The Psychodynamic Implications of Battering: A Review of Empirical Research.

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STATEMENT

I, the undersigned, hereby declare that the work contained in this assignment is my own work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

Abstract

This paper aims to provide an understanding of the psychodynamic implications of battering on the victims of this form of abuse. Three dominant approaches to trauma (one descriptive, one explanatory and one phenomenological) are briefly discussed. Available empirical data is then explored to ascertain whether the empirical research correspond to these dominant theories. The research indicates that the theories all highlight different aspects of battering and all have important implications for treatment.

Opsomming

Hierdie werkstuk poog om die psigodinamiese implikasies van vroue mishandeling te verstaan. Drie dominante modelle van hierdie vorm van trauma (een beskrywend, een verduidelikend, en een fenomonologies) word kortliks bespreek. Beskikbare empiriese navorsing word ge-eksploreer om vas te stel of die navorsing ooreenstem met hierdie dominante modelle. Die navoring dui daarop dat al hierdie modelle verskillende aspekte van vroue mishandeling uitlig, en dat al hierdie modelle beduidende implikasies het vir behandeling.

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Table of Contents

1. INTRODUCTION

Battering or wife-beating is increasingly recognized as a major public health problem throughout the world and it occurs across all races and socio-economic classes. Battering is a multi-faceted problem which has dire health (mental and physical) implications and imposes a social and financial burden on society (Gerlock, 1999; Haj- Yahia, 2000; Rabin, Markus & Voghera, 1999; Smith, Smith & Earp, 1999).

The physical health of the battered woman leads to an increased need for, and therefore an increased state expenditure on medical care. Johnson and Elliot (1997) found that battered women were more frequently in need of health care than women who were not battered. They say that battered women report for episodic care with somatic symptoms that barely relate to battering or physical abuse. They have multiple complaints that could include stiffness of the neck and headaches. Families where domestic violence has been reported visit the physician eight times more frequently than families where there is no domestic violence (Gerlock, 1999).

Battered women are exposed to physical injury or even death; they are more likely to have complications in child birth and gynaecological problems; and they are more vulnerable to sexually transmitted diseases, human immuno-deficiency virus infection and, as a consequence of their mental state, they are usually less committed to carrying out medical treatment (Eisenstat & Bancroft, 1999). Failure to carry out treatment results in more visits to the medical or mental health practitioner and consequently increased medical and mental health expenditure. It is clear then that battered women can be considered to be a high-risk group in terms of physical health.

The World Bank (in Smith et al., 1999) estimates that the global health burden from gender-based victimization, including battering, among women aged from 15 to 44 years is comparable to that posed by other risk factors and diseases such as HIV/AIDS, tuberculosis, sepsis during child birth, cancer and cardiovascular disease. In the United States of America, the state spends about 1,8 billion dollars per year on direct medical and mental health care of battered women (Miller, Cohen & Wieserman, in Gerlock, 1999). Figures for South African state expenditure on medical care for battered women are not available but according to Keen and Silove (1996) it is inadequate.

In the personal context battering has dire economic implications for these women. Battered women are absent from work as a result of battering, which in practical terms means less money for food and other necessities. The problem is exacerbated by poverty and lack of resources, especially in the rural areas (Krishnan, Hilbert, Van Leeuwen & Kolia, 1997; Motsei, 1993; Telela, 1996).

Domestic violence has a severe impact not only on the physical and financial well-being of the direct victim of the abuse, but also on the children of such a family. Children of families where battering takes place also develop a myriad of medical and psychological problems. Hilberman (1980) unearthed a high incidence of somatic, psychological and behavioural dysfunctions. Whether children were battered or onlookers of parental violence, they were deeply affected by the climate of violence in which they lived (Auerbach-Walker, 1985). Violence in the home could impact on the development of children (Keen & Silove, 1996), and could manifest itself in behaviour such as clinging, anxiety, fearfulness and guilt.

In addition to causing severe harm to the direct victim of abuse, domestic violence is often not limited to the parents. Hilberman (1980) remarks "Almost all clinicians are

impressed with the correlation between child abuse and spouse abuse" (p.1340). It appears that abused women and their batterers often end up abusing their children. Swarts (1997) found that through violence against women by men (wife-battering), children (boys in particular) became aware of violence as a means of conflict management. It is thus perpetuated and leads to bigger social problems. Keen and Silove (1996) state:

> The cycle of domestic violence, as in other forms of violence against women, cannot comfortably be confined to individual perpetrators and victims but continues to contaminate the wider fabric of relationships between men and women with a profound sense of inequity, fear and mistrust (p.5).

2. INCIDENCE

Statistics confirm the enormity of the social problem caused by battering worldwide. A study done by Naumann, Langford, Torres, Campbell and Glass (1999) estimates that 90% of all intimate partner violence is battering of the female partner. In the United States it is estimated that between 1,8 and 4,4 million women are battered by their husbands or lovers each year (Plichta, in Campbell & Soeken, 1999). According to the Service Providers' Communication (in Keen & Silove, 1999), observers in Holland, Britain and Australia report that as many as one in three or four women are abused by their partners.

It is difficult to gauge the prevalence of domestic violence in South Africa. Welch (1987) reported that statistics coming from police departments might be inaccurate as domestic violence was often recorded as harassment, disturbing the peace or assault. At the time Welch also concluded that spouse abuse was more under-reported than rape in South Africa (Welch, 1987). Despite recent changes in South African legislation, this still seems to be so. Police documentation of domestic violence is unreliable (The Human

Rights Watch/Africa, in Keen & Silove, 1996). Shaw and Louw (1999) concur that no reliable statistics on violence against women by partners exist in South Africa as domestic violence is still largely recorded by the police as assault. In addition to this, charges against the perpetrator are often dropped as victims lose faith in the legal system. Even though domestic violence is gravely under-reported, available statistics are enough to create concern. In a symposium in Pretoria in 1984 held by the Joint Civil Society-ANC Parliamentary Caucus Campaign to End Violence Against Women and Children, it was estimated that up to 60% of all marital relationships involved abuse (Shifman, Madlala-Routledge & Smith, 1997). According to Segal and Labe, (in Motsei, 1993) one in every six women is battered regularly by her partner. A fact sheet presented to Members of Parliament by the ANC Women's Caucus Campaign to End Violence Against Women and Children, (in Shiftman et al., 1997) included the following statistic: two out of three women presenting to the trauma unit at Tygerberg Hospital had been assaulted by partners, spouses or family members and at least one woman was killed every six days by her male partner (Shifman et al., 1997)

3. GOAL

Much attention has been given to the physical, economic and social implications of battering. For the psychologist and other mental health professionals, understanding the psychological implications of the abuse is imperative in order to help the battered women and other victims. With this in view, this paper will describe three different models of battering. The extent to which empirical data corresponds with these models will also be discussed.

4. CONCEPTUALIZATION

How we conceptualize battering has implications for how we understand battering and for the development of effective intervention and prevention strategies (Smith, Smith & Earp, 1999). Our conceptualization of the concept reflects the view taken by society. Until two decades ago, wife- battering was understood as an intra-psychic liability on the part of the victim (Auerbach-Walker, 1985; Hilberman, 1980), rendering the victim guilty for causing the abuse. Therefore the victim was forced into silence and no real help or support was available for her.

A decade later, Keen and Silove (1996) conceptualized battering as a form of trauma occurring within intimate relationships, thus moving away from the notion of victim culpability. This new concept of battering included physical, verbal, sexual, economic and emotional traumas; thus focusing on the particular events that constituted battering. Accordingly, the term "battered woman" referred to any woman who had been the victim of (as opposed to the person responsible for) physical, sexual and/or psychological abuse by her male partner (Douglas, 1987). Battering was then viewed as a social problem and with it a lot of the myth of victim culpability was cleared. This new conceptualize translated into the establishment of safe houses for women and a legal interventions focusing on getting the battered women out of the abusive relationship.

South African legislation also reflected the shift away from victim culpability. In South Africa, the Domestic Violence Bill (75) of 1998 (Minister of Justice, 1998) defines an abusive relationship as a relationship in which controlling or abusive behaviour harms the safety or well being of any party in the relationship. As with Douglas (1987), it identifies different types of abuse, for example physical, emotional, sexual or economic abuse and intimidation. It defines a domestic relationship as two people living together as husband

and wife (co-habitants), whether they are married or not, and it also includes children living with the couple as part of their family.

Contemporary psychological theories increasingly recognize that everybody is the expert on his or her own life. Therefore the conceptualization of battering tended to take into account the experience of the victim. Smith et al. (1999), in their definition of battering, focus on the experience of the battered women. According to their definition, battering is "a process whereby one member of an intimate relationship experiences vulnerability, loss of power and control, and entrapment as a consequence of the other member's exercise of power through the patterned use of physical, sexual and/or moral force" (p.186). According to these authors, battering is considered to be "an enduring traumatic multi-dimensional experience, distinctly different from an episodic physical assault" (p.186).

Dutton (1999) partially agrees with the definition of Smith et al. (1999). She agrees that battering is a process that starts long before the actual physical violence and continues well after. Dutton (1999) and Eisenstat and Bancroft (1999) reason that a definition of battering should be inclusive or holistic so that intervention strategies can deal with its multi-dimensional nature effectively. There is a need to take account of the facts that constitute the physical, verbal and emotional abuse for any legal or medical intervention; thus included within this broader definition of Smith et al. (1999) is a definition that corresponds to Keen and Silove's definition. Legal intervention includes obtaining an interdict against the batterer, criminal procedures and even imprisonment. For medical interventions awareness of the extent of physical injuries is necessary. The need to understand the experience of the battered women is evident, especially when a psychological intervention is intended. By implication, a definition of battering should recognize the particular incidents and forms of abuse as well as the process of battering.

This paper has as its central focus the experiences of the battered woman. It recognizes that she is the expert on her own life. It also concedes that battering is a process that starts long before the actual physical abuse and continues well thereafter. On the other hand, battering also consists of a number of abusive episodes. Knowledge of these episodes is imperative from a legal and medical perspective and understanding the process is essential for psychological intervention.

Thus, for the purpose of this paper the following definition will be used:

Battering is an enduring and traumatic multi-dimensional experience (Smith et al., 1999), consisting of episodes of physical assault or verbal and/or emotional abuse (Dutton, 1999). It is considered a process whereby one member of an intimate relationship experiences vulnerability, loss of power and control, and entrapment as a consequence of the other member's exercise of power through the patterned use of physical, sexual and/or moral force (Smith et al., 1999).

5. BATTERING AS A TRAUMATIC EXPERIENCE: Examples of three models

There is a dearth of research in South Africa in the field of wife-battering. A survey of available international literature reveals that the psychological reaction of women to battering is comparable to the reaction generally displayed by victims of trauma (Douglas, 1987; Dutton, Hohnecker, Halle & Burghardt, 1994; Humphreys, Lee, & Faan, 1999; Keen & Silove, 1999; Mitchell & Hodson, 1983; Rabin et al., 1999 among others). Various theorists hypothesize about this phenomenon. Each of the theories offered brings a different aspect of battering to the fore (Rabin et al. 1999), but according to Alexander, (in Rabin et al., 1999), no single theory about reactions to trauma is sufficient for a full understanding of the complexities of battering. Likewise this paper acknowledges that battering, and certainly psychological reactions to this form of trauma

are complex and that the complexities cannot always successfully be integrated into one theory.

Therefore this section investigates available literature in pursuit of a fuller understanding of the psychological impact of battering on the victims of this form of trauma. It briefly describes three prominent theoretical models of trauma, and then explores empirical research to see whether and how the research corresponds to the theory. The first, a medical model, aims to provide a description of the psychological reactions to trauma as described in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association). The second model, a cognitive model, seeks to understand the underlying mechanisms of trauma. It then continues to review the theories with reference to wife battering and critically reflects on its ability to accurately account for women's experience of battering.

6. THE MEDICAL MODEL: Description

a) Brief Description

In the medical model the focus is on the consequences of one traumatic incident. It contains the broad concept of trauma into the diagnosis of PTSD and this narrowed down concept is often used by mental health professionals to describe the reaction of victims to abuse. According to this model, Post Traumatic Stress Disorder (PTSD) develops when a person has been exposed to "an event outside the range of usual human experience and that would be markedly distressing to anyone" (p.146) in Diagnostic and Statistical Manual of Mental Disorders III-R (American Psychiatric Association, 1983) and "a traumatic event that threatened the physical integrity of self or others that involved intense fear, helplessness or horror" (p.209) in DSM IV (American Psychiatric Association, 1994). In DSM III-R and DSM IV the intra-psychic reactions of people who

have been exposed to such trauma are described. The DSM distinguishes between intrusive and constrictive symptoms (Herman, 1992b). Intrusive symptoms involve the re-experiencing of the traumatic event in one or more of the following ways: recurrent and intrusive recollections of the traumatic event, recurrent dreams of the event, acting or feeling as if the event were recurring, intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event, or physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. Constrictive symptoms involve persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness, not present before the trauma, as indicated by three or more of the following: efforts to avoid thoughts, feelings, or conversations associated with the trauma, efforts to avoid activities, places or people that arouse recollections of the trauma, inability to recall an important aspect of the trauma, markedly diminished interest or participation in significant activities, feelings of detachment or estrangement from others, restricted range of affect or a sense of foreshortened future.

b) Empirical Data

With reference to the DSM III-R and DSM IV formulation, research indicates that even though there are some common features between PTSD and the DSM formulation and the symptoms described by victims of continuous abuse (in this case, battered women), there are distinctions that are not explained by it. Research indicates that the symptoms described by battered women fit the DSM III-R and DSM IV criteria for PTSD i.e. fear/avoidance, affective constriction, disturbance of self-concept/ self-efficacy and sexual dysfunction (Koss, 1990). However, Haj-Yahia (2000) finds that battered women have higher levels of depression and anxiety and lower levels of self-esteem than non-abused and non-battered women and are high suicide risks (Eisenstatt & Bancroft, 1999). Bryer, Nelson, Miller and Kroll (in Herman, 1992a) correspondingly report that women with histories of physical or sexual abuse have significantly higher scores on standardized measures of somatization, depression, general and phobic anxiety, sensitivity and

paranoia. Walker (in Mitchell & Hodson, 1983) maintains that women subjected to unpredictable and uncontrollable violence showed signs of learned helplessness which may decrease their sense of mastery and self-esteem and hinder their ability to take active steps to change their situation resulting in severe psychological stress, particularly depression. According to Herman, 1992a, depression, and certainly not somatization, does not coincide with the criteria for simple PTSD.

c) Strengths, Shortcomings and Implications

The descriptive medical model of trauma provides a structure within the medical sphere for understanding trauma. It contains the broad concept of trauma within the diagnosis of PTSD and is hence used very often within the medical field to understand trauma. However, Herman (1992a) believes that even as a description the DSM diagnosis falls short as it fails to capture "the protean sequelae of prolonged repeated trauma" (p.377). She maintains that the pathological environment of prolonged abuse cultivates a myriad of psychiatric symptoms that transcend simple PTSD. Research consulted concur, that as it stand the diagnosis of PTSD does not fit accurately enough because even though battered women experience symptoms similar to PTSD symptoms, they do also experience symptoms that is not explained by it. According to Herman (1992b, p118) victims of chronic abuse experience phobias, anxiety, panic disorders, depression and somatic symptoms that do not correspond with DSM formulations of disorders. Furthermore, both DSM III-R and DSM IV formulations does not make provision for battered women's experiences of traumatic bonding (Motingoe & Gilchrist, 1996), and pathological transference (Women helping battered women, 1999).

This lack of an accurate and comprehensive diagnostic concept, according to Herman (1992b), has serious implication for treatment as the connection between the patient's symptoms and experience is frequently lost. This results in attempts to fit the patient into the mold of an existing diagnosis, leading to at best an incomplete understanding of the

problems experienced by battered women and consequently a fragmented approach to treatment (Herman, 1992b).

7. THE COGNITIVE MODEL: Explanation

a) Brief Description

Whereas the DSM formulation describes symptoms, the cognitive processing model is an example of a model for understanding the acquisition of trauma. The cognitive processing models of trauma (Creamer, Burgess & Pattisson, 1992) conceptualize battering according to cognitive schemas. They hold that people enter situations with pre-existing mental schemas. Schemas are relatively stable cognitive structures that represent organized beliefs about the self, others and the world. These schemas contain information about a person's past experiences as well as his or her beliefs, assumptions and expectations about future events. The trauma (in this case battering) confronts the person with information that is inconsistent with that contained in existing schemas about their safety and vulnerability (Horowitz, in Creamer et al., 1992). Until a traumatic event can be assimilated into their existing schematic representations, it is stored in active memory and psychological elements of the event continue to produce intrusive and emotionally upsetting recollections. Foa, Steketee and Rothbaum, (in Creamer et al., 1992) propose a similar theory. They suggest that the experience of the traumatic event results in the formation of a fear network memory structure that includes stimulus information about the traumatic events, cognitive, affective, physiological and behavioural responses and interpretative information about the meaning of the stimulus and response elements of the structure.

Building on these theories, Creamer et al., (1992) propose a cognitive trauma recovery model. This model of trauma postulates that the severity of exposure to trauma will not

directly affect subsequent adjustment, but its influence will be determined by processing variables such as pre-trauma personality and prior experiences. It recognizes that the meaning given to the traumatic event mediates post-traumatic reactions and influences post-traumatic cognitive schemas (Dutton, Burghart, Perrin, Chrestman & Halle, 1994). Appraisal of the event influences both initial and long-term reactions and is important in the development of PTSD. If an incident is not perceived as threatening, the trauma-related memories would not be distressing. The characteristics of the traumatic experience, including stimulus, response, and meaning propositions, will largely determine the formation of the traumatic memory network. Pre-trauma personality and prior experience may nevertheless influence the fear network formation. The level of exposure to trauma will influence and will itself predict the level of intrusive thoughts. The activation of the memory network (intrusive memories), which is associated with psychological distress, is also conceptualized as processing. High levels of intrusion are associated with high symptom levels at the time of the intrusion but symptom levels reduce in time. Avoidance is a response to the discomfort of the intrusive memories. For recovery to occur, however, activation of the memory network should take place and the accompanying discomfort should be endured long enough to allow processing to take place. Outcome-recovery is achieved through the mechanism of network resolution processing.

b) Empirical Data

There is a lack of available empirical research pertaining to the cognitive processing model of trauma in South Africa. Available research done partially corroborates the above-mentioned model. Wayland et al. (1991) agrees with Creamer et al. (1992) that cognitive factors (perception of threat) relating to assault might not entirely be decided by objective factors such as the injury sustained. Wayland et al. (1991) found that the influence of the battering incident is determined by prior experience of violence (Creamer et al., 1992). They hold that verbal abuse and multiple violent acts intimidate these women to such an extent that they feel chronically endangered, resulting in paralyzing

anxiety and fear that the trauma will recur. Wayland et al. (1991) found that the existing schemas of safety and vulnerability of women their study was seriously compromised. The victimization destroyed their safe base. Comparably, Koss (1990) remarked that once victimized, one could never again feel invulnerable.

Dutton et al. (1994), studying the cognitive schemas of 72 battered women, concluded in agreement with Creamer et al. (1992) that the meaning given to the traumatic experience by the battered women influenced the psychological impact. Battered women established meaning for their experience, utilizing cognitive defense styles in an attempt to come to terms with the trauma that threatened existing schemas. They tried to understand the violence in such a context that it explained their physical harm. According to Creamer et al. (1992) this is avoidance and does not lead to processing of trauma. Paradoxically, in trying to cope, the battered woman might be creating a context for the battering to take place (Follingstad, Neckerman & Vormbrock, 1988).

c) Strengths, Shortcomings and Implications

The cognitive processing model of trauma provides a model for understanding the acquisition of trauma of battered women. However, as with the medical model, the cognitive processing model does not account for ongoing trauma. It explains the acquisition of trauma after the traumatic incident has taken place but fails to give an explanation of women's experience of ongoing trauma. In addition, comparable to all cognitive theories, the cognitive processing model proposed by Creamer et al. (1992) do not pay enough attention to feelings (Kalodner, 1995, p380). Thereby not taking the emotional experience of battered women into account. The model seem to focus on the cognitive factors that impact on the acquisition of trauma while minimizing affective factors. Focusing on cognitive factors may lead to an intellectual understanding of the problem but an inability to change the feelings associated with the thoughts (Kalodner, 1995). The focus of intervention according to this model is the processing of trauma that

involves the reliving of the traumatic event in order to modify the trauma memory network.

8. THE PHENOMENOLOGICAL MODEL: taking women's experience seriously

a) Brief Description

Ferraro and Johnson (1983) maintain that although the existence of wife battering is now publicly acknowledged, the experience of women is still poorly understood. From the selected models this still seem to be true as neither the descriptive medical model nor the explanatory cognitive model provides a model for understanding battered women's experience of their abusive relationships. Smith et al. (1999) and Herman (1992b) hold that what impedes a better understanding of women's experience of battering is inaccurate and incomplete conceptualizations of the concept, resulting in an under-appreciation of battered women's experience. Following Graham and Campbell (in Smith et al., 1999) they highlight three factors that lead to problems in current approaches to battering. The first of these factors is events orientation that allows for a focus on events instead of people. Events are evaluated to exclusion of their meaning to the victim or the perpetrator. Events are also taken out of the social context in which it occurs. The second of these factors is the treatment of gender. The focus on events encourages a gender-neutral analysis of battering. There is then the mistaken deduction that there are no differences between the lives of men and that of women or, that if there are differences they are not relevant to the understanding of issues. The third factor influencing conceptualization is the "narrow time interval" (the time during which the assault occurs) that becomes the focus of analysis. The duration of battering is conventionally equated to the duration of abusive incident, implying that battering do not exist between abusive incidents. Thus, researchers using conventional measurement

instruments identify only injurious events, outside a social context, and fail to capture the chronicity of women's experience with battering (Smith et al., 1999).

In a study aimed at re-conceptualizing battering according to women's experiences of abuse, Smith et al. (1999) held six focus groups with battered women in which women described their own experience of abuse and what life was like for them. A phenomenological approach was taken, whereby women's subjective experiences were analysed, and from this analysis of women's experiences, the women's experience of battering (WEB) framework was constructed. This framework consists of six domains that are interrelated and that reflect the women's perceptions of the abusive relationship as well as emphasizing their change in self-regard.

Perceived threat

The first domain in the WEB framework is the concept of perceived threat used to explain women's emotional (fear) and cognitive (danger) reactions to their environment. This concept reflects the women's perception of susceptibility to future harm, the severity, distribution and controllability of risk, controllability of their emotions in response to an event and the feelings of dread invoked by the risk. This concept includes appraisal as mentioned in the cognitive model (Creamer et al., 1992).

Yearning: the inability to establish intimacy

The second domain, yearning, reflects the battered women's inability to establish intimacy with their partners. Their efforts to establish intimacy are characterized by an aura of desperation that is preserved despite their partner's violent behaviour. Yearning does co-exist with sexual intimacy.

Real or perceived entrapment

Entrapment, the third domain in the WEB framework, reflects the battered women's perceptions of being trapped in the abusive relationship, which seemingly results from the batterers' effort to keep women in the violent relationship, the privacy of the violence, and the belief that no support is available.

Changing self-concept

Altered identity, the fourth domain, refers to the battered women's changing self-concept and loss of identity that result from the images that the batterers reflect back to them. Walker (in Mitchell & Hodson, 1993) concurred that battered women experience lower levels of self-esteem as a consequence of battering.

Active avoidance/ coping

Managing, the fifth domain, refers to the women's assessment of the danger of their situations. Once these women have assessed the danger of their situations they adopt some form of direct action, inhibition of action or intra-psychic coping behaviour. According to Smith, Smith and Earp (1999), women engage in behaviour they think will be acceptable to their partners in order to avoid violence (coping strategies or behaviour).

Disempowerment

The last domain, disempowerment, implies a process in which the loss of power occurs with women's sustained exposure to violence and abuse. With continued exposure to violence these women's thoughts and behaviour become habitually modified according to the batterers' desires. Ferraro and Johnson (1983) as well as Siegel (in Follinstad et al., 1988) described the women's experience of powerlessness as a result of sustained exposure to trauma.

b) Empirical Data

At present the WEB framework proposed by Smith et al. (1999) is one of the first attempts to construct a framework for understanding battering that is based on women's experience of battering. As such it captures the complexities of women's experience of battering. The findings of a number of independent studies (Ferraro & Johnson, 1983; Krishnan et al., 1997; Motingoe & Gilchrist; 1996, Ochberg, in Hilberman, 1980) indicate that women are affected by battering in very complex ways. However, it is difficult to assess whether the model is useful for other populations i.e. whether it can be used as a framework for the experiences of all battered women. In looking at the current literature on women's experience of battering, it seemed clear that women's experience cannot easily be fitted into the WEB framework. There is considerable overlap between the categories and some experiences do not fit into any of the categories.

In the following sections the literature on women's experience of battering will be discussed, considering their experiences of the world (reality), their experiences of others and themselves. Where relevant, it will be indicated how these experiences can or cannot be accommodated in the WEB model.

Women's relationship with the world

The battered women's relationship with her world changes drastically after the abuse. Koss (1990) remarks that once victimized one can never again feel invulnerable. The victimization destroys battered women's safe base. Intimidation may lead to them feeling chronically endangered (Wayland et al., 1991). This experience of the world as an unsafe place means that battered women are constantly coping with what they perceive as a chronic danger.

Battered women manage or cope with this unsafe world through the use of alcohol, cigarettes and drugs, thereby avoiding facing reality (Miller, Nochajski & Leonard, in Krishnan et al., 1997). Discussing substance abuse, smoking and unhealthy dieting in the case of battered pregnant women, Nauman et al. (1999) indicate that they "may be interpreted as factors related to stress" (p.344). They also find substance abuse is a frequent manifestation of PTSD. Victims of abuse (or sufferers from PTSD) often use substances or alcoholic drinks as self-medication.

Follingstad et al. (1988) suggests that women also use cognitive defense styles to come to terms with their altered relationship with their world. The establishing meaning for violence and try to understand the violence in such a context that it can explain their physical harm. Paradoxically, in trying to cope, the battered woman might be creating a context for the battering to take place.

In an attempt to understand the meaning that battered women give to their experience of abuse, Ferraro and Johnson (1983) interviewed more than 100 battered women in the United States. From these interviews Ferraro and Johnson (1983) constructed a "system of classification of rationalizations" used by battered women, all of which led to entrapping women in abusive relationships. They concluded that rationalization was one method of facilitating their coming to terms with their destroyed short-term survival. "Rationalization is a way of coping with a situation in which for either practical and emotional reasons, or both, a battered woman is stuck. For some women the situation and the beliefs that rationalize it may continue for a lifetime" (Ferraro & Johnson, 1983, p.331). These rationalizations include: denial of options, appeal to higher loyalties, appeal to the salvation ethic, denial of the victimizer, denial of injury and denial of the victimization. According to Ferraro and Johnson (1983) battered women employ at least one of these rationalizations to make sense of their situations. Through denial of options and appeal to higher loyalties battered women attempt to understand their relationship to their world. The appeal to the salvation ethic helps battered women to make sense of

their relationship with the batterer or others. Through the denial of injury and denial of the victimization battered women define their relationships with the "self".

Within the patriarchal society women are socialized into accepting the subservient role. According to Ferraro and Johnson (1983), the patriarchal society provides men with ultimate authority, both within and outside the family and assigns secondary status to women. Women are thus brought up to honour and obey their husbands. They therefore sometimes endure the battering because of their commitment to higher loyalties, be it tradition or religion (Ferraro & Johnson, 1983).

In relation to their world, battered women become victims that cannot find a way out of their reality. They end up denying the availability of practical options (for example, alternative housing, finances) and emotional options (including companionship, intimacy) (Walker, in Hilberman, 1980). Eventually, they believe that these commodities can only be provided by the batterer and that there is no escape from the batterer's domination.

Unfortunately, in many instances their beliefs are true. In addition to being entrapped by the belief that there are no practical or emotional options, their financial situation likewise causes them to remain trapped in the abusive environment. Women are the poorest sector in our communities (Telela, 1996) and therefore have little personal resources. The smaller the battered woman's resources, the less her power and the more likely she is to stay (Hilberman, 1980). The absence of an independent personal income and job skills makes it more difficult for women to leave abusive relationships; it is also likely to increase their feelings of apprehension and helplessness about the future even if they do finally leave (Kalmus & Straus, in Mitchell & Hodson, 1983). Sustained exposure to violence and abuse leads to disempowerment as their thoughts and behaviour are habitually modified in accordance with the batterers' desires. In addition, battered women's negative perceptions of escape are exacerbated by a legal system that does not

adequately protect them, thus providing little support and leaving no alternative but to kill or be killed (Buda & Butler, in Dutton et al., 1994).

In terms of the WEB framework, rationalization can simultaneously be fitted into four of the six domains: managing, entrapment, altered identity and disempowerment. To only classify it under one of these domains would not do justice to full impact of it on women's lives. For battered women, rationalization is a way of managing their world, coping with it while at the same time avoiding the full impact of the reality of the violence on their lives. Through rationalization the battered women change the meaning of their experience "to make sense of their situations" (Ferarro & Johnson, 1983, p328).

Women's relationship with batterer/ others

According to the salvation ethic (Ferraro & Johnson, 1983), battered women place their own safety and happiness below their commitment to "save" their husbands. The violence is rationalized to enable the victim to believe that her husband is not responsible because he is sick. Ferraro and Johnson (1983) also contend that through the denial of the victimizer battered women consider the battering to be outside the control of both spouses and blame it on some external force, for example pressure at work or legal problems.

Battered women thus have positive feelings toward their abusers and feel psychologically bound to them. Ochberg (in Hilberman, 1980), and Women Helping Battered Women (1999) describe the reaction of the battered wife as reminiscent of the pathological transference between a hostage-taker and the captive, known as the "Stockholm syndrome". Victims of battering have been psychologically compared with prisoners of war and subjects of terrorism. The hostage has positive feelings toward the captor, negative feelings toward the authorities responsible for the rescue, and reciprocation of the positive feelings from the hostage-taker toward the captive. This pathological transference is based on the captive's terror, infantile dependence, and gratitude, and the

hope that this relationship may in fact promote the survival of the captive (Gittelman, 1998). Herman (1992a) identifies this pathological relationship as a relationship of "coercive control" and the battered woman's captive situation is defined as a combination of physical, economic, social and psychological means.

Battered women furthermore experience a traumatic bonding in which the internalization of learned hopefulness leads them continually to hope for change in the violent partner, rather then risk leaving (Dutton, in Walker, 1981; Motingoe & Gilchrist, 1996). Within the family in which the abuse occurs, the familiar sense of shame and guilt binds the members of the family together, and no one seems to establish psychological independence. Family members all cooperate in keeping the violence a secret and disclosure is seen as betrayal (Dutton, in Walker, 1981). Women in battering relationships experience stress, not only the stress of the actual battering incidents but also stress associated with future battering, difficulty in maintaining ties with friends and feelings of not being supported (Mitchell & Hodson, 1983).

In terms of WEB framework the appeal to the salvation ethic, pathological transference and traumatic bonding can be understood in terms of two of the six domains proposed by it: entrapment and disempowerment. The appeal to the salvation ethic, pathological transference and traumatic bonding entrap the battered women as these relationships are coloured by terror and guilt respectively. In these unbalanced relationships the battered women are in a position of powerlessness and cannot negotiate the terms of the relationship.

Women's relationship with self

Through the denial of injury, battered women become their own protectors. They normalize their situation immediately and continue with daily chores as if there were no

disturbance (Ferraro & Johnson, 1983). Battered women will deny that what happened to them was really a battering incident, deny the seriousness of the injuries, and minimize the potential for future abuse. This denial serves to protect the women from the full impact of their fear of future attacks. The women fear that no one can rescue them, and they assume responsibility for keeping the environment as free as possible from events that might make the men angry and trigger more violent behaviour (Walker, 1981).

Battered women sometimes resolve to deny the victimization and blame themselves for the abuse, thereby neutralizing the responsibility of the batterer. The battered woman believes that she angered the batterer, thereby causing battering to happen. In this way she allows herself to believe that she can control the battering (Ferraro & Johnson, 1983; Walker, 1981). The battered woman is convinced that she deserves the abuse because she is bad. Three psychological needs are served by self-blame; one is the need for perceived control over one's life (Miller & Porter, 1983). Victims are eager to take responsibility for the violence because it enables them to maintain the belief that they are in control of their lives (Wortman, in Miller & Porter, 1983). Some women explain the violence as controllable; if the woman is good, quiet and compliant, the husband will not abuse her. These beliefs reinforce the battered woman's tenuous denial and protect her husband and marriage at the expense of her self-esteem. They allow her to be totally enslaved while she believes she is in control (Hilberman, 1980). The second need is the need for "effective control" which enables victims to believe that the world is a just and orderly place (Lerner, in Miller & Porter, 1983). The third need involved the establishment of meaning. People have a need to impose meaning on significant events and their self-blame gives meaning to events that otherwise would be incomprehensible (Follingstad et al., 1988; Silver & Wortman in Miller & Porter, 1983). Battered women engage in self-blame as a means of exonerating their assailant – even if it is partially. They do however also find some comfort in knowing that their husbands have a violent personality because it means that some of the cause for violence resides within their husbands. The more severe the violence is perceived to be, the less blame is attributed to the self (Miller & Potter, 1983).

Battered women, experience feelings of powerlessness and exhibit passiveness even when the trauma has passed (Spiegel, in Follinstad et al. 1988). Research indicates that continued violence leads to erosion of self-esteem until the victim believes that she deserves the abuse (Motingoe & Gilchrist, 1996). Repeated violent victimizations render women less skilled at self-protection, less sure of their own worth and personal boundaries, and more apt to accept victimization as part of being female (Herman, in Koss, 1990). This implies a greater susceptibility to buy into the old societal belief that wife-battering is normal. Battered women also report having feelings of confusion (Feraro & Johnson, 1983) and experience feelings of anger that are usually directed inward. When somebody has experienced trauma, the will to respond to later trauma diminishes (Seligman, in Follingstad et al., 1988). Even if the person does respond and the response has the desired effect, the person will have difficulty believing that the response worked.

In terms of the WEB framework, the above can be classified under disempowerment, changing self-concept, entrapment and inability to establish intimacy. Altered identity influences the way the battered women relate to their world. They assume that they have no inner strength and therefore are trapped in the abusive relationship. Battered women often tend to blame themselves for the abuse and therefore become the bad person, the reason why everything in their lives goes wrong. It disempowers them because through rationalization their perception of their reality and identity is altered and as a consequence renders the battered women oblivious to the harshness of her circumstances and thus not receptive to change. Rationalization therefore entraps battered women as the beliefs that rationalize the abuse may continue for a lifetime (Ferraro & Johnson, 1983).

c) Strengths, Shortcomings and Implications

The WEB framework proves to be useful in understanding women's experience of battering. It focuses on the cognitive and affective experience of battering and is

composed in terms of psychological vulnerability. Within this framework a much broader approach to the conceptualization of battering is taken, therefore a more complete and accurate understanding of women's experience is gained. This understanding surpasses discrete events, gender neutrality and narrow time intervals and places battering within the social context in which it takes place. This approach takes into account a time spectrum so that the victimization experience can be understood, rather than discrete events within a specific time frame. It also recognizes the conditions that exist outside and between episodes of abuse (Smith et al., 1999). Even though the WEB framework is not intended to reflect all possible behaviors or reactions of battered women that result from abuse, it does allow for survivors of abuse to voice their experience, whom according to Herman (1992b) "understand more profoundly than any investigator the effects of captivity"(pp. 122).

However, to apply the WEB framework to all populations without giving the battered women a voice would have the same effect than attempts to fit women's experience into the mold of an existing diagnosis (Herman, 1992b). According to Herman (1992b) this modus operandi leads to an inadequate understanding of the problems experienced by battered women as this causes the researcher to overlook essential information that can enhance the understanding of the experience of battered women.

9. CONCLUSION

How we conceptualize battering has implications for intervention. If a narrow approach to battering is taken, the complexities of the concept are not recognised and therefore intervention strategies will be ineffective. Smith et al. (1999) and Herman (1992b) agree that what impedes a better understanding of women's experience of battering is inaccurate and incomplete conceptualizations of the concept, resulting in an under appreciation of battered women's experience. Throughout the decades our understanding of the phenomena of battering has progressed from viewing battering as "an intra-psychic

liability on the part of the victim" (Auerbach-Walker, 1985; Hilberman, 1980) to viewing battering as a set of episodes of physical assault or verbal and/or emotional abuse (Dutton, 1999). Currently, there is need to improve our understanding of the experience of the battered women in order to plan more effective intervention strategies. Professionals in the field of social sciences need to acknowledge that battering more than a set of episodes of physical assault or verbal and/or emotional abuse, it's an enduring and traumatic multi-dimensional experience (Smith et al., 1999), consisting of episodes. It is considered a process whereby one member of an intimate relationship experiences vulnerability, loss of power and control, and entrapment as a consequence of the other member's exercise of power through the patterned use of physical, sexual and/or moral force (Smith et al., 1999). The literature reveals that though current dominant theories each highlights a different aspect of the concept of battering, it is notwithstanding lacking in terms of comprehension of the experience of battered women.

The strength of the descriptive medical model lies in the fact that it contains the broad concept of trauma within the diagnosis of PTSD. In doing so, however it fails to acknowledge the multi-faceted nature of the phenomenon. The DSM diagnosis of PTSD attempts to fit women's experience into the mold of existing diagnosis, without taking into account the experience of battered women. Herman (1992a) concurs that the diagnosis of PTSD does not reflect "the protean sequelae of prolonged repeated trauma" (p.377). She maintains that the pathological environment of prolonged abuse cultivates a myriad of psychiatric symptoms that transcend simple PTSD and excludes battered women's experiences of traumatic bonding (Motingoe & Gilchrist, 1996), and pathological transference (Women helping battered women, 1999). According to Herman (1992b, p118) victims of chronic abuse experience phobias, anxiety, panic disorders, depression and somatic symptoms that do not correspond with DSM formulations of the disorders. This lack of an accurate and comprehensive diagnostic concept, according to Herman (1992b), has serious implication for treatment and results in an incomplete understanding of the problems experienced by battered women and consequently a fragmented approach to treatment (Herman, 1992b).

The cognitive processing model of trauma provides a model for understanding the acquisition of the trauma of battered women but fails to improve our understanding of the experiences of battered women. As with all cognitive theories, the cognitive processing model proposed by Creamer et al. (1992) does not pay enough attention to feelings (Kalodner, 1995, Chapter 13, p380) and therefore does not take the emotional experience of battered women into account. The model seems to focus on the cognitive factors that impact on the acquisition of trauma while minimizing affective factors. Focusing on cognitive factors may lead to an intellectual understanding of the problem but an inability to change the feelings associated with the thoughts (Kalodner, 1995).

The WEB framework proposed by Smith et al. (1999) appears to be a good framework for understanding the complexities of women's experience of battering and may provides a guideline for future studies in terms of methodology. However, to apply the WEB framework to all populations without giving the battered women a voice would have the same effect than attempts to fit women's experience into the mold of an existing diagnosis (Herman, 1992b). According to Herman (1992b) this leads to an inadequate understanding of the problems experienced by battered women as this causes the researcher to overlook essential information that can enhance the understanding of the experience of battered women.

Current dominant theories fail to account for women's experience of abuse. Smith et al. (1999) however illustrated that a phenomenological approach to research fosters a better understanding of battered women's experience. Therefore a phenomenological approach, similar to the approach taken by Smith et al. (1999) when constructing the WEB framework, is proposed for future research in the field of wife battering. This phenomenological approach to wife battering with its comprehensive conceptualization of wife-battering captures the complexities of the concept and does incorporate much of the contents of other theories. The approach shifts the focus away from events to the process of battering, which allows for a better understanding of women's experiences. It focuses on the cognitive and affective experience of battering and was composed in terms

of psychological vulnerability. This understanding surpasses discrete events, gender neutrality and narrow time intervals and places battering within the social context in which it takes place. This approach takes into account a time spectrum so that the victimization experience process can be understood as more than discrete events within a specific time frame. It therefore also recognizes the conditions that exist outside and between episodes of abuse (Smith et al., 1999). This phenomenological approach does allow for survivors of abuse to voice their experience, who according to Herman (1992b) "understand more profoundly than any investigator the effects of captivity".

From the phenomenological model emerges a whole new approach to intervention planning pertaining to battering. The battered women is afforded the opportunity to voice her experiences and needs thus allowing professionals in the field of social sciences to provide an intervention tailored to the need of the survivor of abuse, constructing a more relevant and effective intervention strategy.

10. Recommendation

The dearth of literature indicates a need for empirical research in the field of domestic violence in South Africa. It is therefore recommended that phenomenological research is undertaken to get an account of the South African woman's experience of battering to see whether her experience is consistent with that of women internationally.

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