

Further Readings

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BATTERED WOMEN

Domestic violence in the United States is a widespread and serious public health problem. The term *battered women* is still in use, but in many academic circles has been largely replaced by the more inclusive terms *intimate partner violence victims* and *intimate partner violence survivors*. This entry explores the definitions of battering as applied to women with an emphasis on heterosexual women; provides some historical perspective on the issue; cites a few of the statistical findings, causes, and effects of battering including effects on children; and ends with a brief comment on response and prevention.

Definitions

The notion of a “battered woman” derives from the criminal violation known as *battery*, or the willful or intentional touching of a person against that person's will by another person, or by an object or substance put in motion by that other person. Other terms that are currently used to refer to such activity include *domestic violence*, *wife abuse*, *spousal abuse*, *family violence*, and *intimate partner violence*. In many cases, the two terms *family violence* and *intimate partner violence* have taken the place of *battery*, and victimized individuals are referred to as *victims* or *survivors* rather than *battered women*, a term that in its emphasis on physical violence fails to entirely capture the various ways in which intimate partners of either gender can be manipulated and abused in heterosexual and homosexual relationships.

In 1979, psychologist Lenore Walker interviewed 1,500 women who were victims of abuse perpetrated by their spouse and noticed that they all described a similar pattern that she called the “Cycle of Violence,” which begins with a positive relationship that becomes filled with tension for any variety of reasons that eventuates in a battering incident on the part of the husband in order to exert power and control. After the incident, the man feels guilty and apologizes, but continues to attribute the cause of the violence to his wife's behavior or flaws. In typical cases of what Walker described as *battered woman syndrome* (BWS), the severity of the abuse escalates over time while both partners deny the severity of the abuse and are convinced that each episode is a separate and isolated event. As the abuse escalates, the husband stops apologizing for the behavior and becomes increasingly violent while his partner becomes increasingly depressed, fatalistic, self-blaming, helpless, and hopeless, developing a sense of personal entrapment and rejecting help from others. The preexisting personality of the woman does not appear to be a major factor in the development of BWS.

In the battering relationship, the physical violence may take many forms, including pushing, shoving, slapping, punching, kicking, choking, assault with a weapon, holding, tying down, restraining, or other efforts designed to restrict the woman's freedom, or refusing to help a woman who is sick or injured. However, physical violence in such relationships is usually preceded by various forms of coercion that give way to emotional abuse and sexual abuse as a means of controlling the woman through fear and degradation. These may include the following: stalking; threats of harm to the woman, her friends and family, or her pets or property; physical, social, and financial isolation of the woman from other significant relationships; extreme jealousy and possessiveness; forcing the woman to perform sexual acts against her will; pursuing sexual activity when she is not fully conscious or refuses consent; hurting the woman physically during sex or assaulting her genitals; coercing the woman to have unprotected sex.

Historical Perspectives

The battering of women can only be fully understood within a sociopolitical context that explores the status of women's rights throughout time. Not until the mid- to late 19th century did women acquire significant legal rights in the United States, and it was not until

1920 that women in the United States could even vote. Before women achieved suffrage, married women were largely considered to be a form of marital property, while separated and divorced women were even more vulnerable to the whims of male authority figures. The battering of women, when publicly noticed, was largely attributed to the vagaries of unusually violent men or the pathology of the women involved.

It was not until the feminist movement of the 1960s and 1970s that domestic violence surfaced as an extremely common and significantly destructive social problem, not attributable to individual pathology. As a result of the women's liberation movement, battered women came to be understood as the most extreme victims of the universal and systematic oppression of women that extends far back into recorded history. Consistent with other efforts originating in the 20th century, the battering of women has become a fundamental national and international human rights issue.

As a result, it is only in the last 30 years that the system response to domestic violence has significantly changed. The first responses to victims of battering originated as the grassroots efforts of women to help and support each other through the development of domestic violence shelters and other services, including political and social advocacy. The criminal justice responses to battering, although far from perfect, have included model police protocols, significant changes in prosecution and legal defense, and judicial education. Efforts to train health care professionals, mental health care professionals, childcare workers, child protective services workers, and those in other social services are still in their formative stages.

In an effort to avoid continuing to focus on the presumed pathology of the victim and thereby denying the criminal behavior of the men involved in perpetrating acts of violence, the early originators of the domestic violence movement preferred to avoid interaction with the mental health system. However, in the last decade there has been a growing recognition that people exposed to repetitive violence are likely to suffer from a number of physical, psychological, and social consequences of that violence that must be addressed if the individual is to recover from the battering. Additionally, the impact on children of exposure to battering in the home has become a major focus of intervention and prevention efforts.

Incidence of Battering

Domestic violence is the leading cause of injury to women. Depending on the source, it is estimated that from 25% to 50% of all women in America have experienced domestic violence at some point in their lives. As a result, 4 million women in the United States experience a serious assault by a partner during a 12-month period, while at least 3 women are murdered by their intimate partner every day. Battering may start when women are still quite young. Recent surveys show that 20% of teenagers and young women have already been exposed to some form of dating violence defined as controlling, abusive, and aggressive behavior in a romantic relationship. Twenty-three percent of pregnant women seeking prenatal care are battered. In a survey of pregnant low-income women, 65% of the women experienced either verbal abuse or physical violence during their pregnancies. Thirty-two percent of all women who seek emergency room care for violence-related injuries were injured by an intimate partner. Research has shown that victimized females are 2.5 times more costly to the health care system than women who have never been the victims of abuse. Three-quarters of employed battered women were harassed at work and domestic violence is estimated to cost companies at least \$73 million a year in lost productivity. Women who cohabit with same-sex partners can also become victims of battering, although the incidence of violence is substantially lower than in heterosexual relationships.

Causes of Battering

As is the case for all complex social phenomena, there is no one single cause of battering. The first—and perhaps the most important influence—is learning. The vast preponderance of violent acts in our culture are perpetrated by males and acted out against women, children, and other men. In about 95% of the cases of domestic violence, the perpetrator is male, and even in situations where women are violent, the violence tends to be less damaging and not lethal.

The dominant influence on male behavior is social expectation. Children learn the basics about how to relate to other people within the context of their own family. When they witness violence being used as a method for resolving problems, they learn violence as a fundamental intervention with other people. Boys

are expected to both give and take physical violence as part of routine male conditioning. As adults, men are expected to control their violence and the amount of control that is expected has varied over time and historical period, but nonviolence has never been the social norm.

In the large Adverse Childhood Experiences (ACE) study, it was found that the greater the likelihood that children were exposed to intimate partner violence, the greater the likelihood that they were also physically, sexually, or emotionally abused. Among women, the ACE study found a strong graded relationship between the number of adverse experiences they had survived as children and their risk of becoming a battering victim. Among men, however, the study found a strong graded relationship between the number of adverse experiences they survived as children and their risk of subsequently becoming a batterer.

It has been repeatedly substantiated that children who are exposed to violence are far more likely to become violent themselves. Exposure to violence in childhood is a serious risk factor for adolescent and adult violent and criminal behavior. Over many studies, the most consistent risk factor for men becoming abusive to their own female partners is growing up in a home where their mother was beaten by their father.

Although substance abuse does not cause battering, it can play a role in exacerbating battering incidents. One fourth to one half of men who commit acts of domestic violence also have substance abuse problems. Women who abuse alcohol and/or drugs are more likely to be victims of battering, and victims of domestic violence are more likely to receive prescriptions for and become dependent upon tranquilizers, sedatives, stimulants, and painkillers and are more likely to abuse alcohol.

Poverty, homelessness, and racism are all stressors that in and of themselves do not cause violence, but alone and in combination they do put enormous stress upon families. Families that are stressed, isolated, and socially unsupported are more likely to be violent. Many women and children are made homeless as a result of domestic violence when they flee the perpetrator. The system of domestic violence shelters and services was initially created largely by and for White middle-class women. As a result, the issue of systematic oppression based not just on gender but also on race and class has not necessarily informed services for battered women. Women from lower socioeconomic

classes have far fewer opportunities to leave abusive partners because they have fewer available resources to support themselves and their children.

Effects of Battering

There are immediate, short-term, and long-term effects of being battered and there are many studies connecting a wide variety of physical, psychological, social, and existential problems with domestic violence. A woman who is battered may live with constant terror and anxiety with fears of imminent doom. To others she may appear passive and lacking in energy, seemingly helpless to take charge of her own life. She may suffer from chronic depression, exhibit suicidal behavior, and develop overt posttraumatic stress disorder. She may turn to the use of drugs and alcohol to afford herself some relief, thus compounding existing problems. She is likely to feel hopeless and powerless to make any significant changes, fearing that anything she does will lead to something worse. She may be unable to relax and have difficulty sleeping. Her sleep may be interrupted by violent nightmares. However, these effects are not manifested by all battered women. Many battered women display resilience and agency and take a variety of steps to protect themselves and their children from further abuse.

The manner in which a woman will be affected by the battering will be determined by a number of interactive factors, including her previous exposure to violence as a child and adolescent; genetic, constitutional, and psychobiological factors; the presence of coexisting physical, psychological, or social problems; the presence of substance abuse; her belief systems as well as the belief systems of her family, ethnic group, or religious affiliation; and the supports that exist within the community.

The Children of Battered Women

Children exposed to domestic violence show many different responses that negatively impact their physical and mental health, their social adjustment, and their school performance. For children, the more severe the violence, the more severe their problems are likely to be. Childhood exposure to violence also has serious consequences for adult physical health as well as mental health and social adjustment. When compared to people who had safe and secure childhoods, people

who had experienced four or more categories of childhood adversity—including witnessing domestic violence—had a 4- to 12-fold increase in health risks for alcoholism, drug abuse, depression, and suicide attempts; a 2- to 4-fold increase in smoking, poor self-rated health, sexual promiscuity, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases, including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated, and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

Response and Prevention

It is clear that a problem cannot be solved until it is properly recognized. In the last 30 years, public awareness of battering as a significant social problem has radically increased. Nonetheless, there is still a great deal of work to be done in educating health care and mental health care providers, social service workers, educators, criminal justice officials, and the general public about the reality of domestic violence, including the costs to society of failing to adequately address the problem. Adequate responses require that the community provide sufficient legal, health, mental health, and other community resources to protect victims and ensure that they receive the services that lead to healing and recovery. This includes sufficient resources to treat the physical, emotional, and social consequences of battering in the victim, the child witnesses, and the perpetrators. In order for these resources to be efficiently delivered, research is needed to discover those interventions that are the most effective. Ultimately, although individual suffering must be addressed, the solution to the problem of battering resides in cultural transformation so that intimate violence and all forms of interpersonal violence are no longer considered acceptable.

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See also Advocacy; Battered Woman Syndrome; Intimate Partner Violence; Legal System, Criminal Justice System Responses to Intimate Partner Violence; National Coalition Against Domestic Violence

Further Readings

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Web Sites

National Coalition Against Domestic Violence: <http://www.ncadv.org>

BATTERED WOMEN, ECONOMIC INDEPENDENCE OF

Economic independence refers to one means by which women may escape and survive abusive relationships. It is related to the ways in which money or financial assets may be used as a tool of coercive control by batterers against women. The financial status of women in terms of employment and wages, savings and investments, government subsidies, and the like is often critical to their decisions regarding abusers and abusive relationships. Women with greater financial independence are in a better position to survive, find safety, and provide for themselves and their children during and after abusive relationships. Many women feel coerced into staying in abusive relationships because they are, or have been made to be, financially dependent upon their partners. The following sections discuss the various tenets of economic (in)dependence: the role of financial abuse in battering and women's attempts to leave abusive relationships;