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Prevention of Family Violence

Definition of Violence

The term *violence* is used in so many ways that it is essential for me to make clear the way in which I will be using those terms. Specifically, I define violence as an act carried out with the intention of causing *physical* pain or injury to another person (Gelles and Straus 1979). Note that this deliberately leaves unspecified such things as the amount of pain or injury, which can range from a slap to murder; and the legitimacy of the act, which can range from acts which are socially approved, such as slapping a child who repeatedly runs out into the street, to acts which are regarded as crimes, such as slapping an employee whose mistake causes the loss of a six figure contract. These and other aspects are deliberately not built into the definition so that they can be studied as variable.

Although this paper is focused exclusively on physical violence, I want to make clear that sexual abuse, emotional abuse, and neglect, are all important causes of mental health problems. At the same time, I think it is quite important to keep these types of intra-family abuse as separate issues:
1. For purposes of designing prevention programs and policies, they should be kept separate because each type of abuse has different causes, and therefore calls for different preventive steps (although some things are shared).
2. For purposes of research, it is even more important to keep physical abuse, sexual abuse, emotional abuse, and neglect separate. First, as noted above, they tend to have different causes, and this requires different research designs. Second, the techniques for measuring each of these are different, and this makes it impractical to combine them in the same epidemiological study.

The Extent of Family Violence as a Mental Health Problem

Incidence Rates

Child Abuse. The National Family Violence Survey which my colleagues and I conducted in 1976 (Straus, Gelles, and Steinmetz 1980), found that a minimum of one out of seven children—six and a half million children—are seriously assaulted by a parent each year. If one allows for underreporting

and various sampling and definition problems, the best estimate is that one-third of all American children are seriously assaulted each year. By seriously assaulted, I mean acts which go beyond ordinary physical punishment, such as kicking, biting, hitting with an object, or punching. In short an annual incidence rate for child abuse of one-third. Estimates of lifetime prevalence rates are less dependable because of recall errors, but my best estimate is that two-thirds of American children are seriously assaulted by a parent during the course of their childhood.

Spouse Abuse. The National Family Violence Survey also provides estimates of assaults by spouses on each other. Sixteen percent of the 2,143 couples in this study reported one or more violent incidents during the year of the study, and in over a third of these cases the assault went beyond slapping or throwing things to serious violence such as punching, kicking, biting, beating up, and attacks with knives and guns. That rate means that each year, about seven and a half million households are the scene of a physical assault by a spouse, and in about three million of these instances, it is a serious assault such as punching or hitting with an object. Moreover, these are almost certainly underestimates. Allowing for underreporting, sampling, and other factors, my best estimate is that a violent incident occurs in the lives of about one out of three couples each year, and that such incidents have happened at least once during two-thirds of all American marriages.

Table 1 gives these rates in more detail, and also includes some other rates. The most important for our

TABLE 1
How Violent Are American Families?
Some data from a nationally representative sample of 2,143 families

	Annual Incidence Per 100 Couples Or Children	About How Many Couples Or Children?
A. VIOLENCE BETWEEN HUSBAND AND WIFE		
ANY violence during the year	16	7,500,000
SEVERE violence (high risk of injury)	6	2,900,000
ANY violence by the HUSBAND during the year	12	5,700,000
SEVERE violence by the HUSBAND during the year	4	1,800,000
ANY violence by the WIFE during the year	12	5,500,000
SEVERE violence by the WIFE during the year	5	2,200,000
B. VIOLENCE BY PARENTS		
ANY violence against a child during the year	Near 100% for young children	
SEVERE violence (high risk of injury)	14	6,500,000
VERY SEVERE violence by parent	3.5	1,700,000
ANY violence against 15–17 year olds	34	3,200,000
SEVERE violence against 15–17 year olds	6	600,000
VERY SEVERE violence against 15–17 year olds	3.4	400,000
C. VIOLENCE BY CHILDREN		
ANY violence against a brother or sister	80	37,600,000
SEVERE violence against a brother or sister	53	25,000,000
ANY violence against a parent	18	8,300,000
SEVERE violence against a parent	9	4,300,000
D. VIOLENCE BY CHILDREN AGE 15–17		
ANY violence against a brother or sister	64	6,000,000
SEVERE violence against a brother or sister	36	3,400,000
ANY violence against a parent	10	1,000,000
SEVERE violence against a parent	3.5	400,000

purposes is the fact that physical punishment is used by almost 100% of parents of young children. The specific figure for the parents of three-year olds in our survey was 97%, which, allowing for measurement error, is about as close as one can get to 100%.

Mental Health Consequences

It is much more difficult to document the adverse effect of intra-family violence on mental health than it is to document incidence rates of violence. Longitudinal studies of representative populations are needed for this, and no such studies exist. My colleagues and I are now in the midst of a study which will provide data on certain aspects of the mental health status of a nationally representative sample of couples. This will allow us to compare those who experienced violence with those who have not. It will be about a year before that data is available. In the mean time, I can give some examples from other studies.

Suicide. Stark et al. (1981) studied female patients in a large metropolitan general hospital and found that battering was involved in one in four of the suicide attempts for the total population, and half of all suicide attempts by black women.

Depression and Other Mental Health Consequences. Carmen, Rieker and Mills (1984) report that almost half of a sample of 188 female patients had histories of physical or sexual abuse.

Violence and Other Anti-Social Behavior. One of the peculiarities of the mental health reporting system is that it tends to concentrate on the behavioral problems of women such as demoralization and depression; and omits the type of behavioral problems which are most characteristic of men—violence and other anti-social behavior. The available evidence indicates that these are widespread behavior problems, and that intra-family violence plays a major role in their etiology.

Among the more than 2,000 couples in the National Family Violence survey, for example, Figure 1 shows that the more the physical punishment the respondents experienced as a child, the greater the rate of violence against his or her spouse. Similarly, the more these respondents used violence, including ordinary physical punishment, in dealing with their children, the greater the risk that the child will repeatedly and severely assault a sibling. Other findings from this study show that violence is implicated in juvenile delinquency, and that this association represents an effect of violence, rather than the use of violence to deal with a delinquent child (Straus 1985).

FIGURE 1
Marital Violence in Survey Year by Amount of Family Violence Experienced as a Teenager

Amount of family violence
experienced as a teenager
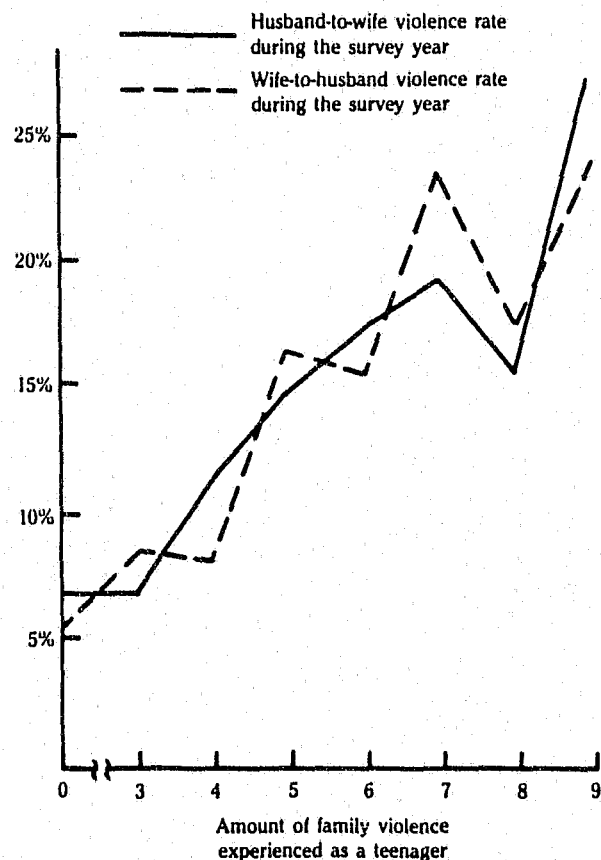
A small fraction of this type of behavior is dealt with by the criminal justice system. But, to an even greater extent than is true for demoralization and depression, the characteristic male mental health problem—violence and other anti-social behavior—remains untreated. There are good reasons for this, including the cost and the danger to civil rights. Consequently, as with many other aspects of mental health, the approach must be through prevention. To the extent that family violence can be reduced, it is likely to make a major contribution to improved mental health, including reduced rates of demoralization and depression, suicide (to say nothing of murder), and violent and anti-social behavior.

Preventing Family Violence in a Violent Society

Violence, usually for socially desirable purposes, is woven into the fabric of American society. The socially legitimate violence includes physical punishment by parents and teachers, unnecessary use of force by the police, the death penalty, and willingness to use terrorism and military force against governments which are based on a different political

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philosophy. In addition, there is criminal violence such as assaults and murders. Taken together, the high rates of legitimate violence and criminal violence, make violence an everyday part of American life, and that has been the case since colonial days.

The critical point for prevention of family violence is the evidence which shows that violence in one sphere of life tends to spill over into other spheres of life (Baron and Straus 1985). Violence sells newspapers, movies, and television. Violence in the society at large is one of the factors producing intra-family violence, such as child abuse and wife-beating. Consequently, prevention of intra-family violence must ultimately involve reduction of the overall level of violence in the society.

Fortunately, it is not necessary to wait until the level of violence in the society declines. This is because intra-family violence has many other causes. Significant reductions can be achieved by attending to those causes. Even more fortunate is the fact that the level of violence in a society is partly influenced by the level of violence within families. Consequently, steps to reduce intra-family violence will ultimately help reduce the level of violence outside the family. This can create a feedback cycle which will further reduce intra-family violence. Consequently, I am optimistic about prospects for prevention of intra-family violence; and in fact, I think that there have already been significant reductions in both child abuse and spouse abuse, even though the lack of time series data prevents a firm conclusion.

Four Causes of Intra-Family Violence

A great many factors converge to cause the astoundingly high rates of intra-family violence—many more than can be covered in this paper. Consequently, the paper is restricted to four of these factors:

1. The high level of conflict characteristic of family life,
2. Male-dominance in the family and society at large,
3. Cultural norms which permit family violence, and
4. The inadvertant training in violence which goes on in most families.

These four were selected because each meets the following criteria:

1. The target factor is characteristic of a very large proportion of the population. Therefore, remedial steps will be an advantage to a correspondingly large group of families.
2. The focus of the prevention effort is something which is desirable to achieve even if it has no preventative effect on intra-family violence.
3. The goal of the prevention effort is, in my opinion, attainable.

Intra-Family Conflict

One of the distinctive characteristics of the family is a high level of conflict—probably higher than most other groups. The high level of conflict inherent in family life is difficult to perceive because the family is simultaneously the locus of deep love and support. As Gerald Hotaling and I point out, one of the ironies of family life is that many of the same characteristics that contribute to family intimacy and love, also contribute to family conflict (Hotaling and Straus 1980:15). We identified 11 family characteristics which have this quality. For example, the fact that the family is concerned with "the whole person" rather than just specific role performances, means that disagreements are possible over almost anything. Moreover, the fact that the family typically includes both males and females exacerbates the probability of conflict because men and women tend to have different perceptions, interests, and opinions. Similarly, the fact that the family typically includes two generations—parents and children—brings in still another basis for disagreement.

Not all intra-family violence involves conflict, but a great deal of it does (Straus, Gelles and Steinmetz 1980:115). Since that is the case, and since as noted above, a high level of conflict is inherent in the very nature of the family, this combination explains a great deal of intra-family violence. The prevention strategy which follows from these facts is that many families need help in dealing with the inevitable conflict of family life. Among adequately functioning families, these conflicts are resolved by negotiation and compromise, and by an implicit system of reciprocity which allows each person to make concessions to the other, knowing that things will balance out in the long run. Distressed families tend to lack these skills. Consequently, an important method of preventing family violence is to disseminate these skills. This, in fact, is the approach of certain family therapists (e.g., Blechman 1980; Blechman, Kotanchik and Taylor 1981; Patterson 1982). However, professional therapists reach only the most troubled families, and far from all of those. A true primary prevention approach would make courses and workshops in family problem solving skills available through a wide variety of channels, such as sponsorship by churches, schools, and other community groups; and would include the teaching of such skills as part of the high school curriculum. Still another possibility is a video cassette tape on Resolving Family Conflicts, and possibly subsidized distribution of this tape so that it could be sold at a relatively low price.

Male-Dominance in the Family And in Society

Another characteristic of the family which engenders violence is the concept of the husband as the head of the family. Each time we have investigated this issue, my colleagues and I found that male-dominant marriages have the highest level of violence (Straus 1973; Straus, Gelles and Steinmetz 1980). Despite the wide acceptance of an equalitarian rhetoric, and despite real progress towards sexual equality in the last decade, the husband-as-head-of-the-family conception of family organization remains the mode. The problem with this conception is that many if not most husbands presume it means they have the final decision if agreement cannot be reached, and they have "tried everything"—persuasion, yelling, reasoning, sulking, pleading, etc. At this point, having used all other resources to no avail, there is an almost overwhelming temptation to use a resource that men have to a much greater extent than women—physical force (Allen and Straus 1980). That usually assures the man having the final say. As one husband put it, "And we haven't had any trouble since." (LaRossa 1980).

Just as violence in the family both reflects and perpetuates violence outside the family, male dominance in the family is part of a larger system of sexual inequality. One of the ways that sexual inequality in the society supports inequality and violence in the family is in the economic pressure on women to remain in violent marriages. Women with full time jobs earn only 59% of what men earn, and then there are the half of all married women with children who are housewives and have no separate income at all. If the marriage is terminated, a drastic reduction in economic status is a typical consequence for women. Moreover, since in more than 90% of the cases, the fact that the wife will have the children means even more pressure to tolerate violence. The alternative, all too often, is bringing up children in poverty.

At the risk of belaboring the obvious, I cannot emphasize too strongly the preventive value of sexual equality, both within and outside the family. Moreover, since we found that child abuse is also more frequent in male-dominant families (Straus, Gelles and Steinmetz 1980), sexual equality has prophylactic potential for child abuse as well as spouse abuse. Many specific policy implications follow from the fact that sexual inequality engenders family violence. For example:

1. Family therapists should regard inequality as a risk factor for both specific aspects of distress and for violence.
2. The mental health movement should support the women's movement. Feminism is good for mental health.
3. Women should not be discouraged from participation in the paid labor force on the grounds that it is stressful to themselves and harmful to their children. On the contrary, the available evidence indicates that employment is associated with *enhanced* mental health for both mothers and children (Hotaling 1984). Moreover, employment is associated with greater equality in marriage and lower rates of spouse abuse and child abuse.
4. Finally, one of the most important steps towards reducing intra-family violence lies in eliminating disparity between the pay of men and women. If equity in pay could be achieved, equality in many other spheres of life would not trail far behind, and this would bring with it a reduction in family violence.

Cultural Norms Permitting Family Violence

So far I have attributed the high rates of intra-family violence to the high level of conflict inherent in the family, and the sexual inequality characteristic of the American family. However, important as these two factors are, they are not sufficient. Other groups have a high level of conflict, even if it is not quite as high. Academic departments are notorious for their conflicts. Moreover, sexual equality, including equality in pay, has not yet arrived on the American academic scene. Yet university departments are not violent. I have been teaching for 36 years and have been on the faculty of six universities. Yet despite some horrendous conflicts, the closest thing to violence in my experience occurred during one contentious department meeting at a famous American university. With insults being traded, and voices rising, the chairman sensibly adjourned the meeting. At which point the man sitting next to me jumped up in anger, grabbed an eraser, and threw it *at the wall.*

Why didn't my colleague throw the eraser at the man he had just insulted? Had that dispute taken place in a family, rather than in a sociology department, the chances are it would have been thrown at someone, rather than at the wall. I suggest that the answer lies in the fact that, as with rules concerning many other types of behavior, the family operates on the basis of different rules concerning violence than those which apply outside the family. The rule outside the family is that, with the exception of self-defense, you cannot hit anyone, even if they behave terribly. The rule within the family is almost the opposite. This is most clear in the case of parents. They have the legal right, and in the view of 80 to 90% of the population, the moral *obligation,* to

spank or slap. In the case of spouses, the situation is less clear but similar. At one time the common law gave husbands the right to "physically chastise an errant wife" (Calvert 1974). The courts ceased to enforce this aspect of the common law by the turn of the century, but it remains a de facto principle. In short, just as parents have the right to hit, the marriage license is an implicit hitting license, provided one does not "go too far" (Straus 1980:39).

The preventative implications of the cultural norm which makes the marriage license a hitting license, lies in the fact that it is largely an implicit norm, whose existence is not realized and which, in fact, is usually denied. Furthermore, this norm embodies a principle that is contrary to the conception of marriage as a loving, supportive, personally fulfilling experience. To the extent that this is the case, there might be important preventive effects from simply bringing the implicit norm to the fore. Discussions of marital violence, for example, should be part of the social science and family life education curriculum. This is the appropriate place to begin because several studies show that couple violence is widespread among unmarried dating couples (Cate et al. 1982; Laner 1981; Makepeace 1983). Churches have an important stake in the enhancement and stability of the family, and the family curriculum for Sunday schools can bring this issue to the surface and be explicit in declaring that the sacrament of marriage does not include the right to hit. This applies even more to pre-marital classes conducted by many churches, which do not even bring up the issue, much less encourage a pledge to never hit one's spouse.

Some states have increased the marriage license fee as a means of obtaining funds to support shelters for battered wives. However, marriage license applicants are not informed of this, and an important preventive opportunity is lost. I suggest the funding of shelters be indicated on a prominent place, both as an awareness tool and as a means of making this resource known to the population which will shortly be needing the service. It would be even better to go one step further and place a warning notice, "Marriage may be dangerous to your physical and mental health if steps are not taken to avoid violence. The Surgeon General urges you to discuss this with your prospective spouse before signing below."

Family Socialization In Violence

The etiological theory which is the basis for the preventative steps put forward up to this point, is based on the idea that conflict is inherent in all human associations, but especially the family; that sexual inequality leads many men to feel that they have the right, after all else has been tried, to use physical force to have the final say in family matters, and that there are implicit cultural norms which tolerate intra-family violence. Each of these elements is a part of the causal sequence, but they are not sufficient. In a certain sense this theory begs the question because it does not explain why the family has norms which tolerate violence—just the opposite of the norms for other groups.

Broadly speaking, the norms are different because they reflect the pattern of socialization which typically occurs in the family—a pattern of socialization which almost always includes violence in the form of physical punishment. In the course of historical development, these typical patterns become embedded as cultural norms.

Physical punishment plays a crucial role in training people to accept violence in family relationships. There are a number of reasons for this. First, it typically begins in infancy, before even speech is established. Thus, what is learned is built into the deepest layers of the child's emerging personality. So let us examine what is learned.

Take the case of an eight-month old child, crawling on the ground. The child puts something in his or her mouth. The parent removes it and says "No, no, you'll get sick." But a few minutes later the child puts something else in her mouth. This time the parent removes the object, repeats the admonition, *and* slaps the child gently on the hand. That is obviously an act of love and concern on the part of the parent, and one which will presumably teach the child to avoid a certain danger. But it also teaches some unintended lessons in violence.

First, is the association between love and violence. Mommy and Daddy are usually the first and the only ones to hit an infant. For most children, being hit by parents continues throughout childhood. The child therefore learns that those who love him the most are also those who hit.

Second, since this occurs as the earliest and deepest layers of the personality are being formed, it establishes a fusion or a link between love and violence that is so deeply embedded that it is easily mistaken for a biologically determined linkage. Love and violence become fused. Those you love are those you can hit.

Third, and ironically, since physical punishment is most often an act of love and concern, carried out for the child's own good, the problem is made worse. Under these circumstances physical punishment teaches not only the empirical fact that love and violence go together, but also that it is morally right to hit other members of the family.

The above suggests that early and continuing experience with physical punishment lays the groundwork for the norms legitimizing violence of all types, but especially intrafamily violence. It provides a role model—a specific "script" (Gagnon and Simon 1973) for violence. Indeed, for many children, there is not even the need to generalize from the parent-child relationship to other family relationships. The National Family Violence Survey shows that millions of children can directlly observe and role model violence between husbands and wives.

The link between physical punishment and violence by the child is clearly shown by analyses of the National Family Violence Survey as reported in Straus, Gelles and Steinmetz (1980), and Straus (1983). These analyses show that the more a child has been physically punished, the greater the probability that he will hit other children, hit his parents, and in later life, hit his or her spouse. Similar effects were found for observing violence between parents.

Given the importance of physical punishment in the etiology of less socially approved types of intrafamily violence, elimination (or at least reduction) of physical punishment is a crucial step toward prevention of family violence. It also involves an activity—parent education and advice—which, unlike some of the other prevention steps mentioned in this paper, is within the traditional purview of mental health professionals. Unfortunately, a clear anti-physical punishment stance seems to have been avoided by mental health professionals and writers of books on child rearing.

Parent education programs such as STEP and PET, go part of the way by providing parents with alternatives to hitting. But they fail to explicitly take an anti-physical punishment stance. Perhaps these authors avoided the issue because of their own ambivalence concerning physical punishment. Perhaps it is because these authors fear that telling parents not to use physical punishment will raise the anxiety levels of their readers, and in the process cause them to lose rapport and sales. Whatever the reason, the situation needs to be reversed. The mental health professions can make an important contribution to preventing family violence by clearly opposing use of physical punishment, and by providing alternatives through training and help which will enable parents to exercise discipline and to meet their responsibilities as parents, but without hitting.

Putting the Pieces Together

Although the four causes of family violence which I selected for inclusion in this paper are among the

most important, each by itself accounts for no more than 5 to 10% of the variance.

However, a wide range of risk factors have been identified, and a number of them have been confirmed across two or more studies. Thus, there is a knowledge base which meets minimal scientific standards to serve on which to build prevention work. Possibilities are illustrated by the Straus et al. national survey, which identified 25 risk factors to spouse abuse (1980: 203). Figure 2 shows that with each additional risk factor, the probability of spouse abuse increased at an accelerating rate:

FIGURE 2
Couple Violence Rate by Checklist Score
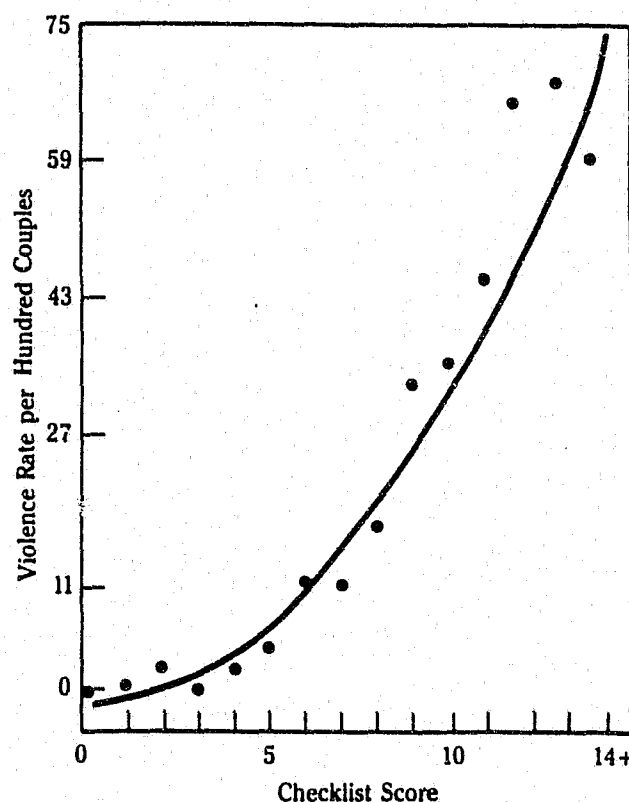
From *Behind Closed Doors: Violence in the American Family* New York, Doubleday, 1980.

- Couples with none, one, or two of these risk factors have a near zero probability of violence during a one year period.

  From there, the chance of a violent incident occurring gradually increases with each additional risk factor up to eight risk factors.

- Couples with six to eight of the risk factors have about a one in ten chance of violence.

- The probability of violence then climbs precipi-

tously with each additional risk factor until those with 12 or more have about a two out of three chance of violence during the year. These findings are based on a large and nationally representative sample of American families, but they are retrospective rather than prospective. A prospective study is needed to see if the risk factors have temporal predictive validity. However, in my opinion, public health programs aimed at prevention of violence do not have to wait the many years before the results of a prospective study become available. This is because a number of the risk factors represent aspects of the family and society—such as early marriage, unwanted children, lack of skills in child management, and social isolation—which need remedial action even if they have no impact on intra-family violence[1]

[1] In addition, a number of the interventions are consistent with the type of interventions suggested by studies of the etiology of criminal behavior in general. Although the book by Wilson and Herrnstein (1985) emphasizes the biological and determinants of criminal behavior, most of the *interventions* which they suggest on the basis of an extremely comprehensive review of the research, are similar to those mentioned in this paper: head start, more attention to public health, reducing family violence, including removing children from violent families.

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