

burns, bruises, and broken or fractured bones, emotional and psychological problems also tend to characterize children for whom BCS is an accurate clinical descriptor. Emotional and psychological problems, in turn, can manifest as serious behavioral problems and disorders later in the child's life, including alcohol abuse, narcotic abuse, and the physical and psychological abuse of others.

The incidence and prevalence of BCS are unclear but may characterize a majority of the nearly 14% of children in the United States who are physically abused each year. More specifically, in comparison to all other causes of child deaths, traumatic injury is the leading cause of child death. Nearly 2,000 of those children who are abused die as a result of this abuse, and for these children BCS is particularly likely to be an accurate clinical label.

There are many theoretical frameworks that propose explanations for BCS. However, only one theoretical framework—evolutionary psychology—hypothesized and led to the knowledge that a particular parent-child relationship, namely, the stepparent-stepchild relationship, poses the greatest risk that a child will be abused and perhaps eventually display BCS. Research hypotheses derived from socioecological theoretical models purport that BCS can be explained in terms of the integration of individual factors and social contexts, referred to as sociosituational models. But residence with a stepparent was not identified among those individual factors or social contexts. Research hypotheses derived from family systems theory propose that family relationships function as a set of systems and subsystems. According to family systems theory, the formation of a stepfamily creates a disruption of the expected system and hence leads to negative outcomes, including child abuse and BCS. Because stepparental behavioral and legal responsibilities to stepchildren are fewer than the behavioral and legal responsibilities of genetic parents to their children, stepparents are at increased risk for abusing their stepchildren. This logic does not provide a complete explanation for why the risk of BCS is higher in stepfamilies, however.

Although previous research has found that stepparents report feeling unprepared for the new parental duties, stepchildren have been documented to feel adamant about a stepparent not “filling the shoes” of their genetic parent. Daly and Wilson argue that it is not that stepparents do not know what their role is as a stepparent, but instead that they do not want to do

what is expected of them—invest in children unrelated to them, without receiving the benefits associated with investing in children of their own. Regardless of one's theoretical perspective, it is agreed that BCS is an important social problem that demands the attention of thoughtful scholars and the research efforts of behavioral and social scientists.

—Viviana A. Weekes-Shackelford  
and Todd K. Shackelford

*See also* Battered Woman Syndrome, Child Abuse

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## BATTERED WOMAN SYNDROME

Battered woman syndrome (BWS) is a psychiatric and legal term that refers to the constellation of psychological effects experienced by abused women and is intended to explain, for example, why women stay with their abusive partners and why abused women sometimes kill their abusive partners. The term emerged in the late 1970s and has been a source of legal and academic controversy ever since. BWS is considered as a subcategory of posttraumatic stress disorder (PTSD) but is not listed by name in the *Diagnostic and Statistical Manual of Mental*

*Disorders.* BWS is associated with the presentation of symptoms such as learned helplessness, reexperiencing trauma, generalized anxiety, lowered self-esteem, social withdrawal, and intrusive recollections. Women in abusive relationships experience learned helplessness as a result of cycles of abuse and are thus repeatedly exposed to more violence. One feature of BWS holds that women stay with their abusers because of learned helplessness; this is one of the most controversial features of BWS, with many researchers arguing that the data are not supportive.

According to BWS, intimate partner violence proceeds through cycles composed of three phases: the tension building phase, the active battering phase, and the loving, respite phase. During the tension phase, the victim is subjected to verbal abuse and minor physical abuse. The active battering phase results from the release of tension from the batterer and results in violence for a period of 2 to 24 hours. During this phase, the victim is unable to control the batterer with techniques that worked during the tension building phase. This inability to control the batterer is theorized to result in learned helplessness. During the loving, respite phase, the abuse subsides and the batterer expresses remorse and promises that it will never happen again. The batterer exhibits loving and affectionate behavior shown earlier in their relationship. These affectionate behaviors result in falsely assuring the victim that the abuse was isolated and will not occur again.

There are several theories put forth to explain BWS. The three most common theories are Walker's battered women's syndrome theory, Gondolf and Fisher's survivor disorder theory, and PTSD theory. Survivor disorder theory differs from battered woman's syndrome theory in the emphasis of learned helplessness. Survivor disorder theory emphasizes a lack of support resources available to abused women as the primary reason they do not leave the abusive relationship. PTSD theory views BWS as a subcategory of PTSD and is currently a predominant theory of the development of BWS.

The validity of BWS as a psychiatric disorder has been debated intensely. Many have argued that the value of BWS lies primarily in its educational role in informing individuals about the impact of abuse on women through high-profile judicial proceedings. Others have argued that BWS is the product of legal defense teams negotiating a defense for the abused woman's actual or attempted murder of her abusive partner. The premises of BWS appear to have validity

in the scientific community but the rigorous standards for admitting the syndrome into DSM-IV-TR requires further empirical work.

Identifying the psychological and demographic characteristics of women in abusive relationships will be of substantial benefit to clinicians. By identifying such characteristics, clinicians will be in a better position to understand the abuse and, more importantly, understand women's reactions to the abuse and the effectiveness of various treatment programs. Recognition of BWS as a distinct disorder may result from an examination of these issues.

—Richard L. Michalski and  
Todd K. Shackelford

*See also* Battered Child Syndrome, Child Abuse

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### BAUMRIND, DIANA (1927–)

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Diana Blumberg Baumrind is considered to be among the foremost experts on parenting in the United States. She has also had a distinguished career as an academic researcher and commentator on the role of ethics and understanding of research findings. She has been awarded multiple national grants over a 40-year career devoted to family socialization and parenting research. Baumrind is the author of 58 articles in journals or as book chapters, as well as three books and monographs. She has also served as an editor and consultant to numerous professional journals, and has been an esteemed member of multiple national psychology organizations.