Traumatic Responses Among Battered Women Who Kill

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This study compared levels of violence, social support, and post-traumatic stress between battered women charged with a violent crime against an abusive partner and those seeking help from a mental health clinic. Results indicated that forensic battered women were more likely than clinical battered women to report experiencing severe violence, including sexual abuse, in their relationships. Women in the forensic sample also reported less social support and greater post-traumatic stress than women in the clinical sample. However, when social support and level of violence were accounted for, levels of general post-traumatic stress indicators (MMPI-PTSD, CR-PTSD, GSI) were no longer different between groups, although levels of specific post-traumatic stress indicators (intrusion, avoidance) remained higher for battered women in the forensic sample. Implications for understanding battered women's response to violence and their post-traumatic reactions to it are discussed.

KEY WORDS: post-traumatic stress; battered women; homicide; social support.

INTRODUCTION

Domestic violence has become an area of increasing concern and psychological study during the last two decades. More than 1.8 million women are battered each year by their intimate partners (Straus et al., 1980). In some cases, this violence results in the death of either the battered woman or her abusive partner. According to recent national statistics, 16% of the homicides committed annually in the United States are between intimates, of which 64% are women killed by men and 36% are men killed by women.
Nevertheless, there is little known about either how the circumstances which surround battered women who kill their battering partners differ from those of battered women who have not or about differences in their levels of post-traumatic stress reactions.

The research available in this area has reported that battered women who kill often do so in self-defense following years of severe abuse (Browne, 1987; Buda and Butler, 1985; Ewing, 1987; Walker, 1984). Walker (1984) suggested that both groups of women experience severe violence and that women who kill do so not out of anger, but out of fear for their own lives and/or the lives of their families. Browne’s (1987) findings similarly indicated that 60% of men who were killed by their wives were assaulting or threatening to injure or kill them at the time of the incident. Ewing (1987) suggested that battered women who kill frequently reported abuse by their partners toward their children as well as themselves, in addition to the presence of a weapon in the home.

A study by Walker and Browne (1985) identified several variables which differentiate battered women who kill from other battered women: greater frequency of violence and severity of sustained injuries, partner’s threat to kill, suicide threats by the victim, partner’s drug and alcohol use, and partner’s forced and threatened sexual assault. The authors also determined that battered women who killed had made more prior attempts to stop the abuse than those who did not kill.

Furthermore, a distinctive pattern of domestic violence among battered women who eventually kill or attempt to kill their partners has been reported in the literature as statistically more common. Women who kill their abusive partners have been found do so during an argument on a weekend evening, usually with a gun, and while their partners and/or they were under the influence of alcohol (Blount et al., 1988; Ewing, 1987; Goetting, 1988). Of course, all battered women who kill their abusive partners do not fit this profile. Buda and Butler (1985) asserted that battered women’s perceptions of no escape are exacerbated by a legal system that does not adequately protect them, thus providing little support and leaving no alternative but to kill or be killed.

There is a growing literature regarding the emotional distress suffered by battered women. Research has indicated that women who are repeatedly battered reported feelings of confusion (Ferraro and Johnson, 1983); anxiety (Hilberman and Munson, 1977-1978; Jaffe et al., 1986); somatic complaints (Domino and Haber, 1978); psychic numbness (Walker, 1979); anger, usually directed inward (Carmen et al., 1984); grief (Campbell, 1986); and depression and related symptomatology such as hopelessness and suicide attempts (Follingstad et al., 1991; Walker, 1979, 1983). Terms