



Critique of the “Battered Woman Syndrome” Model

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Although widely misunderstood even among legal professionals, “battered woman syndrome” is not a legal defense. It is one approach to explaining battered women’s experiences. Like other “social framework testimony” (Vidmar & Schuller, in press), expert testimony concerning battering and its effects is used in the legal system to help a judge or jury better understand a battered woman’s experience (Federal Rules of Evidence 702). The purpose of this paper is to offer a critique of the concept battered woman syndrome as a means of framing battered women’s experiences (Gordon & Dutton, 1996).

Review of the concept “battered woman syndrome”

The concept of battered woman syndrome has evolved from its inception in the late 1970’s. Initially, it was conceptualized as “learned helplessness,” a condition used to explain a victim’s inability to protect herself against the batterer’s violence that developed following repeated, but failed efforts to do so (Walker, 1977-78). Another early formulation of battered woman syndrome referred to the cycle of violence (Walker, 1984), a theory that describes the dynamics of the batterer’s behavior. The cycle of violence theory can be used to explain how battered victims are drawn back into the relationship when the abuser is contrite and attentive following the violence. More recently, battered woman syndrome has been defined as post-traumatic stress disorder (PTSD) (Walker, 1992), a psychological condition that results from exposure to severe trauma. Among other things, PTSD can explain why a battered victim may react, because of

flashbacks and other intrusive experiences resulting from prior victimization, to a new situation as dangerous, even when it is not.

In the courtroom, expert testimony concerning domestic violence can be offered for various purposes: (1) to show that a defendant is a battered woman, (2) to explain a battered woman’s state of mind, (3) to generally support a claim (e.g. when a battered victim is suing a batterer for damages) or the validity of a particular defense (i.e., when a battered victim is the defendant), (4) to explain a battered woman’s conduct, (5) to explain a battered woman’s recantation or resistance to prosecution (i.e., when a battered victim is witness in prosecution case), (6) to bolster a battered woman’s credibility, or (7) to explain the existence of mitigating factors (i.e., for purposes of sentencing when a battered woman has been found guilty in a criminal trial) (Parish, 1996). Statutes and case law vary from state to state and across federal jurisdictions; in some, this testimony is referred to as “battered woman syndrome.” The critique that follows derives from the view that syndrome language generally, and battered woman syndrome more specifically, is inadequate to the task of describing battered women’s experiences, whether for the purposes of expert testimony, counseling, or advocacy.

Critique of the concept “battered woman syndrome”

There has been a great deal of progress in the admissibility of expert testimony in criminal cases involving battered victims under the rubric of “battered woman syndrome.” However, in domestic violence

cases the “courts have focused on a syndrome model to the exclusion of other research that, though less legally convenient, more accurately depicts the social and psychological consequences of domestic violence” (Schuller & Hastings, in press). There are a number of concerns that suggest the need for a reformulation of this model. Five such points are described below.

1. There is no single profile of a battered woman.

“Battered woman syndrome” signals a particular area of testimony or type of case. One advantage of short-hand label is ease of communication. The disadvantage is related: “battered woman syndrome” has become a stereotype that often does not fit the current state of knowledge concerning battering and its effects. Further, the stereotypic image of “battered woman syndrome” is often clouded by other stereotypes such as those based on race, culture, social class, and sexual orientation, for example.

There is no single profile of the effects of battering although “battered woman syndrome” suggests that the psychological impact of battering is defined by a common set of symptoms. Nevertheless, battered women’s reactions to violence and abuse vary; they include emotional reactions (e.g. fear, anger, sadness); changes in beliefs and attitudes about self, others, and the world (e.g. self-blame, distrust, generalized belief that the world is unsafe); and symptoms of psychological distress or dysfunction (e.g. depression, flashbacks, anxiety, sleep problems, substance abuse). A particular battered woman’s reactions may or may not meet criteria to warrant a clinical diagnosis. Variations in women’s traumatic response to battering are based on characteristics of (1) the violence and abuse, (2) the battered victim, and (3) the context or environment in which battering occurs and in which the battered woman must respond to and heal from it, e.g., based on racial and cultural factors, social class, social support.

2. The term “battered woman syndrome” is vague.

There is no clearly defined set of criteria to define “battered woman syndrome.” If the label “battered woman syndrome” is reserved only for battered

women with specific types of reactions (e.g. posttraumatic stress disorder), then using it instead of the diagnostic term is confusing especially since battered woman syndrome is not a recognized diagnostic term in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 1994). Further, other reactions to battering that are relevant to pending legal (or other) issues may be excluded from consideration. Alternatively, if the term is used more broadly to refer to a range of psychological reactions to battering, as it often is in actual testimony by experts, then its diagnostic utility is lost since there is no clearly defined criteria for inclusion. In this case, the question of whether a battered woman “suffers” from battered woman syndrome is not an appropriate question: its meaning is vague and can be misleading.

3. Posttraumatic stress disorder, compared to other psychological reactions to battering, is not uniquely relevant for understanding legal (or other) domestic violence related issues.

PTSD can result from exposure to domestic violence and it may be relevant for explaining a victim’s fear or other behavior in a specific situation. However, there is no basis to suggest that PTSD has exclusive or even greater relevance, for either legal or clinical issues, than do other types of psychological reactions to battering. Importantly, the absence of PTSD does not signal the lack of other posttraumatic stress reactions nor does it negate the reasonableness of a battered woman’s fear. To the contrary, posttraumatic reactions leading to diagnoses other than PTSD (e.g. Acute Stress Disorder, Dissociative Amnesia, Major Depressive Disorder), as well as those which do not constitute clinical diagnoses (e.g. fear, anger, transient dissociative reaction, shame, distrust), may in some cases be more salient for understanding pertinent legal or clinical issues. For example, understanding the battered woman’s appraisal of specific batterer behavior as threatening is typically more relevant both for addressing specific legal issues and for victim advocacy than merely whether or not she meets diagnostic criteria for PTSD. As well, victim’s depression or suicidal thoughts as a reaction to battering may be more salient for addressing victim’s current safety or

for understanding her previous actions.

4. The relevant information relied upon for expert testimony in legal cases, advocacy, and clinical intervention involving battered victims extends beyond the psychological effects of battering.

The various purposes of expert testimony (see “Review” above), advocacy, and clinical intervention typically require information in addition to the battered victim’s psychological reactions to battering. This information includes (1) an analysis of the dynamics of violence and abuse, (2) the battered victim’s strategic responses to violence (i.e., what she did in attempting to resist, avoid, escape, or stop the violence), (3) the short- and long-term outcome of those efforts, and (4) the social and psychological context in which the battering occurred (e.g., cultural and ethnic factors, economic factors, social network, the battered victim’s prior traumatic experiences, the response of the police and other institutions to the battering) (Dutton, 1993; Gordon & Dutton, 1996). The body of knowledge that forms the foundation of expert testimony, advocacy, or clinical intervention cannot be adequately defined by a single construct or diagnosis, including battered woman syndrome.

5. The term “battered woman syndrome” creates an image of pathology.

Battered woman syndrome language creates a stereotyped image of pathology. A woman characterized as suffering from battered woman syndrome is typically viewed as flawed, damaged, disordered, or abnormal in some way. Although it is true that many battered victims suffer negative effects of battering, syndrome language necessarily places the emphasis on pathology, not on the whole picture that also includes the battered woman’s strengths and efforts, as well as other’s responses to the situation. Notably, a battered victim’s normal reaction of fear or anger can be the most important issue for explaining her state of mind at the time of an alleged crime or for understanding her motivation for other behavior. Further, it may be essential to explain the apparent absence of fear, for example, by considering how cultural factors influence the manner of emotional expression. An expert

witnesses’ attempt to refocus attention away from pathology after having invoked the concept “battered woman syndrome” can be confusing and appears contradictory. The term “battered woman syndrome” may inadvertently communicate to the jury or judge the misguided notion of an “abuse excuse.” Use of the term battered woman syndrome perpetuates stereotypic images of battered women.

Conclusion

An extensive scientific and professional literature concerning traumatic experiences, including domestic violence and victims’ reactions to it, provides a solid foundation for expert testimony in cases involving battered women. Expert testimony concerning battering and its effects cannot adequately rely on a single construct such as “battered woman syndrome”: the comprehensive body of existing knowledge cannot be so condensed. Instead, focus should be on identifying the specific questions relevant to the issues at hand for which there is a body of knowledge to support a valid conclusion.

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