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## *Myths, Facts, and Realities Regarding Battered Women and Their Children: An Overview*

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Denise, a 21-year-old senior at New York University, talked about her 2<sup>1</sup>/<sub>2</sub>year relationship with her boyfriend, Rosario. They were both students at NYU, and they started living together just 6 months after they began dating. Although Denise said that she was madly in love with Rosario, she also had the feeling that he was cheating on her. Denise and Rosario had arguments about Denise's parents, who had made it quite clear to Denise that they thought Rosario was a "psycho." Although Rosario had hit her several times before, he always apologized and brought her flowers, and Denise wanted to believe that it would never happen again. Denise discussed the violent incident that caused her to end the relationship:

We were driving back from the shopping mall in my parents' car. On the way back, my parents called on my cell phone to make sure I was okay and they wanted to say "hi." My parents and Rosario do not get along, so I usually just don't mention his name if they call. Well, they started lecturing me about how I should be studying on a Sunday afternoon instead of going shopping, and Rosario got mad because he thinks that they are way too strict on me. So then Rosario took the phone, and he and my father got into an argument, and my father's calling him a "son of a bitch" and my boyfriend is calling my mother a "bitch." I was caught in the middle. Then Rosario started going off about how I could never see my parents again, and I have to choose him over them. I thought I wanted to stay with him at the time, so I promised that I loved him and would never

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talk to my parents again. Later, he wanted me to prove my love by breaking the windows of my parents' car because then my parents would have to pay to replace them. I refused to do that, so he busted all of the car windows with a baseball bat. I was begging him not to damage my car, and as we argued, he hit me with the bat over my head, and I passed out and had a concussion. (Author's files)

Susan, aged 19 and a student at Boston University, broke up with Marti following a 9-month dating relationship.

Martin verbally abused and threatened me when he said "If you ever date or have sex with someone else, I will injure you real bad." One afternoon the second week after I started my summer job, Martin picked me up at work. He said: "I noticed you smiled and waved good-bye to your co-worker. I know you probably fucked him at lunch, and you are going to give me AIDS." I knew Martin had a real jealous streak, but I was shocked by his statement. We had just left the parking lot, and Martin then locked the doors of the car and smacked me in the face twice, and punched me in the arm and chest several times. Soon after getting to my off-campus apartment, I cleaned up my bloody mouth and lips and called the police to file for a temporary restraining order. I tried to break up with him, but it didn't end until about 2 months later. He stalked me and made threatening phone calls, between 15 and 30 calls per day. First, I changed my phone number to an unlisted phone number. Somehow he managed to get the new unlisted phone number. He continued to stalk me and seemed to be watching me a lot because each time I would go to the food store or a restaurant, he would come up behind me and start threatening me. I had to transfer to another university in a different state to finally get away from him. (Author's files)

Rachel, aged 34, described her abusive partner's self-destructive patterns and his death threats against her which finally led to her decision to end the relationship:

He had been doing drugs, and he started getting paranoid and accused me of making signals out to someone in the hall-and there was no one out there. He asked me to go downstairs to get something and he locked himself in the room, and I knew that he was upset and I heard the click of a gun being dry fired, and I could hear him spinning the barrel and I started getting scared. Finally I convinced him to open the door. He acted like he was gonna shoot himself. I begged him not to. The kids were down the hall [sleeping]. I got angry with him and said, "Go ahead, do it"; then I said, "Give it to me-I'll do it." He gave me the gun. I put it down and went downstairs. He came after me and held the gun to my head and said, "If I can't have you, no one can!" He cocked it [the gun]. We were there for a long time. I was crying and told him I never cheated on him, and

finally through talking, I convinced him not to do it. For a long time I thought I was gonna die that night. (Roberts, 1996)

These case illustrations are typical of the different severity levels and duration of domestic violence cases. Denise, Susan, and Rachel were victims of battering by either a boyfriend or a husband. The four brief case summaries illustrate that dating and marital abuse can range from one violent incident to a chronic pattern that is endured for many years. While victims may be assaulted from one to hundreds of times by their abusive partners, and their injuries or trauma may sometimes be permanent, these cases indicate that the physical abuse can be stopped.

The prevalence of woman abuse in intimate relationships provides challenges and opportunities for implementing new and responsive legislation, funding appropriations, legal remedies, law enforcement policies, and the full spectrum of mental health, substance abuse, shelter and transitional housing, and social services. The next section of this chapter provides up-to-date information on domestic violence myths and facts. The third section provides a brief historical background on domestic violence policies and programs, with particular emphasis on shelters, police- and court-based domestic violence programs, and social services. The chapter closes with a discussion of important current legislation—the Violence Against Women Act (VAWA) 2000—which has transformed and bolstered the movement to prevent and eliminate woman battering as a major public health and criminal justice problem.

### CORRECTING THE COMMON MYTHS

A number of myths and stereotypes hinder both an accurate knowledge of the nature, extent, diversity, and intensity of woman battering and effective intervention. Enormous progress has been made in the past few years in regard to major policy reforms and program development. Recent legislation, increased federal and state funding, more sensitive police and court responses, and community-wide case management approaches offer much promise to lessening the battering of women in the United States. But for agency policies and program developments to be implemented effectively, our attention needs to be directed toward the facts and realities of domestic violence against women rather than the myths. This book was written to debunk the traditional myths and replace them with new knowledge and strategies for research, social action, public policy, legal remedies, and intervention.

The overriding objective of fact statements is to end the prejudice and emotional fervor of societal myths and replace them with accurate information based on systematic research. Unfortunately, myths maintain and rein-

force faulty and incorrect assumptions about woman battering, as well as distorting public attitudes and promoting misunderstanding of the issues. To help develop realistic intervention strategies, legal remedies, and responsive legislation, I delineate the main myths regarding woman battering and correct them with real cases and facts. Academic scholars, educators, domestic violence advocates, criminologists, social workers, psychologists, and family violence researchers are committed to correcting myths with scientific facts, research findings, and realistic solutions to eliminating domestic violence.

Myth 1 Woman battering is a problem only in the lower socioeconomic class.

*Facts and Reality* Woman battering takes place in all social classes, religions, races, and ethnic groups. Although violence against women seems to be more visible in the lower class because it is more frequently reported to the police and hospital emergency rooms in inner-city neighborhoods, it is increasingly being recognized as a pervasive problem in middle- and upper-class homes as well. There is a large and hidden group of battered women living in highly affluent suburbs throughout the United States. Because the battering incidents in wealthy households are usually intermittent, sometimes even skipping a year, and the women may live on 2- or 3-acre estates, the neighbors rarely hear the violence. Women in these tormenting, volatile, and unpredictable marriages become traumatically bonded to their abusive partners. Unfortunately, these women rarely report the abusive incidents to the police, and when they need medical treatment, they see the family physician and explain that they are accident-prone.

*Case Illustration* Arlene is a 39-year-old alumna of Radcliffe College. She was a debutante and grew up in Westchester County, New York. Her mother was a socialite, and her father was a chief executive officer of a Fortune 100 company. She married immediately after graduating from college without having ever had a job. She married Steven, vice president of a family-managed Fortune 500 company. The first battering incident occurred on Arlene's honeymoon in Hawaii, and she felt that she deserved it because she woke Steven up by accident when she went to the bathroom at 9:00 A. M. She has been intermittently abused once every 6 to 14 months for the past 17 years. She claims that there have been a lot of good times, and she and Steven take big vacations twice a year. She also feels that he is very good to their three children. She said that she had to go to the hospital only twice, and there were only scars, no permanent injuries. She plans to stay in the relationship for the sake of her children and because she enjoys her social prominence, which she feels would be compromised with a divorce because there would be such a bitter legal battle (Author's files).

What do the following six men have in common besides their six-figure annual incomes? A San Diego (California) municipal court judge, medical

doctor, and attorney; and a New York City former Supreme Court judge, medical doctor, and attorney. All six of these prominent men with aspiring careers have a history as perpetrators of domestic violence against their intimate partners.

Other examples of wealthy batterers and their partners include attorney Joel Steinberg, who psychologically tortured and abused his intimate partner, Hedda Nussbaum (a children's book editor at Random House), for many years and murdered their daughter Lisa Steinberg; and homicide victim and former model Nicole Brown Simpson, whose violent death received intensive media scrutiny during 1994 and 1995 because of police reports that she had been beaten several times by her ex-husband, former football legend O. J. Simpson. Several years ago, headlines in the *New York Times* and *Washington Post* revealed that John Fedders, former head of the Securities and Exchange Commission, battered his wife for many years before she filed for divorce. Also, in her book, Georgette Mosbacher, former wife of the CEO of Faberge, describes the years of battering she endured while married.

Although woman battering occurs in all socioeconomic classes, it is reported to be more prevalent in the lowest economic groups. According to a special report of the Bureau of Justice Statistics (Rennison & Welchans, 2000) on intimate partner violence, women living in low-income households defined as having annual household incomes under \$7,500 were almost seven times more likely to be victimized by their partners than women with annual household incomes of \$75,000 and over (20% versus 3% per 1,000). The U.S. Department of the Justice's National Crime Victimization Survey Report for 1993 to 1998 indicates that women with a family income under \$7,500 were approximately five times more likely to be a victim of a violent incident perpetrated by an "intimate" than were women with a family income of \$50,000 to \$74,000 (Rennison & Welchans, 2000).

**Myth 2** Woman battering is not a significant problem because most incidents are in the form of a slap or a push that do not cause serious medical injury.

*Facts and Reality* Woman battering is a very serious problem that places victims at risk of medical injuries as well as homicide. The lifetime prevalence of intimate partner battering reported by studies of hospital emergency rooms ranges between 11% and 54% (Dearwater et al., 1998). According to the National Violence Against Women survey, 41.5% of the women in the survey sustained injuries as a result of being attacked. The injuries included cuts and bruises, broken bones and internal injuries, knife wounds, gunshot wounds, and being knocked unconscious (Tjaden & Thoennes, 2000). One study found that one in three battered women (35%) had suffered a head injury from an assault (Monahan & O'Leary, 1999).

Many cases of domestic violence have lethal consequences. According to the Federal Bureau of Investigation (FBI) Uniform Crime Reports, 32% of the 3,419 women killed throughout the United States in 1998 were murdered by an intimate partner—a husband, former husband, current boyfriend, or former boyfriend. Recently, a growing number of states have passed legislation authorizing domestic violence fatality reviews, the goal being to develop a database and profiles so that law enforcement and public health officials will be in a better position to predict potentially deadly cases of domestic violence and institute safety plans to prevent homicides of battered women, as well as murder-suicides. In 2000, five states—Florida, Iowa, Minnesota, Tennessee, and Washington—passed legislative measures to either create or institutionalize trained interdisciplinary teams to perform fatality reviews of domestic violence-related deaths. Legislation in Kentucky permits the county domestic violence coordinating councils to create their own domestic violence fatality review teams.

Case Illustration Delores, age 42, described her injuries from years of battering: "Two broken ribs, scars on my elbows and thighs, bruises on my back and neck. Broke my bridge in five places. All of my top teeth are loose. My glasses were broken." In addition, "He threatened to kill me. If he was drunk enough, I thought he would. He always said, 'If I ever catch you with another man, I'll kill you' and 'If you leave me, I'll blow your brains out (author's files).'"

The following random selection of woman battering cases from my research files illustrates the nature and types of medical injuries sustained by battered women:

Case 1: I needed medical assistance for a broken arm, but I refused to tell the doctor the source of my injury. My husband was in the emergency room with me (fear of retaliation, and worse injuries).

Case 2: I never received medical attention. As a result of the abuse, I had black eyes, bruises, a concussion, and bleeding from scrapes. Case 3: I was taken to the hospital after my husband pushed me down a flight of stairs. I had a broken leg and severe back pain after that incident.

Case 4: I was badly beaten when I was pregnant, and I needed medical attention. Hemorrhaging began, and I was afraid to return to the hospital. The doctor told me that it was possible the baby won't survive the abuse.

Case 5: I never needed medical help. My abuser choked me and then just walked out.

Case 6: I needed to go to the hospital for severe burns all over my body, but I was afraid to leave the house.

Case 7: I needed to go to a doctor because I was bleeding from my ear, and Pedro had broken my jaw.

Case 8: I fought back, and slashed my abuser with a box cutter. We were both arrested.

Case 9: Theodore used a razor on me and cut up my face. I needed 113 stitches to my face and neck, plus I had numerous wounds on my breasts that needed stitches.

Myth 3 The police never arrest the batterer because they view domestic violence calls as a private matter.

*Facts and Reality* As of 2001, all 50 states had implemented warrantless arrest policies. In recent years there have also been sweeping changes in terms of mandated domestic violence police training, specialized police domestic violence units, collaborative community police and prosecutor response teams, enhanced technology, and collaboration between victim advocates and police to enhance victim safety and offender accountability. For complete information on police responsiveness and program developments, see chapter 6, on police responses to domestic violence, and chapter 17, on police-based crisis intervention programs in Arizona, Texas, and New Jersey. Before 1985, police often did not want to arrest the batterer when they were called to the scene in a domestic violence case. However, the decision in *Thurman v. The City of Torrington* (1985) served notice to police departments across the country to treat domestic violence reports as they would any other crime in which the perpetrator and victim do not know each other.

In this Torrington, Connecticut, case, Tracey Thurman had repeatedly begged the police for protection from her former husband, Charles "Buck" Thurman. In one instance, the police were called to Tracey Thurman's residence because her former husband was beating and stabbing her just outside her home. When the police officer finally arrived (his arrival was delayed for approximately 20 minutes while he went to the station to "relieve himself"), he asked Buck for the knife but did not handcuff or attempt to arrest him. Buck then continued to brutalize Tracey, kicking and stomping on her and causing serious injuries, including partial paralysis. Tracey won her lawsuit against the Torrington police department for its negligence in not arresting Buck and for violating her constitutional rights to equal protection. Tracey Thurman was awarded \$2.3 million in compensatory damages, which was later reduced to \$1.9 million. Because of this large settlement, this case is credited as being the catalyst for the development of mandatory arrest laws in a growing number of states.

As discussed in chapter 6, by 1999, a total of 21 states had enacted mandatory arrest policies for the perpetrators of domestic violence, although in several of the states arrest is mandatory only when the batterer violates a restraining order. In addition, chapter 6 discusses changes in state statutes expanding the police's arrest powers. Specifically, arrest is recommended when there is probable cause-reasonable grounds such as a visible injury.

New York's Family Protection and Domestic Violence Intervention Act of 1994 requires police to make arrests in cases in which there is reasonable cause to believe that a felony or misdemeanor was committed by one family or household member against another or if an order of protection was violated. As of 1994, arrest is mandatory in New Jersey if a woman suffers an injury or complains of injury. In addition, weapons are seized whether or not the batterer has a gun permit and needs his weapon because he is a police officer or correctional officer. New Jersey law states that arrest is mandatory for violating a restraining order if it involves a new act of domestic violence.

*Case Illustration* I had black eyes from his hitting and punching me. I called 911, and the police came, and I said to arrest him. He told them I was nuts because I was on pills from the doctor. The house was a mess, and I had the baby. The police officer believed me, and they arrested him. One officer asked me if I had anywhere to go, so I said I was from New Jersey and my mother was there. He advised me to go back to New Jersey with the money I had. The police said otherwise it would happen again. So I called my mother, bought a ticket, and left the next morning. He [the batterer] called and told me to drop the charges while I was packing to leave. I told him no (Roberts, 1996).

**Myth 4** Temporary restraining orders and protective orders rarely are effective in stopping the battering.

*Facts and Reality* In recent years, family, criminal, and specialized domestic violence courts have instituted major institutional reforms, including technology enhancement, automated case tracking systems, more victim protection of their confidentiality rights (e.g., new address, new unlisted phone), and offender accountability. The research has begun to demonstrate that thousands of women are being helped and having their legal rights protected by court orders. Recently, courts have revised their policies on child custody visitation rights when domestic violence is an issue, as demonstrated in chapter 7. The newest innovations are around-the-clock methods of issuing temporary restraining orders and providing pro bono attorney 24 hours a day, 7 days a week (see chapter 9). In addition, approximately, 60 law schools throughout the United States have student domestic violence law clinics and seminars. Women who cannot afford an attorney now have an additional alternative besides a legal aid attorney in specially trained law students. For further details on the latest program developments, see chapters 7 and 9.

**Myth 5** All batterers are psychotic, and no treatment can change their violent habits.

*Case Illustration* Ralph was 28 years old when he was referred to the 6-month family service batterers counseling program in Indianapolis. He

was one of the 30 batterers with whom the author conducted voluntary indepth interviews. This case illustrates intense work-related stress, negative self-talk, and unrealistic expectations of one's wife as precursors to intimate partner violence. It also illustrates some of the benefits of group counseling.

In the words of Ralph: It's a dangerous job. The stress was that I had to get something better than carpentry, even though I loved building furniture. Then, I got a better job, a line man for the power company, but it was very dangerous. Guys have gotten their arms blown up, and you wear rubber gloves and sleeves. I felt I could really do it if I tried hard enough. They have electric utility poles 120 feet up in the air. I needed the higher salary to pay for Julie's college tuition. Unfortunately, I would come home tired after work. Julie would want to go out almost every night, especially during senior year. She would go bowling herself. One night I went out to look for her. I found her in a car making it with another guy in the bowling alley parking lot. She got out of the car when she saw me, and the guy took off. I took her home. I couldn't sleep, so I woke up and started choking her. I almost killed her. I felt real bad afterward.

In group counseling, I've learned that I was trying to control her life. It upset me when she flirted with other guys. I kept giving myself the wrong messages that once she graduated with her accounting degree and got a big job, she would leave me. I kept telling myself that she didn't love me and that's why she refused to stay home with me at night. Actually, she was just blowing off steam and would never go out if she was working on a school assignment or studying for a test. I guess I'm insecure because she eventually graduated college, and I never went to college. All through our 3-year marriage I was afraid that she would leave

Joann and Paul were in their early 30s and living in a five-bedroom Colonial (which cost \$500,000) when the abuse started. Joann called this home her dream house in the suburbs. In addition, both Joann and Paul leased relatively new cars and had recently joined the local country club. Joann and Paul had dated for 6 years before they got married. She supported him through his last 2 years of dental school. During the time they were dating, Paul would spend what little money he had on gifts of flowers and perfume for Joann. The physical abuse started after they had been married for almost 5 years. Joann made a lot of money as a television writer and was able to give Paul the money he needed to become a partner in a thriving dental practice. They also had two children, aged 1 and 2, when Paul's temper tantrums and abuse started.

It was the week after New Year's, and he came home from work drunk. I tried to keep his dinner warm until 10:00 P.M. when he got home. Paul started screaming and yelling and threw the food on the floor. He then knocked me down on the slate floor and started choking me. During this time he is yelling at me that I am a bad Catholic because the house is

sloppy, and dinner was burnt. He beat me about eight times during the next 6 months until I finally left him, and got a permanent order of protection from the court. I learned at an early age in my church that when you get married, you are married forever. If you make a mistake like overcooking dinner, you try to do better. If your husband makes a mistake and gets drunk, you forgive him and make up. It was June, and I was having nightmares almost every night. My 2-year-old son was acting out and throwing toys at me and the other kids in playgroup. The last straw was on a Sunday afternoon in early June, and it was pouring buckets of rain outside. I had made egg salad for lunch, and Paul had a tantrum in front of our babies. He spread the egg salad on the wall and then ripped the phone cord out of the wall and started punching me and pulling my hair out. He was an officer in the army reserves and had been in the Persian Gulf War. He told me that the military had taught him how to torture and kill the enemy, and I was the enemy sometimes because I was a terrible cook and forgot to take the garbage out to the garage. He was yelling that he was going to remove all of my teeth and was dragging me by my hair into the master bathroom. Somehow I had a burst of adrenaline and was able to get loose and hit Paul in the head with the bathroom scale and kick him in the balls and run outside to a neighbor's house and call the police. My head needed 14 stitches in the hospital emergency room, and my hair still has not grown back in the place where he yanked it out. To this day, Paul does not understand why I divorced him, obtained full custody of our two kids, and moved away.

***Facts and Reality*** The majority of men who assault women can be helped. Three main types of intervention are available for men who assault their intimate partners: arrest, psychoeducational groups, and court-mandated group counseling. There is a dearth of longitudinal outcome studies on the effectiveness of batterers' treatment programs, but a number of program evaluations indicate that this approach is successful in reducing recidivism. A review article evaluating the effectiveness of different types of batterers' intervention programs indicated that a large proportion of abusive partners stopped their physical abuse after completion of such a program; positive outcomes ranged from 53% to 85% (Edleson, 1996). A New York study sponsored by Victim Services demonstrated that participants in a 6-month batterers' counseling program (26 weekly sessions) had significantly lower recidivism rates at both 6 and 12 months after sentencing (court-mandated counseling as part of probation) when compared with participants in 8-week batterers' counseling programs or community service, fines, or traditional probation supervision (Davis, Taylor, & Maxwell, 2000). The most frequently used treatment approaches are cognitive-behavioral approaches anger management techniques, communication and empathy skills, and the psychoeducational approach. Earlier studies have shown that mandatory arrest has worked for some types of batterers but not others. In their study of 1,200 cases in Milwaukee, Sherman and associates (1992) found that arrest seemed

to result in an escalation of battering among unemployed minorities, whereas arrest had a deterrent effect among abusers who were employed, white, and married at the time of the study. See chapter 6 for a detailed discussion of the recent studies of the deterrent effect of arrest of different subgroups of batterers.

The Duluth, Minnesota, Domestic Abuse Intervention Project (DAIP) conducted a 12-month follow-up study in which battered women were asked their opinion of the intervention that the project had used in an effort to make the batterer change his violent habits. Of the women studied, 60% said they felt there was improvement when the batterer took part in education and group counseling, whereas 80% stated that the improvement had resulted from a combination of involvement by the police and the courts, group counseling, and the shelter (Pence & Paymar, 1993).

Myth 6 Although many battered women suffer severe beatings for years, only a handful experience symptoms of posttraumatic stress disorder (PTSD).

*Facts and Reality* Tina, age 25, recounted her suicide attempt and intrusive thoughts about the traumatic abusive incidents:

I tried to kill myself because of depression over life in general. I was fed up-sick and tired of being beaten and miserable and taken advantage of. I kept having recurring nightmares about the battering and death threats. Thoughts of the beatings kept popping into my mind almost every morning.... My body took the drugs. I couldn't OD [overdose]. I tried to hang myself in my backyard, but someone pulled into my driveway and rescued me. I found recently I have a lot to live for. (Roberts, 1996)

Three clinical studies of battered women living in shelters or women attending community-based self-help groups found PTSD rates ranging from 45% to 84% (Astin, Lawrence, Pincus, & Foy, 1990; Houskamp & Foy, 1991; Kemp, Rawlings, & Green, 1991). These studies revealed a significant association between the extent and intensity of battering experiences and the severity of PTSD symptoms. See chapter 13 for a detailed discussion of assessment scales, PTSD symptoms, and mental health interventions with battered women.

Chapter 11 provides a detailed discussion of the admissibility of expert testimony on battered woman syndrome and PTSD to support self-defense claims made by battered women charged with killing their abusers. In some cases the expert testimony and the distortions of it by the press can lead to a more severe sentence (e.g., 15 to 20 years or a life sentence).

Myth 7 Battered women who remain in a violent relationship do so because they are masochistic.