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Domestic Violence: A Medicolegal Review

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ABSTRACT: This paper reviews the recent medical and legal literature in the field of spouse abuse. Domestic violence is a national phenomenon that directly affects victims of spouse abuse and indirectly conditions the children of the victims to accept violent behavior as normative. This paper characterizes the cycle of violence battered women encounter, describes their injury patterns, explores the dynamics of the abusive relationship, and discusses the factors that compel women to remain in such violent relationships. The second section describes many of the recent legislation designed to prevent spouse abuse. Next, this paper addresses the case law utilizing the "battered woman syndrome" as a defense for spousal homicide. The third section of the paper explores the often neglected topic of the battered husband.

KEYWORDS: jurisprudence, psychiatry, spouse abuse

Since the mid 1970s, there has been a growing awareness of the problem of violence in the home. First, the issue of battered children was brought to the attention of the medical and legal communities in the early 1970s. Later in that decade, an awareness of the problem of spouse abuse surfaced. As adults seem to need less protection than children, there was more reluctance to accept this problem as one of equal worth to child abuse. Nonetheless, both the medical and legal communities have begun to appreciate the complex and widespread nature of the problem of spouse abuse and have responded accordingly.

This paper reviews the recent, major literature in the fields of American medicine and law dealing with spouse abuse. As most of the literature involves violence directed against women, that is the major focus of this paper. However, the problems of the battered husband, although less mentioned, are no less important, and so are also discussed.

Domestic Violence—General Considerations

Domestic violence and spouse are the terms applied to violence that occurs between partners in an ongoing sexual relationship irrespective of whether the partners are married [1]. Estimates of the incidence of domestic violence in the United States range from 1.5 million cases per year to 50% of all family relationships [1]. Since violence is said to occur in 50% of American families, the marriage license might be viewed as a "hitting license" [2]. Family violence, although ignored, is perceived as more normal than violence between strangers. A 1968 interview survey of a representative national sample of adult women and men found that 20% approved of husband and wife hitting [3]. Spouse abuse encompasses all classes. In a study of 600 couples who were in the process of divorce, 40% of lower class women and

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23% of middle class women reported physical abuse by their husbands [4]. The implications of spouse abuse are twofold: the direct effects on each other and the effects on their children.

Recent statistics show that 20 to 50% of all murders in this country occur within the family [2]. A Kansas City, Missouri police study reported that 40% of the city's homicides were between spouses [5]. In more than 85% of these homicides, police had been called to the homes at least once before the fatal episode, and in one half of these cases they had been called to the home five times during the two years before the murder. Dobash noted that violence is not evenly distributed among family members, but is felt disproportionately by women [6]. According to Dobash and Dobash, 40% of all female homicide victims were killed by their husbands, whereas only 10% of male homicide victims were killed by their wives. Dr. Frazer reviewed female homicide cases in Cuyahoga County, Ohio (Cleveland) from 1969 through 1980 and also found that approximately 40% of women were killed by their husbands or boyfriends, but only 10% of men were killed by their wives or girlfriends [7].

If the individual death statistics are disturbing, the direct and indirect effects of the violence of these parents on their children are more disturbing. Gelles and Strauss observed that the family is the primary training ground for violent behavior: "A person is more likely to observe, commit, and to be the victim of violence within the family than any other setting" [12].

A national survey was conducted by the National Center on Child Abuse and Neglect to assess violent behavior among family members in 2143 families [8]. The survey asked the families if specific behavior had occurred in their homes during the past year and if so, how often. The behavior ranged from throwing, grabbing, kicking, punching, to using a knife or a gun. Based on such behaviors, the violent behavior was recorded as to whether between spouses or from parent to child or child to parent. The study found an overall incidence of 16 violent behaviors per 100 couples (spouse to spouse), 63 violent behaviors per 100 parent-to-child couples, 18 violent behaviors per 100 child-to-parent couples, and 79 violent behaviors per 100 child-to-child couples. Thus violence is widespread among family members and the violence between parents is viewed as acceptable by the children. Steele and Pollock have found that most abusive parents were abused as children [8]. Coleman has observed that most men treated for conjugal violence had also experienced violence during their childhoods and observed violence between parents.

In the study cited above it was also noted that the rate of child abuse was 72% higher in families where the parents approved of slapping their spouses. The study also noted that there was a 30% higher rate of child abuse in families in which there was an actual incident of physical violence between parents during the year [8]. Thus socialization for violence within the family setting transmits the legitimacy of such behavior, whether destructive or not.

Violence between family members usually takes place in the house, and the typical location of the violence is in the kitchen [9]. The deadliest room is the bedroom, as that is where most fatal violence occurs. Physical combat usually occurs in the evening between dinner and bedtime [9]. Violence appears to be more frequent on weekends, when both spouses are home. Also, there is an increased incidence around holidays (Christmas, New Year's Day) [9].

The Female Victim of Spouse Abuse: the Battered Woman

Medical Aspects

The battered woman is a victim of conjugal violence who is abused repeatedly and maintains the relationship during the period of abuse. This is distinguished from a woman who is beaten once by her lover then terminates the relationship, avoiding further abuse. This sec-

tion will characterize the cycle of violence these women encounter, describe the injury patterns, explore the dynamics of the abusive relationship, and discuss the factors that compel women to remain in such violent relationships.

Abused women are not beaten constantly, nor is their abuse inflicted at random times. Dr. Lenore Walker has characterized the cycle of violence that occurs in most battering relationships [10]. The cycle has three phases, each phase varying in time and intensity for each couple.

The first phase is the tension-building state. It is throughout this phase that minor physical and verbal assaults occur. It is in this phase that the woman slowly becomes a victim, lets the batterer subtly know that she will accept his behavior, and tries to manipulate her life to avoid battering incidents.

Minimal provocation (such as burning toast), may provoke an assault. The woman will try to rationalize the violent behavior by demeaning herself ("maybe I deserved being punched in the nose; I did burn the toast"). The batterer accepts this acquiescence, and his behavior is reinforced. During this phase, the tension between the couple builds, the level of violence escalates, and their behaviors intensify and coping mechanisms deteriorate. She becomes more intimidated, he becomes more abusive. This the longest phase, lasting from weeks to years, and characterizes the general tone of the relationship.

The second state consists of the acute battering incident. The phase is characterized by uncontrollable discharge of tensions built up in Phase one leading to uncontrolled, very violent assaults. Here, both the partners realize the situation is out of control, but accept this. This the briefest phase, lasting from several hours to several days. According to Walker, this severe beating always occurs in private; the batterer does not perform such acts when others are present. Women who have passed through this phase previously know that the escalating tension of Phase one will only lead to the severe beating of Phase two, and may purposely provoke their batterer to initiate Phase two. It is easier for the woman to tolerate the injuries resulting from a beating than to endure constant fear and anticipation of an expected beating. After the acute beating, the woman may deny it, and not seek help for several days. The police are most likely to be called during the second phase.

The third phase involves reconciliation. Here the batterer is contrite and the battered woman accepts his pleas for forgiveness and agrees to give him another chance. It is here her victimization is complete. It is here that many battered women begin to seek help, only to be convinced by their mates' pleas that they should come back. The man may present the woman with many extravagant gifts during this phase, and she accepts. Outsiders may look with disbelief at a woman who has just been brutally beaten by her husband when she returns to his arms after he has bought her a new color television. This is the phase when everything seems right again, only to dissolve as Phase one begins and the woman's battering begins, initiating a new cycle of violence.

Several recent studies have characterized the patterns of physical injury seen in battered women. Rounsaville and his colleagues published the first emergency room study of battered women in 1978 [11]. The study reviewed the histories of thirty-seven battered women who presented at a Connecticut University Hospital. Nineteen percent had received serious head trauma such as a fractured mandible, nasal fractures, or perforated tympanic membrane. Five percent had lacerations requiring suturing, and sixty-two percent had contusions and soft tissue injuries. Six patients had been hospitalized previously with abuse injuries (two had fractures, one had severe facial injuries, one had a knife wound of the leg, and two had intra-abdominal hemorrhage). The authors concluded the most likely areas of injury were the head and neck, while a smaller number complained of chest, abdomen, and arm injuries.

Goldberg [1] studied an emergency room population over a 2-month period in Detroit, Michigan. Of 492 patients examined, 22% were domestic violence victims. The author catalogued the abuse according to severity. The less severe abuse ranged from hitting (77% of the

victims), punching (46%), kicking (32%), to threatening with death (29%). In this study, severe abuse included use of weapons, rape, and imprisonment. The list included stabbing (13%), whipping (10%), shooting (7%), rape (5%), and burning (3%). Of the victims, 31% also experienced both severe and milder abuse, 7% experienced only the severe type of abuse, and 62% experienced only the less severe type of abuse. The group that experienced the most severe abuse felt they fought harder than those in the group who received less trauma.

Hilberman [2] reports increasing abuse during pregnancy with the abdomen becoming a target of abuse during this period. She also mentioned the frequency of face and breasts as sites of frequent assault. Presumably the face, breasts, and pregnant abdomen all represent female sexuality and are thus easy targets for attack.

Scott noted that wife battering is a marital conflict that occurs when the differences in individual needs between partners exceeds their capacities to adapt [12]. He suggested it is unrealistic to assume the problem is merely a pathological condition of the husband, but is best thought of as a failure of adaptation for both partners. Both the husband and wife should be examined within the context of their marital setting.

Hanks [13] studied 22 women who lived with violent men to assess the affect their parental relationship played in forming their marital relationship. The authors found that the women were neither innocent victims nor sole precipitators of the violent episodes; rather, they were unwilling collaborators with their mates. They characterized the relationship of the battered woman's parents into three types and noted the relationships to their mates frequently paralleled this pattern.

Forty-five percent of the battered women came from families in which the mother was subtly controlling and the father acted as a figurehead authority. By implication, the mother was the competent one, who by subtle approval or disapproval caused the father to act in a certain manner. The father then proclaimed these changes as his own. The battered women married men who seemed respected, decisive, and having direction. The women protected their husbands when they become abusive and tried to "encourage" the men. The men in turn saw their wives' behavior as critical of their actions. Thus these daughters married men who they felt needed "rescuing." As their fathers had been bombastic, authoritarian, ineffectual figures, their husbands now filled this role.

Twenty-eight percent of the battered women came from homes with passive mothers and dictatorial fathers. The mothers were unassertive, dependent women who were unable to protect themselves from their violent husbands. The daughters identified more with the stronger father, but also selected men with violent tendencies similar to their fathers. As the mother's life was centered around the father's violent episodes, the daughter's life was centered around the husband's violent episodes.

Twenty-eight percent of the battered women came from families with emotionally disturbed mothers who had many mates. The men tended to be abusive, neglectful men. The daughters of these families sought for a "fantasy father," and sought intense, dependent relationships with men. These women seemed to align themselves with dependent, inadequate men whom they supported financially. For these women, becoming indispensable resulted in a dependent, volatile, abusive relationship neither mate could tolerate.

The typical question asked of battered women is "why do they stay"? Walker [10] suggested that these women have developed "learned helplessness." She theorizes that the woman is placed in a dependent, passive role by society by virtue of the limitations placed on women in marital relationships. She also suggests that the battering incidents are perceived by these women as beyond their control; thus, they are powerless with respect to altering their abuse. Walker concludes that society has already made women victims by virtue of their second-class status, and the uncontrolled battering and lack of societal punishment for the man only reinforces this victimization process.

Although this theory may apply to some battered women, it is unclear whether it applies to

most. Also, this theory assumes that these women have an inordinate lack of perception as to their own abilities and their abilities to manipulate their environment. Inconsistencies in this theory arise when one analyzes the cycle-of-violence theory. Here the battered woman knows she can prolong the interval between tension-building episodes, she can provoke an acute battering incident, and she can decide whether to accept her mate's forgiveness (Stage 3). The battered woman is very much a manipulator, but her energies are used to maintain the cycle rather than terminate it.

Gelles [14] studied 41 battered women in a New Hampshire community to assess factors that determined why they maintained a battering relationship. He noted 4 variables that played a role in whether the woman stayed in an abusive relationship. First, the more severe and frequent the beatings were, the more likely a woman would leave her mate. Second, the more tolerant a woman was of family violence, the less likely she would leave. Gelles found that women who were abused as children were more likely to stay with abusive men, as violence had become normative to them. Third, the educational and occupational status of a woman inversely correlated with her propensity to stay in an abusive relationship. Thus an educated professional woman was less likely to stay than an unemployed illiterate woman. Fourth, Gelles felt that the status of the available social services and their responsiveness to her needs determined whether she would stay.

It is reasonable to conclude that these four factors interact. These factors combined with her training in marital relationships (as viewed from her parents) and her own sense of self esteem and perception of her environmental control determine whether she maintains the abusive relationship. Thus, the psychosocial factors that promote and maintain an abusive relationship are complex. The woman is not merely a victim but is an active participant.

Legal Approaches to Domestic Violence

As the medical community developed an awareness of the extent of domestic violence in this country, the legal community also did so and began to search for solutions. This portion of the paper deals with two recent legal approaches to this problem. The first solution is increasing legislation to prevent further domestic violence and help women deal with existing violence. The second legal development is that of using the battered woman syndrome as a defense for women on trial who have killed their batterers. Obviously, the second development is not really a solution, but it represents a fresh approach to an ancient problem.

Nearly every state in this country has enacted recent legislation to protect battered women [15,16]. Before 1976, hardly any state had such laws, or if they existed, they were not enforced. The major method by which states deal with ongoing violence is by issuing civil protection orders or restraining orders. Such sanctions are designed to prevent violence by one member of a household against another. The court, depending on the state law, may order an abuser to move out of a residence shared with a victim, to refrain from abuse of or contact with a victim, to enter a counseling program, or to pay restitution or attorney's fees. Such laws have been passed in thirty-six states and the District of Columbia [15]. Thirty-one of these laws allow the court to evict an abuser from a residence shared with the victim. This establishes that the abuser, rather than the victim, should bear the burden of finding another residence [15].

The statutes vary as to who may qualify for a protection order [15]. All statutes allow spouses to qualify. Eighteen allow a former spouse to qualify. Sixteen statutes apply to common law mates or persons living as a spouse. Nine statutes apply to persons formerly living as a spouse. Obviously, to limit legislation to protection of current spouses is shortsighted. First, much domestic violence occurs in couples who are only living together or are not legally married. Second, many domestic altercations occur with ex-spouses or ex-lovers, not just current ones.

A victim can get a full protection order issued after a hearing, where both parties are

present [15]. Usually the victim must show by a preponderance of evidence that the abuse has occurred, or has been threatened or attempted. Essentially no laws provide for protection from harassment or psychological abuse.

The less time needed to obtain a protection order, the more effective it will be. Thirty-four of the statutes provided for temporary protection orders. These are issued *ex-parte* within a few days after a petition is filed, following a hearing at which the victim but not the abuser is present. This temporary order lasts until the abuser receives notice and has an opportunity for a hearing on whether the order is valid.

Nine of the statutes provide for emergency protection orders, which may be issued at night or on weekends when the regular courts are not in session [15]. These last only until the next weekday morning when the victim must go to court to apply for a temporary protection order.

Obviously, such restraining orders are effective only if they are enforced against the abuser. In sixteen states, an abuser who violates such an order may be prosecuted for a misdemeanor offense, and in twenty-four states for contempt of court. Thirteen of the states allow for a jail sentence of six months or more for violation of a protection order. Obviously, if the abuser has little respect for the law, the victim's protection order will do little to guard her safety.

To promote enforcement of criminal law against abusers, ten states have enacted legislation making spouse abuse a separate criminal offense [15]. These specific statutes classifying spousal violence as a specific criminal act apply even when there is no protection order. While these statutes make no substantive change in criminal law, they clearly indicate criminal laws are to be enforced against domestic mates. In only five of these states do such laws apply to unmarried intimates, and only in four do they apply to former spouses. States also vary as to whether violation of such laws are classified as felony (five states) or misdemeanors (all ten) [15].

Unfortunately, there are many instances where a domestic dispute ends in fatal violence for one mate. Recently, criminal attorneys have started using the concept of the "battered woman syndrome" to exculpate female defendants charged with killing their mates. To establish this defense, the defense counsel usually must attempt to submit the expert testimony of a psychologist regarding this syndrome to the court. This approach has been met with mixed legal results amidst much publicity in various states.

The two major categories for claiming exculpation from a guilty murder plea are self-defense and insanity. The generally accepted test of legal insanity in the United States is the M'Naughton rule [17]. This rule provides that a defendant accused of murder cannot be convicted if the evidence proves that at the time of the act the defendant was operating with such a mental defect that he did not know the nature and quality of his act, or that if he did know, he did not know that the act was wrong [17]. The defense of self-defense occurs when the defendant responded to an unprovoked attack where he reasonably believed immediate serious bodily harm would result if he did not respond with equal force. The defense posture using the "battered woman syndrome" utilizes this concept of self-defense superimposed on the concept of the trapped female who is subjected to cyclical violence and develops a "learned helplessness." The expert witness testimony is frequently submitted to the court to help the jury view the crime through the eyes of the "battered woman" rather than an ordinary woman, thus further bolstering the self-defense proposition [18-20].

One of the main barriers to admission of such testimony is the lack of uniform acceptance of a psychologist's testimony regarding this subject as within the range of an expert. Traditionally, three basic qualifications govern the admissibility of expert testimony: (1) the subject matter must be so complex as to be beyond the knowledge of the average layman, (2) the expert must have sufficient skill in this field, and (3) admission requires the development of the field of knowledge to such that an expert opinion can be asserted [18]. In addition, the court must find that the facts of a given case support the need for expert testimony, that such

testimony of an expert will not invade the domain of the jury by deciding the verdict, and that such testimony is not more prejudicial than probative.

One of the first cases to test this defense approach was *Ibn-Thomas v. United States* [21]. Beverly Ibn-Thomas was convicted in a trial court of shooting her husband. The defendant claimed self-defense, testifying to a two-year history of violent assaults by her husband. The defense attempted to admit the testimony of Dr. Lenore Walker to explain the concept of the battered woman, to explain why the behavior of such women are at variance with the normal lay perception of how an abused woman would react, and to provide a basis to explain defendant's perception of her assailant at the time of the shooting. The trial court judge excluded Dr. Walker's testimony on the grounds that it would not provide knowledge beyond the average layperson's, it would invade the domain of the jury by deciding the ultimate issue (verdict), and the testimony would be too prejudicial (go into the deceased's violent history beyond that of his marriage).

Dr. Walker intended to testify that she had studied 110 battered women and the defendant was a classic case. She planned to cite the results of her study of the 110 women and compare them to the defendant.

The appeals court concluded that the trial court erred in ruling that the expert testimony would invade the domain of the jury and would not provide knowledge beyond the average layperson. The appeals court noted that "Dr. Walker's testimony would have supplied an interpretation of the facts which differed from the ordinary lay perception." The court also disagreed with the trial court that such testimony would be overly prejudicial. The court said "prior acts of violence are admissible in homicide cases where the defendant raises the claim of self-defense against the attacker.

Finally, the appeals court remanded the case back to the lower court to rule on the other two qualifications for expert testimony. The lower court had to decide whether Dr. Walker had sufficient skill to be qualified as an expert witness and whether the state of scientific knowledge was sufficient for an expert opinion.

On remand the trial court concluded "that defendant failed to establish a general acceptance by expert's colleagues of the methodology used in the expert's study of battered women" [22]. The trial court thus refused to change its original opinion. The defendant remained convicted.

The Georgia Supreme Court also overruled trial and appellate court decisions to disallow expert testimony on battered women [23]. The defendant, Josephine Smith, shot her common-law husband during an assault. The couple had been intimate for four years, during which time the man repeatedly beat Josephine. The trial court held that the expert testimony on the battered woman syndrome would invade the domain of the jury and was not admissible. The defendant was convicted of involuntary manslaughter.

The Supreme Court disagreed. They concluded that the subject of the battered woman syndrome was beyond the knowledge of the average juror and the expert's conclusion is one the jurors would not ordinarily make. The court cited the appeals court decision *Ibn-Tomas v. United States*. The conviction was reversed.

In a recent New Jersey case (1984), the state Supreme Court reversed a lower court murder conviction by accepting expert testimony on the "battered woman syndrome" [24]. Gladys Kelly was convicted of stabbing her husband Ernest with a pair of scissors. During their seven-year marriage, Gladys had been repeatedly attacked by her husband. Mr. Kelly had attacked his wife shortly before his murder. Mrs. Kelly contended she stabbed him in self-defense. The prosecution claimed there was no need to bolster defendant's claim with the expert testimony and the trial court agreed.

After a lengthy discussion of the features of the battered woman syndrome, the Supreme Court found that the expert testimony was directly relevant to defendant's claim of self-defense as it would assist the jury in understanding her state of mind and evaluating the reasonableness of defendant's belief that she was in imminent danger. The Supreme Court

concluded that the "battering relationship embodies psychological and societal features that are not well understood by lay observers. It is clear that this subject is beyond the knowledge of the average juror."

The Supreme Court also disagreed with the lower court in concluding that the expert testimony would be reliable and meet the state standards of acceptability for scientific evidence.

The Court noted that although the field of research on battered woman syndrome was relatively new, it had been proved reliable based on general professional acceptance, the existence of numerous authoritative writings on the subject, and by judicial opinions that supported the validity of the research. Finally, the Supreme Court agreed that the submitted expert, Dr. Veronen, had sufficient knowledge in the field to be qualified as an expert.

Although several state courts have accepted expert testimony on the battered woman syndrome, all have not. The reasons that such testimony may not be accepted are multiple. The facts of a given case may not be appropriate to this defense, the expert may not be sufficiently qualified to testify on this matter, or the judge may simply not appreciate or accept the concept of this syndrome [18].

In *Buhrle v. State* [25], the Wyoming Supreme Court would not admit such expert testimony as the facts of the case made such a defense inappropriate. The defendant, Edith Buhrle, had been married to Kenneth Buhrle, the deceased, for 18 years. During this time period, Edith had suffered constant mental and physical abuse at the hands of her husband. Approximately 1 week before his death, Mr. Buhrle started a divorce action. The day following, the couple started arguing and violence ensued. Edith brandished a shovel at her husband, and he then beat her about the head and neck. Subsequently, he left the house and moved to a motel. One week later, he asked his wife to visit his motel. When Mrs. Buhrle arrived at the motel she had a hunting rifle and a pair of rubber gloves. After standing outside her husband's room for 1 h and 45 min while arguing, she shot her husband. Immediately after the shooting, she denied her act and hid the gun and gloves.

The defense attempted to admit Dr. Lenore Walker's expert testimony on the battered woman syndrome. Although the court felt the scientific development of this area was inadequate, they appeared to have a good grasp of the syndrome. Specifically, the court distinguished the *Ibn-Thomas* case from the *Buhrle* case. They noted that Edith had been assaulted one week before killing her husband, that she brought the gun to the motel, and after killing him she hid the gun. The court felt such facts were inconsistent with the concept of the battered woman, which was represented by *Ibn-Thomas*. The court noted that the expert Dr. Walker seemed to ignore these differences when evaluating Mrs. Buhrle as a battered woman. The court concluded that the inadequate foundations in the case made the proposed expert opinions not useful in aiding the jury.

In *People v. White* [26], an Illinois court rejected an expert witness testimony as insufficient to the case. In this case, the defendant shot her common-law husband during a physical altercation. She had been repeatedly stabbed and beaten by her mate during their five-year relationship.

The defense attempted to admit the expert testimony of an internist who had treated the defendant for depression. The expert testified that the defendant had scars as a result of abuse by her boyfriend. The only testimony the expert gave with respect to battered woman syndrome was that he had "occasion to treat battered women." The court contrasted this testimony with that of Dr. Lenore Walker in the *Ibn-Thomas* case. Dr. Walker had personally conducted studies in the field and was a renowned authority who was prepared to compare defendant's behavior to those of her patients, laying a foundation for introduction of battered-wife testimony. In the *White* case, the defense had not laid the proper foundation to argue that the defendant was a battered woman.

However, the Ohio Supreme Court appeared to have a poor understanding of this syndrome when voicing an opinion in *State v. Thomas* [27]. Here, the defendant was convicted of murdering her common law husband during an argument. Here also, the defendant had

suffered constant physical abuse during the three-year relationship with her mate. The Supreme Court held that expert testimony on battered women was beyond the knowledge of the jury. The court held that such testimony was irrelevant to whether defendant acted in self-defense at the time of the shooting. Totally misunderstanding the goals of the defense in attempting to portray the defendant as a battered woman, the court concluded that the expert testimony would stereotype the defendant and prejudice the jury. Obviously, the attempt of defense was to bolster the rationale of self-defense in the context of the battered women syndrome.

Accordingly, the legal community has started to address the issue of the battered woman. Legislative reforms encouraging protection of domestic violence victims and punishment of the abusers have emerged in nearly every state. The courts in various states have begun cautiously to appreciate the need to incorporate this concept into the self-defense strategy when appropriate.

The Battered Husband

While wife abuse has received increasing public attention, the topic of husband abuse has gone virtually unnoticed. An examination of various data reveals that violence against men constitutes a substantial proportion of domestic violence.

In a recent study of divorce conciliation interviews, over 3% of 600 husbands listed physical abuse by their wife as a reason for a divorce action [4]. While this is far lower than the 37% of wives who mentioned physical abuse, several factors may account for this. First, Levinger's study showed that women had nearly twice the total number of complaints as men. Second, a related factor is that the traditional role of husbands in a divorce action is to take blame for the failure [28]. Thus, according to Steinmetz, etiquette might demand he allow his wife to initiate the action and to allow her to voice more complaints. Finally, the male in our society is under pressure to maintain a dominant position over the female [28].

Women appear to be as violent as men. Steinmetz used two United States populations, a broad-based nonrepresentative group and a random sample in New Castle, Delaware, and a Canadian college student sample to assess violence between men and women [28]. She characterized the violent behaviors between men and women from throwing things to pushing to using a weapon. She found only slight differences between the two sexes, and in some categories (pushing, shoving, hitting with an object) women exhibited more violent behavior. The overall violence scores were nearly identical between the two sexes. In a separate study, Gelles found similar results [28].

These similar levels of violence are reflected also in homicide statistics. Wolfgang in an investigation of homicides occurring between 1948 and 1952, found that spouses accounted for 18% of the incidents, and there were virtually no differences between the percent ages of husbands or wives who were offenders [28]. Frazer [7] studied a metropolitan midwestern population from 1969 to 1980 and found that although a greater percentage of women were killed by their mates than men, the absolute numbers were nearly identical. Thus the same number of men were killed by their mates as women were killed by their mates in Frazer's study.

Although in our society traditionally men have more access to financial resources, they may not necessarily leave a battering relationship. Steinmetz [28] notes that men have a considerable responsibility to their families, so that even if they do leave, they will have the same concerns over their children's welfare as women, and thus may not leave an abusive mate for fear for the children's safety.

Recent efforts by feminists and others to publicize wife abuse may have increased the pressure to deemphasize husband abuse. Although men are clearly larger and stronger than women, when it comes to maneuvering external objects of violence (guns, knives), there is obviously little difference between the sexes. Thus domestic violence should not be viewed as

merely something men do to women, but rather as something both men and women do to each other that can have only adverse effects on our society.

Conclusion

Recent appreciation of the extent of domestic violence in this country has revealed the destructive effects this activity has on adults and children. Most media attention has focused on the battered woman. Recent elucidation of the cyclical nature of the violence many abused women have experienced has led to an appreciation of the causes of the often helpless behavior these women exhibit. The legal community has dealt with the problem by enacting legislation to protect the victims of domestic violence and to enlarge the understanding of this problem in the courtroom. Men may also be victims of domestic violence. Further awareness of and positive responses to the problem of domestic violence will hopefully bring this pressing societal problem under control.

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