Beyond Victim Blaming

Feminist Therapy and Battered Women

By Alice Twining

In recent years, feminist therapists have begun to criticize therapeutic models that re-victimize battered women. Feminist therapists who are familiar with the dynamics of battering do not treat battered women as inherently sick or mentally ill, but take the position that sexist societal institutions should bear the responsibility for failing to stop violence against women and children.

Feminist therapy is a supportive process that emphasizes self-determination, equality and respect, and encompasses socio-cultural explanations for intimate violence. Feminist therapists recognize that any woman can be battered by her male partner, as 97% of all adult domestic violence cases involve men abusing women.

What happens to a woman psychologically when she's battered? What kind of help, if any, does she need from a psychotherapist?

Many battered women don't need psychotherapy at all. They may need information about their legal rights and resources, including shelter, but after obtaining this assistance and leaving the batterer, they function without debilitating "syndromes" or "symptoms." (While intrapsychic and systems therapists still are "blaming the victim," feminist therapists are critical of the term "battered women's syndrome," as it implies sickness on the part of the survivor.)

Whether in therapy or not, battered women first and foremost need to be believed: the abuse was real, significant, and criminal. Second, battered women who do choose therapy (either because of the abuse or because of other life issues) have a right to be in control of the healing process: goal-setting, prioritizing, and strategizing are established by the battered woman. Issues are framed in a sociocultural context, so that survivors know they are not alone and not "crazy." Feminist therapy recognizes that behaviors that may seem unhealthy by traditional therapeutic models, in actuality may be realistic and necessary coping mechanisms for battered women who must survive the insanity of violence and terror.

A battered woman may experience changes in her perceptions and behaviors, including numbed feelings, nightmares, hyperalertness, panic attacks, and minimization or denial of the severity of the abuse. These responses reflect the psychological trauma of battering, and are realistic human adaptations to systematic, intensive and prolonged violence. Occasionally these behaviors are referred to as "post-traumatic stress response," a reaction identified among prisoners of war and hostages. Battered women, just like these casualties of war, have experienced being dominated through terror, force and abuse. (Research is currently being conducted to correlate the severity of the abuse with the severity of the survivor's reactions to the abuse). Information about post traumatic stress syndrome is freely shared by the feminist therapist, so battered women become their own experts and don't have to rely on the therapist for self-understanding.

If therapy begins during a time of crisis, practical needs such as safety planning are addressed. Strategies are (continued on page 4)
developed for building support networks and mobilizing internal and external resources. Post crisis work usually addresses what survivors need to do to become self-sufficient economically, validating their strengths and helping them make connections with healthy women and men. Sex role stereotypes that limit women’s options are examined, and new skills are learned to counteract the negative consequences of socialization in women’s lives.

Feminist therapy includes social change as an integral part of personal growth, and battered women are encouraged to join the movement to end domestic violence, by helping others, by speaking out, and by breaking the silence that shrouds intimate violence.

With appropriate self-disclosure and the humanistic tenets of openness and honesty, the feminist therapist demystifies the therapeutic process by walking alongside battered women in equality, helping women find their own “toolboxes” of strategies so that therapy can end as soon as possible.

For more information about feminist theory and practice, see:


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