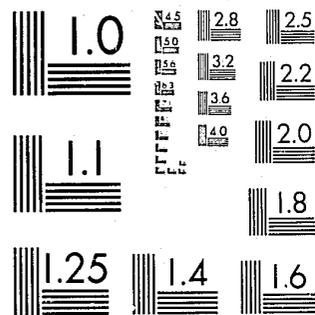


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# **Battered Women: An Effective Response**

MINNESOTA

## **BATTERED WOMEN: AN EFFECTIVE RESPONSE**

An open-ended educational manual for professionals and grassroots organizations providing services to women who are abused.

Periodically additional chapters will be researched and written for inclusion in the manual. General information appropriate for inclusion and suggestions for subject matter for additional chapters are welcomed.

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## PREFACE

Assaults on women by their partners are so common that most of us are aware, at least on some level, that this is happening. Battering cuts across all ethnic, economic, educational, social and age lines. If it has not occurred in our own lives, it has probably happened to a family member, a friend, or a neighbor. Experts consider assaults on women within man/woman relationships to be a significantly underreported crime<sup>1</sup>, but a look at the number of calls police receive for domestic disputes gives some idea of the incidence. It is not unusual, for example, that 60% of all night calls that some police departments receive are reporting domestic trouble.<sup>2</sup> Nonetheless, the crime of woman beating has not been viewed as a "problem" in the United States until quite recently. Whereas most other crimes are considered to be social problems and a great deal of time, effort and money is spent on studying them, woman beating has continued to be all but ignored largely because of cultural attitudes toward the role of women in the family and in society.

Cultural attitudes toward the role of women include a tacit assumption that all women are subordinate to men, can be the "property" of men. This assumption holds even more firmly in the husband/wife relationship. The reality of this assumption is demonstrated in situations devised by psychologists to observe the reactions of uninformed male bystanders to physical assaults involving both men and women.<sup>3</sup> These situations included the following staged interactions each occurring independently of the others: a man attacking another man, a woman attacking another woman and a man attacking a woman. The onlookers, all men, quickly intervened to aid the victim in the first two cases, but when a man was assaulting a woman no one would interfere. In interviewing the onlookers, asking why they did not interfere, a common response was, "I thought it was his wife."

Because of such attitudes, society tolerates the abuse of women in man/woman relationships even though it is clearly criminal behavior. It is only now that attempts are being made to decrease this tolerance and to offer the victims of battering, women and their children, meaningful and workable alternatives to their abusive relationships. Because the abuse of women has been "hidden" for so long, the helping systems in our communities at this time have neither a grasp of the nature and scope of the problem nor an approach effective in assisting the victims of this crime.

<sup>1</sup> Straus, Murray A., "Wife Beating, Cases, Treatment and Research Needs," U.S. Commission on Civil Rights, January, 1978.

<sup>2</sup> Martin, Del, Battered Wives, Glide Publications, San Francisco, 1976, Chapter 2.

<sup>3</sup> Pogrebin, Letty Cottin, "Do Women Make Men Violent?", Ms., Nov. 1974.

The purposes of this manual are:

- (1) to provide a basic understanding of what it means to be a victim of battering in order that those in the helping services may begin to develop more effective responses to battered women,
- (2) to give professionals an inter-disciplinary view of helping professions from which battered women may seek help,
- (3) to provide grassroots organizations with a general framework for developing resources currently not existing within their communities to meet the needs of battered women and their families.

A "battered woman" will be defined, in this manual, as any emancipated minor or adult woman in a relationship with a man who physically abuses her to the point where she changes her behavior in order to attempt to avoid further abuse or to avoid an escalation of abuse.

When more specifically battered wives are mentioned, it is with the understanding that there are many similarities between married women and women in marriage-like relationships, though some topics, e.g., separation and divorce, have meaning for married women exclusively.

## TABLE OF CONTENTS

### OVERVIEW

- CHAPTER 1 INTRODUCTION
- CHAPTER 2 FAMILY AND CULTURAL SYSTEMS (PROPOSED)
- CHAPTER 3 THE BLACK FAMILY (PROPOSED)
- CHAPTER 4 THE AMERICAN INDIAN FAMILY (PROPOSED)
- CHAPTER 5 THE CHICANO/LATINO FAMILY (PROPOSED)

### SYSTEMS RESPONSE

- CHAPTER 1 THE MEDICAL RESPONSE
- CHAPTER 2 THE LAW ENFORCEMENT RESPONSE
- CHAPTER 3 THE RESPONSE OF THE JUDICIAL SYSTEM (PENDING)
- CHAPTER 4 RESPONSE THROUGH COUNSELING (PENDING)

### DEVELOPING COMMUNITY RESOURCES

- CHAPTER 1 ADVOCACY (PROPOSED)
- CHAPTER 2 SHELTERING WOMEN AND CHILDREN (PROPOSED)
- CHAPTER 3 PUBLIC AND PROFESSIONAL EDUCATION (PROPOSED)

### RESOURCES

- REPORT TO THE LEGISLATURE, JANUARY, 1979/LEGISLATION:  
IMPLEMENTATION PROCESS
- RESOURCES FOR BATTERED WOMEN IN MINNESOTA
- RESEARCH ON BATTERED WOMEN ISSUES

# Overview



OVERVIEW

Chapter I  
INTRODUCTION

## TABLE OF CONTENTS

Background of the Abuse of Women
Historical Roots
Gender Role Conditioning
Understanding the Battering Situation
The Battered Woman's Reactions
Cultural and Family Background
Reactions and Responses of Family, Friends and the System
Summary
Breaking the Cycle of Entrapment and Violence: The Role of the Professional

## BACKGROUND OF THE ABUSE OF WOMEN

There are numerous cultural factors that contribute to battering in our society though none can be said to cause it. These factors include our roots in patriarchal tradition which have led to a societal tolerance of violence within the family unit and culturally defined gender role conditioning.

### Historical Roots<sup>2</sup>

Women most likely enjoyed more of a status of equality with men in ancient times than they do today. In early civilizations when people lived in extended families and group marriages, women were highly regarded because it was only through them that lineage could be determined. In such ancient cultures, some of which are still in existence today, one can find in operation very real alternatives to the male-dominant mode of our culture. These alternatives include both sexes possessing personality traits that are considered feminine in our culture, both sexes possessing traits masculine in our culture and women possessing masculine and men possessing feminine traits as defined in our culture. Examples of each of these cultural modes can be found in New Guinea tribes.<sup>3</sup> In the Arapesh tribe, there are no temperamental differences between sexes. The ideal adult is gentle and passive and both sexes become greatly involved in child-rearing. In the Mundugumor tribe, there are also no temperamental differences between sexes but the ideal adult is vigorous, assertive and independent. Both sexes detest rearing children. The Tchambuli tribe does show a differentiation of temperaments according to sex but it is the reverse of that in our culture. Women are assertive, practical and take the managerial role whereas men are primarily interested in aesthetic pursuits such as art and theater. Men are viewed as weak and their feelings can easily be hurt. Certainly, then, the idea that men are naturally meant to be the dominant sex is not the case.

Men came to be viewed as dominant only after the transition from group marriage and extended family life to paired marriage. Paired marriage was probably necessitated by the growing density of population, economic conditions becoming ever more complex and the advent of restrictions against marriage between close relatives. In the Western cultures, paired marriage gradually replaced group marriage completely. With paired marriage came the concept of "father right". This meant that the paternity of children, as opposed to the maternity as before, became all important. But, to confirm paternity, complete subjugation of women was required in order to assure absolute fidelity. Women came to be viewed as property, as men's childbearers.

The practice of wife capture developed in association with paired marriage. This practice involved a man abducting a woman and raping her, thus claiming her body as his property. Such practice was still accepted as late as the fifteenth century in England.

<sup>1</sup> Martin, Del, op. cit.

<sup>2</sup> Taken from ideas expressed by Ann Oakley in "Sex, Gender and Society" in the series "Towards a New Society," published by Maurice Temple Smith Ltd., London in association with New Society, 1972.

<sup>3</sup> Mead, Margaret, Sex and Temperament in Three Primitive Societies, William Morrow, 1935.

In paired marriage, the wife belongs to the husband, he is in command, her existence is incorporated into his and he, in effect, owns her as he does his other property. It became common practice for men to beat their wives, just as they beat their horses, when they were strong-willed or spirited. As late as the early twentieth century, the Napoleonic Code, still influential in France, condoned the beating of women by the men with whom they were intimate by stating that "Women, like walnut trees, should be beaten every day."<sup>1</sup> English common-law doctrine, inherited by the American colonies, openly permitted wife beating for correctional purposes.

Even with the beginnings of legal reform against the abuse of women in the Western world in the late nineteenth and early twentieth centuries, much tolerance for battering still existed. In certain American states, wife beating for correctional purposes was restricted to certain days at certain times. In other states, it was forbidden to use a whip or a stick beyond specific dimensions. Such acceptance of the routine beating of women grew out of the perception of the role of women as property, especially within marriage or marriage-like relationships.

Today, though the beating of women within marriage or marriage-like relationships is illegal without exceptions everywhere in the United States, there is still much societal tolerance of such violence. This tolerance is rooted deeply in our patriarchal cultural traditions. As a result, abuse of women in this country today remains underreported, rarely prosecuted and largely ignored by those persons, groups and agencies that would be best suited to put an end to family violence.

#### Gender Role Conditioning

In our culture, as in most others, there is a defined dichotomy between behavior appropriate for males and females. In this culture, the feminine role implies passive, submissive, dependent, self-sacrificing and maternal behavior and the masculine role implies aggressive, self-sufficient, independent, strong and virile behavior, among others. This correspondence of gender role to biological sex does not apply in all cultures. As stated previously, in some cultures what we define as feminine behavior is appropriate behavior for males and masculine behavior is appropriate for females. In yet other cultures, there is no gender role differentiation, both males and females are conditioned to behave in the same manner. This demonstrates the fact that, though biological sex is nearly always determined at birth, gender identity is acquired by a process of social conditioning.

The defined dichotomy in expected behavior by sex can create problems for individuals within our culture. For example, not all males can be totally masculine in their behavior all the time. It is impossible and undesirable for anyone to be strong, independent, self-sufficient all of the time yet men are expected to be just that. Physical size, emotions, jobs, family dynamics may force them into being "less than masculine" by their perception as defined by society. This can create frustration and anger on the part of the male who is not free to be anything but masculine and he may express this frustration and anger in a variety of ways, one of which may be by physically abusing the woman who is close to him. Conversely, the victim of his abuse, his partner, who has been culturally conditioned to be passive, self-sacrificing and submissive, may take his ventilation of frustration, his beatings, as part of her role.

<sup>1</sup>Warrior, Betsy, Houseworkers Handbook, Spring, 1975, p. 38.

However, though a woman is submissive, this does not mean that she asks for or wants the abuse. Submissiveness may be a part of the trap holding her in the relationship.

A common misperception of battered women is that they are radical "women's libbers" who do not fit into their roles of wives and mothers. Yet those who have worked closely with battered women maintain that this is not true. In fact, many women who are battered have very traditional views about their roles within the family. But any woman, regardless of her role identification, can be battered because battering is determined by the man's behavior.

#### UNDERSTANDING THE BATTERING SITUATION

Many professionals when coming into contact with battered women expect them to confront the abuse directly and quickly. But in order to form more realistic expectations for the battered woman, it is necessary to understand what it means to be a victim of battering. Women who are physically abused by their partners experience common feelings that interrelate and affect other feelings. These feelings, which are a reaction to a situation that is physically threatening, psychologically abusive and manipulative, can lead to behavior that others may view as inappropriate if they do not understand the particular dynamics of the situation. Fear, isolation, emotional dependency, low self-esteem, economic insecurity, repression of feelings, inability to plan or act and her cultural and family background all contribute to and are an intimate part of such feelings. Familial and societal responses also contribute to her perception of her situation.

#### The Battered Woman's Reactions

For too long battered women have been seen as reacting to physical abuse differently than the average person would react. A woman's reluctance to fight back or to leave is seen as masochistic. Until the reality of what continued physical and psychological threats by a loved one can do to a person is understood, this deceiving and destructive attitude will continue. Any of us subjected to continual threats, physical abuse, psychological degradation and economic dependency will ultimately adjust our behavior to protect ourselves from our abuser. We will become increasingly unable to act in our own behalf and will come to see ourselves as having little self-worth.

The basis of our understanding of a woman's reaction must recognize that the decision to stop the abuse or leave the relationship safely does not belong to the woman but to the man abusing her.

Fear, isolation, emotional dependency, low self-esteem, economic insecurity, repression and inability to plan or act are feelings that women who are abused commonly experience. The sum of all these feelings, plus the reactions of family, friends and society in general, gives an idea of the nature of the trap that holds women in abusive relationships. Following are discussions of these feelings; after each is a statement from a woman expressing that particular feeling:

<sup>1</sup> From an address given by Mary Pat Brygger, MSW, at advocacy training for the staff at Southwest Women's Shelter, Inc., Marshall, Minnesota, July, 1978.

\*fear

Women who are victims of spousal assault begin, out of fear, to adjust their behavior hoping to prevent further assaults, or, at least, to prevent assaults from escalating in severity. Fear is also a significant factor holding a battered woman in the abusive situation. She may feel that if she leaves her assailant will find her and subject her to worse beatings or may even attempt to kill her. Beatings are more tolerable since the alternative appears worse. Fear of the unknown, of starting a new life, of being alone, also contribute to the overall fear holding her in an unhealthy relationship.

It must be remembered that while women are encouraged to make decisions that will end the abuse, in reality her assailant controls the decisions as to where and under what circumstances it will be physically safe for her to act.

"For many the third beating may be too late. Several of the times I have been abused I have been amazed that I have remained alive. Imagine that I have been thrown to a very hard slate floor several times, kicked in the abdomen, the head, and the chest, and still remained alive!

What determines who is lucky and who isn't? I could have been dead a long time ago had I been hit the wrong way. My baby could have been killed or deformed had I been kicked the wrong way. What saved me?

I don't know. I only know that it has happened and that each night I dread the final blow that will kill me and leave my children motherless. I hope I can hang on until I complete my education, get a good job, and become self-sufficient enough to care for my children on my own."

\*isolation

Feelings of isolation often develop in women who are in assaultive relationships. Often an assaultive husband may ask that his wife end relationships with her friends. He may subtly tell her he doesn't like her friends; he may question why she's talking on the phone so much; he may not let her go out when her injuries show. This behavior may result from his fear that others might find out about the beatings and chastise him.

In addition to imposed isolation, the woman may isolate herself out of shame, out of fear someone will find out. If someone finds out, she feels she may be judged a failure because the relationship is a failure. Also, the woman may isolate herself out of a desire to protect her partner's reputation or job. Despite the beatings, she may still be emotionally attached to him as well as financially dependent on him. She may fear that if she doesn't isolate herself, others will find out about the abuse and humiliate him. He would blame her and she would lose him.

"Few people have ever seen my black and blue face or swollen lips because I have always stayed indoors afterwards, feeling ashamed. I was never able to drive following one of these beatings, so I could not get myself to a hospital for care. I could never have left my young children alone, even if I could have driven a car.

<sup>1</sup> Martin, Del, op. cit., pp. 4-5.

Hysteria inevitably sets in after a beating. This hysteria--the shaking and crying and mumbling--is not accepted by anyone, so there has never been anyone to call."<sup>1</sup>

\*emotional dependency/low self-esteem

The fact that battered women often love the men, or want to love the men, who abuse them is perceived by many as masochistic. The reality is that there are many good times between the bad. The person abusing her is also the man she loves or at least loved at one time. He is the person she has trusted and has gone to for emotional support. And, he is often seen by others as an integral part of her identity. She bears his name, she bears his children. Consequently, she often bears the results of his anger.

Women are taught that the way in which men view them is how they actually are. If men think a woman is beautiful, she is beautiful; if men think she is sensuous, she is sensuous. A woman's perception of herself is often the result of her male partner's perception of her. If he degrades her, abuses her, she begins to doubt her own self-worth and often comes to believe that she caused the beatings. She may become increasingly attached to the man who beats her because she may believe he is the only one who could accept the helpless, worthless person she thinks she is. She may come to believe that she deserves no better. If she was to lose him, she would have no one. The assaultive partner may reinforce these beliefs by subtle and/or overt negative statements about her self-worth placing the responsibility for his actions on her.

A man taking the responsibility for his violent behavior must face an incredible amount of guilt and shame. It means he must confront his whole concept of masculinity. As a society, we have given men neither the permission nor the tools to do this. Consequently, men who are violent will continue to abuse their partners and to place the blame for their behavior on the women they have abused. And, abused women as victims of this violence will continue to accept the blame until they are given the permission to place the responsibility for the battering on the men who abuse them.

"It must be pointed out that while a husband can beat, slap, or threaten his wife, there are 'good days.' These days tend to wear away the effects of the beating. They tend to cause the wife to put aside the traumas and look to the good--first, because there is nothing else to do; second, because there is nowhere and no one to turn to; and third, because the defeat is the beating and the hope is that it will not happen again. A loving woman like myself always hopes that it will not happen again. When it does, she simply hopes again, until it becomes obvious after a third beating that there is no hope. That is when she turns outward for help to find an answer. When that help is denied, she either resigns herself to the situation she is in or pulls herself together and starts making plans for a future life that includes only herself and her children."<sup>2</sup>

<sup>1</sup> Ibid., p. 2.

<sup>2</sup> Ibid., p. 4.

\*economic insecurity

Other than the income provided by the man who abuses her, a battered woman frequently does not have a source of income that can support her and her children. If she has not been employed for some years, it may be quite difficult for her to re-enter the job market. Not only may her skills be outdated, but a job for her may not exist, especially if she is older. Even if she does find a job, her prospects for self-sufficiency are not especially good.

According to the U.S. Department of Labor, the median annual income for women for full-time, year round work for those with a grade school education is only \$5,000 (\$8,000 for men), with a high school education \$6,000 (\$11,000 for men), and with a college education \$8,000 (\$14,000 for men).

If she has children, the time she can work may be severely limited or she may be prevented from working entirely. Since only about 44% of divorced mothers in the United States are awarded child support and less than half of those collect regularly,<sup>1</sup> she will most likely have to seek assistance through Welfare. She will soon be faced with the reality that Welfare does not provide enough money to meet all the needs she and her family have. Also, she may have a very negative attitude about receiving Welfare. She may view it as charity and may anticipate people judging her poorly if she applies for assistance. In addition, if she has been to the Welfare Department in the past, she may have been frightened by the bureaucracy, embarrassed by the personal questions asked by strangers. She may not consider Welfare assistance a real option.

So, the dim prospects for employment, the reality of Welfare not providing adequate financial assistance and/or her negative attitudes concerning Welfare - her economically insecure position - may be factors holding her in an abusive situation.

"I was told that if I was a 'good girl' and took care of myself, some nice guy would come along, fall in love, marry me, and take care of me for the rest of my life. I believed that--I actually believed that--and here I am at 37 with three small kids--left alone. My divorce settlement is going to leave hardly anything to live on. The judge asked me at my pre-trial hearing why I wasn't looking for a job. I married at 20 without finishing college. I have no training--I have no money to go back to school. The jobs I might even be able to get don't pay anything! Who is going to look after my children if I do work? I don't know what I am going to do."<sup>2</sup>

\*repression of feelings

Often a battered woman can't face all her feelings, anger, hatred, fear and loneliness. Her feelings are overwhelming so she turns them off in order to face everyday life. The turning off of her feelings leads to an increasing inability to see the situation for what it is, for what it is doing to her, and serves to further trap her in the abusive relationship.

<sup>1</sup> Council on the Economic Status of Women, "Minnesota Women: Income and Poverty", February, 1978, p. 4.

<sup>2</sup> Ibid., p. 12. Based on a 1975 survey.

<sup>3</sup> Ibid., p. 7.

"I've gotten so I can't move anymore. It feels like my whole body is dead. Monday after he broke my arm, I was sitting in the living room with a cast on my arm. I had this feeling that I must have gone crazy--my body felt like an empty shell. Terry started to cry in her crib. I got up, changed her and sat back down. I never said a word, just stared at her while she played. I don't know--is this crazy not feeling anything at all?"<sup>1</sup>

\*inability to plan or act

A battered woman may become depressed to the point where everything seems monumental to her and out of her control. Also, because of her low self-esteem resulting from her victimization, she may not feel capable of acting. Because she feels she can't act, or, if she can and does act, it won't make any difference anyway, she may remain in the relationship and continue to be abused.

"It seemed like there were so many things to do. I couldn't figure out how to get them all done. I had to make appointments and I wasn't even sure I could show up for them. Worst of all, it didn't seem like doing any of this was going to help."<sup>2</sup>

Cultural and Family Background

Women who are battered are not different culturally or emotionally from those who are not battered. Women are brought up to be submissive, passive and helpless and to be dependent on a man who will take care of them--the same as those who are not battered. Often, women grow up in families where the men, father, brothers, uncles, use some form of physical "punishment" to "discipline" the women. They may eventually come to view abuse as part of their role as women. In a sense, then, all women are taught to be victims and will be victims should they become attached to men who batter.

Men who batter their partners are not only a few maladjusted individuals as many of us wish to believe. Young boys growing up are taught that they should not be helpless, that they should not cry; they should be strong and must fight when challenged. They learn that a man is to be the master of the household and it is his role to discipline. Many boys watch their fathers physically abuse their mothers as "discipline" and many are physically abused and emotionally neglected themselves. It is quite obvious, then, why the behavior pattern for abuse of women develops in many men. As one male workshop participant in Mankato so aptly put it, "If we are going to research men's violence toward women, our studies should not be of those who are violent. That behavior is easy to explain. The research should study those of us men who have somehow learned to deal with our anger in other ways."

In our culture, men learn to be batterers and women learn to be victims. One woman talking with an advocate at a shelter in Minnesota said that she was "only beaten once a week--no more than most women are, I suppose." She had come to expect to be abused. Both she and her mother were beaten frequently by her father.

<sup>1</sup> Statement from a battered woman.

<sup>2</sup> Statement from a battered woman.

## Reactions and Responses of Family, Friends and the System

In addition to the battered woman's own reactions to and feelings about her situation which may serve to trap her in the abusive relationship, the dynamics of battering are further complicated by reactions of, first, her family and friends and, secondly, the system from which she may seek help. Many times, the reactions of people and systems to her and the battering relationship only serve to further trap her there.

It is not uncommon for family and friends to ignore the woman who is being battered even when there is no doubt as to what is happening. They often simply do not want to get involved; they may be of the opinion that it is none of their business. Or, they may ignore the problem because they do not know what to do or are afraid because the man could focus his violence on them. Perhaps they tried to get involved in the past and the woman did not react "favorably", i.e., did not take steps to immediately end the abusive relationship, possibly due to one or more of the many traps holding her in the situation. They, therefore, may have decided to leave her alone. Also, family and friends may, to some degree, blame her. They may reason that "she made her bed, now let her lie in it."

These attitudes are illustrated by the following reaction of the mother of a battered woman: "My daughter came to me the first time he hit her. It was during her first pregnancy. I'm still ashamed of how I reacted. I told her she had to make a go of it, that's what marriage is all about. I told her she owed it to her unborn child to work it out. Everyone in the family knew about it, but at Easter and Christmas gatherings we were all so polite, so nice to him. I don't know why--out of fear, guilt--hoping somehow it would help. My God, how can a mother tell her own child to go home to get beat up? She never came to me for help again."

Ignoring the problem for whatever reason and blaming the woman to any degree removes a potentially valuable source of support for the battered woman. It is virtually impossible for a woman to objectively face alternatives and solutions to an abusive relationship without a good support system. If her family and friends can't function in this capacity, alternative sources of support become necessary or the woman is very likely to remain trapped in the relationship.

Secondly, the responses of those within the system from whom the battered woman seeks help may also tend to keep her in the abusive situation. At times, responses by professionals may not be particularly sympathetic for many reasons. Perhaps they have not had much contact with battered women and/or do not understand the commonalities of battering situations. They may implicitly blame her for the beatings because they do not understand the dynamics of the situation.

Professionals who do not understand the scope of the problem may propose solutions that, in the long run, exacerbate the problem. It is not uncommon, for example, for a doctor to prescribe tranquilizers or anti-depressants for a woman who is battered in order to treat her symptoms of nervousness, anxiety and depression. S/he believes it is not within his/her professional role to deal with the entire problem. Or, maybe the woman did not volunteer the information that she was battered and the doctor did not approach the subject. Professionals such as law enforcement officers may suggest to the woman that she leave the situation immediately because they perceive it (and correctly so) to be dangerous. They do not realize all the circumstances that are holding her there, one of which may be that she believes it to be more dangerous to leave. As a result of responses by professionals, the woman may be discouraged from seeking help, possibly beginning to feel that no one understands her or can help her, or that she is not fulfilling professionals' expectations of her. She returns to the abusive relationship not feeling free to seek help again.

## Summary

The scope of the problems and concerns of the battered woman is immense. Personal, familial, as well as societal reactions and responses can, and nearly always do, interact to hold a woman in an abusive relationship. It is understandable how a professional who has not been exposed to the many aspects of the problem of battering and who often sees only a small portion of the problem can misjudge the woman, the situation, and unknowingly become part of the cycle of entrapment. Only when community groups, agencies and professionals offering services respond to the battered woman with a full understanding of the many variables trapping her in an abusive relationship can they assist her in ending that abuse.

As a summary, the following statements from battered women are included.<sup>1</sup> They illustrate the real complexity and depth of the problems women who are abused face that cannot be grasped as well in any other way.

"How does a person put on paper the 20-year nightmare that is finally ending-- How to speak of the unspeakable after feeling guilt and shame-- Why do I and my children get beaten-- What have we done wrong--

It must be hidden from friends and family at all costs-- Don't answer the door; the neighbor will see your bruised face-- Use 'cover stick' when it's necessary to go for groceries, and pray you won't meet anyone you know-- Wear a long-sleeved dress to a party to hide the bruises-- Attend with your husband-- Keep smiling so no one will know-- This doesn't happen in 'good' families-- Husbands that teach school or invent computers don't beat wives and children-- Or do they?--

The children learn early to be wary and watchful so as not to draw attention to themselves-- Trying to sort out what is 'right' or 'wrong' to do to keep the uneasy calm-- Outside children never invited in-- Playing alone is hard, but safer than risking an embarrassing scene.

In the 20 years we lived this way there is one time that is typical--and vivid after 14 years--

Weekends were a nightmare of tension-- By Sunday we were always watchful of every word, gesture and sound that might start something. We were painting the kitchen about 10:00 in the morning-- I wasn't allowed to move the curtains out of the way, and when he spilled paint on them he tore them down, ripped them, and hit me and our four-year-old with the curtain rod until we were covered with welts. He insisted we sit in a row--on chairs--out of his way while he adjusted a cupboard--

Strange, yes. Where was our fight? After a certain point you just sit in fear and obey. What are your choices? Where to go with two small children, no money? We obeyed and hoped to please.

In adjusting the cupboard he broke a jar of food--in the anger that followed he smashed every jar-- Twisted my arm behind my back until I cleaned the mess of glass and food. My hands were badly cut, and I had time only to wrap them with a dish towel before he shoved the children and myself down the basement stairs--

<sup>1</sup> These statements are those of two women who were battered.

The basement was unheated, and it was winter-- Short of light bulbs-- Fear-- Dark-- Cold-- We found the picnic blanket and huddled together quiet with fear and soon hunger-- Finding a can of soup and a rusty can opener and plastic spoon-- Hours and hours go by, and sometime in the night he unlocked the door. I quietly put the children to bed and soak the bloody towels off my hands-- Sitting there in the night I try to think of a way out-- No money-- Nowhere to go-- Which of our friends would believe that a teacher--active church member, etc.--could do this!

Be quiet-- Pray-- Try to figure out what I am doing wrong!"

\* \* \*

"What happened after the ceremony was the last thing I expected from the man I promised to 'love, honor, and obey.' When he was good, he was very, very good. However, sometime during the first year or two (I've tried but cannot remember the start of it), his mild manner suddenly changed. Episodes of the most awesome rage behavior began to appear, and their frequency increased over the next several years.

There seemed to be no pattern, no way to predict what he might do next, no clue to tell me what I was doing to bring on such violent reactions. That everything was all my fault, he made very clear, and at least partially, I believed him.

'It's just the way you are,' he would scream, or 'It's everything about you!' My question, 'If you don't like me, why don't you get a divorce?' would usually elicit the response, 'I've got too much invested in you to give up now.' Specifically, I never found out what should be changed except my total personality. The screaming tirades, begun over trivials, usually ended in physical violence. Neither passive acceptance on my part nor assertive behavior could stop the progress of his rage.

Once I made the mistake of winning in a chess game. Although he had often said I should carefully think over the moves, he now claimed that he would have won if I hadn't spent too much time thinking. The more he berated my winning, the angrier he got, until I found my head being slammed against the floor, my body pounded. The fight progressed to the bedroom, where my face was smothered with a pillow until I didn't think I could possibly be alive 10 seconds later. There were many such fights, most of which I've forgotten, but I don't remember ever winning at chess again unless it was clear that he intended for me to win that time (to boost my confidence, perhaps?). I hated chess, but refusal to play when invited risked almost certain violence.

He picked at little things: the way I pronounced words, my driving, my cooking. I was not allowed to season with garlic, onion, pepper, herbs, tomatoes--among other things--and cooking was no longer an enjoyable experience for me.

There was always a 'double bind' of some sort. Whatever I did was wrong, and if I then did the opposite thing trying to please him, it was even more wrong! He would often refuse to participate in family decision-making, saying, 'Whatever you want to do is all right with me.' Though I learned that he did not mean that, I never learned to guess what he wanted me to decide.

The children's supportive presence was helpful, but of course, only after a rage, not in the middle of one. One scene in particular stands out in my memory. He had left the house in a rage after smashing my nose and generally flailing away at every exposed part of my body that I couldn't defend with my arms. I was lying on the living room floor, conscious but dazed, with blood all over the hardwood floor. A very small child crawled out of the woodworks, from wherever he had been hiding, put a tiny arm around my neck, and said, 'I'm glad you didn't get butchered and buried!'

Although he did not physically abuse the children, he frequently yelled at me (in their presence), cursing me for their existence. 'All you know how to do is get pregnant!' was a favorite phrase for screaming at me.

Why did I stay in such abject dependence for nearly two decades of my life? I wasn't a child bride, escaping from a repressive home. Intellectually I had grown up moderately self-confident and reasonably precocious. Financial and emotional independence was not foreign to me when I married him. From childhood I had worked part-time to help buy groceries, averaged 30 hours per week paid employment through college, and was totally self-supporting when I met him.

How, then, explain the depths to which my self-concept and functioning level plunged before I was ultimately able to achieve emancipation at age 40? Pride, perhaps. The feeling that the children needed a father, particularly since he was a good father part of the time. The hope that eventually we would 'adjust' to marriage. A tendency to deny the seriousness of the problem. A determination to succeed at whatever I had set out to do in life. The weakness of feeling sympathy for his deep unhappiness in life. Acceptance of the philosophy 'You've made your bed; now lie in it!' The economic reality of simply seeing no way to support two kids when I couldn't even answer the door when someone knocked so much of the time. How could I hold down a job?

Through it all, however, the theme was FEAR! Admission of that particular problem simply wasn't socially acceptable and, therefore, I saw no supportive resources anywhere. Don't ever let anyone know what goes on, because no one could possibly understand, and he would kill you if you ever hurt his reputation in the community. If you ever call the police, he will surely kill you later. File for divorce when he's saying 'no,' and he will kill you. Fight back, and you might get carried away and kill him! So many times that was tempting, and I had to be sure of my own basic value system.

After it was all over for me, the problem of 'battered women' emerged from society's closet. I read a Tribune feature on Women's Advocates, and for the first time since before the divorce, I cried. Alone and uncontrollably I sobbed and pounded a pillow and felt the freedom to feel what I was experiencing, to relive in safety some old emotions long buried behind an impassive facade. It was a tremendous relief to know that my 'case' was not unique. Not only were there others like me, but people were beginning to do something about it. Something relevant and appropriate! Of all the variety of social services available in our culture, I see the concept of an emergency shelter run by women (with nonjudgmental peer counseling) as meeting a vital need that no existing agency can offer. I'm certain I would have used it years ago had it been available then."

BREAKING THE CYCLE OF ENTRAPMENT AND VIOLENCE:  
THE ROLE OF THE PROFESSIONAL

Your role as a professional with respect to the battered woman is to:

- (1) Offer her your services in a sympathetic manner.

No matter what services that you offer, medical, legal, or others, you can help break the cycle of violence by giving these services in a way that shows an understanding of the woman's situation. If you suspect a woman has been battered, but she has not mentioned it, approaching the subject with awareness and sympathy can help her to admit what is happening. She is essentially locked into the relationship until she can at least admit to someone that she is being victimized without fear of being criticized. Awareness, sympathy and understanding exhibited by a professional concerning the battering situation may give the battered woman the sense that someone cares, that someone may be able to help her, and thus she may be encouraged to face and deal with the abusive relationship.

- (2) Put her in contact with other resources she may need.

It is important to put the battered woman in contact with other resources since no professional is able to provide for all the needs she may have. Knowing of and referring the woman to appropriate groups and agencies in the community can serve as valuable follow-up.

To make appropriate referrals, it would be helpful to have a brochure available which lists all those groups and agencies providing, at a reasonable price, services that a battered woman may need: counseling, medical, legal, financial, emergency housing, advocacy. Such brochures, if not already available, can be developed for use in your community by a group for battered women in your area. If having brochures available in your office or agency is not possible, giving the woman the phone number of a battered women's group or a shelter in your community which in turn can put her in contact with the resources she may need will serve the same purpose.

- (3) Allow the woman to make her own decisions.

After making sure the woman is aware of resources available to meet her needs, it is important not to pressure her into choosing any particular course of action. It is natural to want her to get out of the abusive relationship immediately, to attempt to convince her to make use of emergency housing, for example. But you should not plan a course of action for any battered woman. It is necessary for the woman to decide for herself what to do and how and when to do it. It will take considerable time and effort for her to work through all the aspects of her problem, emotional, physical, practical, and to come to any decisions. The professional must allow her this time. Though she should be strongly encouraged to follow through with any decisions she has made to end the abuse, pressure may only serve to force her back into the relationship by making her feel she is not able to live up to your expectations for ending the abuse, so must return to it.

- (4) Make sure the battered woman feels welcome to return to you again, if necessary.

Professionals often expect that if they, themselves, do and say all the "right" things, a battered woman will end the abuse quickly and directly. When this does not happen (and

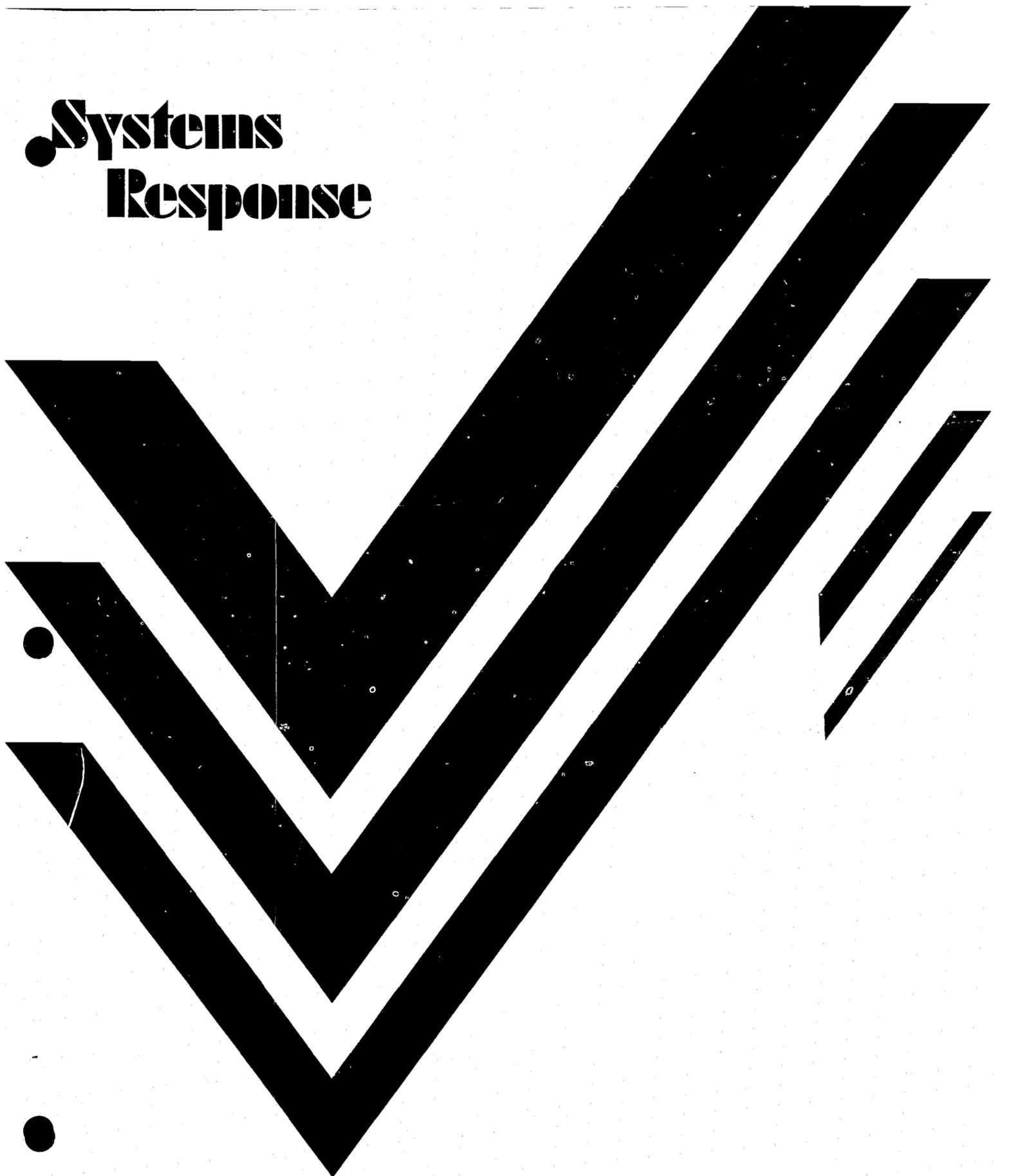
it rarely does because of the complexity of the problem), the professional may feel that s/he has failed or may blame the woman for not following the direction or suggestions given her. The professional, feeling frustrated, gives the woman, by his/her attitude, the message that she has once again failed. If this is the situation, the woman will definitely not feel free to return for help in the future when she may need to do so.

Professionals must take special care not to set rules limiting the services that any battered woman can seek (as did the City Attorney who told a woman that if she refused to testify at the trial after filing a complaint, he would not accept another complaint from her for a specified length of time). Realizing the complexity of her situation, it must be understood that a woman cannot be expected to move quickly and with resolution to end the abuse.

It is of great importance that professionals keep an open line of communication with the battered woman by letting her know that she can seek help again without judgment or criticism. Though the woman may not have taken full advantage of the services you offered or the referrals you made the first time, or second or third, you can give her a viable resource to deal with the violence when she needs to make use of it.

The professional should also be aware of and provide for the special needs and concerns of women of color who are battered. In order to do this effectively, the cultural background, the family structure, as it relates to battering must be examined with respect to each minority group. Following the INTRODUCTION are chapters on the Black, American Indian and Chicano/Latino family structures. It is recommended that each professional read these chapters.

# Systems Response



SYSTEMS RESPONSE

Chapter 1  
THE MEDICAL RESPONSE

## TABLE OF CONTENTS

Special acknowledgment is due to the following for their contributions to THE MEDICAL RESPONSE:

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Overview of the Battered Woman and Medical Professionals

The Battered Woman in the Clinical Setting

Background

Identifying the Battered Woman

Providing a Supportive Environment

Recommendations

Emergency Room Protocol

Inservice Training

Needs and Concerns of Women of Color with Respect to the Medical System

Mandatory Data Collection

Appendices

## OVERVIEW OF THE BATTERED WOMAN AND MEDICAL PROFESSIONALS

Medical professionals may be the first, and in many cases perhaps the only, persons to have professional contact with the battered woman. Especially in rural areas a visit to the hospital or a private doctor may be one of the few times a battered woman is without her husband in a setting where she should feel she may talk freely. Since doctors and nurses are professionals and are bound by confidentiality, the battered woman should feel safe in telling her story to them knowing it will go no further without her expressed permission. Also, the medical professionals in a hospital, clinic, or office can provide the support essential for the woman to be open about her circumstances without fear of judgment or criticism.

Even though contact is limited to medical care, many times the sensitivity and awareness expressed by a medical professional toward a battered woman may enable her to take the first step in getting help for an unhealthy relationship as is demonstrated in the case of a young woman who came to the emergency room of a Minneapolis hospital for treatment of facial bruises and lacerations. Initially the woman did not say that her injuries were the result of battering; she did not offer any explanation as to how they had occurred. A sensitive nurse who was caring for her asked her, in a routine interview, if these injuries were the result of being hit. Because of the nurse's non-judgmental and sympathetic approach to the topic of abuse within the interview, the patient admitted that she had been battered, wanted help, but was afraid and did not know what to do. The nurse, aware of resources for battered women in the area, asked the woman if she wanted to talk with an advocate from the Harriet Tubman Women's Shelter. She did, so the nurse contacted the Shelter immediately. The Shelter sent an advocate directly to the emergency room to provide the necessary support, referrals and follow-up for the woman who ultimately received the help she needed to find alternatives to her abusive relationship. Without the initial awareness and sensitivity of the nurse, this battered woman would most likely not have gotten the help that she needed to end the abuse within her relationship.

The purpose of this chapter is to increase the awareness of medical professionals to the particular needs and concerns of the battered woman and to explore effective responses to battering in the clinical setting. Suggestions for and examples of emergency room protocol and informational materials are included to facilitate the development of similar protocol and materials that reflect the needs and resources of your community.

## THE BATTERED WOMAN IN THE CLINICAL SETTING

### Background

In large cities and towns, the battered woman can usually go to a hospital where she does not know staff members personally or to a private doctor she will not have to see again thus remaining anonymous when seeking help or treatment for her injuries. In smaller towns and rural areas, the woman may know many of the medical people in the community. For this reason, she may feel particularly embarrassed or ashamed to be treated by them. In addition, she may fear that, in seeking medical attention from those who are personal acquaintances or neighbors, soon the entire town will know of her situation. Therefore, women in rural areas are much less likely to seek medical

help for injuries resulting from battering unless these injuries are severe. And, they often go to great lengths to invent explanations for their injuries. If at all possible, they may even go to another town or county to receive necessary care. Thus, rural medical people should be especially aware that women may not be reporting battering. To encourage reporting, it is important for the staff or private doctor to be able to identify possible cases of battering and to provide a supportive environment including an absolute assurance of confidentiality.

Often women who are battered are in the care of a hospital or doctor for reasons other than treatment of injuries resulting from battering. For example, significant numbers of women in maternity and obstetrics-gynecology units are victims of battering as sensitive and perceptive staff members are well aware. Though, generally, this section will address developing more effective responses to the battered woman in the emergency room where the greatest number of victims of battering are seen, the basic concepts are applicable anywhere in the clinical setting.

### Identifying the Battered Woman

In the clinical setting, there are several ways to identify a woman who has possibly been battered. A question on physical abuse could be asked during a routine physical examination. Mentioning battering in an information-relaying sense may let the woman know you have an awareness of and sensitivity to this problem that many women face. The results of asking women if they have been battered may be surprising:

"One psychiatrist, who claimed that he had never encountered a case of marital violence in his practice, was challenged to ask his next ten female clients. Eight out of ten proved to be victims."<sup>1</sup>

And,

"Elaine Hilberman and Kit Munson, in their study of sixty women drawn from a rural health clinic, found that the history of physical abuse was known by the initial clinician in only four of the sixty cases, although most of the women and their children had received ongoing medical care at the clinic."<sup>2</sup>

Also, the presence of unexplained or poorly explained injuries may indicate that a woman has been battered. Paying attention to nonverbal behavior is important in the assessment of injury, i.e., the woman may appear particularly anxious when discussing injuries that she does not admit resulted from battering. If a rapport has been established with the woman and if the injuries look as if they were inflicted, a statement of observation could be made like, "I know you said you fell down the stairs, but to me it looks as if someone hit you." If the woman denies it, the subject should then be dropped.

<sup>1</sup> Martin, Del, "OVERVIEW--Scope of the Problem", opening paper presented in the consultation "BATTERED WOMEN: Issues of Public Policy" sponsored by the U.S. Commission on Civil Rights, January 30 and 31, 1978, pp. 3-4.

<sup>2</sup> Ibid., p. 4.

Women who need immediate medical care for injuries resulting from battering are frequently accompanied to the emergency room by "hovering husbands/boyfriends". In these cases, the woman will seem very passive having poor eye contact with both husband/boyfriend and the medical persons. The best procedure in this case is to ask the husband/boyfriend to leave so that the woman may be treated privately. Since relatives and other visitors are usually not allowed in the treatment area, it should not appear unreasonable to him that he should be asked to leave. In most instances, asking the husband/boyfriend to leave is sufficient. However, at times, hospital security guards where available may be necessary and, rarely, involvement of the local police is required. In private, and with support, understanding and encouragement, the battered woman can be more open.

When a woman is hospitalized for any of a number of reasons, a husband/boyfriend may come to the hospital intoxicated or may be verbally abusive when visiting. This often indicates a history of physical abuse in their relationship.

### Providing a Supportive Environment

The hospital, in order to provide a supportive environment, must have a sensitive, aware staff. A sensitivity to confidentiality is essential. The woman must know that the information she chooses to share will not pass beyond those she chooses to tell. Though professionals know that information will not go beyond authorized personnel, the battered woman will need to be reassured in order to be at ease.

Also, it is important for the staff to openly acknowledge the battered woman as capable, as not crazy, and that her integrity and self-respect be maintained. The woman, as a victim, has most likely lost a great deal of control over her life that she needs to regain in some measure to effectively make decisions. Giving her this control will be very important to her. She should be allowed to choose her own course of action without the medical personnel passing judgment upon her. It is not unusual for the battered woman to choose to return to the batterer. This may be hard for the professional to understand especially after seeing her several times, treating extensive injuries, or after a period of hospitalization necessitated by the battering. However, the medical persons should recall the realities of the woman's circumstances: the social stigma of divorce or separation especially in rural communities, the woman's feeling that she must stay with him "for the children", that he is "all I have", the possibility that she cannot support herself and her children, the lack of emotional support from family and friends concerning the battering. Ultimately, it should be acknowledged that, regardless of the circumstances, the woman does not deserve to be beaten; no one deserves to be beaten. By not passing judgment and allowing the woman to make her own decisions, the line of communication is kept open in any event so that she may comfortably seek help from the same medical persons in the future should she need to do so.

### RECOMMENDATIONS

#### Emergency Room Protocol

The development of a hospital emergency room protocol is desirable. Since battered women and other victims of physical assault have similar needs, it may be practical to

develop a protocol to meet the needs of all assault victims. For an example of such a protocol as developed and used by Hennepin County Medical Center in Minneapolis, see Appendix I. Of course, no one protocol is workable statewide, but there are some facets that are essential and generally applicable (see Fig. 1). These will be discussed in more detail here.

Goals for a protocol for giving care to battered women in an emergency room should include:

- (1) Care of acute injuries,
- (2) Reduction of emotional stress,
- (3) Documentation of the incident (ER records and photographs, if possible),
- (4) Provision of referral information.

Care of acute injuries is, with the battered woman as with all other patients, of primary concern.

Reduction of emotional stress is especially important to the battered woman. In addition to being the victim of a crime, she often is trapped in an environment where the crime is perpetuated. A supportive environment as discussed previously is essential for her if she is to be enabled to help herself.

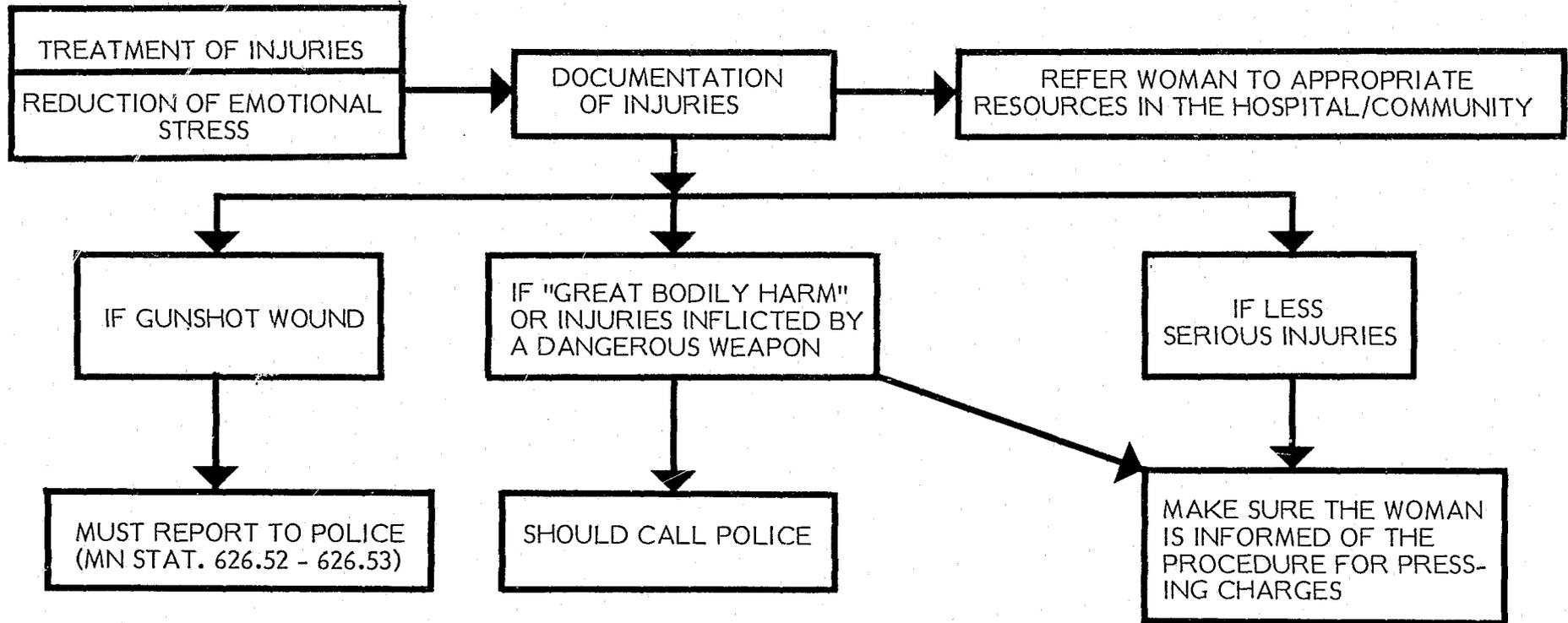
Documentation of the incident includes medical records which reflect the nature of the assault and photographs when possible and with the permission of the woman (police departments will sometimes assist with the taking of photographs). It is especially important that documentation of injuries in cases of battering be as complete and thorough as possible because, should the woman decide to press charges against her assailant, such documentation can serve as valuable evidence.

If the woman was accompanied to the hospital by a police officer, the officer has the primary responsibility of informing her of her rights and options in pressing charges against her assailant. However, since most women are not accompanied by officers, it would be helpful to prepare a general information sheet for the battered woman (applicable to other assault victims as well) explaining how to press charges (see Appendix II). If the woman has suffered "great bodily harm" or injuries inflicted by a dangerous weapon, the appropriate police department should be called to the hospital to make a report of the crime. However, this is not required by law and should not be done if it is against the wishes of the woman. The only time a report must be made to the police is in the event of a gunshot wound. All physicians, hospital administrators, nurses, pharmacists, and others authorized to practice the healing arts are bound by law (Minn. Stat. §626.52 - 626.53) to report gunshot wounds. Failure to report according to Minn. Stat. §626.52 - 626.53 is a gross misdemeanor (Minn. Stat. §626.55).

In addition, the woman should be made aware of appropriate hospital and/or community resources from which she may receive assistance at the time or in the future. Some hospitals have social workers, clergy and/or advocates present or on call. Such persons can provide counseling and support and can assume responsibility for informing the woman of community resources available to meet her needs. An information sheet or a brochure (see Appendix III) is helpful whether or not support staff are available as it gives the woman information to which to refer later. This information sheet or brochure should include how to contact a local network of safe homes, a shelter, a legal aid clinic, counseling resources, and/or other resources in the community. Referring to people or agencies that are free, low cost, or offered through a government program is best.

Figure 1

DIAGRAM OF RECOMMENDED EMERGENCY ROOM PROTOCOL



## Inservice Training

Inservices on battering for hospital personnel have proved valuable in many cases. Such inservices, as conducted at Hennepin County Medical Center for example, may include a general orientation to the problems of battering using slide shows and films and information on community resources available to the battered woman. Hennepin County Medical Center currently gives inservices to staff in such specialties as obstetrics-gynecology, orthopedics, psychiatry and out-patient clinics in addition to the ER staff. Ideally, all hospital staff should receive these inservices but, due to limitation of time and inservice staff, they must often be limited to areas that have the highest contact with victims of battering. If you are not aware of persons in your community available to provide such training, contact the Minnesota Department of Corrections, Programs and Services for Battered Women.

## NEEDS AND CONCERNS OF WOMEN OF COLOR WITH RESPECT TO THE MEDICAL SYSTEM

There are special needs and concerns minority women who are battered have when they seek medical care. This section will focus on these needs and concerns.

What may appear to the medical professional as routine questions may take on added dimensions when directed to women of color. For example, because of the stereotypic image of Blacks as being far more sexually active and promiscuous than whites, questions regarding sexual abuse, history of venereal disease and the like when asked by a white person may be perceived as attempts to satisfy curiosity about the sexual habits of Black couples. Unless such questions are directly related to the medical service the woman is receiving and are carefully explained as to their purpose and intent, they should not be asked at all.

Every woman who has had a medical examination has experienced the anxiety accompanying being told to go into an examining room, undress, put on a paper gown and wait for a doctor - and most times the doctor will be an unknown man. If the woman who is being examined has also been battered, she will probably also be feeling ashamed and embarrassed about the battering. This can significantly add to her already building anxiety. If, in addition, she is a woman of color, she faces yet another anxiety - that the doctor will most likely be white and she will have to face any stereotypes he might have about persons of her color as well as facing the possibility that she may have difficulty in making herself understood and in understanding him. Many women speak English as a second language (e.g., large numbers of Chicanas and Asian women) or perhaps do not speak English at all. Also, as with many Black women, the dialect spoken may not be familiar to the doctor.

It is strongly recommended that women advocates from each group, Black, American Indian, Chicano/Latino and Asian, be made available so that a woman of color seeking medical care can have someone present to whom she can readily relate and who can serve to reduce her anxiety in a strange environment. The advocate can also help with any language difficulties between doctor and patient. If such advocates cannot be made available, the medical staff should be especially sensitive to and aware of the special anxieties and possible communication difficulties that exist and take the time necessary to put the woman at as much ease as possible.

When examining any battered woman, it is important to document any and all injuries to serve as evidence in the event that the woman decides to press charges against her assailant. With women of color, especially Black women, bruises are not as apparent as they are on white women and, in many cases, may not even be visible. For this reason, photographs which can serve as excellent documentation of injuries for white women are next to useless for many women of color. Thus it is important for medical staff to inquire about any sore areas and to carefully document all of these in writing.

## MANDATORY DATA COLLECTION

According to Chapter 428 Laws of Minnesota 1977, all physicians, hospitals and public health nurses are required to collect data on women (18 and over) who have been assaulted and/or threatened with assault or who are suspected of having been assaulted (though it is not verified by the woman). The purpose of data collection is to document the incidence of assaults on women. Analysis of the data should be helpful in planning needed services in your area. Forms for this data collection project (see Appendix IV) have been distributed and should be in use at this time by all health facilities in the state. If you have any questions about the forms, or if you did not receive any, please contact the Minnesota Department of Corrections, Programs and Services for Battered Women, Metro Square Building, 7th and Robert Streets, St. Paul, Minnesota 55101.

## APPENDIX I

### PROTOCOL<sup>1</sup> FOR VICTIMS OF PHYSICAL ASSAULT WHO MAY WISH TO FILE A COMPLAINT

Developed in consultation with the Minneapolis City Attorney's Office.

#### AIMS:

- A. Care of acute injuries
- B. Minimization of emotional stress
- C. Documentation of incident through the ER sheet plus photographs of the victim's injuries
- D. Provision of referral information and/or contact with Harriet Tubman House if the victim is a battered woman. (We may call the house at any time to provide an advocate or advisor for these victims.)

The following is a list of steps to be taken by Emergency Room staff to assist the patient/victim in reporting the crime and possible prosecution of the assailant. The victim should be asked to sign the waiver<sup>2</sup> which allows report of the crime, photographs and release of medical information.

- A. If the patient is accompanied to the hospital by a police officer, the officer has primary responsibility of informing the patient/victim of her/his rights and options in prosecuting the assailant.
- B. If the patient has suffered "great bodily harm" or injuries inflicted by a "dangerous weapon" and has not been accompanied to the hospital by a police officer, the appropriate Police Department should be called to the hospital immediately.
- C. In cases where no "great bodily harm" has occurred and where no "dangerous weapon" was used, the patient/victim should be encouraged to report the crime to the Police Department which would have jurisdiction as soon as possible. (If the victim alleges that the injuries are the result of police abuse, the appropriate referral would be to the City Attorney's office which would have jurisdiction in the matter.)
- D. In all cases, the staff member should:
  1. Have the patient sign the assault waiver (one used for sexual assault cases).
  2. Take duplicate polaroid photos of all injuries (include a "head" shot as well, for subsequent identification of the person if injuries do not involve face or head).  
ALL photos must be properly identified on reverse side with subject's name, hospital number, date and time photos taken and the signature of the person taking the pictures.
  3. Give the patient/victim the assault victim's information sheet and, if the incident occurred within the city limits, the Minneapolis City Attorney's office brochure. We will shortly have available a list of city attorneys for jurisdictions other than Minneapolis, which we may use to more appropriately refer patients.

The words "great bodily harm" and "dangerous weapon" are legal terms. When in doubt about whether the patient/victim has "great bodily harm" or was injured with a "dangerous weapon," call the police to the hospital.

<sup>1</sup> As used at Hennepin County Medical Center.

<sup>2</sup> A waiver is essentially "legal permission" for the hospital to report/release information. Many hospitals do not have these forms.

ASSAULT VICTIM'S INFORMATION SHEET\*

If you wish to prosecute the person who assaulted you or if you wish to have other legal options explained to you, please do the following:

- (1) Report the incident to the police.
- (2) Make sure photos are taken of your injuries.
- (3) If the assault occurred within Minneapolis city limits, report to Room 108 in the old Minneapolis Court House between 8:00 A.M. - 4:30 P.M., Monday through Friday, and ask for a copy of the police report. If a report has not yet been made, ask the police to write a report.

Bring a copy of the police report to the Minneapolis City Attorney's office, A-1700 Government Center, between 8:00 A.M. - 4:30 P.M., Monday through Friday (348-2010).

- (4) If the assault occurred within the limits of another city or a suburban area, contact that police department and the appropriate city attorney's office.

There are several options available to assault victims other than criminal prosecution. These will be fully explained to you by a staff member of the City Attorney's office.

\*As used at Hennepin County Medical Center.

COVER OF BROCHURE USED AT SAINT PAUL-RAMSEY MEDICAL CENTER

## RESOURCES FOR BATTERED WOMEN IN ST. PAUL

Who Is A Battered Woman?

A battered woman is one who is physically assaulted by her husband, boyfriend or some significant other. Battering cuts across all racial, ethnic, educational and socio-economic boundaries: any woman may be a victim of physical abuse at some point in her life, and almost anyone may be or become a batterer.

Assault may range from a simple push to severe and even permanent injury. Any degree of battering is serious; once a woman is hit, chances are good that she will be hit again--and harder. Often it seems as though there is no way out.

If you are physically abused, you do have places to turn. This booklet describes some of them. For further information or assistance, call Women's Advocates, Inc. (227-8284). Staff there are advocates--women who can aid you in seeking medical care, legal assistance, financial aid, child care, housing, and emotional support. An advocate may be a key person in helping another woman stop feeling trapped and confused, and begin to recognize and use her own inner strengths to better her life.

Following is a listing of community agencies and groups that a battered woman may contact for assistance in obtaining emergency housing, emergency funds, food and clothing, counseling and for help in determining legal options. This particular brochure was developed by the Consortium on Battered Women.

A similar information sheet or brochure, if not already available, could be compiled by a group for battered women in your area for use in hospitals, clinics and doctors' offices in your community. If you are not aware of any such group in your area, you can contact the Minnesota Department of Corrections, Programs and Services for Battered Women.

SYSTEMS RESPONSE  
Chapter 2  
THE LAW ENFORCEMENT RESPONSE

Special acknowledgment is due to the following for their contributions to THE LAW ENFORCEMENT RESPONSE:

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## TABLE OF CONTENTS

### Overview of the Battered Woman and Law Enforcement Officers

#### The Law Enforcement Officer's Perspective: Danger, Frustrations and Common Beliefs Regarding the Battering Situation

Danger in Responding to Calls Involving Battering

Common Beliefs and Frustrations

#### Procedure for Handling Calls Involving Battering

Introduction to the Procedure

Assessing Dangers

Entering the Premises

Dealing with the Medical Needs of the Victim

Interviewing the Parties

Dealing with the Crime

Reporting

Making Referrals

#### What an Officer Can and Cannot Do

#### Inservice Training

#### Minority People, Battering and the Law Enforcement System

#### Probable Cause Arrest

#### Mandatory Data Collection

#### Appendices

## OVERVIEW OF THE BATTERED WOMAN AND LAW ENFORCEMENT OFFICERS

As the issue of family violence and battered women comes before the public eye, it becomes apparent that persons in law enforcement can be instrumental in leading the development of more effective responses by the helping systems to women abused in man/woman relationships. Police or sheriffs are often called to the scene of the assault so may be the first persons within the helping systems to respond to the battered woman. Therefore, the nature of the police or sheriff's response is critical in forming the idea a woman will have of the systems' sensitivity to her situation. If their response shows an awareness of her needs and concerns and an understanding of how she can be trapped in the abusive relationship, she may be encouraged to seek the further help necessary for her to deal constructively with the problem of abuse. Without this display of understanding and concern by the law enforcement officers, the woman may be reinforced in the belief that no one in the system understands her, cares about her, or is willing to help her. The support offered by the police officers is all important in giving her the hope that she needs to feel there is a way out of the cycle of violence in her relationship.

Whether the battering takes place in a farm house in southeastern Minnesota, in a suburb of Minneapolis, or in the inner city, there are common elements in both what is happening between the people involved and how the law enforcement officers can respond effectively. As stated in the INTRODUCTION of this manual, the abuse of women is not limited to poor families, inner city families, or certain ethnic groups. It cuts across all socio-economic and ethnic lines; it is inherent in our culture. Because battering affects so many different groups of people, it is necessary to be aware of the special needs, concerns and problems that particular groups of people may have in addition to the common elements of battering situations.

It is the purpose of this chapter to explore effective responses to the battered woman by law enforcement officers. In order to develop more effective responses, it is necessary to examine the frustrations and beliefs that those in law enforcement commonly have regarding the battering situation and the woman who is abused. Such frustrations and beliefs can interfere with effective, supportive responses to the woman as victim. Also, the development and utilization of a procedure to deal with calls involving battering can not only provide a framework for effective responses to those in abusive relationships but can also provide for greater safety of the officers involved. A general procedure will be included and discussed in this chapter.

### THE LAW ENFORCEMENT OFFICER'S PERSPECTIVE: DANGER, FRUSTRATIONS AND COMMON BELIEFS REGARDING THE BATTERING SITUATION

#### Danger in Responding to Calls Involving Battering

Though police officers are aware of the danger involved in answering domestic disturbance calls, the officers are not as cautious as they should be at all times usually because they have responded to so many of these calls. Domestic violence not only endangers the lives of those family members involved in the dispute, it also accounts for a high percentage of the deaths of and injuries sustained by officers responding to

such calls. In the ten year period 1966-75, 157 officers in the United States lost their lives responding to domestic disturbance calls. The F.B.I. reports that annually over 50% of all officers killed in the line of duty were in the process of responding to a domestic disturbance call. "It seems to be true, also, that the majority of police officers who are injured are similarly involved in conflict intervention activity."<sup>2</sup>

It is possible to increase the safety of both the officers and the victim when responding to intrafamily violence calls. To do this, police training manuals usually emphasize the following as important:

- (1) The dispatcher should carefully monitor calls to determine whether a weapon is involved and, if so, what,
- (2) If the assault is in progress, the dispatcher should pinpoint, if possible, exactly where in the dwelling it is taking place,
- (3) The dispatcher should report any changes in the situation to the officer(s) responding,
- (4) If information is available regarding any previous incidents reported involving the same parties, this may be helpful to the officers in assessing possible dangers. For example, it would be helpful for the officers to know if, in the past, the man has used a weapon against this woman, even if it is reported that he has not used one this time. He may be prepared to use the weapon again by the time the officer(s) arrive.

Getting and using such information in responding to intrafamily violence calls can greatly contribute to the safety of all involved. In addition to this, certain procedural measures can be taken to increase the officer's safety. Such measures will be considered in the section PROCEDURE FOR HANDLING CALLS INVOLVING BATTERING.

Concerning safety, it is also very helpful to have at least two officers respond to any domestic violence call. This facilitates the separation of the assailant and victim and the questioning of both parties independently without harassment. If it is not possible to have two officers respond to these calls as is the case in many small towns and rural communities, some measures can be taken by the officer responding to guard against danger.<sup>3</sup> Though these measures are also advisable to take when more than one officer is responding, they are especially important with only one officer.

First, the officer, rather than entering the residence immediately, should pause momentarily outside and listen to what is going on inside. This will give him/her information to estimate the danger s/he will face when entering and to be prepared.

<sup>1</sup> Crime in the United States - 1975, The Uniform Crime Reports (Federal Bureau of Investigation, Washington, D.C.) pp. 18, 19, 22.

<sup>2</sup> Bannon, James (Detroit Police Department), "PRESENTATION ON POLICE DIFFICULTIES WITH FEMALE BATTERING CASES", paper prepared for the U.S. Civil Rights Commission, Connecticut Advisory Committee, State Capitol, Hartford, Connecticut, September 26, 1977, p. 1.

<sup>3</sup> These safety measures are those used by the Police Department in Mora, Minnesota.

When interviewing the assailant, it is essential to be in surroundings in which there are no potential weapons. With only one officer, the squad car is a highly recommended location for the interview. When going to and from the squad car, the assailant should precede the officer to minimize the possibility of attack.

In the residence, the assailant should always be in view and should not be allowed to wander about. It is best to have him sit in an entryway, for example, where there are likely to be no weapons.

In addition to these measures, officers in small towns and rural areas who must respond alone to domestic violence calls strongly recommend the use of portable radios. They are expensive costing about \$1,000 a piece but are a valuable investment. The officer calls in to the dispatcher before entering the residence and reports at intervals. By keeping contact with the dispatcher in this way, the safety of the officer can be greatly increased.

#### Common Beliefs and Frustrations

##### \*battering is a private family matter

Many law enforcement officers believe that violence between a man and a woman in a relationship is a private matter, that intervention is not appropriate. A man's home has a special status. "Police officers...claim that these assaults conducted in the privacy of the home remain private matters. After all, we cannot patrol the interior of houses now can we?"<sup>1</sup> But battering is a crime and "The same officer who will barge into one's home, (without) warrant, for a narcotic bust or to apprehend a purse snatcher, will stand on the front porch awaiting an invitation from the hostile aggressor who has just beaten his wife."<sup>2</sup>

If assaults on women by men with whom they are intimate are not taken seriously, are not treated as the criminal offenses that they are, they all too frequently escalate in severity oftentimes to the point of homicide. As one metropolitan police officer put it, "Many times the difference between an assault and a homicide is only the thickness of skin and bones." A study in 1956 by Wolfgang showed that 41% of women murdered in the United States are killed by their husbands and 11% of the men murdered are killed by their wives. Battering is a crime and a very serious one. It must ultimately be recognized that assaults between those who are intimate are no more acceptable than assaults between strangers; battering should not be hidden behind the facade of "privacy".

##### \*battering is the result of alcoholism

It is a common belief among police officers that battering is primarily the result of excessive use of alcohol. However, there is no evidence to suggest that successful treatment of alcoholism within a relationship will eliminate battering. Often, the assailant uses alcohol as an excuse: because he was intoxicated, he committed the assault without blame as he did not know what he was doing. A woman's alcoholism will many times result from her unsuccessfully attempting to deal with her victimization. In many cases, then, alcoholism can be more accurately viewed as the result of an unhealthy relationship rather than as the cause.

<sup>1</sup> Bannon, op. cit., p. 6.

<sup>2</sup> Ibid., p. 6.

### \*frustration with high frequency of repeat calls

A frustration of police officers commonly expressed concerning domestic violence calls is the high frequency of repeat calls. If an officer has been called to the same residence repeatedly, s/he may come to think that the woman asks for the battering, that she deserves it, or possibly that she enjoys it - if she does not like it, all she has to do is walk out the door. This perception is understandable in that the officer's contact with the woman's situation is extremely limited. S/he sees only a small portion of what is happening: the assault or its immediate aftermath. The officer may have arrested the man previously and the woman failed to follow through with prosecution. Then, the officer becomes frustrated because s/he feels s/he has done all s/he can, that the woman is simply "unwilling to act". As one St. Paul police officer said, "I went to one lady's house eight or nine times. At first I felt sorry for her. I mean this guy really lit into her. He'd hit with chairs, throw her around, he just had no control. I'd ask her if she wanted me to arrest him and she always said, 'No, just get him to stop.' After this had been going on for about a year, I got sick of going there: sick of him, sick of the same old story, sick of her. I stopped feeling sorry for her because she wouldn't do anything about it."

While this attitude of many officers may be understandable, it can no longer be viewed as acceptable. It is important that the officer understand the entire battering situation in order to respond effectively. Her apparent unwillingness to act may be an inability to act stemming from many factors which all work together to hold her in the abusive relationship.

She may be afraid that he will come after her; she may have been isolated out of fear and shame and has nowhere to go; she probably has little or no money to get shelter and food if she does leave; and, she may have no reason to believe anyone will help her once she does leave, and she does need help - a place to stay, resources to get financial and legal aid as well as emotional support. The battered woman is a victim, weakened and frustrated by circumstances beyond her control, and trapped in an abusive relationship.

### \*identification with the man

Another factor that can inhibit an effective response to the battered woman is the probability that the policeman (realistically, most police officers are men) will identify with the man. The officer himself may be having difficulties at home. The nature of his job, the danger involved and his working hours can be stressful to any relationship and may cause problems within the relationship. As a result of identifying with the assailant and his stresses and problems, he may be less sympathetic to the victim of battering than he is to victims of other assaults.

This can create a conflict in establishing an effective response to the woman who is assaulted. An increased awareness of and sensitivity to the woman, her situation, needs and concerns is essential to beginning the resolution of such a conflict.

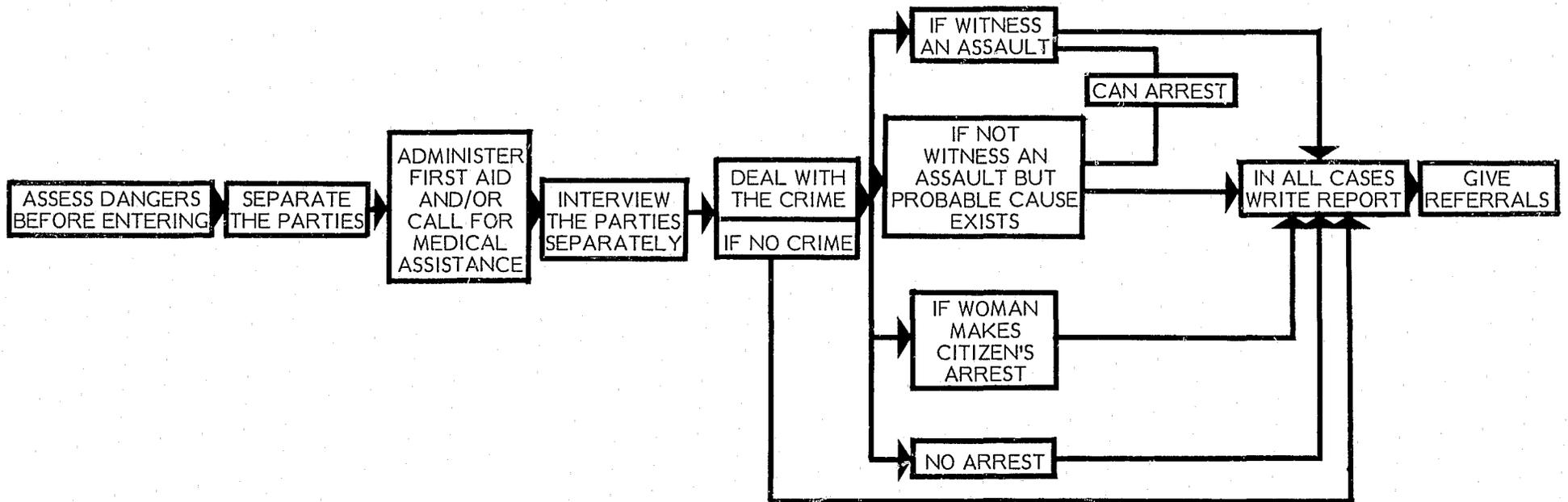
## PROCEDURE FOR HANDLING CALLS INVOLVING BATTERING

### Introduction to the Procedure

The general procedure to be presented (see Fig. 1) was developed in a discussion with police officers and sheriffs from around Minnesota who are highly involved in dealing

Figure 1

GENERAL PROCEDURE FOR CALLS INVOLVING BATTERING



with domestic violence. Most steps in this procedure are probably quite familiar to those law enforcement officers who frequently respond to domestic disturbance calls, but all steps are worthy of mention so that those not so involved with domestic violence, as well as other professionals, may better understand the fundamentals of responding to such calls.

#### Assessing Dangers

The first step in handling a call involving battering is for the officer to assess all possible dangers before entering the premises. This, as mentioned previously, can be done through information relayed by the dispatcher. Such information should include if a weapon is involved, if the assault is in progress exactly where in the dwelling it is taking place, past history of similar incidents involving the same parties and the reporting of any changes in the situation. Also, immediately before entering the premises, the officer should listen briefly at the door in order to obtain any additional information, the tone of what is being said inside, to judge the danger involved.

#### Entering the Premises

Upon entering the premises, it is important for the officer to appear as non-threatening as possible so as not to further aggravate the parties. This can be done by the officer introducing him/herself, talking slowly with an even-pitched voice and by making only slow, purposeful movements keeping hands out of pockets and away from weapons. It is important to caution the officer that while this non-threatening approach has traditionally been part of police training, there is the danger that a misunderstanding of what 'non-threatening' means can contribute to a perpetuation of the abuse of a woman. A non-threatening approach in no way means that the officer should respond to the call as if no crime has been committed. If the officer views his/her role in such situations as merely to calm the parties and then to leave, s/he has reinforced the assailant's attitude that no one will challenge what he may perceive as his 'right' to beat his partner. And the woman will be subtly told that this assault is not a crime but a relationship problem with her husband.

The officer should address the parties by their surnames. The introductions can serve to focus attention on other than the dispute and can thus facilitate separating the two parties to keep the peace.

The officers should inquire about any weapons in the residence: where they are kept, how many there are, if there are guns that are loaded.

#### Dealing with Medical Needs of the Victim

If the situation requires, first aid should be administered immediately and/or medical assistance sought. If first aid must be administered, it is important to keep the assailant away from the victim, away from potential weapons and in view, especially if only one officer is present.

Regarding injuries, the officer must be aware that often the woman will not feel free to talk about the nature of the assault, i.e., kicks in the groin, sexual assault, or any other assault such as blows to the kidney or head trauma. Such are not readily detectable and may pass unnoticed. She may be ashamed to tell, fearful, or possibly in shock. So, in addition to asking the woman if she needs medical attention, the officer should be very observant of her physical condition.

#### Interviewing the Parties

It is important to interview the parties separately in order to discourage any further physical or verbal abuse. The interviews should take place in as neutral surroundings as possible such as the living room where potential weapons, pots, pans, utensils, knives, are not as likely to be found. All should be seated. Soft chairs should be avoided as weapons may be hidden between the cushions. The officer should likewise choose a hard-backed chair such as a dining room chair since it is easier to get up from these quickly if the situation so demands.

If two officers are present, each can talk with one party alone. It is best to do this beyond the hearing range of the other to prevent further disagreements. If only one officer is present, the assailant should be kept in view at all times. While interviewing the victim, the assailant should be out of hearing range, if possible (e.g., in a straight-backed chair across the living room from the victim).

During the interview with the woman, the officer should be aware of the danger she may be in, assure her that she is not alone, that many other women have been abused, and inform her that there are places to which she may go to deal with her needs and concerns surrounding the abuse. It is important for the officer, by his/her attitude and actions, to let both the man and the woman know that the man's violent behavior is his, not the woman's, responsibility.

#### Dealing with the Crime

The next step is to deal with the crime if one has been committed. If the officer witnessed an assault, s/he can arrest the assailant. If the officer did not witness an assault but the criteria of probable cause are met (see PROBABLE CAUSE ARREST section), the officer can also arrest the assailant. The use of the Probable Cause Arrest law will be instrumental in overcoming the longstanding complaint of many officers that their hands are tied with respect to responding to domestics.

If the officer is not able to make an arrest, the woman should then be informed that she may make a citizen's arrest if she has been assaulted or threatened by an act that causes fear of or actual immediate bodily harm. If the woman makes the arrest, the officer's role is to transport the assailant to jail. The officer must realize that many women are reluctant to arrest their assailant out of fear that he will retaliate.

After the arrest, the woman should be advised concerning the procedures involved in pressing charges. She should be informed that, if she wishes the assailant prosecuted, she should contact the City or County Attorney, whichever is appropriate, in order to assure that this is done. Also, she should be told when the man will most likely be released from jail. It is recommended that the woman either be given the telephone number of the jail or that the jailer be asked to call the woman when the man is released.

#### Reporting

In all cases, whether or not an arrest is made, a complete report should be made of the incident. The accuracy and completeness of the police report is often the key factor in the decision to press charges. Also, if officers must go to the same residence several times, reports can show any trends that are developing. If the situation appears to be worsening, becoming more violent, this can be useful information for all involved.

## Making Referrals

Finally, the officer should provide referrals. Some police departments give written referrals on index cards designed for this purpose (see Appendix I). As part of any referral process, the woman should be given the telephone number of a program in the community that provides services to battered women: a crisis line, a shelter. Many of these programs have referral cards available for the officers to use (see Appendix II).

## WHAT AN OFFICER CAN AND CANNOT DO

Many times victims as well as professionals in the helping services expect the police officer to provide services and to function in capacities that the officer cannot. This section will briefly summarize what an officer can and cannot be expected to do for a battered woman.

### \*The officer can:

1. Administer first aid,
2. Establish and maintain the peace as s/he is able,
3. Arrest the assailant if the officer witnessed the assault,
4. Arrest the assailant if the conditions of probable cause exist,
5. Write a report of the incident,
6. Provide referral information,
7. Enforce restraining orders (as of March, 1979),
8. Transport (if allowed by department policy).

### \*The officer cannot:

1. Remove the man from the house permanently,
2. Arrest the man without sufficient evidence,
3. Make the man go into counseling or drug treatment,
4. Get the children from the man's residence when the woman resides elsewhere,
5. Act as a marriage counselor.

## INSERVICE TRAINING

Given the success that various groups and organizations in the state have had in working with battered women, it is appropriate that information, approaches and available resources be shared with law enforcement officers who do not have extensive contact with women who are abused. There are such groups actively involved in community education located in each region of the state. These groups are available to assist in formulating and participating in inservice trainings for police officers. In addition, there are training materials, slide shows, films and printed materials available for use. For information on how to contact a group in your area to assist in developing inservice training, contact the Minnesota Department of Corrections, Programs and Services for Battered Women.

## MINORITY PEOPLE, BATTERING AND THE LAW ENFORCEMENT SYSTEM

Because of the historical conflict between the police and persons in the minority communities, domestic calls can take on added dimensions for both the police officers and those to whom the officers are responding. Police know that there is always the potential of conflict when entering minority neighborhoods so have a tendency to send more squad cars and spend less time in dealing with disputes than in predominantly white neighborhoods. Those in the minority community view the appearance of several squad cars as an overreaction and as oppressive. This may contribute to the conflict that the police are attempting to avoid.

In addition, the woman who has been assaulted may perceive a white officer as responding out of racism, either verbally or by his/her actions. The officer may not be aware that s/he is causing offense. Then, the woman will respond to the larger issue, that of racism, and will "protect" her assailant from the officer. The officer may interpret her actions as meaning that she does not want help when in reality she does.

Within each minority community there exists a strong support system of family and friends. These people are the resources to whom one is expected to go for help. If a woman calls in "outsiders", police officers, to deal with a problem, she is jeopardizing her support system. Family and friends may confront the woman about her calling the police and the issue of the abuse may be neglected.

To respond effectively to minority women who are battered, police officers should use as little force as possible to restrain and/or arrest the assailant so the action is not viewed as oppressive but as promoting the woman's safety. The officers should overtly demonstrate respect and concern for the victim. They should address her by her surname, make sure all her needs are taken care of, and let her know that, as police officers, they want to protect her from further abuse.

## PROBABLE CAUSE ARREST

In 1978, the Minnesota State Legislature enacted a bill (MSA §629.341) that increases the power of police officers in the handling of domestic assaults (see Appendix III for a copy of this Bill). Before the passage of this Bill, a police officer could arrest a person for a misdemeanor assault only if the officer witnessed the assault. The new law permits an officer to make an arrest for a misdemeanor assault without witnessing the assault if the officer has probable cause to believe that an assault has occurred, or, the following four conditions are met:

1. The officer observes a recent physical injury and,
2. The injured party either resides with the assailant or is the assailant's spouse and,
3. The alleged assault has occurred within the last four hours and,
4. The arrest (not necessarily the assault itself) takes place at the residence of the assailant.

These conditions are subject to interpretation and the law can be applied in varying ways. It would be wise for each law enforcement agency to discuss possible interpretations and applications of this law with their City or County Attorney.

As previously stated, officers have for years complained of being legally restrained from effectively dealing with battering calls. This law was introduced and passed to take the burden of arrest from the woman who is vulnerable to future attacks by her assailant. It is further intended to better equip the officer to confront the assailant and deal with the reality that assault is a crime regardless of the relationship between the victim and assailant.

#### MANDATORY DATA COLLECTION

According to Chapter 428 Laws of Minnesota 1977, all law enforcement agencies are required to collect data on women (18 and over) who have been assaulted and/or threatened with assault by their spouses, male relatives, or males with whom they are residing or have resided in the past. The purpose of this data collection is to document the incidence of assaults on women and hopefully will be helpful in planning needed services in your area. Forms for this data collection project (see Appendix IV) have been distributed and should be in use at this time by all law enforcement agencies in the state. If you have any questions about the forms, or if you did not receive any, please contact the Minnesota Department of Corrections, Programs and Services for Battered Women, Metro Square Building, 7th and Robert Streets, St. Paul, MN 55101.

POLICE DEPARTMENT

\_\_\_\_\_ of  
(name)

\_\_\_\_\_, \_\_\_\_\_  
(address) (phone)

are requested to consult with: \_\_\_\_\_  
(name)

\_\_\_\_\_;  
(agency)

\_\_\_\_\_ on \_\_\_\_\_  
(address) (date)

at \_\_\_\_\_, \_\_\_\_\_  
(time) (hrs. of operation)

POLICE DEPARTMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_  
(phone)

was contacted by Officer \_\_\_\_\_  
(name or badge no.)

and was referred to you at \_\_\_\_\_, on \_\_\_\_\_  
(time) (date)

for consultation. \_\_\_\_\_  
(name)

was involved in \_\_\_\_\_  
(explain disturbance)

.....

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Attention: \_\_\_\_\_

On completion of interview (or if referred fails to appear) return this card to referring officer with any comments that could be helpful.

FRONT

BACK

APPENDIX I  
EXAMPLE OF REFERRAL CARD USED BY POLICE  
(FROM MINNESOTA BUREAU OF CRIMINAL APPREHENSION)

APPENDIX I  
-cont.-

Minnesota Bureau of Criminal Apprehension  
Police Training Section

REFERRAL CARD INSTRUCTION SHEET

1. To be prepared by officer at scene.
2. Top portion to be given to individual.
3. Lower portion to be forwarded to agency that individual is referred to. (Note, date of interview should be such that lower portion can be received prior to the interview.)
4. Consulting agency will make appropriate notations on card and return it to referring officer as soon after interview as possible.
5. Form may be filed in the department after officer completes review.
6. No attempt should be made to call individual by referred agency, unless indicated on card.
7. Cards may be retained by department for statistical purposes if deemed necessary.
8. Information contained on referral cards is confidential, and should be handled as such.

APPENDIX II

EXAMPLE OF REFERRAL CARD USED BY THE MINNEAPOLIS POLICE  
(SUPPLIED BY THE CONSORTIUM ON BATTERED WOMEN)

IF YOU HAVE PAIN, INJURIES, OR BRUISES.....CONTACT OR GO TO:

Your own doctor or hospital.....OR

**EMERGENCY ROOM**, Hennepin County Medical Center  
(347-3131) 8th Street between Chicago Ave. & Park Ave.

IF YOU NEED HELP, ADVICE, OR SHELTER.....CONTACT OR GO TO:

**HARRIET TUBMAN WOMEN'S SHELTER**  
(827-2841) A shelter for women & their children.

**CRISIS CENTER**, Hennepin County Medical Center  
(347-3161) 7th Street between Chicago Ave. & Park Ave.

**Y.E.S.** (Youth Emergency Service) 339-7033

You may ask the police to help you arrange for transportation.

FOR YOUR INFORMATION

IF YOU WANT TO PRESS CHARGES AGAINST THE PERSON WHO ASSAULTED YOU, THE OFFICER CAN HELP YOU MAKE A CITIZEN'S ARREST.

1. Tell the police officer you want to press charges and that you want a report made.
2. See a doctor as soon as possible. If you are pressing charges, photos of injuries should be taken while they are most visible.
3. During daytime business hours (8 a.m. - 4 p.m.) contact the police about filing a complaint at:

FAMILY VIOLENCE DIVISION, MPLS. POLICE DEPT.  
ROOM 107A, COURTHOUSE (348-4902)

APPENDIX III

AN ACT

S.F.No. 318  
CHAPTER No. 724

Relating to criminal procedure; permitting peace officers to make arrests upon probable cause in cases of domestic assault; requiring detention and review of bail for persons charged with domestic assault; permitting the judge to stay execution and imposition of sentence conditioned upon the defendant seeking appropriate counseling; amending Minnesota Statutes 1976, Section 609.135, by adding a subdivision; and Chapter 629, by adding sections.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 1976, Section 609.135, is amended by adding a subdivision to read:

Subd. 5. (DOMESTIC VIOLENCE; PROBATION AND COUNSELING.) If a person is convicted of assaulting his spouse or other person with whom he resides, and the court stays imposition or execution of sentence and places the defendant on probation, the court may condition the stay upon the defendant's participation in counseling or other appropriate programs selected by the court.

Sec. 2. Minnesota Statutes 1976, Chapter 629, is amended by adding a section to read:

(629.341) (PROBABLE CAUSE ARRESTS; DOMESTIC VIOLENCE.) Notwithstanding the provisions of Section 629.34 or any other law or rule to the contrary, a peace officer may arrest without a warrant a person at his place of residence if the peace officer has probable cause to believe the person within the preceding four hours has assaulted his spouse or other person with whom he resides, although the assault did not take place in the presence of the peace officer. A peace officer may not arrest a person pursuant to this section without first observing recent physical injury to, or impairment of condition of the alleged victim.

Sec. 3. Minnesota Statutes 1976, Chapter 629, is amended by adding a section to read:

(629.72) (BAIL IN CASES OF DOMESTIC ASSAULT.)

Subd. 1. (DETENTION IN LIEU OF CITATION; RELEASE.) Notwithstanding any other law or rule to the contrary, an arresting officer may not issue a citation in lieu of arrest and detention to an individual charged with assaulting his spouse or other individual with whom he resides.

Notwithstanding any other law or rule to the contrary, an individual who is arrested on a charge of assaulting his spouse or other person with whom he resides shall be brought to the police station or county jail. The officer in charge of the police station or the county sheriff in charge of the jail shall issue a citation in lieu of continued detention unless it reasonably appears to the officer or sheriff that detention is necessary to prevent bodily harm to the arrested person or another, or there is a substantial likelihood the arrested person will fail to respond to a citation.

If the arrested person is not issued a citation by the officer in charge of the police station or the county sheriff, he shall be brought before the nearest available judge of the county court or county municipal court in the county in which the alleged assault took place without unnecessary delay, but no more than 24 hours after his arrest, exclusive of Sundays and legal holidays.

Subd. 2. (JUDICIAL REVIEW; RELEASE; BAIL.) The judge before whom the arrested person is brought shall review the facts surrounding the arrest and detention. The arrested person shall be ordered released pending trial or hearing on his personal recognizance or on an order to appear or upon the execution of an unsecured bond in a specified amount unless the judge determines that release will be inimical to public safety, will create a threat of bodily harm to the arrested person or another, or will not reasonably assure the appearance of the arrested person at subsequent proceedings. If the judge so determines, he may impose any conditions of release which will reasonably assure the appearance of the person for subsequent proceedings, or may fix the amount of money bail without other conditions upon which the arrested person may obtain his release.

Subd. 3. (RELEASE AFTER 24 HOURS.) If the arrested person is not issued a citation by the officer in charge of the police station or the county sheriff pursuant to subdivision 1, and is not brought before a judge within the time limits prescribed in subdivision 1, he shall be released by the arresting authorities, and a citation shall be issued in lieu of continued detention.

Sec. 4. This act is effective the day following final enactment.

**Developing  
Community  
Resources**

**Resources**



## REPORT TO THE LEGISLATURE

The Implementation of Minnesota Laws,  
Chapter 428, 1977 and Minnesota Laws,  
Chapter 732, 1978 regarding  
Programs and Services for Battered Women

Submitted by:

Department of Corrections  
January, 1979

## LEGISLATION: IMPLEMENTATION PROCESS

### I. Introduction

This report outlines the progress made by the Minnesota Department of Corrections in implementing the provisions of Minnesota Laws 1977, Chapter 428 and Minnesota Laws 1978, Chapter 732 concerning the establishment of programs and services for battered women.

The key provisions of Chapter 428 are:

- Establishment of a statewide Advisory Task Force to the Department of Corrections,
- Establishment and adoption of rules concerning the implementation and operation of programs and services for battered women,
- Selection of a Project Coordinator,
- Selection and funding of four emergency shelter and support programs,
- Collection of data related to battered women from every medical profession and law enforcement agency in the state,
- Development of a statewide community education program concerning spouse battering.

In 1978, an amendatory bill was introduced becoming Minnesota Laws, Chapter 732. The key provisions of Chapter 732 are:

- Department of Corrections is allowed to fund more than four pilot programs,
- An additional \$100,000 is provided for grants to shelters,
- Those persons and organizations required to report incidents of battering are expanded to include social service agencies and community health agencies,
- A sum of \$25,000 is provided to implement the data collection system, including the authorization to fill one unclassified position for that purpose,
- Department of Corrections is required to evaluate data collected under the mandatory data reporting provision,
- Department of Corrections is required to report to the Legislature by January 1, 1979 on the feasibility of creating similar programs for men,
- Information related to the personal history of women using the services of the shelters is classified as private,
- Immunity from liability is provided to people participating in good faith in data collection,
- Department of Corrections is allowed to spend an undesignated portion of the community education money to produce educational and promotional material in addition to awarding community education grants.

### II. Progress

#### A) Advisory Task Force

##### MANDATE:

"Within 60 days... the Commissioner shall appoint a nine member Advisory Task Force to advise him on the implementation (of this legislation)." (Minnesota Laws, Chapter 428, Section 4)

## IMPLEMENTATION:

Advertisements concerning the availability of appointments to an Advisory Task Force were placed in newspapers throughout the state.

- Ninety-four applications were received in response to the advertisement.

A five person screening committee was established to review applications received for the Advisory Task Force.

- The screening committee was made up of persons representing different types of offender and victim programs from both in and outside of the Department of Corrections.
- Objective criteria for the selection of the Advisory Task Force members were established by the screening committee and included minority group representation, geographical distribution of members throughout the state, representatives from existing shelter programs and from the medical, law, social services, and law enforcement professions.

In response to the large number of applicants and the extensive criteria used for selection, the Commissioner of Corrections appointed nine persons to the Advisory Task Force as well as nine alternate members and four ex-officio members.

Final representation on the Task Force included both males and females, persons from minority groups, persons from various geographical areas of the state as well as representatives from law enforcement, law, nursing, social services and shelter care workers.

After the first year, the application process was opened to fill the one-year positions which had expired. Five previous members and nine new members were appointed. The Task Force meets on a monthly basis.

- Current membership on the Advisory Task Force is as follows:

### Members:

Kenyari Bellfield (St. Paul), Coordinator, Harriet Tubman Women's Shelter  
Candace DeGrazia (Winona), Attorney in Private Practice  
\*Arturo Esquivel (St. Paul), Catholic Social Service  
\*Ramona Jones (Red Wing), Community Activist in Indian Issues  
Louise Mack (Willmar), West Central Community Services Center, Inc.  
Patricia Murphy (Minneapolis), Staff at Women's Advocates  
Shirley Oberg (Duluth), Northeast Minnesota Coalition for Battered Women staff  
Marlene Travis (Minneapolis), Upper Mississippi Pathologists  
Jean Wagenius (Minneapolis), Homemaker

### Alternate Members:

Mary Beeman (Rochester), Counselor, Olmsted County Social Services  
Judie Fox (Marshall), Coordinator, Women's Resource Center  
\*\*Judy Jackson (Minneapolis), City Attorney's Office

Lynn Lobitz (Hawley), Fargo Public Schools  
\*Eulalia Smith (Minneapolis), Centro Cultural Chicano  
Katie Sorenson (Bemidji), Northwoods Coalition for Battered Women  
Mary Ann Walt (Duluth), Coordinator, Indian Work, Minnesota Council of Churches  
\*Ida White (Minneapolis), Chrysalis  
Lucille Zimmerman (St. Paul), St. Paul Ramsey Hospital

### Ex-Officio Members:

Jackie Fleming (Shakopee), Superintendent, Minnesota Correctional Institution for Women  
Judy Kapuscinski (Minneapolis), Family Planning Unit Supervisor  
Concetta Schoen (Stillwater), Homemaker  
Louise Seliski (Deerwood), Director, Mid-Minnesota Women's Center

\* These Task Force members are inactive and will be replaced in February, 1979.

\*\* Resigned

## B) Emergency Rules

### MANDATE:

"The Commissioner shall... promulgate all rules necessary to implement the provisions of Sections 1 to 7, including emergency rules." (Minnesota Laws, Chapter 428, Section 3)

### IMPLEMENTATION:

A draft version of the emergency rules was completed by the Department of Corrections staff and provided to the Advisory Task Force for review and comment.

- A sub-committee was established by the Task Force for the purpose of reviewing the rules and reporting back to the full group.
- Final review by the Task Force and the suggested version of the emergency rules were provided to the Department on August 22, 1977.
- These rules were then reviewed by staff in the Attorney General's Office and published in the State Register on September 12, 1977.
- Suggested corrections to the rules were made by the Attorney General's Office, incorporated in the final version, reviewed by the Advisory Task Force and re-published in the State Register on November 14, 1977.
- These rules are currently in effect. On December 12, 1978 the Advisory Task Force recommended a final set of rules for promulgation (see appendices for a copy of the emergency rules with recommended changes).

## C) Selection of Project Coordinator

### MANDATE:

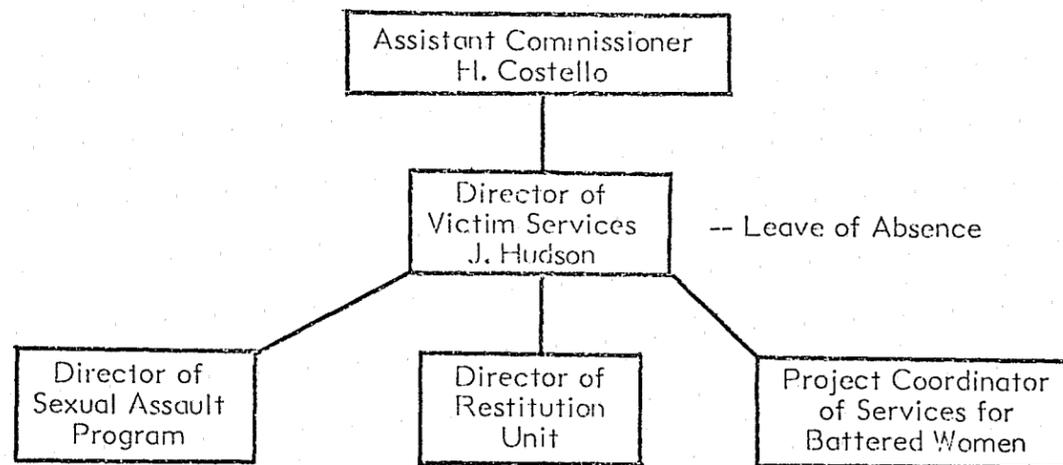
"The Commissioner shall appoint a Project Coordinator... The Project Coordinator shall Administer the funds appropriated (for this legislation), coordinate the programs funded...and perform other duties as the Commissioner may assign..." (Minnesota Laws, Chapter 428, Section 5).

IMPLEMENTATION:

In response to the advertisements about the availability of the Project Coordinator position, approximately 150 applications were received by the Department.

The Advisory Task Force appointed a sub-committee to establish formal, objective procedures and criteria for the review of applications.

- All applications received were carefully reviewed by the sub-committee and personal interviews were held with the leading candidates.
- Five persons were recommended to the Commissioner for the position with the final selection made by the Commissioner in December, 1977.
- Ms. Ellen Pence, former Director of the Southside Housing Program for the Minneapolis Housing Authority and one of the initial organizers of the Harriet Tubman Shelter, was selected and appointed to fill the Project Coordinator position.
- Ms. Pence formally assumed her responsibilities in the Department of Corrections in January, 1978.
- The organizational context of the Project Coordinator's position is represented as follows:



D) Funding of Emergency Shelters and Support Programs  
MANDATE:

"The Commissioner shall designate four pilot programs to provide emergency shelter services and support services to battered women and shall award grants to the pilot programs. Two pilot programs shall be designated in the metropolitan area, composed of Hennepin, Ramsey, Anoka, Dakota, Scott, Washington, and Carver Counties. One pilot program shall be designated in a city located outside of the metropolitan area, and one pilot program shall be designated in a location accessible to a predominantly rural population." (Minnesota Laws, Chapter 428, Section 2)

IMPLEMENTATION:

A draft version of a Request for Proposal Statement for establishment of the shelters was provided to the Advisory Task Force at one of the initial meetings.

- A sub-committee was appointed by the Task Force for the purpose of suggesting revisions to this statement.
- Final version of the Request for Proposal was completed in early October, 1977 and the statement was made available throughout the state on October 10, 1977.
- Closing date for the receipt of the proposals was established as November 21, 1977.
- Criteria used to review and recommend funding included five points:

- Relationships with existing agencies,
- Ability to implement the program,
- Nature and type of services to be delivered,
- Personnel,
- Budget analysis.

Fourteen responses to the Request for Proposal were received by the deadline date and the Advisory Task Force established formal procedures and criteria for the review of these.

- Proposals were submitted by:

- YWCA - Mankato
- Victim Crisis Center - Austin
- Hope Haven - Cambridge
- St. Cloud Area Women's Center - St. Cloud
- Women's Resource Center - Marshall
- Southwestern Mental Health Center - Luverne
- Northeastern Minnesota Coalition for Battered Women - Duluth
- Mid-Minnesota Women's Center - Brainerd
- Dodge-Fillmore-Olmsted Community Corrections - Rochester
- Anoka County Community Action Program - Anoka
- Community Action Council - Burnsville
- Women's Advocates - St. Paul
- Harriet Tubman - Minneapolis
- Tri-House - St. Paul

- Two sub-committees were established: One composed of Task Force members from the metro area, the other of members from outside of the seven county metropolitan area. The "non-metro" committee was responsible for reviewing proposals submitted from within the metropolitan area and the "metro" committee was responsible for reviewing proposals received from outside the metro area.

Funding recommendations were made by the Task Force to the Commissioner who selected the projects to receive funding.

- The four proposals selected and amount of funding for the 12-month period January 15, 1978 through January 14, 1979 are as follows:

- Women's Advocates, St. Paul -- \$56,500 (currently operating)
- Harriet Tubman Women's Shelter, Minneapolis -- \$43,000 (currently operating)

Northeastern Minnesota Coalition for Battered Women,  
Duluth -- \$62,500 (currently operating)  
Southwestern Women's Shelter, Inc., Marshall - \$61,000  
(currently operating)

The remaining \$140,000 appropriated for shelters under Minnesota Laws, Chapter 428 will be allocated to the same four shelters based on need covering the period from January 15, 1979 through June 30, 1979.

MANDATES:

"The Commissioner shall designate four or more pilot programs to provide emergency shelter services and support services to battered women and shall award grants to the pilot programs." (Minnesota Laws, Chapter 732, Section 1)

"For the purpose of making grants...(to pilot programs)... \$100,000 (is appropriated from the general fund)." (Minnesota Laws, Chapter 732, Section 7)

IMPLEMENTATION:

The same RFP and selection process was followed as previously noted with the exception of the interviewing process.

-- Applications were received from:

Women's Shelter, Inc. - Rochester  
YWCA - Mankato  
Central Minnesota Task Force on Battered Women - St. Cloud  
West Central Community Services Center, Inc. - Willmar  
Mid-Minnesota Women's Center, Inc. - Brainerd  
Community Action Council - Burnsville  
Tri-House - St. Paul  
Southwestern Mental Health Center - Worthington  
Freeborn-Mower Mental Health Center - Austin  
Hope Haven, Inc. - Cambridge

On June 7, a screening committee reviewed all 10 proposals and selected six proposals for the full Task Force to consider

On June 19, applicants from Rochester, St. Cloud, Brainerd, Burnsville, Mankato and Willmar were interviewed by the full Task Force and a recommendation was forwarded to the Commissioner of Corrections to fund Rochester and Brainerd.

On July 19, \$50,000 contracts were executed with the Women's Shelter in Rochester and Mid-Minnesota Women's Center in Brainerd. A \$12,000 contract was made with Burnsville C.A.C. to provide administration costs to open a shelter in the spring of 1979.

E) Data Collection

MANDATES:

"...every physician licensed to practice in this state, every public health nurse, and every local law enforcement agency shall collect data related to battered women in the form required by rule of the Commissioner." (Minnesota Laws, Chapter 428, Section 6).

"...every social services agency, every community health agency...shall collect data related to battered women in the form required by rule of the Commissioner." (Minnesota Laws, Chapter 732, Section 5)

IMPLEMENTATION:

A reporting form has been developed and distributed to law enforcement agencies and another for physicians, hospitals and public health nurses.

- These forms have been drafted, revised, pre-tested, printed and distributed.
- Meetings were scheduled and held with representatives from many prospective reporting agencies for the purpose of familiarizing them with the forms and soliciting their cooperation.

A report form has been developed and distributed to social service agencies and community health centers.

See Data Collection section of this report for information related to design of data forms, results and evaluation of reports.

MANDATE:

"For the purpose of implementing (data collection evaluation)...\$25,000 (from the general fund)...the approved complement of the Department of Corrections is increased by one unclassified position." (Minnesota Laws, Chapter 732, Section 7)

IMPLEMENTATION:

A Research Analyst I position was advertised statewide. Ads were placed in the Minneapolis Tribune, the St. Paul Pioneer Press, and in four minority newspapers. The position description was asked to be posted in approximately 100 minority organizations and agencies and in all battered women organizations throughout the state.

Over 80 applications were received for this position. Of these, 12 were interviewed by a committee of persons from the Department of Corrections Research Department and the Battered Women's Program.

Ms. Margaret Arzdorf-Schubbe was hired in August, 1978. She is a graduate of Moorhead State University in Psychology and Sociology and was formerly employed as a Research Coordinator for the Countryside Council at Southwest State University, Marshall, Minnesota.

MANDATE:

"Design and implement a uniform method of collecting and evaluating data on battered women and of evaluating the programs funded..." (Minnesota Laws, Chapter 732, Section 4)

IMPLEMENTATION:

The staff has monitored grant contracts with the shelters through quarterly on-site visits, review of record keeping and written reports.

The nature of the shelters' contact with the battered woman and her family is significantly different from other social service agencies or law enforcement officers. A data collection system was developed with the shelters that will give a more detailed picture of both the abuser and the victim.

See Data Collection section of this report for a description of the methodology developed and analysis of the data collected.

MANDATE:

"...report...on the feasibility of creating similar programs for men." (Minnesota Laws, Chapter 732, Section 4)

IMPLEMENTATION:

To date, we have incorporated information regarding battered males in reporting requirements of social service agencies and community health agencies.

We have requested new agencies participating in data collection systems to fill out questionnaires with battered men designed to elicit information about service needs. See section entitled Programs and Services for Battered Men.

MANDATES:

"Personal history information and other information collected, used or maintained by a grantee from which the identity of any battered woman may be determined is private data on individuals...and the grantee shall maintain the data in accordance with the provisions of Sections 15.162 to 15.169." (Minnesota Laws, Chapter 732, Section 3)

"Any person participating in good faith and exercising due care in collection and transmission of data pursuant to this section shall have immunity from any liability, civil or criminal, that otherwise might result by reason of his action." (Minnesota Laws, Chapter 732, Section 6)

IMPLEMENTATION:

Letters were sent to medical, law enforcement and human services personnel throughout the state during April and May of 1978 informing them of the above legislation. In addition, all shelters were informed of the data privacy legislation.

F) Community Education

MANDATE:

"...the Commissioner shall award grants for the development and implementation of education programs designed to promote public and professional awareness of the problem of battering women." (Minnesota Laws, Chapter 428, Section 2)

IMPLEMENTATION:

In March of 1978, the Task Force reviewed, revised and supported a community education program proposed by Department of Corrections staff. The program consisted of four parts:

- 1) Assist in the organization of one community education group in each of the state's eleven (11) economic development regions. Each group would receive a small community education grant.
- 2) Establish a central library for use by each funded community education group.
- 3) Selection of 11 grant applicants to receive funding.
- 4) Provision of technical assistance in publicity, training seminars and program development for each regional grantee.

Regional meetings were held in all 11 regions with 300 to 600 notices to professional and grassroots people mailed for each meeting. Attendance ranged from 30 to 125. Regional meetings resulted in the establishment of priorities in using educational funds, recommendations concerning applicants and the development of strategies to involve people from various parts of the regions.

RFP's were mailed to over 400 organizations in the state and one application was received from each of the 11 regions of the state; Region 11 submitted two.

A screening committee of the Task Force recommended funding applicants from Regions 1 through 9 as well as the Indian Women of Minnesota, and recommended re-advertising the availability of funds in Region 10 and 11. Based on those recommendations, grant awards of \$2,800 each were made to:

- Women's Resource Center - Crookston, Region 1
- Northwoods Coalition for Battered Women - Bemidji, Region 2
- Itasca County Adult Protection Council - Grand Rapids, Region 3
- Women Abuse - Fargo/Moorhead, Region 4
- Women's Center of Mid-Minnesota, Inc. - Brainerd, Region 5
- West Central Community Services Center - Willmar, Region 6
- Women's Resource Center - St. Cloud, Region 7
- Southwestern Mental Health Center - Worthington, Region 8
- YWCA - Mankato, Region 9
- Indian Women of Minnesota - Duluth

Additional proposals were submitted by Regions 10 and 11. After review by the Task Force, the following were recommended to be, and subsequently were, funded:

Women's Shelter Board, Inc. - Rochester (\$2,500),  
Region 10  
Anoka County Task Force - Anoka (\$2,800), Region 11

MANDATE:

"...education grant monies may be used by the Commissioner to produce educational and promotional materials to encourage the development and utilization of emergency shelter services." (Minnesota Laws, Chapter 732, Section 2)

IMPLEMENTATION:

A central library for use by community education groups was developed.

The central library consists of:

- 1) Updated files of current research and written material on the subject of battering maintained and made available to community education groups.
- 2) A slide/tape show entitled, "Battered Women: A Hidden Crime", produced by Media Loft, Inc. Cost: Script \$2,800 (Radosevich and Mayer); production \$7,800 (Media Loft, Inc.)
- 3) A 30-second T.V. Public Service Announcement produced by Media Loft, Inc. and currently being used by T.V. stations statewide. Cost: \$4,725.
- 4) A comprehensive manual entitled, "Battered Women: An Effective Response" (currently being written). One hundred copies of the manual will be distributed in each region by the community education organizations.

See Community Education Section of this report for a more detailed description of the central library.

In addition, the Department of Corrections provides the following assistance to each community education grantee:

- 1) Assistance in developing regional training programs for professionals.
- 2) Providing one-day seminars on public speaking and creative use of the central library.
- 3) Assistance in developing brochures, pamphlets and other graphic materials.
- 4) Assistance in developing resources within the regions.

III. Conclusion

All of the mandates of Minnesota Laws 1977, Chapter 428 and Minnesota Laws 1978, Chapter 732 were implemented with the exception of adoption of final rules. Currently operating under emergency rules, the promulgation process for the permanent rules will begin within the next 30 days.

RESOURCES FOR BATTERED WOMEN IN MINNESOTA

REGION 1

Community Education:

- Women's Resource Center  
ATTN: Susan Davidson  
Polk County Courthouse  
Crookston, Minnesota 56716  
218-281-6622

REGION 2

Advocacy:

- North Woods Coalition for Battered Women  
ATTN: Karen Janov  
P.O. Box 563  
Bemidji, Minnesota 56601  
218-751-0210 Ext. 46  
218-751-0211

REGION 3

Shelters:

- Northeastern Minnesota Coalition for Battered Women  
P.O. Box 6345  
Duluth, Minnesota 55806  
218-728-3679

Advocacy:

- Itasca County Adult Protection Council  
ATTN: Bonnie McCabe/Marion Barcus  
P.O. Box 45  
Grand Rapids, Minnesota 55744  
218-326-4896

Miscellaneous:

- Care Phone Line  
ATTN: Debbie Klaysnat  
P.O. Box 414  
Hibbing, Minnesota 55746  
218-262-5566  
(8:00 A.M. - 12:00 Midnight)

REGION 4

Community Education

- Women Abuse  
ATTN: JoAnn Marley  
P.O. Box 1515  
1325 South 11th Street  
Fargo, North Dakota 58107  
701-232-3369

REGION 5

Shelter:

- Women's Center of Mid-Minnesota, Inc.  
ATTN: Louise Seliski  
P.O. Box 602  
Brainerd, Minnesota 56401  
218-828-1216

REGION 6

Shelter:

- Shelter House  
1125 S.E. Sixth Street  
Willmar, Minnesota 56201  
612-235-4613

REGION 7

Advocacy:

- St. Cloud Area Women's Center  
1900 Minnesota Boulevard  
St. Cloud, Minnesota 56301  
612-252-8831

REGION 8

Shelter:

- Southwest Women's Shelter, Inc.  
ATTN: Gara Swenson  
111 E. Main  
Marshall, Minnesota 56258  
507-532-4604  
507-532-2530

Community Education:

- S.W. Mental Health Center, Inc.  
ATTN: Nancy Westrell/Deb Thaden  
1024 - 7th Avenue  
P.O. Box 49  
Worthington, Minnesota 56187  
507-376-4141  
507-372-2778

REGION 9

Community Education:

- Women Effective  
ATTN: Pauline Sellner  
Box 575  
Sleepy Eye, Minnesota 56085  
507-794-7841  
507-794-7458

- YWCA  
ATTN: Pat Bengston  
603 South 2nd Street  
Mankato, Minnesota 56601  
507-387-6414

REGION 10

Shelter:

- Women's Shelter Board, Inc.  
ATTN: Carol Huyck  
P.O. Box 61  
Rochester, Minnesota 55901  
507-285-1010

Advocacy:

- Freeborn-Mower Mental Health Center  
ATTN: Jamie Carlson  
908 - 1st Drive N.W.  
Austin, Minnesota 55912  
507-437-6680

Community Education:

- C.A.C. (Rice & Steele Counties)  
ATTN: Cathy Jacobson  
429 Central Avenue  
Faribault, Minnesota 55021  
507-332-8832 (Between 8:00 A.M. and 12:00 Noon)
- Citizens Action Council (Wabasha & Goodhue Counties)  
ATTN: Beulah Estrem  
City Hall  
Red Wing, Minnesota 55066  
612-388-7318
- S.E. Minnesota Legal Services (Winona/Houston/Fillmore Counties)  
400 Exchange Building  
Winona, Minnesota 55987  
507-454-6660

REGION II

Shelters:

- Community Action Council, Inc.  
ATTN: Mary Ajax  
13710 Nicollet Avenue South  
Burnsville, Minnesota 55337  
612-894-2424 (Opening Spring, 1979)
- Harriet Tubman Women's Shelter  
P.O. 7026 Powderhorn Station  
Minneapolis, Minnesota 55407  
612-827-2841
- Women's Advocates  
584 Grand Avenue  
St. Paul, Minnesota 55102  
612-227-8284

Advocacy & Safe Homes:

- Anoka County Task Force for Battered Women  
ATTN: Mary Zagaros  
403 Jackson Street, #306  
Anoka, Minnesota 55303  
612-421-4760 Ext. 1365

Lexi Selvig, Chairperson, Task Force  
648 - 118th Avenue N.E.  
Blaine, Minnesota 55434  
612-757-7152

- CEAP  
5607 Brooklyn Boulevard  
Brooklyn Center, Minnesota 55429  
612-533-0803
- Battered Women's Consortium  
ATTN: Mary Pat Brygger  
414 South 8th Street  
Minneapolis, Minnesota 55404  
612-340-7470
- Tri-House, Inc.  
Box 4022  
St. Paul, Minnesota 55104  
612-645-9683

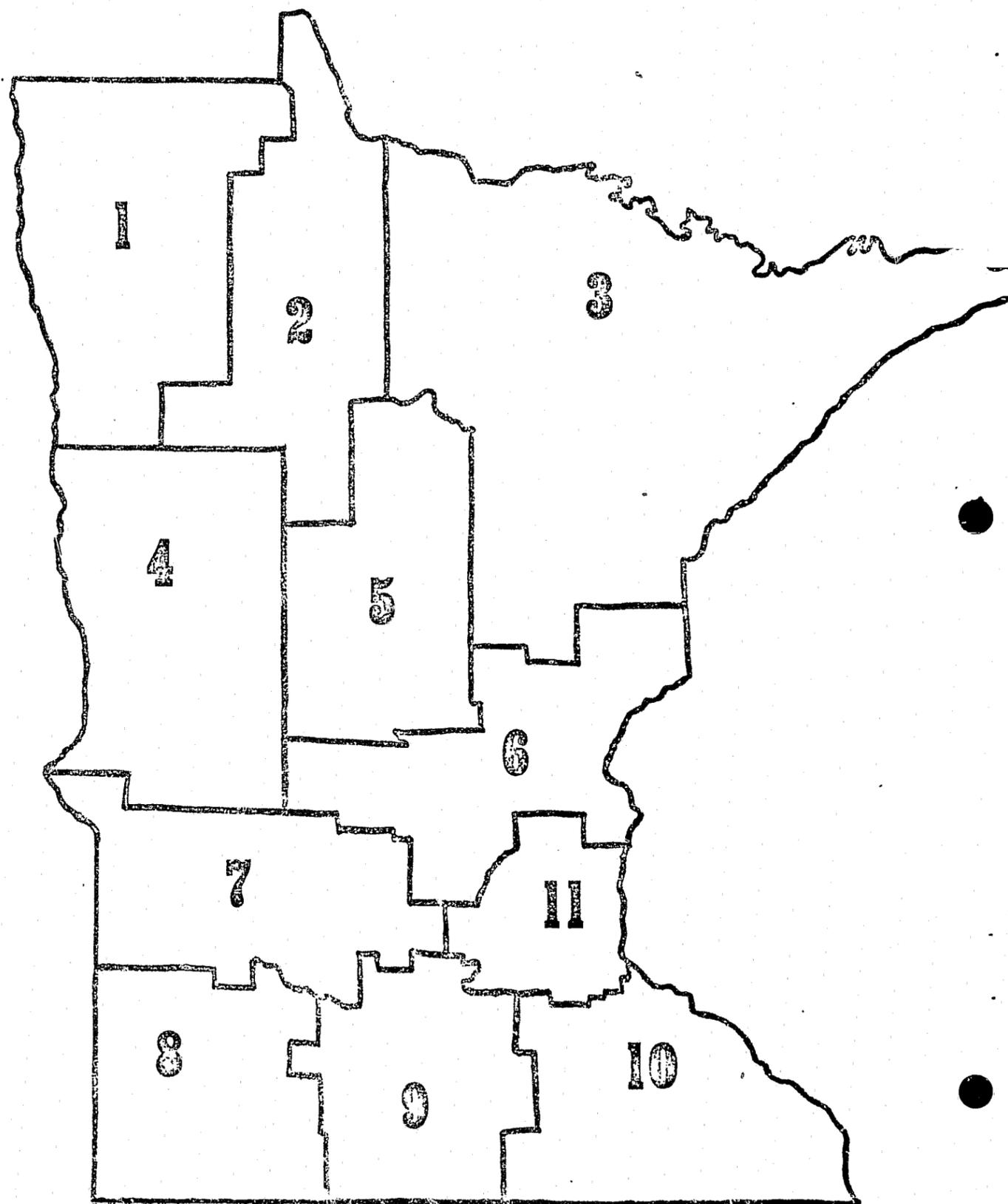
STATEWIDE

Community Education:

- Indian Women of Minnesota  
ATTN: Mary Ann Walt  
217 North 4th Avenue W.  
Duluth, Minnesota 55806  
218-722-4408
- Department of Corrections  
Battered Women Programs and Services  
430 Metro Square Building  
St. Paul, Minnesota 55101

Ellen Pence, Director - 296-6463  
Maggie Arzdorf-Schubbe, Research Analyst - 296-1345  
Sue Aumer, Community Education - 296-8626

# MINNESOTA DEVELOPMENT REGIONS



## RESEARCH ON BATTERED WOMEN ISSUES

Research studies on the problem of battered women have looked at many different variables through a variety of methods. Most studies are based on interviews with battered women. Some of these women have been housed in shelters for battered women or have sought assistance from some agency. Other studies draw their conclusions from random sample surveys. No matter what method is used, the general outcome is the same. The abuse of women by their partners is prevalent in our society today, yet it is largely unrecognized as a significant social problem.

A number of stereotypes are often proposed by people who do not grasp the intensity of the problem. Within these stereotypes, the victim is often blamed for bringing the battering on herself. Many people believe the myth that battered women are basically masochistic and enjoy or need to be abused. Another widely supported myth states that women instigate the assaults through antagonistic behavior, or by infidelity. It is often alleged that couples need arguments and violence to maintain the relationship or that the statements on batterings are often exaggerated responses to minor incidents.

Statistics cited below will put these myths to rest. Not only is the number of incidents of battering very high but the seriousness of the attacks, methods and causes of assaults, and the responses by victims illustrate the broad implications of this problem.

### I. Incidence of Wife Abuse

How prevalent is wife abuse? This question is impossible to answer but, based on findings of various researchers, the problem is widespread. Studies given below illustrate the extent of the problem.

A) Information on the prevalence of battering was gathered from 80 interviewees. Forty of these interviews (group A) were conducted with families known or suspected to have incidences of spouse abuse, and 40 interviews were conducted with neighbors of the group A participants.

Of the 80 respondents, 44 families described one or more instances where the husband or wife pushed, kicked or in some manner used physical violence on his or her spouse. Of these 44 families using violence, 21 (26% of the entire sample) were participants in husband-wife assaults on a regular basis, ranging from six times a year to daily. The husband is more violent than the wife with 29 husbands (47%) hitting their wives at least once. On the other hand, only 26 wives (32%) have hit their husbands.

B) Dobash and Dobash reviewed 33,724 police charges processed in an area of Sweden in 1974. They found that in the 1,044 cases where assaults occurred between family members, 791 (75.8%) were assaults on wives and 12 (1.1%) were assaults on husbands. The remaining occurrences were child, parent, sibling, or mutual assaults. These cases represent 26% of all violent offenses listed in the reports.

<sup>1</sup> Gelles, Richard G., The Violent Home, Beverly Hills, Sage, 1972, pp. 48-52.

Further research by Dobash and Dobash found that of 109 women who had been systematically and violently beaten by their husband or boyfriend, 59% had experienced violence by the end of their first year of marriage and 92% within the first five years. Major sources of contention centered on what might be termed "wifely obligations" and the husband's authority.

C) Murray Straus attempted to determine the incidence of wife battering in the United States from information given by 2,143 couples in his random sample. He found that for the 12 month period preceding the interview, 3.8% of the respondents reported one or more physical attacks which fall into one of the following violence categories:

- 1) Kicked, hit, or hit with a flat fist,
- 2) Hit or tried to hit with something,
- 3) Beat up spouse,
- 4) Threatened with a knife or gun,
- 5) Used a knife or gun.

Applying this 3.8% figure to the approximately 47 million couples in the U.S.A. means that in any one year, an estimated 1.8 million wives are beaten by their husbands.

Although the author felt he had a representative sample of couples, he believes that there may have been a significant amount of underreporting of assaults. These considerations suggest that the true incidence is probably closer to 50-60 percent of all couples than it is to the 28% who were willing to describe violent acts in a mass interview study.<sup>2</sup>

D) Listed below is a sample of statistical evidence on wife battering from a variety of American cities gathered by Del Martin.

- In Chicago, a police survey conducted between September, 1965 and March, 1966 demonstrated that 46.1% of all the major crimes, except murder, perpetrated against women took place at home. The study also revealed that police response to domestic disturbance calls exceeded total response for murder, rape, aggravated assault and other serious crimes.
- A study in Oakland, California in 1970 showed that police there responded to more than 16,000 family disturbance calls during a six-month period.
- The 46,137 domestic disturbance calls received by Kansas City, Missouri police represented 82% of all disturbance calls received by them in 1972.
- In Detroit, 4,900 wife assault complaints were filed in 1972.
- In New York, 14,167 wife abuse complaints were handled in Family Court throughout the state during the judicial year 1972-73. Legal experts think that wife abuse is one of the most underreported crimes in the country,

<sup>1</sup> Dobash, R. and Dobash, R., "Wives, the Appropriate Victims of Marital Violence", *Social Work Today*, Volume 9, No. 12, 1977, pp. 14-17.

<sup>2</sup> Straus, Murray A., "Wife Beating, Cases, Treatment and Research Needs", U.S. Commission on Civil Rights, January, 1978.

even more underreported than rape, which the FBI estimates is ten times more frequent than statistics indicate. "A conservative estimate puts the number of battered wives nationwide at well over a million," states Karen Durbin. Using the New York court statistics and the "ten times" formula to account for the cases that dropped by the wayside or were never reported, 141,670 wife beatings could have occurred in New York state alone. If we can take this kind of guesswork a step further and consider that wife battering is probably even more underreported than rape, Durbin's estimate of "well over a million" could be conservative.

- In 1974, Boston police responded to 11,081 family disturbance calls, most of which involved physical violence. At the end of the first quarter of 1975, 5,589 such calls were received--half the previous year's figure in one-quarter the time. (As an aside to these figures, Boston City Hospital reports that approximately 70% of the assault victims received in its emergency room are known to be women who have been attacked in their homes, usually by a husband or lover.)
- In Atlanta, Georgia, 60% of all police calls on the night shift are domestic disputes.
- The Citizen's Complaint Center in the District of Columbia receives between 7,500 and 10,000 complaints of marital violence each year. Approximately 75% of the complainants are women.
- Trends in domestic violence are similar in city after city. But the problem is not just an urban one; it is to be found in rural areas as well. For example, the police chief in a small Washtenaw County (Michigan) town of 6,000 reports that family assault calls come in every day. And another police official with extensive rural experience estimates that police calls for "family fights are exceeded only by calls relating to automobile accidents."

E) Another researcher, Bonnie Carlson, received information from 71 battered women in Ann Arbor, Michigan on the frequency of violence they experienced in the past year. For 25% of the women, violence occurred once or twice. Fifty percent had been assaulted 3 to 8 times, 14% had been assaulted monthly and 11% more frequently than once a month. This indicates that 75% of these women had been beaten repeatedly throughout the year.

Of these 71 women, half the respondents had tried to defend themselves. Of those who attempted self-defense, 77% reported this increased the intensity of the attack, 21% felt it had no effect and only 2% felt it decreased the intensity of the attack. In almost half the cases the victim was hurt severely enough to require medical attention. These findings indicate that an attempt to defend oneself against a physical attack may intensify the attack.<sup>2</sup>

<sup>1</sup> Martin, Del, *Battered Wives of America*, San Francisco: Glide Publications, pp. 9-24.

<sup>2</sup> Carlson, Bonnie, "Battered Women and Their Assailants", *Social Work*, November, 1977, pp. 455-460.

- F) Readings from other sources and results of interviews with 33 victims of husband assaults served as a basis for estimates John Flynn made on the incidence of wife beating.

This researcher states that in a northern county in Michigan of approximately 200,000 people (47,000 families), wife beating is known to occur in a minimum of 500 to 600 families yearly. It can reasonably be estimated that 10% or 4,700 of these families have experienced some form of violence.

- G) The Leeds Branch of the Samaritans on the basis of two samples, one of 10,000 clients and one of 3,500 clients, estimates that 3% of the clients, or 300 and 105 respectively, are battered wives, and the proportion is thought to be increasing.

In Holloway Prison in England, screening of all admissions over a three week period revealed that of 386 women seen, 67 (17.3%) admitted that they had at some time been physically abused by their husband or boyfriend.

Earlier research revealed that of 638 women admitted to Holloway Prison, 350 had cohabited or been married and 60 (17%) of these had a spouse described as violent.<sup>2</sup>

#### Divorce As It Relates to Abuse:

- A) In 1966, Levinger studied 600 Cleveland couples who were divorce applicants. Of these couples, physical abuse was listed in 36.8% of their complaints. Wives complained eleven times more frequently of violence than did husbands.<sup>3</sup>
- B) Chester and Streather reviewed divorce complaints in a southern county in England. They discovered that 90% of 1,500 divorce complaints examined involved reports of women complaining about violence from their husbands, and the vast majority of these women reported they were subjected to repeated violence during their marriage.<sup>4</sup>

<sup>1</sup> Flynn, John, "Recent Findings Related to Wife Abuse", Social Casework, January, 1977, pp. 13-20.

<sup>2</sup> Scott, P.D., "Battered Wives", British Journal of Psychiatry, 1974, pp. 433-441.

<sup>3</sup> Levinger, George, "Physical Abuse Among Applicants for Divorce", in Violence in the Family by Suzanne Steinmetz and Murray Straus, Dodd Mead and Co., 1974, pp. 85-88.

<sup>4</sup> Chester, R. and Streather, J., "Cruelty in English Divorce, Some Empirical Findings", Journal of Marriage and Family, 34, 1972, pp. 707-710.

## II. Seriousness of Wife Battering, Homicides and Aggravated Assaults

Not only are family assaults common, they often have serious outcomes. Many homicides and aggravated assault charges are due to domestic disputes. Research cited below illustrates the high correlation between wife abuse and serious crime.

- A) Wolfgang in his study of 588 homicide victims found that 41% of the female victims were killed by their husbands as compared to only 11% of the male victims who were killed by their wives. Of the husbands killed by their wives, 28 of 33 (85%) were victim precipitated (defined as homicides in which physical force was first used by the victim.)

Wolfgang defined a violent homicide as one involving two or more acts of stabbing, cutting, shooting or a severe beating. He found that 44 of 53 husbands killed their wives violently.

- B) Reports from various sources listed by Del Martin illustrate the relationship of violent crime and domestic disturbances.

-- In 1971, Kansas City police found that one-third of the aggravated assaults reported were due to domestic disturbances. Police had been called previously at least once in 90% of these cases and five or more times in over half of them. Also, during 1971, 40% of all homicides in Kansas City were cases of spouse killing spouse. In almost 50% of these cases, police had been summoned five or more times within a two-year period before the murder occurred.

-- Almost one-third of all female homicide victims in California in 1971 were murdered by their husbands.

-- Nationwide in 1973, according to the FBI, one-fourth of all murders occurred within the family, and one-half of these were husband-wife killings. In assault cases, wives are predominantly the victims, but in homicides husbands are the victims almost as often as wives (48% compared with 52% in 1973). This phenomenon is partially explained by the fact that, according to a report made to a government commission on violence, women who commit murder are motivated by self-defense almost seven times as often as male offenders.

-- In 1975, 35% of all murders in San Francisco involved legally married or cohabiting mates.

-- Domestic violence not only endangers the lives of family members and marital partners, it accounts for a high percentage of the deaths and injuries sustained by police officers who answer the calls. According to the FBI, 132 police officers were killed in the nation in 1974. Twenty-nine of them died while responding to domestic disturbance calls--that is, one out of every five police officers killed in the line of duty in 1974 died while trying to break up a family fight.<sup>2</sup>

<sup>1</sup> Wolfgang, Marvin E., "Husband and Wife Homicides", Corrective Psychiatry and Journal of Social Therapy 2, pp. 263-271.

<sup>2</sup> Martin, Del, op.cit., p. 14.

C) The subjects of a Hungarian study by Rask were 125 women offenders and their 140 victims in 112 criminal cases. Of the 140 victims in these cases, 59 were husbands or lovers comprising 40% of the total number of victims.

It can be concluded from these findings that many domestic disturbances result in murder. In the majority of cases the husband kills the wife, often using a violent method. When a wife kills a husband it is most often self-defense or precipitated by the victim in some manner.

### III. Methods and Causes of Assaults

#### Methods:

Wife battering can take many forms, some more violent than others, but all batterings are capable of inflicting great bodily harm. Some researchers (listed below) attempted to define the methods used in battering.

A) Richard Gelles found that within the 44 families where violence took place, the most common mode of violence is slapping, scratching or grabbing the other person. Husbands who used violence slapped, scratched and grabbed their wives 32% of the time and wives used that form of violence 20% of the time. Percentages of other methods of violence used are given below:<sup>2</sup>

	Husband (N=80)	Wife (N=80)
Push	18	1
Throw an object	22	11
Slap, hit with open hand	32	20
Scratch, grab, punch, kick	25	9
Push down	4	0
Hit with hard object	3	5
Choke	9	0
Use knife	0*	1
Use gun	0**	0

\* 1 husband threatened wife with knife

\*\* 3 husbands threatened wife with gun

B) One hundred victims of battering were interviewed by J. Gayford who found that all of these subjects were bruised at some time. Forty-four women sustained lacerations, 17 of these were caused by a sharp instrument such as a razor, knife or broken bottle.

All 100 victims had been hit with a clenched fist, 59 were also repeatedly kicked. Weapons were used in 42 cases. Strangulation was attempted in 19 cases, suffocation in two cases, burns and scalds occurred in 11 cases and biting in 7<sub>3</sub> cases. Of the 100 women, 24 cases of fractured bones were mentioned.

<sup>1</sup> Rask, Gabriella, "The Victim of the Female Killer", *Victimology*, Fall, 1976, pp. 396-402.

<sup>2</sup> Gelles, op.cit.

<sup>3</sup> Gayford, J., "Wife Battering: A Preliminary Survey of 100 Cases", *British Medical Journal* I, January, 1975, pp. 194-196.

It is clear from these findings that wife battering puts the woman in a dangerous position. Parts of her body are often fractured, bruised, cut or she is in danger of being murdered.

#### Causes - Characteristics of Assailants:

Many variables have been studied to determine if wife battering can be attributed to certain characteristics in the assailant. It is clear from the findings that offenders come from all age groups, education levels, occupations and income levels. Battering is more prevalent in some groups as indicated below:

#### Age:

A) Gelles found in his interviews with 80 people that the age group where there is most conjugal violence is from 41 to 50 years old, the next highest from 19-30 years old.

B) In 100 cases of battering, Gayford found the mean age of the offender to be 33.9 but the offenders ranged in age from 20 to 61 years.<sup>2</sup>

#### Education:

A) According to Gelles, most conjugal violence occurs where the husbands' level of education is lower than that of their wives. The more educated husbands are involved in less violence with their wives. Violence is most frequent where the husband had at least some high school education.<sup>3</sup>

B) Information available to Carlson on 58 assailants indicated that 33% were high school dropouts, 31% were high school graduates, 19% had some college training and only 17% were college graduates.<sup>4</sup>

#### Occupation and Income Status:

A) Gelles found the highest incidence of violence in the extreme low end of total family income, those making less than \$3000. The incidence of violence decreases at the \$3000-\$4999 level and increases again at the \$5000-\$6999 level. Then, incidence continues to decline as income increases.

Gelles' data on occupational status and conjugal violence show that of the husbands who were unemployed, 50% were violent toward their wives; of those who were in low status jobs, 60% of the husbands were violent; and 80% of those with medium status jobs (milkmen, carpenters) were violent toward their wives. The high status jobs found 45% of the husbands to be violent and 25% of the professional men were violent.<sup>5</sup>

B) Results of a study by Carlson on 101 battered women showed that 29% of their assailants were unemployed. Of 64 who were employed, only 12% were professionals whereas 36% did unskilled work, 38% held semi-skilled or technical jobs and 14% were in business, sales or miscellaneous.

<sup>1</sup> Gelles, op.cit.

<sup>2</sup> Gayford, op.cit.

<sup>3</sup> Gelles, op.cit.

<sup>4</sup> Carlson, Bonnie, op.cit.

<sup>5</sup> Gelles, op.cit.

Occupational status is reflected in the income statistics: 63% of the assailants earned less than \$12,000 a year, with 37% earning less than \$9000 a year; only 25% earned \$15,000 or more.

#### Causes - Contributing Factors:

##### Alcohol:

A number of social and psychological conditions can contribute to spouse abuse. Alcohol and drug abuse, experience with violence and accepted norms have been identified by researchers as factors contributing to battering.

- A) Carlson found that 101 battered women interviewed perceived the causes of their battering to be: money - 35%; jealousy - 21%; bad temper - 15%; sex - 7%; children - 5%; household care - 4%; pregnancy - 4%; assailant's job frustration - 2%; other - 6%.

This research noted a marked disparity between assailants and victims with respect to alcohol and drug abuse. A small proportion of the victims admitted to being substance abusers (alcohol 10%; drugs 5%) whereas the victims reported substance abuse to be much more prevalent among their assailants (alcohol 60%; drugs 21%).<sup>2</sup>

- B) Gelles found a high correlation between alcohol use and violence in the 80 families he interviewed. In 44 families where violence had occurred, drinking accompanied violence in 21 families (48%). One important finding<sup>3</sup> was that alcohol-related violence is almost exclusively male violence.
- C) Gayford found in 52 of 100 homes that the husband who beat his wife was frequently drunk and in another 22 homes there were episodes of heavy drinking. Gambling was a problem in 25 families.<sup>4</sup>
- D) Alcohol was present in the victim in only 9% of the criminal homicides reported by Wolfgang. Alcohol was present in the offender in 11% of the incidents and alcohol was present in both offender and victim in 44% of the cases.<sup>5</sup>

Alcohol use was reported in 40-60% of the wife battering cases. It cannot be said that wife beating only occurs when the man has been drinking. As noted in research by Carlson, the 101 battered women did not even perceive alcohol as a cause of their beating.

##### Experience with Violence:

Family background has some influence on men who batter their wives. Parents who fight physically in front of their children provide a role model for them. Likewise, parents who physically punish their children may influence their acceptance of violence in later years.

<sup>1</sup> Carlson, Bonnie, op.cit.

<sup>2</sup> Carlson, Bonnie, op.cit.

<sup>3</sup> Gelles, op.cit.

<sup>4</sup> Gayford, op.cit.

<sup>5</sup> Wolfgang, Marvin E., "Patterns in Criminal Homicide", New York, John Wiley, 1958.

- A) Findings by Gelles support the theory that respondents who have observed violence between their parents, or have been victims of violence as children, are more likely to engage in conjugal violence as adults. Fifty percent of those who observed conjugal violence presently fight physically with their spouses.

Fifty percent of those respondents who physically fought with their spouses had frequent experience with violent episodes as children (frequent-occurred from monthly to daily in childhood to adolescence). Another 40% of the respondents were violent toward their partners and never experienced parental violence. It is interesting to note that 20% of the respondents who fight physically with their spouses experienced infrequent violence (less than 6 times a year) as children or adolescents.

- B) Approximately one-third of 100 victims interviewed by Carlson had observed violence between their parents, while one-half of the assailants had observed such violence as children.<sup>2</sup>
- C) Interviews with 33 victims by Flynn yielded the information that of those assailants whose family histories were known, over half had parents involved in assaultive situations. Two-fifths had been abused as children. In one-third of the cases, the assailant was said to abuse his children.<sup>3</sup>
- D) Only 65 women interviewed by Gayford were brought up by both parents to the age of 15, but in 53 cases the relationships were described as good. Violence occurred regularly in 23 of the families, the father was drunk in 24 families and unemployed in 7 cases.

Fifty-one of the battered women claimed their husbands had been exposed to family violence in childhood.<sup>4</sup>

Another important issue relates to spouse abuse and child abuse. A large percentage of husbands who assaulted their wives also abused their children.

- A) In his survey of 100 battered women, Gayford found that 37% of the women admitted taking their frustrations out on their children and 54% claimed their husbands committed acts of violence against the children.<sup>5</sup>
- B) Smith learned from a sample of 125 mothers who had battered their offspring that 37 of them had been battered by their husbands or boyfriends.<sup>6</sup>

<sup>1</sup> Gelles, op.cit.

<sup>2</sup> Carlson, Bonnie, op.cit.

<sup>3</sup> Flynn, John, op.cit.

<sup>4</sup> Gayford, op.cit.

<sup>5</sup> Ibid.

<sup>6</sup> Smith, S.M., Hanson, R. and Hobles, S., "Parents of Battered Babies, A Controlled Study", British Medical Journal 4, 1973, pp. 388-391.

- C) Studying cases of 50 men charged with killing one of their children, Scott found 12 of the men had assaulted their partners.

In another study of 40 men charged with the murder or attempted murder of their wife or cohabitee, it was found that 5 definitely battered their children. Twelve didn't batter their children, 10 had no children and 7 had grown children. Information was not available on 6 of these men.

#### Accepted Norms:

A sad commentary on the acceptability of wife battering in our society can be made from information gathered by two researchers. Both researchers found a high percentage of people who approved of slapping one's wife or felt husband-wife battles were acceptable.

- A) Stark and McEvoy analyzed a 1968 Harris poll consisting of 1,176 interviews with a representative national sample of American adults. The results showed that one-fifth of the respondents approved of slapping one's spouse on appropriate occasions. In the survey, 16% of those with eight years of schooling or less approved and 25% of college educated people approved.

Following further analysis of the Harris data, the authors found that 25% of the blacks, 20% of the whites, 25% of the males and 16% of the females interviewed could approve of a husband slapping a wife in the face. The percentages rose in all of these categories (from 1 to 3 percent) when the question was reversed and subjects were asked if they could approve of a wife slapping her husband's face.<sup>2</sup>

- B) Sociologist Howard Eslanger of the University of Wisconsin found that 25% of his sample of American adults approved of husband-wife battles. Approval ranged from 17% of high school graduates to 32% of college post-graduate students, with a slightly lower 30% for those who had completed the first four years of college. Income was not a significant factor in the results.<sup>3</sup>

#### IV. Actions Taken by the Victim and the Results of Their Actions

Questions are often asked about why a woman stays in an abusive situation or why a woman doesn't press charges against her assailant. The reasons are numerous and varied. Many women do not have the financial capability to support themselves and their children, many women fear retaliation from their assailants and other women do not want to press charges because they don't feel it will do any good.

<sup>1</sup> Scott, P.D., "Wives - Fatal Battered Body Cases", Medical Science and Law 13, 1973, p. 197.

<sup>2</sup> Stark, Rodney and McEvoy III, "Middle Class Violence", Psychology Today, November, 1970, pp. 30-31.

<sup>3</sup> Brothers, Joyce, "A Quiz on Crime", San Francisco Sunday Examiner and Chronicle, June 22, 1975, p. 6.

Some actions taken by victims and results of these actions are given below:

- A) All but 19 of the 100 women interviewed by Gayford had left their husbands on more than one occasion with 36 leaving more than 4 times. After leaving home, 51 usually stayed with relatives. Most others went to hotels or to stay with friends; 11 went to a hospital and 9 wandered around with no roof over their heads.

Twenty-seven women returned to their husbands after the husbands pleaded with them and promised to reform. Reluctantly, 14 women returned because there was nowhere else to go while 13 went home because the children were still in the marital home.

Help had been sought from social services in 57 cases, police and probation services in 32, violators in 10 and Citizens Advice Bureau in 6 cases. As a long term problem, 20 saw accommodation for themselves and their children as their major need, while 55 looked for a new start and 11 wanted life in a protected community.

- B) After being assaulted the 100 women interviewed by Bonnie Carlson in Ann Arbor took the following actions: consulted police - 36%; consulted women's group - 16%; consulted friend - 14%; consulted family member - 12%; no action taken - 6%; consulted social service or mental health agency - 4%; consulted religious advisory - 2%; other - 10%.<sup>2</sup>

- C) Twenty-three men in custody in England for charges of seriously assaulting their wives or cohabitees were interviewed by M. Faulk. The nature of charges were: murder - 8; attempted murder - 9; serious bodily harm - 3; actual bodily harm - 2; malicious wounding - 1. Fifty percent of the group had no previous offenses.

A variety of sentences were passed. The mentally disturbed nature of the population is reflected in the fact that six men were placed in mental health hospitals. Other sentences were: probation ordered - 6; suspended sentence - 1; up to 1 year - 2; 2-5 years - 6; 6-10 years - 1; committed to hospitals - 6; not guilty - 1; died before sentence - 1. Of the five placed on probation, two had been charged with murders.<sup>3</sup>

#### Minnesota's Data Collection System

During Minnesota's 1977-78 Legislative session, bills were enacted requiring all physicians, hospitals, public health nurses, law enforcement agencies, social workers and community health workers to collect information on women who have been assaulted and/or threatened with assault by a spouse, a male relative, or males with whom they are residing or have resided in the past. This legislation provides for the documentation of battering incidents throughout the state without violating the woman's confidentiality.

<sup>1</sup> Gayford, op.cit.

<sup>2</sup> Carlson, Bonnie, op.cit.

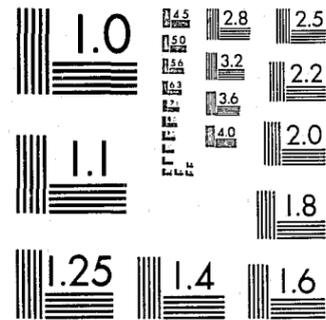
<sup>3</sup> Faulk, M., "Men Who Assault Their Wives", Medicine Science and the Law, July, 1974, pp. 180-183.

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Data from these sources have been collected since March 1, 1978. On a quarterly basis, reports are analyzed according to region, date and time of incidents, race, age of victim, relationship to assailant, type of injury, number of children and a number of other factors.

Minnesota is the first state to attempt to determine the extent of the problem of battering in a comprehensive manner. Findings will be used to support the development of support programs for abused women.

Data collected from all those required to report (see above) and from women housed in shelters from March 1 to November 15, 1978 are summarized below:

Over 4,000 reports were received from agencies in an 8½ month period. Based on research which estimates the number of battered women who report to professionals and on a special sample built into this reporting system, an estimated 26,955 assaults on women by their partners have occurred in the past 12 months in Minnesota.

Partner abuse occurs in every region of the state. Non-metro agencies representing 51.5% of the population submitted approximately 36% of the forms.

Findings from 1,266 medical reports indicate that 69% of the women had been assaulted previously, 62% of them by the same assailant. Women in shelters have been previously assaulted by the same person 92% of the time.

Human service providers indicate that 65% or 538 of 795 women have experienced abuse for more than a year.

Women from 15 to 87 have been physically abused, but 76% of the women are younger than 34.

Women from all races have been assaulted. According to Department of Corrections reports, 83.9% of the women were white, 6.9% were American Indian, 6.5% were Black, 1.5% were Chicana/Latina and 1% were from other races.

Husbands and ex-husbands were assailants in 63.4% of the cases and boyfriends and cohabitants were assailants 29.5% of the time.

Only 19% of the abused women seen by professionals had no children.

Assailants whose partners were housed in shelters range in age from 18 to 80, approximately 50% of the men are between the ages of 24 and 31.

Fifty percent of the men who assaulted their partners have a high school education, although all education levels are represented.

A summary of 1,505 medical reports indicate that the abused person required medical attention 78.5% of the time and hospitalization was required in 12.2% of the reported cases. Women experienced bruises and lacerations over 80% of the time and 9.5% of the women suffered fractures from their abuse.

According to human service providers, services needed most frequently by battered women are support groups, legal assistance, safe housing and economic support.

The Department of Corrections received 52 reports on battered men from human service providers. Services needed most frequently by battered men are support groups and counseling, and legal assistance.

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**END**