A Better Way: Women Breaking the Cycle of Domestic Violence

An Honors Thesis (HONRS 499)

by

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April 2001
Abstract

This examination of domestic violence is divided into two main components. The first component explores the research that has been conducted about partner abuse. In particular, the incidence, theories, and counseling issues related to domestic violence are discussed. The second component is more personal in nature. It deals with my personal experiences while working as a volunteer intern at A Better Way, a shelter for women and children who are victims of domestic violence. These two components work together to create a more veritable depiction of the research results.
Acknowledgments

I would like to extend my appreciation to Dr. Kimberly Gorman, my thesis advisor, for her guidance on this project. She gave me valuable insight into domestic violence and challenged me to delve deeper into my internship experience. I would also like to thank the staff and clients at A Better Way for allowing me to share in their journey toward violence-free lives. My time with them has had a great impact on my life both professionally and personally.
A Better Way: Women Breaking the Cycle of Domestic Violence

This examination of domestic violence is divided into two main components. The first component explores the research that has been conducted about partner abuse. In particular, the incidence, theories, and counseling issues related to domestic violence are discussed. The second component is more personal in nature. It deals with my personal experiences while working as a volunteer intern at A Better Way, a shelter for women and children who are victims of domestic violence. These two components work together to create a more veritable depiction of the research results.

Thirty years ago, very little research was being conducted on the topic of domestic violence. However, as society's view of women and marriage is slowly changing, the topic has begun to receive much more attention. For example, in recent years communities have begun to recognize the importance of domestic violence by establishing safehouses for women and children of abuse. In addition, research has revealed that many of the myths society believes about domestic violence have little grounding in reality. Researchers have also found a shockingly high incidence rate, estimating that as many as 50% of all women will be victims of domestic abuse at some point in their lives (Walker, 1979). With such a large portion of the population being affected, it is fortunate that domestic violence is getting more attention both in research and in the community.

Prior to the 1970's the primary definition of domestic abuse involved physical violence. This definition is still present to some extent in many communities. However, research has revealed that domestic violence may also include forms of psychological, sociological, and even economic abuse. These alternate forms of violence may occur with or without physical abuse and
their damage to the woman may be just as severe. In fact, Lenore Walker (1979) found that the majority of the women in her study cited psychological humiliation and verbal harassment as their worst abuse experiences, even when they had also suffered physical abuse. Today’s definition of a battering relationship includes “any forceful physical or psychological behavior by a man in order to coerce her to do something he wants her to do without any concern for her rights” (Walker 2000). However, the traditional definition involving physical violence is still a prevalent stereotype in society.

Many people have a stereotyped notion of who is most likely to become a battered woman. She is typically pictured as being from a minority group, a member of the working class, and an unemployed mother with several small children. In reality, none of these characteristics accurately describe a battered woman. Abused women are found in all ethnic groups, all socioeconomic levels, and all educational levels. While there are some battered women who are unemployed, many more are employed. Some are even in such high status careers as medicine and politics. Contrary to belief, not all abused women are mothers, and those that are have children of all ages (Walker, 1979). There are no proven demographic predictors of domestic violence, which makes the estimate that 50% of all women will be victims all the more frightening. Without such predictors, prevention efforts are much more difficult.

Researchers have developed models to explain the phenomenon of spousal violence. Perhaps the most popular model is the Cycle Theory of Violence by Lenore Walker\(^1\) (1979). This theory states that there are three stages that an abusive relationship cycles through repeatedly. These stages may vary in intensity and length for different couples. The three phases are labeled

\(^1\) *A graphic depiction of this model may be found on page 18.*
tension-building, acute battering incident, and loving-contrition (Walker 2000).

During the first stage, tension-building, minor battering incidents occur with increasing severity and frequency. The woman recognizes the building tension and desperately tries to please the batterer. She may do this by attempting to calm him, being compliant, serving his every need, or even by simply avoiding him. However, as the tension builds the woman’s attempts to contain the abuse become less effective. With each battering episode the woman loses more and more control over the situation. The woman in this stage is often in denial about her feelings concerning abuse. She may blame the abuse on herself, reasoning that she must have deserved such cruel treatment, or she may blame it on external factors, such as job stress. Because of the woman’s apparent acceptance of the violent behavior, the batterer is spurred on to a greater level of violence. Toward the end of this phase the couple’s behavior becomes more and more frantic. The batterer increases his possessiveness and cruelty and the woman reacts to this increased violence by withdrawing further. As she withdraws more the batterer becomes increasingly upset and the acute battering incident of stage two is nearly inevitable (Walker, 1979; 2000).

In stage two, all the built up tension from stage one is discharged. Contrary to what many people believe, the trigger for a stage two incident is rarely related to the woman’s behavior. More often, it is because of an external situation, such as difficulties at work, or the internal condition of the batterer, such as depression. However, there are times when a woman who has been through the cycle many times may actually intentionally provoke the incident. The woman who chooses to do this realizes the inevitability of the violence and her lack of control. The one thing she can control at this time is when the incident will occur. In addition, from her experience with the cycle, this woman knows that a third, calm stage will follow. During the attack itself the
woman is often very calm and dissociated from the event. This calmness in the midst of such violence is evidence of the helplessness that the woman is feeling. Once the attack is over, both individuals are in shock and denial. The abuse is usually rationalized and the woman’s injuries are minimized by both the woman and the batterer. (Walker, 1979; 2000).

After a short time of isolation and recovery, the couple enters phase three, loving-contrition. At this time, the batterer is truly sorry for his behavior and showers the woman with gifts and attention. He may make many promises, such as to stop drinking, get counseling, or stop cheating on the woman. The batterer also often recruits his family and friends to talk to the woman on his behalf. The woman is most likely to seek help at the very beginning of this stage. As the stage progresses, however, the abuser’s loving behavior reinforces her staying in the relationship. She begins to believe that this behavior is representative of what the abuser is really like. She may also realize how weak he is and how much he needs her. However, inevitably the tension begins to build, ending the ‘honeymoon phase’. The strong bond created during this stage serves to keep the woman hanging on for yet another journey through the cycle (Walker, 1979; 2000).

A second popular model of domestic violence was developed by the Domestic Abuse Intervention Project in Duluth, Minnesota. This model, named the Power and Control Wheel, focuses on the many forms of abuse that serve to take personal power away from the woman and place it into the hands of the batterer. The forms of abuse included on the Power and Control Wheel are the use of threats, intimidation, emotional abuse, isolation, minimizing, denying, and blaming, using children, using male privilege, and economic abuse. While physical abuse is

\[ A \text{ graphic depiction of this model may be found on page 19.} \]
commonly considered a defining feature of domestic violence, this form of abuse is not directly mentioned in the model. The wider scope of this model gives a very different perspective on the nature of domestic violence by including both psychological and sociological elements to the phenomenon of abuse. The Power and Control Wheel may be helpful to abuse victims by offering a graphic depiction of where their power was during the abuse (Domestic Abuse Intervention Project, 1999). Also, several of the women I met at the shelter found this model to be helpful in validating their experience of abuse. Their abuse was not very physical in nature, causing them to be confused about whether they were actually abused. This model may be particularly useful with women who did not experience much physical violence.

Because of the devastating effects of abuse, many survivors may seek psychotherapy either before or after leaving the relationship. While any therapy style may be used to treat the issues encountered by these women, one theoretical orientation has been created with the unique needs of abuse victims in mind. This approach is called survivor therapy and has evolved from the influence of feminist theory and trauma theory. Survivor therapy focuses on the woman's strengths and builds upon her coping strategies to create a feeling of re-empowerment (Walker, 1994).

The major principles of survivor therapy reflect the needs of a woman coping with the breakup of an abusive relationship. However, it may also be applied to a woman still in the relationship. In this case, the major goal of therapy is living a violence-free lifestyle. For all women, survivor therapy works to ensure that the woman is safe from further violence and to help the woman regain a feeling of control over her life. Another principle of survivor therapy emphasizes the importance of respecting and understanding the woman's violent experiences and
her reactions to them, while at the same time identifying and building upon the strengths she has. Survivor therapy also stresses the importance of education. The woman is encouraged to learn the skills necessary to be independent. This may be achieved through such activities as reading books, attending self-help groups, learning new job skills, and learning financial management (Walker, 1994). As shown by the primary goals, survivor therapy is crafted to meet the unique and specific needs faced by battered women.

In addition to the adjustment difficulties addressed by survivor therapy, battered women are likely to enter therapy with a variety of other issues. Such problems include Post Traumatic Stress Disorder (PTSD), alcohol or drug abuse, suicidal or homicidal risk, physical impairments, and learned helplessness (Walker, 1979; 1994; 2000). Each of these issues may affect a woman with a history of abuse, creating great barriers as she struggles to recreate her life.

A PTSD diagnosis is often assigned to a survivor of domestic abuse. Research conducted with rape victims found that 97% met the criteria for Acute Stress Disorder initially after the trauma and 50% met the criteria for PTSD when assessed two months later (Walker, 1994). It is reasonable to believe that a similar study with battered women would yield similar results. Five criteria make up a PTSD diagnosis. First, the trauma must be sufficiently disturbing to cause psychological disturbance in the average person. Second, a cognitive disturbance is present. This may be in the form of intrusive memories, nightmares, or re-experiencing the violence through hallucinations. The third criterion involves a high avoidance of anything related to the abuse. For example, the woman may avoid places or people that are reminders of the violence. This avoidance may go so far as to be termed a phobia in some women. This is closely related to the fourth symptom of PTSD, a high level of anxiety. This anxiety may be manifested in panic attacks
or other anxiety disorders. The final characteristic of PTSD is that the symptoms are present for more than a month following the abuse (DSM-IV, 1994). Such disturbing thoughts, avoidance, or anxiety can greatly exacerbate the stressors inherent in rebuilding a life.

A second issue often present in battered women is alcohol and drug abuse. Studies of substance-abusing women have found that anywhere from 41% to 80% have experienced spousal violence (Clark & Foy, 2000). In addition, the severity of the abuse experienced is positively correlated with the severity of drug abuse (Brady et. al, 1994). Walker (1994) theorizes that abused women may use alcohol or other drugs to block out the pain of the abuse. In support of this argument, those women who had the most severe usage of alcohol were those who were still living with their batterer. Once these women left, their alcohol usage dropped, regardless of whether any treatment was received (Clark & Foy, 2000). This strongly suggests that for these women, the alcohol served the purpose of dulling the pain of the abuse. When the pain was no longer being experienced, the alcohol served no purpose. However, many women are unable to give up the alcohol so easily. The stress of rebuilding a life and coping with the loss of a relationship may make it difficult to give up the dependency. In addition, the use of alcohol often blocks the symptoms of PTSD, further reinforcing the dependency. Such women should enter a drug treatment program in addition to therapy for spousal abuse issues (Walker, 1994; 2000).

Another danger with survivors of domestic violence is the potential for suicide or homicide. The most dangerous time for the woman is immediately after separation. This is the time that she is most at risk to be killed by her abuser. This threat may cause her to kill him in self-defense. Other women may be so convinced that the batterer will eventually kill them that they decide to kill themselves so that they can have control over when and how they die. The risk for
suicide and homicide must be carefully assessed at the start of therapy. If the risk seems high, hospitalization should be considered to ensure safety for both the woman and the abuser (Walker, 1994).

A fourth problem faced by many survivors of domestic abuse is physical impairment resulting from the battering. Damage to brain structures may have an influence on the type of therapy used. For instance, for someone who has lost some of her ability for abstract reasoning, a behavioral therapy may be most effective. Neurological impairment may also limit the woman's ability to express her thoughts or feelings. Such limitations should be addressed in therapy and their implications discussed. Also, these impairments should be kept in mind during the educational component of survivor therapy. Limitations in ability should be treated sensitively. In some cases, special rehabilitation programs may be considered in addition to therapy (Walker, 1994).

A final issue that a battered woman may present in therapy is a phenomenon called learned helplessness. Learned helplessness occurs when one is repeatedly in a situation in which she has no control over the outcome (Seligman, 1975). A battered woman may experience this when she tries to calm and please her abuser but gets beaten anyhow. Over time, the woman may come to believe that she has no control over the situation. Therefore, any response she makes is futile. Learned helplessness may help explain why a woman stays in an abusive relationship. However, for many, these feelings of helplessness do not disappear even with the ending of the relationship. The woman must then be shown that her actions do have an impact on her life. This may only be done by altering the woman's beliefs about her ability to control her outcome (Walker, 1979; 1994; 2000). This practice is closely tied to the principle of re-empowerment in survivor therapy.
Regaining a sense of control over one's life is essential to healing from the trauma of abuse.

There were women at A Better Way who were coping with all of these issues as well as others. Through my work with these women I have acquired a great respect for the strength they exhibit to get through the trauma of abuse. In the following section, I will recount some of my experiences while at the shelter and my discoveries about domestic violence. All identifying features of the families have been altered to protect their identities and maintain confidentiality.

While people in battering relationships are commonly believed to be unreligious (Walker, 1979), in actuality, many of the families in the shelter were highly religious. One family at the shelter was of the Amish faith. The arrival of this family was surprising because the Amish have a very close knit community; it is rare that a family would look outside their community for assistance on such private matters. The way this family was treated at the shelter was necessarily different from the treatment of most families. At no time did the staff question if she would go back to her marriage: To not do so would mean giving up her Amish community and identity. She then would have been placed alone in the world, with a large number of children to support. Since divorce is seen as a great sin in the Amish religion, she also would have been weighed down with a tremendous amount of guilt (Vace, DeVaney, & Wittmer, 1995). For her, a stay at the shelter was not so that she could mobilize her resources and start an independent life, but rather to get a few days away from the abuse. While it was hard to accept that she would be enduring such abuse, her unique situation and needs had to be respected.

Before working at the shelter, I was unaware of the great role pets play in the lives of many abused women. Several of the women in the shelter had strong attachments to their pets. These attachments often caused added stress to the healing process. While the shelter does have
facilities where a couple small pets may be held, most often the pets remain with the batterer when the woman leaves. The relationship that these women have with their pets may be difficult to understand. The pets become a large source of comfort for the women, particularly if they do not have children living with them. In the women I knew at the shelter, the attachment to the pets was just as strong as an attachment to a child. The women also often try to protect the pets from the abuser’s violence. In a study of women with pets in a domestic violence shelter, 71% reported that their batterers had either threatened to hurt or kill the pets or had actually hurt or killed them. The study also found that 25% of the women with pets had delayed seeking help out of concern for the pets’ safety once they left (Flynn, 2000). Several of the women in the shelter recounted stories of their abusers killing their birds, cats, and dogs. One of these women found the experience of being separated from her seven pets so devastating that she went through a daily struggle over whether or not she should return to her husband so that she could protect the pets. Because of the important role pets may serve for the abused and the tendency for them to be a barrier to seeking safety, arrangements should be available for the pets either at the safehouse or with an animal welfare organization for the duration of the woman’s stay. However, only a small number of shelters around the country have such provisions (Flynn, 2000).

While the abuse discussed so far is primarily related to heterosexual relationships where the man abuses the woman, domestic violence is not limited to that context. There were a few women in the shelter who were abused by their children, step children, fathers, or girlfriends. While the effects of such abuse were similar in many ways to the afore mentioned context, I did notice some differences. These differences were particularly evident in the cases where the children or step children had abused their mother. These women exhibited the most extreme
depressions and the lowest self-esteem of any of the women I encountered at the shelter. While
these women were also abused by their partners, the abuse from the children appeared to be the
most upsetting to them. After nurturing and protecting the children for years, they felt betrayed by
them. Despite the abuse they had received, they felt extremely guilty for leaving the children. The
abuse inflicted by the children appeared to be easier to forgive than the abuse by the partner. I
believe this may have to do with the bond between a mother and child. While boyfriends and
husbands are replaceable, children are not. Violence against grown women by their fathers or
girlfriends did not appear to result in such great differences. One thing that I did notice was that
there are fewer sources of support for these women because their stories do not match the
commonly accepted definition of domestic violence. This is unfortunate, because the effects of
violence in these relationships are just as severe as the effects of abuse in a heterosexual
relationship.

Many of the women at A Better Way also suffered from addictions to such drugs as
alcohol and cocaine. The shelter's policy is that if any drugs are found or if there is reason to
suspect that the woman is under the influence, she will be forced to leave the shelter (A Better
Way Handbook, 2000). A few women I worked with were asked to leave for drug related
situations. In some cases, when the women had caused considerable disruption to the staff and
clients, they were marked as unable to return to the shelter again. While this policy is
understandable, it is nevertheless unfortunate. Ideally, there would be centers that focus on both
abuse and chemical dependency. However, there are no treatment programs available for both of
these issues (Walker, 1994).

I learned a great deal about the long-standing effects that domestic violence has on women
through my time at the shelter. One effect I noticed was that most of the women were overly concerned with safety. Some were so concerned with it that they had trouble relaxing and sought constant reassurance from the staff that the building was secure. This is evidence of the extreme fear the women feel, as well as their belief that the batterer is all-powerful. Many of the women also exhibited a strong desire to please the staff members. They would be overly agreeable or would go out of their way to do favors. I believe that this behavior stemmed from their abusive relationship. They had learned that pleasing their partner was the only way to gain access to things or to avoid abuse. This behavior was then generalized to pleasing all people. Somewhat related to this desire to please, many of the women also exhibited a great deal of manipulation. This too, I believe, stems from their experiences with the batterer. They often had to be manipulative to gain access to things such as money, the use of the car, or to avoid being beaten. Domestic abuse can have lifelong effects on the woman's personality.

I also observed many of the effects of domestic abuse on children. Many of these children have suffered from conditions of neglect. Perhaps as a result of this, many of the children are developmentally delayed physically, cognitively, or linguistically. The children usually react to the abuse in one of two ways. They either withdraw from others or act out with fights and temper tantrums. Because of the violent homes, these children have not learned constructive ways of dealing with their emotions. Another effect of abuse on the children is that many of them assume a care taking role for the parent and other children. This care taking tendency can be very enduring. One woman was in shelter with her adult daughter who had been taking care of her mother since she was very young. Taking on such a role robs the child of his/her youth and adds extreme stress to the life of a small child. Exposure to violence, even at a young age, can have long-standing
effects on the development and personality of the children.

Working at A Better Way led to a lot of self-discoveries about myself as a counselor and as a human being. I found that it was necessary to explore the stereotypes and misconceptions that I held about domestic violence in order to work effectively with the women. Being aware of such stereotypes is essential so that one does not attempt to categorize the woman and her situation. Categorization is harmful in that it ignores the uniqueness and humanity of the woman. In addition to exploring stereotypes, I found it was also necessary for me to explore and be aware of my own attitudes and emotions toward abuse. The stories these women told were often so violent and tragic that it was difficult to not have some sort of emotional reaction to them. After a while, I realized it was okay to feel some anger or sadness when hearing these stories. However, I also found that it was important to be aware of these emotions and careful not to let them take control of my responses. If my own feelings about the abuse are brought into the client relationship, objectivity is lost and the client’s needs may be ignored. Constant awareness of one’s own ideas and feelings about abuse are essential in dealing with survivors of violence.

One difficulty I experienced in working with the women at the shelter was untangling the effects of abuse from the woman’s genuine personality. For example, it was often hard to discern between a woman who is just naturally a pleasant and thoughtful person and one who feels she must please others because of her experiences in an abusive relationship. I discovered two signs that helped in making this distinction. A woman who would repeatedly do things for others at the expense of her own needs or well-being was one sign that it was an effect from partner abuse. A second sign was when the woman would be overly eager to please when speaking with someone else, but would then do the opposite once they were by themselves. Making such a distinction in
this case is very important so that the woman's effects of abuse are not exploited. Untangling the client's true disposition from the effects of violence is essential in identifying and treating the trauma of abuse.

My time at A Better Way was incredibly fulfilling and educational. It was rewarding and encouraging to see the women recreate their lives. The transformation that many of them made from the time they entered shelter to the time they left was remarkable. Initially, the women were in a state of extreme distress, most of them considering suicide. Just a month later these women were feeling hopeful and excited about their new lives. Through knowing these women, I learned a great deal about the strength and resiliency of which people are capable. However, for each of the women who broke free from the cycle there were just as many who were unable to free themselves quite yet. For these women and those who have yet to seek help, it is very fortunate that domestic violence is receiving more recognition as a society problem both in research and the community.
Cycle Theory of Violence

Phase One:
Tension-Building

Phase Two:
Acute Battering Incident

Phase Three:
Loving-Contrition
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References


