

Wife Beating: A Critique and Reformulation of Existing Theory

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If the goal of science is to accumulate and integrate knowledge then it becomes necessary to continually reevaluate and reassess basic assumptions in light of new information. Our burgeoning body of knowledge about family violence requires such a reformulation of the dynamics of wife battering in order to resolve discrepancies between previously held assumptions and recent findings.

One assumption that needs to be reexamined is that wife battering is part of a physical violence continuum ranging from a slap to severe physical battering or homicide. This assumption considers all violence to differ only in degree, and to reflect the general social acceptability of using physical force to control one's wife. It was posited as a refutation of the position which considers wife slapping to be perfectly normal, but labels wife beaters as mentally ill and therefore not responsible for their abhorrent behavior.^{1,2,3} There is not disagreement with the position that men who are "normal" in all other aspects of their life can, and do, batter their wives, and must bear the responsibility for their behavior. However, case studies of battered women suggest that it is questionable to assume that the dynamics of an interaction between a husband and wife in which hitting occurs are similar to those of an interaction in which a wife is brutally beaten.

Another area in which there are discrepancies between previously developed theories and recent data can be traced to early attempts to discredit a catharsis based marital counseling approach. This approach advocated the use of lesser degrees of violence to prevent the suppression of hostility which might later surface as more severe violence.⁴ Empirical studies and theoretical insights suggest that rather than preventing more severe violence, advocating the use of lower levels tended to escalate marital violence.^{5,6,7,8}

Studies that utilized a check list approach^{9,10,11,12} or interviews^{13,14,15} often discovered that individuals who reported using the most severe levels of physical violence also had engaged in less severe levels. This was interpreted as evidence that with continued use, low levels of physical violence would escalate into more severe levels, thus refuting the catharsis approach. While violence between spouses does escalate, it is suggested that this approach presents the same fallacy as the "marijuana leads to narcotics" argument. While narcotic users have usually tried marijuana, there is scant evidence that for most individuals marijuana use automatically leads to

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narcotic use. Likewise, while men who savagely and brutally beat their wives start the initial interaction with a slap or punch, it does not follow that with “practice” a man who slaps or punches his wife will, in ensuing battles, continue the barrage until she has been brutally beaten.

Adding to the confusion are inconsistencies resulting from different data sources. For example, a recent analysis of a nationally representative sample of 2,143 couples found that for most acts of marital violence, men were as likely as women to be the victim.¹⁶ These data were consistent with other studies suggesting that wife-to-husband violence is at least as common as — perhaps more common than — husband-to-wife violence.^{17,18,19} Although Straus reports greater wife-to-husband violence than husband-to-wife violence, he suggests that this may be due to under-reporting of wife abuse.²⁰ Contradicting these data are police data, crisis line reports, and shelter admissions which clearly indicate that women are more brutally attacked.

We are also faced with police comments on who provoked the fight and who is really the victim which contradict reports of women who have been savagely beaten and provide adequate evidence that they did not provoke or escalate the incident.

A third discrepancy is found between women who comment “I asked for it” or “making up is fun,” and clearly indicate their control over the situation, and women who say they live in terror and fear for their lives.

An alternative explanation for the above discrepancies is that we may be measuring two distinct phenomena. Only by understanding the processes involved, how the fight was initiated, what transpired, and the degree of injury can we fully understand the dynamics involved. For example, using a check-list approach, a man may report that he has hit his wife occasionally, also kicked her sometimes, but almost never hit her with an object. These are incident rates and do not reflect the intensity of each given encounter. It should also be noted that there is a difference between a single “hit” and a “pummeling.” Likewise, we should recognize the dissimilarity between hitting during one fight, a kick during another, and on a rare occasion, hitting with an object; and a single incident in which the wife is hit with a fist, kicked, and also hit with an object.

Saturday Night Brawl vs. Chronic Battered Syndrome

Based on an examination of case studies of battered women, it is suggested that there is a need to reformulate the dynamics of wife battering. The first assumption we need to question is that wife beating can be viewed as a continuum of acts of physical violence representing different levels of severity. It is suggested that there are two distinct phenomena: The Saturday Night Brawl reminiscent of the scenes from *A Streetcar Named Desire*; and a Chronic Battered Spouse Syndrome. The Saturday Night Brawl is typified by reciprocal, escalating, violent interactions — with either spouse likely to be the victim in a given fight. The following quotation vividly demonstrates this type of interaction:

I don't remember what the fight was about, but I got so mad that I just didn't yell. Instead of yelling, I just swing and then he'll swing back . . . and then I'd swing again, and he'd swing back and hit me hard enough

so that I'd go into another room and just shut the door and that would be it.²¹

One dynamic of the Saturday Night Brawl that differentiates it from the Chronic Battered Syndrome is the element of precipitation. These are often the cases in which comments such as "Making up is so much fun after we fight" or "I deserve it, I started the argument" are heard.

I can't blame it all on me, but there are many times that I could have just shut my mouth — I'd keep at him until he reached his breaking point.²²

I lost my temper. I think I asked for it, really. I threw something.²³

These are also interactions in which police officers are likely to accuse the wife of precipitating or initiating the fight.

I had him arrested for assault and battery, you know. We fought violently whenever we'd argue. That is why I said he had his hangups about being adopted. He claimed I called him a bastard or something . . . Once, he came after me with a knife.²⁴

It has been observed that the loser of the particular battle will often call the police out of revenge, only to drop the charges a few days later. While counselors working with abused women are outraged by the cavalier attitude of the police and courts, the behavior exhibited by the victims most frequently seen by the courts and police often support these attitudes. The problem, however, is that the victims of Saturday Night Brawl are *not* caught in a Chronic Battered Syndrome. These are not the women fleeing to another community or desperately seeking shelter for fear of being killed by a spouse, yet victims of the Chronic Battered Syndrome are treated as if they are to blame for their predicament.

Interviews with chronically battered women suggest that they do not precipitate the violent incidents, and in fact, go out of their way to avoid confrontations. One study of battered women based on 109 in-depth interviews found that it was unusual for the battered women to retaliate when attacked because of fear of escalation. Instead, they tried to remain passive, protect themselves, or escape.²⁵

This position is most clearly illustrated by the statement of one woman, who upon recognizing the familiar pattern of excessive drinking and threats of abuse, tried unsuccessfully to calm her husband down.

As soon as my husband and I got into bed, he resumed the intimidation. When he got to his most terrifying threat, one that I had heard repeated so many times, that I knew it by heart, I knew that there was no turning back, so I reached under the bed and pulled the statue [which had been removed from the mantle earlier that evening] up with me so I would be prepared. All the while, I was entreating him to stop talking and go to sleep. I assured him that we could talk more in

the morning. I told him how frightened I became when he spoke so. Undeterred, he seized me by my hair, and drew back to hit me. His blow never landed. I hit him first. He fell back into the pillows. Stunned for a minute, I realized that I would have to hit him again. He had told me many times that if I ever hit him, I would have to kill him, because if I did not, he would kill me.²⁶

The above quotation is an illustration of how chronically battered women attempt to avoid escalation and reciprocation of the violence except in desperation, when they realize they must kill their husbands to save their own lives. Unlike Saturday Night Brawl victims, Chronic Battered Syndrome victims are afraid they will one day be killed, and their husbands reinforce this belief with verbal and physical threats. The brutality these women face is vividly illustrated in the testimony from the assault case below. The woman, six months pregnant, is repeatedly punched in the abdomen. Her husband keeps screaming:

“Bitch, you are going to lose that baby,” and then beats her in the stomach again. After the assault in the bathroom, accused told victim to cook dinner. Victim stated that the accused picked up a butcher knife and put it to the victim’s throat and told victim, “I am going to kill you and you know I can do it, too, don’t you?” Victim answered, “Yes,” and accused laid the butcher knife on the table and turned around and hit victim in the face with his fist and knocked victim to the floor. Then the accused sat down on the victim’s stomach and put his knees on victim’s arms so victim could not block any kicks from accused. Then accused started beating victim in the head, face, and stomach.²⁷

The dynamics of this interaction in which the woman is completely powerless are clearly different from those of the interaction described below:

“We would get into a big argument and I would just keep needling and pushing until he would slap me to shut me up.”

Interviewer: “Did you shut up?”

“No, I would hit back. It just ended up in a bigger argument.”²⁸

Furthermore, the non-reciprocal, non-escalating, physically violent attack characteristic of the Chronic Battered Syndrome often begins early in the relationship and at an extremely high level of severity. Roy²⁹ found that fifteen per cent of her sample of wife assault cases reported that the violence started immediately after the relationship began, and that extreme brutality during the honeymoon is not uncommon. These victims neither reciprocate nor give any indication of provoking the attack. In fact, often they are totally unaware of when the incident might occur.

Understanding that there are two distinct phenomena rather than a single one with a range of responses is important for several reasons. First, the victim of Chronic Battered Syndrome often wants and needs intervention

and protection, but her needs are often seen as similar to those of the Saturday Night Brawler, who believes that she can take care of herself. Second, brawlers admit provocation, often simply to add excitement:

If I were to aggravate him or bring up something, then he would get violent when he was drinking. But if he would come home and I would just leave him alone, no violence. But I just can't stand him half-asleep in that chair, with no one for me to talk to — you want adult conversation.³⁰

Although the victim in a battered syndrome does not provoke the attack, she is often treated as if she deliberately did so, thus further reinforcing her feelings of blame and guilt and allowing her to become further entrenched in her victimized role. Third, because of the tremendously time-consuming paper-work required to process family violence victims, police, courts, and social workers soon tire of the games Saturday Night Brawlers play: calling police to show their mate that they can have the last word, pressing charges to embarrass the mate, and taking up critically needed shelter space when no battering or threat of battering occurred.

Obviously, these are couples in need of treatment, but not the emergency, lifesaving crisis intervention and protection needed by the victim of the Chronic Battered Syndrome, who is often denied treatment because she is assumed to be game-playing.

Brainwashing — The Psychological Dynamics of the Chronic Battered Syndrome

The second major assumption to question is the one which blames the woman for being abused. This assumption is arrived at by suggesting that certain types of women are prone to be victims and that they avoid taking steps to resolve their problems. The assumption is made that all women can control their lives if they choose to. The truth seems to be, however, that a woman is likely to become the victim of spouse abuse when she has fewer resources,^{31,32,33} is fearful,^{34,35} isolated,^{36,37} dependent, helpless, and trapped,^{38,39,40,41} overcome by anxiety,^{42,43,44} depressed,⁴⁵ and full of guilt and shame.^{46,47}

Often it is suggested that the violence can be reduced by changing the woman's social and economic resources; increasing her education, job skills, and economic resources; teaching her to be less submissive; helping her to have a better self-concept; or teaching her to interpret her husband's moods. While these are valid mechanisms for helping a victim escape from the battering environment, they tend to emphasize the ability of a woman to control her environment, an ability many battered women lack. Thus a profile emerges of a woman who, by her own weakness, allows herself to be victimized.

Contrary to the notion that certain women (those who are dependent, depressed, have low self-esteem, etc.) are "at risk" to be beaten, it is suggested that the dynamics of the beatings produce these manifestations. It is further suggested that the processes used in brainwashing can provide insights into the dynamics involved in a severe chronic battering syndrome.

Although the term “brainwashing” was first coined by a newspaperman named Hunter in 1953, coercive indoctrination through physical force and complete environmental control was practiced as early as the 15th century.⁴⁸

Brainwashing is made possible by isolating individuals from the supports and rewards of their previous *milieu*. This isolation results in hypersuggestibility and increased receptivity to reinforcement of new values and behaviors. The only validation of the person’s worth is that offered by the individuals enforcing the isolation. Inconsistent, confusing, threatening treatment, interspersed with kindness, produces an effect similar to the submissive, overdependent behavior exhibited by a child of inconsistent parents.⁴⁹

Experimental Attempts to Change Behavior

The first experimental attempt to change patterns of behavior through external signals was the research conducted by Pavlov.⁵⁰ One must apply caution in extrapolating lower animal behavior studies to humans, but Pavlov’s⁵¹ description of experimentally induced neuroses corresponds closely to the behavior of participants suffering from war neuroses and parishioners responding to the fire and brimstone preaching of John Wesley. Pavlov induced experimental neuroses by increasing the voltage of electric current to a point beyond which the brain could not function; increasing the time between the signal and giving of food; confusing the subject by anomalies in the conditioning signals given, *e.g.*, giving positive and negative signals in no recognizable sequence; and producing physical disorders through long periods of work, gastrointestinal disorders, fevers, or glandular imbalance.

Sargent linked the animal behavior Pavlov described with human behavior by drawing on the reports of psychologists working with shell-shocked patients who participated in the Normandy invasion and who lived in blitzed London.⁵² The reports he summarized suggest that “battle-wise” troops subjected to the overwhelming influences of the fear of death and continual stress developed symptoms similar to those of Pavlov’s dogs:

The men noticed a state of constant fatigue, not relieved by several days of rest. They lost their ability to distinguish the various noises of combat. They became unable to tell friendly from enemy artillery and small bombs, and their location.

Excitatory symptoms could also become uncontrolled. [The men] became easily startled and confused, lost their confidence and became tense. They were irritable, frequently “blew their tops,” overresponded to all stimuli; for example, they would hit the dirt on the slightest provocation whereas, before this, caution was reserved for selected appropriate stimuli.⁵³

The final dramatic change from excitation to inhibition, described by Pavlov in dogs, was also noted in men. Sargent⁵⁴ reported that the state of general hyper-reactivity was followed by emotional exhaustion during which the men became dull and listless, exhibited signs of mental and physical

retardation, appeared preoccupied, indifferent, and apathetic, and had increasing difficulty in remembering details.

The fear of burning in Hell and the need for salvation provide still another example of the powerful control one individual can exert over another's mind. An entry in Wesley's journal, recording the reaction to his sermon in Newgate Prison, is illustrative:

Immediately one, and another, and another sunk to the earth; they dropped on every side as thunderstruck. One of them cried aloud. We besought God in her behalf, and He turned her heaviness into joy.⁵⁵

Studies of religious and political conversions illustrate that various beliefs can be implanted after isolating the individual and inducing fear, anger, and excitement, so that extreme dependency evolves. Examples of brainwashing suggest how a normal, previously independent woman could be manipulated so that she sees herself as a worthless, incompetent, weak woman who is emotionally dependent on a brutal husband.

The Processes Involved in Brainwashing

Fear. It is instructive to examine brainwashing techniques and relate them to the processes involved in wife-battering. The first step in the process of brainwashing is fear, which produces hypersuggestibility and increased receptivity.

Maria Roy notes:

Fear is a constant companion of the battered wife. The abused wife is often immobilized emotionally and mentally by the knowledge that she may be assaulted at any time. Contrary to popular image of the enraged, drunken husband returning home on a Saturday night to beat his spouse, wife assault occurs with no predictability, and any event may trigger abuse.⁵⁶

The fear of further beatings prevents many women from reporting the assaults to the authorities or discussing the problem with friends or family. Fear instilled by verbal abuse and threats which precede battering are part of the dynamics through which the husband gains and maintains control of his wife.⁵⁷

As one woman commented:

After the last time I returned, my husband warned me that if I left again, I had better leave the state so that he couldn't find me.⁵⁸

Isolation. Heightening the effect of fear is the isolation of these women. In some instances it is self-imposed by the woman because of embarrassment. One of the women interviewed by Gelles reported:

I don't want any of the neighbors to know that he was behaving the way he was. I didn't want anyone around when Ralph was behaving that way . . . that's why I didn't have any neighbors. I didn't even call

the police because I was afraid they'd put it in the paper.⁵⁹

In other instances, the husband enforces the isolation by insulting the wife's friends and physically preventing their entry into the house, by insisting that the wife work where he does, or by refusing to allow her to work at all.⁶⁰ Cases have been reported in which the monitoring of the wives has included escorting them to and from the ladies' room when away from home, thereby preventing escape.

In still other instances, neighbors and friends did not wish to become involved, further isolating the woman from a source of social support.^{61,62} As one respondent interviewed by Gelles noted:

I hear her screaming . . . it sounds like he's throwing her against the wall. I don't want to go over or call the police on him because he might just come over and beat me up. That's why we haven't become good friends. I just don't want to be part of that at all.⁶³

Guilt. Adding to the dynamics of brainwashing is the element of guilt. If a woman can be made to feel guilty about her batterings, then she assumes the blame and believes that she is at fault and deserves the battering. Of her attempts to escape a battering husband, one woman reported:

I had tried staying with relatives and friends, but my husband would either assault them or convince them to support him in getting me to return home, so I was made to feel unsupported and guilty about what I had done.⁶⁴

Another woman reported a similar feeling of guilt:

In 1975, during a Passover Seder in our home, my husband, as he had many times in the past, began menacing me with innuendoes, verbally abusive remarks, and veiled threats. During the course of the evening, he consumed a fair amount of liquor, and I sensed another beating to be imminent. Later, while he went to the bathroom, I encouraged our remaining guest to stay a little longer and help me to talk him down. Ironically, even in telling the guest that I was fearful, I felt guilty for exposing my husband.⁶⁵

The battering husband is extremely possessive and jealous and constantly accuses his wife of infidelity and adultery.⁶⁶ This provides him with a rationalization for the need to "chastise" her and reinforces her feelings of guilt and self-blame.

Emotional Dependency. The combination of fear of her husband, isolation from potential supportive persons, and guilt because she must have "caused" the battering, results in the victim's becoming totally dependent on her attacker. As one severely battered woman related:

You put up with six days of beating because there is one good day to have someone to share things with.

Not only is she bound to him legally, but because of his victimization, learned helplessness results.^{67,68,69} These women become powerless to leave or seek help. They believe that they are at fault, and therefore, do not deserve better treatment. This condition results in abnormal emotional and psychological states which, in a circular manner, tend to reinforce her feelings of worthlessness and paradoxical gratitude toward her husband for "tolerating" her. Such a situation also provides the batterer with a rationalization for his behavior. His wife was "crazy," "out of control," and "not to be believed."

Evidence of psychological disfunction was found for more than half of the sixty women studied by Hilberman and Munson:⁷⁰ nine had classic depressive illness, one had a manic disorder, two were schizophrenic, four were alcoholic, four had severe character disorders, and thirteen had been previously hospitalized for violent psychotic behavior. Almost the entire sample had made frequent visits to local physicians for complaints of anxiety, insomnia, and suicidal behavior. In fact, Hilberman and Munson suggested that "The women were a study on paralyzing terror which is reminiscent of the rape trauma syndrome."⁷¹ Nightmares were universal, with undisguised themes of violence and danger: "My husband was chasing me up the stairs . . . I was trying to escape, but I kept falling backward." "There was a man breaking in the house . . . trying to kill me." "Snakes were after me . . . in my bed." Their waking lives were characterized by overwhelming passivity and inability to act on their own.⁷² Chronically battered women are drained and fatigued, and they exhibit a pervasive sense of hopelessness and despair. These women see themselves as incompetent, unworthy, and unlovable. They are filled with guilt and shame, displays of violence, and homicidal desires.

Prescott and Letko⁷³ note that 82 per cent of the women responding to their survey reported being fearful on the most recent attack; 90 per cent reported anger; 75 per cent reported being depressed; 68 per cent felt trapped, 55 per cent helpless, 33 per cent humiliated, and 25 per cent guilty. Yet these women were essentially competent: 76 per cent were employed, 65 per cent in professional or managerial occupations. Although almost one-half of the women were divorced at the time they responded to the survey, the numbers employed, especially at the professional level, make it difficult to view them as incompetent, dependent women with no objective alternatives to remaining in the battering environment. It is posited that the dynamics of brainwashing produce an emotional dependency in which the women are made to feel that they have no alternatives because they are worthless and no one cares what happens to them.

Lack of Support. Unfortunately, those professionals who should be a source of support for a battered woman often reinforce the woman's negative self-concept and directly or indirectly provide support for her abusing husband.

Prescott and Letko noted that ministers often fail to support such women. One woman reported that her minister had supported her husband's actions because "he is supposed to be head of the household under normal circumstances."⁷⁴ To remain married at any cost and to adjust to the husband's inadequacies was the advice given by another minister.⁷⁵ The

authors also report that a high proportion of battered women who contacted relatives failed to receive either understanding or support. The relatives assumed that the woman “must be crazy” or needed a lesson in how to perform the “ideal wife role.” Often these women were advised by their relatives to “patch things up.”

It is also evident that many parents are unable or unwilling to provide the support needed by daughters who suffer abuse. It is difficult to understand such parents’ motives. Do they lack understanding of the problems of wife abuse, do they lack resources, or do they place a high value on their daughter’s remaining married? The stories are heart-breaking:

A young college student returns home to her parents several times after brutal beatings by her husband. Each time, in spite of suggestions to the contrary by friends and teachers, her parents’ insistence that “her place was with her husband” forced her to return. One time after she was beaten, she did not return to her parents. She did not survive the beating.⁷⁶

Another woman, in her middle 20s, was so severely beaten on her honeymoon that she suffered permanent hearing damage and possible loss of sight in one eye. In spite of support of her friends and a sympathetic counselor, her parents’ insistence that she give it another try resulted in her return to her husband. The outcome of this case is still unknown.⁷⁷

Women also reported that contacts with lawyers were painful and reinforced the idea that they, not their husbands, had erred.

One woman reported:

He first told me that if there was another woman I should overlook it. He seemed to think I was making too much of nothing.⁷⁸

Perhaps most damaging to women, however, is the attitude held by some therapists who attempt to treat victims of abuse. The recent advice given by one therapist in order to help women is illustrative:

There are a number of questions the woman can ask herself if she is willing to consider her own contribution to the problem and would like the marriage to continue. Among them are: At what point in my marriage did this assault take place? Is there some unusual circumstances in my husband’s business or other, which has made him more volatile? What was my role in eliciting his anger? Was I, or have I been unfair to him? Have I baited him, criticized him, or been extremely demanding?

With regard to addictions, where the wife wants to continue the relationship, it is *crucial* that she stay away — or get away — from the alcoholic in the period when he is drinking, and thereafter until its effects have worn off. She should stay away from the heroin addict

when his need for the drug is mounting.⁷⁹

This statement clearly indicates the belief that a woman's behavior is a major cause of the violence, either directly, by arousing the man's anger, or indirectly, by not leaving the home when he is likely to become violent.

Most upsetting, however, is that this view of women not only blames the woman for precipitating the violence, but also places the responsibility for reducing the violence on her. Changing the man's violent behavior is not an issue. Therefore, when the violence continues, the woman is forced to assume the blame and suffer further guilt. It is easy to understand how society could view battered women as masochists. If women have precipitated the battering and if women have the ability to prevent the violence, and women fail to do so, then one can only assume that they must not mind being beaten. As this paper has shown, victims of the Chronic Battered Syndrome, unless they kill their husbands or escape from the home, usually do not have the ability to stop the violence. They must depend for protection upon the very agencies which tend to blame them for the violence.

The attitude of the agencies which should be providing support to battered women clearly reinforces what the battered woman already believes, that she is a worthless, incompetent individual who deserves ill-treatment. The brainwashing is a success. The definition of the situation is truly a powerful indicator of an individual's responses. It does not matter that the battered woman is employed, is a competent individual, has much to offer society, and is capable of making it without her battering husband. If she has been brainwashed into believing otherwise, she will be powerless to change the situation.

Conclusion

These alternative explanations of the dynamics of wife abuse must be considered as tentative, having not yet withstood the rigors of repeated empirical testing. They do, however, provide a mechanism for making coherent the often conflicting evidence and suggest the need for new treatment modalities and police and judicial procedures.

The dynamics operating in the Saturday Night Syndrome are different from those operating in the Chronic Battered Syndrome. More refined profiles of these two types of interactions need to be developed in order to provide the most efficient services to victims of wife-beating.

Many competent, independent women, when they become victims of the Chronic Battered Syndrome, become anxiety-ridden, confused, depressed, suicidal, helpless, and full of guilt and shame.

These victims do not make up a unique category of women; any woman, regardless of her assets and resources, can become a victim of the Chronic Battered Syndrome.

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