

Battered Wives and Battered Children

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Freudian psychiatry first called attention to the dynamic tension that exists in the mind because of psychic structures with strong and sometimes divergent pulls, acting at times with each other, at times against each other. With the aid of the theoretical division of psyche into Id, Ego, and Superego, we came to some understanding of why passions erupt, violence flares, destructive patterns repeat themselves.

Psychiatry later became aware of interactions between individuals and others – family dynamics, group dynamics, mob dynamics. The concept of systems living in dynamic tension with each other, derived from physics and applied to the individual and then to groups by psychoanalytic theory, has now been seen as applicable to the whole constellation of forces and systems which make up our world, but psychoanalysis has not been given enough credit as a precursor of systems theory. The major emphasis in psychiatry has continued to be the restoration of the equilibrium of the organism – or providing that organism its first experience of equilibrium – through the approach of depth psychology. Through this study method we achieved a great understanding of the forces and tensions that build up in people, but we did not have an effective approach to dealing with them unless there was great motivation on the part of the individual to work for change. Although we had pioneered in the dynamics of systems, we continued to focus our treatment efforts on the intrapsychic tensions of individuals. We did not sufficiently emphasize the dynamics of systems, how changing our attitudes or activities in one area of life leads to changes – usually unanticipated – in others. It was not until the rise of modern ecological theory in the middle 1950s that there began to be general understanding that individuals are not self-contained, that systems interact.

When we come to the study of battered children and battered women, we no longer find it satisfactory to try only to delve into the psyche of the abusing parent or to try to determine the psychological reasons why a submissive wife does not leave home. We need a much more interdisciplinary approach in which it can be demonstrated that to the extent that the criminal justice system is brought into play on the problem, violence may be averted but family structure may disintegrate; to the extent that battering is

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seen as a problem in social welfare, aspects of criminality in the situation may be ignored; to the extent that we see battering as a set of problems of individual psychology, whole other aspects of the issue are not dealt with.

In dealing with battered children, we have come to the conclusion that the criminal justice approach has been overutilized, and that putting the child abuser in jail has often left the battered children safe from physical harm but without a home; much recent effort has been to see if the child abuser can be dealt with outside of the criminal-justice "social deviancy" model. On the other hand, we have recently concluded that often in cases of wife battering we have not given the victim enough protection and have tried to patch up broken families with insufficient recognition that a crime against the woman has been committed. Perhaps there is a paradox here; we are insisting that the criminal justice system has been overutilized in child abuse but underutilized in wife beating. At least we are seeing the problems in more of their true complexity. We see our earlier attempts at simple solutions as ineffective, and we realize that an interdisciplinary approach is needed to grab hold of the complex issues that are involved.

The problem of family violence is truly interdisciplinary — it involves lawyers, psychologists, psychiatrists, social workers, other mental health professionals, the courts, corrections, the police, the media, the schools. When we realize that early care and treatment, education, drug and alcohol abuse, economic status, cultural attitudes and many other factors are involved in the crises that affect families, we feel somewhat at a loss, but we become more completely convinced that an interdisciplinary approach is needed.

At Emory we have a tradition of a yearly interdisciplinary behavioral science symposium where we can bring representatives of various disciplines together to work on a common problem. This year we chose Battered Wives and Battered Children as our focus. The topic was a natural development from some of our earlier meetings — two years ago we dealt with the topic of Violence in Modern Society, and last year our subject was The Rights of Children. We wanted a large part of our attention to be devoted to battered women this year because we knew that this problem had been swept under the rug far too long.

As Del Martin, one of our speakers, wrote in her *Battered Wives*:

A year ago I knew that wife-beating was a problem in some marriages. But I had no idea of the prevalence of marital violence, nor of its tacit acceptance as a part of life in so many families. Information on the subject was not readily accessible. When I spoke to people about my projected book on battered wives, they swiftly changed the subject or twisted it around to a safer, more socially accepted topic — child abuse. Men put up their guard at the mention of battered wives, though a few feigned mild curiosity to cover their embarrassment. Women, too, were reticent about discussing the issue . . .

Wife beating, I soon learned, is a complex problem that involves much more than the act itself or the personal interaction between a husband and his wife. It has its roots in historical attitudes towards women, the institution of marriage, the economy, the intricacies of

criminal and civil law, and the delivery system of social service agencies. Blame is not easily fixed, nor are the causes of marital violence readily identified.¹

Our symposium was fortunate enough to secure the talents of Perry Ottenberg, a psychiatrist who has pioneered in social psychology and who was an early commentator on the relationship between increasing dehumanization and increasing violence in our society; Del Martin, author of the first major report that was published on battered wives; and Andrew Tartler, who has much experience as a social worker in the protection of battered children and the therapy of their parents. Panels dealt with the two main topics of our meeting, one organized by Lucy McGough, Professor, Emory University School of Law, on "Battered Children and the Legal Process," and one organized by Pat Ford-Roegner, nurse and social worker, on "Battered Wives."

An issue of the 1976 *Bulletin of the American Academy of Psychiatry and the Law* is devoted to the proceedings of the symposium "Violence in Families," organized and chaired by Robert Sadoff.² The proceedings of our symposium complement that symposium, which brought our attention to neurological factors, the relationship of family violence and crime, psychodynamic aspects of violence, and medicolegal aspects of violence toward children. The following contributions are directed more to practical and therapeutic approaches to the problem, with special emphasis on the neglected subject of battered women.

If we can believe the figures we read on child abuse and wife battering — and there is no reason to disbelieve them — huge numbers of people are affected. The statistics can be used as a thermometer measuring the heat or a gauge measuring the pressure in our society; they are indicators of the progress of the "social breakdown syndrome" that some commentators see affecting modern society.

The government's National Center of Child Abuse estimates that child abuse affects two million children in America each year. The figure does not include the many children who are victims of sexual molestation.³

An incident of wife-beating occurs every 30 seconds, and the practice is as frequent in the middle and upper classes as among the poor. Almost half of all married couples have violent episodes and about twelve per cent have frequent violent episodes. Most of this violence is directed against the female partner of the marriage.⁴

Boston City Hospital has reported that 70 per cent of their emergency room assault victims are women beaten in the home, usually by a husband or lover. In Atlanta, 60 per cent of all police calls received on the night shift are reporting domestic disputes; in Boston, calls average about 45 a day, or 17,277 a year.

Almost one-third of all female homicide victims in California in one recent year were murdered by their husbands.⁵

Two Florida physicians recently prepared a manuscript for publication based on their own experiences in pediatric and radiological practice, years after the problem of the battered child had first received wide publicity, with the descriptive title: "Battered Babies: Their Screams of Terror Go

Unheard.”⁶

Society has generally washed its hands of the battered wife by assuming that she asked for her trouble and that the phenomenon occurs only to “them” and not to “us,” to women from a lower socioeconomic and educational status than our own and belonging to ethnic minorities. But a recent study in one state, Nebraska — admittedly, not representative — shows that abused women generally are married, that most are white, that they have been victims of both physical and mental abuse, and that poor physical health may be a more important factor than “masochism” in their inability to break away from a violent situation.

Two of the most difficult aspects of wife-beating have only begun to receive attention. One is that tensions in such a domestic situation may have reached such high levels that there is literally no protection for the woman — calling the police leads only to determination on the part of a violent husband or lover to seek revenge. One woman says, “I had a lawyer explain restraining orders to me. I could not see how a piece of paper was going to keep someone from breaking a door down. I have since been informed that restraining orders don’t really keep someone out, but a woman has legal resource after he breaks in and beats her. . . .”⁷ (The same woman comments on the illogicalities involved in securing help: “I was told by the police that they could not come if a beating had not taken place but was anticipated. (I understand this.) However, I was also told, “If he starts beating you up, just give us a call.” I still have trouble understanding that.”) The second difficult aspect of the problem that is only beginning to receive attention is that many women have become criminals, often murderers, by finally responding with violence of their own to long years of beating and abuse; courts are often not ready to believe the extent of the provocation and the pressures to defend oneself that may result in an overreaction with fatal results, and women convicted of such crimes often receive long sentences. Mary Fitzpatrick, Amy Carter’s “nurse,” probably represents this kind of case, but most women who kill in domestic quarrels do not end up living at the White House or even having the benefits of an enlightened parole program.

We see some stirrings here and there that indicate a more enlightened approach to the problem. In New York City and in California, battered women have brought suit against the police on the grounds that they had unlawfully refused to arrest husbands and that court personnel had unlawfully denied the women access to a judge to secure an order of protection.⁸ Legal remedies for women are being pursued. We also are seeing an example in England of a nationwide system of refuges for women — a contrast to the England of two hundred years ago, where a magistrate ruled that a man could lawfully beat his wife if he did not use a stick bigger in diameter than his thumb.⁹ In Atlanta we are in the process of following this example and establishing a refuge.

In the area of child abuse we are becoming aware of more complexities. We know that many communities still deal with child abuse by a division of responsibility among various private and public agencies, the police, child care institutions, public welfare departments, juvenile and family courts, adult courts. We know that children have been subjected, without the exploration of alternatives, to the traumas of being torn away from their

families. Parents have not been followed up to determine when they were to be trusted to have their children returned to them. Foster homes were seen as a solution, without the understanding that, in the words of James T. Kent, a California pediatric psychologist, a child in a foster home does not belong to anybody. "The foster home is the caretaking arrangement — it cares for the children and protects them but it doesn't love them as a parent would. Meanwhile, the system offers no therapy to parents. . . . They're going to have more kids. Just saving the child is a very shortsighted policy."¹⁰

These are some of the complexities in these areas of family violence.

Of all the many unanswered questions in this field, one that interests me particularly — I have referred to it earlier — has to do with equal justice to offenders. At one time and place the emphasis is put on the terrible harm a parent has done a child. A long jail sentence is seen as a protection to the child and a deterrent to would-be offenders. At another time or in another place, treating the problem as an aspect of psychological illness and preserving the family take precedence, and treatment is ordered instead of punishment. At one time or place we focus on patching up a family even though a wife has suffered severe injuries. As our thinking changes, however, we see the injury to the wife as an example of criminal behavior that should be punished. How do we reconcile such differences in attitude? How do we explain to one offender why his or her treatment is so different from another's? How do we explain to one victim why his assailant goes unpunished when the assailant of someone else is punished?

Family violence, battered children, beaten women are all signs of illness in the social body of our nation, and eventually we will have to work on deeper levels of the problem. In the following papers, Ottenberg, Martin, and Tartler all relate the phenomena they describe to larger issues — social, economic, psychological. When we know that people who have been beaten are more likely to beat others, we realize that violence can be handed down from one generation to another as stability also can be handed down. A society that is becoming more polarized finds at either socioeconomic extreme parents who have not had good experiences in growing up — because they were so wealthy that they were brought up by strangers or so poor that they were brought up in institutions, in broken homes, or by deprived parents. Some day we may want to shift our focus and deal with family violence not only as a phenomenon that requires intervention — which it clearly does — but also as part of a general system which is in a state of malfunctioning. While we concentrate on the immediate job of helping the victims of family violence, we can still retain the concept that we must begin to work on more far-reaching solutions.

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This issue of the *Bulletin* also contains a contribution from another symposium, a meeting devoted to legal activism. At that meeting Henry C. Weinstein, M.D., conducted a discussion of legal activism as it relates to a newly enunciated right for patients, the right to refuse treatment. Dr. Weinstein has traced the development of this new doctrine and related its latest expressions; he also discusses the doctor's obligation or duty to treat, both as it has been set forth in legal cases and as it is experienced as a self-mandate by physicians.

The papers in this issue reflect the concerns of thoughtful professionals and lay people concerning very different problems – family violence on the one hand, legal activism and its effect on mental patients on the other. Perhaps some common themes could be teased out to show some unity of these two disparate subjects, but instead of common themes I would rather call attention to a common attitude in society which brings these topics to the forefront at this time. These and many other issues we were once content to sweep beneath the rug, to ignore; now, because of a new emphasis on the dignity of the individual, a new assertion that human rights must be enforced, and a willingness to call attention to injustices, these topics have recently begun to achieve their fair share of attention. They share other attributes: they present medical problems but nevertheless must be dealt with largely in socio-political terms; they present complexities and ambiguities but nevertheless represent areas in which people of conscience are being forced to take an interest, problems with which we are at long last beginning to deal.

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