valuation of roles and structures within the family
is seen by Goode as the strongest force maintaining traditional roles and structures. Goode's analysis has been used by some authors to suggest that as social changes occur in traditional role expectations, particularly women's expectations for their own roles, some husbands may resort to violence or threat of violence to maintain superior status over their wives whose traditional position is subordinate (Whitehurst, 1974).

Straus (1973), a sociologist working in the field of domestic violence, used a general systems theory to explain intrafamily violence in which he viewed violence as a family systemic product rather than as a product of individual pathology. His theory specified "positive feedback" processes which produce an upward spiral of violence, "negative feedback" (dampening) processes which maintain the violence within tolerable limits and the morphogenic processes which change family role structures.

Straus' multivariate model suggests the interrelationships of parts of the social structure and the variables which determine the characteristics of the social unit. He categorized the variables in his systems analysis as antecedent, precipitating, and consequent. Antecedent variables consist of family organization; position in social structure, values, beliefs, and personality of family members, occupational roles, and characteristics of the social setting. Precipitating
variables are the family's stressful, frustrating, problem situations (undefined). Consequent variables include consequences of violence for society, the family, and children, including use of violence for social control. The consequences of violence for both family and society form a feedback loop, so that the antecedent variables are supported and maintained by the consequent variables to create a self-maintaining system.

In order to clarify his systems theory, Straus presented the following propositions of family violence:

1. Violence between family members arises from diverse causes, including normative expectations, personality traits such as aggressiveness, frustrations due to role-blockages, and conflicts.

2. Relative to the rate of publicly known or treated violence between family members, the actual occurrence is extremely high.

3. Most violence is either denied or not labeled as deviance.

4. Stereotyped imagery of family violence is learned in early childhood from parents, siblings, and other children.

5. The stereotypes of family violence are continually re-affirmed for adults and children through ordinary social interaction (high value on the tough male) and in the mass media (James Bond, Bogart types).

6. Violent persons may be rewarded for violent acts if these acts produce the desired results. This reinforcement serves to increase the probability that violence will be used again. (Straus cited findings from a behavior therapy study by Patterson et al., 1972, in substantiating this proposition).
7. Use of violence, when it is contrary to family norms, creates conflict over the use of violence to settle the original conflict. This "secondary conflict", in turn, tends to produce further violence.

8. Persons labeled as violent may be encouraged to play out the role through the development of a self-concept as "violent" or "tough" and through the expectations of others.

Straus discursively summarizes his propositional theory by stating that:

Violence is, in part, a system product... In brief, the strain of every day interaction, which constitutes the operation of the family as a social system, generates accommodations and conflicts, including violence. Violence... tends to increase when there is "positive feedback" through such processes as a) labeling, b) creations of secondary conflict over the use of violence, c) reinforcement of the actor using violence through successful use of such violence, d) the development of role expectations and self-concepts as tough or violent. (p. 116)

Straus' propositional theory of family violence may be the most useful and comprehensive sociological analysis in the literature on domestic violence.

Straus (1977) further developed a model to account for wife beating. The factors and some of their interrelationships in the model are:

1) The family is a type of social group characterized by a high level of conflict.

2) The U.S. is a nation which is fundamentally committed to the use of violence to maintain the status quo or to achieve desirable changes.

3) The child-rearing patterns typically employed by American parents train children to be violent.
This in turn:

4) Legitimizes violence within the family and

5) Builds violence into the most fundamental levels of personality and establishes the link between love and violence.

Other major factors:

6) The male dominant nature of the family system, with a corresponding tendency to use physical force to maintain that dominance when it is threatened.

7) The sexual inequalities inherent in our family system, economic system, social services, and criminal justice system, effectively leaves many women locked into a brutal marriage. They literally have no means of redress, or even of leaving such a marriage.

Straus further states:

It is the combination of these factors . . . which makes the family the most violent of all civilian institutions, and which accounts for that aspect of family violence which we call wife-beating.

Straus makes the interesting point that an ideological inconsistency exists between our equalitarian society and the sexist organization of the family. Inasmuch as family roles are assigned on the basis of sex and age characteristics of members, rather than on the basis of competence and interest, the sexist organization of the family has a high conflict potential built in when it exists in the context of a society with "equalitarian" ideology. Further, he points out, that even without this inconsistency, the conflict potential is high because, inevitably, not all husbands have the competence required
to fulfill the culturally prescribed leadership role (Kolb and Straus, 1974; Allen and Straus, 1975).

Sociologist Gelles (1974), a former student of Straus, conducted an extensive, empirically-based study on interspousal violence. While not based on a truly random sample, Gelles' study provided the closest-to-random sample data available at the time it was conducted. (As of 1980, there are no studies of marital or interspousal violence based on true random samples, mostly because of the private nature of the crime and the difficulty of carrying out such a task.)

One-third of the 80-family sample were police cases, one-third were social service agency cases, and one-third were neighbors of the cases with reported family violence. The data revealed that 57 percent of the sample had engaged in intrafamily violence, and 37 percent of the neighbors of the families who were social service, agency or police cases reported some incident of family violence. In terms of conjugal (marital) violence alone, 26 percent of the sample of 80 families participated in spousal assaults on a regular basis. Of the neighbors, 15 percent reported violence on a regular basis. Gelles considers the neighbor violence the best estimate of violence in the general population; however, he considers it an under-estimate because the figure excludes families with a public record of family problems and because self-reporting
by informants is assumed to be under-reporting for conscious and unconscious reasons. The data showed that husband-to-wife violence exceeded wife-to-husband violence by 30 percent in the most violent group (police cases). Of the husbands, 25 percent hit their wives chronically, while 47 percent hit their wives at least once.

More important than the resulting statistics on the incidence of interspousal and family violence was the social meaning of the violence as felt and expressed by the participants. Gelles found that the violence was most often considered to be "instrumental by the participants", with control issues in the context of conflict over role expectations at the core of many violent incidents.

From the data resulting from his study and from previous sociological theories of family violence (Coser, 1967; Goode, 1971; Straus, Gelles, Steinmetz, 1973), Gelles (1974) integrated a theory of violence. His model of conjugal violence assumes that family violence is a function of two major conditions:

First, violence is an adaptation, or response, to structural stress. Structural stress produces frustration, often followed by expressive violence. Structural stress also produces role expectations, (particularly for the husband), which, because of lack of resources, can be carried out "only" by means of violence (instrumental violence).
The second major precondition for violence is socialization experience. If an individual learns that violence is an appropriate behavior when one is frustrated or angry, (punishing children, arguing with wife) violence will be the stress-adaptation deployed.

A major intervening variable is the situational context in the causal sequence that leads to violence. A potentially violent husband is more likely to beat his wife in the privacy of their domicile, with no nonfamily people present. Other contextual factors present are lack of social support, patterned role relations, and the offender's vulnerable self-concept. Additionally, Gelles' data revealed that violence is more likely to occur in families located on the lower end of the social structure; the findings, for Gelles are consistent with a social structural theory of violence.

Gelles' propositions for his "Social Structural Theory of Violence" are:

1. Violence is a response to particular structural and situational stimuli . . .
   Generally, violence is a response to stress and frustration or to threats to identity.

2. Stress is differentially distributed in social structures. Those families that have less education, occupational status, and income are more likely to encounter stressful events and have stressful family relations then are families with higher education, occupational status, and income . . . Families that encounter the most stress have the fewest resources to cope with it.
3. Exposure to and experience with violence as a child teaches the child that violence is a response to structural and situational stimuli. The role models for violence...provide a learning situation where the use, rationale, and approval of violence are stimuli (as opposed to other responses--withdrawal, suicide, "psychological" violence).

4. Individuals in different social positions are differentially exposed both to learning situations of violence as a child and to structural and situational stimuli for which violence is a response as an adult.

5. Individuals will use violence towards family members differently as a result of learning experience and structural causal factors that lead to violence.

Gelles' theory is consistent with much of what is found in frustration-aggression theory, learning theory, self-attitude theory, and resource theory of violence. His position is that "norms and values that approve of violence and lead to a subculture of violence arise from the underlying social structure" (p. 190).

A Psychologist

A clinical psychologist-researcher, with extensive experience with battering couples, Walker, (1979), developed the ''Theory of Learned Helplessness'', which relates to the victim's process:

(1) Information about what will happen;
(2) thinking or cognitive representation about what will happen (learning, expectation, belief, perception); and
(3) behavior toward what does happen.
Dr. Walker postulates that the victim's faulty expectation that response and outcome are independent occurs in the second, "cognitive representation", component. The victim's expectation about a given event may or may not be accurate; e.g., if a woman has control over response-outcome variables but believes she does not, she responds with the learned helplessness phenomenon. She gives up when she believes her situation is hopeless. If a person believes that she does have control over a response-outcome contingency, even if she does not, the behavior is not affected. The belief or expectation, then, is more important than one's actual control over a situation.

This theory is based on Dr. Walker's research with battered women and was inspired by animal research done by Seligman (1974) on the learned-helplessness phenomenon in the rat.

While the above theory partially explains the victim's tolerance of abuse and supplies a rationale for her staying in a battering relationship, it does not explain the batterer's violent behavior. Walker (1979) also developed the "Cycle Theory of Violence" as a direct result of working with 120 cases of wife-battering; the theory describes three distinct phases in the battering cycle experienced in violent intimate relationships and provides a description of the process involved in interspousal violence.
Phase I is the tension-building phase. Phase II is the acute battering incident, or explosion phase. Phase III is the calm, loving respite phase. Phase I is characterized by various kinds of minor battering incidents in which the batterer may begin with verbal abuse, criticism, rejecting food his wife has prepared by throwing it, threats, etc. The tension between the spouses escalates, the man becomes more possessive and brutal in his humiliation of his wife; the minor battering incidents become more frequent. She becomes less able to defend herself and withdraws from him. He moves toward her. Walker states that at this point whatever the woman does is subject to misinterpretation by her (potential) batterer. The tension explodes into Phase II, the acute battering incident. The Phase II acute incident is distinguished from the minor battering incidents in Phase I by the batterer's lack of control and his extreme destructiveness. In her work with wife battering cases, Walker has observed that lack of predictability as well as lack of control characterize Phase II; i.e., it is almost impossible to predict the extent, kind, and timing of the batterer's violence that will occur in the acute stage.

The trigger for moving into Phase two is rarely the battered woman's behavior; rather it is usually an external event or the internal state of the man . . . . It is not uncommon for the batterer to wake the woman out of a deep sleep to begin his assault. (pp. 60 - 61)
A "Catch 22" dynamic seems to operate in the process at this point: the victim gets the beating no matter what her response, truly a no-win situation for her. The batterer cannot stop his violence even if the woman is severely injured. Victims report that they feel psychologically and physically trapped and believe that if they do anything to resist, the attacker will only become more violent.

Phase III, the calm, loving respite phase, is characterized by the batterer's loving, kind, and contrite behavior. The battered woman's victimization becomes complete in this phase. The batterer knows he has gone too far (unless he attacked her when drunk, in which case, he may deny remembering having done it at all!), and he may beg her forgiveness, assure her of his deep love for her, and promise he will never do it again. Victims have described their husbands' behavior at this point as typical of a little boy who has done something wrong. The battered woman wants to believe him and that his loving behavior will last. At this time, she reexperiences how wonderful love is. The batterer's behavior in this phase reinforces her for staying in the relationship. Since almost all of the rewards of being in the relationship occur during this loving phase, she is unable to assess her situation realistically. Emotionally, this is the most difficult time for her to think of ending the relationship.
Walker points out that there are other compelling economic and social factors which contribute to and perpetuate the victimization process, but that "the propensity to being a victim repeatedly is socially learned behavior that can be unlearned." (pp. 55-67)

Walker's cycle theory of violence describes what the process of violence is, the pattern, and what is happening in the system of the couple; however, being descriptive rather than explanatory, it does not explain the batterer's behavior in terms of causes.
Summary

The sociologists were the first to develop theories of interspousal and family violence. Goode's (1969; 1971) resource theory postulates that family members use violence as a resource when other resources are lacking; those who have little access to resources, such as money, power, or prestige, as is characteristic of those at the lower end of the social structure, may tend to resort to violence more than those more in command of such resources.

Straus (1973; 1977) hypothesizes a feedback loop in which antecedent variables create preconditions for family violence, precipitating variables initiate it, and consequent variables maintain antecedent variables in a self-sustaining process. Straus' propositional theory of family violence appears to be the most comprehensive sociological theory in the domestic violence literature. In his model of wife-beating (1977), Straus cites child-rearing practices and the sexist organization of the family as major causal variables in wife-beating.

Gelles' (1974) study provides the most extensive empirical findings on conjugal violence to date. Of his whole sample of eighty families, 57 percent reported engaging in intrafamily violence at least once while 26 percent of the whole sample participated in spousal
violence on a regular basis. Husband-to-wife violence exceeded wife-to-husband violence by 30 percent. Of the husbands, 25 percent hit their wives regularly. Most of the participants in Gelles' study reported that they considered the violence they had experienced to be "instrumental," i.e., for the purpose of controlling the victim.

Gelles, in his social structural theory of violence, postulates two major preconditions for conjugal violence: (1) response to structural stress ("structural" refers to the couple's position in the social structure which is determined by occupational status, educational level, and resources, all of which affect role expectations), and (2) socialization experience with violence in the family of origin and in the culture. The situational context is a major intervening variable.

The sociological theories provide the most comprehensive accounts of intrafamily and interspousal violence; however, they are so all-inclusive that, as paradigms, they lack the specificity needed to account for the batterer's violent behavior in intrapsychic or interpersonal transactional terms.

The fourth theory of spousal violence reviewed, that of Walker (1979), appears to rely on cognitive-behavior theory and social learning theory. Her "Learned Helplessness Theory" explains the victim's tolerance of
physical abuse, citing the cognitive component in the theory as the one in which the victim's belief or expectation about outcome determines her behavior in the violent situation and relationship.

The "Cycle Theory of Violence" provides a more wholistic view of the process of violence in the couple's relationship. This theory is a good beginning; however, it is descriptive rather than explanatory and does not explain the causes of the batterer's behavior.

In reviewing the above theories, it seems that the sociological theories are too broad and lacking in specificity to pinpoint the causes for the batterer's violent abuse of his mate.
CHAPTER II

Review of Selected Literature

One of the tragic aspects of wife battering is that the victim, although the target of violent physical attack, is often not regarded as a victim. A wife-victim may be seen by others, including police, as having done something to cause the beatings, as not having fulfilled her "wifely" role, as a masochist, or simply as sick, if she remains in the relationship. Many misconceptions about wife beating, particularly about the victim, result in the victims' inability to obtain help when needed, whether from family, friends, or law enforcement agencies. A survey of the literature reveals a commonality shared by victims: they do not ask, or invite by their behavior, to be attacked or beaten.

It is impossible to know the true incidence of mate assault because victims have been reluctant to report its occurrence. Martin, in her book, Battered Wives, reported these findings:

A Chicago police survey reported that 46.1 percent of all major crimes except murder committed against women during a six-month period occurred in the home.

A family court in New York handled over 14,000 wife assault complaints during the 1972-73 judicial year.

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Of the victims treated for assault in a Boston hospital in 1975, 70 percent were women who had been attacked in their homes. (1976, p. 12)

FBI statistics indicate that a woman is beaten in America every 18 seconds, on the average. An estimated 28 million wives are abused. The abuse ranges from beating and punching to stabbing and shooting (Grand Rapids Press, 1979).

The incidence of wife battering appears to be increasing because of the greater number of reports made each year by victims. However, the victims are increasingly able to rise above their feelings of shame and fear to seek help, and the increase in reported assaults may simply be the tip of a very old iceberg. Whether the increase is real or the result of better reporting, the high incidence of this kind of violence is of great concern to us all, not only to the victims and their families, but also to those in the helping professions.

Domestic violence has direct and indirect effects on the social matrix in which the families involved in it are embedded. Its social consequences are destructive for the larger community as well as for the family as a social institution. Once begun, violence within the family tends to escalate and broaden; it has been known to end in homicide.
Historical Attitudes

Historically, physical violence within marriages, intimate relationships, or families was not revealed publicly until approximately the 1960's. Wife abuse has, of course, existed from the beginning of human civilization in varying degrees. However, an unspoken social taboo against openly admitting that it actually occurred prevented communication about it. This massive denial that physical damage was being inflicted on family members, to say nothing of emotional or psychological trauma, may have its roots in the reluctance that many people may feel in facing their ambivalence toward their own mates and toward commitment to the intimate relationship. The dissonance that many may experience in their negative or ambivalent feelings toward their mates, as well as toward the responsibility issue in a committed relationship, may allow the hostility to be rationalized or may cause too much discomfort to allow it into conscious awareness.

In any case, violent behavior in most Western cultures is not socially acceptable. In a sociological and psychological climate of shame and denial, some of the more extreme cases came to the attention of human service professionals during the sixties in hospital emergency rooms, doctors' offices, police departments, and social
service agencies. Undoubtedly, many cases of domestic abuse were noted by human service personnel before this decade, but because human and civil rights were not yet an issue, few protests were made and most such cases were kept quiet.
Current Attitudes

Research in the field of spouse abuse has been limited by the private nature of the crime. Few empirical studies exist which are based on samples representative of the population of interest, i.e., couples whose fighting includes physical violence or coercion in a form described in the definition of woman battering in Chapter I.

The first empirically based estimate of the incidence of spouse abuse was done by Levinger (1966), a study which presented findings from interviews with 600 applicants for divorce in Cleveland, Ohio. Wives were found to complain eleven times more frequently than husbands that physical abuse was a problem in the marriage. A socio-economic (SES) difference was found: 40 percent of the lowerclass wives complained of physical abuse, while 23 percent of middle class wives complained of it. However, middle class wives may be reluctant to report such abuse; the SES difference found may not represent an actual difference in abuse.

The progress made during the decade between the late sixties and the late seventies marked the beginning of a new period in social history in terms of awareness of and addressing the problem of domestic violence. However, belief in many reigning myths still fosters reluctance to admit the reality of physical abuse suffered by many
victims at the hands of their mates, especially those myths concerning role expectations of marital partners. Cultural "scripts" are created as people learn messages about various life roles from family members and from the surrounding culture. The accrual of messages is stored in memory, usually unconsciously, and becomes a "script" for a given marital, love relationship, family, or social role. In the acting out of the role of husband or wife, a person may attempt to fulfill his/her own expectations and what he/she imagines are others' expectations of him/her in that role. Stereotypical thinking about roles often leads to disappointment with oneself and with one's mate. As people fail to match expectations for various roles, and because it is difficult, if not impossible, to live out a script for a role perfectly, some people may prefer to ignore the consequences of giving in to frustration, such as inflicting physical abuse on a mate. Learned scripts, role expectations, and stereotypical thinking were part of the analysis of family abuse done by Justice and Justice (1976).

Another issue that keeps wife battering in the closet is that, traditionally, the husband has supported the woman financially, and beyond that, has been expected by society to support their children as well. His doing so has caused some men to adopt an "ownership" attitude toward their wives because they are supporting them. The
male assailant often believes that he has a "right" to "keep the little woman in line." One man, being charged with assault by his wife whom he had beaten over a five-year period, expressed surprise: "What's wrong?" he asked police. "She's my wife" (Michigan Women's Commission, 1976).

Stark and McEvoy (1970) completed a study using a representative sample of 1,176 American adults which showed that 20 percent of adults approved of slapping one's spouse on "appropriate" occasions. However, men were more likely to approve of this behavior than women. This study showed no differences in SES in approval of violence or in reported participation in violence.

A Harris poll showed that 20 percent of American men in the general population believe in a man's right to beat his wife (Lindsey, 1978).

It is interesting to note that the problem of wife abuse has come to full public awareness only during the decade of the seventies, paralleling the growth of the Women's Movement as well as the focus on child abuse. Since women have begun to work in great numbers, to take financial responsibility, and to have their career involvement accepted by society, they have come to realize that they have the right not to be regarded as chattels. Additionally, women's self-esteem has risen along with greater self-reliance and higher expectations for
themselves; high self-esteem is not compatible with tolerance of abuse. With the accompanying realization that their civil rights to physical safety were being violated, some of those who suffered abuse from their husbands became courageous enough to speak out and report their attackers (Walker, 1979). It is largely through the efforts of those who work in the mass communications media and in the helping professions that this awareness, for many women, has become possible.
Aggression

Many theorists have attempted to account for aggression in human behavior. According to Freud (1920), aggression was a basic instinct whose source was the id, the structure Freud conceptualized as providing sexual and aggressive energy. If aggressive energy is channeled into problem-solving or a defense against realistic attack, it is seen as constructive. However, if aggression (or its motoric expressions of anger, rage, and hostility) is the outcome of unresolved emotional conflict, is self-destructive, non-problem solving or unrealistic, it is destructive or pathological.

Erich Fromm (1975) spoke of the sadistic character, the necrophiliac character, and the bored character as those character structures most prone to aggression. He postulated that the sadist uses aggression in order to gain control over others, the necrophiliac hates and wishes to destroy life, and the bored character uses aggression to compensate for what he feels is a flat and unexciting existence.

Konrad Lorenz (1966), the ethologist, claims that man always possesses aggressive urges that are released in violent acts when stimulated. The more aggressive energy an individual possesses, the less powerful the stimulus has to be to elicit an aggressive response.
Social Learning Theory

Social learning theory rejects the notion of aggression as an instinct and proposes that it is a learned response. Bandura (1961) showed that aggressive behavior can be learned through observation or imitation, and the more often it is reinforced, the more likely it is to occur. The person whose goal is blocked or who is frustrated by a stressful event experiences an unpleasant emotional arousal, which may elicit different responses, depending on what responses the person has learned to use for coping with stress. The person may choose aggressive, violent acts if he has observed such behavior in the past, or other responses, such as withdrawal, dependency, or problem-solving, depending on his learning history.

Bandura, Ross and Ross (1963b) designed an experiment in which one group of nursery school children observed aggressive adult models, and a second group viewed models who were subdued and non-aggressive in their behavior. Each group was further divided so that half the children in each condition observed same-sex models, while the other half in each group observed opposite-sex models. A control group had no exposure to the models. Children in the aggressive model condition observed the model perform a number of aggressive behaviors toward a large, inflated plastic doll. The children in the nonaggressive model
condition saw the model assemble other toys in a subdued fashion, ignoring the doll. Bandura expanded the experiment by replicating the above design except that additional aggressive models, both human and cartoon models, were presented on film. Results showed that live and film modeling of aggression produced twice as much aggressive behavior by the children as the nonaggressive live model condition or the control group. Further, children who observed real-life aggressive models displayed more imitative aggression than children who had viewed the cartoon model. Overall findings revealed that exposure to human models displaying aggressive behavior on film was the most influential method of eliciting aggressive behavior.

The aggressive behavior was clearly sex-typed as appropriate masculine behavior: the aggressive male model was more influential than the female model in eliciting aggressive behavior. Girls displayed significantly less imitative and nonimitative aggression than boys, while boys performed significantly more imitative aggression than girls.

These experiments provide some evidence that adult behavior may be highly influential in shaping children's frustration-reactions. Children who observed the aggressive models displayed significantly more aggressive behavior when subsequently frustrated than children who
were equally frustrated but had no prior exposure to models exhibiting aggression.

Bandura and McDonald (1963) conducted an experiment in which social learning theory combining the principles of operant conditioning and imitation was applied to a developmental problem to test Piaget's stage theory of moral development. According to Piaget, two stages of moral judgments in children become demarcated from each other at approximately seven years of age. In the first stage, called "objective responsibility", children judge the gravity of a deviant act in terms of amount of resulting material damages. In the second "subjective responsibility" stage, children tend to judge deviant acts in terms of the intent of the actor. The experiment was to test the effects of (1) modeling combined with reinforcement of the child-observer, (2) modeling alone, and (3) direct reinforcement of the observer-child alone. Modeling alone was found to be as effective in modifying children's moral judgments as was combined modeling with direct social reinforcement. However, modeling proved more powerful than operant conditioning in this experiment. Also, developmental "stages" can be readily altered through the application of appropriate social learning principles, particularly modeling procedures.

Subsequent experiments (Bandura and Ross, 1963) showed that children are more imitative of adults who
control rewarding resources than of adults who consume these resources, and further, that power inversions promote cross-sex imitation. The research of Bandura et al suggests that much of a child's behavioral repertoire is acquired through imitation, not only of patterns of behavior, but of attitudes exhibited by adult models. Once acquired, these patterns, both behavioral and attitudinal, can be maintained by reinforcement.

It is the writer's contention that the learning principles of both social learning theory and operant theory can be applied to wife battering behavior and can be used to explain the acquisition of physically violent and coercive responses directed toward the aggressor's wife. This claim will be discussed further in Chapter III, in which the development of a theoretical model of wife battering will be attempted.
Profile of the Assailant

A review of the literature reveals that considerably less work has been done to discover assailants' motivations to behave violently toward their mates than has been done to discover victims' reasons for tolerating the abuse. This difference is undoubtedly due to the accessibility of the victims, the fact that they are more likely to seek help than are assailants, and to the fact that assailants are usually defensive about their behavior and refuse intervention.

Elbow (1977) differentiates four major personality types among abusers:

1) The Controller. . . can become violent when he doesn't get his own way, and believes his abuse to be justified. . . He sees (his wife) as the parent who controlled him and feels that if he doesn't control her she will control him.

2) The Defender is also self-righteous but wants. . . to protect his wife, in order to keep from facing his own need for protection. . . The basic anxiety that triggers his violence differs from the controller's in that while the controller fears being controlled, the defender fears being harmed.

3) The Approval Seeker has inappropriately high expectations of self. . . He abuses when his self-esteem is especially low. . . His parents usually withdrew their love when he didn't measure up, and he sees his wife the same way -- he may hope she is accepting, but he expects her to reject him. He may instigate fights in order to test her love. . . .

4) The Incorporator is characteristically desperate to incorporate another's ego in order to make himself feel whole. He may
use drugs or alcohol heavily, and he exhibits jealousy. . . He is insatiable in his need for support and comfort, fearful that his wife will be taken away from him.

Elbow's formulations of these personality types are based on clinical experience with abusers.

Psychologist Serum (1978) indicates that dominant characteristics of assailants appear to be self-deception and deception of others. Serum reports from clinical observation that assailants typically project blame onto others for their own behavior and its consequences, and they refuse to take responsibility for their own actions.

Other clinically observed characteristics of the assailant reported by Serum are that he attempts to control his mate, and his doing so may allow him to place blame and responsibility on her for problems which occur because of his own refusal to take responsibility. He seems to derive gratification from controlling her and her actions in the form of feelings of power and dominance. A major value for most assailants is living up to the "macho" role they impose on themselves. Getting power over one's mate, being domineering, and always being "one-up" are part of that role. When the assailant assaults his mate, he projects blame onto her for his actions. Many victims accept this blame in order to survive, for the most part. The victim may imagine that she can eliminate or diminish his assaults by behaving in
an accommodating, submissive manner. However, at this point, such behavior may serve to maintain his assaultive behavior: he derives immediate gratification from his assault because she becomes submissive and accommodating. His getting her to accept blame for the assaults is likely to result in an escalation of the violence. Both assailant and victim at this point are under the illusion that something in her behavior causes his attacks, such as inadequately fulfilling his expectations of her wifely role.

In cases in which the assailant abuses alcohol, however, his drinking is blamed for his violent behavior. Actually, drinking serves as a mechanism to allow his violent tendencies to be expressed; the alcohol unlocks whatever inhibitions against expressing anger that he may have without it. In a warped sense, it "legitimizes" his violence in the sense that it serves as his excuse; again, he escapes taking responsibility for his assaultive behavior.

The assailant is likely to be pathologically dependent on his mate; their relationship may allow him to avoid feeling the intense guilt, fear, and agitation he would feel with awareness of his own responsibility for his behavior, his own life and survival. He may achieve this avoidance by blaming her. He appears to use his desire to avoid pain by manipulating her, and in this way, it is possible that he shapes the victim's behavior, as previously described (Serum, 1978).
A study undertaken by the Social Work Department of Western Michigan University (Alagia et al, 1977) developed a profile of men who batter their wives by asking agency mental health workers for their subjective clinical observations of assailants' characteristics. The first fourteen characteristics listed (all endorsed by three or more clinicians), in order of those receiving the most consensus, were:

1. Low self-esteem
2. Male role as macho and domineering
3. Inadequate
4. Drinks excessively
5. Can't express feelings appropriately
6. Dependent
7. Impulsive
8. Frustrated
9. Blames others for problems
10. Doesn't recognize there is a problem
11. Needs to be in control
12. Angry
13. "Isolated"
14. Guilty

(p.40)

These characteristics closely parallel those delineated by Serum as a result of her clinical work with assailants and victims of wife assault.

The Police Management and Operations Divisions of the International Association of Chiefs of Police publishes The Training Key which, in 1976, printed an article entitled, "Wife Beating," in which several assailant characteristics were cited:

1. "Overly concerned with living up to the role of the dominating male, . . . a compulsion to exercise stereo-typical
masculine traits, such as physical aggressiveness"

2. Unsuccessful financially, occupationally, and socially

3. Low self-esteem

(The Training Key, 1976)

Star (1978) completed a study of battered wives in which the women in the sample described their abusive husbands as extremely jealous, unaffectionate, and extremely controlling of the couples' married and social lives, with sex-role stereotyping very evident. The study showed that the husband's excessive jealousy most often served as the focal point for arguments. Clinical work indicated that the assailants had rigid role expectations for themselves and their wives, that when the stereotype was not lived up to, the husband could not control his emotions and would explode (1977).

Markie (in Bell, 1977), a clinician with extensive experience with spouse abuse participants, bases his concept of the wife beater's violence on the human nervous system. He states that the autonomic nervous system has anger and fear at one extreme and depression at the other. When people encounter situations they fear, they try to neutralize the fear, either through taking positive action or by withdrawing. Markie classifies the assailant as choosing the (active) response to stressful and fear-producing situations, while the victim chooses the with-
drawal response. He also characterizes the batterer as one who swings between the extremes of depression and anger; his anger usually arises from unfulfilled expectations. The assailant expects the world to be a certain way and when his expectations are not fulfilled, he becomes frustrated and angry. He may have built up a backlog of anger because of unrealistic fantasies about his self-image or about his mate's imagined infidelities. He builds up internal stress in this way until some minor frustration causes his anger to explode; if he experienced violence in his background, he may become violent. The background experiences Markie sees as conducive to adult marital violence are family of origin violence, participation in war, or violence in the man's line of work.

Fleming (1979), lists common characteristics of the abuser:

- Heavy drinking or drug use
- Abuse during the courtship period
- Extreme jealousy; a need to keep the woman totally controlled and isolated
- A history of having been abused as a child, or of having witnessed abuse of his mother by his father
- Inability to tolerate frustration
- A violent temper, often sparked by little things
- Cruelty to animals: enjoyment of hunting for the sake of killing animals, or abuse and mistreatment of pets
- Preoccupation with weapons
- Mental illness
- Poor self-image; insecurity about his own masculinity
- A pattern of blaming others, particularly his wife, for his problems
Acceptance of violence as an appropriate problem-solving method
Unemployment or high levels of job dissatisfaction (pp.295-296)

Fleming points out that the batterer is often dependent on his wife and believes that he cannot survive alone; he deliberately creates a symbiotic bond between himself and wife. He experiences conflict about taking responsibility and what he perceives as demands on himself in terms of expectations in his role as husband; this seems to be validated by the escalation of his violent behavior when new stress sources are added to the family, such as pregnancy of wife, unemployment of husband, and financial debt.

Prescott and Letko (1977 in Roy, 1979), wrote:

Men who feel declining ability to control their careers may see the marriage as the main area of control which they must maintain -- the one area where they can continue, through the exercise of physical force, to maintain their authority. (p.75)

A Michigan study on woman abuse reported these findings:

1) 25 percent of male assailants were unemployed
2) 50 percent of male assailants were skilled laborers
3) 25 percent of male assailants were white collar professionals.
   (Michigan Women's Commission, 1976)

The preponderance of abusers in the Michigan study who are unemployed or in low-level jobs may tend to corroborate the notion that men who find they are not living up to their own or other's role expectations for
themselves, either as men, as husbands, as providers or as fathers may be more likely to use physical force to get a sense of control, dominance and power over their wives.
Profile of the Victim

A review of the literature reveals a profile of the woman victim as dependent, having low self-esteem, feelings of bewilderment, helplessness, and of being trapped. She may often identify herself with the wifely role rather than as an individual. Since she may still feel love for her husband based on earlier experience in their relationship, she often wants help to change his behavior rather than to leave him (Ball, 1977).

Scott (1974) points out that these women victims remain in the abusive relationship because the husband or lover often threatens them or their children, because of inability to find alternative solutions, such as housing or support, because of social isolation, and that they often have expectations of marriage that approximate their parents' marriages which were often violent.

Gayford, (1975, in Martin, 1977) of London conducted a survey of 100 battered women, 85 of whom were married and 15 of whom were living with mates. Ages ranged from 19 to 59; they were subjected to beatings during periods ranging from one to 25 years. All of them had been hit with clenched fists; 44 had suffered lacerations; in 17 cases their assailants had used sharp instruments to injure them. Of the 85 women, 71 were taking anti-depressants or tranquilizers at the time the survey began.
Six of the women stated they found it possible to call for help, while 42 said they saw no possible way to avoid the assault or lessen its severity. Eighty-one of the women had left their husbands more than once. In 54 cases the husband had abused the children as well, one reason the women cited for leaving. The women who returned to their mates gave these reasons:

He pleaded and promised to reform; he threatened and/or performed further acts of violence; she had nowhere else to go; the children were still in the home; she felt love or sorrow for her husband. (pp. 74-75)

The needs of such women are often not met by society; many have attempted to get help from police to no avail. Police often feel constrained to interfere in domestic quarrels. The traditional policy has been to leave the couple alone to solve their own problems. Once the police find that the woman is married to, lives with, or even knows the man who assaults her, they often refuse to respond to the call, knowing that there is a possibility of police injury when weapons are present. The largest number of police fatalities occur during domestic violence calls. Also, that some women return to their spouses or even "side" with them is cited by police as evidence that responding accomplishes nothing. This is not always the case, however. Walker (1979), reported that her research showed that victims who sided with their batterer when police arrived reported that they did so to minimize their
attacker's anger when the police leave. Most of these women want and need help, and when the husband successfully rebuffs police who arrive at the scene, the woman is left to face her attacker alone who then often retaliates for her calling the police. (Martin, 1977)

Further, there is an unusually high incidence of wife-beating reported among police officers. Some of these men have been socialized to believe that they have a "right" to "discipline" their women and therefore should not interfere when another man is doing so. As Gelles, sociologist and author of The Violent Home (1974), stated, "It is a sign of the Humphrey Bogart macho-image." (Grand Rapids Press, 1979)

In Gayford's survey, one-third of the women had sought police help. Three-fifths had gone to social service agencies; nine-tenths had sought refuge. Of these, 25 percent needed protection from their husbands or mates, over one-third needed legal assistance, and one-fifth needed housing.

Refugees and counseling centers for battered women have been created, especially in England and America. The first such refuge was started in England by Pizzey, whose book, Scream Quietly or the Neighbors will Hear (1974), speaks eloquently of the battered woman's tragic plight.

At a world conference of the International Society on Family Law in 1977, Freeman, of the faculty of law of
University College, London, presented a paper concerning legal responses to the wife-battering problem. He stated:

*Man's inhumanity to man is matched only by man's inhumanity to his wife. Thousands of women throughout the world are killed, raped, maimed, and brutally assaulted by their husbands or by men with whom they are living.*

(1977)

One unusual case made news headlines in Michigan in 1977-78. Francine Hughes reached the breaking point after 13 years of violent attack by her husband. In retaliation, she poured gasoline under his bed as he slept and ignited it. This act followed a particularly degrading episode of assault. She had called the sheriff's office during the attack, but the deputies, who heard her husband threaten to kill her while they were present, left soon after the fight cooled. She had no protection under the law for her physical safety. The judge's post-trial statement indicates the need for remediation of the law for such victims and of police techniques in responding to such calls:

*All of a sudden, we realize that we have thousands of women who have had no recourse under the law. Where are we when these people are crying for help?* (Press Wire Services, 1977)

Hughes was acquitted of her husband's murder by reason of insanity on the ground that she broke down after thirteen years of brutal physical abuse by her husband.
The newspaper accounts of this case pointed out that, according to Mrs. Hughes' own reports, she had been taught to believe that she must fulfill the stereotyped role of traditional wife and mother. She felt "obligated" to remain with her husband regardless of his treatment of her. She stated she had learned in her family of origin that only the husband has the right to behave as he chooses and that the wife must adjust to what he wants.

Martin (1977) wrote of the destructive effects of some of the learned role expectations in marriage, stating that "husband" and "wife" roles grew not just out of biological realities but out of the patriarchal nuclear family structure traditionally imposed by society. Our ideas of masculinity and femininity define these roles and create powerful expectations about how men and women and husbands and wives "should" behave which reinforce, in turn, our culture's values. She wrote:

These role definitions are not natural to either sex . . . Both men and women are having difficulty living up to these artificially determined roles. They blame and resent each other for expecting the traditional roles to be fulfilled. . . Conflict between social expectations and personal preference might tear a marriage apart. If that conflict expresses itself violently. . . the woman as the physically weaker partner is more apt to bear the physical brunt of the ordeal. (pp. 43-44)

In a study in which Gove (1972) attempted to determine the relationship between sex roles, marital status, and mental illness, the investigator suggested that
the role of married women is responsible for the higher rate of mental illness among women than among men in modern Western societies. His findings revealed that while married women have higher rates of mental illness than married men, when single women are compared with single men, divorced women with divorced men, and widowed women with widowed men, the latter group of women have lower rates of mental illness than their male counterparts. Gove concludes that it is women's marital role which accounts for the difference in mental stability.

A Grand Rapids newspaper reported on a heretofore unreported phenomenon among teenagers: high school girls have begun to report that their steady boyfriends have beaten and physically abused them. This little known problem is hidden by the victims because, they state, they fear further abuse or because they fear the disapproval of parents or their peers. Counselors who deal with this problem report that the teenagers tend to minimize the abuse, had been abused by their parents, or had seen physical abuse between their parents. (Burkert, 1980)

The findings of Star et al's (1978) study on wife battering indicated that 30 percent of the sample of battered women reported witnessing their father beat their mother at least once; 33 percent directly experienced frequent physical punishment from parents or parent surrogates. Thirty-three percent reported being sexually
assaulted before marriage. Sixty-seven percent of the sample had been battered by the end of their first year of marriage. The victimization process resulted in an overall profile of the battered women in this sample as having low self-esteem, lack of self-confidence, a tendency to withdraw, a sense of discomfort when interacting with others, and anxiety, with much difficulty in binding their anxiety. The authors further stated that battered women typically lack clear self-identities because of early deprivations in emotionally restrictive and unstable family situations. Most victims had lacked adult models to show them appropriate and rational ways to express or control their feelings.

Walker (1979), in her learned helplessness theory, points to the battered women's belief about her situation to explain why battered women do not attempt to free themselves from a battering relationship. When battered women believe the situation is hopeless, that they cannot control what happens to them, that nothing they can do will influence their batterer's behavior, they tend to give up and operate from a belief of helplessness. This perception becomes reality and they become passive. Walker states that helplessness also damages human ability to do problem-solving in terms of motivation to initiate such actions. Learning ability is hampered and the victim's response repertoire is narrowed, with the battered woman becoming increasingly blind to her options.
The Systems Nature of Abuse

A study of 1,384 battered women (Sisters for Human Equality, 1977) identified three types of battering: (1) Sadistic wife-battering, involving humiliating, degrading physical, verbal, and emotional abuse; (2) dependent wife-battering, in which the woman acts as rescuer, then victim while the man is persecutor, and then victim who must be rescued; (3) traditional wife-battering, in which the woman is victim and the husband is persecutor, the purpose being for the man to dominate and control.

The literature reflects that patterns of behavior that emerge in family violence manifest the symbiotic relationship between victim and assailant (Justice & Justice, 1976). The abuser becomes angry and frustrated that he is dependent on his victim for being taken care of. It is possible that, in his perception, she does not fully meet his unusually infantile dependency needs. Many events may serve as cues for the violent behavior -- anything that goes wrong and disrupts the illusion that all of his needs should be met, that he should be in control of his mate and of his household, that he should dominate. To establish dominance and control, he beats her and is persecutor, while she is victim. He then becomes remorseful and repentant upon hearing his victim's expressions of pain; he then uses his pain, or
guilt, to force his victim to take the role of rescuer. His mate rescues him, takes him back, and nurtures him. In this "drama triangle," the pattern is one of neurotic symbiosis.

According to researcher-psychologists Justice & Justice (1976), a quality of "fusion" seems to characterize abusing couples. Not only is the male abuser emotionally and tightly bound to his wife or mate, it is frequently found that he was (or is) also bound to his mother. His parents' relationship served as a model, and if he perceives his mate as not fulfilling his needs, or what he may perceive as needs, he uses anger to manipulate her which escalates quickly into violent behavior. The Justices found that abusers have been found to be dependent on significant others for a sense of self. The more lack of differentiation that exists in a family, the more problems that are likely to occur during stress, expressed as marital conflict, dysfunction in a mate or spouse, and transmission of the problem to children. The undifferentiation and its attendant immaturity is passed on to the next generation. The children of such families often fail to learn how to meet their own needs, how to individuate, and how to overcome the need to fuse intensely with another. Their interpersonal patterns of relating are carried with them into the newly-formed nuclear family.
These patterns often include violent behavior or the potential for it.

The generational aspect of parents' modeled behavior which is learned by children is demonstrated by evidence that parents of abusers have maintained control over their children through the use of physical punishment. Abused children have been socialized to maintain dominance, in turn, over their mates (or, in the case of victims with a family history of abuse, to tolerate violence).

The child seems to internalize the rationale of using force for controlling purposes. Subsequently, he chooses violent behavior when "cued" for it, i.e., when his mate does not meet some learned expectation of mate behavior. Because of his growing-up experience, these expectations are often unrealistic and extreme, based on a learned value system usually conveyed to him by parents and reinforced by that aspect of the culture which he finds least threatening and most compatible with his learned value system, e.g., the "macho myth."
CHAPTER III

A Theoretical Model of Wife Battering

A Theoretical model of wife battering has been developed and is presented in this chapter. It results from an integration of existing theories of interspousal violence and systems analysis of family violence as presented in Chapter I, data collected by various investigators and reported in the spouse abuse literature, and from three psychological theories which provide basic premises to explain the dynamics of the behavior itself. The three theories are: operant behavior theory, social learning theory, and rational emotive theory.

A synopsis of each of the three theories follows describing the major principles of each which are used in the development of the model. The theoretical model of wife battering is then presented which identifies the major features of the process which leads to the behavior. An explanation of the major variables follows the model.
Three Psychological Theories: Premises

Social Learning Theory

Social learning theory focuses on the patterns of behavior the individual learns in coping with the environment. As in the orthodox behaviorism of Skinner (operant behavior theory), the emphasis is on the reciprocal interaction between the individual's behavior and his environment. However, to the Stimulus-Response equation of operant (and classical) conditioning, social learning theory adds the concept of modeling, or observational learning, which requires an information-processing stage which relies on the cognitive processes of the human brain. As in operant behavior theory, the behavior we engage in partly determines the consequences, or rewards or punishments, we receive, and these, in turn, influence our behavior.

However, patterns of behavior can be acquired either through direct experience or by observing the behavior of others. In the stage of observing a model of behavior, the observer watches, processes, and stores information, and may then wait for an appropriate time to produce the observed behavior. The behavior thus learned is "grasped" all at once, from exposure to the model; each unit of behavior, or step in the pattern, is not necessarily reinforced. Children watching parent models have been...
found to reproduce entire patterns of behavior all at once, without having experienced reinforcement for each step within the pattern, and often with considerable delay between the observation and the performance of the observed behavior.

We can represent situations symbolically and thus are able to foresee the probable consequences of our actions and alter our behavior accordingly. Anticipated future consequences, represented symbolically in one's thoughts, can motivate behavior perhaps as powerfully as do actual consequences. (The use of the word "thoughts" does not indicate that this process is characterized by consciousness of it; it may occur outside awareness.) Our cognitive representation of external stimuli was described thus by Bandura, a leading researcher in social learning theory:

In social learning theory observers function as active agents who transform, classify, and organize modeling stimuli into easily remembered schemes rather than as quiescent cameras or tape recorders that simply store isomorphic representations of modeled events.

(Bandura, 1971)

In vicarious learning, or learning by observation, many patterns of behavior are learned by watching the behavior of others and observing its consequences for them. Emotional responses, as well as behavioral and attitudinal responses, can be learned vicariously by watching the responses of others as they experience
pleasant or painful consequences of their behavior. Experiments by Berger (1962) and Bandura and Rosenthal (1966) demonstrate that emotional reactions can be conditioned vicariously. Further, observational learning may depend on characteristics of the model and of the observer and his emotional state at the time of the conditioning process. The importance and roles of the models themselves in learning various behavioral and emotional responses are of primary importance in social learning theory. Research efforts have shown what types of models are most effective in transmitting modeled behavior.

The concept of self-regulatory processes also distinguishes social learning theory from operant theory. For social learning theorists, reinforcement has two sources: external and self-evaluative. A specific behavior produces an external outcome, but it also produces a self-evaluative reaction. Most of us set our own standards for behavior and respond to our behavior in self-satisfied or self-critical ways. External reinforcement is most effective when it is consistent with self-reinforcement, i.e., when others approve behavior that the individual also values. However, at times, self-reinforcement and external reinforcement may contradict one another. A person may anticipate or obtain social or material reward for behavior that is not acceptable to the
Self. Self-reproach (punishment) can be a strong deterrent to behavior that is unacceptable to the self but may be encouraged by social influences. Where external reinforcement is lacking, self-reinforcement must be strong in order to maintain behavior (Bandura, 1969; 1971).

Bandura's conceptualization of the observational learning process presents four subsystems of it:

1. Attentional processes, in which the observer attends to and discriminates among features of the model's responses.

2. Retention processes, in which the observer retains the original external modeling cues as observational inputs in symbolic form. As the model performs various behaviors, the observer sees and retains these visual stimuli as images. For example, in the case of a model engaging in physically violent behavior, the child-observer retains resulting imagery of violent behavior. Such perceptual phenomena, when stored in memory, become retrievable images of modeled behavioral sequences. Verbal forms of visual images may also be stored for retention.

3. Motoric reproduction processes follow the observer's retention of the modeled stimuli; the observer utilizes the modeled images to stimulate his own overt performance of the modeled behavior. Such performance may be delayed or immediate.
(4) Reinforcement, in social learning theory, is postulated as essential for the overt performance of learned behavioral responses. However, it is not considered essential for the behavior to be learned, or acquired. Evidence for the acquisition, or learning, of behavior which is not imitated may be verbal or written descriptions of it. In Bandura's experiments, seeing the model reinforced for performing a behavior was adequate for a child-observer to perform the behavior later. (Pervin, 1975)

In contrast to other learning theories, social learning theorists endeavor to account for complex behavioral patterns that are immediately learned in their entirety, for acquisition of learning in the absence of rewards to the model or to the observer, for novel behaviors, and for the delayed initial appearance of behaviors following learning. The role of cognitive processes are considered of critical importance in the learning process, as is exposure to modeling cues, although, as in operant theory, behavior is performed according to the reinforcement contingencies in the environment.

**Operant Behavior Theory**

Skinner's theory (1938) of operant behavior or operant conditioning, also called instrumental conditioning, holds that a behavior becomes operant if its consequences are reinforced. The behavior is instrumental in that it
is a means to an end; its purpose is to achieve the goal of reinforcement.

It is necessary to distinguish between respondent and operant behavior. Respondent behavior is directly under the control of a stimulus, as in the unconditioned responses of classical conditioning (e.g., reflex responses). The stimulus precedes the response.

In contrast, operant behavior is simply emitted and often appears spontaneous, rather than as a response to a specific stimulus. One example is the gross movement of a baby's arms waving in the air. However, operant behavior may be influenced by a discriminative stimulus, such as a green traffic light or a ringing telephone; the difference is that the individual may or may not respond. If he does respond, his behavior is "operating" on the environment to produce some goal or reinforcement. In operant conditioning, the individual is active; behavior is not reinforced unless he first responds. Operant conditioning refers to increasing the probability of a response in a stimulus environment by following the response with reinforcement.

In operant or instrumental conditioning, the stimulus, an event or object which stimulates a response, may precede and follow the response. If it precedes, it is an initiating event; if it follows the response, it is termed a reinforcing stimulus. Reinforcement is any event whose occurrence increases the probability that a stimulus
will on subsequent occasions, evoke a response. Positive reinforcers increase the probability of a response, while negative reinforcers, on being terminated, increase response probability. Both amount and delay of reinforcement are important parameters affecting learning of responses. The greater the amount of reinforcement, the more rapid the rate of learning. Immediate reinforcement is most effective for learning responses as opposed to delayed reinforcement; i.e., it is most effective to reward or punish the organism immediately after it responds. Aversive, or punishing, consequences of a response weaken the response and usually result in extinction of it.

In operant or instrumental conditioning, reinforcement is considered both necessary and sufficient for learning to occur. This idea contrasts to social learning theory which considers reinforcement necessary for learning to be produced in behavior but not necessary for the acquisition of learning about the behavior as a result of observation (Pervin, 1970).

Classical conditioning and operant conditioning share many of the same principles of learning, such as generalization and discrimination. According to the learning principle of stimulus generalization, behaviors become generalized only when they are reinforced uniformly across different settings. When a conditioned response to
one stimulus has been acquired, other similar stimuli will also evoke the response. The more nearly alike the new stimuli are to the original, the more completely they will substitute for it. This principle, called generalization, accounts for our reactions to novel situations insofar as they are similar to familiar ones. The amount of generalization decreases as the second stimulus becomes less similar to the original conditioned stimulus. Similar behavior leads to similar consequences across situations and accounts for consistency of behavior.

A complementary process to generalization is discrimination. Conditioned discrimination is affected through selective reinforcement and extinction. Of two similar stimuli, the one reinforced will elicit the response. By differential reinforcement and extinction, the response is narrowed to a single appropriate stimulus. A discriminative stimulus marks the time or place when an operant will have reinforcing consequences. A discriminated operant is one controlled by a preceding discriminative stimulus.

Reinforcers that were originally discriminative stimuli are called acquired or secondary reinforcers. Once established, a secondary reinforcer can strengthen responses other than the response used during its original establishment. For example, attention and social approval are extremely powerful secondary reinforcers. Secondary
reinforcement greatly increases the range of possible conditioning.

Operant conditioning accounts for the development of novel behavior through the use of shaping techniques by means of reinforcement contingent upon the proper response. Selective reinforcement of random variations in operant responses can shape behavior, by reinforcing closer and closer approximations to the desired response. Much child-training is done in this way.

Studies have shown that behavior controlled by partial reinforcement, i.e., reinforcement of a behavioral response only some of the time it occurs, resists extinction more strongly than does behavior controlled by continuous reinforcement. A partial reinforcement schedule has been found to be more effective in strengthening and maintaining behavior.

In operant behavior theory, we have noted the spontaneously emitted response and the effects on that response of the consequences of positive reinforcement, negative reinforcement, punishment, immediate or delayed reinforcement, secondary reinforcement, partial reinforcement, and the learning principles of discrimination and generalization (Skinner, 1974).

Rational Emotive Theory

Rational emotive theory, the basis of Albert Ellis' (in Burton, (Ed.); 1974) Rational Emotive Therapy (RET),
has as its foundation Alfred Adler's belief that human beings are uniquely valuing creatures who evaluate, rate, or attach importance to events, things, and meanings. Once attached to certain goals, purposes, or ideals, people gear much of their lives by these biased valuations.

Rational emotive theory holds that virtually all human beings begin with a basic set of value assumptions, and that once these assumptions are made, the rationality or irrationality of the subsequent thinking and behaving can be stipulated, understood, and worked with (Ellis, 1968b; 1971a; 1973c).

Ellis (Ellis in Burton (Ed.), 1974) presents four reasonable assumptions:

1. Practically all humans want to survive,
2. want to be relatively happy while surviving (i.e., satisfied and free from unnecessary pain),
3. want to live in and get along with members of a social group or community, and
4. want to relate intimately and satisfactorily with a few selected members of this group. (p.311)

If we assume that these basic values are desirable, then behaviors that promote them are rational, while those that sabotage them are irrational. Rationality is seen by Ellis as a technique of effectively gaining certain values.
Ellis' rationale for the validity of values is that, although it is doubtful that human values can be empirically proven to be "good", that they are viewed as good can be observed and recorded. Survival is a value that we may or may not choose, but once we decide to live and try to be happy, it becomes rational to choose behaviors that aid survival and happiness. Therefore, a given thought or behavior can be designated as rational or irrational in relation to our goals, once we have defined those goals as being good. Goals, too, depend on human valuing, which for Ellis strengthens the importance of values to a theory of personality.

Ellis' A-B-C theory of personality states that an Activating Event or Experience at point A precedes one's emotional Consequence at point C, but at point B, one's Belief System about A directly causes one to react emotionally at C. For example, if a person feels depressed at point C after being rejected by someone at point A, the rejection at point A does not cause the depression, but rather it is the person's beliefs about the rejection at point B that cause the consequent emotional reaction of depression at point C.

Normally, the person is first holding a rational belief (rB): ("I don't like being rejected; how unfortunate that I have been.") However, the person who experiences a negative emotional Consequence at C is also...
holding an irrational Belief (iB): ("It's awful to be rejected; I should not have got myself in this position; what a worthless slob I am for arranging this!") (p. 312)

Such a belief is irrational because it is not awful for one to be rejected (i.e., more than disadvantageous); there is no reason why one absolutely should or must not have been rejected; and the person is not a worthless slob, but at worst an individual with some slobbish traits when being rejected! (p. 312)

Ellis states that a person's rational Beliefs (rB's) and appropriate feelings of hurt and annoyance about being rejected will usually help one to try harder in the future to avoid such an event. However, the irrational Beliefs (iB's) and resulting inappropriate depression and anger (C) will usually cause the person to waste time convincing oneself that it is hopeless to try for acceptance in the future and to antagonize others, further discouraging them from accepting him/her.

Ellis admits that the A-B-C theory of Rational Emotive Theory may appear simplistic when taken at face value but points out that it is actually complex and has some important philosophic and practical correlates:

1. Human emoting includes physiological and gut-level reactions, but is largely mediated or "caused" by perceptual-cognitive processes.

2. RET stresses that humans think, emote, and behave simultaneously and interactionally.
(or transactionally). When they emote, they also think and act. When they act, they also think and emote. When they think, they also emote and act.

3. RET is a cognitive theory that stresses insight or understanding that the real (or direct) cause of people's emotional upsets is not what happens to them but what they think, interpret and tell themselves about these happenings. The human tendency to interpret Activating Events or Experiences unrealistically - to have irrational Beliefs (IB's) about them - causes disturbed or unpleasant Emotional Consequences.

(pp. 312-315)

Three important insights which are taught to clients in Rational Emotive Therapy will be included here because of their implications for the dynamics at work in wife battering behavior.

1) Self-defeating behavior is related to antecedent conditions, i.e., one's original emotional reaction to an event or experience was not caused by the event, but by one's irrational reaction to it.

2) People continue to suffer because they continue to indoctrinate themselves with the same kind of irrational Beliefs that they first chose. Further, they do not "automatically" continue to hold these Beliefs because they were conditioned by others or external forces to hold them; rather, they are still actively reindoctrinating themselves, and thereby reinforcing their own Beliefs. (italics mine)

3) Because of the longevity, power, and active reinforcement of the irrational Beliefs, continuous, energetic hard work and practice are required to eradicate them, in addition to insight.

(p. 316)

Rational emotive theory recognizes cognitive-perceptual processes in learning as does social learning.
theory, and utilizes the learning principles which are the core of learning theories in general.

Summary

In the present thesis, the writer has developed a theoretical model, or explanation, of woman/wife battering behavior based on the main ideas of the above three theories.

Based on social learning theory, the importance and roles of models, modeled behavior, reinforcement of the modeled behavior and observation of it by the learner will be relied upon, as will the concept of the observer-cum-actor's evaluation of reinforcing or punishing consequences of the behavior.

From operant behavior theory, the maintenance of and continued performance of the behavior will be accounted for by the learning principles of reinforcement or punishment of consequences of behavior and of discrimination and generalization.

Rational emotive theory provides a basis for the importance of learned beliefs, their power and consequences, and strengthens the focus of social learning theory on the importance of mediating cognitive processes. Rational emotive theory allows expansion of the model to include the salience of emotional consequences and their effects on the performance of overt behavior.

The proposed model of woman/wife battering follows.
Table 1
Theoretical Model Of Antecedents Of Wife Battering Behavior
Flow Chart

Variable 1: Initial Stimuli For Wife Battering

Family of Origin Socialization Factors:
1. Father models wife battering; mother models victim role. Children observe.
2. Parents punish children physically.
3. Inter-sibling violence tolerated by violent parents.
4. Father models aggressive behavior for boys.
5. Mother models passive behavior for girls.
6. Parents teach and model stereotypical sex and marital role expectations and beliefs.
7. Parents model verbal abuse and criticism, fail to model problem-solving verbal skills.

Variable 2: Acquired Learning

Children of violent parents:
1. learn instrumentality of violent behavior.
2. learn stereotypical sex and marital role expectations allowing for male abuse of power and female tolerance of abuse.
3. learn a verbal repertoire of verbal abuse and criticism.

Variable 3: Social And Family Reinforcers

1. Parents differentially reinforce boys' aggressive behavior and girls' passive behavior.
2. Socio-cultural reinforcement of male image as powerful legitimizes use of physical force for those who had violent family socialization. Sources: peers, entertainment media, role models of "macho" behavior, contact sports. Reinforcer: social approval.
3. Socio-cultural reinforcement of stereotypical marital role expectations.

Variable 4: Cognitive Response

Potential abuser rigidifies his stereotypical male-dominant sex role beliefs, absolutizes them into irrational demands on self and mate.
Variable 5: Cognitive-Perceptual Process Variable

Potential abuser evaluates self-performance as lower than desired ideal; perceives discrepancy between self and learned ideal male-husband role.

Variable 7: Behavioral Responses

Potential abuser stores feelings in nervous system; verbally abuses wife but does not express own feelings verbally in positive manner.

Variable 9: Situational Stimuli (Stressors)

Job loss or job problems
Lack of adequate resources (finances, social support)
Criticism, or imagined criticism
Demands on his energy, performance (e.g., wife's pregnancy)
Erroneous assumptions about others' behavior towards him
Discrepancies between role expectations and what he experiences; expectations not met. Substance abuse.

Variable 11: Emotional Consequences, IV

Feels threatened, fearful, hurt, angry, frustrated to an intolerable degree; feels loss of sense of control and power.

Variable 6: Emotional Consequences I

Potential abuser experiences inadequacy, insecurity, anger, and guilt feelings, and lowers self-esteem.

Variable 8: Emotional Consequences II

Potential abuser experiences tension and anxiety as a result of storing feelings.

Variable 10: Emotional Consequences III

Feelings of inadequacy intensify as he feels threatened, fearful, hurt, frustrated, and/or angry. Felt tension and anxiety increase.

Variable 12: Behavioral Response

Abuser physically attacks wife; verbal abuse also occurs during process of tension build-up.
Variable 13: Reinforcing Consequences Of Wife Battering

Batterer receives reinforcement for physically attacking wife when she behaves submissively, obeys, shows fear of his physical strength. Her responses provide him with the sense of control he seeks.

(He may have anticipated gratifying consequences unconsciously because she is physically weaker than he. He justifies his physical force with his learned beliefs about male dominance. He has been positively reinforced for aggressive, dominating behavior in the past. His "rationalization" of beating his wife may be outside his awareness.)

Variable 14: The Reinforcing Consequences Of Wife Battering Become The Stimuli That Maintain The Battering Cycle
Explanation of the Model

The model of wife battering presented refers only to the socialization of families, couples, and individuals who engage in or have engaged in the behavior of wife battering. It does not refer to the socialization of non-violent families or of men who do not beat or have never beaten their wives or co-habiting mates, or to the socialization of men who are not potential wife batterers.

The theoretical explanation attempted here does not refer to wife battering, which may be caused by organicity or psychosis.

The model relies partially upon social learning theory in its principles of learning by observation of modeled behavior, of reinforcement of the modeled behavior, and of external and self-reinforcement, upon the learning principles of operant behavior theory to account for the maintenance effects of the reinforcing consequences of the behavior when it occurs, of discrimination, and of generalization, and upon the learning of beliefs and their powerful effects on emotions and behavior as propounded by rational emotive theory. The model also includes some variables in the sociological theories described in Chapter I which relate specifically to wife battering. The model is, therefore, an integration of these variables and of others which exemplify the learning principles indicated in the previous section and in the following explanation.
The Initial Battering Incident, the Effects of Observation of Modeled Behavior, and Social Learning Theory

The antecedents that cause the initial battering incident of wife abuse are found in the family-of-origin socialization: Factors 1 and 2 are most likely to be the causal factors which differentiate wife batterers from the population of all other non-violent males in intimate relationships with women. Factor 1, children's observation of the father role modeling wife battering behavior, and Factor 2, children's personal experience of physical punishment by their parents, both involve direct experience with violence in their families. Factor 3, intersibling violence tolerated by violent parents also shares this common element; however, it is possible that a child without siblings may grow up to beat his wife based on his experience with either of the first two factors, or both. The three factors share the element of direct observation of modeled violent behavior toward another, for when a child is being punished physically by his parent, the parent is modeling the use of physical force for the child. Also, when siblings fight physically, the initiator of the violent behavior, and particularly the one who receives positively reinforcing consequences for his violence, models the behavior for any and all siblings who observe it.
Factors 4, 5, 6, and 7 are to be found in the family socialization of vast numbers of non-wife-battering men and non-victims, although in violent families, they serve to reinforce the learned rationale for participation in wife-beating. Most fathers do indeed model boys for aggressive behavior for boys (factor 4), and mothers model passive behavior for girls.

Variable 3 states that parents differentially reinforce boys for aggressive behavior and girls for passive behavior, thus strengthening the learning acquired vicariously through observation of modeled sex-typed behavior.

Many parents teach stereotypical thinking about sex and marital roles (factor 6 of Variable 1) which are further reinforced in and by most cultures of the world (Variable 3, factor 3). The reinforcer used is social approval, familial or intracultural, for conforming to that which is taught.

Many parents do not provide positive communication models or learning opportunities for their children to develop verbal skills for problem-solving and conflict resolution (factor 7, Variable 1). Many parents criticize their children with little regard for their feelings and verbally abuse them and each other, thus modeling a negative, destructive style of communicating which engenders much hurt and family discontent. Factors 4
through 7 (of the family of origin socialization variable) are found in many non-violent families as well as in violent ones, which may or may not manifest other maladaptive or self-defeating behaviors.

The spouse abuse literature, and studies focusing specifically on wife battering, reflect that the majority of male assailants witnessed their fathers beating or hitting their mothers and/or that most of them were physically punished by one or both parents on an ongoing, frequent, and often extreme basis. In many cases, these two kinds of physical coercion have occurred together, i.e., in families in which the father beats the mother, he also often physically punishes the children. Child abuse is not under scrutiny in the present thesis, being a different phenomenon with different psychodynamics operating, although some similarities may be present. However, it is not necessarily the case that parents who punish their children physically also beat each other or perform oneway violence (e.g., wife battering); the culture provides a stronger rationale and "permission" for parents to punish their children physically than it does for physical coercion of wives.

Gelles (1974) reported that his study of conjugal violence confirmed his hypothesis that people who had observed violence between their parents would engage in more conjugal violence as adults than those who had not.
observed violence between their parents (pp.172-173). Fifty percent of those who had observed conjugal violence between their parents did, in fact, physically fight with their own spouses. Thirty percent of those who had not observed conjugal violence between their parents engaged in physical violence with their spouses. There is no indication in Gelles' report of whether this thirty percent were physically punished as children, and there is no attempt to explain why they did fight physically with their spouses.

However, Gelles reports that the data for having been physically punished as a child and subsequent marital violence are not clear. People in his sample who had been frequent victims of violence as children were more likely to be violent toward their mates than were those who had never been hit as children. It is the reason for the following finding that is unclear: those who were hit infrequently as children were less likely to hit their spouses than either the no-experience or frequent-experience-with-violence groups.

Singer (1971, in Gelles, 1974), attempted to explain a parent's rationale for physically punishing his/her child by stating that when adults become parents and are faced with new, demanding child-rearing situations, they "revert to the type behavior they saw their parents engage in when they were children, sometimes against their
current adult judgement." (p.175) This statement lends strength to the case for the effectiveness of parental role modeling of physical force for the later performance of the behavior.

In Gelles' study, over fifty percent of those who were frequently physically punished as children fought physically with their spouses. Forty percent of those who had never experienced physical punishment by their parents fought physically with their spouses, while only approximately eighteen percent of those who were physically punished, but infrequently, by their parents fought physically with their spouses. Again, Gelles did not report on possible overlap between the forty percent who had never been physically punished as children and whether they had observed their parents fighting physically.

Unfortunately, Gelles did not sort out these variables further. He stated that the family provides a learning context - "basic training for violence" - in which children learn how to react to frustration and crisis with physically violent behavior, learning how a husband treats his wife and how a wife treats her husband by witnessing how parents handle conflicts, problems, trials, and frustrations. Gelles did not attempt to answer why the phenomena occur beyond the above explanation and drew no conclusion as to which variable is stronger causally: observation of parental interspousal
violence, or experience of physical punishment as a child.

The writer of the present thesis tentatively advances the notion that there is a shared similarity between those who both observed conjugal violence when children and those who were frequently physically punished as children beyond the common element of child observation of parent-modeled behavior. In these families, it seems likely that a family norm of physically punitive behavior prevailed and was accepted as normal and part of the family structure. And more important, the interspousal violence and the physical punishment demonstrated an instrumentality made apparent in their manipulative, controlling effects on the victim and in the observed reinforcement for the aggressor.

In contrast, the relatively high incidence of those who had not been physically punished as children but who fought physically with their spouses (forty percent) may have been reared by parents who failed to set limits for behavior, failed to discipline their children adequately, appropriately, or firmly, and tended to indulge their children, with the result that such children have low frustration tolerance, borderline "impulse disorders," and usually place a high value on controlling their environment and others. It is the writer's contention that in order to obtain the gratification they have become used to having, this particular group of children control and co-
erce as married (or cohabiting) adults through the use of instrumental violence. It is also possible that they had observed their parents' use of force against each other, or one-way violence, and learned its instrumentality. It seems plausible that these same dynamics and causal relationships may apply to many children who have also been physically punished, whether minimally or frequently.

With regard to the thirty percent of abusive couples who had not observed parental spouse abuse, it is possible that the batterers had been physically punished as children; however, since Gelles did not separate these historical variables and account for overlap, it is not possible to know from his data. It is also possible that these batterers were attending to violent role models other than their parents, such as other adults, peers, those seen in the entertainment media, etc.

There is little in the domestic violence literature on the third factor in Variable 1 in the model (children of violent parents experience parent-tolerated inter-sibling violence). However, psychologists Justice and Justice (1976) state that their empirical research with abusing families reflects a higher incidence of parental tolerance of inter-sibling violence in families in which the parents abuse one another and/or their children. The recipient of violent attack not only experiences the violence as victim, but witnesses and observes the modeled
behavior and its reinforcing consequences for the aggressor. The aggressive sibling derives the reward of dominance and control of the victim. The victim must adapt to the aggressor's behavior by submitting but also sees the power and control the aggressor obtains from his behavior, as do other children present. This third factor may be added to factors 1 and 2 of Variable 1 as causes of the initial incident of wife battering only as it applies to violent families with siblings.

It is the writer's contention that the way in which the victim of an aggressive sibling subsequently responds to the experience of inter-sibling violence in his/her family of origin depends upon his/her sex and the way in which physically aggressive behavior and the response to it have been sex-typed through the use of differential reinforcement by his/her parents and others. If the recipient of physical force is a male, it is likely that he will use physical force in the future to obtain the reinforcing consequences of the behavior for himself which he observed either as victim or as observer of others. If the victim is a female, it is likely that she has been reinforced for finding other aspects of the relationship with the aggressor and with the family of which they are part so reinforcing that she tolerates the aversive consequences of the aggressor's behavior, i.e., she has been strongly reinforced to depend on the family and
particularly on the family provider, whose prototypical behavior is dominant and aggressive, for her survival needs. Many battered women have been found to live by the myth that they cannot survive alone and must tolerate the batterer's behavior, regardless of what it is, in order to survive. The above explanation of sex-typed behavior through differential reinforcement refers to the approximated cultural norms of aggressive male and passive-dependent female behavior.
The Modeled Violence as a "Cause" of the Observer's Subsequent Violent Behavior

As Bandura found in his research with children and adult male and female models of aggressive behavior, the characteristics of the model help to determine the strength of the model as a reinforcing stimulus. Characteristics of reward value of the model may be: (1) whether the model controls rewarding resources, (2) sex of the model, and (3) whether the observer-child has been reinforced for finding the behavior of such a model reinforcing.

Bandura found that children are considerably more imitative of adults who control rewarding resources than of rivalrous adults who consume these resources (Bandura and Ross, 1963). If the behavioral attributes of a model are repeatedly paired with positive reinforcement, the model's characteristics acquire secondary reinforcement value for the child and are imitated to a greater extent. In fact, exposure to a model possessing rewarding qualities not only facilitates imitation of the specific characteristics exhibited by the model, but also increases the occurrence of behavior of a whole response class.

Bandura's research (1962) also showed that children's imitation was differentially influenced by the sex of the model, with boys showing more aggression than girls.
following exposure to the male model, the difference being particularly marked on highly masculine-typed behavior. The behavior of the male model exerted a greater influence than did the female model on the subjects' behavior.
Early Family Socialization Reinforcers, and Rational Emotive Theory

In the model of wife battering presented, the writer has postulated that the batterer's behavioral response of attacking his wife follows immediately from his emotional consequences (feeling threatened by a loss of a sense of control, feeling fearful, frustrated, angry, and/or hurt) which result from the perceived discrepancy between his learned beliefs and his perception of his performance as a male-husband-provider. He acquired most of these beliefs in his family-of-origin socialization (Variable 1, factor 6; Variable 2, factor 2) in the form of sex and marital role expectations taught him by his parents.

Social reinforcers beyond the family-of-origin for these learned role beliefs (Variable 3, factors 2 and 3) come from such sources as the batterer's peers, male role models other than his parents (who may be relatives, parents' friends, teachers, athletic coaches, or anyone who has reward value for the potential batterer as a model of behavior), figures in the entertainment media who model masculine-typed behavior, and sports heroes. These sources may verbalize their own learned opinions and beliefs which strengthen and reinforce the sterotypical image of the "macho" male - the strong, dominant leader who provides for the family's survival needs by working, but who must be obeyed, served, and who, because of the
greater responsibility he bears, has the "right" to behave as he pleases. This myth may prevail in the families of those who carry traditional sex and marital roles to extremes in which traditions are distorted rather than adhered to.

As previously stated, the batterer may also actually observe these sources of social reinforcement of wife battering behaving aggressively in interpersonal situations in which the behavior appears rewarded. The aggressive behavior need not be directed toward a female to be effective in strengthening the potential batterer's belief that to behave aggressively, perhaps violently, enhances and verifies masculinity. Contact sports, such as football, reward the use of physical force as well as insensitivity to physical pain.

Other sources of verbal and behavioral social reinforcers are television and movies which, especially in the past, showed and verbalized many messages of male dominance over women and of male abuse of power over women.

While some of the above-mentioned sources of reinforcement may not outwardly or actually advocate domineering or punitive behavior directed at women, the potential wife batterer may misinterpret messages uttered or conveyed by the role model to mean exactly that. The reasons for his misinterpretation may be found in his
learning history; in addition to having witnessed parental violence, he may have been frequently criticized (Variable 1, factor 7) so that as a teenager or young man, he felt insecure about his masculine characteristics and ability to perform the masculine-typed behaviors he has learned are required of highly valued males. He doubts the quality of his own performance, and his hypersensitivity to criticism (or imagined criticism), causes him to overreact to messages which appear to him to relate to his self-image and masculine characteristics. He may interpret a verbalized message about sex and marital roles in a way which will validate his masculinity in his own perception, even if his interpretation of the role model's statement is extreme and distorted in the direction of male dominance and superiority, or is a rationalization of the use of physical force to control women.

Because the potential batterer has learned to value masculine sex-typed characteristics and male role features so highly, he may tend to associate with those people in his social environment who corroborate these socially learned messages about masculinity. He may prefer to associate with males who also value "macho" behavior and devaluing attitudes toward women. His extreme insecurity and feelings of inadequacy cause him to devalue and depower women in order to feel "one-up", the only kind of interpersonal balance he can accept.
The seeds of this valuing process seem to have been planted in the family-of-origin by parents who not only advocate extreme and distorted traditional male-female, husband-wife roles, but who also distort and abuse traditional role characteristics by living them to extreme degrees. Some of the learned beliefs taught by such parents and reinforced by social role models may be:

that males are inherently physically and intellectually superior to females and thus are more competent, use better judgment, and should be more respected;

that males have the right to order their mates to serve them, give them orders, and to demand that they obey;

that husbands own their mates as if they were chattels;

that the husband has the right to determine the couple's life style and to make major decisions unilaterally, with little or no need to obtain the wife's input or consent;

that wives have the obligation to obey husbands regardless of the husband's behavior;

that the success of the marriage is the wife's responsibility and depends on her living up to her role, pleasing her husband, and over-adapting to his desires;

that in order for a male to be considered a "real man" (by his peers, by himself, by women, by his family, or by anyone in society), he must manifest certain characteristics. He must:

be directive to the point of being domineering, especially toward wife and children;

have a physical image of strength, capability, of being "hard-driving", active (e.g., the "Marlboro Man");
be ambitious and successful in some area, whether professional or recreational;
be the major breadwinner for his family, but can indulge in certain "privileges" which "repay" him for his hard work, e.g., infidelity, alcohol abuse, gambling, etc.

Common elements found in the beliefs listed above (there may be many others) is that the potential batterer believes in his right to control his wife and family and that he has the right to live in an egocentric manner. However, he may also believe that, because of his role as provider for his family, he is actually self-sacrificing, which provides a rationale for his "escape" behavior expressed in drinking, infidelity, etc. Many of the potential batterer's beliefs may never be made explicit; he may lack awareness of them and insight into them or his behavior, and yet act on them.

Such "masculine" males make many actual sacrifices in playing this extremist masculine role; they tend to lose touch with their own feelings as well as with any ability to empathize with their wives' needs and feelings.

Goldberg (1976), in his book, Hazards of Being Male: Surviving the Myth of Masculine Privilege, states:

Our culture is saturated with successful male zombies. . . . They are playing by the rules of the male game plan. They have lost touch with, or are running away from, their feelings and awareness of themselves as people. They have confused their social masks for their essence, and they are destroying themselves while fulfilling the traditional definitions of masculine-appropriate behavior. They set their
life sails by these role definitions. They are the heroes, the studs, the providers, the warriors, the empire builders, the fearless ones. Their reality is always approached through these veils of gender expectations.

(p. 3)

Goldberg contends that many men are extremely uncomfortable with being "rigidly caught in the masculine pose" and are, in truth, filled with rage at male role expectations. Many repress the rage and manifest it indirectly; emotional detachment and fear of intimacy may be indirect expressions of male rage at socially reinforced male role expectations.

When learned beliefs interfere with healthful and emotionally positive functioning, whether personal, marital, or familial, they have become irrational beliefs in the sense that Ellis promulgates in his rational emotive theory and therapy. When a belief in a "right" to male dominance and control of wives provides a rationale for wife battering behavior, it is indeed irrational. When learned beliefs about male characteristics and performance are so extreme that they cause a husband to perceive his own performance and image as unacceptably discrepant with the ideal role, thereby causing him negative emotional consequences which, in turn, cause him to batter his wife (given a background of modeled violence), these learned beliefs are indeed irrational!
The Batterer's Perceived Discrepancy

One of the most critical variables in the model (Variable 5) is the cognitive-perceptual process variable of the batterer's perception of the ideal male role based on his learned beliefs, of his own performance and self-concept relating to the male role, and of the discrepancies between the ideal and his perception of the "real." His perceptions necessarily involve a valuing process. The potential batterer evaluates his own performance and self-image which he represents to himself through the cognitive-perceptual processes of imaging, storing and retrieving of information, he evaluatively compares his own performance and self-image to his learned belief structures for the male role, and "sees", "re-cog-nizes" a difference, or discrepancy, between them. He subsequently "feels" the discrepancy; the inadequacy feeling (Variable 6) which inevitably results from such an evaluative, comparative process is evidence for his perceived discrepancy. His feeling of inadequacy "signals" him to lower his self-esteem (Variable 6), his own measurement of his performance and self-concept.

The self-concept may be conceptualized as the image which contains the characteristics the person perceives he possesses, such as strong, capable, masculine, and competitive, vs. ineffectual, vulnerable, and fearful. These
characteristics may always be "in process," i.e., they are not static but always changing inasmuch as they characterize behaviors. However, many people do conceive of self-concept characteristics, or "personality," as if they were static traits. It is possible that the potential batterer does so, and therein lies his extreme discomfiture with his self-perception; he sees little possibility for improvement. He cannot endure seeing himself as inadequate; the emotional consequences are too aversive. If he sees static characteristics of inadequacy and ineffectiveness, or other negative qualities, becoming part of his self-concept, he feels less secure, more vulnerable, less able to cope with stressful stimuli; tension results in his central nervous system and intensifies when he is tested by stressful events.

The testing comes in the form of situational stressors (stimuli) which add to existing tension (Variable 10 in the Model). Such stressors are not unique to batterers' lives, but the ultimate (behavioral) reaction to them -- wife battering -- is. Nor are the intervening variables, i.e., the emotional consequences and previous cognitive responses to socially reinforced beliefs, unique to the wife batterer; they may, in fact, characterize anyone's life. It is the first two variables in the model, the initial stimuli in family socialization, and children's acquired learning, which are unique to the
process which results in the perceived discrepancy between learned ideal and perceived "real" becoming dangerously like a trigger which results in wife battering.

The discrepancy triggers a process of intensifying emotional consequences which become intolerable for the potential batterer (Variable 11). As a result, his central nervous system becomes overloaded with tension, comparable to overloaded electrical circuits. The central nervous system creates tension both electrically and chemically. It has recently been postulated that emotional stress produces toxic substances in the body, and that a tension release, such as crying, helps remove them from the system. ("Emotional tears contain catecholamines." Frey, 1980, pp. 126-127). Is it possible that the batterer whose belief system does not allow him to cry can relieve this tension only through a behavior which, for him, validates his masculinity?
The Emotional Consequences

The batterer's perceived discrepancy between his learned ideal male role beliefs and his perception of his own performance and image (Variable 5) becomes a strong stimulus to which he responds with emotional feelings of inadequacy and insecurity, with a consequent lowering of self-esteem (Variable 6, a covert process variable). Because his family-of-origin or other socialization sources did not provide him with the learning opportunities required to develop verbal communication skills for expressing feelings, needs, or for conflict resolution (Variable 1, factor 7), he does not choose the option of expressing his feelings verbally, except possibly in a negative-destructive-abusive manner (Variable 2, factor 3; Variable 7). The negative direction of verbal communication does not release his tension, which escalates (Variable 8). Situational stressors, which he perceives as threats to his self-esteem because of his inadequacy feelings, have more power over him as stimuli than over someone with a less vulnerable self-concept, and he responds with intensified feelings of inadequacy, and now additionally feels threatened, fearful, and perhaps hurt, angry, or frustrated (Variable 10), depending on which stimuli have occurred.
He feels threatened by a loss of a sense of control over his wife and the features of the situational context. Underlying the feeling of threat and intensifying it is fear - fear of loss of control over his wife, her feelings for him, her view of him, of her behavior, and of the situation. He fears that he cannot cope with and maintain control of the situation. He may also feel that he cannot cope with his lowering self-esteem. Since, emotionally and irrationally, he feels "one-down" (even if his perception is distorted and he is not), he wants the reinforcing consequence of re-gaining control of his life, the immediate situation, and of his wife. If he puts her in the "one-down" position by beating her, he may feel he has gained a balance in the relationship with her that he does not feel before he hits her. He then occupies a "one-up" position of felt power and control more congruent with his concept of the ideal male role.

The batterer's feelings of inadequacy, insecurity, and frustration may arise and escalate when he perceives that his wife, perhaps simply by her presence in the relationship, is making either tacit or expressed demands on him in terms of her (or the children's) survival or dependency needs. His perception of her "demands" may or may not be accurate. The factor that determines the batterer's consequent feelings of frustration concerning his ability to meet his mate's needs is his belief.
(Variable 1, factor 6; Variable 2, factor 2; Variable 3, factor 3) that his wife expects him to meet her survival needs by providing either financial support or some effort in the situation that he believes may be expected of the male in the marital or family context. His role expectations for himself combined with what he believes his wife's expectations are of him may be discrepant with his self-perception as an adequate provider. If so, he may experience guilt that he is not performing up to imagined standards he has heard about from parents and others, with consequent feelings of inadequacy, insecurity, and frustration (Variables 6, 8, 10, and 11).

It is also possible that the batterer experiences consequent anger when he perceives his wife as making demands on him that interfere with his feelings of freedom and independence. He may believe that he is ultimately responsible for meeting the survival and dependency needs of his wife and family, and in situations in which he perceives their demands on him as exceeding what he is willing to cope with at the time, he may feel resistant, defensive, and angry. If he continues to store these feelings within himself, his tension increases and eventually explodes when triggered by some seemingly innocuous event, a "straw that broke the camel's back" phenomenon.
The notion that the batterer feels great frustration as a response to believing that demands are being made on him to meet his wife's (and children's) survival needs seems to be strengthened in light of the clinically-recorded phenomenon of escalation of wife beating during pregnancy. It seems especially meaningful that many battering husbands aim their blows strategically at their pregnant wife's abdomen and stomach, as if in anticipatory protest of having to meet yet more dependency and survival needs of others.

Situational stressors (Variable 9) which add to the batterer's existing tension are used as mechanisms, as is the escalating tension itself, to allow the batterer to beat his wife. They are stimuli which engender responses and consequences, as for anyone, but they are not causes of his wife battering behavior. In short, the batterer uses situational stresses as "excuses" to beat his wife; he wants the reinforcing consequences - the reward of feeling in power and control - of his behavior. He allows those rewarding feelings to control his behavior. In behavioral terms, he has come "under the stimulus control" of the reward of feeling powerful and in control of his wife, family, life, and their relationship.

Alcoholism may be another mechanism used by the batterer to disown responsibility for his abusive behavior. Alcohol disinhibits him to perform the behavior.
and provides him with excuses, such as, he did not know what he was doing when drunk, or he does not remember beating his wife. He may drink in order to beat her without getting directly blamed for it. Many battered wives have stated that their husband's "real" problem was drinking, but this is an erroneous assumption. He derives reward from his battering and subsequent control of his wife. Alcohol abuse is not, in the writer's view, a cause of wife battering, but rather is a disinhibiting mechanism which catalyzes the process and enhances the possibility of its occurrence. He does not beat his wife because he drinks. He drinks because he has low self-esteem and wants the reinforcing consequence of wife beating. The low self-esteem is caused by the process already-described - perceived discrepancies between his self-expectations and his perceived performance and image, with unbearable emotional consequences - but the batterer, unlike others, chooses the particular behavior of wife beating because it was modeled for him.

The batterer's feelings of hurt (Variable 6, 8, 10) may be experienced by the batterer as the result of situational stimuli, perhaps imagined slights or criticisms, or unmet needs in his relationship with his wife (or others) which he may interpret as lack of caring for him. However, because of the potential batterer's already-low self-esteem, he tends to misinterpret and misconstrue
others' messages to him, verbal or non-verbal, in the
direction of put-downs. He thus traumatizes himself by
misinterpreting or overreacting to others' behavior
towards him (Variable 9). He already feels a sense of
hurt from inadequacy feelings resulting from his self-
perception. In this context, then, he is hypersensitive
to imagined slights, and his tension increases.

The tension which intensifies in the batterer's
nervous system accrues from his rigidly high expectations
for himself as male-husband-provider, the conflict pro-
duced from the perceived discrepancy between those self-
expectations and his perceived self, and his consequent
emotions of fear and threat over loss of control, hurt
over imagined criticism, frustration that he cannot cope,
and anger. He may use overt expressions of anger to
defend himself against the more vulnerable feelings of
fear and hurt. He stores these painful feelings (Variable
7), i.e., he does not express them verbally in honest,
direct fashion by describing them and "owning" them.

Part of the process leading to violent behavior is
that he "displaces" his anger over some frustration re-
sulting from stress onto his wife, rather than expressing
his anger directly to the original source of his feelings
(perhaps his boss, a devaluing interpersonal experience at
work or elsewhere). "Displacement" of anger is not a
cause of physical violence; it may be seen as a mechanism
used to express the abuser's feelings indirectly.

He may use verbal abuse (Variable 7) to express his anger, but because this is negative and destructive, it is not effective in reducing his hurt, or fear of threat over loss of control. Verbal abuse of his wife adds to his tension and escalates his anger. This process is dangerous in one with the previously-described learning history, because the potential batterer finds it easier to choose physically violent behavior, rather than the positive verbal option, having seen wife battering modeled, and lacking communication skills.
The Social Learning Theory Concepts of 
Self-evaluative and External Reinforcement 
in Wife Battering

The first question to be considered is whether the batterer derives positive reinforcement from an external source for his battering behavior. The usual setting for wife battering incidents is a private residence with no nonfamily witnesses except the couple's children. Are his victim's behavioral responses positively reinforcing for the batterer? Does he derive positive reinforcement from any other external source for his behavior?

As will be discussed in the next section on the maintenance of wife battering behavior, the batterer receives immediate gratification for his coercive, physical attacks from his wife's submissive, adaptive responses (Variable 13). The instrumentality of the behavior is demonstrated in the effects of the highly reinforcing consequences, the sense of power and control he derives from his victim's fear reactions.

In addition, he is conforming to many socially learned messages about male dominant behavior, from his family-of-origin and from the culture, when he coerces and controls his wife through physical force. Hypothetically, he must engage in a cognitive process which assumes that he has learned to value such messages about male-model behavior, norms frequently found in the violent family. In the sense that he is anticipating social approval for
sex-typed masculine behavior, a learned value (Variable 2, factor 2, Variable 3, factors 2 and 3), he receives external reinforcement for woman battering behavior. Even if he does not communicate to others that he beats his wife, he may believe that he is conforming to the mold of male dominance, and thereby derive satisfaction.

The second question to be considered is whether the batterer evaluates his behavior as having positive consequences. Simultaneously with receiving external reinforcement, he is evaluating his own behavior in terms of his learned values. Is he self-satisfied, or is he reproaching himself for beating his wife? The self-evaluative process depends upon his learning history. If, in his early socialization, his care-givers taught him rigid role expectations for male-husband-provider behavior, and if he learned to value domineering, abusive behavior as epitomizing masculinity and, particularly if this behavior were reinforced by peers and other role models, it is highly likely that he evaluates his battering behavior as appropriate, normal, and gratifying. If so, he provides himself with self-evaluative reinforcement. That he evaluates his behavior, the process of evaluating it, and content of his evaluations may be beyond his conscious awareness. It is possible that it occurs so quickly that he is unable to analyze it. The writer contends that the major reinforcement the batterer
derives from his violent behavior is the gratifying consequence of a feeling of control and power over his mate and the situational context.

The batterer may engage in some self-reproach, with guilt feelings as the emotional consequence; this self-evaluative process depends upon his learning history. If his family-of-origin and cultural socialization did not reinforce such behavior, he may discontinue it if negative emotional consequences prevail. The most salient factor determining whether he will repeat the violent behavior is whether he finds the consequences more positively reinforcing than aversive. If he feels ambivalent about beating his wife and vacillates between guilt and self-satisfaction in the sense of control he derives from it, the destructive side of his ambivalence may win if he values the positive reinforcement from the behavior more strongly than he experiences discomfort from the guilt.

Children's imitation of others' behavior becomes very selective through the learning process. An important mechanism that determines whether an observer will imitate a model's behavior is the learned reward value (attitudinal or emotional) of the model. A child's learned attitude toward the reward value of people controls his imitative responses. Imitation behavior is more likely to be rewarded when the model is a skilled person, i.e., skilled in athletic, intellectual,
mechanical, or recreational activities than one who is unskilled. (Staats, 1971; 1977) Imitation of "status" or high-valued people may result in more reward for the imitator.

In most cultures, the male model of behavior is more highly valued for boys' imitation. Sex-typed behavior is strongly reinforced in most countries in order that people will continue to fulfill socially structured roles and their concomitant responsibilities. Modern parents may have many other motives for training their children to conform to sex-typed behavior, such as a wish to assure social approval for children. Needless to say, most sons are trained to place high reward value on the father's behavior. The father makes himself a reinforcing stimulus for his son by reinforcing him when the son behaves as father does.

Children are also reinforced by care-takers and others for not imitating the behavior of certain models, e.g., young boys are rewarded for not imitating girls' behavior. (Ibid., 1977) Boys are often teased (punished) for imitating "girlish" behavior; when they cease girlish behavior, the punishment is withdrawn.

The reward value of certain people, or the attitudes we learn toward them, determines the modeled and learned attitude, whether the child will imitate a given person, the strength of the learned behavior, and the content of
the behavior, or whether the child will not imitate the person's behavior. Once the child has learned the mechanism, so that others who have positive reward value control his imitative responses and those who have negative reward value control nonimitation, the child can then generalize the learned principle to models with whom he has had no previous direct experience.

The above explanation accounts for the power of role models other than parents, such as entertainers who epitomize highly sex-typed behavior (e.g., American movie or television cowboys or "tough guy" types, etc.) as reinforcing stimuli, or high-reward-value models of behavior. Little boys are given more social approval for imitating models of male behavior that emphasize masculine characteristics. Social approval is a very powerful reinforcer for most people, because the emotional consequences are experienced as pleasurable and positive.

In summary, children tend to imitate those who demonstrate sex-typed behavior for which the children have been rewarded, those who model behavior which the children observe being reinforced for the model, and those models who control rewarding resources which are potentially rewarding for the observer. Thus, social learning theory provides a basis for answering "why" models are more likely to be imitated, implying at least partially why a behavior as destructive as wife-battering can be imitated.
by a childobserver at a later time in his life. It would
not be surprising if a little boy, having witnessed many
episodes of his father beating his mother, concluded
"Fathers beat mothers; husbands beat wives, and Daddy gets
reward by putting mommy in her place!" This conclusion
may never be verbalized and may be retained in the form of
a visual or pictorial representation.
Maintenance of Wife Battering and Operant Behavior Principles

Once the abusive behavior has begun, it is maintained through a feedback loop created by reinforcement of the behavior (Variable 14). The initiating stimuli remain the same, but once the batterer has perceived his wife's responses to his physical attacks and found them gratifying, he is more likely to beat her in the future, in anticipation of the reinforcement of a sense of control and power. Her behavioral responses (cowering in fear, obeying his commands, becoming quiet, crying, shielding herself from his blows, being thrown from the force of his blows, remaining where he puts her or locks her, complying with his sexual demands) provide him with immediate gratification: she submits to his wishes and shows fear of his superior physical strength and power. She is showing her abuser that he has control over her and that he is powerful. These responses reinforce his attacking, physically coercive behavior and maintain it once it has begun. This process accounts for the commonly observed phenomenon by helpers who have worked with such couples that wife battering escalates in intensity and frequency once it has become a cycle system.

The operant learning principle of discrimination is demonstrated in wife battering behavior through a process of differential reinforcement of the consequences of
responding to a constellation of stimuli, with the result of wife battering. The constellation of stimuli are: (1) the woman in the intimate relationship and her symbolic value as one whom the batterer sees as a dependent who has the potential of making demands on his performance, energy, and time, plus (2) the batterer's own learned beliefs, (3) the discrepancies he sees between them, (4) his own performance as male-husband-provider, and (5) his emotional consequences of feelings of threat, fear, frustration, anger, and/or hurt.

The batterer experiences differential reinforcement for his wife battering when he finds the consequences of doing so more positively reinforcing than any other response to the above constellation and process he may have tried. For example, he may have tried verbal abuse as a response to his consequent feelings, but may not have derived adequate reinforcement in the form of a feeling of control and power over her and the situation to relieve the aversive anxiety feelings that have escalated to an intolerable tension. In fact, clinical experience with batterers and abused women has shown that most batterers verbally abuse their mates as well as batter them. This has been found to be part of the victimization process which lowers the woman's self-esteem so that she will tolerate the abuse and thus cooperate in maintaining it without leaving the batterer.
The principle of generalization in wife battering behavior is illustrated by the batterer's generalization from past experience with the reinforcing consequences of his violent behavior following a similar cyclical process of the constellation of stimuli, his emotional-cognitive-physiological responses to them (see model), the tension-building, and his typical and ultimate response of physical attack.

His antecedent learning history may account for why he beats his wife and not someone else. He generalizes from what he learned in his family-of-origin and/or from cultural socialization about the woman's dependency and her imagined expectations of the husband. In the writer's view the batterer's stimulus generalization is the key to why he beats whatever woman is in the intimate relationship with him and will do so even if one victim leaves him and he finds another, as opposed to his getting adequate reinforcement from fighting males who are more likely to retaliate successfully. The psychoanalytic view may postulate a mother-transference phenomenon, which may be seen as another way of conceptualizing a form of stimulus generalization.

A paradox exists in wife battering behavior: the assailant's wife abuse is destructive and negative, conforms with his low self-esteem, reinforces his negative self-concept, and corroborates it. In this sense, it
seems to be one of the ultimate self-defeating behaviors. Not only does it ruin the marital relationship, it could cause his death. While most women cannot retaliate effectively during a battering incident without a weapon because of being smaller and weaker, some victims violated beyond tolerance thresholds have obtained weapons and killed their attackers. The batterer must realize, at least unconsciously, that he risks extreme retaliation. Thus, it is possible that wife battering may be symptomatic of suicidal wishes, unverbalized even to the attacker himself.
Propositions of the Theory

1. The original causes of wife battering behavior are:
   (1) child-observation of parental role modeling of wife battering and the vicarious learning acquired thereby, and
   (2) frequent physical punishment of children by parents.
   Both of these factors are subsumed under the variable of family-of-origin socialization; they share the common element of modeled use of physical force with instrumental purposes. Children thus acquire a behavioral repertoire of instrumental violence.

2. Childhood experience with frequent inter-sibling violence tolerated by violent parents is a factor which may occur in the family-of-origin socialization of many wife batterers, but not necessarily in that of all wife batterers. It, too, exemplifies modeling of the behavior, with resulting vicarious learning by observation of the behavior and of the instrumentality of the behavior by the observer.

3. Parents' differential reinforcement of boys' aggressive behavior strengthens the vicarious learning of modeled violence and increases the possibility of the sons' subsequent wife battering behavior. Family and social reinforcers in the form of verbalized messages about sex and marital role characteristics and performance rigidify and strengthen the potential batterer's belief system and rationale for domineering, physically coercive
behavior toward his wife or co-habiting mate.

4. Violent parents do not model or teach their children effective, positive means of verbal communication for problem-solving, or expressing feelings or needs within the family or between mates; rather, they tend to criticize and verbally abuse one another. The children of violent parents lack a behavioral repertoire for effective verbal communication.

5. The batterer derives reinforcing consequences from the initial incident of wife battering behavior; he receives immediate gratification from her adaptive responses which cause him to feel a sense of control and power over his wife and the features of the situational context.

6. When wife battering is rewarded (as above), its reinforcing consequences maintain it by becoming a stimulus for initiating the battering cycle again and again, as if a "feedback loop" were created. The most important reward that a wife batterer receives from wife battering is that of feeling in power and in control of his wife, their relationship, living situation, and of his own life.

7. Paradoxically, the batterer's wife abuse, being negative and destructive, conforms with his low self-esteem, reinforcing his negative self-concept and corroborating it.
8. Learned beliefs become irrational when distorted to conform with extremes of husband-wife, male-female traditional roles, reinforce the batterer's rationale for his wife abuse, and rigidify his expectations of self and wife; he re-traumatizes himself with them when his perceived performance falls short of his self-expectations.
Summary

The model of wife battering presented herein focuses on variables which influence the acquisition of responses which result in wife battering behavior. In terms of process, this focus differs little from most learning-theory based paradigms, but contrasts with operant behavior theory in that it postulates cognitive-perceptual and emotional intervening variables and their power in stimulating evaluative processes, expectations, in reinforcing beliefs, and ultimately in controlling behavior.
CHAPTER IV

Treatment Approaches

This chapter is intended to provide suggestions for therapy of wife batterers and victims specifically and not as a thorough or basic didactic presentation of psychotherapy in general. It is based mainly on treatment interventions described in the spouse abuse literature except for the family therapy section which was derived from academic and literature sources by the writer.

The chapter is divided into sections, some of which present only brief guidelines, goals for therapy, and methodological suggestions for therapists who work directly with batterers and/or victims.

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Crisis Intervention for the Victim

The availability of crisis intervention services for victims of domestic violence crises must first be made public. Hot lines for emergency calls, the existence of a shelter, and/or a counseling center specializing in domestic violence must be publicized through local social service agency funding and/or private funding sources. Publicizing may be accomplished through distribution of brochures, listings with other service agencies, newspaper ads, radio and television ads, posters, and agency or mental health professionals speaking before local groups and educational institutions.

A domestic violence crisis counseling center may establish a telephone crisis line for the purpose of aiding battered women. The crisis worker must supportively listen to the caller who is experiencing much anguish and collect vital information, such as whether she is in immediate danger, whether her batterer is in the domicile, whether she is injured and requires emergency medical aid, whether she has children who need services, whether police have been called, her location, if she has transportation, whether she wants to leave or stay, whether she has access to temporary accommodations, if she needs shelter at the refuge, whether she needs legal advice, etc.
Telephone crisis counseling requires that the worker must (1) stay calm, (2) take down vital, identifying information, (3) assess the immediate situation of the caller, (4) help the victim choose what her course of action should be, and (5) have at hand appropriate resource directories that can help arm the caller with necessary numbers and information (Cooper, 1977).

If the caller needs immediate intervention, the crisis worker may call the police for her if she has not already done so. A trained crisis intervention worker may then go to the victim's location, allowing time for the police to arrive first. She may talk with the victim, ascertain what she wants to do, and give her transportation to a shelter, if necessary.

At the shelter, she will be listened to, informed of her alternatives, and calmed by the supportive atmosphere of helpers and other battered women. If she calls during the regular hours of the counseling center, the victim may be encouraged to come to the center, where an intake interviewer will assess the immediate danger the battered women is in and will inform her of her options.

It may be necessary for the helper to clarify for the victim that no matter what the alleged reasons were for the beating, the use of violence is unacceptable, that it must not be tolerated, and that physical assault of a spouse is against the law. Most battered women do not know that spouse assault is a crime.
The crisis worker may arrange other accommodations for the victim if there is no room at the shelter for battered women. The local YWCA, Salvation Army, or if the victim has her own money, a motel or hotel room may be found for her. Most shelters limit the victims' stay to six weeks or less, depending upon the facilities and demands on the shelters at any given time. This limit encourages victims to make decisions about finding their own residences or returning home, as well as making rooms available to others.

At the crisis center or shelter, the victim may be asked about her support system, i.e., relatives, friends, or anyone who can and would help her, and about what she wants to do to deal with her situation. Most battered women are not emotionally ready to leave the relationship after the first battering incident. They fear that they cannot survive alone, especially if they have children and no job skills. Most have been denied access to money, in some cases even their own, by their husbands.

Many victims still love their husbands because of their loving, caring behavior when not beating their wives; these victims hope their abusers will change. They may go back and forth between their home and the shelter many times before they are emotionally able to accept that the batterer will not change his violent behavior and before they will risk changing their lives and those of their children completely.
The goal of crisis intervention techniques is to teach the victim how to resolve possible future crises by applying conflict resolution techniques to the current crisis (Walker, 1979). The one time when a battered woman is most able to persuade her batterer to obtain help to change his behavior is following an acute battering incident. Because of his use of denial which prevents both of them from taking action, it is important, according to psychologist Walker (1979), to document the details of the battering incident immediately as the battered woman reports them. (This compares to alcoholism treatment techniques, e.g., Care Unit Programs.) Further, documenting and photographing the victim's injuries and bruises, if any, should be done immediately.

The crisis intervention therapist should label the woman as "battered to preclude denial." Asking specific questions about the incident, recording answers, and lack of judgmentalism about her ability to cope have been reported by victims to be helpful. Seeing the victim separately from the batterer, apparently because the batterer is likely to deny responsibility for his violence and to blame his victim, is recommended. Two or three hours should be set aside for the first interview; victims need the time to ventilate, share their pain, and open up.

It is important that the crisis worker bring some order to the chaos the victim is experiencing by labeling
her feelings. She feels a range of emotional reactions to being beaten, e.g., loss of control over her life, helplessness, passive and emotionally paralyzed, tremendous fear, anger, guilt, shame, embarrassment, and doubts about her own sanity, as well as that of her mate. The counselor should help her to identify her feelings to calm her chaotic state. She should also encourage her to seek the help she needs—medical, legal, and social services—and to take action on her own, if possible.

The victim is encouraged to decide for herself what she wants to do and where she wants to go after the crisis. The crisis counselor may inform her of what has been found to be helpful in clinical experience and research (Straus, 1977, in Roy, 1977). If she returns to her batterer, she must make a condition of staying in the marriage that hitting will not be tolerated. In many states in the U.S., it is a crime to assault anyone, even one's mate, married or not, male or female. She has the right to have her assaulter arrested and to press charges (sign a complaint) against him. In addition to a "no hitting" policy, she might also make a condition of staying that he obtain counseling. The victim is not directly advised to do these things, but simply that these are her options. She may also be given basic legal information, but if she desires legal advice, she may be referred to Legal Aid or some other legal resource.
The victim who decides to return to her abuser may also be told that she must think of a plan of escape should her husband beat her or threaten to do so again. She must plan details of what she will do and where she will go, and what resources she can take with her for basic survival needs.

The crisis worker may inform her that if her abuser hits her, she must deal with the situation immediately and not wait until the next time to see if he stops. Studies have shown that marital violence is likely to escalate once begun. She must get help from others, leave, take legal action, or a combination of these (Straus, 1977, in Roy, 1977).

The victim will be asked about her job skills. If she has none and has dependent children, she is told that, if she chooses to leave her spouse, she may have to accept being on public assistance if she has no other resources, and that she will receive help in arranging for it. She may be encouraged to start job training as soon as possible after the crisis is over. She may be advised to get a job even if she returns to her husband and before another attack; lack of resources may prevent her from finding safety. She may be given information about child care facilities and encouraged to plan ahead for child care arrangements if she works or leaves her abuser. She may be informed that if her return to her batterer results in being beaten again,
her only options may be to leave, take legal action, or to both leave and take legal action (op. cit.).

A difficulty battered women encounter with public assistance is that if they have not yet established a separate residence, and if they are still living with their husbands, they are often denied eligibility for assistance. This administrative procedure makes it impossible for victims in need to leave their batterers, because they lack the funds for establishing a residence. Further, investigative-administrative procedures for public assistance may take from three to six months.

A battered woman may choose to prosecute her batterer under the criminal code of her state. However, if she does so and does not follow through with the legal procedure, her batterer may believe that he will not suffer the consequences of further beatings and may be encouraged to escalate his violence. Unfortunately, for many victims, following through is very intimidating and does not guarantee safety. The victim must have a strong desire to follow through with the legal process. She may have to make a court appearance to authorize a warrant for a criminal charge; arraignment in District Court, a preliminary hearing, and the trial will follow. The trial may not occur for several months, and her abuser may or may not spend that time in jail. The victim will be called to testify in court. The assailant may or may not be found.
guilty; a guilty verdict does not guarantee that he will be jailed or that he will be required to receive counseling. His punishment, if any, depends on the judge's view, or in the case of a jury trial, the jury's view, of the case. Punishment for the assailant may be probation, supervision, a fine, or a jail sentence, or mandatory counseling as an alternative to jail. When the legal process is described to the battered woman, she often chooses not to sign a complaint because she sees little provision for her physical safety during the process.

The victim may use the civil system to attempt to stop her batterer's violence against her, or she may use both the criminal and civil systems. Neither guarantees an end to the violence but will serve as overt statements to her batterer that she will no longer tolerate physical abuse. In the civil system, she may obtain a personal restraining order, temporary or permanent, to prohibit her husband from harassing her in any way. She will need an attorney to do this, as she will to file for divorce or for legal separation. Co-habiting mates not legally married may sue for "injunctive relief," which results in a personal restraining order. An "Order to Quit" may be filed by a woman whose assailant is living with her but is not married to her in order to have him evicted. A married victim may file an "Order to Vacate" to have her batterer removed from his home while divorce or separate
maintenance petitions are pending (Assault Crisis Center, 1977).

In dealing with police, many women do not know that police are legally required to tell battered women at the scene that the wives are entitled to make a citizen's arrest with the aid of police. Also, if the wife demands, the police must remove the abusive husband from the home. Police have often not done this (Straus, 1977). However, some police departments are currently educating officers to deal with domestic violence cases more effectively than in the past.

The victim may decide to return to her husband and also to return to the counseling center for ongoing therapy for herself. She will usually be informed that couple therapy would be most desirable and effective and is invited to ask her husband to join her in therapy. If heresists, she may continue with her own individual therapy. Crisis intervention is short-term, acute-care, and only a beginning for the therapeutic process which may change the lives of the battered victim and her assailant.
Individual Therapy for the Victim

In order to convey the uniqueness of the battered women's plight and the most helpful techniques for her therapy, it is necessary to point out some ways in which some therapists have been counterproductive with battered women. Walker's (1979) interviews with battered women show that most therapists do not deal with the battering problem, but rather with the psychological consequences it produces. The victims report that some psychotherapists have added to the woman's loss of self-esteem by focusing on her "provocative" attitudes and behavior. These victims concluded that psychotherapy was not helpful for them.

Some battered women have told of being treated as if they themselves were "crazy", some of being involuntarily institutionalized, and some victims in Walker's sample were given so many shock treatments that they suffered permanent memory impairment! Others reported being diagnosed as paranoid schizophrenics because they could not trust people after experiencing being battered. Therapists with the traditional psychoanalytic orientation usually assumed that the woman "needed" to be beaten because she was "masochistic," wanted to expiate her alleged sins, and the therapists' purpose was to discover what the victims were doing to provoke abuse. The
victims' acute stress reactions were diagnosed as more serious emotional disturbances. Many in the sample reported being treated for serious depression; some whose justifiable anger might have motivated them out of the battering situation if properly directed, were "mellowed" by tranquilizers.

Walker strongly points out that many therapists have misinterpreted battered women's coping techniques as evidence of "severe personality disorders". She states that "victims suffer from situationally imposed emotional problems caused by their victimization. They do not choose to be battered because of some personality defect; they develop behavioral disturbances because they live in violence" (p. 299). The battered women interviewed who had had psychoanalytically oriented psychotherapy all stated that psychoanalysis did not help resolve their situation; in many instances, the self-analysis served to perpetuate their abuse.

Walker (1978) advocates an action-oriented therapy for battered women, a combination of behavioral, cognitive, and insight-oriented therapy. She states that "behavioral and cognitive changes are encouraged while motivation and emotion are expected to follow" (p. 531). The most pressing concern for the victim's sake is to stop the battering. Crisis intervention techniques should either have helped her to decide whether she prefers to
get out of the violent relationship or whether she wants
to stay and work on her therapy and/or convince her
batterer to obtain counseling. The long-term goal for her
therapy is to develop her coping skills and her ability to
become interdependent (Walker, 1979). An interdependent
person is one who is capable of either independent or
dependent behavior within a relationship, as appropriate.
Walker describes the interdependent relationship as one in
which each person provides strength (independence) which
the other person can use (dependence); simultaneously, the
independent person can depend on the other for certain
needs also. Respect and trust must form the basis of such
a relationship. The mutuality of independence and depen­
dence is provided by the flexibility of each spouse
flowing between these two functions instead of relying on
fixed roles. Dependence in this sense is seen as healthy,
not as evidence of inadequacy, as is the common view.

To form and succeed in an interdependent relation­
ship, the woman needs to develop skills which will provide
for her survival, economically and emotionally, at any
time, with or without a husband. Developing such skills
will add to her ability to choose whether she wants a
relationship, rather than entering one because she thinks
she has no alternatives for survival. Many battered women
become and allow themselves to remain victims because they
depend on their batterers, financially and/or emotionally.
Without independence, dependence may lead to victimization.

Walker recommends beginning with individual therapy for the victim and for the batterer, with a different therapist for each, rather than with couple therapy immediately. This helps to avoid the dilemma of their protection of the symbiotic bond of dependency they have created. Often, it is more difficult for the batterer to become independent than it is for the victim; her resentment of his violence may enhance her desire for freedom. However, he has cultivated the habit of manipulating her; he "needs" someone to manipulate. But, what is therapeutic for the victim may not be good for him. She may become stronger and decide to leave him. He does not feel "normal" unless he has a supportive relationship. He has more difficulty individuating. For this reason, it is recommended that couple therapy not be started until the batterer and victim have learned to individuate.

The therapist can deal with the victim's anxiety by using relaxation training, hypnosis, and by encouraging her to find ways to exercise and experience positive body feelings. The only area over which the battered woman may have complete control is her body. If her batterer has victimized her over a long period of time, she often develops lack of body awareness to avoid feeling the pain of the battering. Body exercise helps to build a sense of self-esteem.
Walker recommends that the therapist teach the battered woman to feel, recognize, and control her anger, to understand the difference between feeling anger and expressing it. Expressing it to her batterer may threaten him so that he may attack her. She must experience her anger each time it occurs, recognize it, and admit it to herself, at least, rather than suppress it each time and release it later explosively. She must learn to control her anger and use it to mobilize herself out of the battering situation, even if this means leaving the relationship, at least until the abuser's behavior is changed through his own therapy.

Therapy modalities which strengthen the victim's successful coping skills and help her to overcome her sense of powerlessness are effective in breaking the symbiotic dependency bond between her and the batterer. Goals must remain constant even though techniques and scope of therapy may vary. Current behavior is the focus of effective treatment of battered women, although some exploration of the past may help to understand current problems. Clarification of the victims' ambivalent feelings is essential; she experiences both love and hate for her batterer, anger and passivity, terror and rage, depression and anxiety, wishing to stay and wishing to leave, helplessness and desire for power, insecurity and a wish for security. These must be recognized and dealt with in therapy (Walker, 1979).
If the battered woman decides to remain with her batterer, the therapist can help her to formulate specific steps she can take to improve her situation. Behavior rehearsal of an escape route may be one intervention. The therapeutic goal of strengthening her independence within the marital relationship is critical for her protection; successive approximations may be utilized to provide practice for her independence. Career goals may be discussed and may serve as means of setting up sub-goals to be realized one step at a time. As the client progresses in therapy, adjunctive therapies can be instituted or recommended, e.g., assertiveness training, vocational counseling and training, parent education classes, and eventually couples therapy, if the couple agree and have individuated adequately.

Walker states that battered women who received successful therapy and choose to leave the battering relationship usually overcome their previous emotional and motivational deficits and do not choose to relate to another batterer as the popular myth has it (1978).

The Therapist as Advocate for the Battered Woman

The battered woman who wishes to leave her batterer and decides to utilize the legal system in order to do so may need the therapist to act as advocate during legal procedures (Walker, 1979). The therapist may collaborate with other helpers, may contact an attorney, the district...
attorney, a social service worker, a rehabilitation or vocational counselor, or whoever may be involved in the situation. The therapist may accompany the client to court or may volunteer to testify on her behalf, if necessary. These are very important helps in addition to facilitating the therapy process.

The Rescue Issue and The Therapist's Role

Battered women who wish to leave their abusive husbands face a number of legal, social service, and survival complications that are unrecognized by the public who wonder why they stay with their batterers. Leaving her husband appears to the victim as bad an alternative as staying with him. She feels trapped and de-powered. As just two examples, welfare does not provide support before a divorce is obtained, and legal services are extremely slow and prohibitively expensive to a woman who has no access to money. Because of the sheer frustration of trying to cope with her situation, she may convey a "meta-message" to the counselor which says, "Rescue me, take care of me." The needs of the battered woman may tend to overwhelm the therapist; her desire for rescue creates a problem for the therapist unless the therapist is aware of the need to avoid rescuing her, and can listen supportively and convey belief in the client's own ability to cope with the problem. The woman's right to self-determination must be respected; planning prematurely for
her escape will lead to frustration and vindictiveness on the part of her husband (Elbow, 1977). The therapist must not expect too much of herself, too soon, and must not allow the client to pressure her into immediate solutions to her problems, i.e., "Tell me what to do; should I leave or stay?" It is of critical importance to communicate that the battered woman has inner strength to draw on, that there are ways to solve her problems, and help is available. It is then necessary to inform her of alternative solutions and of her access to resources. The ultimate responsibility to choose what to do and when to take action is the client's.

The therapist must also recognize that, because of the batterer's victimization of the battered woman and the fear-inducing nature of his de-powering behavior, the victim may be paralyzed by fear or by her ambivalence toward her batterer and therefore unable to take action, select alternatives, or even to process the information made available to her in the initial crisis intervention or in the first few sessions of therapy. The therapist can best help the victim at this time by being there to give support, to listen, to assess immediate needs, to help the victim define the problem, to help her recognize her own strengths, and to explore ways of solving the problem. In listing available alternatives and solutions, the choice of which ones to select are up to the client. The victim must take responsibility for herself (Fleming, 1979).
Work of this kind requires much patience of the counselor because of the tendency of battered women to return to their mates on an average of four times before they can emotionally leave them. Learning theory may account for this phenomenon of behavior by stating that the aversive stimulus (the battering) has been paired with reward (the respite phase of the battering cycle in which the batterer behaves pleasantly and lovingly). Most of the batterer's behavior when he is not beating her is positive for the wife. In the writer's own clinical experience, battered women have responded to the question, "What were your reasons for staying with him?" with "I loved him," or "I didn't want to give up on my marriage," or "He told me he wouldn't do it again." Combined with these feelings were fears of the unknown of leaving and being independent.

The therapist who can accept the battered woman's fears and anxieties, listens supportively, does not overreact to her panic, and shows a belief in her ability to cope and solve her problems will be effective in providing a source of strength for the victim and in helping her to help herself. The victim will experience many fears of changing her life, will resist doing so, will work through the fear and resistance and will come back ready for a new step. She may grieve if she leaves her batterer. These processes require perseverance on the part of both therapist and client (Cooper, 1976).
The issues for therapeutic work with the victim are the woman's impaired self-esteem, emotional isolation, and mistrust (Hilberman and Munson, 1978). Myths that the battered woman retains in her belief system must be identified and challenged early in the work with battered women. The victim's myths are:

1. The violence is perceived as a norm - most likely when the victim comes from a violent family of origin.
2. The violence is rationalized; "He is not responsible because he is sick, mentally ill, alcoholic, unemployed, or under stress."
3. The violence is "justified: she deserves it because she is bad, provocative, or challenging."
4. The violence is controllable; if only she is "good, quiet, and compliant, he will not abuse her."

(p. 467)

The victim utilizes these beliefs to explain the brutality. Her doing so reinforces her denial and protects her husband and her marriage at the expense of her self-esteem and autonomy. She remains enslaved by beliefs that she is in control. Hilberman and Munson cite a second group of myths which prevent dissolution of the marriage and prevent the victim from leaving:

1. She loves him.
2. She cannot survive without him.
3. She stays "for the sake of the children."
4. He will change.

(p. 467)

An ironic point that keeps many women in abusive relationships:
A woman may cling to the belief that her frequent sexual relations with the abusing spouse serve as proof of love. Most often, the reality is that she maintains and encourages sexual contact to appease her husband, and her alternative to compliance is assault and rape.

Identification and exploration of the mythology begin with challenging her denial, altering her low self-concept, and raising her consciousness about sex-roles. The clinician may also point out the widespread incidence of wife battering to the victim so that she sees it as a social problem and not hers alone.

If the victim changes her behavior in the relationship, the possibilities of escalating violence as a result are real; she should not be pushed to move beyond safe boundaries in terms of acknowledging her anger or confronting her husband. It is safer to assume that her assessment of the danger to herself and children and of her husband's potential for violence are accurate.

The clinician must make known to the victim her options. This communicates that she is an important person who deserves to be free of abuse and is capable of making decisions. The therapist must inform her of community resources which might assist her. Some of these may be:

- Medical clinics for her children and herself
- Mental health care facilities for herself and her children
- Social service agencies for financial aid for self and children

(p. 467)
Child protective services
Emergency shelter and housing
Day care facilities for her children, especially low cost
Criminal justice agencies for protection against further violence
Legal aid (phone number & address) for assistance with warrants, court procedures, separation and divorce agreements
Vocational rehabilitation agencies for financial assistance and information about education pursuits, job training, employment counseling
Women's groups for information, support, shelter.

(p. 468)

The clinician must not only identify these resources but may have to intervene directly with these agencies for women who have no experience with them. It is essential to tell a battered woman that wife beating is against the law; many do not know this. For those victims who want to file a complaint with the police against the batterer, the willingness of the clinician to accompany her to do so or to court may mean the difference between her dropping charges and a successful prosecution. If her batterer is prosecuted and tried, there is a good chance that the judge will order mandatory counseling for him; thus, he will receive help and may end his battering behavior. Also, the clinician may be able to provide information to a judge, attorney, or social service agency which may have an impact on outcome of the case.

It cannot be emphasized enough that the choice to stay or leave must be the victim's. To imply criticism or
reject her for not leaving is further victimization. Helping her to develop effective methods for dealing with her life engenders feelings of independence and improved self-image. If a woman who wants to remain in her marriage is prodded to leave, she may drop out of treatment and refuse to avail herself of the therapeutic process (Geller and Walsh, 1977). Counselors must be aware that to the battered woman, both options open to her — staying with her batterer, or leaving and living at a reduced living standard plus arranging new schools and new residence for her children and herself — are bad.

Elbow (1977) points out to the victim that she has three alternatives: (1) she can leave; (2) she can stay and continue to hope that her husband will change; (3) she can decide to stay and relinquish the hope that he will change. Initially, most abuse victims choose the second or third alternative. They may continue counseling, build their self-esteem, and later, sometimes after terminating, make and carry out plans to leave. They have reported that sorting out alternatives in the treatment process helped them to think through their situation and to make plans. Ball and Wyman (1978) recommend that for the victim, the therapy process begin with a very directive approach. The counselor should convey confidence that her problems can be resolved. The therapist must realize that due to fear, battered women initially show lack of
motivation and poor cognitive and problem-solving skills (p. 548).

Directive therapy is to be used with the battered victim only as long as absolutely necessary. The therapist must not allow the victim to shift her dependence from her batterer to the therapist. Becoming the victim's rescuer adds to her dependency, and prevents her from developing the strength she needs to extricate herself from the situation. The therapist must find a balance between being initially directive and rescuing the client.

Star (1979) and colleagues have developed a multi-step therapeutic process for battered women and state parenthetically that marital therapy for batterer and victim presents special problems: the abused wife faces physical danger after every conjoint marital session in which grievances are exposed that may stimulate the husband's anger, insecurity, or jealousy. Also, the batterer uses denial so strongly and consistently that he will continue to deny that he does anything wrong or that anything is wrong with their relationship. Therefore, the most effective therapeutic strategies focus on the battered woman and include the following components:

1) Assess the Immediate Crisis. Supportive therapeutic responses of listening, showing caring and desire to help must be combined with assessment of the woman's suicide potential and depression.
2) Take an In-depth History. In order for therapist and client to reach an understanding of the problems confronting the battered woman, the therapist must gather information on the woman's marriage, her role in the relationship, her feelings about herself and the abusive spouse, and her childhood experiences related to violence, and to separation. Battered women, typically socially isolated, may not be aware of the destructive potential of violence in marriage for children; they may fail to connect their husbands' violence and abuse with their own feelings of low self-esteem and depression or to their children's behavior problems.

3) Know Local Resources. When working with women with minimal support systems, limited job skills, little or no income, and dependent children, it is imperative that the helper know the community's provisions for shelters, legal aid, medical assistance, financial aid, vocational training, and educational counseling, and assist victims in their pursuit of such alternatives when needed.

4) Increase Client's Mastery of Environment. Battered women need involvement in a structured therapeutic program containing mutually agreed upon goals which diminish anxiety by increasing their mastery over their environment. Continued self-understanding and progress toward constructive change increases if recognizable and concrete successes occur during the process.
5) Encourage Emotional Monitoring. Goals for battered women are learning to express feelings appropriately and overcoming their emotional reserve. These women maintain little contact with their feelings, except guilt and a sense of unworthiness. Emotional monitoring, especially of anger, increases sensitivity to feelings and encourages emotional expression.

6) Anticipate ambivalence. The therapist must deal with the battered woman's constant ambivalence about leaving or staying with the abusive spouse. It is a common occurrence for separation to occur more than once before the final termination among any divorcing population; there may be many more separations with spouse abuse couples. Most battering husbands promise their wives they will never beat them again. For women with fragile self-esteem, who are easily upset, and who already feel guilty about taking the children away from their father, it is not surprising that the return rate is high. Insecure battered women face tremendous difficulties in leaving their husbands; if they choose to remain they especially need a therapist who understands their ambivalence.

7) Offer a Role Model. The therapist must be a constructive role model for the battered woman, must be a consistent and understanding adult figure, and must establish a much needed trusting relationship with her. Many battered women (not all) grew up in unstable or
abusive families; they need to experience a corrective relationship which benefits them by: (1) allowing recognition of nonconstructive behavior patterns, (2) offering new ways to perceive reality, and (3) providing the guidance required to act upon their environment effectively (pp. 485-486).

A differential therapeutic approach that applies the salient points of each of the above modalities to the needs and personality of the battered woman is advocated by Star. Crisis intervention forms only the initial part of the treatment process; shelters help the victim to bind her anxiety and express her feelings without fear. Individual therapy provides a personalized therapeutic experience and a corrective relationship. Other forms of therapy to help the battered woman to develop other aspects of self, such as group therapy for developing interpersonal skills, socialization, and feelings of acceptance may be needed.

Resnick (1976) delineates the following counseling skills and techniques for use with battered women in a now counselor training manual:

1. Listening and summarizing. For battered women clients, effective listening, hearing and understanding what is being said are fundamental counseling skills as for any clients. What is not verbally expressed may suggest sources of difficulty; discrepancies between verbal and non-verbal
communication should be noted, and when trust and rapport have been established, pointed out to the client.

Summarizing is helpful because: (1) it gives the client a chance to clarify points she feels were misunderstood or that she did not communicate clearly enough; (2) it assures the client that the counselor is listening and understanding her; (3) the summary may help the client to clarify and conceptualize what she had previously thought a complex maze of data.

The counselor should ask the client to summarize the counselor's summary back to her to check on its accuracy and whether she has understood it.

2. Sorting. Help the client to label each aspect of her problematic situation. A problem will not appear as overwhelming and unwieldy if its components can be identified.

If the battered woman is planning to make changes in her life, such as leaving her batterer, establishing a new residence for herself and her children, taking legal action against her batterer, finding a job or obtaining job training, it is helpful to label and discuss each category of change to help reduce her anxiety. Prioritize her options and plans for change.

3. Labeling the client's feelings. The counselor will hear the client's feelings more clearly than the client can recognize them; labeling the emotions the client is
expressing will help relieve her anxiety by bringing order to the chaos she is experiencing. The client's ambivalence toward her batterer and her situation confuses her.

It may be useful to have the victim list the positive aspects of her batterer and then list the negative ones. Have her write them on opposite sides of one piece of paper; this will help her to gain a better grasp of her problem situation and her feelings towards it and her batterer.

4. Ventilation. The counselor can provide the client with a supportive atmosphere in which to ventilate her problems, anxieties, fears, needs, etc. The client may need to do so for the first few sessions; after this, the counselor must direct and encourage her to take positive steps to solve her problems. The client must be encouraged to take charge of her life following adequate ventilation.

5. Appraisal of strengths and assets. Most battered women feel defeated, helpless, and have low self-esteem. It is therapeutic to ask them to list assets and personal strong points. Some battered women may be unable to say one positive thing about themselves because of the victimization process and verbal abuse by their batterers. In this case, the counselor may give her an honest appraisal of her strengths as they appear to the counselor. The client's seeing that the counselor sees
some positive strengths in her may be a first step in believing in herself and her ability to do something about her destructive situation.

The counselor may give verbal recognition to the client's external strengths also, such as family members and/or friends who may provide a support system.

6. Setting goals, sub-goals, and defining them behaviorally. The battered woman may need to set several long-range goals, and she must do this herself. The counselor may assist her in objectifying them, defining them, and offer support and assistance in meeting them. Objectifying a goal is to put it in behaviorally specific terms. It is also important to set up short-term sub-goals to prevent discouragement. Sub-goals must be emphasized so that the client can see and internalize her successful progress on an immediate basis. For example, if she wishes to find a job, sub-goals may be: (1) investigate day care facilities for her children; (2) choose and enroll her children in a facility so she can job-hunt; (3) go to employment agencies, etc.

7. Plans of action. When the client has chosen and set up goals and sub-goals, plans of action to achieve the goals must be made. The counselor should present various options to the client. This may require knowing resources in the community. The counselor's values should not cause her to emphasize one option versus another. When plans of
action have been formulated, role playing techniques may help the client to behaviorally rehearse what she must do to achieve her goals. For example, she may feel apprehensive about talking with a lawyer to obtain a divorce or to the police if she decides to prosecute her batterer. The counselor can play the client's part, providing suggestions by modeling what to say, how to say it, or how to obtain information she needs (pp. 11-14).

Note: It is NOW policy that the counselor make clear to the battered woman that at no time will the counselor visit the client at her home, nor is it possible for the client to come to the counselor's home. This policy is meant to provide for the counselor's safety, since statistics show that police intervention in domestic violence situations cause more police deaths than any other crime.

It is also a NOW policy rule that the counselor will not meet with the victim's assailant anywhere. There may be some exceptions to this if they are cleared with the counselor's supervisor.

Most of the above information concerning individual therapy for the victim of wife battering has been taken from the available literature as cited. Its volume is in striking contrast with that of the available information on individual therapy for the batterer.
One of the most effective counseling modalities recommended for abused women is assertiveness training. In a group setting, assertiveness training has been found to aid in raising the battered woman's self-esteem, to teach her to express her thoughts without denying her feelings, and to express her feelings and thoughts without attacking the other person. Other goals are to teach her to act in her own best interest, to stand up for herself without undue anxiety, to exercise her own rights without denying the rights of others, and to express her honest feelings comfortably (Ball & Wyman, 1978).

Techniques used by therapists in assertiveness training are a combination of cognitive restructuring and behavioral techniques, such as modeling, behavioral rehearsal, role playing, coaching, homework, and feedback. To restructure cognitive beliefs, values, and attitudes, the therapist may encourage group members to generate their "rights" from their own perspectives. The battered woman needs to clarify her own rights to herself and to have them corroborated by others in the group. The victimization process has confused her thinking in this area. Ball and Wyman (1978) list fourteen rights of the battered woman, who has the right:
not to be abused
to anger over past beatings
to choose to change the situation
to freedom from fear of the abuse
to request and expect assistance from police or
social agencies
to share her feelings and not be isolated from
others
to want a better role model of communication
for her children
to be treated as an adult
to leave the battering environment
to privacy
to express her own thoughts and feelings
to develop her individual talents and abilities
to legally prosecute the abusing spouse
not to be perfect

(p. 550)

These rights, in addition to those generated by the group,
may be stated by the group facilitator and discussed by
group members.

In addition to cognitive restructuring, behavioral
techniques may include an exercise in which each
participant constructs a hierarchy of assertive situations
ranging from least difficult to most difficult scenes
(according to Wolpe's desensitization technique).
Behavioral rehearsal and role playing may be utilized to
provide the women with behavioral practice for being
assertive. The battered woman who is living with her
abusive spouse may then learn to increase her verbal and
nonverbal assertiveness and communicate a message that she
will no longer tolerate physical force used against her.
Her doing so constitutes what Straus (1977) calls
"canceling the hitting license in marriage." However, the
therapist must first explore with the client the possible consequences of her increased assertiveness to preclude increasing her spouse's violence. If she is taught to use empathic communication to preface assertive comments, she may allay his potential anger.

The group therapy model as a mutual support system for battered women has been endorsed by women's groups and counselors who work to help them as meeting vital needs (Fleming, 1979). Therapy groups, support groups, and peer counseling have been found to be especially valuable for battered women because their life styles are marked by extreme social isolation; rarely do they speak of their abuse to anyone. Even more rarely do they meet other battered women. Clinical experience with victims has shown that a therapy group may be the one stability factor operating in their lives to their advantage.

Shelter Groups

The literature concerning group therapy with battered women reflects that those offering services to this population must distinguish between appropriate therapy models for groups within shelters and for victims living at home, either with their batterers or in transition (Fleming, 1979). The techniques for group therapy may be similar for either group.

If group therapy is offered as part of a shelter's service, the staff must communicate to the residents
whether participating in the group is optional or mandatory. Optional therapy would seem preferable; however, some shelters must present the rationale for this requirement, and the group facilitator must deal with this issue and the feelings it may generate. Facilitators may clarify that the residents have a choice about whether the group has any value or relevance for them. As in any group therapy, the shelter group members define the group's goals and provide feedback on the group's effectiveness.

Group members decide on a weekly meeting time to insure their availability. Staff can arrange for child care within the shelter so that sessions will be devoted to the women.

In shelters in which group therapy is optional, it is important for the facilitator to determine why each member joins the group. The reasons may help the group to decide on its purposes and goals; it may also uncover some women's overadaptiveness to what they believe the staff expects of them.

In a shelter, it will be necessary to provide open-ended group therapy because of the population change as women enter and leave the shelter, whereas with "home" clients, a closed, time-limited group is possible. Consistent with the open-ended group, an unstructured or semi-structured approach is appropriate.
Staff and residents may decide to use part of "house-meeting time" as group therapy time. Another option is the informal, "open-house" arrangement originated by Pizzey (1975) in England in which a staff counselor is available for specified time periods, and residents may come in to talk with her and each other, depending on their needs.

There is a qualitative difference in the type of clients in a shelter group from that in a "home" group. In shelters generally, there appears a larger number of women who are on the lower end of the continuum of the victimization process. Most of them are totally dependent on their batterers financially, have no job skills, and many have minimal education, with no work experience. Some lack basic survival skills; these victims are usually married to batterers who handle and control all money. At times shelter staff may have to arrange to teach survival skills as a priority; this can be done in the house meetings, and members may practice by running the shelter itself cooperatively. Group therapy sessions may then deal with such issues as conquering the fear of depending on oneself, developing new skills, independence and strength.

A follow-up support group is important for women who have left the shelter, whether they establish a new life of their own or return to their spouses. They will need a
support system to strengthen coping skills and enhance personal growth. This service may be provided by the local counseling center which specializes in spouse abuse services.

**Home Groups**

Group therapy for the victim may be adjunctive to individual, couple, or family therapy but is especially helpful when couple therapy has been ruled out because the battered woman has decided to leave her batterer and dissolve the relationship. In the latter case, the victim needs the emotional support, warmth, and caring provided by the group, and in this context can make salutary changes in her ability to cope with survival and emotional needs.

In starting a group, it is well for the facilitator to interview each woman individually to determine what would be most helpful in therapy, her goals, her situation, and her assets and liabilities. The initial interview also prepares her for entering the group and gives the facilitator an opportunity to evaluate the woman's suitability and readiness for it. People who are experiencing certain problems in their lives are not suitable for group therapy, e.g., those who are so depressed that they cannot function normally, those who are so egocentrically preoccupied with their own problems that they cannot interact with others, alcoholics, drug addicts, and psychotics. Yalom (1975) also cites monopolists,
schizoid personalities, and true hysteric as undesirable candidates, and further states that there is considerable clinical evidence that brain damaged, paranoid, extremely narcissistic, hypochondriacal, suicidal, psychopathic, or sociopathic persons are poor candidates for outpatient intensive group therapy. Such people are unable to participate in the primary task of the group and construct interpersonal roles which are detrimental to the group as well as to themselves. Appropriate referrals should be made if a victim manifests symptoms of these classifications, preferably with follow-up in case participation in group therapy at a later time seems indicated.

In terms of the group's structure, a group for battered women should consist of no more than five or six members (Fleming, 1979) because of the multiplicity and range of their problems, emotional and logistical. Experience has shown that meeting weekly for a minimum of three or even three and one-half hours is necessary to provide for maximum participation. However, if two facilitators work together, the group may consist of eight members. The co-therapists may then model shared responsibility, can support one another, and lend balance by dealing with issues that the other missed.

The facilitator(s) should encourage members to interact with and use one another as resources for interpersonal learning and growth. Each member should
relate to each other as well as to the facilitator.

Once the group has formed, a closed group has been found preferable to one that admits new members as time goes on. This precludes having to review old material. If the group suffers from attrition (dropping out) and needs new members, remaining group members should decide whether and when to absorb new members.

In starting a group, facilitators may provide a testing period of three sessions to give members an opportunity to decide whether they think the group will benefit them. Any questions concerning commitment to the group can be explored, and the group can then contract with the facilitator for a specific number of sessions. Recontracting can be done at any time during the group process, particularly if the group is becoming less effective for members.

Any dropout should be contacted by the facilitator and her reason discussed with the group, particularly if some of them believe that they may have caused the woman's departure.

In terms of group modalities, facilitators have many options available to them: transactional analysis, Gestalt therapy, assertiveness training, problem-solving, Rational Emotive Therapy, etc. Whatever therapeutic model is used, facilitators working with battered women must work from a nonsexist point of view, relating battered women's
problems to the socio-cultural systems in which we live. This rules out the psychoanalytic orientation which tends to blame the victim's behavior on her "masochistic tendencies."

As pointed out in the section on individual therapy for the victim, the therapist must inform victims of community resources available for their help. However, the most crucial kind of help in group therapy enables the woman to achieve goals. The group therapy experience should enable her to behave more assertively, overcome her fear of and dependence on authority figures, her fear of failure at independence, and deal with her ambivalence toward her batterer.

Many problems battered women face can be dealt with in the context of their present lives, and solutions may be rehearsed behaviorally in sessions. For example, the victim who needs help dealing with a welfare worker who puts obstacles in her path may enact a scene in which she contacts the worker's supervisor, or whatever assertive behavior is needed. The emotional support the group provides must be complemented with specific problem-solving help to increase her ability to deal with the harsh reality problems she faces.

If some group members are staying in abusive relationships out of psychological dependence, intense fear, extremely low self-esteem, or other "internalized"
problems, group therapy may provide the more intense, long-term therapy they need if the facilitator is willing and if the group is small enough. If not, then individual therapy concurrent with group therapy may be effective with such victims. The individual and group therapists should collaborate to facilitate the client's progress (Fleming, 1979).

One problem a battered women's group facilitator must deal with is the fact that the group members are in a crisis and may require intervention at any time; a fixed time schedule may be unrealistic. Their problems may cause their attendance to be sporadic, and some sessions may require more than the normal time. The telephone crisis line should continue to be available to group members to provide emergency backup. The facilitator may inform members of her availability by phone for emergency purposes (at the agency), and members may exchange phone numbers, thus creating their own support system.

In structuring the sessions, a go-round at the beginning of each session will reveal each member's concerns. The group can then determine who speaks first about an area of concern and approximately how much time each person will have as the focus of the group. When each member knows that she will have her turn, she is more free to concentrate on the problems of another. This also gives the women practice in choosing priorities and using
time which they may apply to their families. With this format, as one member relates her problem, the other group members are encouraged to share insights and knowledge from their own experience which has the salutary effect of raising their self-esteem.

Exercises may be interwoven into this format, such as role playing, psychodrama, dyad communication, behavioral rehearsal, relaxation techniques, fantasy, problem-solving, etc. Exercises must be related meaningfully to the problems the women face. The facilitator must be flexible and draw on her repertoire of skills, techniques, and knowledge as appropriate and related to the group process at the time. This is a relatively unstructured model (Fleming, 1979).

Some facilitators may prefer to plan semistructured sessions by determining with the members in advance relevant issues to be dealt with in future sessions. This provides the facilitator the time to plan interventions to use and the issues to be addressed. Members also have the opportunity to think about what they would like to discuss.

Salient issues of concern in group therapy for battered women are: self-esteem, anger, assertiveness, self-validation, life goals, options, sex roles, autonomy, interdependence, and problem-solving. The best group therapy includes feedback and evaluation by group members.
of the experience as an integral part of the process. The most important criterion for favorable therapy outcome is improved self-esteem. This is true for therapy in general and is especially true for women whose self-esteem has been all but destroyed by experiencing the victimization process of physical battering.

**Support Groups**

Support groups for battered women may be provided at counseling centers for spouse abuse on a less structured, open-ended basis to provide for on-going emotional support for a population who have allowed their social support systems to wither by isolating themselves out of shame and fear. A support group may sequentially follow more structured group therapy, or it may be the only group experience available at a given counseling center. It may be adjunctive to other forms of therapy, and in combination with individual therapy, may be especially enriching and helpful for battered victims.

A few points on rules and precautions are in order. The leader can help the group avoid getting bogged down in detailed content by relating the issue to other women in the social context, thus facilitating group process. Stating ground rules at the outset is helpful, such as confidentiality of everything that is discussed within the group, no interrupting, and no monopolizing. Facilitators can be contacted at the counseling center or crisis line and should not give their home phone numbers to clients.
If one person in the group behaves in a hostile, aggressive, disruptive, unsupportive manner towards other group members, and working with her yields no change, she should be asked to leave the group or individual therapy may be arranged if suitable. For facilitators for groups for battered women, there is a risk; some batterers have intervened in their wives' groups and expressed their rage at the facilitator, sometimes with a weapon. Some prior arrangements must be made in case of such an emergency.

Support groups should be informal and spontaneous, giving everyone an opportunity to speak if they so desire. It is helpful for the facilitator to be aware of who has and has not spoken. Women in immediate crisis situations should be allowed to bring up their concerns first.

In dealing with the problem of wife battering in the group, each woman must be helped to understand that she is not to blame for being battered but must come to understand the circumstances that led to her battering. An important rule for support groups is that members must not criticize one another for how they have handled their situations but instead provide support and suggestions for helpful alternatives. Such a group should not allow observers, except possibly one trainee-facilitator, and should be for battered women only. Homogeneity of the group will speed the process of dealing with the issues and subsequent change.
Support groups with other victims may be the most common treatment modality for battered women who decide to remain in the relationship with the batterer. When a therapist requests that the woman bring her husband into counseling, but the woman responds, "If I tell my husband I am coming here, he will kill me," she falls into that group of victims for whom the most appropriate treatment modality is a support group with other women in the same situation, although women who are separating from their batterers may also attend such groups.

As in individual therapy for the victim, women who stay must be taught specific survival techniques. She must be sensitized to her mate's behavioral cues which lead to violence, learn to anticipate his anger and tension, and think of the steps she must take to avoid the violence. She must plan ahead to have car keys, a car, if possible, money, necessities, and a safe place to go accessible at all times, besides a planned escape route from the home, or a planned excuse to go out. The therapist can only help such a client develop tactics for dealing with her situation; the choice to leave or stay remains the client's (Geller and Walsh, 1978).
Crisis Intervention for the Batterer

If the victim has called police to the scene of the violence, they may talk to the couple, assess the immediate danger to the victim, determine injuries, and either decide whether to arrest the assailant, or wait for the victim to demand that they arrest him. If she does so, they will inform her that she should be willing to sign a complaint against him and to follow through with the legal procedures.

If he is arrested and prosecuted he may be able to post bond very quickly and be free the following day, in which case his victim will need a refuge where he will not find her, because he will retaliate for having him arrested and jailed. The victims's anticipation of his retaliation is one of the most potent factors preventing her from prosecuting him. When his trial occurs, his sentencing, if any, depends on the verdict. Michigan's House Bill 5356, enacted in September, 1977, states:

When a person, who has not been convicted previously of a violation of Section 81 or 81A of Act No. 328 of the Public Acts of 1932, and the victim of the assault is the offender's spouse, pleads guilty to, or is found guilty of, a violation of Section 81 or 81A of Act No. 328, the court, without entering a judgment of guilt and with the consent of the victim and the accused, may defer further proceedings and place the accused on probation as provided in this section. Upon a violation of a term or condition of probation, the court may enter an adjudication of guilty and proceed as otherwise provided in this chapter.

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An order of probation . . . may require the accused to participate in a mandatory counseling program. The court may order the accused to pay the reasonable costs of the program.

Upon fulfillment of the terms and conditions, the court shall discharge the person and dismiss the proceedings against the person. Discharge and dismissal under this section shall be without adjudication of guilt and is not a conviction for purposes of the section or for purposes of disqualifications or disabilities imposed by law upon conviction of a crime.

There may be only 1 discharge and dismissal under this section with respect to any person. The Records and Identification Division of the Department of State Police shall retain a nonpublic record of an arrest and discharge or dismissal under this section. This record shall be furnished to a court or police agency upon request for the purpose of showing that a defendant in a criminal action . . . has already once availed himself or herself of this section.

(Michigan Criminal Code, 1977)

Legislation also provides for imprisonment or fine of the assailant. In the case of court-ordered mandatory counseling as an alternative to jail the assailant may be sent to an agency specializing in treatment of spouse abuse. The court may order psychological assessments of the assailant prior to sentencing. A probation or parole officer will then contact a psychologist who contracts with the court or with the crisis agency, obtain the assessment, and write a comprehensive evaluation as input for sentencing for the judge. If the batterer is to receive counseling, it may be either court-referred or
mandatory. In the case of a referral for counseling, the judge may simply tell the offender that, because he has no prior police record, he should go to a specified agency for counseling for a specified time, and if the batterer appears in court again on the same charge, the sentence will be harsher, probably jail.

In court-ordered mandatory counseling, the batterer is directed to go to the agency for counseling for a specified time, frequently one year, and if he does not, the alternative is jail. Follow-up is done by a probation officer, or in the case of an offender with previous criminal offenses, a parole officer contacts the counseling center to make certain that the batterer is attending counseling sessions.

In the initial interview with the batterer, the crisis worker or intake interviewer must recognize the batterer's need to justify his violence toward his wife. Most batterers talk only about the details of the situation that led to the violence, focusing on what they believe the battered woman did to deserve being hit. Some may even state that their role as a husband is to "put" or "keep the woman in her place" or to "teach her a lesson."

The crisis worker must point out the batterer's rationalization and explicitly state that no matter what the batterer sees as the causes of his violence, violence is never justified and is not acceptable. Directing the
batterer to focus on the negative consequences of his violent behavior is effective for helping him to see that he cannot always expect reward for his violence. (Some consequences are: His wife left him, she is angry and resentful, feeling very hurt; his or her family are enraged at him; people lose respect for him; assault is a crime and he can be tried and jailed for it; violence hurts his children as well as his wife; it will break down their marital relationship, etc.)

Immediate techniques must also be utilized to teach the batterer alternate ways of dealing with his anger and frustration. Suggesting that he think of what he can do instead of hitting his wife when he becomes angry is helpful. Taking a walk, talking to someone about his feelings, counting to ten - any alternative behaviors are better than hitting his wife. Progressive relaxation, hypnosis, and/or biofeedback may be instituted or suggested to the therapist who will counsel him on an on-going basis.
Individual Therapy for the Batterer

It is crucial that the wife batterer's violent behavior be intervened with because of its destructiveness for his victim, himself, and their children. However, the most difficult problem to overcome in attempting to help the abuser in order to prevent further wife battering is that most of them refuse to accept or to seek help or even to believe that they are doing anything wrong. The abuser's denial of his battering behavior as well as of any personal or marital problems precludes intervention unless his victim not only seeks help for herself but insists that he be prosecuted, obtain counseling, or both. The maintenance of his perceptual distortions about his behavior, beliefs, and attitudes is useful to his current life, and he prefers the status quo. Only if his victim sees his prosecution through and a judge then orders him into therapy as a condition of his release and as an alternative to jail is he likely to make any effort to change his behavior.

The irony of the problem of wife battering is that the total burden for intervention with his offensive behavior is on the victim. Society permits and tolerates the perpetrator of this crime to be free to batter over and over and to find other victims when one leaves him. If he becomes personally involved with another woman, she
is not safe. Up to the present, no one other than his victim has required that the woman/wife batterer take responsibility for his violent behavior. The victim is often too demoralized to do so and finds it easier to avoid remediating his behavior and the marital problems it causes.

Very few wife batterers are prosecuted by their victims. Of those, the batterers who receive mandatory counseling as their sentence are receiving a message that society finds wife battering unacceptable. Before this occurrence, most batterers have never seriously considered the unacceptability of their physically coercive acts against their wives.

While it is possible that abusers who are ordered into mandatory counseling may simply resent efforts to change their behavior, the judge's sentence must surely make some impact. Even if batterers resist therapy and it appears on the surface that it is doing them little good, the fact that they are hearing messages which convey that physical violence is not acceptable and that wife abuse is destructive must have some effect, at least cognitively and very likely, emotionally as well. It seems that this impact is better than none at all.

The Grand Rapids, Michigan, agency which specializes in direct service to spouse abuse participants, the Domestic Crisis Center, reports that many abusers become
more accepting of therapy as it progresses, eventually
admit that they do not wish to beat their wives, and wish
to change their behavior. What they need to learn is how
to change it, and much cognitive restructuring is
necessary in order to effect change.

With the very few batterers who seek counseling on
their own, the therapist must be aware of possible
manipulative intent. Most batterers who seek counseling
do so in order to get their wives to return to them, and
they usually take this step only if and when she has left
him. If she returns to him, he states that they are
getting along fine and stops seeing the therapist. In
this situation, the batterer is using the therapist in
order to blackmail his wife into coming back to him.
Batterers often issue a deadline by which their wives must
return to them and accompany this with a threat, such as
"I'm leaving the area, and she won't get any support from
me," etc. A therapist who is unaware that she/he is being
used by the batterer, may contribute to the wife's guilt
feelings about leaving and taking the children. If the
therapist is impressed by this threat, he/she can cause
the victim to become a target for her husband's
manipulation in this game as well as in the relationship.
Once again, he manipulates with an upper hand and gets
away with it.
The spouse abuse literature is almost devoid of information on individual therapy for wife/woman batterers. Among those who have contributed to the sparse clinical literature, group therapy is preferred to individual therapy for the abuser, in order to reduce the threat of individual focus and to increase the factors of support, safety, and peer pressure the group affords.

However, under pressure from their wives or co-habiting mates, batterers may come for individual therapy, and some may prefer it to group therapy. Some may wish to have privacy, and most abusers may experience difficulty trusting other group members. People who have grown up in an unstable family with violent parents do not develop trust in others as easily as do those whose parents gave them unconditional acceptance.

In working as therapist with a wife/woman batterer, especially if the therapist is a woman, an important treatment consideration is to suspend judgment about him as a person and to distinguish between him and his behavior. The therapist must not convey criticism of him and must establish rapport and a trust relationship with him before any confrontation of his behavior. While this may be preferable for therapy with any client, it is critical with abusers due to their extreme and intense inadequacy feelings. A male therapist may be preferable with an abuser; these clients typically see women as being of
lower status and value them less. Therefore, it seems reasonable that they would accord more credibility to a male therapist and feel more comfortable with him.

Minimal threat of the batterer is critical, especially at the outset of therapy. It may be better if the therapist does not refer to the process as "therapy."

The literature (Foltys, 1978; Geller, 1977) indicates that insight-depth therapy is of little value for people who tend to use violence, have low frustration tolerance, and who have a need for instant gratification. Short-term goal-oriented therapy has been found to be more effective, whether individual or group.

Appropriate treatment goals for batterers are:

1. Help him to become aware of his violent behavior. Determine what payoffs, satisfactions he derives from it.

2. Help him to replace his violent behavior with more socially acceptable alternative behaviors; help him find ways to delay the impulse to hit, e.g., think empathically of wife, take a walk, etc.

3. Develop skills for coping with stress. Method may include some cognitive restructuring, confronting his irrational beliefs, teaching him that his beliefs cause his anxiety, exacerbate his tension, increase the likelihood of storing his feelings and subsequently exploding.

4. Develop problem-solving skills, focusing on specific alternatives to violent behavior. Methods may include: role-playing with therapist, using communication skills, examining positives and negatives of problems, expressing feelings rather than attacking the other.
5. Raise his self-esteem
Methods: Recognize his strengths; psychological testing may reveal some abilities which may lessen his insecurities about self and increase self-confidence; job counseling and/or training may alleviate anxiety about his survival needs and those of his family. Help him develop a sense of mastery over something other than his wife.

6. Help him to take responsibility for his behavior, especially for his violence. Help him to stop using denial to disown responsibility. Help him to stop projecting and externalizing blame onto his wife for his violent behavior.

An intervention essential to helping wife batterers stop beating their wives is providing a telephone hotline which they can call at any time they feel like using physical force against their wives. This is comparable to the Alcoholics Anonymous idea. The requirement for this intervention is that the therapist must work in an agency setting in which this service is made available by cooperating crisis workers who are informed of the clients' needs and who will make appropriate suggestions for alternative behaviors to the caller. The immediacy of this intervention is its most helpful aspect. The batterer's calling the crisis line is of itself an attempt to choose an alternative to violence. (Geller, 1977, in Fleming, 1979)

In working with batterers, a treatment consideration for the therapist is that the typically high resistance of this clientele to treatment undermines the therapist's
sense of effectiveness. It may be necessary and helpful for the therapist to seek the support of fellow-therapists from time to time, simply sharing some of the feelings that arise during therapy that cannot be dealt with directly with the client. Although "relational immediacy" can be useful therapeutically with some clients in some situations, the therapist must be selective about what would be most therapeutic for the client in any session; not all of his/her own feelings will have a salutary effect on the therapy!

At an appropriate point in individual therapy, the therapist may decide to assess the batterer for admission to a group. The therapist must discuss this with the client, pointing out the advantages and disadvantages of group therapy.

The section on Couple Therapy includes some further specific intervention methods for treating the abuser.
Group Therapy for the Batterer

A group model developed in Suffolk County, New York, is a short-term, goal-oriented model described by Geller (1977 in Fleming, 1979). The pilot group was for men only, led by a male worker; it met for ten sessions. The two main objectives were: (1) "to sensitize the men to their violence, and (2) to help them rechannel their aggression into more socially acceptable forms" (p. 298). The group modality was chosen for abusers to minimize the threat of being singled out as in individual therapy and to maximize the support and safety the group offers. To further minimize threat, the leader avoided defining the group's purpose as "therapy."

During the first session, the purposes of the group and its goals were defined by the group leader and discussed with the members. During the second session, members were found to be not ready to accept or acknowledge responsibility for their violent behavior toward their wives, although they expressed their wishes to cease their violence. During the third session, group members continued to deny responsibility for their violence, and to project blame for it onto their wives, but they began to show discomfort with their behavior. The group leader informed them at this session that they could call the crisis telephone line when they experienced
an impulse to use physical coercion against their wives. Alternatives to violent behavior were discussed; the leader encouraged them to delay the impulse to hit in order to gain control over the impulse.

The fourth session brought evidence of some attitudinal change: although the men continued to use denial and projection to disown responsibility, they began to show sympathy for their wives' positions. During this session they also disclosed that they felt threatened by the women's movement. They exchanged phone numbers in order to contact one another for help.

The fifth session: A breakthrough occurred in which the group members began to engage in introspection, stopped using the denial mechanism, and acknowledged that they were responsible for the violent behavior. Along with the admissions, the members expressed a desire to change their behavior. The group leader chose this time to take a firm stand against violence; the members were ready to accept this and to consider new ways of dealing with their wives, although they could not see any real alternatives.

In the sixth meeting, one member shared his experience of using what he had learned in the group to delay his impulse to hit his wife.

The last four sessions were treated as the termination phase of the group. Group members expressed
anxiety about the group's ending; the leader encouraged them to verbalize their feelings to work through their anxiety about separating. They made plans to invite their wives to the ninth session. At this session, the discussion centered around the couples' relationships; it culminated in a commitment to continue as a couples group with plans to meet with new workers. The new workers would be a male-female co-therapist team for the provision of positive models.

This group was deemed successful for the following reasons: (1) goals were clearly stated and researched; (2) the strategy of minimizing threat based on understanding the clients' needs, e.g., defining the group as short-term (ten sessions), for men only, with a male leader, not defining the group's purpose as "therapy," providing a structure that met these clients' needs; (3) the group's experience met the criteria for successful group therapy, i.e., group cohesiveness and identity developed, group members experienced growth and changed their attitudes and beliefs, they used what they learned in the group outside the group, they internalized group values, and the group leader influenced them. An additional important reason for the group's success was cited as the group leader's sensitive work and his taking responsibility to be a helping agent.
The success of this group validates the effectiveness of behavioral methods in group therapy for abusers. Geller stated that these men engaged in treatment because the group focused on problem solving centered around the violent behavior in very specific ways. Also, the short-term treatment based on specified time limits engendered working toward solutions. She expressed the opinion that these "men probably would not have tolerated the time and investment in reaching solutions in more traditional therapy." (p. 302)

Another behaviorally-oriented group therapy program was developed by Clark County, Ohio's Mental Health Program (Foltys, 1978, in Fleming, 1979). Called the "Rage Behavior Program," the following behavior therapy methods were incorporated: goal setting, reinforcement for meeting the goals of positive behavior, focus on the here and now, identification of unsatisfactory behaviors, finding ways to change unsatisfactory behaviors, social skills training, and relaxation techniques. Procedure provided that the group would meet for twelve weeks and would focus on behavior management. In the first interview, goals were set in four life areas: (1) symptomatology, (2) family, (3) social, and (4) life plans. Goals to relieve symptomatology included learning to relax and not behaving in an offensive manner. Social goals included learning to take care of oneself by engaging in
recreation, positive activities with family, developing relationships with one's children, or getting out of the house when the need is experienced. Life plan goals concerned vocational training, continuing education, and/or finding employment.

Clients wrote down behavioral steps to follow to meet their goals and reviewed the steps at the following week's meeting. Every session included practice of relaxation techniques and creating fantasies. As a result, clients reported that they became aware of muscle tension in certain parts of their bodies before a rage episode. They were instructed to attend to these muscle groups and to take appropriate action before exploding into violent behavior. Clients also expressed that they learned that they could relate socially to other men without having to use alcohol in social situations. The only evaluative comment on this group model was that "clients did seem to feel better about themselves and others after completing the program."

A more insight-oriented group therapy program for wife batterers prevails at Somerville, Massachusetts. This program, called "Emerge", presumes to help abusers to stop battering their wives by providing a safe environment to explore the roots of their violence and to learn ways to change their behavior. The program aims to engender insight into the social conditions, cultural supports, and
personal history of each abuser that encourage his behavior. Constructive alternatives for dealing with frustrations, angers, and fears experienced by men are also explored. (Fleming, 1979, p. 306) The men are encouraged to discard traditional sexual stereotypes and discover the causes for their hostilities. The male counselors encourage the clients to be responsible for their own behavior and to adopt short-range alternatives to violent behavior, e.g., taking a walk, counting to ten, screaming, and analyzing the cause of their anger by asking themselves questions. ("What hurt me? Who disappointed me? What was unfair?") Group members report that their communication with their wives has improved and that they appreciate talking about themselves with other men. (Grand Rapids Press, 1979)

A program developed at Baltimore for work with abusers is "Therapy for Abusive Behavior;" a team of three women volunteers assisted by a police district commander and his community-relations officer administer it. This program's unique characteristic is that it intervenes to help the abuser at the stage of his initial contact with the courts. The team offers the judicial system a therapeutic option to punishment. Rather than continue with litigation, a judge may place the abuser in the therapy program on the condition that he attend regularly or re-enter the judicial system. Team members state that
Therapy for Abusive Behavior (TAB) offers a structured program which can be utilized by existing agencies. The three women volunteers started the program to provide abusers with the opportunity for self-help in personal growth by participating in a program designed to identify and change violent behavior. The program teaches abusers more effective ways of handling situations and relationships and provides aftercare in the form of a supportive network after the program is completed (Fleming, 1979).

The Women's Resource Network is developing models for working with abusive males through group counseling in conjunction with Probation Departments, drug and alcohol-abuse programs, and community battered women's projects (Fleming, 1979). Therapy groups are for seven to ten men meeting weekly for twelve weeks, in semi-structured two-hour sessions. Group process techniques and experiential exercises, such as role playing, role reversal, anger ventilation, emotional catharsis, guided fantasies, and relaxation techniques are utilized. Occasionally, didactic presentations are given by the group leader dealing with the issues and problems the men share and with the societal conditions that support the use of force in general and the use of violence against women, in particular.

Issues for group therapy discussion relating to abusers' problems are:
sex-role stereotypes
the macho image, and the positives and
negatives of developing and maintaining it
the use of violence as a learned behavior (the
"Bully Syndrome")
finding one's wholeness (for men, their
emotional, intuitive selves)

power - constructive and destructive forms
the influence of socio-economic backgrounds on
current behavior
the subtle and not so subtle effects of the
societal and cultural influences under which
we live
the importance of the models we learned as
children, with particular emphasis on breaking
the cycle for those men who were beaten as
children and/or witnessed spouse abuse
the contribution of drugs, alcohol, and reality
problems such as unemployment (p. 308)

Developers of the Women's Resource Network group

therapy programs point out that the group leader must
establish a basis for trust between the group leader and
group members. Individual appointments with the leader
before joining the group is recommended. The group leader
must be empathic with the abusers' problems and frustra-
tions, find a basis for identification with them, and help
them define their goals. The priority goal in such a
group is to develop ways of defusing anger. In order to
realize this goal, the group engages in assertiveness
training exercises, learns to communicate verbally and
openly, to handle frustration, and nonviolent problem-
solving techniques. The group leader may have to
collaborate with other agencies involved with these
clients, e.g., the probation department. If individual
counseling is requested or indicated, it is provided on a
The Domestic Crisis Center of Grand Rapids, Michigan, specializes in providing counseling services to both victims and assailants involved in wife battering. The Center offers crisis intervention and individual, couple, family and group therapy for victims and assailants. The Assailant Program, implemented in January, 1979, began to offer individual therapy for self-enrolled and intra-agency referred assailants; by late June, 1979, the program had served 40 voluntary, mandatory or advised clients. It had been necessary, at the beginning of the Assailant Program, to hire a facilitator of the referral process between the local criminal justice system and the Domestic Crisis Center program. The program was developed as a result of the crisis center's director and staff requesting input from 17 area police departments, the prosecuting attorney's office, Legal Aid, and Community Mental Health to identify counseling needs of abusive spouses. A major goal of the crisis center was to offer an alternative to the traditional punitive court disposition of domestic crimes.

In September, 1979, the center's Assailant Program began structured group therapy for court-advised and mandatory assailant clients. The program consists of eight sessions, once per week. Assailants who have voluntarily come to the Domestic Crisis Center for

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counseling are given the option of attending the structured group therapy sessions or an on-going open group.

The ultimate goal of therapy for assailants is to stop violent behavior by means of developing conscious control and appropriate outlets for anger. Other goals are: to develop improved self-esteem; to reduce self-destructive dependency on individuals and substances as a means of coping with conflict; to increase stability in interpersonal and family relationships. Focuses in both group and individual therapy are on self-awareness, self-esteem, sex-role stereotyping, dependency in symbiotic relationships, anger, trust, and assertion. Group sessions are structured to include personal sharing, experiential exercises, and education. The groups provide a supportive environment for change; feedback from peers is one of the most important factors facilitating change for abusive spouses. In the structured eight-week session group therapy for mandatory and advised assailants, therapists may use techniques ranging from Gestalt Therapy, Transactional Analysis, to Assertiveness Training to encourage self-awareness and conscious control of violent impulses.

The second type of group therapy for assailants at the center is on-going and open to voluntary clients and to advised or mandatory court referred clients after completion of the structured group. The on-going, open
group offers the men an opportunity for mutual support, and sharing of feelings, ideas and needs. This group may also develop into an in-depth self-awareness experience. Voluntary clients who come to the Domestic Crisis Center for help have the option of also participating in the structured group (Domestic Crisis Center, 1979). The on-going group offers a form of "after care" or support group for the assailants.
Couple Therapy

The staff at the Victims Information Bureau of Suffolk County, New York, have found that the majority of battered women coming to them want to remain in their marriages, but without the violence. (Geller and Walsh, 1978) Couple therapy is, in this case, the treatment of choice. Experienced therapists at VIBS have found that battering does not stop unless both partners are in counseling. When a husband consents to become involved in couple therapy, the first step is to get a commitment from him that he, also, wants the violence to stop.

The treatment model developed at VIBS provides for therapy for the abuser in the context of couple therapy, along with communication and problem-solving work, thereby restructuring the relationship. The abuser, who is viewed as having an impulse disorder, after ruling out organicity based on psychodiagnostic testing (Halstead-Reitan Methods), is asked by the therapist what he can do to rechannel his anger into more acceptable behavior. It is important that alternatives come from him. However, one alternative he is informed of immediately is to call the hotline which operates continuously. The unique way in which hotline workers are used in this program is that they are given a treatment plan by the couple's counselor so that the worker can offer specific alternatives to
change the caller's behavior, encouraging him to vent anger in some innocuous way. The hotline worker will also speak to the woman and suggest certain behaviors which modify the environment to calm the abuser. This technique delays the acting out of his impulse and helps build his control over his impulses.

VIBS staff have found that if a batterer feels guilty because he has beaten his wife, the guilt takes one of two courses: (1) "internalization, and depression, leading to feelings of hopelessness; or (2) externalization of blame, leading to more violence." (Geller and Walsh, 1978, p. 631)

If the abuser experiences success at delaying violent impulses, the delay becomes self-reinforcing. The wife is counseled to participate in this process without stimulating her husband's anger. The therapy discussions of alternative behaviors reinforce the husband's rechanneling his anger and the new behavior.

Since many abusers have overlearned the social and oftentimes, family, value that men are not supposed to express feelings and must not ask for help, they often store their feelings and cannot express them verbally. The focus of couple therapy will then be on teaching him to verbalize his feelings. Communication work is done, with an emphasis on problem-solving through verbal means rather than violence. Husband and wife are taught to
accept and understand one another's feelings. Anger is accepted as a normal human emotion. The goal of communication is to solve problems by expressing and hearing one another's feelings and needs without violence. VIBS reports that this treatment model has been effective and has stopped the violence in every case of couple counseling.

Walker (1979) developed a model of couple therapy which differs from traditional couple therapy techniques. Some techniques teach couples how to "fight fairer" (Bach and Wyden, 1968; Bach and Goldberg, 1974), with which Walker is in total disagreement. She believes that battering couples do not need to reinforce fighting behavior; rather, control of anger is a major goal.

In traditional couple therapy, individual needs are subordinated to the survival of the relationship. For Walker (1979), the major goal of couple therapy with battering couples is to strengthen each individual in order to build a new, healthier relationship. In fact, in the model she has developed, psychotherapy begins with a battering couple by requiring that they live apart for a short period. Male and female co-therapists work with the batterer and the battered woman, respectively, so that each develops individuation. Thus, before the actual couple therapy begins, the symbiotic dependency bond
between batterer and victim is severed and the independence of each is strengthened. This technique allows the battered woman the opportunity to relearn response-outcome contingencies by experiencing a sense of power and control over areas of her life which are actually under her voluntary control. The batterer learns to stop coercing his wife. With each person strengthened individually, they are able to achieve a healthier balance of interdependence when they come together.

This model of couple therapy for battering couples is based on Walker's cycle theory of battering (see Chapter I), and its procedure is a behaviorally oriented communication-training approach. Helpers with clinical experience with battering couples have found that most such couples have extremely poor communication skills, both verbal and non-verbal. They distort and misinterpret one another's messages and make erroneous assumptions about the other's behavior, verbal and non-verbal.

In phase one of the battering cycle, tension is building. Husband and wife are taught to recognize their own cues for increased tension. Couple therapy begins with the therapists teaching the couple to use a hand signal with each other when either one feels tension rising. They are also taught to say a prearranged verbal message simultaneously, e.g., a word or phrase they may choose, with a hand signal in the shape of a "c."
signal prevents the batterer's hands from touching the battered woman, and the verbal message prevents threatening words from being expressed. They are taught that the meaning of the signal is: "Stop whatever you are doing immediately because it is causing me to become upset." (p. 246) They are also taught that upon receiving the signal, they are to cease immediately the offending behavior and must not discuss it for a prearranged "time-out" period, perhaps a half-hour. If they cannot discuss the incident without anger increasing, the first discussion may be used to negotiate for a longer time-out period. If they are still unable to communicate without anger rising, they are instructed to write the problem down and bring it to their next therapy session, where the co-therapists and clients analyze the problem and solve it together.

This model of couple therapy for battering couples begins with clear statements that the couple is seeking psychotherapy because the man is a batterer and the woman is a battered woman to help overcome the characteristic denial of the seriousness of the violence in which they engage. The therapists must assume control of the batterer's and the battered woman's behavior; each of them must contract with his or her therapist not to engage in any violent behavior without first contacting his or her therapist. Initially, the couples call the therapists to
report their behavior for the day; as treatment progresses, the daily contact is reduced. This procedure helps each to control his or her anger. It helps the woman to become more aware of her responses during the tension-building phase of the cycle, to stop ignoring them and denying that the process is occurring. It teaches the batterer that he has some alternatives to coercive behavior and thus can prevent violent reactions.

During the communication work, the couple is taught how to ask for what they want from each other, putting erroneous assumptions aside. They are encouraged to agree to do one or more things for each other, called contingency reinforcement management procedures. Positive reinforcers are strengthened. In order to prevent future explosions, therapists strengthen the positive and dissect the negative. Specific techniques used are behavior rehearsals, psychodrama, modeling, and role playing. Mirrors, audio and videotapes are also utilized to show the couple their inconsistencies between verbal and nonverbal behaviors.

The strength with which this therapy is executed causes the couple to become dependent upon the therapists initially, but the purpose of this is to prevent further violent incidents. As the dependence gradually lessens, so does the potential for violence.
Outcome of this type of therapy is positive: the women learn to express anger more constructively and they lose much of the fear that prevented them from changing their situation; the men learn to assert themselves verbally and to ask directly for what they want without threatening their wives if they do not satisfy them. They also have less depression and cope with it better when it occurs.

Couple therapy should be used with battering couples only when both husband and wife insist on keeping the relationship intact.

A limitation of this model is that it is time-consuming, expensive, and exhausting for both therapists and couple. Walker states that it has been impossible for one co-therapy team to have more than two such couples in treatment at any one time and she has, therefore, been unable to introduce this kind of couple therapy into community mental health programs because of the cost factor and the thorough nature of the therapy.

Saunders (1977) describes a couple counseling method for battering couples. If the victim has sought help and the abuser does not come for treatment, he advises the therapist to role play with the wife various means of getting him to enter counseling. Recommended assessment procedures are: separate history-taking interviews,
marital adjustment scales, and structured role-plays to reveal interaction style and conflict areas.

Three major focuses of intervention in the therapy are:

(1) Teach the couple to use effective, positive verbal communication and improve their problem-solving, negotiating methods, using an individualized, structured educational approach to reduce their anxiety.

(2) Change the consequences of abuse. Use contracts in case of abuse: (a) for the couple to separate for one or more nights; (b) victim calls police immediately; (c) for the abuser to pay a fine to an organization he despises, or be detained in jail temporarily.

(3) Inhibit the abusive response. Teach the abuser to use "self-cueing" to help him become aware of physiological cues just before violent episodes. Help him to list the cues, e.g., "rapid breathing." As he learns to recognize such signs, he can take alternative action. Also, in "covert sensitization," (Cautela, 1967 in Saunders, 1977), one pairs mental images of the violent response or its antecedents with an aversive event, inhibiting the response. Other methods to inhibit abuse are progressive relaxation and systematic desensitization, possibly to criticism, fears, or jealousy. Many abusers may also need alcoholism treatment interventions adjunctively. (Ibid.)
Couples Groups

Nichols (1976 in Fleming, 1979) described a couples therapy group in which the abuse issue was dealt with because, initially, one wife disclosed that her husband had beaten her severely. Her husband's fear of loss of control was focused upon by the group, and many facets of the couple's interaction were exposed. Other group members helped this husband to see that he was displacing his frustration over a negative work situation onto his wife. They encouraged him to find other outlets for his anger. Unless the relationship improved, the wife was encouraged to consider terminating it. Gradually, the abuse was curtailed.

Discussion of the abuse issue helped other group members to face their problems. Other wives then revealed that they were being abused chronically. After considerable group work and discussion, it was concluded that abusive behavior is an interaction in which control is the crucial issue, and physical strength is the axis on which the outcome depends.

In the contexts of couple therapy, couples groups, group therapy, or family therapy, irrational beliefs may be confronted by the therapists and eventually eradicated, possibly in the style of Ellis' Rational Emotive Therapy. Some beliefs that may be confronted are:

1. that men's status should and must be higher than women's;
2. that men who are not dominant and not physically more powerful than women are in some way not masculine and adequate;

3. that physical power and coercion are valid means of solving disputes in the family or in any other inter-personal relationships.

(Carlson, 1977, in Fleming, 1979, p. 320)

As long as some men believe that responding to stress, frustration, and tension with physical violence is acceptable behavior, they will continue to beat their wives and destroy their intimate relationships.
Family Therapy

For the problem of wife battering, family therapy may be the treatment of choice in cases where the children and their problems as stress sources are the focus of the family as opposed to the spousal relationship. If the violence is the focus, however, and the couple chooses to remain together, couple therapy may be adequate to deal with the wife battering problem. But some effects of the battering on the children can be handled in family therapy, particularly in families in which the husband is also abusing the children in addition to his wife, or in which the mother is displacing her anger onto the children and beating them.

However, this section will deal primarily with wife battering and its effects on the children and will not focus on child abuse, although wife and child abuse often are found in the same families. Fifty-four per cent of the husbands in Gayford's (1975) British study beat both their wives and their children. A tragic effect of wife battering is that many abused women do vent their rage and frustration over helplessness on their children; the incidence is estimated at 37 per cent of child abuse cases (Gayford, 1975).

Effects on Children of Observing Parental Violence

One study of abused mothers (Prescott and Letko in Roy, 1977) indicated that their children's attitudes
toward marriage were affected by witnessing their fathers beat their mothers. Forty-three per cent of them reported that their daughters expressed distrust of men and intimate relationships and fear of marriage. Other beliefs, attitudes, and values that children may learn from their parents' physical violence are:

that violence is a way of settling disagreements

that the use of physical force in marriage is a legitimate expression of authority

that physical force is a form of control exercised by men over women

that violence is a way to "win" a disagreement

that withdrawal and passivity are ways for females to deal with conflicts (pp. 86 - 87)

Prescott and Letko point out that children's withdrawal from family conflict may preclude their learning to view rational argument as an alternative method of dealing with disputes. Withdrawal assures failure to develop a grasp of positive communication (verbal) skills and their effectiveness for dealing with family problems.

Children of wife battering fathers may manifest other effects, such as moodiness, irritability, low frustration tolerance, and boys have been found to exhibit a high degree of aggression. Girls are often very passive, at times "too well-behaved," and controlled. Social with-
drawal and psychosomatic illnesses often characterize daughters; hyperactivity may characterize the sons in such families. (Fleming, 1979)

Other reports reflect that children of battering couples suffer extreme insecurity feelings, emotional neglect and abuse, emotional and physical disturbances, fear of medical examinations, high anxiety about dying, fear of going to bed at night, aggressive, disruptive behavior, and anxious clinging behavior in female children. Married daughters of such families become battered women, and grown sons become violent and often alcoholic (Hilberman and Munson, 1978).

Most shelters for battered women provide refuge for the children as well. England's Chiswick Women's Aid shelter found that the boys' violent behavior was too disruptive to deal with in the shelter; they found it necessary to provide a separate house for the adolescent boys whose mothers were in the women's shelter. In Cleveland, workers in a program for battered women's children have found that the boys have "horrible tempers and throw temper tantrums," also that "the children have stopped listening to their mothers, or to any female staff, because their fathers have devalued all women in the eyes of the children." (Fleming, 1979, p. 277)
Helping Methods for Victims and Their Children who have Left the Batterer

Some women's shelters provide more than babysitting services which free the woman to obtain employment or social services. As shelter programs develop, they are organizing children's programs that offer evaluation services, counseling, play therapy, art therapy, and referrals to child guidance agencies for outside therapy, often with follow-up contacts. Some counseling centers and shelters teach parenting skills to the mothers: one model in use is Parent Effectiveness Training (Gordon, 1975).

To assess some of the effects of parental violence on the children, some assessment questions are:

1. Do the children seem excessively afraid of one or both parents?
2. How are the children disciplined?
3. What are the children's feelings about themselves?
4. Are the children physically aggressive with siblings or other children and do the parents encourage this aggression?

(Saunders, 1977, p. 46)

Saunders suggests that counselors teach violent parents positive parenting methods (Becker, 1971; Patterson, 1971).

Family Therapy Methods

In family therapy, it is important to recognize each
family member as an individual and ask each person to relate personal concerns, needs, and attendant feelings. It is necessary to convey unconditional acceptance of family members to engender trust.

Some suggestions for therapists working with families in which the identified patient is a wife batterer:

(1) Take action to change the abuser's violent behavior during the first session of therapy, following the family member's expression of their goals for counseling, statements of the family's problems, and after you, as therapist, have operationally defined their major and most pressing problems in terms of positive goals. Do not postpone teaching the abuser alternative behaviors to violence; a family system is more likely to change following crisis. Deal with the identified patient before other family problems.

(2) Make yourself available to the family throughout the initial stages of therapy in case of crises via the telephone or crisis line.

(3) The therapist must discover who has the power in the family and work through that person as an ally. Notice where the power lines are between family members; work through them, rather than cross them (Haley, 1980).

(4) If a child behaves disruptively in a session when you are talking with the parents about their issues, the child may be trying to take the focus off them out of fear of
discord and violence. Put the parents in charge of the child's behavior to instruct him/her to desist. (ibid.)

(5) If the parents resist taking responsibility, insist that they are capable of doing so. (Ibid.)

(6) State ground rules for counseling in the first session:

1. No physical abuse, no hitting of any family member. State the contracts set forth in the section on couple therapy ("Change the consequences of abuse," Saunders, 1977).

2. "No retaliation" rule for anything brought up by any family member in counseling.

In the initial session, ask each member of the family to state his/her goals for family therapy. Verbalize each goal so that the family may hear a restatement of it, and reflect the persons' feelings empathically in the same statement. Goals emanate from problems, and the person is likely to describe some feelings attendant to the problem (Robertson, 1979). Hearing the therapist verbalize consequent feelings will help family members to become more conscious of the cost of the violence.

Summarize the family's goals following a go-round of the family as above. If some family members have had difficulty communicating goals, some goals that a family with an abusing husband might have, together with some brief suggestions on how to deal with them, follow:

For the batterer: Goal: to stop the violent behavior. Methods: Inhibit his violent responses, using
the suggestions described by Saunders (1977) in "Couple Therapy" section, e.g., attention to self-cues and counter-conditioning. Following some initial success with delaying his violent impulses, and throughout the therapy, do cognitive restructuring by changing his irrational and false beliefs about his own role and that of his wife, and concerning giving respect to his wife versus devaluing women, etc. Establishing a trust relationship is necessary before confrontation of irrational beliefs, or beliefs which destroy a positive marital relationship or family relationships, is done. However, the degree of trust that an abuser may develop in a therapist or in anyone may be limited; the timing of interventions in therapy must depend on the therapist's clinical judgment.

Use recognition of the batterer's feelings (empathy) and of his positive strengths as entrees to raise his self-esteem and help him accept cognitive change and intervention in his belief system. It is crucial to convey unconditional acceptance of him as a person, although not of his violent behavior, in order to engender and maintain his trust in the therapist. (See sections of Individual and Group Therapy for the Batterer.)

For the Victim: Goal: Strengthen her independence and individuality.
Method: Assertiveness training.
Also, cognitive restructuring: Following establishing a
trust relationship through use of empathy, unconditional acceptance, and positive regard, confront and change her irrational beliefs and erroneous assumptions about marital roles, survival, dependency. Give verbal recognition of her positive strengths to raise her self-esteem. (See sections on Individual and Group Therapy for the Victim.)

For the couple's relationship: Goals: (1) Develop their problem-solving communication skills; (2) create a norm of loving cooperation in their relationship and respect for one another.

Methods: Using problems as content, have the couple practice communicating in sessions. The co-therapists may use any of the marital therapy interventions for communication dyad work, such as co-therapists modeling positively stated messages, showing respect for the other person's need for self-esteem. Mirror/modeling, role reversal, behavior rehearsal, listening exercises, incomplete sentences exercises, and statements of expectations and entitlements are interventions for improving communication. Encourage the couple to state their own alternatives for problem-solving, and get them to focus on how to utilize the solution as soon as possible, specifying a time for doing so.

Intervene in their communication whenever it becomes destructive and model a more positive, respectful, and cooperative verbal message for them to use. Achievement
of the first goal - developing their problem-solving communication skills - will have the side-effect of realizing the second goal: establishing the norm of loving cooperation and respect in their relationship.

For the children: Goals: (1) Engender trust in their parents, especially in the batterer. (2) Overcome their fear of their father. (3) Intervene with current negative behaviors that may have developed as a result of their observation of their parents' modeling of wife battering and of a destructive style of communicating; raise self-esteem.

Methods: Give recognition to each individual child as an important, worthwhile person; give verbal recognition of positive strengths. Reflect feelings empathically. Allow children to witness their parents' communication work and problem-solving exercises. Suggest to abuser that he reassure the children verbally that he does not want to hit their mother or them. Instruct both parents to reassure the children of their love for them.

Have children "sculpt" the family or enact a scene demonstrating how they would like their family to relate to one another. Or instruct each child to describe what he/she would like to have in the family that seems to be missing and then dramatize it, using family members (Robertson, 1979).
For a son: If a son has developed aggressive, disruptive behavior, change the consequences of this behavior by contracting triadically with the parents to punish his physically aggressive behavior. If the parents punish the children physically, instruct them to desist and to use reasonable explanations, taking away privileges, "grounding," and using time-limited isolation instead. Have the parents tell the children the consequences of negative behavior; therapists should not directly discipline the children. However, if intervention with disruptive behavior becomes necessary during a session, co-therapists can cooperate by one therapist taking a child out of the room, if necessary, while the other remains with the family. Some cognitive restructuring will be necessary with a disruptive child; the father's commitment not to hit will help. Explicitly state to the family that violence is not acceptable behavior.

Changing the consequences of the son's aggressive behavior and inhibiting it should follow the initial work on the abuser's violent behavior. When the father has experienced some success at delaying and controlling his violent impulses, the therapist can redefine him (the abuser) as an "expert" at handling this problem because he can stop behaving violently. The son, who has been imitating his father's physically aggressive, coercive
behavior, can then see his father as a positive role model in controlling his violence.

If the son is abusive to his mother, organize the parents to cooperate against this behavior to win (Haley, 1980).

For a daughter: Goal: Raise daughter's self-esteem; if she is withdrawn, change her passive, withdrawn behavior to more confident, trusting, expressive behavior. Method: Assertiveness training. Allow daughter to witness and participate in mother's assertiveness training. Give daughter recognition of her feelings and of her positive strengths. Issues for cognitive restructuring: Make it apparent to the family that the mother does not have to tolerate being victimized, that she has options. Explicitly convey that women are worthwhile people, have the right to be treated with respect, and to assert themselves and their needs and feelings. (In dysfunctional families, explicit statements of this kind may be necessary.)

For the family: In addition to the above described communication work, plus that described in the Couple Therapy section, doubling exercises may be used between a parent and child, or role reversal, or any other communication exercise that fits the purpose in a session. In order that the children come to understand the father's problems better, a "generational task" may be done with
the parents each relating how they experienced their own families of origin, what negative behaviors, beliefs, or values they learned to account for the problem behavior. This is not done to excuse the battering but to decrease the blame and resentment that will remain unless the children understand the father's background.

The co-therapists may reflect for the family what they see as the family's strengths and how they may use these to cope with problems (Robertson, 1979).

Some summarizing of what has been learned and gained must be done before the end of the session to clarify the significance of what has occurred for the family. Remind them of any contracts formed, homework, and the ground rule of no retaliation.

The writer does not intend the above-described family therapy approach to be an exhaustive treatment of the possibilities for family therapy, either for the specific problem at hand—wife battering—or for family therapy in general. This approach is presented as a beginning, providing only basic suggestions. Any therapist interested in family therapy is advised to obtain training in the modality in an appropriate academic institution or family therapy training institute.
Summary

It seems evident from the foregoing recommendations for therapeutic intervention for the problem behavior of wife battering and its attendant emotional and relational problems, that the lack of positive parental communication models results in children's inability to solve problems verbally without emotional confusion and possible consequent violence. While this is only one of the factors (Factor 7) in the socialization for violence in the proposed theoretical model (Chapter III), and is not presented as the cause of ultimate violence, remediation of inadequate problem-solving skills by teaching violent couples verbal communication skills is postulated as one of the most powerful interventions for overcoming the use of instrumental violence against women.

Additionally, as pointed out repeatedly in the foregoing modalities, intervention in the belief systems of both batterer and victim is vital, and may be done concurrently with communication work. Rational Emotive Therapy (Ellis) is recommended for use by those therapists trained in its use.

For both wife batterer and victim, the writer recommends a relatively directive style, using a combination of cognitive restructuring, communication work, and behavioral interventions with a focus on feelings as signals of problems or of closure.
CHAPTER V

Summary and Conclusions

The analysis of wife battering behavior presented here-in indicates that those who are most at risk as potential wife abusers are those who grow up in violent families of origin. The two most salient factors found in the early socialization of most wife batterers are: (1) Child observation of parental role modeling of wife battering and the acquisition of vicarious learning thereby, and, (2) frequent and extreme physical punishment of children by parents. These two factors share the common element of the modeled use of physical force against another with instrumental purposes. This conclusion is drawn from the available data as reported in the literature on wife battering.

A third factor, not necessarily causal in an original sense, but one which is postulated as a strengthener of physically coercive behavior, is that of inter-sibling violence tolerated by violent, punitive parents (Factor 3 in the Socialization Variable in the model). The parents may be participating in one-way violence (e.g., wife abuse) and also beating their children. Inter-sibling violence provides modeling of instrumental violence for the potential wife batterer but does not necessarily always occur in the family of origin experience of all wife batterers.
The above three factors and their operational strength in engendering violent behavior corroborates the power of early family-of-origin socialization. Cultural socialization adds to and strengthens the abuser's potential for marital violence by reinforcing the beliefs and values he learned in his family of origin concerning marital and sex roles, e.g., male dominance and "right" to control his wife and stereotypical role expectations for himself and his wife.

An important factor originates in the abuser's family of origin (Factor 7 of the Socialization Variable (1)) where lack of learning opportunities for developing verbal skills preclude his expressing his feelings, needs, or empathy for significant others in his marriage. The batterer's lack of communication skills for conflict resolution accounts, in part, for his reliance on his parents' modeled behavior in choosing physical force over talking as a means of problem-solving and getting control in a stressful situation. Factor 7 also occurs in many nonviolent families, as do Factors 4 through 7 of the Socialization Variable (1): these are not viewed as causes but as strengtheners of violent behavior.

Cognitive and emotional variables (see model) account for the process experienced by the batterer as a result of his family and cultural socialization in the form of cognitive, emotional, and behavioral conditioning. The
process of anxiety and tension intensifying to an intolerable degree result in the batterer's explosive physical attack on his wife.

The wife batterer receives immediate gratification and reinforcement (Variable 14 in the model) for his physically coercive behavior when his victim responds submissively, compliantly, obediently, and/or fearfully. He may have anticipated her responses, unconsciously or consciously, having seen his mother's responses to his father's physical coercion. Upon receiving reinforcement for his behavior, the batterer experiences a sense of control of chaos and success at having manipulated the situation and the other person in such a way as to get what he wanted. These reinforcing consequences become the stimuli that will subsequently initiate and maintain his wife-battering behavior and the battering cycle which may be conceptualized as a "feedback loop."

Observation of Modeled Battering and Child Punishment

Those families in which physical punishment was used on children most probably used it on both sexes, boys and girls. However, only the boys grow up to become wife batterers, while the girls may or may not become victims, depending on who they marry. (The subject of husband-battering is not being considered here for reasons previously stated.) This phenomenon is due to differential reinforcement of boys and girls and seems to corroborate
that the sex-typed role behavior of male dominance, power and control over the wife is taught and modeled by those who value such a power imbalance in the marital relationship.

In the case of wife battering modeled for the children by parents, this behavior is clearly sex-typed in that the same-sex parent, whose like behavior is more reinforced for the same-sex child and is therefore more valued, is the one whose behavior is reproduced by the child.

In the final analysis, early family socialization that teaches the above described sex-typed role behavior causes woman/wife battering because it accounts for why the father is modeling this behavior in the first place for inadvertent observation by children and their later imitation of it. Such modeling demonstrates the culturally-learned emphasis on the man's dominance of and control of the wife, an abuse of power used destructively to coerce the woman and disregard her needs and feelings.

The arbitrary nature of this particular kind of differential reinforcement and the destructive behavior it inspires is demonstrated by the research results of Bandura, Ross, and Ross (1961, 1963A, 1963B) which have consistently shown that boys perform significantly more imitative aggression than girls. However, when girls are positively reinforced for imitating aggressive behavior,
they significantly increase such behavior and respond in a manner more similar to boys who have been reinforced for same. Further, the results of a study by Hokanson and Edelman (1966) support the view that lower aggression levels in women are a function of lack of reinforcement for aggressive behavior (Eron, 1980).

Instrumentality and Socialization

When boys emerge into what Freudians call the "latency period," their behavior tends to be marked by a kind of compulsive masculinity. Aggression toward women who "after all are to blame" is an essential concomitant. (Parsons, 1947, in Straus, 1977, in Roy, 1977)

If the above statement has any truth, the boy, and the man he becomes, must emotionally and irrationally be blaming the woman because she, as his mother and first model of authority, originally had power over him, told him what to do and how, and issued injunctions that controlled his behavior. Further, he has been reinforced for valuing his father's (or a male model's) beliefs, values, and behavior over those of his mother.

However, most people had a mother who was an authority figure. Why is it, then, that most men do not beat their wives? Why does a minority of men react with such rage against the wife-mother figure? Was the mother of a wife-batterer especially controlling? Or did she displace her anger against her over-controlling, domineering husband by being authoritarian toward her small
son, who, in turn, expresses his anger at having been controlled by his mother by beating his wife later?

If these are the dynamics, why does the batterer choose wife beating to express his anger? Other men may rebel against their mother's authority, if they must, in passive-aggressive ways which are less forbidden by family norms, and symbolically, later, against their wives. The reason for the batterer's choice is modeling: The man who actually beats a woman usually comes from a family in which violence was modeled, used instrumentally to control, and was accepted.

The socialization, or conditioning, of boys and girls for their respective sex roles determines male and female beliefs and expectations of marital roles. As long as boys come to value "compulsive masculinity" and girls value "compulsive femininity" wherein they deny other important aspects of self, there will be a skewing of the balance of power in marital roles. Compulsive masculinity is associated with the self-destructive macho role. The macho male thus ignores tender aspects of self, and the passive-dependent female ignores her competence and intelligence. She does not have adequate opportunity to develop her judgment because her own role-related beliefs, and her husband, by usurping most of the power in the relationship, prevent her from utilizing her judgment and practicing problem-solving skills. A woman socialized in
this way who also experienced violence in her family of origin is a potential candidate for the victimization process of wife battering, just as the macho male whose parents modeled violence is a potential wife batterer.

Marriage and family therapist Haley stated (1963) that the physical violence which can occur over minor matters in a marriage is generated by a struggle at the control level of the relationship.

The core issue in wife battering, in the view of the writer of the present thesis, is power and control. A corollary theme is the wife batterer's fear of intimacy which is, at its core, fear of rejection. This fear relates to the batterer's feelings of inadequacy and back to the instrumentality and control issue.

The conditioning of most boys is closely associated with instrumental or performance issues, e.g., career success, social approval, respect, and prestige for doing a job well, and providing adequately for self and family. Erikson (1950) postulated a universal human need for a sense of mastery of one's environment, a sense of competence. Instrumentality, mastery of one's environment, and performance values may be overextended to manipulation of others for those men who overvalue control of their environment and power over others. When a man has observed instrumental violence used by his father to control his mother, a high value placed on instrumentality

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and control may strengthen the possibility of abuse of others, verbal and/or behavioral.

This is not to imply that instrumentality - using some means, whether a behavior or an object, as an instrument to carry out an act with purposeful intent - is, in and of itself, negative or destructive. Much of a positive nature has been achieved due to purposeful values inherent in mastering the environment. Indeed, instrumental values may have the happy side effect of inspiring a person to take responsibility for his own achievement. However, in a family in which the parents also model violence, instrumental values may have the unhappy side effect of strengthening the children's learned propensity to use and rationalize violence as an instrument of control.

If men who have learned to coerce women through physical force could learn, in therapy if necessary, that the need to experience a sense of competence is a human need, that women have this need as well as men, and that by respecting it and the universal need for self-esteem, men and women could cooperate in mutual respect with the power balanced in their relationships. The control issue is not a problem in a balanced relationship. Giving up control of the significant other person in the intimate relationship is the critical issue in therapy for the wife batterer and is what he must learn in order to function

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normally. The batterer must grasp the meaning of Fritz Perls: "Don't push the river; it flows by itself."
(Simkin, 1976, p. 40).

**Traditional Roles**

It is not the purpose of the writer to fault traditional roles of husband and wife. If not expressed in distorted or abusive ways, traditional roles serve to maintain the family and nurture and protect children. Husband and wife can work out complementary roles which utilize each person's best abilities and preferences which strengthen their relationship. However, it is the writer's contention that traditional roles expressed in distorted or extreme ways, as when the husband abuses his power and thus his wife, or when the wife becomes so passive-dependent that she tolerates her mate's abuse, are destructive and damaging when used to coerce another, either by demand or expectation.

Over time, the characteristics of traditional roles have come to be misunderstood. It seems that, in the present, the term, "traditional roles," has come to refer to the extremes of male dominance and female submission that many people associate with past patterns. However, much misunderstanding of the characteristics of traditional husband-wife roles is due to misinterpretation of Judeo-Christian ethics and of Biblical scripture. If certain scriptures are taken out of context and inter-
preted literally, at face value, and not according to hermeneutical principles, they can be distorted in meaning and misunderstood. Hermeneutical principles are principles of Biblical interpretation accepted as sound by theologians and serve as means of confirming the validity of scripture.

The heirarchical "chain of command" concept of marriage originates in the theology of the medieval church which became corrupted and strayed from the teachings of Jesus Christ (Gundry, 1980). Biblical scriptures pertaining to marriage and to women were taken out of context and interpreted literally, and certain others pertaining to husbands were ignored. In so doing, medieval theologians returned marriage and the status of women to that which prevailed in the Jewish and Greek cultures before Christ. As a result, people have misunderstood Christian-Judeo ethics concerning marital roles, resulting in abuse of power by some men who twisted the meaning of "traditional roles" to suit their own purposes, with unhappy consequences for their wives. Some of these wives have become battered women.

Male dominance, with female submission, a one-sided submission, is a corruption of the way God meant man and woman to relate.

"Man's rule over woman is . . . the element of disorder that disturbs the original peace of creation" (Scanzoni and Hardesty, 1977).
According to the New Testament principle of "mutual submission" taught by Jesus to apply to all relationships, husband and wife submit to one another, the husband as much as the wife, rather than, in the misunderstood paradigm, only the wife submitting to the husband (The Holy Bible, New Int. Version, 1978; Gundry, 1980). In this way the needs of both persons are met in the relationship.

Much more flexibility is possible within the context of traditional roles than many people attempt to develop in their own marital relationships. Contemporary society can re-define "traditional roles" to provide marital relationships based on the Biblical principle of mutual submission. This reciprocal submission provides for honest communication and the discernment of and meeting of each person's needs, rather than those of only one. The most intimate human relationship of male and female love can be rewarding, enriching, and beautiful as long as its participants cooperate lovingly.
Limitations of the Study

The theoretical model of wife battering presented focuses on the process of the batterer's behavior which represents a departure from presentations of spouse abuse found in the relevant literature, most of which focus on the victim and her problems. The emphasis on battering behavior is intended, as it is deemed a necessary step in understanding the problem. However, this focus necessarily limits the model to the process experienced by the batterer. A broader approach might include an examination of the couple's interactional system. The present study does not focus on the victim's role, an intended omission; other accounts of wife abuse have treated the victim and her problems thoroughly, excluding an examination of the offending behavior of the batterer.

A limitation of the treatment approaches presented is that they are relatively eclectic; the use of one systematic approach might provide speedier and more effective therapy.
Recommendations

A social change that would benefit families and help to prevent wife battering might be the teaching of verbal skills for problem-solving and conflict resolution in families to children by parents. However, parents first need to learn these skills; community education programs may provide the answer to this need. A project for future research that might aid in developing such programs might be to obtain baseline data on communication skills in parenting classes and schools, design a communication model for teaching verbal problem-solving and conflict resolution skills in the family, and searching for ways to make the program widely available.

Another area for future research is that of early socialization. Longitudinal studies might be conducted on the effects on children of fathers sharing early child-rearing responsibilities with mothers more equally, compared to the present pattern of involved mother with peripheral father. In the first condition, a more equalized shifting of time spent at paid work may be necessary.

A third suggested area of future research is to develop a psychological assessment device to obtain a battering couple profile that may be used to assess therapy outcome as well as baseline data before therapy.
Therapeutic techniques might be developed which attempt to remediate the batterer's fear of rejection, raise his self-esteem, and help him to cope with stress; self-concept questionnaires might be administered to assess therapy outcome. Rational emotive therapy is recommended as a systematic approach for treating wife battering which might be assessed for outcome.
Summary

Wife battering represents a social problem of devastating proportions that is of compelling concern to its participants and to those in the helping professions. The purpose herein has been to provide a theoretical framework to enhance understanding of the dynamics involved in the process of wife battering behavior and to illuminate the original causes of it and those forces maintaining it.

Learning principles explicated by social learning theory, operant behavior theory, and rational emotive theory were utilized as premises to explain the processes which produce wife battering behavior. Some major variables in the theoretical model were taken from some existing sociological theories of wife battering and family violence. The resulting theoretical model of wife battering is an integration of variables and learning principles derived from the relevant literature and the writer's own clinical experience and personal observations.

Cognitive-perceptual and emotional intervening variables and their power in affecting behavior are postulated. It is the hope of the writer that the theoretical model presented may provide guiding principles for development of effective treatment.
The described treatment approaches were found in the existing spouse abuse literature with the exception of the family therapy suggestions which were mainly derived from the writer's academic and clinical experiences combined with literature sources. There is a need for further research to test therapy outcome of treatment of wife battering and to develop appropriate therapeutic techniques. The teaching of problem-solving communication skills, cognitive restructuring, and behavioral interventions are recommended.

Socialization in terms of family and cultural reinforcers of wife battering behavior were examined and related to traditional roles and to the balance of power in marriage. The dysfunctional behavior of wife battering demonstrates the power of cognitive variables, in the form of beliefs and expectations of sex and marital roles, to determine behavior.

Hope for the future in stopping wife battering lies in changing family socialization by eliminating physical punishment of children, by training children to communicate verbally to solve problems and conflicts, and to respect the need for self-esteem in others.
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