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Psychiatric Times Vol. 26 No. 7

Next Pages: 1 2 3 4

TRAUMA AND VIOLENCE

Battered Woman Syndrome

Key Elements of a Diagnosis and Treatment Plan

By Lenore E. Walker, EdD, ABPP-CL & Fam | July 7, 2009

Women who are victims of intimate-partner violence have been identified by the mental health field for more than 30 years now.¹⁻³ It is understood that domestic violence is part of gender violence, and that many more women than men are the victims of physical, sexual, and psychological abuse.⁴⁻⁶ Even when women strike back or engage in mutual violence, it is usually the woman who is most likely to be hurt—both physically and emotionally. Women who strike back in self-defense are often arrested along with the batterer.

It is further understood that gender violence is fostered by the socialization of men to be more powerful than women. In some men, this process creates the need to abuse power and to control women.⁵ While the term "victim" is not always considered politically correct, in fact, until battered women take back some control over their lives, they may not truly be considered survivors.⁷ Psychological symptoms, called battered woman syndrome (BWS), develop in some women and make it difficult for them to regain control. Mental health professionals have been able to assist these battered women with empowerment techniques and with accurate diagnosis and proper treatment, as described here.

BATTERED WOMAN SYNDROME

BWS has been identified as a subcategory of posttraumatic stress disorder (PTSD).⁸ Although not all battered women meet all the DSM-IV-TR criteria for PTSD,⁹ a sufficient number do; thus, a form of trauma treatment is most helpful.¹⁰

Table 1 lists 6 groups of criteria that recently have been found to be part of BWS.⁸

DIAGNOSIS

A number of steps will help you obtain accurate information when you are interviewing a woman whom you believe may be abused by her intimate partner (Table 2).

Safety

Begin by speaking with the woman without her partner present (if they are still together) and together form a safety plan. This can be difficult because batterers often want to be present during the entire examination so they can directly or even subtly remind the woman not to disclose their secret. It is not uncommon to feel as if the man were in the interview—even if he is waiting outside.

For a woman in a battering relationship, the most dangerous time is when she and her partner are discussing or thinking about separation.^{11,12} Even if the woman is no longer living with the batterer, she may not be safe. It is important to help her feel safer by making it clear that you will not take advantage of her. The clinician can set up boundaries between himself or herself and the woman by asking her permission to touch her, to write notes, and to discuss areas of confidentiality and privilege. Individual or group therapy rather than couples therapy is recommended, at least initially.

Validation

A battered woman needs to feel validated when she describes the abuse. This can be done by emphasizing the positive things she did to protect herself and her children if they were involved. Tell her that no matter what she may have done or

CHECK POINTS

- ✓ Battered woman syndrome (BWS) has been identified as a subcategory of posttraumatic stress disorder (PTSD). Although not all battered women meet all the DSM-IV-TR criteria for PTSD, a sufficient number do; thus, a form of trauma treatment is most helpful.
- ✓ Six groups of criteria were recently found to be part of BWS: intrusive recollections of the trauma event(s); hyperarousal and high levels of anxiety; avoidance behavior and emotional numbing; disrupted interpersonal relationships; body image distortion and/or somatic or physical complaints; and sexual intimacy issues.
- ✓ STEP (Survivor Therapy Empowerment Program) is a formal application of the combination of feminist and trauma therapy. This 12-unit program has been empirically validated with clinic and jail populations, and it is useful for women with substance abuse as well as for those with interpersonal violence issues.

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Table 1	Symptoms of the battered woman syndrome
	Intrusive recollections of the trauma event(s)
	Hyperarousal and high levels of anxiety
	Avoidance behavior and emotional numbing (usually expressed as depression, dissociation, minimization, repression, and denial)
	Disrupted interpersonal relationships (loss of batterer's power and control measures)
	Body image distortion and/or somatic or physical complaints
	Sexual intimacy issues
	<small>Adapted from Walker LE. The Battered Woman Syndrome. 2008</small>

said, no one deserves to be abused. Be careful not to ask or even intimate that she might have done something to provoke the batterer. Such questions will not create the rapport that facilitates empowerment—nor do they create a safe space for the woman.

Most battered women have been told of their faults over and over by the batterer. They also have experienced his jealousy, overpossessiveness, and attempts to isolate them from significant friends or family. They may need education about the impact of abuse on their physical as well as mental health.¹³

Therapy should emphasize the woman's strengths so that she trusts herself and others again. Naming her a battered woman with BWS may help her accept that she is not "crazy" (as the batterer predicted her doctor would find).

Table 2	Four steps to diagnosis and treatment planning
	1. Providing a safe space and safety planning
	2. Validation of a woman's strengths
	3. Risk assessment and assessing the cycle of violence
	4. Negotiating a treatment plan

Risk and assessment

It is important to do a risk assessment while also completing a mental status examination. Some battered women have other disorders in addition to PTSD and BWS.^{7,8,13}

Pages: 1 2 3 4

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Psychiatric Times, Vol. 26 No. 7

Previous Next Pages: 1 2 3 4

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To assess the risk of further abuse, ask the woman to describe the first abusive incident that she can remember, the worst or one of the worst episodes, the last abuse before she came to see you, and typical incidents. Such questioning usually elicits sufficient information to determine the level of lethality and risk that she faces. The patterns of violence depicted in the Figure can also be used to help you assess the level of danger.

TREATMENT

A plan

Negotiate a treatment plan with the woman. The Survivor Therapy Empowerment Program (STEP) has been used effectively with individual women as well as with groups (Table 3).⁸

It is important to assess the woman's resilience in addition to the degree to which she reexperiences the abuse, her hypervigilance and arousal level, and her avoidance behaviors.¹⁴

Although gathering information about the woman's childhood history is useful, it is probably not the first area to explore. While almost half of the women in our research sample of more than 400 battered women had experienced child abuse (usually sexual abuse by a father or stepfather), many of these women were not ready to discuss these traumatic experiences initially and often were more likely to reveal them as treatment progressed.⁸

In an earlier research project conducted by this author, women were asked about factors that made it more difficult for them to leave the abusive relationship.⁸ Mental illness and previous trauma were not specified by the women interviewed, although learned helplessness and drug abuse were factors that stood out as deterrents to finding safety from violence.

Women who have experienced multiple traumas may have relatively little resilience to deal with current trauma. This is an important clue to the psychotherapist to move slowly in the treatment plan, regardless of whether earlier trauma is discussed. Medication may be discussed with the woman when appropriate, but it is important for her to contribute to any decision so that she feels more in control of her life.

Most battered women respond to cognitive rather than affective techniques initially—although both areas eventually need to be part of the treatment plan. As cognitive clarity is developed, attention, concentration, and memory will be enhanced. A battered woman may be so anxious during the initial interview that she cannot remember much of what has been said. It can be helpful to provide her with a card that lists resources, such as the local shelter for battered women. Repetition of the areas discussed may be important, especially until the woman has regained attention and concentration.

It often helps to recommend that the woman engage in more and different types of activities with other people. Such activities can help her overcome some of the isolation and the power and control that the batterer holds over her. She needs to understand that she may still be in danger, even if her partner has completed a treatment program.¹⁵

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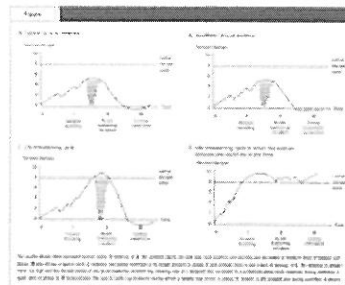
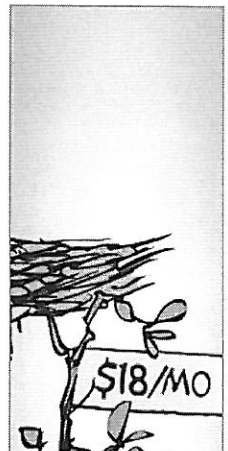


Table 3	12 STEP topics
1.	Labeling and validation of abuse and safety planning
2.	Cognitive restructuring
3.	Recognizing danger and building strengths
4.	Reducing stress and PTSD symptoms
5.	Cycle of violence
6.	PTSD
7.	Impact on children
8.	Growing relationships and letting go
9.	Emotional re-regulation
10.	Rebuilding new relationships
11.	Pressing behaviors and compliance issues
12.	Termination

PTSD: posttraumatic stress disorder; STEP: Survivor Therapy Empowerment Program.



Treatment of PTSD and BWS includes a combination of feminist and trauma therapy.^{8,16} The feminist therapy contribution acknowledges that psychotherapy is a relationship in which the formal power resides with both the therapist and the client.¹⁶ Acknowledgment of the situational factors that can be beyond a woman's control (eg, the lack of equality in society between men and women) helps her accept that she still can attempt to change those factors that she can control.

Legal action may contribute to a woman's sense of empowerment—especially if she is able to use domestic violence statutes in criminal or civil court to obtain a restraining or protective order, to cause the batterer to be arrested, and to get him into a batterer's intervention program. Filing for divorce is also a stressful legal action in family court. When the batterer has financial resources, suing him for a personal injury tort might also be an empowering action, although it is difficult to spend the time and attention often necessary to win such a case.

Pages: 1 2 3 4

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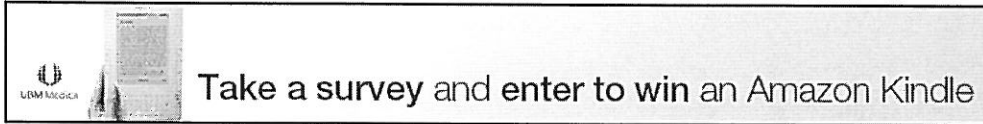
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Psychiatric Times Vol 26 No 7

[Previous](#) [Next](#) [Pages: 1 2 3 4](#)

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Trauma therapy helps a woman understand that she is not "crazy" and that she is not the only one dealing with the psychological symptoms that come from exposure to trauma. Without the use of trauma-specific therapy techniques, a woman may be unable to move past psychodynamic barriers that make it more difficult for her to deal with her situation. Thus, focusing on the external "trauma triggers" rather than her own internal issues will help heal BWS symptoms.

Briere and Scott¹⁰ have outlined the various steps that need to be followed during trauma therapy with abuse victims. Changing her part in the family system, even if it is dysfunctional, may be dangerous.

Trauma triggers that cause PTSD and BWS symptoms need to be identified and behavioral techniques need to be used to reduce their potency. Behavioral techniques that are useful during this phase include relaxation training, guided imagery, and successive approximation with high arousal incidents. These behavioral and cognitive-behavioral techniques may also help the woman develop cognitive clarity over time.

Some women benefit from a description of the autonomic nervous system that regulates many of PTSD symptoms.

Typical trauma triggers include the memory of the way the batterer's face or eyes look when he begins his abuse, the curse words he shouts, a particular phrase he uses to demean or humiliate, or even the aftershave he uses or other odors he emits during the abuse. Startle responses and hypervigilance to cues of violence are the last symptoms of BWS to be extinguished. In many women, these cues or trauma triggers never totally go away. This sensitivity can interfere with new relationships. It is often necessary to help a new intimate partner develop patience and understanding to save the new relationship, provided that it is nonabusive. Despite the myth that women often go from one abusive relationship to another, data suggest that fewer than 10% of all battered women do so.⁸

The STEP is a formal application of the combination of feminist and trauma therapy.¹⁶ This 12-unit program has been empirically validated with clinic and jail populations, and it is useful for women with substance abuse as well as for those with interpersonal violence issues.⁸ When STEP is used in institutions, such as jails or substance abuse treatment centers, a shorter, adapted version of the 12 topics listed in Table 3 is generally used. In clinics and in private practice, each STEP unit may be developed over several sessions. When asked about their satisfaction level after each session, all of the women who participated in this program gave positive comments that were highly correlated with the reduction in their scores on the Beck Anxiety Inventory.

DVDs of feminist therapy with a domestic violence victim^{17,18} and of a model 2-year treatment of a battered woman¹⁹ are available from www.psychotherapy.net.

LEGAL ISSUES

Many battered women are involved in legal issues and need the attention of the psychotherapist to help them get through the stress and help them understand what they need to do and to help them provide information their attorney needs. The Federal Violence Against Women Act (US Congress, 2005) provides numerous legal remedies, including declaring abuse as a violation of a woman's human rights with subsequent opportunity for a federal lawsuit under the civil rights statutes.

Litigation frequently involves child custody and access to children. Each state has its own laws regarding parental responsibility, but they all usually presume that it is in the best interests of the child(ren) to have equal access to both parents. Unfortunately, batterers often use the children to continue their control over their ex-wives, so that it is difficult, dangerous, and usually impossible to share parental responsibility. Nevertheless, the parent whom the family court judge considers most likely to facilitate a friendly relationship with the other parent is often given greater access to the children. Mothers who try to protect their children from fathers who lack good parenting skills or who are actually abusing the children^{20,21} are frequently seen as engaging in "hostile and aggressive parenting," "parental alienation syndrome," "psychological Munchausen by proxy," or other

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similar nonempirically based disorders. They often lose custody and sometimes even all access to their children. (See <http://www.LeadershipCouncil.org> for more information on the danger to children after separation and divorce.)

Mothers who have lost their children frequently become depressed in addition to their trauma symptoms and are unable to fight the legal system without money or psychological energy to do so.²² Their children may end up physically, sexually, and psychologically abused by the batterer—regardless of whether he has custody, and especially if the children do not follow his orders.²⁰

In rare cases, battered women will kill their abusive partners rather than be killed themselves. As cited by the Bureau of Justice Statistics, fewer than 1200 battered women kill their batterers, while over 4000 women are killed by the men who batter them.^{1,23,24} The most deadly time for a woman is when the batterer believes their relationship is over. Batterers often threaten to kill rather than to let their partner go.

Pages: 1 2 3 4

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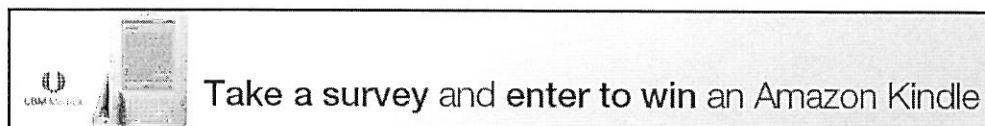
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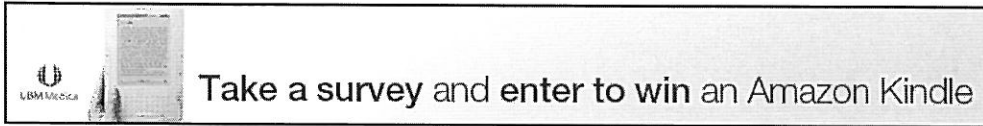
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Psychiatric Times Vol 26 No 7

Previous Pages: 1 2 3 4

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It may be safer for the woman to live with the batterer than try to terminate the relationship—especially if she has children she needs to protect. This is counterintuitive and seems to contradict the need for battered women to leave an abusive relationship. However, court mandates may take away most of her ability to protect herself and her children by forcing shared parental responsibility and residential custody on them. Sometimes the batterer becomes even more enraged or decompensates without the woman and children in the same home with him and ends up killing her, their children, and himself. Newspapers and television usually report these cases, sometimes without the details about the history of abuse.

An explanation of the symptoms of BMS can help juries understand when a battered woman kills in self-defense; it helps to meet the legal burden that the woman had a reasonable perception of imminent (not immediate, but about to happen) danger. It is important to explain how the woman's fear and desperation are triggered when a new battering incident is perceived as about to occur. It is helpful for forensic mental health evaluators to have copies of previous therapy records in which the woman's comments about abuse and fear of the batterer are recorded.

CONCLUSIONS

BWS, a subcategory of PTSD, may develop in women who are victims of intimate-partner violence. Like other forms of PTSD, symptoms of BWS may resolve after the woman is safe and out of the abusive situation. However, many women need psychotherapy to help them regain control over their lives. Some women also need psychotropic medication.

BWS symptoms may reoccur even after recovery if a new stressor or trauma is experienced. Some women may be empowered by receiving a restraining order or by taking actions that lead to the arrest of the batterer. For other women, litigation—particularly contentious child custody cases—may exacerbate stress. Mental health professionals can help abused woman get through these stressful times by making sure that the risk of further abuse is as low as possible.

Fortunately, most battered women with BWS heal, raise their children, and go on to live productive lives once they are safe from the batterers' abuse of power and control.^{5,8,10,13,17}

Pages: 1 2 3 4

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