
Brainwashing and Battering Fatigue

Psychological Abuse in Domestic Violence



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Abstract

Intimate partner violence occurs often in the United States; it involves an interrelated combination of physical, sexual, and psychological abuse, usually directed against women. The psychological aspect deserves special attention because victims who lose their independence, self-esteem, and dignity tend to remain in abusive situations. The abuse is perpetrated by a domestic partner to maintain power and control in the relationship. To assert control, the abuser uses “brainwashing tactics” similar to those used on prisoners of war, hostages, or members of a cult. Common features of brainwashing include isolation, humiliation, accusation, and unpredictable attacks. The abusive environment produces real and anticipated fear, which contributes to the battered woman’s belief that her situation is hopeless and that she must depend on her abuser. She develops coping strategies to deal with her oppressive environment, but eventually exhibits symptoms of “battering fatigue,” similar to the battle fatigue of soldiers in combat who, like battered women, live in fear of being killed or severely injured. Recognizing the state of mind of these women can help us understand why it is difficult for them to flee their traumatic environment and why they may resort to suicide or homicide. For healthcare providers to screen and treat their patients adequately, it is imperative that they appreciate the complex and devastating psychological aspects of domestic violence.

SR had been beaten by her husband repeatedly during their seven-year marriage. She was three months pregnant, but her husband would not allow her to visit a doctor or tell anybody

about the pregnancy. An argument arose when her husband demanded that she have an abortion. As he was kicking her in the abdomen in an attempt to kill their unborn child, she hit him on the head with an ax handle, accidentally knocking him into a kerosene heater. He died from the burns. SR was sentenced to 80 years in prison for the “murder” of her husband.

Intimate partner violence is a major health problem in the United States. It affects people from all backgrounds. It includes physical, sexual, and psychological abuse. Whether they are aware of it or not, doctors of all specialties treat people suffering from intimate partner violence. The extent of the problem is shown by the fact that more than 50% of women ever presenting to an emergency department for any reason have been abused at some time in their lives.¹ Many of us are familiar with the physical abuse that these patients endure, but successful treatment requires understanding psychological abuse, which often leads to loss of self-esteem, dignity, and independence. O’Leary found psychological abuse was rated as worse than all but the most extreme levels of physical violence.²

In this paper we describe the psychological condition of battered people like SR, and explain how their coping responses and symptoms represent reactions to extremely traumatic situations. Understanding the state of mind of these women can help us see why they remain in abusive relationships and even find themselves in a position of having to kill or be killed. In addition, we will stress that doctors can work with other professionals to stop the violent legacy of substance abuse, suicide, and homicide. Doctors can play a crucial role in the detection, treatment, and legal defense of battered women by recognizing their state of mind.

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The Battered Woman Syndrome

Historically, “domestic violence” or “intimate partner violence” has been described as more than one entity, a continuum of abusive relationships. It has been thought of in two categories:³ (1) an “interactive type” of battering, and (2) the “Battered Woman Syndrome,”⁴ differentiated by what precipitates the abuse. Women involved in interactive abuse often seem to precipitate the attacks and more often file charges. However, we don’t know what led up to these attacks. This form of abuse is less common according to Saunders, whose study of battered women found that only 8% used nonsevere violence to initiate an attack.⁵

The abused women discussed in this paper fall into the category described by the “Battered Woman Syndrome.” Lenore Walker originally defined this syndrome,⁴ in which the male partner is the precipitator of violence. Walker described the “Cycle of Violence,” a three-stage cycle that was predictable to the victim. It consists of (1) a buildup of tension, (2) the battering, then (3) a making-up. The result is psychophysiological stress and low self-esteem. The “loving” make-up phase is a calm respite that falsely raises the battered woman’s hopes.⁶ The cycle of violence theory was questioned because it was not present in some abusive relationships and also because it implied that abuse was predictable and intermittent, thereby obscuring the ever-present controlling behavior of the batterer.⁷ Walker later emphasized that the syndrome should be conceptualized in terms of the victims’ reactions and psychological symptoms. She and others have suggested that the battered woman syndrome is similar or identical to post traumatic stress disorder (PTSD). Presently, the definition of the syndrome varies depending on whether it is used in a psychological, medical or legal framework.

To better comprehend the lives of battered women, one must appreciate the ongoing, interrelated nature of physical, sexual, and psychological abuse. Abuse is perpetrated by a domestic partner to maintain power and control in the relationship. To accomplish this, the abuser uses “brainwashing tactics” similar to those used with prisoners of war (POWs), hostages, or members of a cult. Brainwashing has five common features: isolation, unpredictable attacks, accusation, humiliation, and threats. It produces an environment of real and anticipated fear, contributing to the battered woman’s belief that her situation is hopeless and that she is dependent on her abuser. The battered woman may find ways to cope with the oppressive environment, but eventually she develops symptoms of “battering fatigue,” similar to the battle fatigue of combat soldiers, who also live in constant fear of being killed or severely injured. Grant’s 1995 study of battered women supports this formulation. The women in

her study repeatedly emphasized the psychological abuse and torment they experienced. Interestingly, and possibly as a result of brainwashing, many of these women spoke of their partners’ needs, not their own. They seemed to be describing battering fatigue when they referred to the violence they had experienced as, “a blur, one episode melting into the next.”⁸ No one—regardless of background, financial status, or personality type—is immune from the battered woman syndrome.⁹ Many previously competent, independent women, once victimized, become “anxiety-ridden, confused, depressed, suicidal, helpless, and full of guilt and shame.”³ In other words, “battered women are not ‘sick’ but they are in a ‘sick’ situation.”¹⁰ Their coping behaviors represent a response to their traumatic environment, and their symptoms, a response to the stress they experience.

The “Battered Woman Syndrome” might properly be termed the “Battered Spouse (or Partner) Syndrome” because men can be abused, but few cases of severe intensity have been reported. Women are victims of intimate partner homicide about eight times more often than men, and women are assaulted by their partners seven times more often than men are.¹¹ However, the number of male victims may be underreported, influenced by male stereotyping: men may be less willing to reveal themselves as victims, and authorities may be less sympathetic to their complaints. Similarly, when intimate partner violence occurs in same-sex partnerships, the abused partner often does not report it because of anticipated condemnation of the relationship.

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The Brainwashing Process

Battered women often remain in abusive relationships because brainwashing has led to acceptance of the situation and even an idealization of the abuser. The primary perpetrator of the brainwashing is the abused person’s partner. Morgan, comparing the abuser’s tactics to those of the political terrorist, referred to the process as “conjugal terrorism.”¹² Conjugal terrorists use or threaten to use violence to break down the resistance of their partners and control them. Tolman, in a survey of 407 men and 207 women in a domestic violence program, found dominance-isolation and emotional-verbal abuse elements in their relationships.¹³ In the “Chronic Battered Syndrome,” Steinmetz described how brainwashing produces fear, isolation, guilt, and emotional dependency in victims,³ and Browne pointed out that abused women develop survival skills rather than escape strategies, similar to the situation with POWs.¹⁴

Physical and emotional isolation are features of brainwashing in POWs, hostages, members of cults, and battered

women. Abusers often deprive their partners of social support by limiting contact with friends and family. The battered women are rarely left without supervision. Abusers may insist that both partners work at the same site, or they may forbid the opportunity to work at all, thereby creating financial dependence. Abused women become further isolated by trying to hide the violence, fearing that society will blame or shun them. They may be afraid to involve others, believing that the abuser may harm those others. Isolation makes abused women more receptive to their partners' negative suggestions and reinforces the development of new values and behaviors. The victim's only validation of her self-worth comes from the very person imposing her isolation.¹⁵

The unprovoked nature, the unpredictable timing, and the uncontrollability of attacks contribute to the brainwashing. Maria Roy found that in 15% of cases, unprovoked wife assault began early in the relationship, often during the honeymoon.¹⁶ The inability to control the attacks can lead to a state of mind somewhat analogous to "learned helplessness,"¹⁷ a psychological paralysis seen in caged dogs subjected to electrical shocks at random and varied intervals. The dogs first try to escape, but give up when they learn that they can not control the situation. Similarly, cult victims subjected to unpredictable positive—and negative—reinforcement became unable to evaluate the cult system or separate from it. Prevented from escaping or commenting on the situation, cult members, like experimental dogs, did nothing to change it. They became ambivalent about their own values, opinions, and decision-making capabilities.¹⁸

Battered women, too, can feel "caged" within their homes, subjected to unprovoked and unpredictable attacks, and unable to stop them. Their inexplicable acceptance of the situation may be a form of learned helplessness. However, it must be emphasized that they are not globally paralyzed, for they continue to find coping mechanisms to protect themselves and their children. They may try to avoid visual contact with the abuser, to appease him or prevent him from hurting their children by sending them to another room. They may abuse alcohol or drugs or develop trance-like, dissociated states to cope with their psychological and physical pain.¹⁹

A third common feature of brainwashing is that pain is followed by "kindness." This "bad guy/good guy" tactic continues the control process by confusing the victim and increasing her dependency on the abuser. With no visible escape, sudden kindness from her abuser gives the woman false hope that he will change. Of course, sometimes his behavior seems relatively positive only because the violence has temporarily stopped.¹⁰

In a 1993 study of battered and emotionally abused women, Dunton and Painter found that intermittent bad/

good treatment led to a paradoxical attachment to the abuser.²⁰ In 1942, Anna Freud explained this type of behavior as "identification with the aggressor."²¹ This mental state has been compared to the "Bettelheim Syndrome," referring to those concentration camp inmates who coped psychologically with their traumatic environment by identifying with their guards in hopes of survival.²² Unable to change their situation, they became depressed, showed little anger toward their captors, and did not try to escape. They could see few alternatives and those few appeared too dangerous.²³ Marcus, in 1999, explained the Bettelheim Syndrome as a way for people living in extreme situations to maintain their autonomy.²⁴ This may be a significant reason why 75% of battered women seen for medical injuries return to abusive relationships.²⁵

Guilt is a fourth element in brainwashing. Victims who feel guilty feel they deserve punishment.³ In a study of 30 abused women, Landenburger found that the words "blame," "shame," and "responsibility" came up often.²⁶ Many battered women are falsely accused of infidelity and adultery by over-controlling husbands.¹⁶ This is reminiscent of hostages who are blamed for their governments' actions or of POWs who are accused of killing innocent people. Repeated, false accusations can be psychologically devastating. A study of 12 abused women who killed their spouses indicated that psychological abuse by extremely jealous and possessive abusers may be more detrimental than physical abuse.²⁷

In addition to producing guilt, repetitive degradations lower the battered women's self-image. The women are called "ugly," "fat," "trash" and "rejects." The low self-esteem created by this debasing language can lead the abused women to believe they are undesirable and unworthy. They stay with their abusers because they feel no one else would want them.

Professional advisors, family, friends and society sometimes reinforce the battered women's feelings of guilt and low self-esteem. Comments like "He can't help his temper because he comes from a terrible background; you need to show more sympathy," or "A good woman can change a man," or "You know, you shouldn't upset him when he's drinking," make women feel responsible for inducing the abusive behavior. They become convinced that they cannot survive without the partner when others say, "You and your children will starve if you leave him." The women may feel pressured by those who say, "You've got to stay in the marriage for the sake of the children." Feelings of guilt and inadequacy can lead the women to be thankful that their abusive husbands "tolerate" them. Some professionals also contribute to this process by saying, "Whether you know it or not, you must be getting something out of this relationship or you wouldn't stay." Or,

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"If you want my help, you need to file a complaint, and leave him." These ostensible helpers are inadvertently blaming, criticizing, or coercing the victim instead of appreciating her psychological condition and dangerous physical environment.

Fear is the fifth and most powerful element in brainwashing. It is an important part of the other elements. Besides the actual physical assault, the anticipation of assault creates an extremely fearful existence, and makes battered women grateful just to survive. Studies showed that most battered women did not defend themselves for fear it would worsen the situation. They tried to remain passive and protect themselves or to escape temporarily.²⁸ They feared for their children's welfare and future safety. Unexpectedly, DeMaris and Swinford found that women who had sought help from shelters, lawyers, or therapists were more fearful than those who had not.²⁸ The threat of reprisal is real. Battered women who leave their partners may be hunted down, terrorized, abused or even killed.²⁹

Symptoms of "Battering Fatigue"

Battered women develop psychological symptoms from the brainwashing process. The symptoms are similar to those of battle fatigue (shell shock). *The American Soldier*, a book about the US Army in World War II, states, "In combat, the individual soldier was rarely sure of what had just happened, what was going on at the moment, or what was likely to occur next . . . This kind of unceasing confusion—the lack of firm constants to which behavior could be oriented—exposed the individual to insidious anxieties."³⁰ A study of 5,000 soldiers in combat found that the constant fear of death led first to hyperarousal and then to exhaustion: "They became unable to distinguish friendly from enemy fire or to locate it. They became dull and listless . . . preoccupied, and had increasing difficulty in remembering details."³¹ Importantly, the symptoms occurred in otherwise healthy soldiers, because unstable individuals had been excluded before combat.³¹

Chronically battered women also fear for their lives, surviving one assault to await the next. They exhibit symptoms of fear and hyperactivity followed by exhaustion. The term "battering fatigue" describes this situation. Browne referred to the response in battered women as a "battle reaction" leading to severe passivity.¹⁴ Hilberman and Munson found anxiety, insomnia, and suicidal feelings in their study of 60 battered women, and suggested "the women were a study in paralyzing terror." All had violent nightmares about someone or something trying to kill them. They were passive and unable to act independently.³²

Hints of impending danger often increase a soldier's—or a woman's—feeling of terror and impair the ability to function.¹⁰ A soldier, hearing a distant explosion, anticipates that the enemy will soon be near. A battered woman, hearing her abuser's footsteps, the rate of his speech, or the way he looks at her, is alert to potential danger. These stimuli are ever present, constantly reminding both soldiers and battered women of their vulnerable position.

Diagnostic Conceptualization

The stress symptoms of battering and battle fatigue are often associated with the diagnosis of Post Traumatic Stress Disorder (PTSD). However, PTSD usually describes the symptoms that occur in the aftermath of a traumatic event (a natural disaster, a witnessed murder, a near-fatal car crash, or even a prior abusive relationship). The stimuli for battering fatigue occur in the ongoing present, not the past. The more recent concept of Acute Stress Disorder (ASD) comes closer to the mark by encompassing stress symptoms, lasting from two days to four weeks, created by ongoing traumatic events. Still, the concept of ASD does not take into account the fact that the symptoms of battering are generated from a chronically stressful environment and last for longer periods of time. Perhaps it would be best to think of the symptoms of battering fatigue as a Chronic Stress Disorder.

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The Price of Failing to Recognize Abuse

JP's husband would not allow her to speak to her friends or family although they lived only one mile away. He repeatedly beat her and forced her to have sex with his friends. He checked the mailbox for all outgoing and incoming mail, controlled the money, and knew where she was at all times. JP admitted to killing her husband, but had no memory of the event. She was sentenced to ten years in prison for the murder of her husband.

Without recognition and intervention, an extreme outcome of the battered woman syndrome is death of the victim or abuser. Besides the mental and physical morbidity of battering, over 4,000 abused women are killed yearly by their male partners,³³ and about 750 male abusers are killed each year by their female partners.³⁴ Only 12% of all homicides in the United States are committed by women—in most cases, women who killed violent partners.³⁵

Many battered women gradually accept a certain level of abuse to survive, but some will defend themselves to the extent of homicide. What drives these women? Browne found that the difference between those who kill and those

who do not relates to their degree of fear. Women who use violence are so fearful for their lives or those of their children that they kill in “self-defense.”¹⁴ In some instances, the act of self-defense does not actually occur during an assault. The abused woman may kill her abuser while he is sleeping or leaving the scene of attack. This is understandable in view of the woman’s perception of imminent danger. In addition, because of the often disproportionate size and strength of the abuser, battered women may only be able to overcome the abuser when he is in a vulnerable position. Testimony about the psychological aspects of battering relationships has helped some battered women receive fair legal trials.

What Can We Do?

Abusers control their victims with a brainwashing process similar to that used on POWs, hostages and cult members. Like other “captives,” battered women are isolated, confused, dependent, guilt-ridden, and scared for their lives. These women develop a variety of responses for coping with their situation. They also exhibit stress symptoms of “battering fatigue.” Often these women are convinced that they have no way out of the their situation.

Some healthcare providers, when confronted with intimate partner violence, expect someone else - social workers, police officers, or lawyers - to take care of things. This means many cases of abuse remain undiscovered and unreported. Doctors are often the only ones in a position to recognize the physical symptoms (somatization) with which—instead of words—emotional pain is sometimes expressed in battered women. Thus doctors may be best able to make a difference in what happens to these women. Several screening tools can help identify individuals living in abusive relationships. One example is the “4 HITS” approach, which asks respondents how often their partner physically “Hurt, Insulted, Threatened with harm or Screamed at them.”³⁶ Screening questions may have to be repeated, perhaps many times, before a respondent will admit to abuse.

Understanding a battered woman’s state of mind is crucial to helping her leave an abusive relationship. Because of brainwashing and battering fatigue, some women feel trapped. It is the responsibility of healthcare providers to diagnose the condition, contact the appropriate agencies, and work effectively with the legal system. Ultimately, the abused person needs emotional, economical, political, and societal support to maintain her safety. The first step toward this desired level of safety is to “decondition” the battered woman’s experience. She needs to stop viewing the batterer as “all-powerful” and to strengthen her sense of independence.

Battered women also need help to recognize and recover from stress symptoms. In 1999, Arias and Pape studied the role of psychological abuse (as opposed to physical abuse) in determining battered women’s intentions to terminate abu-

sive relationships. Only victims with minimal PTSD (stress) symptoms were able to leave their abusive partners.³⁷ These findings support the idea that battering fatigue, with its paralyzing terror and emotional exhaustion, makes it difficult for women to leave abusive partners. It may help if we think of leaving as a process.³⁸ The woman needs first to envision life without her abuser and to prepare emotionally to separate. Curnow³⁹ and Landenberger²⁶ point out that leaving is most likely to occur after a woman has sought help for a battering episode. After becoming psychologically ready, the woman then needs a practical plan to ensure her safety so that she can seek long-term independence in the form of employment, housing, and support services.

It may take years for some women to leave an abusive situation. Therefore, health care providers must be patient and understanding when victims refuse to acknowledge the extent of the abuse and return to the abuser. Regardless of the strength of their denial or the outcome of our interventions, we should validate victims’ feelings and offer choices. Our goal is to educate the abused person about her psychological condition while we treat her physical injuries. With respect, support and treatment, many battered women will ultimately be able to put their lives together and create healthy homes.

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