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## Enmeshed in Pain: Counseling the Lesbian Battering Couple

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I met her at a friend's home. She looked disheveled, morose, and had obviously been beaten. There were bruises and welts around her face. Having been abused regularly by her partner for years, she told me she was at a point where she wanted to do something about it. There had been hair-pulling, biting, kicking, and screaming, and it had gone on periodically throughout their years together. But she kept referring to her "partner," never once mentioning gender. When she became more comfortable and relaxed in my presence, she finally said the word "she." I was shocked! But this was in 1982. I had never before heard of women beating one another — at least not in the context of a "couple" relationship. Since that time, I have become painfully aware that this type of abuse is a recurrent phenomenon. But at the time, I was absolutely flabbergasted. Unfortunately, to my knowledge, she never called me or anyone else for help.

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In recent years there has been growing awareness of a newly identified form of domestic violence. My reading and clinical experience indicate that lesbian battering has been denied by the community in which it occurs and ignored by the therapeutic community as well. Now it becomes the responsibility of those who work with victims and/or perpetrators of lesbian battering to understand the dynamics and treatment of this phenomenon. Many of the themes are the same as in dealing with heterosexual abusive relationships. However, there are a number of problems specific to being a lesbian in a homophobic society and the nature of lesbian dyads that makes treatment even more challenging to the therapist who works with such women.

Although it is believed that lesbian battering has been with us for quite a while (Lobel, 1986), it was not until the Lesbian Task Force of the National Coalition Against Domestic Violence held a meeting in 1983 that it was first addressed publicly. The lesbian community had been hesitant in dealing with it until a few courageous women began to speak out about the abuse they had received at the hands of their women lovers. Finally, in 1986, the first book appeared on the topic. *Naming the Violence: Speaking Out About Lesbian Battering* (Lobel) was an excellent first step in educating lesbians and the public in general regarding the extent and forms that the violence may take. In addition, it addressed the community's response to the problem, in terms of developing support groups for the victims and trying to educate staff to lesbian problems within the battered women's shelter movement.

My own experience in working with lesbian batterers and victims began about four years ago with one couple involved in an abusive dynamic. The violence was brief and what I have termed a "situational battering" relationship. Since that time, I have worked with individuals and with couples and have discerned two other patterns of abuse: the "chronic battering" relationship and "emotional or psychological battering." Each of the three types of abuse has its own particular causes, dynamics, and treatments. Each one presents its own specific problems and each has its own unique patterns of interactions. All three of the forms will be defined and described below.

## **ISSUES AND MYTHS RELATIVE TO LESBIAN BATTERING**

### ***Definition of Lesbian Battering***

Hart (1986, p. 173) has defined lesbian battering as:

. . . that pattern of violent and coercive behaviors whereby a lesbian seeks to control the thoughts, beliefs, or conduct of her intimate partner or to punish the intimate for resisting the perpetrator's control over her. . . . If the assaulted partner becomes fearful of the violator, if she modifies her behavior in response to the assault or to avoid future abuse, or if the victim intentionally maintains a particular consciousness or behavioral repertoire to avoid violence, despite her preference not to do so, she is battered. . . . The violence may include personal assaults, sexual abuse, property destruction, violence directed at friends, family or pets or threats thereof. It may involve weapons and is invariably coupled with nonphysical abuse, including homophobic attacks on the victim, economic exploitation and psychological abuse.

### ***Myths***

When individuals think at all about lesbian relationships—or more specifically, battering—they hold a number of myths that are not based on fact or experience (Brown, nd). For example, it has often been assumed that it is the stronger or “butch” type lesbian who is usually the batterer. In fact, those roles often do not define who is stronger, nor do all lesbian relationships emulate the butch-femme dichotomy. In fact, frequently those who are stronger may not choose to engage in violence to convey their unhappiness. Violence actually occurs within most, if not all, types of lesbian relationships: feminist, radical feminist, traditional, and role-typed couples. However, the incidence is still hard to determine due to the newness of public awareness and only recent interest among researchers (Brand & Kidd, 1986).

Another myth is that because the two women are often equal in size, they engage in “mutual battering” and that the partners are

equally violent. In reality, although more lesbians may fight back than do heterosexual victims, these women are actually acting in self-defense, and are not engaging in abusive and coercive violence. In addition, even though one may think women inflict less harm because of their generally smaller size than men, unfortunately, size is no predictor of physical damage done in lesbian relationships.

One might also think that lesbian women are as likely as heterosexual women to identify themselves as victims and seek help. Again, unfortunately, this is not the case. Because a lesbian often believes that she is to blame for the victimization and that she should somehow heal the batterer, she is likely to deny that she is being abused, as is the case with heterosexual women. In addition, she may have fought back, which makes her think she is an equal participant. She may also believe that problems between women can be worked out with words and is reluctant to admit that she cannot solve or work through the problem alone or with her partner. In addition, even if she was willing to get help, there is the problem of scarcity of resources inasmuch as most battered women's shelters do not provide support for lesbians.

Because it involves two women and because women are generally more amenable to psychotherapy (Chesler, 1972), there is a myth that the battering problem of lesbian couples is somehow easier to treat and will have longer lasting results, as opposed to heterosexual couples. However, in light of limited experience within the therapeutic community, it appears that lesbian battering relationships are equally, if not harder, to treat than heterosexual battering relationships in that there is a resistance on the part of the victim and the abuser to admit that problems exist and to commit themselves to the long-term therapy that is required.

### ***Similarities to and Differences from Heterosexual Abuse***

My own clinical experience indicates that there are a number of characteristics which make lesbian batterers similar to male batterers. However, there are also unique factors due to being a lesbian. As with heterosexual abusers, the batterers may be having economic problems and may also be using drugs and/or alcohol to escape from and avoid their problems. They may also have experi-

enced abuse or victimization as children or may have seen it in their family of origin. However, because of the homophobia that is rampant around us, there is an added element that comes to bear on a lesbian's life. She may not only have internalized society's negative images of lesbians, but she is also fearful of reprisal from the outside community, which is a further deterrent to admitting the problem (Benowitz, 1986). Homophobia adds to her isolation and inability to reach out for help, as well as causing the violence. Often, the lesbian batterer has internalized the negative social image. Although on the outside, she may protest she is proud of her sexual preference, internally, she may feel shame and doubt concerning her own value as a human being. These internal and external stressors may move her to violence.

In many ways lesbian battering is similar to heterosexual battering in that it recapitulates Lenore Walker's cycle theory of violence (Walker, 1979). Lesbian couples invariably go through the tension building phase, move into the acute battering incident, and then the loving, contrite behavior. It is in this stage that the battered lesbian often takes her partner back, if she has set limits and thrown the batterer out, and colludes with her own victimization by believing that it will never happen again. Additionally, the victim often feels — as Walker has observed in heterosexual battering — that it is somehow her fault that the battering has occurred. She really believes that if only she were "the right" kind of partner, her lover would not have to engage in such abusive behavior. Somehow, the two of them believe that it is the dynamic interaction between them that causes the violence rather than seeing that the responsibility is the batterer's: that no one deserves to be beaten. Together the two engage in a collusion of silence, rarely confronting the responsible party for the problem. Instead, they make up and hope that it will not happen again. Ultimately, the cycle starts all over again.

### **TYPES AND TREATMENT OF THE THREE FORMS OF LESBIAN ABUSE**

#### ***Situational Abuse***

Stemming from my clinical experience, I have defined the three types of abuse introduced above. The first is the situational relation-

ship in which the abuse may occur once — or perhaps a few times — never to appear again. Often, this condition develops because of some situational event(s) that throws the couple into a crisis.

### *Clinical Example*

Marsha and Kate had been together for three years and had never had a violent incident. Although Marsha had been violent once before in a previous relationship, there had never been the same kind of tensions and lack of communication in her relationship with Kate. After three years, Kate decided that she wanted to have a sexual experience with another woman in order to determine whether or not she wanted to make a commitment to Marsha. Marsha was quite insecure and jealous over the new lover Kate was seeing. When she tried to confront Kate, the latter insisted that she needed to have the freedom and independence to go through with this experience. Marsha became increasingly agitated and jealous.

As the problem developed, Kate began to lie and cover her stories about seeing the new lover. When Marsha found out about the lies, she insisted that she could no longer live with the situation and decided to the end the relationship. Kate refused to let Marsha leave and actually blocked the entrance to the room. Marsha, already in an agitated state, threw Kate down and held her with great force against the bed. With much screaming and crying, Kate finally got free, and Marsha ran from the house. The incident lasted for a number of hours — with tears, accusations, and, finally, resolution. Kate decided to give up the new lover and make her commitment to Marsha. Although this violence repeated itself once more at a later date, there has been no evidence that the violence continued beyond this crisis.

### *Treatment of Situational Abuse*

The work of the therapist in cases of situational abuse is that of crisis intervention. With Marsha and Kate, for example, the couple was seen together and then individually. With the couple, work was done in helping them talk civilly to each other, and for each to say how the experience of violence felt to them. Marsha acknowledged her responsibility in the incidents, and Kate was able to confront Marsha in a safe place as to how she felt about having been abused.

Through couples counseling, they were able to decide if they wanted to remain together and how to work out the details of resolving the tensions between them. A suitable process was implemented in their communication patterns: helping them learn to talk to and hear each other without resorting to violence. The sessions were only six in number, as is usual for crisis intervention. By the end of the contract, all parties felt that the problem had been resolved. In fact, there has not been a recurrence of the violence in three years, and the couple is now living together.

Essentially in working with the situational battering couple, the therapist's responsibility is one of crisis intervention: teaching effective communication techniques and providing an open environment for the victim to confront her abuser. The therapist becomes a catalyst for better communication and serves as a role model for reasoned responses in crisis situations. This type of battering counseling is the easiest and the most rewarding. The outcome is often quite favorable, and the clients are satisfied with the resolution.

### ***Chronic Abuse***

The chronically abusive lesbian-battering couple relationship is one in which violence occurs two or more times, demonstrating increasingly destructive behavior. The violence escalates over time and, in many cases, actually leads to life-threatening situations. This type of abuse may lead to bodily injury and become so volatile that the police are called to intervene. The author has become acutely aware that this problem is more prevalent than what had been first anticipated. Although I have no estimates of prevalence, I have encountered five cases in the last four years within my own private practice. The local task force for battered women (which has just begun its own lesbian battering project) has received five calls in the last year from lesbians regarding violent relationships (Joanne Farbman, personal communication, December 1986).

These chronically abusive couples have a number of similarities to each other. Often, they are financially attached—sometimes by living together and sharing a home/apartment or by one being financially dependent on the other.

In addition, they are more often than not emotionally entangled or enmeshed. Their lives are intertwined in innumerable ways:

physically, psychologically, and socially. Often these women share friends, space, and see each other as crucially integral to their daily lives. Literature has been written on this enmeshed nature of lesbian couples (Burch, 1986). These couples are certainly no different in that regard. It is difficult to know where one person ends and the other begins.

### *Clinical Example*

Flo and Susan lived together for five years. Each had been married before becoming involved with the other. Both had children from their marriages. When it was decided that they should live together, they brought their children with them. Susan became a parent to Flo's two children; she supported the family financially and was a popular, well-respected physical therapist in the local hospitals. She had come from a happy home life and described her background as one like "Ozzie and Harriet" or "Father Knows Best." Flo, on the other hand, had come from a home where she was beaten, psychologically abused, and emotionally deprived. Two members of her family were diagnosed as schizophrenic, and her mother was a battered wife. By the age of fourteen, Flo had been placed in a home for juvenile delinquent girls. She never graduated high school, ran away from home often, and engaged in violent behavior with siblings and friends. She had never been violent in her marriage, but had been known to physically "discipline" her children, sometimes severely.

The abuse began between Flo and Susan soon after they became lovers. Flo would drink heavily, become verbally abusive, and finally lashed out physically. Susan tried to protect herself and actually hit back a few times. However, she found that if she did so, the violence became worse. Whenever she saw the "tension building" phase begin, she would do all she could to defuse the situation. Sometimes that was effective, and the violence would be minimal or would not occur at all. When the violence did happen, it could last for just a few minutes or go on all evening. This was the acute battering incident. Susan tried to talk to Flo while it was happening, but Flo always blamed Susan for the issue at hand. Eventually, both Susan and Flo believed that it was Susan's fault that she was being



beaten. Flo often felt that Susan harassed her, and that if she would just be left alone, no problem would develop. However, if Susan did leave her alone, Flo felt abandoned and would sulk and carry on about being ignored. Susan was in a *no win* situation: nothing she could do would satisfy Flo. Obviously, this was Walker's observation of the cycle of abuse in operation.

Ultimately, the violence concluded, and Flo and Susan would make up, each promising to be better the next time, with Susan promising that she would not harass Flo again. The loving and contrite behavior phase was upon them. Subsequently, the cycle would begin again. This pattern went on for five years before they sought help.

The psychological characteristics of the abuser seem to recur regardless of race, class, or ethnic background. These women tend to have extremely poor self-images and are actually rather fragile under their superficial bravado. Many fear abandonment and loss, while still orchestrating situations in which they will lose or push away the one person in the world who loves them. The family background is one lacking in emotional caring, with a heavy disciplinary quality to the parent-child interactions. Often they come from authoritarian families in which violence is an accepted part of the family dynamics. The father is usually the head of the household and maintains a traditional definition of role distribution in the family. Mother is somehow a victim as well, either colluding with the father's authority or actually being victimized herself. The client sees the world as a hostile place, one in which she must protect herself from those in power.

→ Based on my clinical experience, I find that often the chronic abuser also has poorly developed verbal skills. Her communication patterns are problematic. Perhaps she has not learned to express her feelings or, in fact, may not actually be aware of what her feelings are at all. She may not even be aware of her anger or that there is potential violence. She is quick to anger and does not see or understand what the other person may be feeling or experiencing. Instead, she is self-absorbed in her own unhappiness, as generalized as it might be. Because she does not know how to communicate with her partner, she resorts to her fists to convey the depths of her dismay.

The abuser sometimes uses alcohol or drugs to mask her poor self-image. Although the chemicals do not cause the violence, they exacerbate an already difficult situation. One will not become violent just because these chemicals are present. However, if one already has the inclination to be abusive, they provide the catalyst for the behavior, if all other conditions are present as well. Chemical interaction is often present in chronically abusive relationships.

The psychological characteristics of the victim are also distinctive and unique to women in violent relationships. Again, they seem to have no relationship to race, class, or ethnic origin. If a woman chooses to stay with the batterer, my experience indicates that she has learned her helplessness well: she colludes and participates in her own victimization by not setting limits, calling the police, or getting outside help. Frequently, she comes to believe that she is to blame for the problem. She also believes that she is the only one who can help the batterer. Because she wants to remain with her lover, she disregards her own safety in her efforts to constantly make excuses for her lover's actions. She reasons that love will overcome the abuse; and that because the abuser has suffered so in the past, it is her duty to stand by her, even if her own life is threatened. The victim is protective of her abuser, hoping that with time and nurturance, her lover will cease the abuse. Inauspiciously, this does not occur. As the literature on treatment of men who batter indicates, it is when the police are called and when the abuser fears incarceration that they begin to think that the violence is unacceptable (Gelles, 1983). Negative repercussions are often the most effective means to ending the violence. Often batterers are abusive because they are allowed to be; they do it because they can. Sadly, the lesbian victim cannot bring herself to take the necessary steps; they appear an extreme reaction and much too severe.

### *Treatment of Chronic Abuse*

Because treatment of the chronically abusive relationship is so difficult, it also requires more time and more individualized work than other forms of battering. First, it is important to work alone with the batterer for an extended period of time. After the relationship has been established and depth work has been undertaken, one

can then begin to work with the couple. It is also crucial that the victim receive help for herself. If possible, the victim should be seeing her own therapist or should see the counselor individually before the couple work can begin. Later in this paper, I address the specific techniques needed in dealing with the batterer, the victim, and the couple.

### ***Emotional Abuse***

The third form of lesbian battering is the emotionally destructive relationship. This is one that is much harder to define than the other two and certainly as difficult as the chronic abuse to treat. Because this form leaves no physical scars and is harder to document, it is also harder to define. Emotional abuse is that form of battering which is psychological and verbal. It humiliates and degrades the victim and makes the victim feel inferior. It may involve such behavior as blaming the victim for problems, threatening with violence, manipulating with lies and emotions, insulting, criticizing, harassing the victim with attacks of jealousy, and denying that the victim is being abused. Quite often the victims and perpetrators have characteristics similar to those couples in the chronically abusive relationship. The only difference is that the weapon is words rather than fists.

### ***Clinical Example***

Jane and Marge had been lovers for four years. Marge was married at the time they became involved and defined herself as bisexual. Jane was a radical lesbian separatist, while Marge was more spiritual in orientation. When Marge left her husband, Jane assumed that they would now become committed monogamous lovers. Marge wanted to remain involved with Jane, but also wanted to keep seeing men as well. Jane could not accept Marge's bisexuality and sought help in trying to find a resolution to their dilemma. Although there was no violence, Jane would keep Marge alone, locked in her apartment for hours, trying to discuss the problem. She felt that Marge was disturbed for not seeing how she had been oppressed by men and indicated that she felt that there was something severely wrong with Marge for not wanting a monogamous

relationship with her. She called Marge names, insisting that she read books on the subject, humiliated her in lesbian circles for her "male orientation," and threatened to end the relationship if Marge did not come around.

She used political rhetoric to control and overpower her lover. She relied on intellectualizations as a means of harassment when threats did not work. For the years prior to the crisis, the same behavior had been problematic around issues on which the couple had differing opinions. Marge knew that often she was being humiliated and manipulated, although Jane refused to acknowledge that she was engaging in such behavior. Their relationship had taken on the pattern of Jane having an idea in her mind and then talking and browbeating Marge into seeing it her way. Eventually, Marge would give in rather than continue the fight. On the issue of non-monogamy, Jane had finally reached her limit and would no longer acquiesce. As a result, the emotional abuse reached catastrophic proportions for the relationship.

#### *Treatment of Emotional Abuse*

Treatment of the emotionally abusive relationship can follow the model discussed above in chronic abuse. There still must be individual treatment, as well as couple work. The difference is that the work will not be as long and as potentially explosive. Because the couple is enmeshed in pain, work is done on separating them and helping them to individuate from the other.

### **TREATMENT OF THE LESBIAN BATTERER, VICTIM, AND COUPLE**

#### ***Treating the Batterer***

Because the batterer has such a poor self-image, it is imperative that the therapist undertake a long-term and depth counseling relationship with her. During the initial sessions, work can focus on understanding family history and background on previous relationship(s) and interpersonal interactions. It is here that the therapist helps the client to develop trust and begins to help her unearth patterns and themes that are repeating themselves in this currently abu-

sive relationship. Understanding the history and having the client realize the source of her poor self-image can be helpful at a later time in making connections to the feelings she is experiencing as she interacts with her lover.

It is crucial that trust be developed because it is inevitable that the batterer will want to run from treatment when some of her abusive patterns are confronted later. It becomes a large undertaking to keep the batterer in treatment. Because she feels so badly about herself, she has difficulty taking responsibility for her behavior, seeing that it reinforces the bad person image that she already had of herself. Confronting the batterer about her abusive behavior at the beginning of the therapeutic relationship can be self-sabotage on the part of the therapist. Early discussion concerning the abuse is best done when the client brings it up and certainly in a gentle manner at first. She must see the therapist as an ally, and not yet another person who thinks badly of her.

After the initial stage of history, rapport, and trust building, it is useful to begin to work with the batterer to realize when she is becoming angry: helping her become conscious of her bodily reactions to tension. Often these women do not know that anger is building, and they jump directly from stimulus to response with no intermediary steps. Work can be done on realizing, for example, that her palms are sweaty or that there is a knot in her stomach when she is becoming angry. Once she can identify the anger, the next step is helping the batterer find ways of avoiding the violence that would otherwise ensue. "Time-out" is a simple tactic that has worked in some of these situations. The goal of the therapist is to motivate the client in order to help the client learn to move away from a potentially volatile situation and to vent her anger in more socially acceptable ways.

It is also during this middle stage of therapy that work occurs with the batterer on her communication patterns: the therapist helps her look at how she conveys her needs, emotions, and desires. Most of these women are unable to speak and ask directly for what they want; instead, they become angry because their partners cannot intuit their wishes. Simple role model exercises are useful in teaching clients how to ask clearly for what they need. This is actually rather difficult to do because many of the batterers have lost touch with

their wishes, having learned early on that their needs are unimportant in their family of origin. It is a matter of role modeling and confronting long-entrenched belief systems about how the batterer communicates.

During the middle stage, the therapist may also choose to confront the client about her abusive behavior by helping her see the choices and consequences of her behavior. Often the batterer thinks that she has no alternative but to lash out physically—that is often what she saw as a child. Even though she knows that this kind of treatment hurt her when she was young, she now knows no other way to vent her frustration. She must be taught to put herself in the other person's position and understand the recipient's feelings and reactions.

In helping her see the choices, work can be effectuated on the negative repercussions for her behavior. She might be reminded that what she is doing is illegal and that she could be incarcerated for the behavior, or that she could lose her partner if the violence continues. Because she sees the violence as an acceptable behavior, it is hard for her to realize that violence is not to be condoned. In this, the therapist becomes an agent of social control, imposing limits where there may not have been any. Sometimes this is the point at which the client may choose to run away. It becomes imperative for the therapist to work through the negative reaction that is inevitable; otherwise, it is here that the client terminates treatment.

Because it is difficult to keep a batterer in treatment, it is also crucial that she see the therapist as a source of support and caring. In many ways, this becomes the transference issue. The therapist must work through the client's feelings in such a way that although the therapist is unaccepting of the battering, the client is otherwise liked and cared for. In fact, during the middle stage, the therapist becomes—in the mind of the client—that rejecting parent who abused and victimized the client as a child. It is here that the therapist is called upon to use all her expertise in holding onto the client, hoping to work through the feelings of anger and victimization that the client will feel upon being confronted with the consequences of her behavior. Somehow the therapist must convey support and caring, while still setting limits and helping the client see her own responsibility.

During the middle stage of treatment, the therapist also undertakes some course of action directed toward assertiveness building, helping the client understand the difference between this and her own aggressiveness. The therapist might act as a role model for such behavior or may also help the client find friends or role models who may help her find new adaptive patterns. In addition, it is at this stage that use and abuse of alcohol or drugs can be dealt with. Sometimes a contractual agreement has worked in dealing with this issue or an important referral to Alcoholics Anonymous or other treatment programs.

During the entire relationship with the batterer, the issue is how to maintain a balance—one that will combine the limit setting and confronting of behaviors with the support and encouragement to change these behaviors. Meanwhile, the counselor is helping the client understand how she became who she is and how she can change the maladaptive patterns that are no longer working. It is no easy undertaking.

When the therapist and client feel that enough work has been done on the initial and middle stages of treatment, it is time to either begin work with the victim or bring her into the couple's part of the work.

### ***Treating the Victim***

While the batterer is in treatment for her problems, it is useful for the victim to be looking into her own patterns as well. It is best if this is done with another therapist entirely, but sometimes financial constraints prohibit this. Ideally, the batterer would be working with one therapist, the victim with another, and the couple working with yet a third. However, this is a fairly unusual situation, and some modifications might have to be made. Sometimes the batterer may be seen alone, then the victim alone, and then the couple together, all by the same therapist, if all other options are not possible.

Work with the victim tends to focus on her own need to stay with, and put up with, the violent behavior. Generally, victims need to understand their own history and background and how that enables them to collude with the battering. None of the women like

being abused; all of them want it to stop, but most do not know how to do so. They see calling in help as too extreme and hope to bring about the change through loving and caring for the partner. They must understand that they do not deserve the abuse, that nothing will stop it until there are negative consequences for the abusive behavior, and that they will have to set limits in dealing with the abuser.

The woman must realize that her own safety is of primary importance, and that she must be assertive, say no, and call police and her community support network to help her. If necessary, the woman may have to leave the batterer to protect herself. The victims tend to feel guilty and blame themselves for the problem. Work can focus on placing the blame where it belongs: on the abusers. The therapist may be helpful by pointing out to the victim that her job is to take care of herself first. Support can be provided for the victims to make these changes, and the therapist may need to walk her through the steps of setting the necessary limits with the abuser.

### ***Treating the Couple***

The final stage of treatment involves bringing the two together for couple counseling. This may be accomplished while the two are in therapy with other therapists, or if the therapist is seeing them alone, after all the initial and middle stages of work have been completed. It is in this final stage that the two put together what they have learned individually. Mainly work focuses on enhancing the communication patterns and helping the two reflect and hear what the other is saying. Simple communication exercises may be effective at this stage of the process. In addition, work is constructed to help teach the batterer to compromise and to understand the victim's perspective. The therapist assists the two in thinking through ways in which neither is the victor or the victim, but instead coming up with agreements that would be acceptable to each.

Work at this stage also involves implementing the "time-out" tactic and helping the victim leave the batterer alone so that she may deal with her own anger, apart from her victim.

It is also helpful to implement a full community treatment approach at this stage. The therapist may invite close friends and fam-



ily into the therapy sessions as is done in the Bowenian model of family therapy (Bowen, 1978). By doing this, the batterer becomes fully aware that her network of friends sees her behavior as a problem and wants to help. It also helps the victim to feel that she is not alone in dealing with the problem, giving her a place to turn. The isolation is broken. Furthermore, the friends and family can aid in the setting of limits and add to the social constraints of the batterer's acting out behavior. The group can brainstorm how to handle the violent behavior *when* it occurs rather than *after* the fact. By so doing, the community of friends and family become part of the treatment, helping the victim and the abuser find new ways of interacting. It is an unusual approach, but then this is an unusual and difficult problem to treat.

The role of the therapist of the battering couple is one in which she is forced to confront the reality of the dynamic between the two, while still maintaining support in an equal manner. It is a difficult balance to reach. Often, the counselor experiences countertransference, identifying with the victim, which can cause alienation of the batterer. It is a fine line to walk, and any error can send the abuser running from treatment and, perhaps, leaving the relationship. This would, indeed, be an unfortunate circumstance, because it leaves the batterer out in the community, still a potential abuser in yet another relationship.

### CONCLUSION

Treatment of the battering lesbian couple is a new and difficult undertaking. It involves partializing the problem and dealing with each type of abuse in rather diverse manners. The work is realized individually; with the couple; and in mobilizing an entire community to respond. Although this field is somewhat new, some of the accepted forms of couples counseling are quite relevant with this client group. However, because the problem is also caused by a homophobic society and dynamics specific to lesbian dyads, it behooves the therapist to employ creative and unusual treatment approaches as well. As in any form of treatment, the therapist is forced to confront her own countertransference issues. With lesbian batterers, if she is a heterosexual therapist, she will have to deal

with her own feelings about lesbianism. If she is a lesbian therapist, she will have to deal with her own feelings of identification with one or the other partner. She might also have to deal with her own anger at the emergence of the problem. It is certainly helpful for therapists to have support when working with such a situation. Working with the lesbian battering couple is a particularly hard problem with which to deal. We are each overcoming a lifetime of conditioning and cultural support for violence. In addition, we are working within a homophobic environment. This leaves the therapist with many of her own issues to think about. Group support or individual consultations might be a healthy way to understand one's own reactions to this phenomenon.

Lesbian battering is currently a hotly debated and deliberated social issue. Workshops are being planned in major cities; battering projects are being established around the country; and as of now, therapists are beginning to recognize treatment approaches that will work. This paper has been an attempt at assisting therapists in thinking about and developing strategies for dealing with the complexity of the problem.

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