

## Rethinking Victims and Victimizers

### Transcript of Interview by Nola Nordmarken of Dr. Ofer Zur

Welcome to our exciting audio recording with Dr. Ofer Zur, the Director of Zur Institute, LLC. I am your host Nola Nordmarken, a marriage and family therapist from Southern California, and an author of several courses for the Zur Institute such as Touch in Psychotherapy, Home Office Practice, and Writing the Professional Will. This audio program is part of an online continuing education course on Domestic Violence offered by the Zur Institute, LLC at [www.ZurInstitute.com](http://www.ZurInstitute.com).

Ofer is a licensed psychologist, Fellow of the American Psychological Association, instructor, lecturer, ethics consultant and expert witness, and private psychotherapy practice in Sonoma, California. He has been in practice for over 20 years and is Director of the Zur Institute, LLC at again [www.ZurInstitute.com](http://www.ZurInstitute.com) which offers over 120 innovative and challenging online education courses for psychologists, counselors, social workers, nurses, and other mental health practitioners.

Dr. Zur is most known for his effort to humanize the field of psychotherapy and counseling. He is a fierce advocate of appropriate and flexible application of therapeutic boundaries such as touch, self-disclosure, gifts, etc. Through his writing and teaching, he has asserted that rigid application of risk management protocols such as no touch, no self-disclosure, etc., can be harmful to clients as well as being unethical. He has dared to challenge certain almost universally unquestioned positions in the psychological community. All this in an attempt to help free us of the constraints of politically correct thinking. That's interesting, to free us of the constraints of politically correct thinking in order to go more deeply into understanding the forces that create our client's needs and also in order to more adequately address them at multi-levels.

Ms. Nordmarken: So let's start. Ofer you and I have known each other for at least 12 years. I recall the first course I took from you was on Developing a Managed Care Free Fee for Service Practice, and I did just that with great success due to your expert tutelage.

Dr. Zur: Thank you for a lovely introduction Nola. This must have been 20 years ago.

Ms. Nordmarken: It was a long time ago and I actually did that. I got out of my panels. I started my fee for service free of managed care constraints practice. I made much more money, worked less, and everybody was happier, myself and clients included.

At that particular juncture, you were fighting the tyranny of managed care. You like to have a cause, I know, and you have chosen some very controversial ones. Since I know you, and have known you for some time, and worked and written with you, I know you to be a deeply and thoughtfully ethical man as a professional, and also in my personal encounters with you. I also know that you are no stranger to conflict. Some find your way of presentation to be abrasive, and that you have received a lot of criticism for your stance on certain topics.

Some of your earlier controversial ideas have become much more mainstream as is demonstrated by the APA publishing your book on Boundaries in Psychotherapy, as well as actual certain changes in ethical codes.

Dr. Zur: I am not sure I'll take credit for all of it but I did put my 2 cents into helping the field humanize itself.

Ms. Nordmarken: How about the sometimes abrasive part?

Dr. Zur: You know if you want to change--I forget who said, "If you want to change you cannot expect people to like you necessarily, or to agree with you. So if you want to change expect conflict." It is fine with me.

Ms. Nordmarken: You have been studying enmity gender relationships and violence and war for a long time. I know you and Sam Keen did a lot of work on enmity and war many years ago so I know your interest in systems of violence goes way, back, and I am curious. What initially drew you to this uncharted territory?

Dr. Zur: Which is of course relevant to the topic of today of Domestic Violence. What originally drew me to the issues of gender and violence systems, relationship between men, women, and war?

I remember in the 1973 war being in Israel fighting a war that I am sure that I was really whole heartedly in it, but regardless there we were all these men ready to die, and ready to kill, and ready to be injured. The women were in the back. We were there supposedly to protect our country, to protect our people, to protect our women. The women have this aura of innocence, an aura of goodness, an aura of non-violence, an aura of peace while they were in fact a huge part of the war operation. Often women throughout history benefited from wars through having slaves work for them, or the resources that came to Rome or whatever empire that conducted the war including us in the U.S. right now.

I was interested between what I call the men warrior, and between what I called at the time, and what some people call the warrior and the beautiful soul. We are the warriors. We are ready to die, ready to kill. We are all violent, or some of us violent. Definitely, war is violent. Women on the other hand maintain their so called innocence and peacefulness. That didn't make sense to me, so I tried to see what is the system between the warrior and the beautiful soul. This is how I came to the field of gender and violence.

Ms. Nordmarken: As I am hearing you speak, what years are we talking about that you were engaged in that kind of exploration?

Dr. Zur: I wrote my dissertation on that in 1984, so that must have been from 1979 on, and probably 1980 to 1984 was my focus on that to my dissertation. Thereafter I lectured on this topic in Moscow, and lectured with Chellis Glendinning and Shepherd Bliss all over. This was the 1980s.

Ms. Nordmarken: I think too, a couple of things came up for me as I heard you talking. One is that Israel has always used and drafted women into their military force, and now I am fast forwarding to today to the U.S. and the war we are in right now, and how women are in combat and coming back with PTSD just like the guys. There have been some really big changes since...

Dr. Zur: There have been changes. I remember when women started coming back in body bags, and how upsetting it was for the culture to view women coming back from combat in body bags. Somehow, it's expected, or normal, or okay for men to come back in body bags, but it is not okay for women.

When we think about women and violence, which was also relevant to domestic violence, the topic of today, our mothers, are women. They gave birth to us, they breastfed us, they nurture us. They represent peace, warm coziness, and comfort. Even in Israel, women were not involved in combat with all the mythology of the Israeli soldier. They were not paratroopers and combat fighters at the time. I think the world has changed to some degree. We have a new generation, feminism has a different meaning to them, but still the large perception about men's violence and women's peacefulness is still embedded even though the feminist movement doesn't have the same impact on the younger generation.

Ms. Nordmarken: It's embedded but it is loosening up a little bit. I find it interesting, of course I think it's true that the majority of us do feel a little bit differently when a woman comes back in a body bag, but she is out there fighting and coming back in a body bag. When you relate that to domestic violence we are now beginning to see some statistics come in about how women are not always the victims, sometimes men are the victims. But we'll get to that later.

Could you describe enmity, and how it relates to war, then to gender relationships and violence?

Dr. Zur: Enmity in the most general way is our capacity to abstract and to dehumanize the enemy so we can kill them without guilt. When it comes to war, it goes back to the system of violence in which women will actually support war in the same numbers and ferociousness as men will support war, but for different reasons. If you ask women about protecting minorities, or protecting young children in other cultures, that's good enough to justify war. Men will go for freedom, for the flag, or more abstract reasons. This is what my dissertation was about. But then the system of violence is also something you and I have discussed before. The subtitle of my dissertation was at the time, "What about Sarah". We talk about war, and we talk about

domestic violence. When I talk about the role of Sarah in the biblical story that God tells Abraham to sacrifice Isaac, I am adding the child abuse as a system of violence.

The child abuse is more complex in some regards because what you have is a perpetrator, often, not always by no means and sometimes not even often, but let's say many of the perpetrators of physical or sexual abuse...victim in this system. What we also have is a woman as a bystander, so the system gets more complex that the women can often preserve their innocence in a system where men may go to jail, but actually, they were the enabler to the system that allows the child to be abused. They don't get thrown into jail even though there are laws against bystander cooperation, or allowing crimes to occur.

I always thought, what about Sarah? How come Sarah...and I understand it's a patriarch culture in biblical times, and they are in the desert. How come Sarah didn't kill Abraham when he was ready to kill her--finally she had a son at age 120 or something. How come she didn't kidnap Isaac and run? Of course, it wasn't easy to run in the desert. Nevertheless, it's just a metaphor that we have a system of victim, victimizer, and a bystander. Often the women get designated as an innocent bystander. Of course, in domestic violence sometimes the bystander is the entire culture at times, and of course we have children witnessing it and it is harmful for them as well.

So the system sometimes can get complex in war when women are on the backline and men are on the frontline in domestic violence, and it's a dance of violence that we will talk about later today. In child abuse we have an abuser, victim, and bystander.

Ms. Nordmarken: You it is interesting how the system contributes to the circle of violence, and the violence contributes to the political structures that are trying to change it, but support it.

When you speak of systems of violence, and I am going to quote you here Ofer. This is a direct Ofer Zur quote. "To understand better the dynamic of violent systems we must first free ourselves from the bonds of politically correct thinking. We must dare to expose the cultural and psychological forces that lead to violence, and to explore the complimentary roles that the abuser, abused, and bystander play in such systems."

You just addressed some those issues. Is there anything else you wanted to say about that?

Dr. Zur: This political correctness ties to the issues that are very relevant to domestic violence. It is don't blame the victim. This is probably one of the most profound and ingrained. Don't blame the victim translates, politically correctly speaking, is don't explore the role of the victim, and in some regards don't try to help the victim to not be victimized again. By not exploring the role of the victim, we often don't help victims. We have a culture of victims, and everybody leap frogs over everybody else to be a victim, whether it is racial victims, or mental health, everybody wants to be a victim. We have a culture where psychologist and attorneys, and the entire culture support it. Psychologist, psychotherapists, and attorneys of course are making money out of this culture of victims.

What's important is with political correctness we don't explore the role of the victim. Why did this woman marry a third man who abuses her? Are we going to help her see her choices because sometimes helping her see her choices, people say, "Oh you are blaming the victim". The idea is really not to blame the victim, but the victim mode is very powerful. The victim is not responsible. It is always morally right, politically correctly speaking. They are not accountable for his or her actions. They are forever entitled to empathy. It kind of justifies having a moral indignation.

There are true victims, young children, women who are being raped by strangers, they are completely innocent victims, young children being the top of the category for that. They don't have any responsibility, they don't contribute to that. Most adult victims are not completely innocent victims, but they like the status because it gives them a sense of goodness. It is dangerous because some people may die while they don't feel the responsibility, they feel morally superior, not accountable, that they deserve empathy, and they may get hurt again, again, and again. Exploring the role, and sometimes it is said, "Oh you are blaming the victim". I am not interested in blame. I am interested in understanding the role of men in domestic violence, the role of women in domestic violence, and any other violent systems.

Ms. Nordmarken: I think sometimes with the don't blame the victim approach it kind of is--the focus is on saying that it's never okay for somebody to commit violence somebody else, but I can also see that unless there are steps taken to help the victim understand his or her dynamic, perhaps unconscious, or subconscious, so that it doesn't continue to occur. It's a rather infantilizing approach, and not empowering at all.

Dr. Zur: Absolutely, and I think the approach of don't blame the victim, don't explore their contribution to the violence system is highly infantilizing.

I have worked with women who are in domestic violence, and I had a case where this woman's fourth husband, and at least any five long term relationships, all of them were abusive. After a couple of years of work she realized that she wouldn't date somebody who wouldn't be hurting her. We can understand it from her background with her father who was abusive, her step-father was abusive, her brother was abusive, but she had to take responsibility at some time in her life if she didn't want to get hurt again.

Of course it is not right for the man to hurt her regardless of anything. He deserves to go to jail. I have no qualms about it, but sending him jail to doesn't necessarily help her. In some regard it may even enhance or increase her sense of victimhood and entitlement if she gets sympathy without anybody turning to her. I say, "You knew he was violent. His former girlfriend ended up in the hospital with broken bones. You knew her. Why did you date him? Why did you marry him? How come you chose to have babies with him? You knew what he did before. You knew he didn't change and didn't take responsibility." If we are not going to ask her these questions to help her understand she'll end up hurt again. We need to ask the victim these questions in order for them to stop being victimized.

Ms. Nordmarken: We've all heard a lot about learned helplessness with regard to victim psychology. I read something just recently that, somehow I missed before, but it was the term

learned hopefulness. It was related to domestic violence victims. There's the concept of well there is nothing I can do about this. I am a victim, I am weak, I don't have any power. But there is a flip side of that that keeps victims stuck in a situation in which they are caught up in learned hopefulness is distorted where they believe that they somehow can change the situation. Somehow their abuser will change the situation. The culture will change the situation.

Dr. Zur: You brought up two different topics. One of them you are absolutely right, many women would tell me in the interview, or during clinical work, "I knew he was an abuser, but I also thought I will change him", which is not very uncommon when women engage in long term relationships, in general, if I can generalize.

Then talking to Lenore Walker recently, Dr. Walker and her important work which started with learned helplessness, for many years now she has a different look of the learned helplessness because learned helplessness also implies for her that she can learn optimism, and learn how to help women to gain control in a way that they feel more responsibility for their actions. It was so wonderful to see Lenore Walker who burst into the field 30 years ago, told us about learned helplessness, and later on talked about how learned helplessness, like Martin Seligman, can also be transformed to learn optimism.

Ms. Nordmarken: Or the shadow side of the learned hopefulness can be turned into hopefulness but can actually empower and change the system.

Dr. Zur: This is what right now Lenore is focusing on which is really just so important, and so heartwarming. You said it really well.

Ms. Nordmarken: Okay so we are going to enter into one of your more controversial formulations. It's the one in which you place the victim on a five level scale of responsibility. Before you talk about the five levels I'd like to say that some see you as blaming the victim. How much are you really talking about blame, and how much are you talking about empowerment responsibility? Can you kind of integrate that as you take us through the five levels please.

Dr. Zur: That's a lot, but let me try to do that. Again, I am not interested in blame I am interested in understanding the nature of the system so we can change it. I am the agent of change.

The Scale of Five that I have developed for victims has been highly, highly criticized. The first one is, and a lot of people agree, is the non-guilty innocent victim. This is where children who were sexually or physically abused, rape or murder victims when the crime is unforeseen, unprovoked, and is perpetuated by a stranger. Severely mentally ill disturbed adults or children who get hurt or exploited. So we have a long list of truly innocent people.

Then comes the second category which is in some regard the most controversial of all. This is with victims who contributed some to their victimization. For example, a woman married five times to five abusers. She knew her latest husband--the last husband she married with whom we were engaged in individual therapy with her to deal with domestic violence. She knew he

was violent and she chose to marry him and have babies with him anyway. She walked into a situation again and again.

When I was arrested one time in an African country where the country didn't have any relationship at the time with Israel. I shouldn't have been there. I took responsibility for being in the wrong place at the wrong time. I was detained for a few days, a highly traumatizing and upsetting situation and I took responsibility.

We hear about girls in colleges getting drunk, and end up having sex with somebody. They are not innocent victims. They drank themselves into oblivion, and end up in somebody's bed. Yes, the man should not have taken responsibility, the man was probably equally drunk, but is she an innocent victim? My sixteen year old is already realizing that she is not, he is outraged with that. On his scale he gives her a five. He gave her complete responsibility. I give her a two.

Ms. Nordmarken: You just said the man should not take responsibility. I think you meant he should take responsibility.

Dr. Zur: He should. Oh sorry, thank you for catching that. Of course he's responsible. He is also as drunk as she is so they are both equally responsible to the drunkenness. She is not innocent.

The mentality of the Jewish people in the second world war--how come 5,000 Jewish people could not overcome 50 or 20 SS guards. Israel was born in order never to repeat this kind of victimization, so I come from a culture that doesn't have much tolerance for this kind of victimization. A lot of people criticize me for this analogy. From domestic violence to the Jews in the second world war, to drunken girls in sorority and fraternity parties, this is number two., highly, highly controversial.

Then we have shared responsibility in number three. One of the best examples would be the alcoholic/enabler kind of co-dependent system. Young people who play the chicken game, who do gun duels, or men who go to a prostitute and contract a disease. He is responsible, she's responsible, everybody is responsible, they share responsibility.

Number four is where the person is more guilty than the person who is being so called victimized. It could be the abusive husband, drunk people who harass sober bystanders and get hurt, people who choose to go to cults, all kind of people who step into mine fields rather consciously or should have been consciously.

Number five are the people who are exclusively responsible to the victimization. A robber who breaks into a house and gets shot. A man who tries to rape a woman and gets killed. There are people who are fully responsible to the action.

Again, level number two, people should take some responsibility to what happens to them is the most controversial. Number two and three are the most applicable to our topics at hand of domestic violence.

Ms. Nordmarken: Okay here is a question for you. As therapists do you see us as being in this link of responsibility as bystanders if we do not involve ourselves actively as agents of legal and social change, and if so where would we be. I am thinking level two, level three?

Dr. Zur: You know therapists, sometimes I look at them as level five because we make money out of treating victims. We make money out of giving people PTSD diagnosis which should be reserved to those who encounter death or near death, or fear of a death situation, not because somebody has hurt feelings. We give the PTSD diagnosis right, left, up, and down. We go to court and explain the PTSD to jurors, and how they have hurt feelings. We are perpetrators, as therapists.

I think that many therapists when they work in domestic violence situations have only empathy without really empowering women primarily, right now I am talking about women, are also guilty of perpetuating the system. Because if you just do empathy and you don't help her with skills to see it coming, to avoid, to stay in the shelter, not to bail him out of prison, whatever it is, you work with her in a positive way that empowers her. Therapists can end up being responsible for her later on getting hurt again because they didn't teach her the skills to see it coming which may tap into that she is not innocent but she chose offenders. Help her see it coming so it won't happen again. We are definitely making money out of the victim industry. We often are, with all our good intentions, not skilled, or not brave, or not knowledgeable in really helping victims.

When I work with victims of all sorts I tell them, "I tell them you are the author of your story." Whether it is a poor Hispanic man, an African American who did suffer from racism, LGBT who suffered from discrimination, I help them be empowered.

Ms. Nordmarken: This is really interesting to me because not only do we look at the victims on these five levels of responsibility as therapists we can actually look at ourselves on the five levels of responsibility. We are certainly involved in the system. There are even different categories of that for us as therapists which may run from two to five, or I don't know.

I am also thinking that the law does not recognize degrees of victimhood and mutual responsibilities. Law effects public opinion, and public opinion effects laws. I am wondering do you see any movement toward change of this system? That's actually what I was thinking about when I first asked the question about us as therapists being active agents of legal and social change actually getting out there and looking at how we might change laws, or how we might social structures.

Dr. Zur: It varies from court to court, from state to state. Some states just send a man to domestic violence offender program, the Duluth Model that we can talk about perhaps later, that does not seem to be highly effective with most...

Ms. Nordmarken: Can you stop for a moment and describe that briefly?

Dr. Zur: The Duluth Model is a model where men are being treated, and need to admit to 100% responsibility. It's based on a lot of ideology, but very little science. It ignores completely other

issues of perhaps personality and system approach. We don't have much evidence that it works. Forcing men admit how bad and how wrong they are. It is a shame and blame based approach. It may help very few people, and generally I don't think we have the data on that. Some states mandate that, other states in the last ten to fifteen years are moving to mandate both men and women do the work. Not necessarily together because sometimes it can be unsafe for the woman to do the work with the man in the beginning, until it is safe. Sometimes it is safe, you need to know the difference. Some states do mandate the women to get some help as well.

Then when you talk about the general system we do see in courts jurors need to decide the level of responsibility so it is not just yes/no. They say, "He is responsible 30%. She is responsible 52%", and I like it because they start thinking about the interaction between them. It is not always 50/50, but I like when jurors see how much he contributed, or how much she contributed, or they contributed. Sometimes we have the system where jurors need to make these decisions about how much who contributed to what. This is in some regards a more grey area where the complexity, the richness, and the truth of the matter often lie, rather than the criminal system that often frames as innocent or victim, and then you get a plea bargain of some sort to avoid trial.

Ms. Nordmarken: Then can I also think in terms of when we define who is the victim, and you look at it in terms of systems theory, it's actually both parties that are a victim to the system. But even now we are splitting this between men and women we are really talking gender. We are using that language as we are talking. I was looking at some statistics from a study that was published in 1998 by the Department of Justice. They found in terms of reports 150,000 incidents of intimate violence reported by men as victims vs. 840,000 for women. Then an independently funded survey which was not about who reported it the law, but what people actually experienced. They found very similar rates of intimate violence. It gets to be a very complex issue.

Dr. Zur: I think you are absolutely right. Actually it is obvious that women say violence against men is under reported for two main obvious reasons. First of all women rarely have the power to inflict harm so men end up in the emergency rooms. Secondly, it is counter to the man's identity to call the police for protection from a woman. Also, we have know from the past that sometimes when men call the police for domestic violence, they come and arrest the man.

Ms. Nordmarken: I think that may be more the case because actually women can harm men. There are guns, there are knives, there are many different ways that a woman could--there's The Burning Bed that's so famous. Women can, but men have a tendency not to report because they might be labeled wimpy, and that's something that goes way back in male socialization.

Dr. Zur: The police sometimes do not take it very seriously, and if she complains and he complains he will end being arrested.

Let's talk about The Burning Bed syndrome, the movie.

There is a myth that women who end up killing their husbands, do it primarily, almost exclusively in self-defense. This is actually something that is relatively easy to study. People went to prisons and studied women who killed their men. What they found out was that the majority of them in one study of Dr. Mann, When Women Kill, this is his book back in 1996, he says that almost 80% of the women in his study had a prior arrest record. More than half of them have a documented history of violent offenses prior to killing their husbands. There are women who kill men in self-defense, there is no doubt about it. But we find out that the majority of them actually have a long history of violent offenses since teenager and thereafter.

So the burning bed syndrome is applied to some women in some situations, but it is not the majority of women who do things in self-defense, but sometimes they do. I know Lenore Walker is highly involved in the cases where women do kill the men in self-defense. She can explain it and she does fantastic work. The women that she defends are not necessarily the majority of women who end up killing their husbands.

We have this intrinsic, going back to my psychology of war and gender studies, we have this instinct that women are nurturers, they give birth to us, they breastfeed us, they feed us, they change us, they raise us. We have this idealization of the feminine and a violence view of men which traditionally has been the warrior.

Another statistic that may help us when we look at the LGBT community in lesbian relationships, for example, you think in the old model of women are peacefulness, and men are violent, the lesbian relationship will be domestic violence, or intimate partner violence free. The fact is, sad fact, or revealing fact, or telling fact is the statistics of intimate partner violence among lesbian women is very comparable to the heterosexual population.

Ms. Nordmarken: It is so interesting, before we started talking today I was going to ask you if a woman presents to you that she has been abused, how do you treat it? Now I am thinking more in terms of being aware of my own split with that, and I am actually kind of moving more into thinking of it as batterer and battered rather than gender oriented. If a person presents to you that he or she has been abused, how do you treat it?

Dr. Zur: I look for the system. I look for how did it evolve? Violence does not happen because-- let's say most violence doesn't happen unexpectedly. There was a whole bunch of things that led to that. Sometimes it may be that he is drinking and violent, and anything can provoke him. Sometimes it is not really a clear system right there at the dinner table.

The question is still why did she marry him? Why did she stay with him? This day and age it is a little bit easier to leave because women economically are not where women used to be 50/60 years ago. Shelters are available everywhere. Police are highly trained, thanks again to Dr. Walker. Police are trained all over the Western world on how to treat domestic violence, and how to help disengage and protect women primarily from getting physically hurt.

When I am presented with a domestic violent situation with a person I try to get the story. How did it evolve? Did you see it when you started dating? What is the pattern? How do you contribute to the pattern.

A few cases where I have worked with couples, and it was safe enough to work with the couple because there was no imminent violence. Sometimes it is not safe, we need to be very careful when we work with couples in domestic violence. Is it safe for her primarily.

Ms. Nordmarken: And also the therapist?

Dr. Zur: The therapist, I am not sure, but probably yes. I guess as a man I didn't think about it hard enough but probably for a woman therapist as well.

What we find out, and there are some statistics on that, that women get hurt in two places around the house with more frequency than others. The inside door from the bedroom when the men try to leave, and she continues to talk to him, to harass him, and to demean him. She won't let him leave because women get anxious if the connection is disrupted. Sometimes we to get hit, and maintain the connection. The other place where women get hit with higher frequency is the inside of the outside door when men try to leave the home. Women get very anxious at this point, whether they are abusive or not, they won't let him leave, and they end up with a black eye. These are the two places. Men often get hit in the kitchen with a kitchen knife, and other places, but women often get hit in these two places. This shows you this is a matter of system.

One time I worked with a man where the woman would not let him leave the house because she was standing in the doorway, and he'll have to hurt her in order to get her out of his way. He took the screen off, and left the window unlatched so he could hop out of a window when he needed to leave, and it worked. She felt abandoned, she upped the ante, and it was a very complex system because once he was disengaging she gets even more anxious, and potentially even more verbally abusive.

Back to your question, when I work with a victim of domestic violence, men or women because both them are victims in some regard. I work to try to understand the system between them. What led to that. What is her history? What is his history? How do they reenact it in the family. This is what I focus on because this is a thing. This is what can really help. I don't need both of them to work with the system. I can have one person to intervene systemically as you know as a family therapist.

Ms. Nordmarken: But when possible how great to have both.

Just to summarize what you are saying. You are encouraging practitioners to help their domestic violence clients, both the batterer and the battered to move out of full victim or perpetrator mentality, kind of understanding the systems that brought them into this circle, and achieve some responsibility and empowerment to change.

Dr. Zur: That's better than I could say.

The only person that each of them can change is themselves. The system will change as they change. But as we know systems, and as an experienced MFT you know better than me, that systems are resistant to change. If he stops battering, she may increase abuse. If she stops the verbal abuse, whatever she does, he may increase his violence. We need to tolerate an area and make sure that people are safe. This is where the shelters come into the picture, or a safe place for her to go with the children, or for him to go with the children.

Actually we know that women's violence is less reported, but more prominent. For example, there is many, many more women who hurt the children than men, and you can explain it because women spend much more time with the children. The myth of women's peacefulness, and innocence does not hold at all when we really look at the reality. Therapists who lose track of that are really perpetuating violence by inaction and by becoming part of the enabling system rather than truly helping.

Not everybody is receptive to my approach. I send them to my online page to read my piece on victims and many of them read the piece on victims, they don't like it. They don't like to hear the interviews. I'll put this interview online as well. They don't like it and they never come back. I do tell them my approach ahead of time, and I really make it as homework almost for them to read some of my stuff so they know my attitude towards violence. Violence is systemic, not just a biologically male problem.

Ms. Nordmarken: I know that not every couple is ready to go into therapy together. Some need different stages or groups in order to get there, but personally as a therapist I love working with couples together. Once they understand the system that they have been stuck in they can join together to address the system. There's much less individual defense that goes into that.

Dr. Zur: As you know since you have probably worked with more couples than I, when we talk about couple work with domestic violence we must emphasize the issue of safety primarily for the woman. It only can be conducted when there is not imminent danger. Because I am in private practice and the style of my private practice, and the people that come to me, usually I do get people that are not on the way to the ER, not on the way to report to the police. It is contained and nobody is in physical danger, but you may be working a little bit more in the trenches than me. Therapist that work with couples really need to make a safety assessment

before the work with key people because something can come up in therapy that can enrage the man, or humiliate them which can put her or her children in harm's way. We need to see it coming as much as possible.

Ms. Nordmarken: Yes, and I don't work in the trenches. My population is probably a lot more like yours.

Ofer I see we are running out of time, and we have covered a lot of territory here today. Is there anything else you would like to say?

Dr. Zur: We did cover a lot. I have more stuff online, more interviews, more specific kinds of articles about the culture of victims if people want to follow up with that. This course of domestic violence will cover many, many areas that will be added to this section. What's important for me is that we need to move from blame to understanding how the violence system hurts people, children, women, men, elderly, young, lesbians, gays, transvestites, and mentally ill. If we look at the system and help adults who are capable to consent and make informed decisions, and to change their behavior, to see how they contribute to that. Empathy can go only so far.

Watch out with our PTSD diagnosis which is really just given when people are facing or think they are facing life threatening situations, and not because they have hurt feelings, or the traumatic events of 9/11 on the television does not constitute PTSD regardless of what their response is. Don't over-diagnose PTSD. Move from blame and understand that we can intervene systematically. These are the things that give us more hope. Sending him to prison may be a good idea, but my sense is that it may not help her in the long run.

Ms. Nordmarken: When I think about the PTSD diagnosis, and how in my opinion it is over used a lot. I actually think that in the field of domestic violence if you look at the criteria of the person who is experiencing a life threatening situation, that probably happens a lot.

Dr. Zur: Oh that is valid, absolutely. If somebody is facing a life threatening situation in domestic violence this would constitute legitimate PTSD. I agree with you, but again we give the diagnosis often very loosely because we get reimbursed. This is how we as therapists are becoming part of the problem rather than the solution. Sometimes PTSD and victimization go together.

Then we need to remember once we talk about PTSD that not every traumatic event leads to PTSD. I was in war. I got shot at. I definitely faced death, it was highly traumatizing, it was very upsetting, and I did not become "mentally ill" with a DSM diagnosis for PTSD. I tried to make meaning out of it and all these year, since 1973, I have working on it on and off and here I am talking to you about how I made meaning out of my traumatic experience without suffering

PTSD. We don't want to equate traumatic near death, or dangerous experiences with PTSD has to do with how you respond to the extremely traumatic experiences.

Ms. Nordmarken: I think all of that applies to the whole domestic violence scene that we are looking at. There's that whole resilience factor too that I know requires more study and has had a lot of study. How do you see that being integrated into treatment with DV victims?

Dr. Zur: You know the resilience thing is just so wonderful because we see people who have gone through incredible traumatic experiences and came out shining. Some of it is really personality, and genetics. God blessed them with incredible genes for resilience. Then we can teach, we can educate, we can mentor, we can use therapy to increase resilience as well.

Sometimes when I work with veterans for example, I tell them my war story. I teach them how you can treat it with resilience rather than being a victim of what happened to them. Of course Victor Frankl making meaning out of his holocaust experience as a young man, is ultimate resilience. We have many people like him. It is a beautiful point that you brought up. We can help create resilience which is another kind of anti-victim approach.

Ms. Nordmarken: And very empowering, and I love to just think about how as those of us who are trying to help move forward that it's helping to affect future generations.

Dr. Zur: It is because if we stop the domestic violence, not just by sending him to jail because she may go and find another abuser. By working with her and with him regardless if they stay together, we can teach the next generation a different way of loving, and safety within the family system.

Ms. Nordmarken: What a pleasure to speak to you today Dr. Zur.

Dr. Zur: Thank you, it was a pleasure talking to you again. I really appreciate you confronting these difficult questions with so much bravery and integrity.

Ms. Nordmarken: Thank you.