

## Handout 1.5: New Hope for Battered Women

by Seabrook Mow

You know the term—post-traumatic stress disorder—and when you hear it, you think of war victims. But you may not think of domestic violence victims.

Dr. Edward S. Kubany is helping to change that.

More importantly, he is changing the way that medical professionals deal with women who suffer from posttraumatic stress disorder because of violence suffered at the hands of men they loved.

“PTSD is actually a normal reaction to extreme stress,” says Dr. Kubany. “It’s when a certain type of event creates that extreme fear or stress.”

According to Kubany, the rate of PTSD among battered women is much higher than in the population at large. In samples of battered women in shelters, 45 to 84 percent suffered from PTSD.

Go with the higher number. In two Hawaii studies of battered women seeking shelter, approximately 84 percent experienced PTSD.

Julie Owens knows all about it from firsthand experience. Nine years ago, she survived a kidnapping and two

stab wounds—one to her stomach and another to her neck—by her ex-husband.

Today, Owens is helping other abused women as a co-investigator and therapist with the Cognitive Trauma Therapy for Battered Women project (CTT-BW).

Kubany, a research psychologist with the Pacific Islands Division of the Department of Veterans Affairs, is co-principal investigator and developer of CTT-BW and creator of a cognitive trauma therapy for battered women.

Together, Owens and Kubany are working to find a better treatment for battered women who suffer from PTSD.

This \$300,000, three-year, federally funded project is intended to evaluate the effectiveness of cognitive trauma therapy for battered women by sampling 120 formerly battered women.

The project is awarded to Lt. Col. Elizabeth Hill, principal investigator and a nurse at Tripler Army Medical Center. The project represents a collaboration endeavor between Veterans

Affairs and the Department of Defense.

“This study is the first PTSD treatment outcome study ever conducted with battered women,” Owens says.

Domestic abuse affects nearly one out of three American women.

According to the Bureau of Justice statistics, 900,000 American women were victimized by their intimate partners in 1994. Of women who seek emergency care, 22 to 35 percent involve domestic violence.

“It’s OK and it’s necessary to make yourself important,” says Owens. “In fact, women should start advocating for themselves.”

Easier said than done. Although her ex-husband was found guilty and served time, she continued to be tormented by his violence. That is PTSD.

“I was very confused, afraid and full of mixed emotions that I didn’t understand,” Owens says.

PTSD is caused by life-threatening experiences which cause a person to

suffer intense fear, helplessness and horror. PTSD victims experience four core symptoms: re-experiencing the trauma, avoidance, emotional numbing and hyperarousal. But Kubany believes there are additional symptoms that should be addressed: trauma-related guilt, anger, and grief, sorrow or feelings of loss.

What's so exciting about the new treatment is that it has been eliminating PTSD in just nine to 10 sessions. The 90-minute sessions, usually one-on-one, are held twice a week.

Kubany has developed an effective therapy that is more "educational" compared to other types of treatments. "It's like a college course, where participants are actively engaged and learn a lot," Kubany says. Said another way, clients are given the guidelines and answers to overcoming PTSD.

Kubany emphasizes that women who suffer from PTSD should be treated as clients or students instead of patients. "PTSD is not a disease, it's a learned problem," Kubany says.

He says that, unfortunately, many battered women automatically assume that it's their fault, so they feel guilty about it. They've thus created a no-win situation for themselves, but he assures them it's not.

"How could they have foreseen it or feel responsible for it?" says Kubany. "The guys (abusers) are real charmers and smooth talkers. It's like, does an injured zebra attract a lion, or do lions know to spot an injured zebra?"

From the start, clients are taught to confront their fears and empower themselves, taking back the power that was taken from them.

For example, Owens recalls how a former client was afraid of going to the beach, because she had been assaulted on the beach. Owens reassured her that if she didn't visit the beach, then she was actually reinforcing her PTSD symptoms with short-term "relief," a very powerful reward that is temporary. Owens reminded her that the beach didn't assault her, but that she related the beach to the assault.

"It's changing their interpretation of what they thought was harmful," Kubany says.

Once the client went to the beach and got over her fear, she realized that the beach wasn't dangerous and it was enjoyable again.

"What we try to do is show them that what they believe is dangerous is not actually that harmful after all," Kubany says.

Another method Kubany applies is "higher-order language conditioning," where clients are taught not to "recharge" their PTSD by using negative words like "I should have" or "I was stupid." Those images and words rekindle the connection between the client and the abuse.

When a client reaches her goal of eliminating PTSD, Kubany and Owens agree the client does a complete 180. Owens said that "most times the client couldn't believe she acted that way before coming to the sessions."

"What I tell them is, I don't know how you felt, but I know how I felt," Owens says. "I was terrified and all those feelings are normal. This (treatment) will help you."

This article appeared in the August 9, 2000, issue of *MidWeek* and is reprinted with the permission of *MidWeek* editor Don Chapman.