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BATTERED WOMEN SYNDROME AND SELF-DEFENSE†

LENORE E.A. WALKER*

I. INTRODUCTION

Some battered women who have killed or attempted to kill their abusive partners recently have been provided a legal defense that rests on the justification of the act they have committed as necessary to protect themselves or someone else (usually their children) from further harm or death. Often called the *battered woman self-defense*, the defense has been introduced by attorneys on behalf of their clients to demonstrate to the judge and jury that living in domestic violence has such a major impact on a woman's state of mind that it could make an act of homicide justifiable, even when the first look at the facts does not appear to be traditional confrontational self-defense, such as when the man is resting, sleeping, or otherwise not directly engaged in beating her at the moment of the homicide incident. Prior to the introduction of this new view on an old defense, most women who admitted the acts that resulted in the man's death were told by their attorneys that they had no defense and were encouraged to plead guilty to murder. In a small number of cases when a battered woman was given any defense at all, it was usually some form of insanity.¹

To get to this point, there has been a relatively new acceptance of expert witness testimony in the trial courts, usually by psychologists trained in the understanding of the psychology of battered women and the effects on someone's state of mind from being an abuse victim.² These psychological explanations

† Some portions of this article appear in a chapter in *RECOVERING BATTERING: FAMILY THERAPY AND FEMINISM* (Marsali Hansen & Michele Harway eds., forthcoming 1992) (published by Sage Publications in Newbury Park, California).

* Ed.D

1. See ANN JONES, *WOMEN WHO KILL* (1991).

2. See *WOMEN'S SELF DEFENSE CASES: THEORY AND PRACTICE* (Elizabeth Bochnak ed., 1981) [hereinafter Bochnak]; CHARLES EWING, *BATTERED WOMEN WHO KILL* (1987); Elizabeth M. Schneider, *Describing and Changing: Women's Self-Defense Work and the Problem of Expert Testimony on Battering*, 9 *WOMEN'S RTS. L. REP.* 195 (1986); LENORE E.A. WALKER, *THE BATTERED WOMAN SYNDROME* (1984) [hereinafter *BATTERED WOMAN SYNDROME*]; LENORE E.A. WALKER, *TERRIFYING LOVE: WHY BATTERED WOMEN KILL AND*

of the dynamics of a battering relationship coupled with testimony about the presence of *battered woman syndrome* have helped meet the legal standard of self-defense resulting in many not guilty jury verdicts or convictions of a lesser crime than first degree murder.³ Expert witness testimony has also been introduced by prosecutors to bolster the credibility of the battered woman, especially if she recants or minimizes the violence on the witness stand.⁴ More recently, battered women advocates have been encouraging governors to grant clemency to those women still serving long sentences in prison for killing their abusive partners, recognizing that if they went to trial today, they might not be convicted and if so, probably would not receive such long sentences.

In the late 1970s and early 1980s, what became known as the *battered woman self-defense* achieved acceptance within the case law of numerous states. As this defense gained in popularity, attorneys and mental health professionals became more familiar with the dynamics of battering and its psychological impact on victims. Its use broadened to include battered children who killed abusive parents, battered men who killed their partners (usually male), battered women who killed their women partners, rape victims who killed their attacker, and even battered roommates! Soon the expert testimony was applied to cases where other criminal acts were committed by victims of abuse under duress from their abusive partners. Participation with a violent co-defendant in homicides involving strangers also have been explained, in part, by the duress the woman was under to comply with the man's demands. Testimony has also been introduced in cases of child abuse that resulted in the violent man's killing the child (often called "murder by omission" because of the battered woman's inability to protect the child). Crimes involving money and property such as embezzlement, forgery, burglary, robbery, and those that are drug related may well have been committed by a woman at the demand of her batterer.

HOW SOCIETY RESPONDS (1989) [hereinafter TERRIFYING LOVE]; Lenore E.A. Walker, *Psychology and Violence Against Women*, 44 AM. PSYCHOLOGIST 695 (1989).

3. Angela Browne et al., *When Battered Women Kill: Evaluation and Expert Witness Techniques*, in DOMESTIC VIOLENCE ON TRIAL 71 (Daniel J. Sonkin ed., 1987).

4. See Lenore E.A. Walker & S. Corriere, *Domestic Violence: International Perspectives on Social Change*, in VICTIM'S RIGHTS AND LEGAL REFORMS: INTERNATIONAL PERSPECTIVES 135 (Emilio Viano ed., 1991).

The common thread between these seemingly disparate cases is testimony about the psychological knowledge concerning the dynamics of an abusive relationship and its psychological impact on the woman's state of mind to help meet the legal standard of self-defense or duress which might not be otherwise met if the history of abuse was not known. The psychologist is asked to evaluate first if the woman was a battered woman; second, if the abuse caused the development of Battered Woman Syndrome (which is a sub-category of the Post Traumatic Stress Disorder explained further below), and third, if so, how that impacted on the woman's state of mind at the time of the action for which she is charged.

II. SELF-DEFENSE AND BATTERED WOMEN

Self-defense is defined in most states as the use of equal force or the least amount of force necessary to repel danger when the person reasonably perceives that she is in imminent danger of serious bodily damage or death. The legal definition of some of these terms is critical because if the legal standards are not met, then psychological expert witness testimony may not be admissible.⁵ The key terms here are *reasonable perception*, *imminent danger*, and *equal or reasonable force to repel serious bodily damage or death*.

A. From Reasonable Person to Reasonable Battered Woman

Most states impose a definition of what a *reasonable person* would perceive as danger when trying to evaluate whether or not the woman had a *reasonable perception*.⁶ If the standard is an objective one, then it is more difficult to meet as the average person under the law is generally expected to be a man, not a woman, and certainly not a woman who has experienced a history of abuse. Even when there is a more subjective definition, meaning what would anyone knowing everything that the defendant knew at the moment the decision to take a defensive action was made, it is still difficult for a battered woman's perceptions to be understood as reasonable without expert testimony to explain the typical way any woman and in particular, this battered woman would have perceived the same situation. Sometimes testimony is offered just to explain the typical way a battered woman would perceive danger rather than the specifics of the particular defendant's state of mind. This is often

5. See EWING, *supra* note 2; TERRIFYING LOVE, *supra* note 2.

6. See Bochnak, *supra* note 2; Schneider, *supra* note 2, at 195-222.

less useful in resulting in acquittal, perhaps because battered women are so heterogeneous that there really is no one typical way for them to act. Rather, each woman's thinking, feeling, and acting must be explained in the context of her life as well as the way the abuse has specifically impacted on her state of mind.

In some states there is a difference made between honest and reasonable and honest but unreasonable perception. The latter is often used as a mitigating factor to lower criminal responsibility to involuntary manslaughter since the woman honestly believed that she was in danger but that perception was unreasonable from the facts of the situation.⁷ Here a careful analysis of what is dangerous from a battered woman's point of view is also important. Psychology, which has always been in the business of trying to understand people's perceptions, has added the research data to help understand the commonalities that would be expected in influencing a battered woman's perceptions so that the individual battered woman's perceptions can be measured against a more equitable standard.

B. *Imminent Danger*

Imminent danger is the next standard that psychology can help define as it is experienced by a battered woman. Most state legislatures define "imminent" as being on the brink of or about to happen, rather than "immediate" which is the colloquial use of the term. This difference is critical in battered women self-defense cases because frequently the women are hypervigilant to cues of impending danger and accurately perceive the seriousness of the situation before another person who had not been repeatedly abused might recognize the danger. They may make a preemptive strike before the abuser has actually inflicted much physical damage, anticipating his next moves from what they know from previous experience. Or, they might wait until the man has stopped for a while, knowing that he will begin his assault again. Ewing suggests that some women and children who are abused may kill at the point they feel they are in danger of losing their minds from the psychological torture.⁸ Although such psychological self-defense is consistent with an abuse victim's perception of danger, it is frequently not a legal defense to murder although such evidence may reduce the guilt to a lesser level of responsibility.

7. See EWING, *supra* note 2; SCHNEIDER, *supra* note 2, at 195-222.

8. *Id.*

Although the data indicate that most battered women fight back at some time,⁹ the stereotype of the typical or "good" battered woman victim is one who is passive and never tries to defend herself. Most battered women who fight back quickly learn that they may be more seriously hurt but sometimes take that risk anyhow, often to bolster their faltering self-esteem. Others may have been trained to fight back no matter how scared they are, often having learned to turn pain into anger and aggressive behavior like the men who abuse them.

Many women know that their abusive partner is still dangerous even while he is asleep, frequently forcing his sexual demands upon waking and immediately beginning another attack. Often these men do not sleep for long periods at a time, waking easily, especially if she is not right by his side as he frequently orders. Most important is the understanding that most batterers stalk and find their woman when she tries to leave, making escape almost impossible for some battered women. In cases that escalate to homicidal proportions, it is not unusual for the man to have threatened the woman with constant fear of death, often using some version of the saying, "If I can't have you, then no one can!" Imminent danger takes on new meanings in domestic violence situations.¹⁰ Here, too, psychology can help the court by offering the research data known about the dynamics of battering relationships and the reasonableness of battered women's perception of imminent danger in general as a way to compare the particular battered woman's level of fear.

C. *Reasonable Amount of Force to Repel Danger*

The third definition, what constitutes *reasonable or equal force* used in fear of physical harm or death, is also important in meeting the self-defense standards. The Dr. Jekyll-Mr. Hyde quality that most battered women describe in their batterers' behavior is frequently seen in the rapid escalation from what might be considered a minor annoyance in a non-abusive home to a battering incident of lethal proportions. As is described above, it is difficult to understand how a sleeping man could be perceived as dangerous. It is also difficult for those who have not witnessed or experienced domestic violence to understand how a woman can be so afraid of an unarmed man that she needs a weapon in order to feel equal. Of course, men who batter women are trained to use parts of their bodies as weap-

9. See, e.g., BATTERED WOMAN SYNDROME, *supra* note 2.

10. See DOMESTIC VIOLENCE ON TRIAL (Daniel J. Sonkin ed., 1987).

ons, making it necessary for the average woman to believe she must be armed in self-defense. Most women grab for the gun or knife as a way to make the man stop his violence towards them; rarely do they decide to kill the man. They know from previous battering incidents that a certain look in his eyes, a certain litany of words, a certain pattern of pushes, shoves, and slaps means that worse is yet to come. Sometimes the initiating incident precipitates a flood of memories of previous battering incidents that makes the woman's perception of further physical harm or death even more terrifying and real.

The rules of evidence at a trial do not permit the regular witnesses to testify to anything other than facts about which they have direct knowledge. Those who created these rules of evidence believed that admission of only such facts would make testimony more reliable and valid. However, this has not been true to explain women's behavior which is frequently motivated by a combination of discrete facts and the context in which they occur. Opinions about why these factual experiences occurred or testimony about even the context during which they happened is rarely permitted even though it skews the evidence the judge or jury hears.¹¹ But a mental health expert can testify to her or his opinion and can add context to the explanations provided it is used as part of what the expert opinion is based upon. Expert witness testimony to explain her state of mind at the time of an incident, then, may be the only time the judge or jury hears a lot of evidence that is relevant to their understanding.

III. BATTERED WOMAN SYNDROME

Within the past ten years, research on battered women indicates that many of them respond to the repeated abuse in a manner similar to others who have been repeatedly exposed to different kinds of trauma. *Battered Woman Syndrome* is the name given to the measurable psychological changes that occur after exposure to repeated abuse. The use of trauma theory together with the psychological understanding of feminist psychology,¹² oppression,¹³ powerlessness,¹⁴ and intermittent

11. See Julie Blackman, *Potential Uses for Expert Testimony: Ideas Toward the Representation of Battered Women Who Kill*, 9 WOMEN'S RTS. L. REP. 227-38 (1986); Bochnak, *supra* note 2.

12. See, e.g., LENORE E.A. WALKER, *THE BATTERED WOMAN* [hereinafter *THE BATTERED WOMAN*] (1980); *BATTERED WOMAN SYNDROME*, *supra* note 2; TERRIFYING LOVE, *supra* note 2; Lynne B. Rosewater & Lenore E.A. Walker, *A Critical Analysis of the Proposed Self Defeating Personality Disorder*, 1 J. PERSONALITY DISORDERS 190-95 (1987); MARY ANN DUTTON-DOUGLAS & LENORE E.A.

reinforcement theories such as learned helplessness,¹⁵ all help us to understand the psychological impact of physical, sexual, and serious psychological abuse on the battered woman.

Battered Woman Syndrome is considered a sub-category of the generic *Post Traumatic Stress Disorder* which is the diagnostic category listed in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition-Revised (DSM-III-R)*. It is a collection of thoughts, feelings, and actions that logically follow a frightening experience that one expects could be repeated. This *fight or flight* response is one that has long been documented in the literature but only recently been used to describe the psychological impact of trauma.¹⁶ There are three major symptom clusters that are measured to determine whether or not a person who has been exposed to trauma has developed a PTSD. They are *cognitive disturbances, high arousal symptoms, and high avoidance symptoms*.

Cognitive disturbances seem to be clustered around disturbances in memory including repetitive intrusive memories, with or without exposure to stimuli that serve as reminders and loss of memory including denial, minimization and repression of battering incidents. Van der Kolk suggests that there are neurochemical changes in brain pathways that facilitate these memory distortions.¹⁷ Cognitive confusion, attention deficits and lack of concentration are also reported by repeat trauma victims, especially battered women. Battered women who have experienced multiple abuse, particularly from other partners and in their childhood homes, are especially likely to confuse the previous abuse experiences. When placed in another frightening situation, these women often have flashbacks which

WALKER, FEMINIST PSYCHOTHERAPIES: INTEGRATION OF FEMINIST AND THERAPEUTIC SYSTEMS (1988).

13. See, e.g., DIVERSITY AND COMPLEXITY IN FEMINIST THERAPY (Laura S. Brown & Maria P.P. Root eds., 1990); LAURA S. BROWN & MARY B. BALLOU, PERSONALITY AND PSYCHOPATHOLOGY (1992).

14. See, e.g., Blackman, *supra* note 11, at 227-38; ANGELA BROWNE, WHEN BATTERED WOMEN KILL (1987).

15. See, e.g., MARY ANN DUTTON, HEALING THE TRAUMA OF WOMAN BATTERING: ASSESSMENT AND INTERVENTION (forthcoming 1992); DUTTON-DOUGLAS & WALKER, *supra* note 12; Lenore E.A. Walker, *Victimology and the Psychological Perspectives of Battered Women*, VICTIMOLOGY, Winter-Spring 1983, at 82; THE BATTERED WOMAN, *supra* note 12; BATTERED WOMAN SYNDROME, *supra* note 2; TERRIFYING LOVE, *supra* note 2.

16. CHARLES FIGLEY, TRAUMA AND ITS WAKE (1985); POST-TRAUMATIC THERAPY AND VICTIMS OF VIOLENCE (Frank M. Ochberg ed., 1987); B.A. Van der Kolk, *The Psychological Consequences of Overwhelming Life Experiences*, in PSYCHOLOGICAL TRAUMA I (B.A. Van der Kolk ed., 1987).

17. Van der Kolk, *supra* note 16, at 1-30.

cause them to reexperience fragments of previous abusive incidents increasing their perception of danger. A carefully detailed abuse history will often help sort out which symptoms come from which abuse experience—although sometimes it is impossible to separate them.

High arousal symptoms or high anxiety is the second major area of symptoms experienced by trauma victims. Here the woman is prepared to *fight* and her preparedness is augmented by physical and neurochemical changes. She becomes hypervigilant to cues of any potential danger, recognizes the little things that signal an impending incident, and often acts as though she is nervous, jumpy, and highly anxious. Sometimes panic attacks and phobic responses are also evidenced. Eating and sleep disorders may accompany this set of symptoms. Physiological reactivity is also present often with impulsive decision-making and little insight into long term consequences. Obsessive rumination and intrusive thinking along with compulsive repetitive behavior may also be observed in some women particularly those who believe that they are the only ones who can calm down the man. If the woman has also been sexually abused, some type of sexual dysfunction may be described also.

Avoidance symptoms including depression are the third major constellation in this syndrome. Denial, minimization and repression are the major techniques used to avoid having to deal with the dangerousness of the situation. Battered women become more isolated over time especially as the batterer exerts his power and control needs over her. They lose interest in activities they used to enjoy, are less likely to go places they want to go but the batterer disapproves of, become less involved with family and friends, and often hide the fact that they are being hurt. Sometimes they keep themselves so busy that they don't have time to think about what is happening to them. Often they suppress their feelings so that they don't get too excited or too disappointed about things that used to have meaning to them.

Although battered women may appear to be fiercely loyal to their batterers to outsiders, in fact, they may maintain this stance in order to keep the men as calm as possible. When separated from the man and if they perceive some safety, they are more likely to admit to their feelings of fear and distress. Interviewing techniques that avoid victim-blaming and accusations about what motivates their behavior will often yield those

underlying feelings that have been shut off.¹⁸ Eventually, mild to moderate depression sets in and they may even be misdiagnosed as having a bipolar affective disorder when the alternating arousal and avoidance symptoms are observed. Certainly diagnoses other than PTSD should be reserved for at least six months after the initial diagnosis has been confirmed.

In presenting the battered woman syndrome to a judge or jury it is often useful to demonstrate using the PTSD criteria chart.¹⁹ Most battered women easily meet those criteria, usually with more symptoms observed than is needed for the diagnosis. Some have objected to using the battered woman syndrome diagnostic category for fear that women who are responding naturally to potential or actual abuse will be misclassified as being mentally ill.²⁰ Many battered women themselves fear that the batterers' taunts that no one will believe them because they are crazy will come true. Thus, the caution about misdiagnosis and over-clinicalizing the victims of abuse is one that should be paid serious attention. The debate around the addition of several new personality disorders to the *DSM-III-R* proved the lack of sensitivity to women's experiences held by many mental health professionals in positions of power and influence.²¹

Root has suggested that all PTSD sub-categories also need to be assessed for the additional stressors caused by multiple forms of indirect trauma such as from cultural oppression, racism, religious discrimination, gender bias, and other insidious forms of daily harassments.²² She suggests that the impact of battered woman syndrome or any of the other sub-categories such as rape trauma syndrome, battered child syndrome, child sexual abuse accommodation syndrome, post-sexual abuse syndrome can be variable depending upon the other types of stressors to which the individual is exposed. It is important to note that in my own work with battered women who kill in self-defense, those who were Black and killed Black or White partners still were twice as likely to have been con-

18. See LENORE E.A. WALKER & K.S. POPE, *THE ABUSED WOMAN: A PRACTICAL GUIDE FOR THE PSYCHOTHERAPIST* (forthcoming 1992).

19. AMERICAN PSYCHIATRIC ASSOCIATION, *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS* (3d ed. 1987).

20. See Blackman, *supra* note 11; Schneider, *supra* note 2.

21. See Rosewater & Walker, *supra* note 12; Paula J. Caplan, *How Do They Decide What is Normal? The True, But Bizarre, Tale of the DSM Process*, 32 *CANADIAN PSYCHOLOGIST* 162-70 (1991).

22. See Maria P.P. Root, *Reconstructing the Impact of Trauma on Personality*, in *PERSONALITY AND PSYCHOPATHOLOGY* (Laura S. Brown & Mary Ballou eds., 1992).

victed of murder and sentenced to longer periods in prison than those who were Caucasian or from other minority groups. Women who were poor and less educated also appeared to have a similar bias against them in the courts. This is not surprising considering the rise of an underclass in the prisons, particularly with those men and women from low income and minority status backgrounds.

IV. DYNAMICS OF BATTERING RELATIONSHIPS

A. *Cycle Theory of Violence*

My original research²³ found that battering did not take place all the time in abusive relationships but neither was it as random as those involved perceived it to be. Rather, there was a definite pattern seen in two-thirds of the 1,600 battering incidents reported by the 400 women interviewed for the research study.²⁴ This reported pattern included three phases of the cycle of violence: Phase I was the period of *tension-building*, phase II was the *acute battering incident*, and phase III was the period of *loving-contrition or absence of tension*. In some cases where the violence has reached dangerous proportions all or most of the time, phase III is not readily visible, and although there is some lessening of the tension, the woman never feels out of danger.

B. *Development of Learned Helplessness*

The theory of learned helplessness attempts to demonstrate how a seemingly normal functioning woman loses the ability to predict that what she does will have an impact upon her safety. Although Seligman was looking for a theory to explain the process of exogenous depression when placing animals and people in the laboratory and exposing them to random and variable aversive stimulation, he probably produced a laboratory version of PTSD.²⁵ Sometimes the participants' behavioral responses made a difference to what happened while other times they did not. This created the condition of non-contingency between response and outcome which then taught the participants not to trust in their own natural responses when under threat of danger.

23. See THE BATTERED WOMAN, *supra* note 12; BATTERED WOMAN SYNDROME, *supra* note 2.

24. See BATTERED WOMAN SYNDROME, *supra* note 2.

25. See MARTIN E.P. SELIGMAN, HELPLESSNESS: ON DEPRESSION, DEVELOPMENT AND DEATH (1975).

In my research we administered many of the same assessment instruments to battered women that Seligman administered pre and post test to the college students. We then attempted to find factors using other variables that measured the impact of the abuse on the participants' life experiences. We found that there were five childhood factors that yielded strong correlations with the learned helplessness scores on the tests and seven factors from the adult battering relationship.²⁶ These factors are important especially in light of Seligman's latest work which demonstrates a link between an attitude of optimism and reversal or even inoculation against the development of learned helplessness.²⁷

The five childhood learned helplessness factors found in the research study included (1) witnessing or experiencing violence in the woman's childhood home, (2) sexual molestation or abuse as a child or adolescent, (3) critical factors that the child experienced as uncontrollable which included items such as early parent loss through death or divorce, frequent moves, alcoholism in one or both parents, sibling problems, poverty, (4) strict rigid traditional sex role stereotyped behavior, and (5) chronic or serious illness as a child.

The seven factors that predicted the development of learned helplessness from an abusive adult relationship included (1) violence occurring in a pattern which included escalation over time and the cycle of violence, (2) sexual abuse within the context of the relationship, (3) power and control variables such as the batterers' intrusiveness, over-possessiveness, isolation, and jealousy, (4) threats to kill the woman and/or others, (5) psychological torture including inducing debility through waking her during the middle of the night or not letting her sleep by forcing her to listen to long harangues, verbal degradation, humiliation and put-downs, monopolization of her perceptions and isolation, attempts at mind control, and occasional indulgences, (6) violence correlates such as abuse against other people, abuse against children, abuse against pets and violence against objects, and (7) abuse of alcohol and drugs.

Although most mental health disorders seem to have more severe consequences if there are childhood factors prior to exposure to adult precipitants that was not true in analyzing our data for learned helplessness. Actually, in our research the presence of learned helplessness from adult relationship fac-

26. See BATTERED WOMAN SYNDROME, *supra* note 2.

27. See MARTIN E.P. SELIGMAN, LEARNED OPTIMISM (1990).

tors had no relationship to those who had also experienced the childhood events that constituted the five factors. The most optimistic part of the learned helplessness theory is that it should be possible to build an inoculation schema to protect young women from developing severe psychological reactions to some violence. Given the epidemiological nature of the problem (i.e., between 1/3 to 1/2 of all women will be abused at some time in their lives) the search for a way to minimize the psychological impact of violence is an important one.

Reversal of the effects from learned helplessness is possible by teaching women the predictability of their response-outcome paradigm. Thus, measuring and teaching women (and men) the predictability of their own cycle of violence can help to break the process of learned helplessness. In fact, many battered women describe the change in their behavior once they become aware of the contingencies from the reinforcement from phase III. Battered women actually describe the first part of the relationship, the courtship period, as one in which the batterer behaves with phase III like behavior almost all of the time. The men are described as very loving, nurturing, giving, and pay a lot of attention to meeting the woman's needs. The other side of his personality, the mean side, does not present itself until he perceives the woman to be under his control. Sometimes this is during the dating relationship often after sexual intimacy occurs, sometimes it is when he feels she is too involved with him to break off the relationship, and sometimes it is not until after marriage. Thus, when the cycle begins, the phase III behavior also teaches the woman to remember the long period of such similar behavior without any painful phase I or II type of abuse. This helps them believe that if only they can find the right thing to do to help the man, he will revert back to the person they fell in love with and the bad part of him will simply drop off like an appendage. Research has demonstrated that this is simply wishful thinking on the part of the woman. What actually is more likely to happen is the loving part gets smaller and smaller while the abusive behavior increases.

C. Issues of Neutrality and Objectivity of the Professional

It is important to understand the ineffectiveness and danger of a professional taking an objective and neutral stance with a battered woman who comes for help since it is not unusual for the abuse to escalate to homicidal proportions after the separation and during the divorcing period. One of the areas of

damage that frequently occurs after repeated trauma is the victim's inability to perceive neutrality. Battered women evaluate everyone with whom they have a significant interaction as either being with them or being against them. This means that professionals who attempt to act in a neutral and objective manner will be misperceived as being against the woman which then gets translated into being likely to cause her danger or further harm.

V. TERMINATION OF THE BATTERING RELATIONSHIP

Perhaps the most often asked question about battered women in general as well as those who kill in self-defense is "*Why didn't she leave?*" Asking this question makes the assumption that leaving will stop the violence. However, over a decade of working with battered women and their children has taught us that termination of the battering relationship simply does not stop the violence. The point of separation is the most dangerous period in a battering relationship which lasts for at least two years after termination. Browne and Williams have found that there has been an increase in the number of women killed by former partners in thirty-five states while there has been a decrease in the number of women who kill their partners in self-defense.²⁸ This decrease is mostly accounted for in areas where women are offered the most resources to assist them in leaving the batterer. Most battered women who kill in what they perceive is self-defense report an escalation of the violence from the man right before the incident that resulted in the homicide. Sometimes this escalation in the man's abuse occurs when he perceives her emotional withdrawal or preparation to separate. Other times it occurs around custody and visitation issues when there are young children. Still others kill the man after they learn that he is sexually molesting a child. In any case, the differences between those battered women who kill and those who do not have more to do with the man's behavior than with the woman's. Most battered women are more sensitive than the non-battered woman in perceiving the imminent danger to which they respond.

VI. CONCLUSIONS

In summary, battered women who kill are not different from those who do not kill. All of the differences have been

28. Angela Browne & Kirk R. Williams, *Exploring the Effect of Resource Availability and the Likelihood of Female Perpetrated Homicides*, 23 L. & SOC'Y REV. 75 (1989).

found in the frequency and severity of violence committed by the batterer.²⁹ Over fifty percent of all women who are killed in the United States are murdered by previously violent husbands, usually when they attempt to terminate the relationship. It is important for legal and mental health professionals to understand the dynamics of violent relationships to avoid inadvertently escalating their already high lethality potential. Properly documented records may be useful should the case end up in court.

Since the introduction of what is often called the "battered woman self-defense" defense on behalf of those women who do kill in self defense, many more women are receiving a fair trial. Often they are found not guilty by a jury who listens to what the women and other witnesses have to say, and the testimony of a psychologist who helps put the information into the context about what we know about the psychological effects of battering on the women's state of mind. Expert witness testimony about the impact of abuse on women who commit other kinds of criminal acts at the demand of their batterers as well as using the testimony in civil cases to measure personal injury has helped women in their attempts to get justice in the courts. Newer applications of such testimony in cases such as battered children who kill parents in self defense demonstrate the application of psychological theory to help understand victims' states of mind in a variety of situations.

29. See, Browne, *supra* note 3; TERRIFYING LOVE, *supra* note 2.