

**RESEARCH INTO VIOLENT BEHAVIOR:  
DOMESTIC VIOLENCE**

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**HEARINGS**  
BEFORE THE  
**SUBCOMMITTEE ON**  
**DOMESTIC AND INTERNATIONAL SCIENTIFIC**  
**PLANNING, ANALYSIS AND COOPERATION**  
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TESTIMONY TO CONGRESSIONAL COMMITTEE ON SCIENCE AND TECHNOLOGY  
SUBCOMMITTEE ON DOMESTIC AND INTERNATIONAL SCIENTIFIC PLANNING,  
ANALYSIS AND COOPERATION

TREATMENT ALTERNATIVES FOR BATTERED SPOUSES

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It has become clear that despite most people's desire to live in a peaceful family, that is a goal never reached by most. Although the history of spouse abuse is ancient, it has not been adequately studied. Even today, with all the national interest in battered women, men, children and other family members, governmental agencies concerned with allocating research funds have not specifically designated domestic violence research as top priority. Nor have monies to develop adequate treatment programs been widely dispersed. Spouse abuse has been considered an acceptable resolution to marital disagreement as long as the violence is confined to the home. Talking about such assaults, and reporting it to the police or others in the helping professions has been a taboo until the women's movement, using the technique of consciousness raising groups, was able to get women to share the pain and horror of living day by day in terror. Once battered women, who have typically lived in isolation, began to realize that they were not alone in their fear of being harmed by their men, they began to talk and from them I have learned what I share with you today. I am convinced that although we talk about spouse abuse, in 99 out of 100 situations, we are really talking about battered women. While it is no doubt true that some small percentage of men are being beaten by their women, the incidence, frequency and severity is nowhere near the magnitude of the societal problem of wife abuse. I shall try to describe how this is so as I discuss my research and treatment in this area. I include published accounts of this research as part of my testimony and attach them to this report.

In early 1975, when I was a practicing psychologist on the faculty of Rutgers Medical School in New Jersey several of my clients began to report physical and psychological abuse by the men with whom they had

intimate relationships. With a feminist psychotherapeutic approach, these women were able to stop being a victim of such assault. These early cases stimulated my curiosity and I began to ask my colleagues on the medical school and psychology faculties if they were also seeing women patients who were reporting similar psychological or physical abuse by their male partners. Slowly, these colleagues and my feminist network began to recognize and refer other such women to me so that I could interview them. When I moved to Denver, Colorado in late 1975 I continued my research. I began the round of government funding agencies to support this work and was unable to find funding despite writing grants until this January 1978. Thus, with my own money and the support of my college I have pursued my study of battered women so that to date I have interview 120 women in depth and about 300 more and their helpers in less detailed format. In 1976 I traveled to England and through efforts by several members of

Congress, I was given courtesies by the Commonwealth Office of Information as a special American guest and scientist. I met with Members of Parliament on the Select Committee on Violence in Marriage which held hearings such as this Committee and the recent U S Commission on Civil Rights Hearings held on January 20 and 31, 1978, which I also request become part of this testimony. I visited refuges (as they call our shelters or safe-houses) for battered women and their children throughout England and when I returned to this country have helped encourage their establishment in every major city or town. The availability of such shelters is not a panacea but will stimulate development of other kinds of treatment programs while providing immediate safety for victims of domestic violence. I have lobbied for legislative change, assisted in development of shelters, and testified in many trials where battered women were defendants for killing or seriously harming their battering mates in self defense. I have developed mental health techniques that are useful for mental health professionals to use in working with battered women and then began training others in using them. My husband, Dr. Morton Flax, also a psychologist, and I have developed a technique for treating couples which is successful in reducing severity and frequency of their violent episodes. And together we have tried to develop programs for working with the offenders - the area which proves to be most resistive to successful intervention.

Development of treatment alternatives is definitely hampered by a paucity of data describing the men and women who live in violence. While

I applaud the efforts of Straus and his colleagues in describing incidence levels of violence from a cross section of families for whom violence is a way of life, his data is not useful for treatment efforts. We get lost in arguing over how many men and how many women are harmed rather than stressing our need to know what the characteristics are of violent men and women and clinical research to learn the efficacy of already established treatment programs. Straus estimates that as many as 50% of the population lives in violence and my data supports this estimate. The National Center for Child Abuse and Neglect estimates that when abused children live in a home where their parents fight violently, 70% of the men in that home abuse their children, too. This is contrasted with 40% of male child abusers in cases where there is no documented spouse abuse. My data confirms that a large number of men who abuse their women also beat their children. And furthermore, according to the women I've interviewed, men who abuse their women have been abused or neglected as children.

I am certain that living in a home where their father abuses their mother is a most insidious form of child abuse in itself. Thus, spouse abuse is probably very related to child abuse, probably especially for the men. Interestingly, this does not seem to have such a generational effect for the women victims in about 80% of the cases. Instead, they report that they were raised according to sex role stereotypes that resulted in socializing them to believing that they were helpless to control their lives. These data suggest that such sex role stereotyping in childhood is a major factor in determining the power relationships between men and women which allows battering behavior to take place. Although I fully agree that when you discipline your children by hitting them you also teach them that the person who loves them has the right to hurt them in order to teach them a lesson, I also believe that the lessons little girls learn to be nurturing, compliant, and a good little passive wife and the lessons little boys learn to be strong, aggressive and the husband-in-charge equally set the stage upon which later violence gets played out.

There is much to be learned from the stories of these battered women. From this research I have developed a psychological rationale for why the battered woman becomes a victim, how the process of victimization further entraps her and how the psychological paralysis which prevents her from leaving the relationship results. This psychological paralysis is the construct of 'learned helplessness' which I report in detail in a scientific article that is attached to this report. The maintenance of violent behavior, once it occurs, also became an imperative question in this research. While I know it did not continue because either the men or women liked it, the old masochistic myth, the specifics of why a woman stayed in the relationship needed response. Discovery of the cycle theory of violence, which demonstrates that there are loving periods in such relationships too which bind each other, came through deduction from the empirical evidence. Further examination of empirical data is urgently needed in this area.

In my research, I have attempted to look at the battered women as victims of battering behavior rather than the cause of the violence. The stories the women have told make it imperative that we understand this victimization process if we are to apply adequate psychotherapy and counseling techniques. Ryan in his book Blaming the Victim, originally applied the concept of blaming the victim to those experiencing racial discrimination. In his book, he discussed how such prejudicial attitudes affected both the perpetrator and the victim of discrimination. Such stereotypes prevent those who hold them from dealing adequately with the issues. They serve to maintain the status quo and prevent the kind of open dialogue necessary to eliminate racial prejudice. They also keep the victim in a carefully delineated role bounded by the stereotypical myths and allow the bigots to avoid changing their misconceptions.

So too for all the women who have been victims of violence committed by men against them, individually or collectively. By perpetuating the belief that it is rational to blame the victim for her abuse, we ultimately excuse the men for the crime. This goes deeper than violence in general but specifically affects violence against women. Society has permitted such prejudicial myths to exist in seven areas of violence against women, according to research being conducted at the University of Colorado by Dr. Margie Leidig. These seven areas are: 1) battered women, 2) rape, 3) girl child incest, 4) pornography, 5) prostitution, 6) sexual harassment on the job, and 7) sexual harassment between client and profes-

Del Martin (1976) presents detailed evidence on how a sexist society actually facilitates if not encourages women to be beaten. Police, courts, hospitals, and social services all refuse to provide them protection. Even we, as psychologists, have learned to keep the family together at all costs - even the individual's mental health or life is at stake. Many of the battered women interviewed told of psychiatric hospitalization and treatment for diagnoses other than a generalized stress reaction from constantly being abused.

The interviews with over 120 battered women and several hundred others and their helpers indicated that many of the myths associated with battered women simply were not true. Most important, women do not like being beaten, they are not masochistic, and they do not leave because of complex psycho-social reasons. Many stay because of economics, dependency, children, terror, fears, and often they have no safe place to go. Their victimization often provides them with compelling psychological factors which bind them to their symbiotic relationships. Both the men and the women are frightened that they cannot survive alone.

One of the major social learning theories that can be applied to the psychological rationale for why the battered woman become victims and how the process of victimization further entraps her is called learned helplessness. Psychologist, Martin Seligman (1974) first hypothesized that dogs who were subjected to non-contingent negative reinforcement could learn that their voluntary behavior had no effect on controlling what happened to them. If such an aversive stimulus were repeated, the dog's motivation to respond would be lessened. Furthermore, even if the dog should later perceive the connection between its voluntary response and the cessation of the shock, the motivational deficit will remain. The dog's emotional state would be depressed with anxiety occurring as a result. Within the last several years the theory of learned helplessness has also been tested with human subjects and found to be equally applicable. It is a useful theoretical construct from which to understand the cognitive, emotional and motivational deficits

so frequently observed and reported by battered women. The psychological paralysis that maintains the victims status as a battered woman is consistent with the theory. Battered women can release the response-outcome contingencies by directly experiencing a sense of power and control over those events which are indeed under her voluntary and independent control (Walker, Submitted for publication). Probably the most important way to learn which events are under her voluntary and independent control is to analyze what occurs in battering relationships.

After analyzing the 120 battered women's versions of their battering relationships and using some batterers and others involved in working with such violence for comparisons, a cycle theory of battering has been isolated. Rather than constant or random occurrences of battering, there is a definite cycle which is repeated over a period of time. This cycle appears to have three distinct phases which vary in time and intensity both within the same couple and between different couples. The three phases are: the tension building phase, the explosion or acute battering incident, and the calm, loving respite. So far, it has been difficult to discern how long a couple will remain in any one phase. Predicting the length of any one cycle is also not yet possible. There is evidence that situational events can influence the timing. Relationships that have lasted 20 or more years indicate several different cycle patterns corresponding to different stages of life. There is also evidence that some interventions are more successful if they occur at one phase rather than another. The available data is still too limited to make any conclusions, but trends suggest the desirability of further investigation (Walker, In Press).

Phase one, or the tension building phase, is described as one in which the tension begins to rise and the woman can sense the man becoming somewhat edgy and more prone to react negatively to frustrations. There can be little episodes of violence which are quickly covered. He may begin to lash out at her for some real or imagined

wrongdoing and quickly apologize or become docile again. Many women have learned to catch these little outbursts and attempt to calm down the batterer through the use of techniques that have had previous success. She may become nurturing, compliant and anticipate his every whim; or, she may stay out of his way. She lets the batterer know she accepts his abusiveness as legitimately directed towards her. She believes that what she does will prevent his anger from escalating. If she does her job well, then the incident will be over; if he explodes, then she assumes the guilt. In order for her to maintain this role, the battered woman must not permit herself to get angry with the batterer. She denies her anger at unjustly being psychologically or physically abused. She reasons that perhaps she did deserve the abuse and often identifies with her aggressor's faulty reasoning. And this works for a while to postpone the second phase or acute battering incident.

Women who have been battered over a period of time know that these minor battering incidents will get worse. However, to help themselves cope, they deny this knowledge. They also deny their terror of the inevitable second phase by attempting to believe that they have some control over the batterer's behavior. During the initial stages of this first phase, they do indeed have some limited control. As the tension builds, they rapidly lose this control. Each time a minor battering incident occurs there are residual tension building effects. Her anger steadily increases even though she may not recognize nor express it. He is aware of the inappropriateness of his behavior even if he does not acknowledge it. He becomes more fearful that she may leave him which is reinforced by her further withdrawal from him in the hopes of not setting off the impending explosion. He becomes more oppressive, jealous, and possessive in the hopes his brutality and threats will keep her captive. Often, it does.

As the batterer and battered woman sense the escalating tension, it becomes more difficult for their coping mechanisms to continue to work. Each becomes more frantic. The man increases his possessive smothering and brutality. Psychological

humiliation becomes more barbed and battering incidents become more frequent and last longer. The battered woman is unable to restore the equilibrium. She is less able to psychologically defend against the pain and hurt. The psychological torture is reportedly the most difficult for her to handle. She usually withdraws further from him which causes him to move more oppressively towards her. There is a point towards the end of the tension building phase where the process ceases to respond to any controls. Once this point of inevitability is reached, the next phase, the acute battering incident, will occur. Sometimes, the battered woman cannot bear the tension any longer. She knows the explosion is inevitable but does not know how or when it will occur. These women will often provoke an incident. They do not do it in order to be hurt. Rather, they know that they will be abused no matter and would prefer to get the incident over with. Somehow, these few women reason, if they can name the time and place of the explosion, they still have retained some controls. They also know that once the phase two is over, the batterer will move into the third phase of calm, loving behavior. Thus their reward is not the beating as the masochistic myth would have it, but rather a kind loving husband for even a short period of time.

During phase two the batterer fully accepts the fact that his rage is out of control. The battering behavior in phase one is usually meted out. The battering incident in phase two may start out with the man justifying his behavior to himself; however, it usually ends with him not understanding what has happened. In his blind rage, he usually starts out wanting to teach her a lesson and doesn't want to inflict any particular injury on her. He stops only when he feels she has learned her lesson. Most victims report that to fight back in a phase two incident is only to invite more serious violence. Many women, however, have been damming up their anger during phase one and only feel safe letting it out during the second phase. They know that they will be beaten anyway. The women describe the violence that occurs during this period with great detail, almost as if they are disassociated from what is happening to their bodies. The batterers cannot describe the details very well at all.

Phase two is the most violent of the cycle. It is also the shortest. There is a high incidence of police fatalities when intervening at this time. It is important to acknowledge the self propelling nature of the violence during this phase when helpers try to intervene. Since the women report that only the batterer can end this phase, the most important need they have is to find a safe place to hide from him. Why he stops is still unclear. Perhaps he becomes exhausted. Battered women describe incidents which have no ground in reason. It is not uncommon for the batterer to wake the woman from a deep sleep to begin his assault. Although most are severely beaten by the time phase two is over, they are usually grateful for its end. They consider themselves lucky it was not worse, no matter how serious their injuries. They often deny the seriousness of their injuries and refuse to seek immediate medical treatment. Sometimes this is done to appease the batterer and make certain phase two really is finished and not temporarily halted.

The ending of phase two and movement into phase three is welcomed by both parties. Just as brutality is associated with phase two, the third phase is characterized by extremely loving, kind and altruistic behavior. It is during this third phase of the cycle that the battered woman's victimization becomes completed. Her man is genuinely sorry for what he has done, even if he does not overtly tell her so, and tries with the same sense of overkill seen in the previous phases, to make it up to her. His worst fear is that she will leave him and he is charming enough to attempt everything to make sure this doesn't happen. He believes he can control himself and he never again will hurt this woman whom he loves. He manages to convince all concerned that this time he really means it - he will give up drinking, dating other women, visiting his mother, reducing the workload on the job, or whatever else affects his internal anxiety state. His sincerity is believable.

The battered woman wants to believe that she will no longer have to suffer abuse. His reasonableness supports her belief that he really can change, as does his loving behavior during this phase. She convinces herself that he can do what he says he

wants to do. It is during phase three that the woman gets a glimpse of her original dream of how wonderful love is. This is her reinforcement for staying in the relationship. The traditional notion that people who really love each other will overcome all kinds of odds against them prevails. She chooses to believe that the behavior she sees during phase three signifies what her man really is like. She identifies the "good" side of this dual personality with the man she loves. The "bad" or brutal side will disappear she hopes.

Since almost all of the rewards of being married or coupled occur during phase three for the woman, this is the time that is the most difficult for her to make a decision to end the relationship. It is also the time during which helpers usually see her. When she resists leaving the marriage and pleads that she really loves him, she bases her reference to the current loving phase rather than the previously painful phases. She hopes that if the other two cycles can be eliminated, the battering behavior will cease and her idealized relationship will magically remain. If she has already been through several cycles previously, the notion she has traded her psychological and physical safety (and maybe that of her children) for this temporary dream state adds to her own self hatred and embarrassment. Her self image withers as she copes with the awareness that she is selling herself for the few moments of phase three kind of loving. She, in effect, becomes an accomplice to her own battering.

The length of time that this phase lasts is not yet known. It seems as if it is longer than phase two yet shorter than phase one. In some cases, it is so brief, it almost defies detection. There does not seem to be any distinct end and before they know it, the minor battering incidents and tension begin to build again and the cycle begins anew.

The implications for treatment alternatives for battered women and their families are profound when social learning theories are adopted as psychological constructs. Behavioral and cognitive changes are encouraged while motivation and emotion are expected to follow. Safety is the number one priority. Killing and being killed are real possibilities. Psychological assistance, however, can make the difference.

RECOMMENDATIONS TO CONGRESS  
RESEARCH AND TREATMENT PRIORITIES

I Research Needs

1. Specify the need for existing research funds to be spent on funding evaluation of basic scientific data that pertains to any form of violence in the family. Top priority must be given to learning the clinical descriptors of the victims of domestic violence first - the battered women, men and children. Precipitating factors, pre-existing conditions, and consequences of such violence must be studied. Complex psycho-social factors need to be examined by competent researchers in the field rather than the laboratory. Scientific methodology needs refinement. People perform more complex functions than do animals and our measurement techniques must reflect our sophistication. All government agencies which have research funds should shift some of their monies over to support this kind of research. For example, the National Institute of Health could shift some of the funds earmarked to study heart disease into projects specifically designed to learn how living in the stress of violence may affect the development or progression of heart disease. Monies allocated to study hormones could support a project to determine whether or not the hormones released by the body during stress, particularly in violent episodes, cause further physiological or psychological damage. Or, National Institute of Mental Health could designate funds to study the mental health needs of victims of domestic violence. Alcoholism research could be focused on the influence of alcohol on the commission of assaultive behavior. The National Science Foundation could make available mini grants to assist colleges and universities in training faculty and students in devising ways to study the complex factors involved in domestic violence. Office of Education training grants would stimulate development of competent researchers to deal with designing such complex research projects. Other agencies could do the same. Each agency should be required to submit a list of research projects currently being funded that deal with domestic violence. Such reporting techniques would stimulate their personnel to encourage researchers to develop such proposals. I know it works from my own experience. Without the encouragement and assistance from the people in the NIMH Center for the Study of Crime and Delinquency I would have been too discouraged to continue the maze in finding research funds for my project. This kind of prioritizing would result in already appropriated funds being shifted to study a public problem.

2) New methods of research must be encouraged. Simple laboratory designs with a nice and neat experiment will not satisfy the needs in domestic violence research. Experimental and control groups which match on every variable just cannot be found. This should not be a deterrent, however, but a stimulant to be creative. Our newer statistical methods of analysis can control for messy designs. We must encourage funding agencies and their peer review committees to reflect this newer emphasis in social science research. Women researchers, free from previous biases and investment in the status quo must be supported. Feminist research, which looks at data from the women's point of view is needed to offset the years of male oriented data analysis. There have been years of inaccurate information about women which has caused untold damage to women by well meaning male scientists who generalized from inadequate sample populations. Our country must utilize and support the talent of well trained young women scientists to create important research projects by asking different questions and then fund those which have the greatest merit. For example, NIMH has appointed a high ranking woman scientist as a special assistant to the Director in charge of encouraging women's research projects throughout the agencies many divisions. This is in addition to her other duties but nevertheless she has been a great asset in encouraging young women to begin the tedious process of conceptualizing ideas and then completing grant applications directed to the appropriate assistants in the agency. Other scientific agencies should be required to have one person designated to encourage women's research projects too.

3) Government agencies should encourage their researchers to begin to analyze the reams of empirical data that groups working with battered women have already gathered. New funds need to be dispersed to provide technical assistance to many of these groups which have capable evaluation specialists working with them but need money and some small amount of expertise to start. Although this is messy data in that it was not gathered in a systematic way, it can shed light on the nature of the problem we are dealing with without waiting for more years of data collection to begin. We must study how victims of violence were able to successfully overcome their batterers and break the symbiotic bonds which tie them together. From a practical standpoint we must learn which techniques work and which do not.

The Colorado Association for Aid to Battered Women, a statewide coalition of agencies, organizations, and grassroots people that I was a principal founder of and serve on the Board of Directors has begun to do this kind of research. We utilized the skill of scientists and grant writers in our community in Colorado and successfully competed for an HEW grant contract under Title XX Social Security funds. Our task is to study shelters for victims of domestic violence across the country and delineate different models which successfully provide such services. After identification, we are to develop a way to measure the effectiveness of such safe house and shelters. It is exciting that this contract bid was won by a local organization rather than one of the many consulting companies which make their living studying problems which they have never worked with. Our project staff includes the project director who is a woman with a recent doctorate in psychology, and a research assistant who is a woman with a masters degree in psychology and experience conducting evaluation research in a New Mexico community mental health center. I suspect we got the grant because we in our naivete promised too much for too little money and time but some new researchers are being trained and if such small projects were to be funded across the country we would multiply this talent pool.

4) New research projects into the long term effects of sex-role stereotyping need to be funded. While there are lots of small projects being conducted by competent social scientists at various institutions, we need some major research now in this area to learn what kinds of psychological damage is done when sexism is part of the child rearing process. If my theory of learned helplessness and its producing women who are vulnerable to becoming victims of domestic violence is true, then we must reverse sexism first or the violence against women will not cease. Chronological long term studies are needed to support the data gained from the retrospective studies that I have been conducting.

5) We must learn how to measure the psychological effects of spouse abuse in addition to the physical damage. Measuring effects becomes difficult to do since what is cruelty to one person might not even be noticed by another. But the interviews with battered women all reveal that the psychological factors are as great or greater for them to cope with.

In my new NIMH funded research project which is beginning in the Spring 1978, we will, among other things, attempt to define psychological wife beating. We look upon both psychological and physical abuse on a continuum with normal sexism on one end, psychological abuse somewhere in between, and psychological plus physical abuse at the other end. We have been unable to find examples of physical abuse that do not include reports of psychological harm, too. We do not yet know where the line will be drawn on what is normal and what is psychological battering but we will be constantly evaluating as we collect our data. I must tell you that it has been a struggle to get this accepted into our research design by the peer committee who recommended we be funded and only because we added a well known researcher with proven expertise in this area was it finally okayed. Our granting agents must be encouraged not to be too conservative so that they lose the necessary scientific creativity from which sprung the cure of so many of our former problems.

## II. TREATMENT NEEDS

1) It is important to establish a total model for conceptualizing treatment needs in domestic violence for it is a complex multi-level psychological, physiological, and social problem. I recommend using a public health model since we are dealing with an epidemiological social problem that affects one out of two families in this country. Three levels of systematic approach are used to develop new services and strengthen existing ones for battered spouses. They are primary prevention, secondary intervention, and tertiary intervention. Under preventive services reeducation of individuals and society as a whole is encouraged and at the same time, consultation and education programs to existing agencies, institutions, and support groups needs to happen, too. Community mental health centers should be doing some of this as part of their legislative mandate. This includes providing appropriate services to established women's groups and shelters. A simple directive from the Regional HEW offices which monitor the community mental health center national network could begin to get this into motion.

2) Secondary intervention programs call for early intervention and include home visits, telephone hot lines, outpatient clinic visits, crisis intervention counseling, legal advice, financial assistance, and dissemination of information. We must remember that battered women are isolated and do not have sources of accurate information in addition

to their fear of seeking out help. Use of the media to get messages across to these people is very powerful. At one time when I was conducting research a Denver newspaper carried an article about my work and I received over 50 calls the next week from women who volunteered to be interviewed. A similar group, some of whom had never told anyone before that they were being abused, called the week following my appearance on an all night radio talk show. These women could only feel safe listening to outside news when their batterers were asleep. Visiting nurse programs, hospital social service departments, and other groups in addition to the women's resource centers can also provide home visits and crisis counseling. Also well utilized are the Law Enforcement Assistance Agency's Victim Witness Advocacy programs that are funded in various parts of the country. York Street Center in Denver, for which I participated in their advisory board last year, is a good example of such efforts. Unfortunately, they need more skilled counseling supervision or a better linkage with other community mental health agencies for those indigent clients who need more services than they can offer. Women's advocates should be hired by all federally funded counseling centers in order to provide adequate services to victims of violence. Most important training and experience with such women victims is crucial rather than educational credentials. There are sufficient staff members of such centers who already have credentials but there is a paucity of advocates where they could do the most good. The goal is to help to victim leave the situation with the least amount of interference from others. Helpers must take their cue from the woman as to what support she needs in order to make her own decisions and take her own actions.

3) In the tertiary intervention level, the battered woman needs a totally supportive environment temporarily before she can make decisions and act decisively on her own. Safe-houses, immediate hospitalization and long term psychotherapy come in here, by providing such an environment. This is the area where most of the new monies must be appropriated. I am convinced that by supporting a network of safe-houses, run by grassroots and other women oriented groups, an entire spectrum of therapeutic services will develop. There is no doubt that these shelters will need the consultation services of the medical, legal, psychological and criminal justice communities in order to help their clients. They will also need social services and vocational habilitation linkages. This is the most effective way to provide education of those professionals about the nature of domestic violence learned at the shelters themselves. They will teach shelter workers more about their specialties while shelter personnel will teach them what they have learned by working so closely with the problem.

complaints including backaches, headaches, nervous tension, insomnia and others. Rather than over tranquilizing these clients, doctors need to spend the time to find out whether or not they are victims of domestic violence. So too in psychiatric hospital admissions. The battered women I have interviewed have reported involuntary hospitalization for psychiatric disturbances rather than dealing with the actual problem, the violence committed against them.

Long term psychotherapy needs are also inadequate to meet the problems of domestic violence. Despite recent advances in family psychotherapy techniques, the goal is still to keep relationships together no matter what the cost. And often the cost is the mental health or the very lives of the people involved. Far too many therapists admit treating victims of violence, or even the perpetrators, without ever realizing or dealing with the overt violence. Teaching therapists to recognize the symptoms and then treat them directly is a first priority. Judging by the number of conferences and training sessions I am invited to participate in, I would say that the profession is ready to accept new techniques and methods. I recently attended a special task force within the American Psychological Association which is trying to design minimal competency standards necessary to provide good psychotherapy and counseling with women. Not everyone is trained or suited to be a psychotherapist to the men, women or children of violence. Selection of the best therapist, when therapy is indicated, is still an imperfect process. I have outlined the feminist oriented psychotherapy offered individually and in groups that has been successful so far. For the men, groups seem to be most useful too. One Veteran's Administration Hospital is experimenting with an inpatient unit for the offenders. The treatment of choice for violent couples is to leave the relationship. To do this it is first necessary to break the symbiotic dependency bonds between couples by strengthening their individual identity and self-esteem. Teaching violent couples fair fighting techniques is absurd. They know how to fight well enough. What they need to learn is how to control their anger and their behavior. I applaud the need for assertiveness training for both. My husband, Dr. Morton Flax, also a psychologist, and I have been experimenting with a new type of couples therapy which has had some success in reducing the frequency and severity of such violence. More experimentation in this kind of work. Although therapeutic techniques are still experimental, psychotherapists report exciting results. One significant change is that batterers who attend group therapy sessions are less likely to become depressed, homicidal, suicidal,

or psychotic during treatment even though their women may leave them. The goal of therapy with battered women and batterers is to promote interdependence so that each can begin new or different relationships free of the violence under which they have been living. Good psychotherapy can help people reach this goal.

4) New regional centers need to be established and funded that will provide technical assistance to local groups who want to provide shelters and other services to those families in violence. Such technical assistance offices need to be staffed by people who have had direct experience in providing services to these families. A career ladder approach from the women in the National Coalition many of whom have had four years experience in providing services to the women victims and their children would be the most beneficial group to train and promote. It is not recommended that these centers be tied into the current regional HEW offices as they are too riddled with over educated bureaucrats who have not used their skills or resources to provide adequate services to date. We have only to look at the rape money fiasco to understand that women's programs that are innovative and meet the needs of the people to be served need a center of their own to administer the programs and monies. While the existing community mental health centers were given the monies to provide rape crisis and prevention services in their communities, they are low priority in even the best of the CEMHCs across the country. And furthermore, the paraprofessional women trained to deliver good services were not hired by these CEMHCs and were replaced by credentialed therapists who knew nothing about delivering such services. This cannot be permitted to happen to those centers and people already providing good services.

5) We need to develop new training programs for psychotherapy with women. I am chair of a special task force within a division of the American Psychological Association that is to develop curriculum for training therapists in techniques needed for working with women. We hope to develop curriculum modules that can be integrated into already existing psychology training programs. While we have the psychologists willing to work on this project during this summer of 1978, we are having difficulty in finding someone to financially support a necessary conference which involves approximately \$5000. Yet this kind of reeducation of already established professionals is essential as is the need for changing the existing graduate training curriculum to reflect newer thinking and skills. There is a body of evidence that indicates there are major psychological consequences of sexual inequality in psychotherapy. I attach a copy of the report by the women's subpanel on the presidential commission on mental health.

6) Collaboration between lawyers and psychotherapists needs study. New joint training efforts would be useful as I have learned from my own experience. Lawyers, judges and my psychotherapy colleagues must not leave it all to mental health to cure the offenders. We do not have the knowledge yet. Many of those who commit violence need to suffer the consequences of their criminal acts. For some who commit the most heinous of crimes, no one knows how to cure. Neither our prisons nor our psychiatric facilities suffice but as imperfect as they are we must learn when to use each. I estimate that over 80% of all offenders do not commit any other crime other than beating their wives. I wonder how many of these men would cease such harrassment if they knew they stood to lose their homes, children, women and freedom while in jail. At the last meeting of the American Psychological Association in August 1977 Marjory Fields, an attorney who will also testify before you today presented with me some ways lawyers and psychologists could collaborate. Her presentation was extremely well received and requests for her paper have still been arriving. We need more of this kind of comingling of professions in such a complex psycho-social area as domestic violence.

7) Title XX of Social Security Insurance in this country needs to be ammended to include battered women, children and men as a class of citizens so that they can be eligible for assistance immediately without regard for their income level. This is already possible with battered children. Middle class and upper class women are more reluctant to leave their spouses, even when they suffer severe abuse, because they fear abandonment and economic deprivation. Most of the women in this country hold wealth through their husbands, not independently. If they leave him, they fear he will not provide sufficient financial resources to keep their family solvent. Studies show that women who are receiving Aid to Dependent Children monies from Social Security are more likely to take concrete steps to end the domestic violence they suffer because they know that they will have a secure income, however limited it might be. Access to our social service system would provide job training and some crisis intervention counseling for those who need it on an emergency basis. My work with battered women leads me to believe that prompt help would help a woman become an independent functioning and self supporting citizen rapidly.

8) My last, and maybe most important recommendation is that we must weed out all those offenders from positions of power in our country. Too many judges, doctors, psychotherapists, lawyers, high price executives, and politicians beat their wives. Passing new laws outlawing behavior they themselves are guilty of is a most difficult sacrifice they are being asked to make. I believe that for most batterers the only crime they commit is to assault their wives. I am hopeful that their decency and morality will permit self examination necessary to make such a decision to change or not block the protection we need for others so that we do not have a new generation with even greater levels of domestic violence that we can find today. To that end, I urge your support of the legislation currently being considered in this year's congress. It has been introduced by Congresspersons Boggs, Newton and Mikulski and Senators Anderson and Kennedy. Currently ammendments are being considered by the Senate Human Resources Committee in Senator Cranston's subcommittee on Child and Human Development. Hearings are scheduled for March 8, 1978. The Select Education Subcommittee in the House has not yet scheduled a hearing date although I have been led to believe that is should be forthcoming. Hopefully, an ammended bill will have provisions for funding directed towards developing the kinds of treatment and research services I have outlined. First priority is to fund a national network of shelters and a regional network of centers to provide technical assistance to local communities. Small grants that are locally controlled is preferable over larger demonstration projects. We already know that shelters work from our own years of experience and that of the refuges in England. Evaluation research needs also to be developed so as to support newer counseling and advocacy techniques that are successful. Together, with the assistance of Congress I believe we will overcome the terrible consequences of domestic violence.

**END**