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Becoming Advocates for Battered Women

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Becoming Advocates for Battered Women.

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Through her research, an advanced practice nurse has identified five stages through which abused women proceed on their way to freedom. The author calls on all clinicians to become advocates for battered women by recognizing them in clinical practice and helping them find the road to a life of safety, peace, and restored self-esteem.

In the United States alone, 1.8 million women are assaulted each year by a boyfriend or husband [1] in 1992 and 1993, 28% of female homicide victims were killed by an intimate partner. [2] Of the 500,000 women who seek medical care for violence-related injuries each year, 62% are seen in emergency departments [3] (comprising perhaps 30% of all women who seek emergency care [1]). Others visit their primary care clinician or a clinic on the pretense of needing routine care or treatment for somatic complaints. [4]

Considering the growing prevalence of battering in our society nurse practitioners and physician assistants are increasingly likely to encounter such patients in everyday practice. I encourage them to be alert to physical injuries that may have been inflicted intentionally, and to other clues abused women may drop during health care visits. In the office or clinic, create an atmosphere that will prompt women to confide about violence: Post visual aids that depict concern for women who experience battering. Hang posters with tear-offs of telephone numbers for local battered women's shelters and hot lines. Perform examinations without the patient's partner present.

Over a period of five months, I conducted detailed interviews with four women

whom I met through local domestic violence and sexual assault crisis centers. They ranged in age from 21 to 52 years and were from diverse socioeconomic, educational, and cultural backgrounds; each had left a relationship with a man who had abused her physically. As a result of analyzing the information I gathered, I have formulated what I see as five stages that battered women pass through in their progression from abuse to freedom: beguilement, bewilderment, control, escape, and reflection. With an understanding of these phases, PAs and NPs can better identify patients who may be experiencing abuse or battering. Recognizing the stage in which such a patient is now living will

enable the alert and caring clinician to intervene with life-saving support and appropriate options.

BEGUILEMENT

This name reflects the way in which women are often "charmed" by the very men who will become their batterers. One participant described her partner as very thoughtful, "very much a gentleman" during their courtship. Another insisted on having had no perception that the man she was dating might be a batterer. Both women described the early days of these relationships as "intense." [5]

During the beguilement stage, practitioners should be aware, the woman may not be receptive to discussing the potential for violence in her new relationship.

BEWILDERMENT

Bewilderment developed as instances of mistreatment began to surface. The women said they found it difficult to believe that their partners' initial acts and gestures of control, power, jealousy, and battering were actually happening. They hoped these would turn out to be isolated events--and accepted the men's apologies. One woman recalled thinking, "Something's wrong--but you say, 'Maybe it won't happen again, because there's this other side to him.' I believed I could change him. I thought, 'Hey--at least I care about him. Maybe nobody's ever cared about him before.'" [5]

CONTROL

Control describes the power a batterer gradually gains over a woman. Soon she becomes enmeshed in the abuse, beaten into submission, controlled in every aspect of her life. The women who were interviewed said they reached a point where they were barely able to respond. Emotional abuse, physical battery, fear, and decreased self-worth were "subthemes" of this stage.

Stalking the woman and destroying her property are two ways abusive partners wield their mental and emotional control over her, destroying her sense of stability. The abuser's irrational fear of unfaithfulness may surface in expressions of jealousy--which in some cases extends to rivalry for the children's affection.

Many abused women are forced to become alienated or estranged from family and friends. Two women who were interviewed likened the isolation to that of a prisoner of war. Thoughts of escape are squelched when the man assumes financial control; he may even threaten her with loss of custody of the children.

In the four women's stories, battering included physical restraint, attempted strangulation, and severe beatings--in one case, even when the woman was pregnant. The men also exerted domination during sexual intimacy.

Yet the women protected their batterers from detection, believing that by doing so, they protected

themselves from further beatings. One woman said she was so afraid for her life that to be killed seemed her only possibility for escape. The women also feared for the safety of their children and other family members.

Each participant was plagued with self-doubt and eventually overcome by a loss of self-worth. In one woman's words, "You can live with the physical abuse. You get like, 'What are you going to do, hit me? So, hit me.' The mental abuse is much worse--when they start to say, 'You're nothing' and 'You're this' and 'You're that' and 'You're worth nothing.' That's the worst part of it.... Because your body will heal in time, but your mind is something else." [5]

Self-destructive behavior, suicidal ideation, and/or attempted suicide may emerge during this stage. One woman said her depression was exacerbated by attempts to escape through alcohol and drug use.

ESCAPE

Although none of the women who were interviewed recalled a specific event as the catalyst for her decision to leave, escape was always preceded by anger directed at themselves or at the abuser. One woman remembered thinking, "If I stay here any longer, I'm going to kill him in his sleep."

For each woman, escape marked a personal turning point. Once women took the first step, they received support and encouragement from family, friends, and law enforcement officials to stand their ground. [5]

REFLECTION

During this final stage, women tend to look back and examine how the battering experience affected them--individually and in other relationships. Despite the grace and strength these four exhibited, fear and guilt lingered.

Learning to trust again was a long, slow process--even for women who had remarried gentle, caring men. "My credit cards now are all in my name," said one. She loves and trusts her new husband; he does not drink; he would do nothing to hurt her, she said. However, "There's still this little fear." [5]

Another admitted, "I'm still watching [for her abusive partner]. I've noticed that this guy in town here looks just like him, and I absolutely freeze up." [5]

The women struggled to let go of their guilt--guilt over having allowed their children to witness or experience violence in their home; guilt over having accepted meaningless apologies over and over.

Still, their lives are enriched by a newfound self-awareness. One considers herself more sympathetic and more empathetic now. Another reflected, "It took me a long time to get back my self-esteem ... and to retake control of my life ... because he had stripped all that. He had belittled me down to--

boom!--nothing," she explained. Yet that very experience, she added with some surprise, has made her stronger. [5]

TRUST, UNDERSTANDING--AND HEALING

These interviews reveal the impact that battering can have on a woman's life; they uncover a process a woman must struggle through in order to leave a hurtful relationship. Generally, women are not seeking to be dependent in a relationship--but to be involved in a relationship of mutual respect and understanding.

For every female patient you examine, it is important to ask her in a nonjudgmental manner whether she has ever been in an uncomfortable relationship, or whether she has ever been physically or verbally hurt by a partner. Draw her out gently. When a woman discloses (or even hints) that she is being abused or battered, she is trying to reach out, to trust--but may be taking what she considers an enormous risk. Clinicians must seize on the moment, rewarding the patient for that tentative trust. Explain the phases of a battering relationship and help the woman identify where she now stands--and understand where she might be if she can confront her situation and take the right steps. If she is not ready to talk, at least you have broached the subject. Your patient may turn to you later for information and guidance.

The woman's safety is your first priority. If she is willing, help her to develop a contingency plan. Encourage her to pack a change of clothes, medications, extra keys, cash, checkbook, and important papers, and a special belonging for each child (if appropriate); these can be left with a neighbor or friend at a place she feels she can go, day or night. Alert her to signs that she may be in danger of homicide. If she seems safe, hand her a small card with a hot line number and the number for the nearest women's shelter (see Table 1, page 27).

Above all, convince the battered woman of her value as a human being. Empower her to end the abusive relationship and seek the life she deserves.

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