Violence at the Door

Treatment of Lesbian Batterers

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In this article, the authors present their clinical experience with more than 30 lesbian batterers in a large city and a small rural community. Data are offered on the psychological profile of batterers and relationships in which abuse occurs. Two treatment models are described: group therapy and a three-phase community model. The authors suggest that lesbian batterers are women who have broken the norm of compliant victim, running counter to the developmental expectations of female survivors of childhood family violence.

The gay community's idealized image of the lesbian relationship is being slowly replaced by a healthier and more realistic appraisal. Time has brought more willingness to look at areas of conflict within both the community and relationships. One important change in the last 5 years has been the developing awareness of domestic violence in lesbian relationships. In response, some communities have developed shelters and sophisticated advocacy and treatment agencies for victims of abuse. A body of clinical literature has emerged, addressing the unique needs of lesbian survivors of domestic violence (Kanuha, 1990; Leeder, 1988; Renzetti, 1992).

Domestic violence has been defined as any act carried out with the intent or perceived intent of causing physical injury or pain to a family member (Straus, Gelles, & Steinmetz, 1980). It may include punching, hitting, biting, kicking, pinching, hitting with an object, partner rape, and psychological or emotional abuse. Unfortunately, there are few studies of, and almost no services for,

VIOLENCE AGAINST WOMEN, Vol. 1 No. 2, June 1995 139-157

lesbian batterers. The two authors of this article are unique in their communities for providing treatment to this population. One author practices in a large urban setting and the other in a small rural community. Together we have worked with 32 lesbian batterers over the last 5 years, providing individual therapy, group therapy, and a community-based model that uses a combination of individual, couple, and community treatment. This article is a culmination of that work.

The research on lesbian domestic violence has been derived primarily from clinical experience with victims and the more extensive knowledge of heterosexual domestic violence. This is a result of two factors: (a) the victims of abuse are more likely to reach out for social services and/or psychotherapy than are their battering partners and (b) the lesbian community has been more comfortable focusing attention on victims than on the aggressive women who have broken the rules of normative female behavior. Assumptions have been made about the battering relationship and the psychology of the batterer with inadequate input from the perpetrator of the violence. Without actually studying these women, many therapists have fallen into the trap of understanding the batterer in absentia and by deduction. This secondhand methodology is clinically unsound.

To have a thorough understanding of lesbian domestic violence, it is necessary to learn more about batterers. As Hannah Lerman (1986) describes it, an ideal theory of women's personality is one that views women—in this case, batterers—centrally and in which the concepts of the theory remain close to the data of experience. Theorists and clinicians need to listen carefully to batterers, creating a theory that incorporates their experience in a psycho/social/historical perspective. This process has barely begun.

The most striking inaccuracy in the literature on lesbian domestic violence is the confusion of battering's effect with the perpetrator's intent. It is certainly true that one effect of domestic violence is that the victim feels controlled, but it does not necessarily follow that that was what the batterer intended. Nor is it right to assume that the violence is meant as punishment. To the contrary, our clinical experience suggests that batterers are neither consciously manipulative nor punitive. In fact, most reported feeling out of control of the relationship and/or controlled by their

lovers. Obviously, appropriate clinical intervention is impossible without understanding this point.

The cycle of violence will not be broken until clinicians and social service agencies, especially those in the lesbian community, address the lesbians who batter. Once a lesbian batters in one relationship, she is likely to continue the role of batterer in all of her subsequent relationships unless she receives treatment. Batterers are perpetrators of violence against women, but they are not the enemy. They are also lesbians and victims of childhood abuse who have learned another (unacceptable) means of coping. Communities must begin to reach out to these women who are struggling to change their violent behavior and must develop the knowledge and expertise to treat them. This article provides a beginning knowledge base for working with lesbian batterers.

DOUBLY DIFFERENT

In attempting to learn about lesbian batterers, it would seem logical to begin by turning to the large library of literature about male heterosexual batterers and the growing number of volumes about adult women survivors of childhood abuse. However, lesbian batterers are different from both of these populations in several significant ways. Unlike heterosexual domestic violence, there is not an issue of gender between the two partners; the difference is mainly that of power. As both a woman and a homosexual, the lesbian is afforded substantially less power in the world than the heterosexual male batterer. Although the male batterer also may experience himself as having less power or control in his relationship than his battered partner, the reality is that—out of his house and in the real world—he does have more social/political/financial power than she does.

The violence in a lesbian relationship takes place between two social outlaws, both of whom may experience discrimination in employment, housing, and at the hands of social agencies. In fact, homophobia and its internalized counterpart are often factors in causing and maintaining domestic violence (Margolies, Becker, & Jackson-Brewer, 1987).

Female victims of both heterosexual and lesbian battering are often survivors of childhood abuse or witnesses to violence within

the family (Jaffee, Wolfe, & Wilson, 1990; Lie, Schilit, Bush, Montagne, & Reyes, 1991; Straus et al., 1980). All of the batterers in this study also grew up in violent households. They experienced the same kinds of fears and dependency needs seen in other survivors of childhood abuse, but, unlike the adult victim of domestic violence, the batterers we worked with were unable to tolerate their feelings of vulnerability and fragility. Rather than internalizing the passive role, the batterers spent their lives defending against it. They were more likely to use the defense mechanism of identification with the aggressor.

PSYCHOLOGICAL PROFILE OF THE LESBIAN BATTERER

PSYCHOSOCIAL HISTORIES

The batterers all shared some particular personality dynamics, although their developmental histories and social profiles were often quite different.

There are two variables that may set the women we have treated apart from other batterers. Most important, these were women who sought treatment, therefore representing only a small percentage of all lesbian batterers. This search required that they be willing to acknowledge their problem with violence and persevere in finding a therapist willing to work with them. In some cases, this was a long process, necessitating many phone calls and repeated incidents of "coming out" to strangers as both a batterer and a lesbian.

Second, almost all of the batterers with whom we worked experienced the violence as ego-dystonic. They did not cognitively believe in the use of violence as a problem-solving technique and, in fact, expressed great empathy for their battered lovers. Most seemed quite sensitive to their lovers' violent childhood and felt great shame for adding to that abusive pattern. However, although not justifying violence in general, the batterers defended having resorted to violence on each particular occasion. They experienced themselves as having had no other choice.

The batterers with whom we worked were between 18 and 47 years old. Racial and ethnic diversity matched that of the commu-

nities in which they lived. In the urban setting, the clients were White, African American, and Latina. In the rural area, all of the clients were White, as was 96% of the population. The batterers in both geographical areas covered the entire economic and professional range, including women on welfare, students, clerical workers, counselors, lawyers, and those who ran their own successful businesses.

We found no direct relationship between drug/alcohol abuse and violence. Only a small percentage—approximately 20%—of the women had a history of alcohol or drug abuse. All of those women were involved in 12-step recovery groups and were sober when treatment for battering began. The other women ran the gamut between total abstinence and social drinking/drug use. Of those women who abused drugs and/or alcohol, the violence began while they were abusing drugs, but in no case did it end with sobriety.

However, all of the women reported experiencing the violence as an altered state of consciousness. They said the rage that accompanied the violence felt like an adrenaline rush. When asked directly, they often "confessed" that it felt good. No one admitted to consciously creating a violent situation to feel that druglike high. It appeared to be a pleasant secondary gain. This may be a factor that is diagnostic when assessing a violent relationship. Although both partners may engage in any particular episode of violence, the internal state of each person is usually quite different. Batterers often will report feeling high, although the victim will remember feeling only fear or a fight-or-flight kind of alertness.

Every batterer had a family history of violence. Approximately 70% were survivors of childhood sexual abuse, 65% were physically and/or verbally abused, and almost all witnessed their mothers being abused by their fathers or stepfathers.

There was no obvious pattern of relationship violence among the lesbians who sought treatment. Some women experienced violence in every relationship and others were involved in their first abusive relationship. Some were abused by husbands when in heterosexual marriages or by women in previous lesbian relationships. However, once a woman battered one lover, she tended to batter in each subsequent relationship.

PERSONALITY DYNAMICS

Almost all of the women had large, magnetic, and often charming personalities. Many were quite charismatic. They spoke easily, appearing to be verbally facile. Some clinicians have labeled this constellation of characteristics seductive. Again, we want to caution against the tendency to confuse the effect of the charm with the intent of the charmer. The batterers did not appear to have developed this skill to win lovers. They were naturally quite appealing and it was easy to understand that when one battering relationship ended, these women were able to find new lovers.

However, underneath their well-spoken exteriors, these women all suffered from low self-esteem. The superficial bravado covered a self-perception of weakness, powerlessness, and vulnerability. In their minds, this fragile self was visibly apparent and their lovers willfully trampled on it. In fact, clinical work with their partners suggested that perception of the batterers' low self-esteem was a major reason for remaining in the relationship. In individual and group therapy, the fragile self was quite easily accessed.

Despite their apparent verbal athleticism, the batterers experienced themselves as unable to express themselves. They had little language to describe their more vulnerable feelings and had no idea how to express a need. This left them feeling desperate and unheard. The behaviors that at first glance seemed manipulative were actually primitive attempts to get their needs met.

All of the batterers exhibited a striking propensity for dichotomous thinking and feeling. They were prone to extreme views and hyperbole, dividing the world into black and white. This left them unable to own any ambivalence and with the feeling that they had very few options. As one woman said, "When I grew up, it seemed the only behaviors I saw were threaten or cringe, and I vowed I would never cringe again." Not surprisingly, she became a woman who menaced and threatened her lovers. Another woman, after a year in treatment, said, "At first I thought it was either fight or flight. Now I see it's yell or flight." It still did not occur to her that she could stay and talk about her feelings with her lover.

VIOLENCE AT THE DOOR

The batterers depended on the constant attention and emotional involvement of their lovers for sheer survival. Their emotional needs were so great that they tried to merge with their lovers. Their dependence became a source of anger itself. They felt controlled by the lover's ability to affect their feeling state, and at times this resulted in a childlike dependent rage. On occasions when the batterer had a particularly bad day or felt that her self-esteem had been diminished, violence was used to engage a distant lover, re-establishing an intense (and therefore, safer) connection. In other words, violence was often used as a mechanism for negotiating closeness and distance in the relationship.

The batterers' underlying feeling was a chronic fear of abandonment and loss. Avoiding those feelings became the organizing principle of their lives. Most violent incidents took place during threatened separations, quite often at the door. The batterer could not handle her lover leaving—whether in anger, temporarily, or even at the planned end of a weekend together. Every separation was experienced as abandonment and death. Violence in these situations was an attempt to maintain connection to the lover, to hold her both physically and psychically. The batterer was lashing out to protect her fragile self from fragmentation and to avoid abandonment. Although it is obvious that this kind of behavior might ultimately drive her lover from the relationship, the batterer's intention was to keep her even closer.

One woman stated, "Anger is my garbage pail emotion." Other women agreed, reporting that they felt angry if they were hurt, scared, threatened, misunderstood, or they felt that there would not be enough time for them to get their thoughts out. In other words, anger was expressed, verbally or physically, instead of the other feelings in the list. They could construct the list, name the other feelings, but not actively express or feel them. In fact, a repertoire of emotions was not available to them for any kind of a useful or constructive expression.

THE ABUSIVE RELATIONSHIP

Our clinical experience with lesbian batterers can be used to increase the previous knowledge of relationships in which abuse occurs. When the batterers entered treatment, the length of their relationships varied between 6 months and 7 years.

SEXUALITY

All of the relationships had a strong sexual component. Against the norms of lesbian sexual behavior, these relationships had an enduring sexuality. A passion was always present—whether expressed in anger or sexuality. (Some victims have retrospectively described some sexual experiences as rape or sexual assault.) Sex was almost always part of the making-up process after a violent or angry episode. In addition, some of the batterers were prone to sexually act out the problems in their relationships. In times of stress or after a blow to the already weak self-esteem, some of the women took new lovers or slept with an ex-lover. The batterer's sexuality was both part of her bravado and a part of herself that was very easily wounded. She readily experienced feelings of rejection and hurt when her lover was not interested in sex.

ENMESHMENT AND ISOLATION

Relationships in which abuse occurs can be described as quite dependent and enmeshed (Leeder, 1988). The intense neediness of the batterers in our study—and its counterpart in the survivors—led these relationships into an ever-shrinking world of fewer friends, family, and activities. Those relationships that began with more involvement in the community became more isolated over time for two reasons: (a) as the batterer felt threatened and abandoned by any separations, violence occurred immediately following her lover's outside activities and contacts; and (b) as the violence became a part of the relationship, the lover felt shame and embarrassment that led to greater distance between herself and her social world. In turn, the social withdrawal led to even more dependence on the relationship, which, as stated earlier, can be a predisposing factor for more violence. A cycle was

set: Dependence led to violence; violence led to social withdrawal; and social withdrawal increased dependence and violence.

An exception to the social isolation pattern was seen with couples who were part of a violent lesbian subculture. For them, consensual violence was an acceptable form of expression between lovers—a means for solving disputes and showing caring. As it carried no shame, it required no secrecy. Violence was exhibited publicly—often in a bar. The community of friends all engaged in such practices. They maintained ongoing connections and a feeling of belonging.

COMPETITIVENESS

The relationships all exhibited a marked competitiveness. Never feeling that there would be enough time to express themselves or to have their needs met, the batterers competed with their lovers and others for the lover's attention. If the lover had children, the batterer engaged in open competition with the child for the lover. Between the two adults, it was not uncommon for the lovers to keep score of who was giving more and who owed whom how much.

Within the batterers' relationships, it was possible for violence to be initiated by either partner. On some occasions, it was the victim who was the one to offer the first blow as well as reciprocate any violence done to her. This was often seen after the batterer entered treatment and stopped her own violent outbursts. This should not be misconstrued as "mutual battering" or evidence that the batterer has been unfairly labeled. Instead, it can be understood as anticipatory self-defense on the part of the victim. She had probably come to learn well the level of anger that resulted in violence. As that level was reached or surpassed without incident, the victim became more alert, preparing herself for the attack. As time and the argument continued, she may have become unable to contain her anxiety any longer and so lashed out physically herself. She believed the violence was inevitable anyway.

The batterer had to be helped to understand this phenomenon. It was one of the inevitable challenges to treatment, requiring that she strengthen her commitment to nonviolence. Otherwise, she

was apt to point to the victim's violence as an opportunity to deny the label of batterer and resume her abusive behavior.

TREATMENT

The two authors offered different treatment modalities, partly due to the needs and limitations of their two settings. In a large urban setting with the potential for multiple referrals in a short period of time, group therapy for batterers seemed to be the most efficacious use of clinical time, offering the clients the particular benefits of group treatment. In a rural setting with a smaller potential population of clients and fewer lesbian therapists, using the combination of couple, individual, and community therapy seemed the best use of limited resources.

There was a large difference in the treatment outcomes in the two settings. Although the violence was stopped successfully with both approaches, all of the relationships of the women in group treatment ended during the course of therapy. This was not interpreted as either a treatment failure or success. However, all of the relationships of the women in the community approach survived the stresses of treatment. This was interpreted as a treatment success.

GROUP THERAPY

The size of the group ranged from four to seven members during its 2-year life span. Many more women were interviewed, but did not enter the group either because they did not seem appropriate for group treatment or because they were not at the same level of functioning as the group. It was not worth the risk of their holding up the progress of the group or, worse, their making some members so frustrated they would abandon treatment altogether. Instead, these women were offered individual therapy with this therapist or a referral to another. The average length of treatment in the group was 1 year, although two women remained from the first session until the group ended.

The changing group constellations were all diverse in terms of age, race, and socioeconomic status. Surprisingly, this was never

a source of conflict or division. This may have been due to their stronger bonding over their shame and deep dependency needs.

Ideal group size would have been eight people. Because absences were common, a larger core group would have been preferable. However, the group members complained whenever a new member was brought in. Their sense of deprivation and competition for limited resources made them frustrated at what they perceived as having to divide the pie up further. Although they became quite attached to each other, they could not see how they benefited from listening to the experiences of other members. They claimed to get the most out of the group when only two people showed up.

Group therapy offered a variety of clinical benefits. First, it provided an opportunity for a new peer culture that could counteract the social isolation common to battering relationships. The secrecy surrounding the violence was shattered. Second, it served as an alternative to the norms of a violent lesbian subculture. Any pride in violence was confronted. Third, new norms were established within the group for recognizing and expressing anger. Fourth, the group provided an arena for trying out new behaviors. It offered an opportunity to deal with deprivation, negotiation, and conflict in different ways. Because these were core issues for batterers, they came up regularly in the group—often around the issue of time. Fifth, limit setting was done by the group leader, guaranteeing that conflict be negotiated peacefully. Actually, the batterers deferred quite easily to authority, which is in keeping with the dichotomous thinking of "patient" and "expert" (Klinger, 1991).

The batterers in the group were all taught the technique of "time out" and were encouraged to introduce it into their relationships. The technique often is prescribed for people dealing with violence (Leeder, 1988). Time outs help those who are prone to violence to learn the signs of rising anger in themselves and to stop the process before the violence erupts. (In batterers, the progression is usually quite rapid, unconscious, and accompanied by the exciting rush of adrenaline described earlier.) When it feels as though an argument could escalate to violence, one or both partners calls for a time out, a clearly specified amount of time during which the partners agree to separate. They then commit to meet

again after the designated time, usually between 15 minutes and 1 hour. The intervening time is meant to be used alone for activities that are calming and/or self-healing, such as a bath, journal writing, or a phone call to a friend. If the partners still are unable to reach a new level of understanding or truce after they reconnect, they agree to separate again for a new period of time. They keep this up until they are able to calmly reach an accord.

The women in the group were rarely able to formally use the technique. Their difficulties with abandonment made even planned separations intolerable. They could not trust that their partners would return. The failure also may have been a consequence of having only one partner in treatment, so that equal commitment to the technique was not established. However, through repeated exposure to explanations of the technique and encouragement to use it, most of the batterers developed the internal controls that are the goals of the technique. They learned to recognize their unique physical and emotional signals of dangerously escalating anger and to stop the process before it reached the level of rage.

In almost every case, the violence stopped within 4 to 6 weeks of starting the group. There were some "relapses" or "slips," as they called recurrences of violence, but they were infrequent and usually less lethal. In the 12-step language they chose to use, the batterers spoke of themselves as being in "recovery." But the end to violent behavior was not an end to battering. Emotional abuse and coercion continued long after the physical violence stopped. Violent language, imagery, and near-rages were far more difficult for the members to recognize and change. Recognizing and changing the less obvious forms of abuse constituted most of the group's work.

Justified pride in having curtailed the worst of the violence unfortunately also fueled denial. A kind of complacency set in. The women came to refer to the group as an "anger group," instead of one for batterers. They felt they were special and superior to other batterers who were not courageous enough to seek treatment—and they united in their resentment toward partners who seemed to "never forget" the violence. Because the batterers were denying that abuse takes other forms than physical violence and that they were only one small step from battering again, they could not understand why their lovers continued to

be angry or afraid of them. They had never understood how they had ever terrorized their partners, always imagining that their neediness and vulnerability were most apparent.

Bringing in a new member was an instant cure for the denial. They felt a violent woman was an inappropriate choice for the group and this made them angry with the therapist. They wanted to believe that they were far removed from women who currently were battering their lovers. The therapist interpreted their anger as denial and an attempt to distance themselves from their violence. They were encouraged to reinforce what they had learned by helping the new member and having her serve as a reminder of where they could be again if they were not diligent.

Because batterers struggle with issues of deprivation and competitiveness, session time often was divided equally between the members who came that week. Each person would use her time to discuss something that made her angry or upset during the week. If she had been violent with her lover, it was always mentioned first. The core of the group work was spent helping the women learn to recognize and express their more fragile feelings that lay underneath the anger. This was part of the larger goal of expanding their emotional repertoires. They needed to learn how to convey a range of needs, emotions, and desires to their partners and other people in their lives. Refusing to succumb to violence led many of the women into depression. It seemed like their only alternative to anger. After a year in the group, one woman said, "I see the violence as just the other side of the hurt self, so I let that part out instead. Instead of hitting her, I burst out crying. And every time I don't hit her and cry instead, I am brought back to an old painful memory from my childhood." The group spent time talking about their childhood, work, future plans, and all the areas where they had doubts, needs, and unexpressed pain.

COMMUNITY MODEL

The community model was a unified approach consisting of three distinct stages. It involved a combination of individual psychotherapy with both the perpetrator and the victim, conjoint couple work, and the inclusion of concerned friends and family members (Leeder, 1988, 1994). From start to finish, the entire

treatment approach took about 18 months. The method was used with approximately 12 lesbian batterers and their partners.

The premise behind the model is that batterers are resistant to entering psychotherapy alone. When the victim was also brought in initially, the batterer was more amenable to treatment. This was because the couple was enmeshed and the batterer was often too threatened to let the victim see a therapist alone. Generally, it was the victim who made the first appointment and insisted on the treatment. In the beginning stage, the couple was seen together. The middle stage consisted of individual therapy for both the perpetrator and the victim. During this time, the couple identified important family and/or community members who could be brought into sessions to learn to become supporters of the couple. They would then be available in times of potential violence and crisis. After the batterer completed her individual work, she was again seen with her partner for the final stage of conjoint therapy. As in the group therapy model, the primary focus of the couple and individual work was helping the batterer learn to change her behavior.

There is a negative attitude in the feminist community about the use of conjoint therapy with battering couples (Lobel, 1986; Schecter, 1987). It is believed that the power dynamics in the relationship will sabotage any treatment efforts and perhaps result in further violence. It is too often true that the batterer will not allow the truth of her behavior to be mentioned in the session, and the victim is too afraid to contradict her for fear of violent reprisals after the session.

However, there are several overriding reasons for using this method. Most couples do not want to break up. They seek a treatment that strives to repair the relationship. With this method, it is possible. Also, conjoint therapy is only one part of the community approach. Finally, and most important, this approach is successful in getting batterers to enter therapy without which they will continue the cycle of abuse in this relationship or in the next.

The beginning stage started with conjoint work, during which the dynamics of the couple were observed. Each partner was asked to identify what she thought the problem was in the relationship. A complete relationship history was taken, including a history of their sexual dynamics. The therapist worked on ascertaining communication patterns, power dynamics, and assessing

lethality. The therapist tried at all times to engage the perpetrator in treatment and have her divulge the violence herself.

It was imperative at the outset of first-stage conjoint work to determine the degree of violence in the relationship. If it was not clear after one or two couple sessions, it could be more easily accomplished by individual sessions with each of the partners. If it appeared that the victim was in serious danger of injury, conjoint therapy was inappropriate. Instead, the therapist recommended that the relationship be ended. However, even if it appeared that there was no imminent danger of physical harm, it was imperative that a safety plan be implemented immediately. In many ways, the therapist became an agent of social control, establishing that violence would not be tolerated during the course of therapy. She asserted that the safety plan must be implemented and that if violence ensued during the treatment, she would recommend the termination of the relationship. At that point, the therapist would refuse to work with the couple any longer. The transference then became a tool for compliance. Remember: Batterers are dependent and defer easily to authority.

Once a thorough assessment of the relationship was made and the safety plan was in place, the first stage of conjoint work was completed. In the middle stage of treatment, both the batterer and victim received individual psychotherapy. Group therapy was not an option in the small rural community, where it was impossible to find a critical mass of lesbian batterers all amenable to treatment at the same time. It would have been preferable for the victim to have her own individual therapist, but because of finances and the unavailability of qualified therapists who understood the issue, it was often necessary to have the same therapist see both the victim and the perpetrator separately. The goal of work with the victim was to help her build self-esteem, gain strength in dealing with her batterer, and work on her own family issues and/or history of violence.

The primary focus for change was the batterer. Her therapy involved gathering a personal history, exploring issues of self-image, and becoming aware of triggers to violence. On the behavioral level, she was taught the technique of "time out" and how to limit her own behavior. It was constantly stressed that violence is never justified. Intrapsychic work was done on issues of abandonment, loss, and fear of intimacy.

It was during the middle stage of treatment that the crucial work of bringing in the community was begun. The victim was brought in once again to have a couple session. Both the batterer and victim designated one or two people, usually family or friends, who would be available to the couple for the changes on which they were working. Those people then were invited to several couple sessions to discuss the problem and what they could do the next time the couple needed help. The batterer had someone to call to talk out her anger and the victim had someone she could call to ensure her safety.

The community involvement made this approach feminist, political, and different from traditional conjoint work. Bringing in concerned people made the private more public. Violence thrives best in isolation and secrecy. This method not only broke down the walls of silence, but also offered the batterer support in changing her behavior. Battering was redefined as a community problem—not just individual pathology. The victim was also empowered because now she had people to call for help.

The final stage of treatment began when the batterer felt ready to have her partner present to talk over problems in the relationship and her own problems with violence, and when the victim felt strong enough to speak openly and without fear of recrimination. This came about as a result of having an intact support system. In the final stage of conjoint work, the therapist addressed communication patterns, conflict resolution skills, and learning to compromise. Power dynamics were discussed, and the therapist helped the batterer accept the consequences of her behavior—the fear and intimidation she caused her lover. This stage was often quite moving because the therapist saw the batterer change the manner in which she spoke to her lover and treat her without violence.

COUNTERTRANSFERENCE ISSUES

Despite concerns about working with this population before beginning, the countertransference was, on the whole, extremely positive. As stated earlier, women who batter tend to be unusually verbal and charming. The sessions were always lively. At no time did the therapists feel in danger, threatened, or out of control of

the sessions. With few exceptions, these women only hurt the ones they love.

It was easy to feel compassion for the women once they revealed the pain that lay under the violence and bravado. They evoked many of the same feelings that other adult survivors of childhood violence do. They were hurt and neglected children who grew up to be dependent, scared bullies. If the therapists erred in any direction, it was in a tendency to be overprotective of the batterers. It was necessary to keep remembering, along with the clients, that their pain could never justify their violent actions.

In some instances, one of the authors experienced overidentification with the batterers. The therapist identified with the batterer's frustration with the victim, wishing strongly that the victim would stand up and say no to the abuse. With work and self-awareness, this issue was dealt with appropriately and resolved.

AREAS FOR FURTHER DEVELOPMENT

The work described here raises many questions that cannot be answered by this small population of lesbian batterers. Many more women must be interviewed and treated to build a coherent feminist theory of lesbian domestic violence. However, several possible directions for further research are suggested.

First, feminists must be willing to acknowledge that women are capable of violence. Most research has focused on women as victims—usually at the hands of men. Women's "nature" has been described as naturally nurturing. In truth, women cover the entire range—from total innocence to sadistic cruelty. Feminist theory must expand to reflect this aspect of our diversity.

Lesbian battering needs to be placed in the larger context of female violence. There are also other ways that women abuse others, such as elder abuse and child abuse. How is lesbian battering similar to and different from these? Do all female perpetrators share some characteristics or history? How are these women similar to or different from women who hit men? It is necessary to answer some of these questions to identify potentially abusive women for early intervention and/or prevention.

Although lesbian domestic violence occurs in all classes and racial/ethnic groups, it is not accurate to assume that the meaning

or social response to the violence is identical. It is necessary to examine the differences in how violence is expressed and experienced across all groups and cultures. We must begin to understand differing cultural expressions of anger and how to intervene without cultural imperialism.

Finally, research is needed that will aid in prevention. We need to study girls at risk. Eventually, we hope to be able to identify which girls who are abused or who witness abuse will grow up to become violent. How do these girls differ from those who will become victims of domestic violence? We need to understand why some women go outside of socially prescribed gender roles and become violent.

SUMMARY AND CONCLUSIONS

Lesbian battering is a solvable social and psychological problem. Both of the described treatment models are extremely successful in eliminating violence in a diverse group of batterers. It appears, however, that the relationship cannot be altered and saved unless the treatment involves both partners. The victim's safety and cooperation must be addressed within the therapy for her to feel safe with the battering partner's developing nonviolence.

The lack of understanding about lesbian batterers has left a gap in feminist theory. The lack of services for lesbian batterers has left a huge gap in the lesbian community. As a result, the cycle of violence has continued unchallenged. Lesbian batterers are a demanding population with whom to work, but they also are challenging, charming, and provocative. We issue a challenge to feminist therapists and the lesbian community to begin the use of either or both treatment models, which provide a therapist with an incredible opportunity and provide a much needed service for the community.

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