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## Victims, Aggressors and the Family Secret

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# **VICTIMS, AGGRESSORS AND THE FAMILY SECRET**

An Exploration  
into Family Violence

Carol R. Watkins

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To all victims.  
To aggressors learning nonviolence.  
To families working to be safe for all members.

## Acknowledgements

All of us know someone who has been hit or sexually molested by a family member. Many of us know someone who has beaten or raped a family member. The physical or sexual violence may be hidden from us, but the persons are part of our everyday lives. We can talk with a neighbor, attend a meeting, lead a camping group, go to church, teach a course, or visit someone and be unaware that we are working, playing, and talking with persons who live with violence in their families. When we learn about it, when the secret is broken, we are uneasy. We want to avoid what we see; so we cover it up, play it down, hope everything will work out, and forget about it. But the violence does not go away just because we ignore it or because we do not know what to do about it.

There are individuals who have made a statement: It is not acceptable to burn a child, beat a wife, sexually exploit a mentally retarded woman, slap a grandfather — and keep it in the privacy of the family. In making a statement, these individuals have sensitized others and organized groups. They have trained professionals, passed legislation, and operated programs. They are advocates and risk-takers willing to face violence and work to make the “system” hear and respond. These are the committed and courageous individuals I wish to acknowledge in writing this book.

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## Preface

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The last twenty years have seen much remarkable news about family life. Perhaps none has been so hard to accept as the now incontrovertible evidence that the family — once thought of as the bastion of love and security in an increasingly impersonal world — is also one of the most violent of our social institutions.

That news arrived in somewhat piecemeal fashion. Medical doctors in the early 1960s began to suspect the widespread prevalence of child abuse. Feminists in the 1970s began to suspect the widespread existence of violence against wives. Social workers and psychologists in the late 1970s began to notice reports from many clients about histories of sexual molestation at the hands of trusted family members. Sociologists followed up many of these suspicions with studies substantiating their truth.

But one problem with the piecemeal discovery of these various aspects of family violence was that it was hard to see the big picture. Researchers studying different aspects of family violence repeated the mistakes of earlier researchers. Practitioners developed specialized knowledge about child abuse or wife abuse alone without the complementary information about other forms of family violence. Still today, although many people give lip service to the idea of family violence, most researchers or clinicians identify themselves with only one part of the problem. The links among them have not been made.

One of the great virtues of Carol Watkins' book *Victims, Aggressors and the Family Secret*, is that it brings together all in one place knowledge about child abuse, wife abuse, elderly abuse, sexual abuse and marital rape. By juxtaposing findings about one part of the family violence puzzle with findings about another, new

insights and generalizations emerge. This book is an excellent step toward the integration of these various individual problems into some overarching theories about family violence.

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## Introduction

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Violence is a fact of American family life. It involves a brother striking his brother, a mother spanking her child, a husband beating his wife, a daughter shoving her mother. Such violence enters public awareness through campaigns against child abuse and woman battering, and more recently, through examination of elder abuse. Family homicide, the extreme consequence of violence in the family, is frequently reported in newspapers, on television, and over radio.

Sexual abuse is another reality in American family life. Rape in marriage is increasingly being recognized as another form of violence. Child sexual abuse from within the family is being identified and reported to protective authorities. Sex coerced from adults and children is beginning to be acknowledged as violation of the person, regardless of whether or not there are physical injuries.

Violence is institutionalized and reinforced in our culture through contact sports, the military, use of physical punishment against children and use of sex in advertising and in entertainment. In the face of this cultural violence, it is contradictory that at the same time there is concern being generated about violence in the home. The concern appears to be not so much a commitment to nonviolence, however, as an effort to establish the boundaries and level of tolerance beyond which violence in the family is unacceptable. For example, it is still acceptable to spank a child, but it is unacceptable to use physical force, punishment, to the extent that it breaks the child's arm.

Family violence is a controversial subject. It is emotionally powerful. A battered woman cannot admit she is battered without a man's being labelled a batterer or wife-beater; and there is a social

stigma associated with such a label. When the public hears that an infant or frail elder is beaten or sexually abused, there is an outcry against the use of violence on a defenseless person. The nature of the idealized American family and its traditions have strong adherents. This idealized family has a patriarchal power structure which promotes sex role differences and enjoys a long-standing history of noninterference from outside sources. Any move that appears to challenge the nature of this family or its traditions meets with powerful opposition; and the family as we now know it must be examined when studying family violence. There is also controversy about a family victim's rights. A woman may be scorned for returning to a dangerous relationship, and yet a child may be returned to a dangerous home because there is insufficient legal evidence to separate the child from her family.

There are several major factors found to be associated with violence in the family. These include individual and cultural learning, family structural change, health and economics, among others. Increasingly, new information is available in the "field" of family violence. Researchers and practitioners are examining characteristics, circumstances, and dynamics of aggressors, victims, and their families. New methodologies are being developed for intervention, and services and resources are being mobilized.

Study, practice, and intervention in family violence are in varying developmental stages, depending on who is the victim and who is the aggressor. Within the family, violence against children was first recognized as dangerous, harmful, and even fatal. Reporting and intervention into child abuse were mandated, and child protective service developed under the auspices of professional child welfare services. As work progressed, abuse became separated into physical and sexual abuse, and neglect was separated from abuse as a different form of maltreatment. By comparison, work with rape victims and battered women has developed only within the last few years. Grassroots efforts in the rape crisis and battered women's movements emphasized lay services and law enforcement intervention more than professional treatment services. Recognition of other adults who are harmed by family members is just emerging, and these victims are beginning to be identified and reported. Because many of these family members are physically or mentally disabled, the health care system plays a

major role in intervention.

Intervention differs because of the varying needs of victims. The philosophical basis of the women's movement, which advocates for battered women, seeks to empower a woman to act in her own behalf. This is different from a traditional child welfare approach which provides substitute care for a child while the parents make changes imposed on them by juvenile court. Both of these approaches differ from intervention with an adult victim who is handicapped in certain functions of life and fully capable in others. Intervention with these adults respects their decision-making and provides assistance to alleviate barriers created by handicapping conditions. If the handicap is extensive, involuntary court intervention may be necessary.

Each specific area (child physical abuse, child sexual abuse, battered women, marital rape and abuse of vulnerable adults) is developing its own body of knowledge and specialization. All of it, though, when it occurs in the family context, comes under the umbrella term of "family violence."

This book explores what is known about violence when it occurs in the family. It identifies the commonalities found among family aggressors and victims and discusses the commonalities found in family dynamics and family circumstances. It identifies factors which facilitate violence and examines intervention strategies. It provides recommendations for action. These recommendations are based on discussions with family members affected by violence, on discussions with persons working in the field, and on findings in the literature. Findings, opinions, and recommendations offered in this book are intended to promote thinking and discussion on family violence, in order to facilitate public and professional understanding of such violence, to support the work currently undertaken to eliminate family violence, and to mobilize further activity directed against family violence.

This book explores physical violence and sexual abuse. Beatings and burning are forms of physical violence. Rape is a physical and sexual violence. Sexual abuse, though, may occur without physical force, and often does. It is included in this paper since it involves an aggressor from the family moving against the body of a victim. This basic dynamic and others are the same or similar in families where physical violence and sexual abuse occur.



It is acknowledged that other forms of abuse, such as verbal and psychological abuse, are also damaging; but such abuse will only be explored here as it relates to physical and sexual abuse. There are other gaps in this book. Only a limited number of references address the experience of family violence among minority groups and ethnic groups. Religion and occupation are not addressed, although they are significant in their relationship to family violence. Also, neglect, another form of family maltreatment, is included in the discussion only when studies have combined abuse and neglect and the two cannot be broken into separate statistics.

Already in this introduction the terms "violence," "abuse," "battered," "aggressor," and "victim" have been used. For purposes of this book, violence is the act of an aggressor against the body of another person through the use of physical force, coercion, deceit, or break in trust. Violence, then, includes both physical and sexual abuse. The term abuse is more inclusive and includes physical, sexual, verbal, emotional, psychological or material violation of another person. (Material violation is the misuse or theft of money or property.) The term "abuse" is often used interchangeably with violence, and justifiably so, since it is common for other forms of abuse to be present in conjunction with violence. Battering is the patterned, repeated physical abuse of another person over a period of time. An aggressor is one who is violent. A victim is one who is violated.

Finally, the information contained here has been obtained from national and international sources. The book has been written in the Minnesota context, however, and in many instances specific Minnesota information is provided in comparison with national information. This brings the impact "closer to home." Each region, state, county, and city can gather its own information for comparisons and for analysis of its own patterns in family violence.

# 1: The Sociology of Family Violence

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Families function in the context of society, and the family and society interact. In American society, we have certain values and beliefs about families, and we prescribe certain roles and functions to various family members. As a society, we have an investment in violence that we must acknowledge and address if we are to alleviate or eliminate violence in the family. This chapter addresses the sociology of family violence.

## The Family

Americans believe in the family as the smallest unit of society. This family is primarily nuclear, and is idealized as having two married parents, male and female, with two children under age 18, all living in the same household. This ideal, in fact, is true for only 6 percent of the population.<sup>1</sup>

Present day American families are actually a mixture of relationships, and individual family members may or may not live together. Changes in the family are occurring because of later marriages and lower birth rates among certain segments of the population. With the increase in teenage pregnancies, it is possible to have a three generation family all under age 35 living in the same household. Because of marriage dissolution, there are single parent families, step families, and blended families. A couple's divorce does not terminate parenting, and so families are restructured. Family members may live separately, but family ties continue. With increased longevity, it is common to find four generation families. It is also common to find a parent and child living together, both over age 65.

Groups of people may also live together as a family but have no legal ties. A stepparent may or may not be a legal parent. Two people living together may be a "couple" and yet have no legal ties. Regardless of legal ties, various individuals take on the roles of parents, children, and partners.

Consistently, though, the family is perceived as patriarchal and hierarchical. Expectations are that it be headed by a male, usually the husband-father. (Family "head" usually means the person who dominates, who is in control, and who is the final decision-maker.) If the husband-father is absent, the family may be headed by father-grandfather or son-brother. Next in power in the hierarchy is the adult female, usually wife-mother. If a family is "female-headed," the first assumption usually made is that the male is absent due to divorce, desertion, or death. The assumption is rarely that the woman is single or has chosen to live without a male partner in the household. Following wife-mother, in the hierarchy, in sequential order, are the children, depending on their birth order and sex. This family structure ascribes responsibility, power, privilege, obedience, and service among family members. It promotes inequality in relationships, which means inequality in resources, power, vulnerability, perceived value and status.

The family is expected to provide for the needs of its members, including nurturing, physical care and safety, belongingness and identity. It lives by and teaches values and attitudes intergenerationally. It carries on family and cultural traditions. It is expected to provide for the growth and training of children, particularly, but it is also intended to be home or a haven from the outside world for all members.

Because of this latter expectation, the family is considered a private, personal institution. Little intervention from the outside is tolerated. Because of this, individuals and agencies examining the family for whatever reasons are seen as intrusive and are resisted. In response, police and prosecutors have been reluctant to intervene in families to enforce laws.

### **Family Structural Change**

There is an association between family violence and family structural change. Individuals and families experience develop-

mental changes. A child growing into an adult affects the family. A family that adds and decreases the number of members affects the individual. Individuals and families by their very nature change. One commonality in the literature on various aspects of family violence is violence which occurs with changes in individual development and family structure.

Many battered women, for example, say they did not know before marriage that their husbands would be violent. The violence often starts after the wedding, at times on the honeymoon, regardless of the length of the courtship. Another time that women experience battering is during pregnancy.<sup>2</sup> One study found that almost one-fourth of the families sampled reported violence toward the woman during pregnancy.<sup>3</sup> Another study found that 39.2 percent of the women who identified themselves as battered were pregnant during the beatings.<sup>4</sup> Both of these experiences, marriage and the coming of children, affect the relationship of a couple and, for some couples, add stress to that relationship.

In child abuse literature, there is again discussion of pregnancy. The unborn child may be blamed for desertion of the father or illness of the mother.<sup>5</sup> In 13.2 percent of 1978 substantiated child abuse and neglect reports, nationally, a new baby or pregnancy was cited as a stress factor in the family.<sup>6</sup> Several studies indicate a large number of abused children were conceived premaritally or were born after unwanted pregnancies.<sup>7</sup> A child, born, is dependent for all physical and emotional needs, and parents vary in their capacity and circumstances to fulfill those needs. The child may be at further risk if the parent has the potential for abuse,<sup>8</sup> if several children are born close together,<sup>9</sup> if the family experiences poverty, or if the parents resent the altered life style necessitated by caring for a new child.

Child rearing is discussed as a factor in literature on child abuse and on battered women. Star notes child rearing as a stress in marriages of battered women.<sup>10</sup> Green discusses child rearing crises as an ingredient in child abusing families.<sup>11</sup> Young children, that is, preschool age children, are consistently mentioned in child abuse literature as vulnerable to abuse.<sup>12</sup>

Another high risk group for both physical and sexual abuse is adolescents. Gelles found that 3 percent of children ages 10 to 14 and 4.3 percent of children 15 to 17 had parents use dangerous

forms of violence on them in 1975.<sup>13</sup> In a study of adolescent physical abuse, Libbey and Bybee found that in 13 of 25 cases studied, the abuse began in adolescence and was "related to the particular stresses of adolescent development and usual problems of middle age in adults."<sup>14</sup> In another study of violent adolescents, Harbin found that parents were usually struggling with middle age life crisis.<sup>15</sup> In Minnesota in 1978, the significant increase in reports of abuse against girls aged 12 to 16 years is related to the increase in sexual abuse reports.<sup>16</sup> This age is directly related to female sexual development. When children reach adolescence at the same time their parents experience middle age difficulties, these findings would indicate a risk of violence.

Family structural change may also occur in order to adapt to the needs of frail elders. As an elder becomes disabled, adult children may decide that she can no longer live independently and move the elder into the home of one of the adult children or with an adult child's family. This may occur at a time when the adult child is experiencing middle age stress and adjusting to changes in family's adolescents. It may occur when the adult child is looking forward to independence from child rearing responsibilities, to a return to employment, or to a retirement of relaxation and leisure. Instead of being able to follow through with such plans, the adult child is faced with care for an elder who is deteriorating physically and mentally, and who requires 24-hour care and supervision. This stress may be exacerbated if the adult child and elder have failed to resolve old parent child conflicts, the adult child resents the elder, or the child has experienced abuse from the elder as a child or adolescent.<sup>17</sup>

Another structural change occurs when a family separates physically or legally, through divorce, separation or desertion. In many of the following instances it is difficult to determine whether the violence was a response to family structural change or whether such change occurred in response to the violence. Of significance is the association between violence and family separation. Also significant is the fact that violence does not stop after the family separates.

In child abuse literature, several studies indicate a significant number of divorces, separations, and single parent households in abusing families. Other studies indicate the marital status of abusing and nonabusing families may be similar when compared

within the same socioeconomic class.<sup>18</sup> Officially, though, in 45 percent of substantiated reports of child abuse and neglect, nationally, in 1978, "broken family" was listed as a family circumstance.<sup>19</sup> This factor had the highest percentage of all stress factors listed — a significant association between child maltreatment and family structural change. This finding is consistent with a study of adolescent abuse, specifically, where divorce and remarriage were listed as stress factors.<sup>20</sup>

Straus maintains that violent marriages "break up."<sup>21</sup> In one study of wife beating, two-thirds of the couples have separated from their spouses at some time and almost half were divorced or in the process of obtaining a divorce.<sup>22</sup> In this study, Levinger found that 37 percent of the wives and 3 percent of the husbands obtaining a divorce listed violence as a major complaint.<sup>23</sup> In still another study, 44 percent of the women who had been assaulted in marriage were separated or divorced, compared to 25 percent of the women who had not been assaulted in marriage.<sup>24</sup> In the National Crime Survey, 73 percent of the victims who were related to the offender were assaulted by a separated or divorced spouse. Ninety-five percent of all victims of ex-spouses as well as spouses were female.<sup>25</sup>

Finally, family structural change occurs through death. This is a particularly critical issue in elder abuse. Many victims are widowed, and it is at the time of a spousal death that a decision is made to move a widow or widower in with an adult child.

### **Cultural Violence**

From the beginnings of this country, violence has been an expression of American aggression and a response to threat. With violence, Indian lands were invaded and Indian peoples killed. With violence, the Revolutionary War, War of 1812, Civil War, World War I, World War II, the Korean War, and the Vietnam War were all fought. Violence has been a major resource available to "Manifest Destiny" and "conquering" the West. The Indian warrior, the gunfighter, and the soldier are national heroes. The United States of America would not exist as it is today if it were not for violence.

Violence continues to be used as a resource. It is used to relieve stress through physical fighting. It is used to communicate. A slap



on the face communicates feelings of hurt and insult; a hit on the head gets a child's attention; a punch communicates who has the power, who is "in charge." Violence is used extensively in recreation and entertainment. It is integral to boxing, football, and hockey. It is a major theme in children's toys and games, from cap guns to comic books. It is predominant in much of television and motion picture entertainment. In this entertainment, both the "good guys" and the "bad guys" are violent. In fact, the scripts often set up a situation for the "good guys" to be violent. The violence works (i.e., the good wins) and so violence is justified.

Violence is used to punish. Corporal punishment of children is legal in schools, and spanking is a traditional disciplinary action. In some states, capital punishment is a consequence of criminal convictions. Violence is used to obtain and maintain power and control. This may be true for a street gang, a husband, or the military.

Finally, violence makes money. In addition to money from entertainment and recreation, violence makes money in the sale of weapons for personal use, for police action, for military use, and for sale in foreign markets. Violence also makes money for the security industry, in manufacturing locks for homes, bullet proofing cars, and training to act against terrorism.

Violence is considered acceptable and legitimate when used by the military, in sports, in police action, and in self-defense. Violence is unacceptable in American society when it is used against coworkers and colleagues, authority figures, strangers, and animals. A worker may disagree with a colleague, but physical violence is considered an unacceptable method of expressing differences. Authority figures who are assaulted can cause negative consequences; an employer can fire a violent employee, and a police officer can jail an assaulting citizen. Violence against strangers means arrest, and violence against animals means being reported to the Humane Society.

There is ambivalence about violence in other areas of our lives. Physical punishment of children by parents and school personnel is acceptable or unacceptable, usually depending on the degree of injury to the child. Our culture is ambivalent about a husband's use of physical force against his wife. He is expected to "keep her in line," but it may not be acceptable to admit he beats her to do so.

Violence in family arguments among children is considered part of growing up, but violence among adult family members is considered embarrassing. Since the invention of the atom bomb, war as a method of solving national problems has increasingly become suspect in certain segments of society. The irony is that it has taken a threat of greater physical harm to bring war into question. Violence in entertainment is also being challenged, including legislative efforts to prohibit excessive violence in sports<sup>26</sup> and parental challenges of violence in television. There is ambivalence about accepting violence among friends. Again, as in violence against women, there may be verbal disapproval, but it exists. In summary, ambivalent acceptability of violence is that which affects our personal lives; that is, violence among family and friends, and violence in entertainment.

Violence, then, is deeply imbedded in American culture. It has had its uses in our past and is a component of our legends and history. It continues to serve as a resource to individual Americans and to our nation. To discuss eliminating or reducing violence in the family, we must recognize that we are challenging cultural values. We are also challenging traditional methods of resolving conflict and of obtaining desired outcomes.

## **Violence as Learned Behavior**

### **Exposure to Violence**

Aggression may be learned through observation or modeling. Bandura found that children who observed that an aggressor was rewarded or received no consequences for being aggressive were more likely to imitate the aggressor than when they observed the aggressor punished.<sup>27</sup> In further study, Bandura found that (a) exposure to aggressive models taught children new assaultive behaviors and remarks, (b) an aggressive model on film was as effective in teaching distinctive forms of aggression as was a live model, and (c) exposure to aggression reduced children's inhibitions against using previously learned aggressive behavior. Children exposed to aggressive models "subsequently exhibited substantially more total aggression than children in the nonaggressive model condition or control group."<sup>28</sup>



These findings are significant in the context of television viewing by families and the amount of aggression demonstrated in television programming. It is also relevant to children's witnessing their parents' physical fights, even though they themselves are not hit. According to Straus, during the year of the National Family Violence Survey, men who had seen their parents physically attack one another were almost three times more likely to hit their wives. Thirty-five percent had actually done so, as compared to 10.7 percent of the husbands who had had nonviolent parents. Women whose parents were violent had a rate of hitting their husbands 26.7 percent as compared with 8.9 percent of daughters of nonviolent parents.<sup>29</sup>

But Bandura, who has extensively researched aggression, explains that though aggression may be learned, there are other factors which determine whether it will be used. He states that discrepancies "between learning and performance are most likely to arise under conditions in which the acquired behaviors have limited functional value or carry high risk of punishment."<sup>30</sup> He later states that "aggressive behavior is powerfully controlled by its consequences . . ."<sup>31</sup> This is highly significant in family violence. If an aggressor is successful because of violence and other family members adapt to the wishes of the aggressor, the aggression is reinforced. If the violence worked, it is probable that it will happen again. Bandura states that "if aggression, however learned, is positively reinforced, it will become a preferred mode of response."<sup>32</sup>

Several studies have found that abusing parents were abused as children.<sup>33</sup> Straus says that "each generation learns to be violent by being a participant in a violent family."<sup>34</sup> The greater the amount of violence in the family of origin, the greater the frequency and probability for violence in the present marriage or toward the children.<sup>35</sup> Bybee states that a consistent pattern associated with child abuse is the abuser's suffering trauma during childhood, such as abuse, neglect, loss of a parent, etc. As a consequence of such trauma an adult fails to learn parenting skills through social modeling or develops inappropriate parental responses.<sup>36</sup>

Criminal offenders are consistently described as experiencing or witnessing a great amount of violence in their lives.<sup>37</sup> In one study of juvenile offenders picked up by police for the first time, 84 of the

100 adolescents had been abused or neglected before age six and 92 of the 100 had been maltreated within a year and a half of the study.<sup>38</sup> Adult criminal behavior is also associated with childhood violence. In one study, murderers were found to have experienced more frequent and severe violence as children than their brothers who did not kill.<sup>39</sup>

Among the long-term impacts for adults who were sexually abused as children, studies indicate that for imprisoned male sexual offenders, one-half to three-fourths were sexually abused as boys and had not had intervention.<sup>40</sup> Also, clinical observations of the effects of seduction of a male child by his mother or other significant female indicate an association with later being rapists, child molesters, and incestuous fathers.<sup>41</sup>

Prostitution and child sexual abuse appear to be associated. Of 200 prostitutes interviewed in a Seattle study, 22 percent of the women were found to have been incestuously assaulted as children.<sup>42</sup> This finding is more than twice the number of women identified in Finkelhor's study as sexually abused by family members.<sup>43</sup> Juvenile prostitution for both girls and boys appears to be associated with family sexual abuse, and sex as a survival skill learned in the family becomes a way of life "on the streets."<sup>44</sup>

However, Bandura also states that "although successful fighting produces brutal aggressors, severe defeats create enduring submissiveness,"<sup>45</sup> so an alternative to learning to be an aggressor is learning to be a victim. Learned helplessness is a term developed to define a type of behavior or reaction in which a subject believes that there is no control over an aversive situation and that no effort will affect escape.<sup>46</sup> This concept is adapted by Lenore Walker in describing certain behaviors of battered women. A woman who has been in an abusive relationship and learns she has no control over the violence, comes to believe she cannot act to leave the situation, even though the opportunity presents itself.<sup>47</sup>

### **Physical Punishment of Children**

Physical punishment is considered acceptable by many as a method of childhood discipline. It is used to control children and to teach and punish them. Eight-four to 97 percent of all parents use physical punishment at some time in their child's life.<sup>48</sup> In four studies of college students, 50 percent of the parents had used or threatened

physical punishment while the students were seniors in high school. Almost eight percent were physically injured as a result of such punishment during the last year of living at home before college.<sup>49</sup> In Giovannoni and Becerra's study, very few respondents rejected spanking as a method of discipline.<sup>50</sup>

Besides being a practice of parents, it is legal and acceptable in schools. In one study, 36 percent of all secondary schools reported physically punishing students during a typical month.<sup>51</sup> Half of American adults approve of teachers striking students "if there is cause."<sup>52</sup>

Studies continue to demonstrate that physical punishment correlates with other forms of family violence. Straus found that persons whose parents did not hit them as adolescents have the lowest rates of violent marriages. The more physical punishment an adult experienced as a child, the greater the rate of violence in the marriage. Persons experiencing physical punishment as adolescents have rates of spouse beating four times greater than those whose parents did not hit them.<sup>53</sup> Adults who have been hit as children hit their spouses and children.<sup>54</sup> Parents who abuse their children are often persons who were severely punished physically as children.<sup>55</sup>

Physical punishment is positively correlated with aggressive behavior and is a major predictor of violence by a child.<sup>56</sup> Studies also show that parents who use physical punishment to control their children's aggressiveness are probably increasing the aggressive tendencies of those children.<sup>57</sup> According to Straus, when physical punishment is used, a child learns several lessons. These include: (a) correction of whatever brought on the punishment, (b) association of love with violence (those who love most are also likely to hit), (c) establishment of a "rightness" to hitting other family members, and (d) when something is important, justification of physical force.<sup>58</sup>

Because physical punishment is generally acceptable when used on children, one of the serious problems in addressing child abuse is the demarcation between what is acceptable physical discipline and what is abuse.<sup>59</sup> One concept of child abuse is that it is exploitation of the parental right to punish;<sup>60</sup> that is, that child abuse is excessive punishment or that parents use the "right" to punish to legitimize their abuse.

## **Sex Role Differentiation**

Socialization is a learning process, and families provide, and are expected to provide, much of the training. Through learning, individuals and families observe, try, and pattern behavior into habit. Through socialization, males and females learn sex role differentiation, child rearing practices, family structuring, and use and ownership of resources. Sex role differentiation determines expectations and power between sexes. Child rearing traditions perpetuate forms of discipline, including physical. Through family structure, children, parents, adults, disabled, elders, and other relatives are ascribed and assume roles with varying degrees of power and responsibility. Resources such as money, property, food, friends, education, nurturance, and punishment are variously provided and accessed, with some family members executing greater control over specific resources. Most of this learning is sanctioned and reinforced by a larger society.

Walker maintains that it is possible that such "sex role socialization in young children leaves women vulnerable to becoming victims of men who are socialized into committing violence against them."<sup>61</sup> This view is also expressed by Straus when he recommends reducing or eliminating sex-typed family role responsibilities as a prevention measure in reducing violence against wives.<sup>62</sup>

## **Male Socialization**

In the discussion on cultural violence, the heroes mentioned are male. It is usually men who play football and hockey. Police and military have been and continue to be predominantly male. Paddock found an "intimate" association between violence and machismo in Mexico, and states this is true, as well, in other places.<sup>63</sup> Bandura makes the same association between the American societal value for aggressive masculinity and combativeness.<sup>64</sup> Most of the violence in society is male violence. This violence is brought into the family and fostered by socializing males to be dominant, and male dominance is the basis of the patriarchal family structure.

Men are taught that aggression is an appropriate problem-solving method, and that it can be used to demonstrate authority in certain situations. Men are sensitized to affronts to their authority, and they use aggression in response to such affronts.<sup>65</sup> Men have

heavy expectations placed on them to be strong, in control, aggressive, "macho." In the family, they are expected to be superior and to be the leader, primary wage earner, and disciplinarian. They are expected to be the primary owner and controller of family material resources. A family's status in a community is dependent to a large extent on the husband-father's image, reputation, and status.

If a man expects that his wife and children submit to his control, and they do not, he has various methods and resources available to him to obtain control. If all else fails, violence may be used. O'Brien reported that husband-wife violence tends to occur where the husband uses physical violence to maintain the position of superiority in the family. Husband-wife violence was also found to occur when status characteristics of the wife were higher than the husband's.<sup>66</sup> Gelles found that husband-wife violence was common when men could not maintain the expected dominant position in the family. He found that men who used violence tended to make less income than their wives or held less prestigious jobs than their wives.<sup>67</sup> Butler, in describing incestuous families, states that the families have "incorporated the values and standards of our traditional patriarchy." She also states that "it is important to understand male sexual aggression as an outgrowth of the patriarchal nature of male/female relationships in every aspect of our lives."<sup>68</sup>

It is also through male dominance that the concept of people as property evolved. A wife "belongs" to her husband. A young girl in the ancient patriarchy was the property of her father until marriage, at which time she became the property of her husband.

#### **Female Socialization**

As males are trained to be dominant, females in our culture are trained to be submissive. This contributes to a woman's victimization in the family, particularly in spouse abuse and child and adult sexual abuse, where by far the greatest number of victims are females. Girls are kept under control, usually for "their own good" or protection. Girls learn that marriage is of primary importance to women, though it is secondary to men. For men job or career is expected to take precedence. Fulfillment for a woman is to come through being a wife and mother. Women are ascribed major responsibility for domestic work and child care. They are

expected to provide emotional comfort, psychic support, and personal service to all family members "in a spirit of extreme commitment and selflessness."<sup>69</sup> Women are socialized to develop their identity through men, and, as a consequence, are trained to be dependent on them. Women are trained and expected to be caregivers. Girls learn very young, through modeling from their mothers, that they are to take care of men, in particular, and other persons in general. Ball and Wyman describe the battered wife as "a victim of over-socialization into a stereotypical feminine role." She has learned to be docile, submissive, humble, ingratiating, non-assertive, dependent, quiet, comforting, and selfless.<sup>70</sup> Walker found that many battered women had not experienced violence as a child, but their fathers were "traditionalists who treated their daughters like fragile dolls." Walker maintains that such training taught the women they were incompetent and dependent on men.<sup>71</sup>

#### **Sexual Socialization**

In the male culture, men are expected to be sexually aggressive. Sex is objectified, and male socialization encourages men to view sexual activity as a measure of "manliness." Sexually explicit entertainment designed to excite an audience and advertisement laden with sexual connotations reinforce seeking sex for pleasure in itself. Often the entertainment and the advertising associate the sex with violence, and the violence is portrayed as adding to the sexual arousal. This reinforcement is experienced daily from television, billboards, and reading materials. Major consequences of male sexual socialization are the legitimization of sexual exploitation of women and women's fear of rape.

Female socialization encourages women to be physically and sexually attractive to men. At the same time, women are expected to be inhibited and limited in their sexual activity. The female is socialized to value a relationship more than the sexuality in the relationship. Romantic love is the theme of much of female sexual socialization. Childhood stories such as "Cinderella" and "Snow White" encourage girls to wait for Prince Charming in order to marry and live happily ever after.

Female sexual socialization, which prepares a woman for a relationship of romantic love, conflicts with male socialization on sex as an end in itself. With this inherent conflict in sexual



socialization in our culture, it is to be expected that families experience confusion.

## Devaluation

To devalue means to reduce in value. In our culture, we devalue women, children, and persons who are minorities, disabled, or elderly. Devaluation is expressed in sexism, ageism, racism and other patterns of discrimination. Devaluation perceives another as "less than", and this contributes to the vulnerability of a victim.

Sexism is the most predominate method of devaluation discussed in the literature on family violence. Females are devalued. Because of this, in the family they are particularly vulnerable to wife battering, marital rape, and female child sexual abuse. Sexism in the family is supported by sexism in the society, and this affects the criminal justice and social services responses to females. Sexist responses from these systems again contribute to female vulnerability. Another form of sexism is devaluation of unemployed males. Such males are vulnerable to violence in the family to a much greater extent than employed males.<sup>72</sup>

Ageism devalues older persons. In our culture an older person is often perceived as useless and unproductive. When old age is complicated with a disability, impairment, or chronic illness, the death of an elder may be experienced as relief of a burden rather than as a loss.<sup>73</sup> In their review of the literature, Block, *et al.*, refer to studies that suggest that "nearly half of the nondisabled public have primarily negative attitudes toward the physically disabled."<sup>74</sup> Consistent with this understanding, they found that abused elders were usually more than 75 years of age and severely impaired physically. Because of this, the conjecture is made that "a psychological distance is maintained between the caretaker and the impaired elder, allowing the elder to be treated poorly by some caretakers without creating a conflict for the caretakers."<sup>75</sup>

Block also states that an elder is dehumanized as the aggressor believes that a sick elder is "too senile to remember" and "not like the rest of us."<sup>76</sup> Another form of devaluing elders is to "infantalize" them, that is, treat them as children, as they become forgetful and less able to care for themselves.

Children are also devalued. Because a child is a child, parents,

teachers, and others in authority make decisions affecting the child. This is often done without the child's consent or recognition of the child's developmental level and capability to make personal decisions. This also holds true for a mentally handicapped person, where others may have a legal as well as familial authority to make decisions for that person.

The effect of devaluation in family violence is to give greater credibility to the valued person. A child who is sexually abused by an uncle may fear telling his parents because he has learned that adults have more credibility than children. If the uncle denies such an accusation, there is a high probability that the parents would believe the uncle. A woman whose husband is prominent in the community may know that others would not believe her if she said he was violent towards her. An elder who is confused and brought to an emergency room for a broken arm may be ignored when she says she was pushed to the floor, when a "rational" relative explains the elder fell down accidentally. If the valued person is an aggressor who is believed and deferred to by others outside the situation, the violence may be perpetuated. The victim is placed back into the situation or feels trapped and does not receive outside intervention.

## Recommendations

In addition to discussing family change, cultural violence, and socialization as they are associated with family violence, it is incumbent on us to act on what we know. First of all, in any approach to work with family violence, it is necessary for us to acknowledge that violence is not only the problem of a single aggressor or a single victim. It is also the problem of a culture which values violence. This places violence in the family in its larger context of violence in society. It is then possible to target for change the factors in the culture which foster, facilitate, and reinforce violence in the family.

Secondly, in public policy and professional practice, it is recommended that we broaden our concept of family to include various arrangements of relatives who may or may not be living together and of two or more people living together as couples and families. This would acknowledge and strengthen kinship and other relationship ties, lower the level of individual and nuclear family isolation, and provide greater support. It is also recommended that



we discontinue the concept of "broken families." A replacement concept is that of "restructured families." Many families experience a marriage dissolution, but parents continue to be parents. At times, in families where violence is a dynamic, the members must live separately in order to survive. Policy and practice must acknowledge informal as well as legal separations and dissolutions. Support systems and resources for families in transition and for blended families must be developed. Such activity could result in lowering the risk of violence as a response to family change, as well as facilitate changes that must occur for individual and family survival.

In order to eliminate acceptability of violence in the family, it is strongly recommended that we support nonviolence in child rearing practices and provide instruction for alternative practices. A first step in this direction would be to repeal statutes which authorize use of force by parents, guardians, teachers, or other custodians to correct a child. We must also support nonviolence in entertainment and provide public education on the impact of media violence on children and on women. It is recommended that equalitarian training be developed on marriage and family relationships. This includes use of mutual authority and responsibility for marital partners and individual autonomy and responsibility for each family member based on capacity and ability. Male dominance and female submission as an ideology and expectation must be eliminated. Finally, it is necessary to recognize devaluation where it exists and support systems, such as affirmative action programs, which seek to eliminate discrimination.

## 2: Definitions and Statistics

Chapter 1, The Sociology of Family Violence, addressed cultural background and reinforcement for violence in the family. This chapter provides the statistics to document prevalence. In order for these statistics to be meaningful, however, it is helpful to discuss definitions of the various terms used to describe violence.

### Issues of Definition

Definitions of family violence differ in common parlance, in the literature, in professional practice and in law. Some definitions include only the behavior of the aggressor. These most often include characteristics of the behavior which attribute intent or explanation on the part of the aggressor; for example, Gelles and Straus' definition of violence is "an act carried out *with the intention of, or perceived as having the intention of*, physically hurting another person."<sup>1</sup> Martin parallels this definition in defining marital violence as "an act carried out with the *intention of, or perceived intention of*, physically injuring one's spouse."<sup>2</sup> This is consistent with a definition given in the Joint Congressional Hearings on Elder Abuse, which defines abuse as "The *willful* infliction . . ."<sup>3</sup>

Other definitions include consequences for the victim; for example, Kempe, *et. al.* originally defined Battered Child Syndrome as a "clinical condition in young children who have received serious physical abuse, . . . It is a significant cause of childhood disability and death."<sup>4</sup> Block *et al.* defines physical abuse "in terms of *malnutrition, or injuries* . . ."<sup>5</sup>

Some definitions include both the aggressor and the victim; for example, Maden and Wrench state, "in sum, child abuse will be defined as a *deliberate* attack against a child *resulting* in physical

injury perpetrated by any person exercising his responsibility as a caretaker.<sup>76</sup> Mildred Daley Pagelow refers to battered women as "adult women who have been *intentionally* physically abused in ways that *cause pain and injury* . . ."<sup>77</sup>

Finally, there are expansions of definitions which consider factors other than characteristics of the aggressor's act and consequences for the victim; for example, Kempe and Helfer, according to Giovannoni and Becerra, would "define abuse on the basis of the characteristics of the abuser, the underlying source of the pathology, not primarily on the basis of the mistreating behavior or even on the evidence of its effect on the victim of the behavior."<sup>78</sup>

All of these definitions include certain judgmental assumptions. One is that violence is intentional. This can be interpreted to mean that a parent who accidentally shoots a child is not violent, even though the child is hurt. Another assumption is that violence must involve physical injury. This means if a wife beaten by her husband shows no injuries, there is no violence. A third assumption is that a pathology or stress factor is due equal or greater consideration than violence or its consequence to the victim. For instance, in addressing a husband's raping his wife during an alcoholic blackout, professionals, the criminal justice system, and possibly even the wife, may emphasize the husband's alcohol problem rather than the act of rape.

The effect of such definitions is to establish boundaries which are used to determine whether or not there will be intervention. In the example of the accidental injury to the child, there may be an investigation when the shooting is reported, but it is most unlikely that there will be intervention based on this specific incident. Because a woman lacks visible bruises or broken bones, many individuals in the professional and lay community question whether or how she will receive services. If a child is physically unharmed after parents are violent, the parents may be warned or cautioned, but receipt of ongoing professional services may be voluntary. The alcoholic husband may receive treatment for his alcoholism, but even in treatment may never be confronted with the rape of his wife. By including judgments and assumptions in the definitions of the various aspects of family violence, the concept of violence by one person to another person is qualified and in some instances

neutralized. To conclude, when considering definitions, caution must be exercised to recognize violence in and of itself and to avoid minimizing or neutralizing its existence through qualifying judgements. It is then a further step to determine when outside intervention is necessary.

The terms "violence," "abuse," "battered," "aggressor," and "victim" as used in this book were defined in the Introduction. It may be of benefit to further explain the choice of the term "aggressor" in describing a person who acts violently.

An "assailant" is one who attacks, assaults. This term would include someone who uses physical force but exclude someone who uses other methods of abusive access to another person's body, such as a father's coercing his daughter to be sexual by using his authority as a parent. The term "offender" is a criminal justice term and recognizes violence as a crime, but use of violence for such purposes as physical punishment of children is legal and so use of the term would exclude some persons who use violence. The term "abuser" is used extensively to describe persons who are violent towards other family members. It is an all-inclusive term in that it includes the various methods of misuse or abuse of other persons, one of which is violence. Its connotations are negative.

In this book, the term "aggressor" is used because it shares with "violence" similar cultural values, boundaries, benefits, and destructiveness. "Aggressor" is a strong, action-oriented word, as is "violence." In our culture, aggression is valued; however, there are certain boundaries beyond which it is unacceptable and punished. Our culture views violence similarly. Aggression means action to obtain power, recognition, or other benefits. Benefits also accrue from violence. Finally, an aggressor's actions can result in damage and destruction for others. Violence is harmful, destructive of persons. So, both the terms "aggressor" and "violence" have positive and negative values ascribed to them by our culture. Use of these terms together is consistent in signifying the actor and the action.

## Statistics and Findings

The prevalence of violent acts which occur in families is learned through studies conducted by such sociologists as Straus, Gelles,

and Finkelhor and through such efforts as the National Crime Survey. Statistics on consequences of violence or "exposed" family violence are found in official reports of homicide, physical abuse, and sexual abuse. In examining the prevalence of violence in the family, it must be recognized that statistics are gathered on the basis of someone's definitions, and statistics will reflect those definitions.

### **Homicide**

Homicide is the act of an aggressor that results in death to a victim. Some findings about family homicides are as follows:

In 1958, according to a Philadelphia study, Wolfgang found that 41 percent of all women killed were murdered by their husbands and 11 percent of all men killed were murdered by their wives.<sup>9</sup>

In 1968-69, the U.S. national Commission on Causes and Prevention of Violence undertook a study of slaying in a representative sample of 17 major U.S. cities. The following percentages were found:

- In 15.8 percent of family killings, spouses killed each other
- In 3.9 percent, parents killed children.
- In 2 percent, children killed parents.
- In 1.4 percent, brothers and sisters killed each other.
- In 1.6 percent, killings were by other family members.<sup>10</sup>

According to the Department of Justice:

- In 1970, there were 15,910 murders in the United States. 12.1 percent of these were spouse killings.
- In 1974, of 20,600 murders, again 12.1 percent were spouse killings. In addition, 2.7 percent were parents

killing children and 8 percent were killings among other relatives.<sup>11</sup>

In 1979, 24 of the 98 criminal homicides in Minnesota were among family members. The family homicides include:

- Seven wives and one husband killed by their spouses.
- Five daughters and one son killed by their parents.
- Three mothers and three fathers killed by their children.
- One brother and one stepson killed.
- Two other relatives killed.<sup>12</sup>

In 1978, in substantiated child abuse and neglect cases in Minnesota, five girls and two boys died as a result of abuse and neglect.<sup>13</sup>

Crime records state that in Minnesota in 1979, ten women (and no men) over age 64 were murdered. The report does not break out how many of these were family murders, but with 66 percent of all victims being killed by either family or friends, it is probable that a number of these elderly women were killed by family members.<sup>14</sup>

To summarize, almost one-fourth of United States homicides are family homicides. Minnesota statistics on criminal homicides are consistent. The significant conclusion is obvious: that family violence can cause death. Most frequently, family homicides occur between spouses. The next most frequent occurrence is parents killing children, including stepchildren. The third most frequent is children killing parents. In Minnesota, specifically, females are the large majority of victims of criminal family homicide and of death as a result of abuse and neglect.

### **Physical Assault**

The next category of violence is physical assault. Injuries may or

may not result from the violence. Injury as a result of violence is included in the definition of "battered child syndrome"<sup>15</sup> and in definitions for "battered women."<sup>16</sup> These injuries may result from beating, punching, slapping, burning, shoving, etc. Physical assault may also occur with no resulting injury; but individuals are at risk of injury. Statistical findings in this section are listed under categories of Husband-wife and other partner assault; Parent-child violence, Sibling violence, Relative-elder abuse, and Other relative violence.

*Husband-wife and other partner assault:*

- In 1966, Levinger reported on sources of marital dissatisfaction among applicants for divorce and found that 36.8 percent of the wives and 3.3 percent of the husbands said their partners hurt them physically.<sup>17</sup>
- In 1970, the U.S. National Commission on Causes and Prevention of Violence found that 25 percent of the men and 16 percent of the women approved of husbands slapping wives under certain conditions. Twenty-six percent of the men and nineteen percent of the women approved of wives slapping husbands. Based on this survey, projections are that husband-wife violence at this minimal level occurs in 25 percent of American families.<sup>18</sup>
- In this same study, the Commission reported that 14 percent of aggravated assaults occur among family members. When the female is the victim, a husband-wife relationship is probable. When a mate is assaulted, the husband is the violent person in 75 percent of the instances.<sup>19</sup>
- The National Survey on Family Violence found that in 1975, 12.1 percent of the husbands and 11.6 percent of the wives physically attacked their partners. Sixteen percent of the couples were violent during the year, and 28 percent were violent over the course of the marriage. However, because of the characteristics of the sample and the under-reporting of interviewees, the true rate is likely to be closer to 50 or 60 percent.<sup>20</sup>

- According to the National Crime Survey, which was conducted from 1973 through 1976, women reported 572,500 incidents of rape and assault by a husband or ex-husband. Men reported 32,700 such incidents by a wife or ex-wife.<sup>21</sup> (Note: This data reflects semiannual interviews with approximately 136,000 occupants of 60,000 housing units. This data does not reflect series crimes, which are common in family violence, and so these figures seriously under-report such incidents.)<sup>22</sup>
  - According to *Minnesota Programs for Battered Women, 1981 Update*, from July, 1978, through June of 1980, there were an estimated 86,945 assaults on women by their partners.<sup>23</sup> From this same report, statistics indicate that 4.2 percent of reported assaults were against men by their partners.<sup>24</sup>
  - In a Kentucky survey, 10 percent of the wives interviewed reported they were abused by their husbands within the past year, and 21 percent said they had been abused at some time during the marriage.<sup>25</sup>
  - In 1979, in 54 percent of the 145 Minnesota cases in which clients claimed good cause for refusing to cooperate in establishing paternity or securing child support for purposes of receiving Aid to Families with Dependent Children, the approved cause was potential physical harm to the child or caregiver. In the first three quarters of 1980, approximately 52 percent of 301 claims were approved for the same reason.<sup>26</sup>
- Parent-to-child violence:*
- In the National Survey on Family Violence, Gelles found that 73 percent of respondents reported using some form of violence on their children at some time, and 63 percent reported using violence during the survey year, 1975.<sup>27</sup>
  - The same study found that 3.1 to four million children were



kicked, bitten, or punched at some time by their parents, between one and 1.9 million in 1975.<sup>28</sup>

- The study also found that between 1.4 and 2.3 million children have been "beaten up" while growing up and between 275,000 and 750,000 were "beaten up" in 1975, alone.<sup>29</sup>
- Gelles found that between 900,000 and 1.8 million children between ages three and 17 had parents use a gun or knife on them; estimates are that this happened to 46,000 children in 1975, alone.<sup>30</sup>
- In contrast to the findings of the National Survey on Family Violence, of 1978 national officially reported instances of child abuse, only 25,656 children were found in substantiated abuse situations. Another 4,654 were found to experience both abuse and neglect.<sup>31</sup>
- Steinmetz found in a study of caregivers of elders that 22 percent of the elders used hitting, slapping, and throwing to control their adult children.<sup>32</sup>

#### *Child-to-parent violence:*

- In the National Survey on Family Violence, Straus found that 18 percent of the children had hit a parent during the survey year. This figure might actually be one in three children who had hit a parent. The more often the parent had hit the child, the higher the probability that the child had hit the parent.<sup>33</sup>
- In the National Crime Survey, men reported 22,000 instances and women reported 17,500 instances of being assaulted by their children.<sup>34</sup>

#### *Sibling violence:*

- In a study of 57 randomly selected Delaware families, 70

percent of the young families with children of an average age of less than eight years had siblings who engaged in violent fights with each other. The lowest level of sibling violence occurred in homes with teenagers, but here nearly two-thirds of the families continued sibling violence.<sup>35</sup>

- In the National Survey on Family Violence, Steinmetz found that 82 percent of the children between ages three and 17 from two-parent households were violent to a sibling within the year. Based on projections, this means there were 29 million acts of violence among siblings per year. Twenty percent of the children were "beaten up" by siblings during their lifetime, and about 109,000 had used a knife or a gun on a sibling during the year.<sup>36</sup>
- In the National Crime Survey, interviewees were age twelve and over. Females reported 42,000 instances and males reported 41,000 instances of being assaulted by a sibling.<sup>37</sup>

#### *Relative-elder abuse:*

- According to reports at the Joint Congressional Hearings on Elder Abuse, 500,000 to 2.5 million cases of elder abuse are reported annually. About 10 percent of all dependent elderly are abused by their families.<sup>38</sup>
- According to a study by Lau & Kosberg, 9.6 percent of the Cleveland, Ohio, Chronic Illness Center clients were identified as abused during one year (abuse included physical, material, and psychological abuse and violation of rights). Twenty-eight percent of those abused received direct beatings.<sup>39</sup>
- In their study of elder abuse in Maryland, Block and Sinnott found that 15 percent of the abused elders experienced direct beatings.<sup>40</sup> In this study, slightly more than 4 percent of elder respondents reported knowing of cases of abuse. (The definition of abuse in this study included physical, psychological, material, and environmental.)<sup>41</sup>

- In a Steinmetz study of the family caregivers of 60 elders, 4 percent of respondents threatened to use physical force and 3 percent used hitting or slapping to control the elder.<sup>42</sup>

#### *Other relative violence*

- Douglass, Hickey, and Noel, who conducted a survey of professionals relative to abuse of vulnerable adults, found that respondents working principally with nonelderly vulnerable adults perceived maltreatment of this group as similar to that perceived by those working only with elders.<sup>43</sup>

In summary, among couples, findings indicate that both men and women are violent, but most reports indicate that husbands assault wives more frequently than wives assault husbands. In parent-child violence, a large majority of parents use physical violence against their children at some time during the child's life. Children also assault their parents, though the incidence is lower. In sibling assault, again, a large majority of siblings use violence against one another. A number of studies document physical assault against elders. These studies usually include several forms of abuse, but a significant proportion of identified abuse includes direct beatings. Violence against other vulnerable adults may be similar to that experienced by elders.

#### **Sexual Abuse**

Marital rape is beginning to be recognized as a criminal act, though few states find it illegal to rape a marriage partner. In comparison, sexual abuse of children by family members receives significant attention due to identification and reporting of child abuse and development of treatment methodologies. Findings about children and adults are as follows:

- Of the types of injuries or harm suffered by children in substantiated cases of child abuse which were reported to the Minnesota Department of Public Welfare in 1978, almost 19 percent reported sexual abuse. This includes 420 instances for girls and 61 instances for boys.<sup>44</sup>

- In one study of battered women entering a shelter or seeking legal action, 34 percent reported being raped by their batterers and 55 percent reported being forced to have sex.<sup>45</sup>
- Finkelhor, in a sampling of college students, found that 19.2 percent of the women and 8.6 percent of the men had been sexually abused as children.<sup>46</sup> Almost half of the abused girls had experienced the sexual abuse by family members, as had 17 percent of the abused boys.<sup>47</sup>
- In preliminary findings of a new study, Finkelhor indicates that married women are more likely to be raped by their husbands than by any other men. In this study, 10 percent of the husbands used physical force to attempt sex with their wives.<sup>48</sup>
- Personnel from the Minnesota Department of Corrections report that of 2103 calls received by state funded sexual assault programs in 1980, 295, or 14 percent, involved family sexual assault. 54 or 3 percent, more were reported spousal sexual assault.<sup>49</sup>

To summarize, a significant number of children are subject to sexual abuse by family members. The overwhelming number of victims are girls, though a significant number are boys. Also, a significant number of women experienced forced sex in marriage.

#### **Frequency of Violence**

The concept of "frequency" is used consistently in family violence literature. It is important in examining the dynamics, the impact of violence, and the role and timing of intervention. It does happen that there is a single or isolated occurrence of violence, but as Straus says, "there are several reasons why even a single beating is important. First, even one such event debases human life. Second, there is the physical danger involved. Third is the fact that many, if not most, such beatings are part of a struggle for power in the family. It often takes only one such event to fix the balance of power for many years — or perhaps for a life time . . . Since greater size and

strength give the advantage to men in such situations, the single beating may be an extremely important factor in maintaining male dominance in the family system."<sup>50</sup>

While violence may be a single or rare event in some families, Gelles states that violence is a common occurrence in many families, an accepted, integral part of family functioning.<sup>51</sup> In the literature on violence against children, wives, and elders, violence is noted to be "recurring" and "repetitive." "Pattern" is another term used consistently; and violence as a "cycle" in the behavior of a batterer is used in the literature on battered women.<sup>52</sup>

Gelles found in the 1975 National Survey on Family Violence that children between the ages of three and 17 from two parent households whose parents threw something at them experienced that violence on an average of 4.5 times in that year. Children who are pushed, grabbed, or shoved experienced it 6.6 times over the year. Spankings and slappings were most frequent, occurring 9.6 times per year. The average for kicks, bites, and punches was 8.9 times, and children were hit with objects 8.6 times. Beatings occurred less than once every two months, an average of 5.9 times over the year. If a gun or knife was used, it was used once in the survey year.<sup>53</sup> Gelles says that in abusive families, violence is a pattern of parent-child relationships rather than an isolated incident. Gil, in his study, found that more than 60 percent of the children surveyed had had a prior history of abuse.<sup>54</sup>

In a study of adolescent abuse, 12 of 25 cases were considered escalations from physical punishment or abuse continued from childhood.<sup>55</sup> In 20 percent of reported cases of adolescent abuse, there had been childhood abuse. In 80 percent of the cases, the abuse had started in adolescence, but only 25 percent of those cases included only single incidents.<sup>56</sup> In the literature on child sexual abuse, abuse by family members is also a recurring factor. The abuse may occur over a period of years.<sup>57</sup> In Finkelhor's study of child abuse, 40 percent of the experiences occurred more than once.<sup>58</sup>

Among couples, Straus writes that violence is an isolated incident for only about one-third of the couples who were violent. For about half of the couples, if there was one beating during the year, there were likely to be at least three beatings per year.<sup>59</sup> In a Kansas City study of family homicides and assaults, 90 percent of

the homicide victims and suspects had had police calls to the address previously. Fifty percent had had five or more such calls.<sup>60</sup>

In a study of family violence, victims who sought assistance from Law Enforcement Assistance Administration (LEAA) funded projects, three-fourths reported prior physical abuse or threats and two-thirds had been previously injured.<sup>61</sup> Testimony at the Joint Congressional Hearings on Elder Abuse identified physical abuse of elders as tending to be recurring rather than isolated incidents.<sup>62</sup> Block and Sinnott found in their study that known prior abuse occurred in 58 percent of the cases of elder abuse.<sup>63</sup>

Physical and sexual abuse may be one-time or isolated incidences in family life, but even so, they may be highly significant in determining individual power and ongoing family dynamics. For many families, violence is repetitive, and it escalates in frequency. It becomes integral to family functioning.

### **Severity of Violence**

When unchecked, violence increases in severity. Because of the prevalence of violence, it is difficult to examine what is "normal" behavior and what is violent to the extent that outside intervention is expected or required. Physical violence toward children is acceptable in most families. A certain proportion of women and men consider it acceptable to slap a partner under certain conditions. Severity of the violence or injury are factors in deciding whether there will be public intervention and what form it will take; but at what point is "punishment" and "slapping" so severe that it merits public attention?

In a survey of 1967 and 1968 reported cases of child abuse, Gil found that injuries of children under three years were serious or fatal in 65 percent of the cases. Thirty-five percent were considered serious for children over three years. Even so, nearly 60 percent of the children did not require hospitalization following the incident and 90 percent of the reported injuries were not expected to leave permanent physical effects on the child. The severity of injuries was almost equal for girls and boys.<sup>64</sup>

More recently, Gelles found that 66 percent of sons and 61 percent of daughters in a survey were struck during the year of the survey. In terms of severity, boys were at much greater risk of injury



since the more severe acts of violence were used against them, that is, acts involving guns and knives.<sup>65</sup> In terms of reported cases of child abuse, though, Maden and Wrench found that though more boys were reported as being abused, a higher proportion of the cases involving girls were confirmed or even fatal. In analyzing the statistics, these two authors state: "These findings suggest that the same act which is seen as abuse when applied to a young male child may be interpreted as appropriate discipline of a girl."<sup>66</sup> These findings of a greater number of fatalities among girls is corroborated by 1978 Minnesota reports which found that of seven fatalities resulting from abuse and neglect, five were girls and two were boys.<sup>67</sup>

Regarding the relative severity of violent acts between spouses, Straus states that "the number of wives who threw things at their husbands is almost twice as much as the number of husbands who threw things at their wives. The rate for kicking and hitting with an object is also higher for wives than for husbands. The husbands on the other hand had higher rates for pushing, shoving, slapping, beating up, and actually using a knife or gun."<sup>68</sup> Among elders, Block and Sinnott found that 47 percent of the physical abuse was moderate, almost 10 percent was moderately severe and 20 percent was severe.<sup>69</sup>

Kroth, in evaluating the Child Sexual Abuse Treatment Program, found that adults who came for counseling because they were sexually abused as children were distinguished in that particular program from other clients by the fact that the abuse they experienced was accompanied by a high degree of physical abuse, threat, and force, as well as an atypically low level of participation. The suggestion from the finding was that the severity of the long term problems may be associated with the amount and use of physical force with the sexual abuse.<sup>70</sup>

Battering is a term generally used to indicate the most severe physical violence. It may involve a pattern of behavior on the part of the aggressor and may mean the victim has experienced a series of physical injuries. The battered child syndrome is seen as a pattern of injuries to the child and a pattern of conduct by the parent or other caregiver.<sup>71</sup> Steele and Pollock, in treating child abusers, look for a consistent behavior pattern.<sup>72</sup> Gayford's definition of a battered wife is "any woman who has received deliberate, severe, and

repeated demonstrable physical injuries from a marital partner."<sup>73</sup> In adolescent physical abuse, Libbey and Bybee found that in cases where there was a psychopathology or disturbed behavior by the parents or adolescent or both, the abuse generally followed a pattern of frequency and severity as other factors increased.<sup>74</sup>

In summarizing findings in child abuse research, Maden and Wrench state that "the majority of abused children have a history of mistreatment and without effective intervention, can expect a future of abuse escalating to serious, permanent, or fatal injury."<sup>74</sup> Consistent with Walker's "Cycle of Violence" theory, "little fights grow into larger ones."<sup>76</sup>

Family violence can be fatal. In the Kansas City policy study, dramatic findings indicated that assault escalated to homicide.<sup>77</sup> Also, Wolfgang found that family homicides were much more likely to be severe than homicides in other settings; that is, involving "more than five acts." The brutal murders were much more likely to be of wives. Wolfgang concluded that the home was the most frequent setting for severe violence. In the area of "victim precipitated" homicides, husbands were much more likely to have provoked their wives than wives to have provoked their husbands. Of 47 cases of female defendants, 28 husbands were judged to have "strongly provoked" their wives whereas provocation was recognized in only five cases in which husbands murdered their wives.<sup>78</sup>

Although most injuries are not severe, the risk is present in most if not all acts of violence. In child physical abuse, boys have more severe forms of violence used against them, but more girls die as a result of violence. Though husbands and wives both use violence, husbands use more severe methods of violence. In almost one in three cases of physical abuse of elders, the abuse was severe or moderately so. As with frequency, severity of violence increases. Physical violence escalates to killing in some families. Victims of sexual abuse who also experienced physical abuse may experience long-term problems into adulthood.

### **Multiple Family Victims**

In some families, there is only one victim. In other families,



victimization does not stop with one person. The National Center on Child Abuse and Neglect documents that 20 percent of substantiated child abuse cases involve spouse assaults.<sup>79</sup> In 70 percent of these cases, the man was violent to both.<sup>80</sup> Carlson found 27 percent of the assailants of battered women in her study were also child abusers.<sup>81</sup> Walker found in her sample that one-third of men who battered their wives also beat their children.<sup>82</sup> In another pattern, Walker found some men who battered their wives were also incestuous with their daughters.<sup>83</sup> In an Iowa study of incest families, 78 percent of the involved social workers suspected wife abuse in the same families and 76 percent suspected physical abuse. Seventy percent said seldom or never would husband abuse be suspected.<sup>84</sup> In Kroth's evaluation of the San Jose Child Sexual Abuse Treatment Program, 27.3 percent of the intrafamilial cases involved more than one family victim.<sup>85</sup>

Some victims are violent toward other family members. According to the National Center on Child Abuse and Neglect, 30 percent of mothers who are assaulted by their husbands abuse their children.<sup>86</sup> Walker found in her sample that one-third of the battered women beat their children.<sup>87</sup> In Gayford's study, 37 percent of battered wives were found to use violence against their children.<sup>88</sup> Washburn and Frieze, though, in comparing battered women with a control group, found that both groups were equally violent towards their children.<sup>89</sup> In the National Survey on Family Violence, Straus found that families in which parents had hit their children were more likely to have a child severely attack a sibling during the year.<sup>90</sup>

### **Combinations of Abuse**

Physical violence is associated with other forms of abuse. Emotional, verbal, and psychological abuse happen concurrently with physical violence. The degradation of being beaten and violated by someone who is "supposed" to love the victim; the aggressor's use of the victim's vulnerabilities to coerce, threaten, and promote fear; and the aggressor's deliberate weakening of the victim's ego strengths in order to gain and maintain control are all abusive acts. Physical violence may be associated with financial exploitation or violation of other rights. It may also be associated with neglect. Sexual abuse may occur with physical violence. It may

also be associated only with coercion, threat or break in trust.

In Giovanonni and Becerra's study, families with two or more different kinds of mistreatment were more common than families with one kind of mistreatment. Two-thirds of the children with physical injuries received other forms of mistreatment, as had half who were sexually assaulted. If emotional mistreatment were included in the figures, "virtually all cases would involve combinations."<sup>91</sup>

Butler states that a sexual aggressor seldom uses physical force or threat since the child trusts the family aggressor.<sup>92</sup> Kroth found in his study, however, that in 50 percent of the intrafamily sexual abuse cases, coercion was involved. Physical force or threat was used 15-16 percent of the time.<sup>93</sup>

Finkelhor, in discussing marital rape, identified one group of women who experienced marital rape as also being battered.<sup>94</sup> Walker, in turn, found that most battered women in her study had been raped by their batterers.<sup>95</sup> Along with violence, battered women usually experience verbal and emotional abuse. Walker found that all the women in her study received psychological harassment as well as violence.<sup>96</sup> Another combination of abuse was a man's battering his wife and threatening to harm her family or friends.<sup>97</sup>

Elders also experience a combination of abuse. Lau and Kosberg found that "Violation of rights always existed in conjunction with at least one other form of abuse."<sup>98</sup> Block and Sinnott also found more than one kind of abuse.<sup>99</sup>

### **Summary and Comment**

Violence in the family does occur, and it can be devastating. These findings indicate that there are varying degrees of violence in different families; some are nonviolent and others use violence frequently and severely. There may be one victim or several victims. There may also be one or more aggressors. Physical or sexual violence is seldom the only method of abuse used in a family. Though definitions of "abuse" and "batter" establish boundaries of intervention, all violent acts must be considered potential for escalation and for injury.

It is recommended that as statistics are gathered and reports

are written, that the findings include a breakdown by sex. In the *Minnesota Crime Report*, such breakdown was available only by examining back-up, unpublished documents. In the report of the National Crime Survey, the information was found in a single table in the appendices. Examining this information by sex indicates a pattern of female victims and male aggressors. Such findings are significant in intervention, since female and male experiences and resources differ in our society. Consistent documentation by sex will indicate the level and kind of services necessary by sex.

In much of the literature on family violence, spouse violence and parent-to-child violence are most frequently studied and documented, and information on elder abuse is only beginning to be gathered. Of information available on violence in other family relationships, findings indicate there is significant sexual abuse of adult women, highly significant sibling violence, and significant child-to-parent violence. These findings indicate the need for more attention to and intervention in these areas. There is extremely limited information on violence toward adults who have physical or mental handicaps. The current trend in providing services to these target groups is to retain these individuals in communities rather than in institutions. Because of their handicaps, these individuals may be less able to protect themselves from violence by other family members than would individuals lacking these handicaps. As we develop community-based services for these groups, it is necessary to program for this reality.

Finally, unreasonable confinement is another form of physical violence. This concept is found specifically in the literature on violence against elders. Block and Sinnott found that being tied to a bed was listed eight percent of the time and being tied to a chair was listed four percent of the time as methods of abuse.<sup>100</sup> Battered women often recount instances of being locked in a room or apartment. Children are at times found to be locked in closets or basements. Unreasonable confinement by family members merits further study as an independent method of abuse or as a factor in the dynamics of violence.

### 3: Family Dynamics

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Violence in some families occurs only among siblings. In other families, it occurs primarily between adults. In still others, the violence crosses two or more generations. Violence in the family increases in frequency and severity, unless there is intervention. It is through intervention that practitioners have begun work with aggressors, victims, and family units and have identified common characteristics. This chapter profiles family aggressors and family victims and then examines family issues.

In addition to characteristics identified by practitioners, the characteristics footnoted in this chapter usually refer to multiple sources in the literature on family violence. For example, a statement that aggressors are often isolated and have few supportive relationships is footnoted to selected references in the literature on child physical abuse, child family sexual abuse, and battered women. This documentation is provided in order to examine the common characteristics of aggressors, victims and family dynamics regardless of who is the victim (child, elder, etc.), who is the aggressor (parent, child, etc.), or what is the manifestation of the violence (sexual abuse, physical violence). Such examination can facilitate treatment planning and intervention.

#### Profile of Aggressors

Family aggressors are, of course, individual in their characteristics, background, and current circumstances. Violent family members constitute a cross section of the population and, as such, reflect acceptance of violence as normative behavior. This acceptance must be targeted for change at the societal level.

It is necessary at the same time to examine information

available on the family aggressor in order to intervene with that person, understand the behavior of the victim, and understand the family dynamics. Most of the available information is about aggressors who have been officially reported for intervention, who have sought intervention, or whose victims have sought assistance. This information, then, is biased in that it reflects the characteristics of aggressors who have come to the attention of public officials and other intervenors from outside the family.

**Sex:** Aggressors in child physical abuse are both male and female. In the National Survey on Family Violence, Gelles found that 76 percent of the women and 71 percent of the men interviewed had at some time been violent toward their child.<sup>1</sup> Women were aggressive toward children more frequently than men. The survey authors believe that the reason mothers are the primary aggressors is that they have the greatest responsibility for child care.<sup>2</sup> Gil found in his study of reported child abuse that when both parents were in the home, less than 50 percent of the abusers were female and 66 percent were male. When female-headed households were included in the total figures (30 percent of the instances studied), female perpetrators reached 51 percent.<sup>3</sup> Maden and Wrench, in reviewing the literature, found that more females than males were abusers, especially with younger children. When the father was unemployed, though, the difference appeared to be eradicated.<sup>4</sup>

Two observations may be made from these findings. Women are primary caregivers for children, particularly young children. Because of this, it is consistent to find that they would also be primary aggressors. These findings also indicate, however, that, in proportion to the amount of time men spend with children, their violence is significant; in fact, if men and women spent equal time with children, men may be found to be more violent toward children than women.

In child sexual abuse, Butler found that 95 percent of court cases concerned fathers, stepfathers, and grandfathers as aggressors. In another study cited by Butler, 97 percent of the perpetrators were male.<sup>5</sup> In Finkelhor's study of child sexual abuse, 94 percent of the abusers of girls and 84 percent of the abusers of boys were male.<sup>6</sup> These findings identify males as the overwhelmingly predominant sexual abusers. This is consistent with the

socialization of males in our culture to be sexually aggressive.

The *National Analysis of Official Child Neglect and Abuse Reporting (1978)* provides information on the sex of parent aggressors. Statistics include both physical and sexual abuse. Of birth parents, males were the aggressors in 48 percent of substantiated instances and females were aggressors in 52 percent of the instances. Of adoptive parents, though, 72 percent of the aggressors were fathers and 28 percent mothers; of step-parents, 87 percent were fathers and 13 percent mothers; of foster parents, 51 percent were fathers and 49 percent mothers. Of all parent types, 55 percent of abusers were fathers and 45 percent were mothers.<sup>7</sup> In Minnesota statistics for the same year, there are greater discrepancies between male and female aggressors. Of 1,159 substantiated cases of physical and sexual abuse, 68 percent were male aggressors and 32 percent were female aggressors.<sup>8</sup> Findings in both of these reports indicate that in 1978, substantiated cases of physical and sexual abuse concerned more male than female aggressors.

Among siblings, Steinmetz found that boys in every age group were more violent toward their siblings than girls.<sup>9</sup> In the 76 substantiated cases of sibling abuse in Minnesota in 1978, 92 percent of the aggressors were male and 8 percent were female.<sup>10</sup> This would be consistent with cultural training of aggression in boys. Among elders abused by siblings, Lau and Kosberg found that the sibling was usually a sister.<sup>11</sup> This would be consistent with the greater proportion of females to males among elders and the acceptance of females as caregivers to elders.

In spouse abuse, Straus found that both males and females are violent, when measured in quantitative terms. According to Straus, almost 1.8 million husbands beat their wives each year and over two million wives beat their husbands each year.<sup>12</sup> This study examines acts of violence, only, and does not discuss consequences. Because of this, the author stresses examining the findings in the context of wives as victims for the following reasons: (a) the data indicates that husbands have higher rates of the most dangerous and injurious forms of violence, including "beating up" and using a knife or gun; (b) abuse by husbands does more damage because of greater physical strength; (c) violent acts committed by a husband are repeated more often than acts committed by wives; (d) data does not indicate the proportion of violent acts by wives which were in self-



defense or a response to blows by the husband; and (e) a large number of attacks by husbands on wives seem to occur during pregnancy, which poses a danger to the unborn child.<sup>13</sup> Also, a study developed to prepare for this research showed that husbands were more likely to underreport violence than were wives.<sup>14</sup> In another study by Frieze, *et al.*, few battered women who fought back were as violent as their husbands. In this study, although women were found to be violent toward men, there was "no support for the idea that there are a good many 'battered husbands.'" <sup>15</sup> Based on the latest data collected by Minnesota Department of Corrections personnel, projections are that there were an estimated 86,945 assaults by males on their female partners in the last two years.<sup>16</sup> Of 3,900 human services reports of battering, 3,737 were reports of males battering females and 163 females battering males.<sup>17</sup>

Among elders, the majority of aggressors are female. Block and Sinnott found that 58 percent of abusers were female and 42 percent were male.<sup>18</sup> Lau and Kosberg also found the aggressors in their study were predominantly female.<sup>19</sup> As with children, this would be consistent with societal expectations that family caregivers be female. And again, in terms of the amount of time men spend with family elders, the amount of violence might be examined.

**Age:** The age of the aggressor usually depends on the age of the victim. Findings from the National Survey on Family Violence indicate that the most frequent physical violence in the family is between minor siblings. Four of five children with a sibling in the home were violent toward that sibling at least once during the survey year. Fifty-three of every 100 children attacked a sibling in a manner that would be considered assault if it occurred outside the family.<sup>20</sup>

In physical and sexual violence directed to a child by an adult, in 1978 substantiated reports nationally, 38.4 percent of child abuse perpetrators were in their twenties. Another 33 percent were in their thirties. Separating the statistics by sex, more female aggressors were under age 30 and more male aggressors were over age 30.<sup>21</sup> In Minnesota statistics for the same year, female aggressors were approximately divided between over age 30 and under age 30. Males were overwhelmingly over age 30.<sup>22</sup>

Among couples who experience physical violence, younger couples are more violent.<sup>23</sup> Of men reported to have battered women in Minnesota, according to the latest Minnesota Department of Corrections report, 45 percent were between the ages of 25 and 34. Another 22 percent were in each of the age groups of 15 to 24 and 35 to 44.<sup>24</sup> With 78 percent of the battered women aged under 35, two-thirds of the reported couples were under age 35.<sup>25</sup> Gayford found in a study of 100 battered women that the mean age of the battering partners was 33.9.<sup>26</sup>

In elder abuse, Block and Sinnott found that 53 percent of the aggressors were middle-aged, in their forties and fifties.<sup>27</sup> Lau and Kosberg do not specify age, but with most of the elder abuse in their study having been perpetrated by adult children, spouses, and siblings, an assumption can be made that the predominant age of elder abusers in their study was middle-age or older.<sup>28</sup>

Finally, taken as a whole, younger families are the most violent families.<sup>29</sup>

**Prior Victimization and Aggression:** One consistent theme of aggressors is their own victimization as a child. Consistent findings indicate that many men who batter women were abused as children or witnessed their parents' violence toward one another.<sup>30</sup> Studies of imprisoned sex offenders indicate that a significant number were sexually abused as boys but received no intervention.<sup>31</sup> Many child abusers also experienced abuse as a child.<sup>32</sup> Among those who aggress against elders, Lau and Kosberg explain one pattern of abuse as that in which the aggressor "suffered real or perceived mistreatment by his parents or caregivers earlier in life and who now reverses the behavior."<sup>33</sup> One of the consequences of such experiences is learning violence as a problem-solving method.<sup>34</sup>

Some aggressors may not have been physically abused, but have suffered early life deprivation, emotional abuse, physical or psychological abandonment, or other trauma.<sup>35</sup> Such earlier victimization fosters unmet emotional needs and leads to moving toward having those needs met behaviorally.

Among men who are violent in the family, there is some association with criminal records for crimes outside the family. This is true for men who batter women<sup>36</sup> and who abuse children.<sup>37</sup> This does not appear to be so true of child sexual abusers,<sup>38</sup> though they



may still be considered psychopathic.<sup>39</sup>

**Self-Image:** Family aggressors have problems with self-image. Aggressors often feel threatened at a possible loss of self-esteem, which is usually low already.<sup>40</sup> Self-concept is also low and may be inconsistent. Identity may be lacking or shifting, or there may be a disparity between how an aggressor views self and how the aggressor wants to be.<sup>41</sup> In conjunction with low self-esteem and low self-concept, aggressors feel inadequate,<sup>42</sup> insecure,<sup>43</sup> and worthless.<sup>44</sup>

Aggressors are self-centered. Child abusers are described as narcissistic,<sup>45</sup> and some child sexual abusers, specifically, are described as egocentric.<sup>46</sup> Star describes family aggressors as lacking in ego strength,<sup>47</sup> and Frieze describes men who batter women as having insatiable ego needs.<sup>48</sup> Abusers are consistently described as immature.<sup>49</sup>

**Relationships:** In relation to others, aggressors are often isolated and have few supportive relationships.<sup>50</sup> As a result, they are often lonely individuals,<sup>51</sup> who believe they have poor social skills.<sup>52</sup> Among men who batter women, two contradictory personalities are often noted. One man is charming, loving, caring, and one is brutal — Dr. Jekyll and Mr. Hyde.<sup>53</sup>

Aggressors consistently have unrealistic expectations of the victim. An aggressive parent with unfulfilled needs expects a child to take care of the parent. In doing so, the parent makes demands of the child that require the child to be adult-like and to perform functions that are often beyond what the child is developmentally capable of performing.<sup>54</sup> When the child cannot meet the parent's expectations, the parent feels unloved, insecure, and betrayed.

In woman abuse, the husband expects the wife to meet all of his needs. The Dobashes state that men who repeatedly attack their wives often do so because they perceive their wives are not providing for their immediate needs in a manner they consider appropriate and acceptable.<sup>55</sup> In a study of marital rape, Gelles found that husbands seemed to view refusal of intercourse as a reason for beating or intimidating their wives.<sup>56</sup>

In elder abuse, the adult child continues to expect the elder parent to provide nurturing and care at the same time the elder is

deteriorating physically and possibly mentally and becoming more dependent on the adult child. Davidson states that an adult child's "inability to see the parent in any other way than the parent role can create conflict as the dependency of the older parent increases."<sup>57</sup>

In all of these instances, the aggressor perceives the victim as a resource to meet the aggressor's emotional and physical needs. At the same time, the aggressor often fails to recognize and meet the needs of the victim.

Family aggressors are often emotionally dependent individuals.<sup>58</sup> With this dependency, the aggressor may be exploitative,<sup>59</sup> possessive<sup>60</sup> and jealous.<sup>61</sup> Battering men have been described as "yearning for nurturance" and as tending "to see women only in terms of the degree to which they have or have not met their needs."<sup>62</sup>

The aggressor then, has problems with self-esteem and self-concept, has few supportive relationships, has unrealistic expectations of a victim, and is emotionally dependent. As one resolution to the discomfort that results, the aggressor may move to an "ego fusion" with the victim.<sup>63</sup> Elbow describes a batterer's experience of loss of wife as loss of self.<sup>64</sup> This is also described as "symbiotic" and as "lacking in boundaries." To accomplish this relationship, the aggressor must control the autonomy of the victim.<sup>65</sup> Often, this includes isolating the victim. Aggressors also confuse family roles and become manipulative.<sup>66</sup> To maintain a sense of self, the aggressor becomes domineering.<sup>67</sup> To women and children, an aggressor may force sexual activities.<sup>68</sup>

**Feelings:** Aggressors generally have problems with feelings. This may be difficulty in articulating them,<sup>69</sup> difficulty identifying emotions specifically, except for anger,<sup>70</sup> distancing self from feelings,<sup>71</sup> or not readily expressing emotional needs to others.<sup>72</sup> Related to these difficulties, aggressors appear to be emotionally insulated from the suffering of the victim.<sup>73</sup> Star notes this characteristic as "lacking empathy,"<sup>74</sup> and Steele notes among abusive parents an impaired ability to empathize with a child's (or anyone's) needs and to respond appropriately.<sup>75</sup> This characteristic may also be related to a lack of remorse or guilt after beating another family member.<sup>76</sup>

The literature on men who batter and practitioners working

with family aggressors often mention an aggressor's feelings of powerlessness.<sup>77</sup> Violence becomes one means of being or becoming powerful.<sup>78</sup> Rape is a form of violence, also seen as an exertion of power.<sup>79</sup>

Aggressors often feel hopeless, helpless,<sup>80</sup> and shameful.<sup>81</sup> They are angry, and at times express the anger as hostility or animosity.<sup>82</sup> Child and woman batterers experience depression.<sup>83</sup> All of these feelings may lead to suicide. Among men who batter, suicide may be a threat or a reality.<sup>84</sup> In Wolfgang's study, 19 percent of the husbands and 2 percent of the wives who murdered their spouses committed suicide.<sup>85</sup>

**Control:** Family aggressors are often impulsive or have impaired impulse control.<sup>86</sup> They may have poor control of aggression<sup>87</sup> at the same time they have a low frustration tolerance.<sup>88</sup> They may be unable to handle stress,<sup>89</sup> tension and anxiety<sup>90</sup> and have a limited capacity to delay reinforcement.<sup>91</sup> They are usually action-oriented.<sup>92</sup>

It is common during or after a violent episode for the aggressor to "blank out"<sup>93</sup> or claim "amnesia."<sup>94</sup> With "blanking out," the aggressor does not remember the amount of violence delivered and may be surprised at the extent of injury sustained by the victim.

Aggressors have strong control needs.<sup>95</sup> A word used consistently to characterize aggressors is "rigid." Child abusers are described as rigid<sup>96</sup> or as having inadequate or rigid defenses.<sup>97</sup> In a study of adolescent abusers, one-third of the cases included one or both parents who were described as "rigid and controlling disciplinarians."<sup>98</sup> Men who batter women are described as having rigid expectations of marriage.<sup>99</sup> Butler describes male sexual aggressors as having "rigidly patriarchal values and world view."<sup>100</sup>

**Personal Defenses:** Aggressors use various methods of taking care of themselves in the face of their being destructive to other family members. In psychological terms, these methods are called ego defense mechanisms. These mechanisms are usually unconscious, but they distort reality. They help an individual maintain feelings of self-worth and adequacy rather than cope with stress. At the same time, these defenses facilitate repetition of violence.

Aggressive parents may use such defense mechanisms as repression, denial, projection and externalization.<sup>101</sup> Flynn suggests that use of such defenses can cause "an incapacity to learn from experience and to appreciate realistically the possible or inevitable consequences of their actions."<sup>102</sup> This suggestion has merit for other forms of family violence.

In defense of themselves, aggressors minimize the seriousness<sup>103</sup> or deny their behavior.<sup>104</sup> This denial may be conscious and used to "cover up" and keep the "secret" of the violence in the family and so prevent the aggressor from being exposed. The denial may take the form of the aggressor's refusing to recognize the violence as a problem and so minimizing the behavior.

Aggressors externalize, that is, blame other persons and circumstances for their behavior.<sup>105</sup> They also rationalize the violence,<sup>106</sup> including use of the belief in the "right" to strike or physically punish another family member. This belief is socially supported and contributes to the rationalization.

## Profile of Victims

A victim is a person who has experienced a destructive event from an outside uncontrollable force. In our society we often overlook the uncontrollability of victimization and hold the victim responsible for the event.

Victim "provocation" or "contribution" is a prevalent theme in family violence literature and in professional discussions. In child abuse literature, it is inherent in the concept of the "special," "difficult," or "different" child. These differences may be attributes, chance events affecting parent-child relationships, the developmental level of the child, and the child's "inviting" abuse.<sup>107</sup> Libbey and Bybee, in writing about adolescent abuse, discuss "adolescent precipitated maltreatment"<sup>108</sup> and provocative behavior by the adolescent.<sup>109</sup> Incest victims have been described as seductive and so as "asking for it."<sup>110</sup> Battered women are perceived as "asking for it" through their behavior,<sup>111</sup> by entering a relationship where violence will happen,<sup>112</sup> or by not leaving a violent relationship.<sup>113</sup> Douglass, Hickey, and Noel in their study of maltreatment of vulnerable adults, found that 20 percent of the professional respondents considered the victim at least partially responsible for the

maltreatment. Frequent perceived causes of abuse and neglect were the victims' difficult personalities, level of dependency, or personal habits.<sup>114</sup>

In our society, we consistently hold victims responsible for their victimization. If a car is stolen, one of the first questions police ask is whether the driver left the keys in the car. If a person is mugged in downtown Minneapolis at midnight, it is to be expected that friends would ask what the victim was doing alone downtown at that time of night, anyway. This same attitude of victim responsibility is found in work with family violence.

A serious problem in concentrating on this perspective of victim provocation is that it facilitates blaming the victim for being victimized. The responsibility of the aggressor is neutralized by attributing responsibility and negative qualities to the victim. With this perspective, intervention may be only or inappropriately victim-focused, and the aggressor avoids being confronted with the seriousness of the aggressive behavior. It is with this caution that the following section describes commonalities among victims of family violence.

In discussion with practitioners and in the literature on various types of family violence, there are consistent themes that describe victims. Individuals, of course, vary in personalities and in response to life situations, and so these themes are generalities and may apply to some victims and not others. As themes, the following are important to consider in intervention.

**Sex:** The sex of the victim depends on the age of the victim and on the type of violence. Sexual aggression is overwhelmingly directed to females. In one study of family child sexual abuse, 87 percent of the victims were females.<sup>115</sup> This is consistent with 1978 Minnesota substantiated child sexual abuse statistics, in which 87 percent of the victims were female and 13 percent were male.<sup>116</sup> In Finkelhor's study of childhood sexual victimization, 19.2 percent of the women and 8.6 percent of the men had been victimized as children.<sup>117</sup> Almost half of the girls' experiences were with family members, as were 17 percent of the boys'.<sup>118</sup> Marital rape is generally a crime against women.

In child physical violence, both boys and girls are victims. Gil, in studying reported cases found that boys outnumbered girls as

victims under age 12, and girls outnumbered boys as victims in adolescence.<sup>119</sup> Maden and Wrench found that males constitute the majority of reported abuse cases but females are more likely to be confirmed abuse victims. Maden and Wrench also found more fatalities in national reporting figures among girls.<sup>120</sup> This fatality rate is borne out in 1978 Minnesota statistics which indicate that five girls and two boys died as a result of abuse or neglect.<sup>121</sup> In contrast to this examination of reported cases, Gelles found through a national survey that boys over age 10 were the most common victims of frequent and severe parental violence.<sup>122</sup>

Among couples, both males and females are victims, but consequences for females are significantly greater, unless the female is physically stronger or uses a weapon. Of 3,900 human services reports to the Minnesota Department of Corrections on partner violence, 3,737 involved females as victims and 163 involved males as victims.<sup>123</sup> For further information on Straus' findings, see page 37. Of family criminal homicides in Minnesota in 1979, more than twice as many females as males were murdered.<sup>124</sup> (See pages 20&21.)

Among elders, the overwhelming majority of victims are again female. Block and Sinnott found that 81 percent of the victims were female and 19 percent male.<sup>125</sup> Lau and Kosberg found 30 females and nine males among 39 victims.<sup>126</sup> In a Massachusetts study on elder abuse, most of the victims were found to be female.<sup>127</sup>

Overall, the National Crime Survey found that 76 percent of family victims, age 12 and over, were female.<sup>128</sup> Consistently in family violence, then, the primary victims are females of all ages and males under the age of majority.

**Age:** Violence against minors appears to be directed most severely toward very young children and adolescents. Gelles, Gil, and Maden and Wrench all find that children under six are at great risk of injury.<sup>129</sup> Gelles and the American Humane Association also find that adolescents are also at particular risk.<sup>130</sup> In analyzing statistics available on age of children, several factors must be considered. Present reported findings usually include physical and sexual violence in the same figures. Also, with continued training of mandated reporters, particularly school personnel, more school-age children will be identified. Violent acts are committed against children of all ages. The developmental level and physical strength



of the child are factors in determining whether the child is injured. The developmental level of the child is also a factor to consider in providing intervention.

Among couples, younger couples are more violent.<sup>131</sup> Of abused women reported to the Minnesota Department of Corrections, 78 percent were under age 35.<sup>132</sup> Of men who were abused, 71 percent were under age 35.<sup>133</sup>

Among elders, it is the old-old who are more often found to be abused. Block and Sinnott found the mean age to be 84.<sup>134</sup> The Massachusetts study indicated that the abused elder is usually over age 75.<sup>135</sup>

To generalize, then, very young children, adolescents, younger couples, and "old-old" elders, are subject to the most violence.

**Prior Victimization:** Many, but not all, of older victims have experienced violence when younger or have witnessed violence between their parents. In one study of adolescent abuse, five of 25 youths had been abused as children.<sup>136</sup> In Gayford's study of 100 battered women, 23 percent had seen their father beat their mother. Nineteen of the women had also been hit by their fathers and 14 by their mothers.<sup>137</sup> Roy found in a study of 150 battered women that one-third witnessed parental violence or were abused as children.<sup>138</sup> Many victims had also experienced severe punishment during childhood.<sup>139</sup> If not physical abuse, many victims experienced severe deprivation as a child.<sup>140</sup> Some battered women have also experienced violence in previous relationships.<sup>141</sup>

**Self-Image:** The self-image of victims is generally low, or even negative. This may have been present prior to the violence and may be a consequence of prolonged violence. Battered women,<sup>142</sup> incest victims,<sup>143</sup> and physically abused children<sup>144</sup> are noted for low self-esteem. Cohn writes that abused children have difficulty developing a "healthy sense of self."<sup>145</sup> Kinard found in testing that abused children saw themselves negatively,<sup>146</sup> and Truninger described battered women as having negative attitudes toward themselves.<sup>147</sup> Along with low or negative self-image comes low ego strength, low self-confidence, and lack of clear self-identity.<sup>148</sup>

**Relationships:** The victim often loves the aggressor.<sup>149</sup> This is

true of a child who is physically or sexually violated by a parent, of a wife beaten by her husband, or of a vulnerable adult abused by another family member. The victim may feel sorry for the aggressor,<sup>150</sup> and feel loyalty toward that person.<sup>151</sup> A child may long for good parenting,<sup>152</sup> and a woman may still hold on to a "dream" marriage and be jealous of her husband.<sup>153</sup> The victim is usually dependent on the aggressor. The dependence may be developmental or functional (as with very young, handicapped, and very old persons). It may be economic or emotional, or it may be any combination of dependencies.<sup>154</sup>

Victims have been described as shy, introverted, and introspective.<sup>155</sup> They may have poor social skills,<sup>156</sup> withdraw, and avoid personal contact.<sup>157</sup> Cohn found that 70 percent of the abused and neglected children in her study did not relate well with their peers and 57 had problems relating with adults.<sup>158</sup> Many victims lack a support network of family or friends.<sup>159</sup> In addition to being isolated by the aggressor, the victim contributes to personal isolation.<sup>160</sup> In relationships, victims often have or develop problems with intimacy.<sup>161</sup> They lack trust in others and have difficulty developing such trust.<sup>162</sup>

**Feelings:** A pervasive component of a victim's life is fear. A feeling of terror is associated with the violence and the continued threat of violence.<sup>163</sup> Besides the fear of physical and sexual violation, there is fear of failure,<sup>164</sup> fear of retaliation,<sup>165</sup> fear of placement outside the home, and fear of family separation. With the dependencies mentioned previously, there is also fear of an inability to survive alone,<sup>166</sup> of abandonment, and fear of loss. In response to these fears, a victim may be anxious and tense<sup>167</sup> and hypervigilant.<sup>168</sup>

Victims often feel hopeless,<sup>169</sup> powerless,<sup>170</sup> shameful,<sup>171</sup> guilty,<sup>172</sup> sad,<sup>173</sup> and embarrassed.<sup>174</sup> Victims are angry and rageful,<sup>175</sup> but may cover these feelings in fear or express them in depression<sup>176</sup> or suicide attempts.<sup>177</sup>

**Beliefs:** Family victims appear to maintain consistent beliefs. Two primary beliefs are that (a) they are responsible for the violence, and (b) that they can control the violence.<sup>178</sup> These beliefs respond to the aggressor's blaming the victim for the violence, or to



their own negative self-images. Family aggressors use these beliefs to "brainwash" a victim and so maintain dominance and control.

One common belief of victims is that they are unique; that is, that the victim is the only one experiencing such violence.<sup>179</sup> On the other hand, some victims believe that violence is usual and happens in other families.<sup>180</sup> Both of these beliefs contribute to a victim's isolation, since a victim then believes there is little hope for change.

It is common for a victim who has lived for a period of time under violence or its threat to begin to question sanity and to believe in personal "craziness."<sup>181</sup> Butler says of incest victims, specifically, that they "distrust their perception and deny their own reality."<sup>182</sup>

**Response to Violence:** As a survival technique, some victims "turn off" their body feelings and do not feel the physical pain. Incest victims may also "turn off" their sexual feelings in order to cope with the violation. Some victims describe an experience of being in the violent incident physically but removing themselves psychologically and emotionally from the situation and observing what is happening from the outside. Walker's terminology for this reaction is "disassociating cognition from body feelings."<sup>183</sup>

Many victims respond to violence by protecting themselves emotionally. Butler quotes an incest victim as saying when she was four years old, "I decided that the only way I was going to make it with my crazy parents was to shut myself off."<sup>184</sup> Dobash and Dobash describe one reaction of battered wives as turning inward and attempting to build a protective shell around their emotions.<sup>185</sup> Victims have also been described as being reserved and cautious in their emotional expressions<sup>186</sup> and as having difficulty giving and receiving affection.<sup>187</sup> Finally, abused children are described as having an impaired capacity to enjoy life.<sup>188</sup>

In addition to isolating themselves, as discussed previously, disassociating themselves and protecting themselves emotionally, victims have other responses to the violence. Some victims deny the violence.<sup>189</sup> Some minimize and rationalize the violence; for example, they believe the aggressor is "sick," or excuse the violence because of drunkenness or job stress. Most victims try to control the environment and personal interaction to avoid the violence. Some victims respond with passivity and compliance.<sup>190</sup> Victims often blame themselves for the violence<sup>191</sup> and experience conflicting

feelings about their complex and dangerous family situation. They may then be bewildered,<sup>192</sup> confused,<sup>193</sup> and ambivalent<sup>194</sup> and consequently use poor problem-solving behavior.

Many victims are overwhelmed and feel unable to cope.<sup>195</sup> They may experience and have difficulty with frustration,<sup>196</sup> and be hypersensitive.<sup>197</sup> Yet they can be critical and uncompromising.<sup>198</sup> Some victims become aggressive in return.<sup>199</sup>

Victims may cover up violence,<sup>200</sup> and help keep the "secret." They may become resigned.<sup>201</sup> On the other hand, many victims leave the family. Among children and adolescents, physical and sexual violence are common reasons for running away from home.<sup>202</sup>

## Family Issues

Profiles of the two major individuals involved in family violence, the aggressor and the victim, were discussed in the last two sections. This section discusses common dynamics in the relationship between the two family members and among all family members. Some of this will repeat issues discussed in the profiles, but the intent is to examine the interaction. Two premises on which these dynamics are based are that (a) individuals coming into the family bring unique personalities, experiences, and needs, and (b) family members with these individualities interact. Family issues include family roles; dependence; predominant feelings; conflict, power and control; personal defenses; and cover-up or secrecy. These issues must be examined in intervention.

**Family Roles:** Most violent families are structured as a patriarchy and hierarchy.<sup>203</sup> Such a family structure ascribes authority and power in the family based on sex, age, and cultural expectations. In this structure, the husband and father has ultimate power and authority, and all other family members are expected to be submissive. A wife's or child's assertion of independence may threaten the husband-father's power and authority, and so the wife or child must be contained or controlled. This may be accomplished through financial, behavioral, or emotional manipulation. These dynamics exist to some extent in many families. In some families, though, manipulation is accomplished through violence or the

threat of violence. The family then experiences fear, coercion and oppression rather than experiencing safety, nurturing, support and guidance. In response to coercion and oppression, family members attempt to develop a controlled life style. They control emotional expression, particularly of emotions that are negative and uncomfortable. This control or suppression may later be released in rebellion against the authority and power, in delinquent activity, or in self destructiveness.

The hierarchical family structures dominance and submission in the marital relationship. Terr found in a study of child abuse that in nine of 10 relationships, the partners represented extremes in dominant-submissive or aggressive-passive relationships.<sup>204</sup> Star states that violence is most likely to erupt "when partners hold stereotype ideas of appropriate male-female, husband-wife role behavior."<sup>205</sup> Gelles found that wife beating was much more common in homes where the husband had the concentrated power. Husbands were more likely to be beaten in either wife or husband dominant homes. The least violence occurred in democratic households.<sup>206</sup> Meiselman notes that though it is the norm for husbands and fathers to dominate wives and children, "incestuous fathers have often been described as unusually tyrannical within their families."<sup>207</sup> Dietz and Craft describe both wife battering and incest families as "typically patriarchal, with dominant husbands and submissive wives."<sup>208</sup>

Role confusion, role reversal and role boundary cross-over may be present at the same time the family is structured in stereotyped roles. An example of role reversal is a child's parenting a parent. One young woman who had been sexually abused as a child stated, "I raised my mother from the time I can remember. I protected my mother."<sup>209</sup> Roles may become confused, such as when a sexually abused child assumes household duties and the care of younger children,<sup>210</sup> responsibilities previously accepted by the child's mother. In family sexual abuse, mother and daughter may become rivals for the husband-father's attention, rather than assume the roles of two individuals in a parent-child relationship. A daughter in this situation may be confused and not know when to expect her father to behave like a parent and when like a lover. Of such fathers, Butler states, "Conditioned to having their needs met by women, unable to articulate or to provide for such needs

themselves, they alter the relationships within the family by substituting their daughters for their wives."<sup>211</sup> Butler, continuing, found that in nearly all families interviewed, there was a "painful estrangement between the mother and her victimized daughter."<sup>212</sup>

Role reversal is a consistent dynamic in child physical abuse.<sup>213</sup> Parents unable to have their needs met from other adults turn to their children and expect the children to provide for their needs. The child, if capable of responding, becomes the parent's parent. A similar dynamic occurs when a child sees a mother being beaten and intervenes with father, and so attempts an adult role of protection and intercession. An adult child and elder parent experience role confusion as the child assumes caregiving responsibilities for the elder and the elder continues to be perceived as and act as a parent.

All family members enter into the confusion. If a daughter can diffuse father's anger by caring for him, other family members may pressure her into the role of caregiver or sexual partner. If the adults in the family fail to assume parenting roles, the children will, and they become protecting, responsible "little adults."

Consistent role confusion creates chaos. Violence may increase among all family members, as it is learned as a method of expression or control. Family members may physically and legally separate, but continue to be emotionally tied, still wanting expectations and needs to be met by that family.

**Dependence:** Dependence is a human condition, and individuals are dependent to varying degrees and in some or most aspects of living. Dependence is a factor in all families, but is consistently raised as an issue for families experiencing violence. Where these factors may receive appropriate response in many families, in violent families dependence may contribute to the vulnerability of a victim. It may be a "trigger" for violence in an aggressor, as well as facilitate the violence if the victim is "trapped" and unable to extricate from the situation.

Physical dependence is necessary for infants, small children, persons who are ill or handicapped, and frail elders. Such physical dependence may be limited, as in helping an elder walk down stairs. It may require 24-hour care, as for an infant. While an infant becomes increasingly independent, though, an elder may become increasingly physically or mentally disabled and therefore

increasingly dependent. In family interactions, the physical dependence of a member requires one or more other members to be caregivers. Who assumes the role of caregiver depends on expectations, necessity, or agreement.

Economic dependence is another major issue. Children need their parents or other caregiver to provide them with material necessities. Battered women are often dependent economically on a husband, have few marketable job skills, and have several children requiring care. Elders and handicapped adults may be dependent on caregiver relatives for basic necessities, including medical care.

Social dependence is the need to interact with other human beings. Elders who have lost their contemporaries and who become increasingly dependent physically, often become increasingly socially dependent on their children and grandchildren. Violent families often become isolated from outsiders and even from extended family members and become increasingly interdependent on one another.

Among family members, there is an intense emotional dependency. There is an expectation that the family will be caring and nurturing, and family members depend on the family for personal emotional support. Butler states of incest victims that "the child's needs for love becomes the precise source of his or her vulnerability."<sup>214</sup>

The literature on child physical abuse, family child sexual abuse and wife battering consistently discusses the extreme interdependency, or "symbiosis" of aggressor and victim. Justice and Duncan state that one parent characteristic predisposing towards child abuse is a "shifting symbiotic relationship between spouses in which each is competing for the role of being taken care of."<sup>215</sup> Barnhill also discusses symbiosis in assessing intra-familial violence. Both parties in the symbiotic relationship expect the "other" to take care of "self."<sup>216</sup>

The aggressor and victim become increasingly symbiotic and at the same time, become increasingly isolated. Each expects to have needs met by the other person and extra-familial individuals are excluded. The aggressor promotes the isolation to maintain control, and the victim continues it in fear of injury and because of the shame, stigma, and embarrassment attached to being victimized. With the extreme interdependence comes the fear of losing the other

and so not having needs met. An ambivalent love-hate relationship develops. Barnhill describes a paranoia that is associated with the pathological symbiosis that "catalyzes hostility and destructiveness."<sup>217</sup> As the tension increases, violence erupts, and control is once again obtained. The cycle begins and repeats itself, with greater frequency and severity.

**Predominant Feelings:** Pain is prevalent, usually in all family members. This includes physical pain and the psychic, emotional pain experienced through being violated by a family member, by someone who is loved and is expected to be loving, protecting, and nurturing. It may be the pain of coming to believe that one deserves such violence. It may be the pain of having hurt someone else. Other family members live with the pain of the aggressor and the victim and experience their own pain in witnessing violence among family members and identifying with that family.

Fear is also prevalent: fear of experiencing further violence; fear of not having physical, emotional and economic needs met; fear of losing the family and of abandonment. Because of fear, family members may distance themselves from the aggressor, and the aggressor is again left with needs unmet.

Anger covers the pain and fear. At times an aggressor will be able to identify only anger as a feeling, being unable to identify pain, fear, sadness, and frustration. Many victims suppress the anger that results from being violated, afraid that expressing anger will incur further violence. Many victims are depressed as a result of suppressing both the anger and the pain. The victim, unable to express the anger to the aggressor, may also internalize the anger into guilt and self blame.

Battered women, while not able to safely express anger toward their aggressor, may instead express anger toward police and counselors. Parents of an abused child may express anger at medical and social services personnel and law enforcement when questions are asked about the physical condition of the child and circumstances surrounding an injury. This expression of anger may cover the pain and guilt of having been an aggressor or a victim.

A feeling of helplessness is common for both aggressors and victims. Barnhill describes helplessness and desperation as underlying characteristics in violent individuals. "All intra-familial



violence can be viewed, at least in part, as a reaction to an overwhelming sense of helplessness.<sup>218</sup> Walker uses the concept of learned helplessness to describe the situation of many battered women. Such helplessness is a consequence of repeated exposure to uncontrollable events.<sup>219</sup> Lau and Kosberg describe some elders as resigning themselves to the abuse with "psychological acquiescence and passive acceptance."<sup>220</sup> This sense of helplessness can be immobilizing for a victim.

Guilt is experienced when an individual recognizes that personal behavior is contrary to personal values and ethics. An aggressor who believes it is unacceptable to be violent or to cause harm to another person will feel guilt. A victim who accepts responsibility for maintaining an intact marriage or family will feel guilty if the marriage fails or the family separates emotionally and physically. Guilt may be a motivating factor in seeking help for violent behavior. It may also be a factor in maintaining a relationship or family intact for fear of admitting failure or of losing a marital partner or other family member.

Shame is the internalizing of negative feelings and experiences and believing one is a "bad" or "evil" person. Shame can be immobilizing. It is often experienced by a victim who believes something must be "wrong" personally in order to "attract" violence, and so believes that the violence is deserved. This is exaggerated with continued punishment and humiliation by the aggressor. Shame can contribute to a victim's withdrawing and isolating from others. Elders are described as refusing to report abuse because they feel ashamed to admit such treatment by their own children.<sup>221</sup>

**Conflict, Power and Control:** All families have conflict, but interpersonal conflicts are a major issue in violent families. Communication may be seriously lacking or distorted, due to limited personal skills in communication or to fear of the consequences of honest communication.

Marriages of the parents of abused children usually involve severe interpersonal conflicts between the parents or between a parent and another family member.<sup>222</sup> Straus found that the more conflict a couple experienced, the more likely they would use violence. Verbal aggression was heavily associated with physical

aggression.<sup>223</sup> Symonds contends that when a husband brings violence into a marriage as a solution to any conflict, he uses the violence to restore feelings of power.<sup>224</sup> Walker, in turn, states that "(r)elationships that have been maintained by the man having power over the woman are stubbornly resistant to an equal power-sharing arrangement."<sup>225</sup>

In families where elders are violated, providing care to the elder may present conflict when it interferes with the needs of other family members or when it requires their adaptation. An adult child may have expectations of retirement or a return to employment after completing child rearing responsibilities, and be disappointed when she finds it necessary to assume a caregiving role with an elder. Also, if an adult child is unable to view the elder in other than a parent role, conflict may occur as the elder becomes more dependent on the adult child.<sup>226</sup> Unresolved conflicts between parent and child may create power struggles in these families.

Power and control issues may be addressed through conflict management or conflict resolution. Personal, physical, and other resource strength, and the willingness to use that strength, bring power into the family. Loss or lack of strength in any of these areas may constitute a loss of power; for example, an elder person who loses economic independence in the family loses power. Because of lower intelligence, a mentally retarded person may lack power in comparison with other family members with average intelligence.

In families where violence is a method of resolving conflict, use of physical force may be legitimized. It gives greater influence to the violent person, and even the threat of violence from that person manipulates other family members to behave as prescribed. In certain families, violence then becomes a norm or a "right."<sup>227</sup> Violence is used to gain control and so retain power. The Dobashes maintain that "violence in the family should be understood primarily as coercive control."<sup>228</sup> Consistent with this is the theory that a man uses violence to maintain the superior position society expects him to hold in his family, and that this is especially true if he perceives he is inferior in education, job status, and verbal abilities.<sup>229</sup> To maintain power, an aggressive parent or spouse will control the victim's social life and so isolate the victim and facilitate the control.<sup>230</sup>

Gelles perceives that violence is used by the most powerful



family member as a means of legitimizing the dominant position. Less powerful members rely on violence as a reaction to their lack of participation in family decision making.<sup>231</sup> Less powerful members may also use violence to capture power.

Once the power is established, control is maintained by the aggressor, but the victim and other family members also begin to control. Open conflict may become unacceptable, since it may trigger violence. Its consequences may be physical injury or loss of the family. In response to these possibilities, the victim may attempt to control behavior, verbal expression, and the environment in order to avoid being attacked. The victim and others dependent on the aggressor and on the family will attempt to avoid conflict and control both themselves and the environment in an effort to contain the violence and preserve the family.<sup>232</sup>

Individual family members and the family as a whole experience severe emotional pain and move to cope with the pain. Family members may minimize the violence; for example, a battered woman may say, "Well, he only gave me a black eye this time." The violence may be denied. A mother whose husband is sexually abusing her daughter may entirely miss cues that would tell her there is a father-daughter sexual relationship. Butler describes mothers of incest victims as becoming invested in "not knowing" for self-protection.<sup>223</sup> Lau and Kosberg describe abused elders as psychologically refusing to acknowledge there is a problem.<sup>234</sup> The family may also become desensitized; for example, children may continue watching television as another child is again hit. Smaller aggressive acts are not recognized as violence in comparison with the severity of some incidents.

The aggressor, victim, and other family members, in trying to make sense of the violence, begin rationalizing. In child sexual abuse, fathers will explain they are educating their daughters in sexuality. An adolescent may believe he deserved the "punishment." A child may become angry with her mother for being late with a meal, since father will be angry and mother will be beaten as a result. Family members may also repress the violence. It is common for a victim or an aggressor while in therapy to begin to remember long forgotten violence experienced as a child.

**Cover-Up:** After the violence, the aggressor and victim, and

usually the entire family, close in and cover up the violence. The aggressor is afraid of what would happen if the authorities learned of the violence. The aggressor may bring an injured child to different doctors and hospitals to conceal the frequency of injuries. A husband who batters his wife may beat her only where it will be hidden by clothing. An adult child will explain violence as accidental when an elder is seen by medical personnel. At times, the aggressor will prevent a victim from seeking medical care altogether. The aggressor, in covering, will deny outright that there has been violence. Though only one parent may be violent toward a child, the other parent may deliberately support that parent and deny knowledge of the violence.

The victim also maintains what becomes the family "secret." The victim fears further violence, retaliation, and blame if the aggressor would receive negative sanctions from outside the family because of the victim. The victim may be dependent on the aggressor economically, physically, emotionally and socially. The victim may fear loss of family and so fear abandonment. A battered woman who has been isolated may fear losing everything if she loses her husband. The child may fear losing a parent and other family members. An elder or physically handicapped person may fear losing a home and being moved to a nursing home. Also, many victims reach a point of believing they deserve the violence and so wish to hide their own guilt and shame.

All family members become enmeshed in the "secret." Children are usually told not to tell anyone. They learn that physical and sexual violence in the family is different from what other children experience in their families. When a mother tells her child that her bruises resulted from an accident, even though the child heard a physical fight, she teaches the child that violence between parents is not to be discussed. The message is also given when a parent requires a child to wear long-sleeved clothes to school to cover arm burns or bruises.

Secrecy and cover-up facilitate the violence. The aggressor maintains power and is reinforced in behavior as the other family members become accommodating.

## 4: Health and Family Violence

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Health concerns may be present prior to violence, but they are also a consequence of violence. These concerns include physical, emotional, and mental illness or disability, and chemical abuse. These concerns or problems interact, but for purposes of examination, physical, mental, and chemical issues will be addressed separately.

### Physical Health Conditions

Physical handicaps and illnesses contribute to the vulnerability of an individual. In families where violence is a dynamic, it is usually the victim who is ill or experiences a disability. This may be a condition such as a sight or hearing impairment. It may be a consequence of violence such as disfigurement or chronic back pain.

According to the National Crime Survey, of 1,150,000 instances of violence among relatives, 50.4 percent resulted in injury, and 17.1 percent required medical attention. Medical costs were incurred in 15.1 percent of the instances including 12.3 percent of the instances which required hospital or emergency room treatment.<sup>1</sup>

The characteristics and circumstances of children who are battered are examined in child abuse literature. Lenoski found that abused children were twice as likely as nonabused children to have been born prematurely. Twenty-four percent were delivered by Caesarean section, compared with 3.2 percent of nonabused children. In comparing abused children with nonabused siblings, Lynch found that abused children had experienced significantly more abnormal pregnancies and deliveries, neonatal separations, and post-natal illnesses.<sup>2</sup>

In the limited number of studies undertaken on abuse of elders and other vulnerable adults, there is consistent discussion of physical disabilities. In their study, Lau and Kosberg, found that 51 percent of the elders who were abused could not walk without aid, 10 percent had a hearing or visual impairment, 18 percent were partially or totally incontinent. Collectively, over three-fourths of the abused elders had at least one major physical or mental impairment.<sup>3</sup> Block and Sinnott also found that abused elders were severely impaired physically.<sup>4</sup> They found that 19 percent were bedridden, 19 percent experienced impaired mobility, 62 percent could not prepare their own food, 62 percent needed help keeping clean, and 54 percent could not take their own medication.<sup>5</sup>

Large numbers of women are beaten during pregnancy.<sup>6</sup> Battered women who are also physically disabled feel especially trapped in a marriage.<sup>7</sup> Gayford found 18 of 100 battered women studied suffered chronic physical illness.<sup>8</sup> Walker also found a number of battered women in her study had disabling illnesses.<sup>9</sup>

Women who are battered suffer from psychosomatic illnesses such as headaches, stomach ailments, respiratory problems and hypertension.<sup>10</sup> Steele and Pollack also found this to be the case with several child abusers in their study.<sup>11</sup>

Finally, in family child sexual abuse, there is discussion in the literature of mother's absence from the home due to illness or disability.<sup>12</sup> This does not imply that the mother is responsible for child sexual abuse, but that she may not be present to prevent the abuse.

In addition to the physical conditions and the circumstances around those conditions that a vulnerable family member may bring into a family, the consequences of violence must be considered. In summarizing findings in child abuse research, Maden and Wrench found that studies document that children suffer ocular damage, growth failure, chronic illness, physical unattractiveness, and subsequent injuries. They do qualify these findings by saying it is possible some of these disabilities may have predated the abuse.<sup>13</sup> They also note that "failure to thrive" may be a precursor to abuse.<sup>14</sup> In family child sexual abuse, physical consequences may be venereal disease, vaginal infections, pregnancy, and pain and lacerations in the genital and rectal areas. In one study, 53 percent of the child protection workers stated that

the child sexual abuse victim was frequently injured physically by incestuous abuse.<sup>15</sup>

Among battered women, headaches, choking sensations, hyperventilation, asthma, chest pain, gastrointestinal symptoms, pelvic pain, back pain, allergies, heart disease, and epilepsy are all reported.<sup>16</sup> Injuries include bruises, broken bones, internal bleeding, etc. According to Dobash and Dobash, many battered women in their study thought they needed medical care but were prevented by their husbands from receiving such care. Untreated injuries and attacks often resulted in permanent disfigurement, including loss of hair, improperly healed bones, and severe scars.<sup>17</sup> In one study of women coming into a hospital emergency room, researchers found that 20 percent of the women were definitely or possibly battered. These women were seldom identified as battered by hospital staff.<sup>18</sup>

There is also discussion in the literature of certain physical conditions which may be associated with aggressiveness. The terms "dyscontrol syndrome" and "episodic dyscontrol" are used in such discussions. Elliott states that this "(E)xplosive rage triggered by seemingly minimal provocation and accompanied by physical or verbal aggression occurs in two groups of conditions: functional psychoses and personality disorders on the one hand, and neurological and metabolic diseases on the other."<sup>19</sup>

Neurological and metabolic or organic conditions associated with violence include brain tumors,<sup>20</sup> epilepsy,<sup>21</sup> brain injury or minimal brain damage,<sup>22</sup> stroke and other neurological diseases,<sup>23</sup> and biochemical disorder.<sup>24</sup> However, discussions of such organic conditions make clear that, for example, not all epileptics or persons with minimal brain damage are aggressive or exhibit the dyscontrol syndrome. On the other hand, Harbin points out that although most of the patients in his sample study had an organic "involvement," most patients with problems of violence do not have such involvement.<sup>25</sup>

In their study, Bach-Y-Rita *et al.*, state that "violence was... viewed as a symptom not solely psychogenic in origin or due to brain dysfunction or a product of social disorganization, but as resulting from the interplay of all three factors."<sup>26</sup> Elliott emphasizes that family background is important and that "some—but not all—of the children reared in an atmosphere of uncontrolled

temper, parental dissention or separation, and emotional deprivation, become violent themselves, but it is not always easy to decide whether the effect is due to heredity, emotional trauma, bad example, or a mixture of all three."<sup>27</sup> In fact, it is difficult to separate what is organic and what is a response to the social setting.

Episodic dyscontrol, then, may or may not have an organic basis. The organic disturbances and symptoms may respond to medications. Bach-Y-Rita, Elliott, and Harbin, however, also discuss the use of mental health therapy in treatment of organic episodic dyscontrol.<sup>28</sup>

Since physical health problems often contribute to vulnerability or become a consequence of violence, the health care field is in a significant position to screen for victimization. In some medical practices, this already occurs. In others, it requires development. In response to what we know about physical health concerns as they relate to family violence, it is recommended that:

- When patients approach medical personnel with physical injuries or psychosomatic complaints, that medical personnel probe for possible violence.
- When providing health services to a pregnant women, that medical personnel be aware of and identify possible violence against the woman by her male partner.
- When "high risk" infants are identified, that they be monitored.
- As adults grow older, that they be encouraged to remain physically healthy, and, to do so, provided with opportunities for health screening, and provided with subsidies for medications when necessary.
- When needed, that home health care be available to provide services to physically disabled persons to reduce their vulnerability and to assist family caregivers in providing personal health care for disabled family members.

In addition, it is strongly recommended that when violence is seen as a symptom of an organic disorder, that the violence be

addressed directly, and that the patient be held responsible for the violence and provided treatment, as necessary.

## Chemical Use and Abuse

In the literature on family violence and in conversation with practitioners, there is consistent discussion about chemical use and abuse. This discussion centers on chemical abuse or dependency of the aggressor, forced use of drugs on a victim, and use of chemicals by the victim.

In *The National Analysis of Official Child Neglect and Abuse* (1978), alcohol dependency was identified in 14.6 percent and drug dependency in 4.1 percent of the reported and substantiated cases of child abuse and neglect.<sup>29</sup> In the same year in Minnesota, alcohol dependency was identified in 25.5 percent and drug dependency in 5.8 percent of such cases.<sup>30</sup> While these findings are important, there are inherent problems in these statistics. First of all, they include figures for both abuse and neglect. Secondly, the form used for gathering this information from child protection workers uses only "dependency" as a category; chemical abuse which may not be diagnosed as being "dependency" may or may not be included in these statistics. Thirdly, the identified dependency is not related to a specific family member such as aggressor, victim, or other family member.

Results of specific studies in child abuse and alcohol abuse are inconsistent.<sup>31</sup> In one Arkansas study, more than half of the alcoholic parents in the community-based alcoholic treatment center were child abusers.<sup>32</sup> Behling found that of 51 children seen at a Naval Hospital in California as maltreated (physical and sexual abuse and neglect), 25 had at least one alcoholic parent, another 10 had parents who abused alcohol to the extent that it affected their life style.<sup>33</sup> Fergusson found that nearly half of the fathers who drank heavily were personally responsible for injuring a child. Gil, however, found that only 12.9 percent of child abusers in his sample were intoxicated.<sup>34</sup>

Alcohol is also discussed in the literature on child sexual abuse. In fact, alcohol may be more involved in family child sexual abuse than in child physical abuse.<sup>35</sup> Studies usually indicate between 20 and 50 percent of samples of sexually abusing fathers are



alcoholic.<sup>36</sup> In Finkelhor's study, alcoholism was a maternal disability factor particularly associated with father-daughter sexual abuse.<sup>37</sup>

In the Michigan study of abuse of vulnerable adults, substance abuse by either the aggressor or victim was the second most frequent factor perceived as contributing to abuse or neglect. Alcohol abuse of the aggressor was mentioned twice as often as alcohol abuse by the victim.<sup>38</sup>

In the literature on battered women and in discussion with personnel from battered women's shelters, a major association is found between battering and chemical abuse. Of personnel from four shelters questioned, respondents estimated that from 50 to 80 percent of the batterers had chemical abuse problems.<sup>39</sup> In Roy's study of women in a shelter, 85 percent of the husbands had alcohol and other drug problems.<sup>40</sup> Gayford found that of 100 battered women, 52 of them said their batterers were drunk at least weekly. Another 22 said drunkenness occurred frequently. Forty-four said the husband's drunkenness was associated with violence.<sup>41</sup> In Carlson's study, battered women reported alcohol abuse by assailants in 60 percent of the instances and drug abuse in 21 percent of the instances.<sup>42</sup> Walker found in her study that over half of the battered women indicated a relationship between alcohol use and battering. She also states that "the most violent physical abuse was suffered by women whose men were consistent drinkers."<sup>43</sup> Byles maintains that violence is more than twice as likely to occur in marriages in which alcohol use is problematic.<sup>44</sup>

Though there is an association between battered women and alcohol abuse, most existing research indicates the relationship is not cause-and-effect.<sup>45</sup> Alcoholics who batter may stop drinking but not stop the violence.<sup>46</sup> Many men who batter and women who are battered often believe the drinking or drug use is the reason or cause for the violence. So long as that cause-and-effect belief is held, the batterer may avoid confrontation about the violence. Women who believe that chemical abuse caused the violence often experience a feeling of betrayal when, after treatment and maintained sobriety, the husband continues to batter.

In studies of the Law Enforcement Assistance Administration Family Violence Projects, alcohol abuse was found to be common among alleged assailants. Almost half had been drinking before or

during the most recent attack. More than one-fourth used alcohol daily. The data indicated a correlation between alcohol abuse and violent behavior, but did not support a causal relationship.<sup>47</sup> This is consistent with findings on the association between alcohol and battering women and between alcohol and a family homicide study by Curtis, in which half of the homicides involved alcohol.<sup>48</sup>

In seeking to explain the relationship between chemical abuse and family violence, several theories are offered. One is that alcohol is a stress releaser.<sup>49</sup> At the same time, though, alcohol lowers inhibitions,<sup>50</sup> and so inhibitions which may prevent violence are weakened and violence occurs. Another is that drug and alcohol may be used to self-medicate to control or deny rage. But, since the chemicals may relax inhibitions or controls, the behavior expresses the rage.<sup>51</sup> Currently, the most popular theory is that alcohol abuse is used as a "disavowal technique." This means that a person abuses alcohol in order to be violent. In our society, certain behaviors are accepted as out of control when the person is under chemical influences. These same behaviors are unacceptable when the person is sober or "straight."<sup>52</sup> The aggressor, then, uses alcohol to excuse violence.

In addition to an aggressor's personal use of chemicals, the aggressor may also use chemicals as a method of abusing a victim. Walonick, in surveying the research on child abuse and chemical abuse, cites references to forced ingestion of excessive quantities of drugs. These could be aspirin, tranquilizers, and alcohol, among others.<sup>53</sup> Also relevant is neonatal drug dependence. This may not be considered child abuse per se, though a child may be born dependent if the mother is dependent.

Among elders, drugs are prescribed for various illnesses, and interaction of these drugs may create confusion. A caregiver may give an excessive amount of drugs to facilitate managing an elder.<sup>54</sup> Misuse of medication, including overmedication, can be a form of abuse.

Chemicals are also used by victims of abuse. Staff interviewed from three Minnesota battered women's shelters indicated that 11 to 50 percent of the women have chemical abuse problems. A distinction made with the women, as opposed to their batterers, is that much of the abuse is tranquilizer abuse. This was also mentioned by staff of the fourth shelter, though a percentage

estimate of chemical abuse for the women was not given.<sup>55</sup> Walker also notes the indiscriminate use of tranquilizers by battered women.<sup>56</sup> Use of such tranquilizers is a major concern because this use can be lower vigilance in a dangerous situation, as well as provide a means for committing suicide.<sup>57</sup>

Alcohol and other drugs may become coping mechanisms for victims. In one study, 44 percent of a group of female drug abusers had experienced incest as children. Twenty-one percent of the family abusers of these women were fathers or stepfathers.<sup>58</sup> Battered women may be given tranquilizers to calm their anxieties,<sup>59</sup> and they begin to use them to avoid facing their circumstances. Gaylord found that 71 of 100 battered women studied had been given tranquilizers or antidepressants by their physicians.<sup>60</sup>

In summary, findings are inconsistent in documenting the prevalence of chemical abuse in the same families where physical and sexual abuse occur. The findings do indicate a relationship of "association" and "correlation" and do not support a "causal" relationship. These findings have significant implications for intervention. First of all, the commonly held myth that alcohol and other drugs cause violence must be countered. This misconception, in particular, must be addressed in professional practice, and in the criminal justice system. Secondly, in treatment, violence must be separated from chemical abuse. If the aggressor is both violent and chemically abusive, therapists are currently requiring that the chemical abuse be treated prior to treating for violence.

It is recommended that in chemical abuse treatment programs, providers obtain histories of physical and sexual aggression as well as of physical and sexual victimization of persons coming into treatment. This will assist in identifying aggressors and victims and in addressing violence directly in treatment or through referral to other resources. Finally, use of prescribed medications must be monitored by medical personnel. Use and abuse of certain medications may identify victims of physical and sexual violence. When the victim is identified, a physician is in a much better position to counsel with the patient, make appropriate referrals, and alleviate the need for use of medications as coping mechanisms.

## **Mental Health**

There is an uneasy relationship between violence and the mental health field. Mental health professionals have addressed violence as a symptom of mental illness, emotional disturbance, character disorder or as a behavior associated with brain damage or chemical abuse. Mental health work with violence as a primary treatable behavior is limited. As a behavior identified independently of other disorders, it is usually relegated to the jurisdiction of courts, law enforcement, and corrections. As an example, Gayford states most directly that many psychiatrists "would claim that wife battering is not a psychiatric disorder and the psychiatrist is not the person to be treating the problem."<sup>61</sup>

Consistently, though, courts ask mental health professionals to predict whether an individual will be dangerous. These requests usually concern individuals who have been arrested for violent crimes and individuals who are mentally ill and potentially dangerous. Mental health professionals attempt to respond to the courts, in spite of the fact that task forces of both the American Psychiatric Association and the American Psychological Association recognize that the "state of the art" for predicting violence is unsatisfactory and the validity of the predictions is poor.<sup>62</sup>

In working with violence in the family, specifically, aggressors are representative of the general population. In a study of child abusers, Steele and Pollock found that they were a "random cross-section sample of the general population."<sup>63</sup> Meiselman states that incestuous fathers do not fit "established psychiatric diagnosis."<sup>64</sup> Among men who batter their wives, one program found that the batterers' functioning was "normal" in all areas of life but the marital relationship.<sup>65</sup> In a study of vulnerable adults, respondents ranked the mental health of the perpetrator as tenth in a list of eleven identified "causes" of abuse and neglect, with eleven being the lowest ranking.<sup>66</sup> Gelles states that psychological factors are not necessary or sufficient factors in committing violent acts in the family.<sup>67</sup> In fact, he states that "in the vast majority of cases of violence in the family, the participants possess none of the symptoms or problems which we normally associate with those who are mentally ill or suffering from personality disorders."<sup>68</sup> A major conclusion that can be drawn from these findings is that a person does not have to be "sick" to beat a child, woman, handicapped

person, or elder. On the other hand, this lack of capacity to identify many family aggressors as different from the general population (in mental health terms) has hampered development of mental health intervention and treatment.

As does a cross-section of the general population, some family aggressors do have emotional problems, psychoses, and character disorders.<sup>69</sup> So, even though there may not be a specific diagnostic category for violence, family aggressors may come under other more traditional diagnoses. Steele and Pollock, in their study of child abusers, found that most of the abusers in their study had emotional problems of enough severity to warrant treatment.<sup>70</sup> Kroth found in evaluating the Child Sexual Abuse Treatment Program that 65 percent of the aggressors or their partners indicated they were close to a nervous breakdown within two months before entering treatment.<sup>71</sup>

The current role of the mental health field in work with family aggressors is varied. For some aggressors, use of the criminal justice, court, social services, education, and other systems is sufficient for stopping the violence. For other aggressors, the skills and techniques of intervention used by mental health professionals is required to stop the violence and to facilitate learning new behavior. For yet another group, a combination of mental health treatment with criminal justice or other approach is most effective. Increasingly, intervention into family violence is coming under the jurisdiction of the courts, and the courts are increasingly looking to the mental health field for assistance. A court may order a workhouse or prison sentence stayed so long as an aggressor is in treatment and a therapist documents progress. In some instances, then, mental health treatment is unnecessary. In others, it is the primary mode of intervention. In yet other instances, mental health treatment is an integral component of a more comprehensive plan of intervention.

In many states, mental health professionals are mandated to report suspected violence against a vulnerable family member. Reporting violence may be a move toward intervention, but actually treating an aggressor for violent behavior is another matter. Mental health professionals must make a personal decision on whether to work with aggressors. The primary goal of treatment is to stop the violence. This may not be the goal of the aggressor. The

therapist is then confronted with an involuntary or resisting client. At the same time, the therapist must be aware that during treatment other family members may continue to be in danger and the therapist may be in personal danger. Because of this, the therapist may require outside controls over the client or have ready access to those controls; that is, law enforcement or court order. Those professionals who choose to work with aggressors must evaluate existing treatment methodologies to determine what is effective in stopping violence and what methodologies facilitate continuance of violence. Providing mental health treatment under these conditions is very different from providing treatment to a voluntary client in which the role of the therapist is to facilitate the client's self-directed growth.

Several of these issues merit elaboration beyond the therapist's personal decision-making, since they affect mental health treatment of family aggressors. Some aggressors use violence to express anger, rage, and other discomfort. Other aggressors use violence to obtain and maintain power, control, and self-esteem. Aggressors benefit from the consequences of violence, and so develop a vested interest in continuing the behavior. Because of this, aggressors often need outside controls which require violence to stop.

The usual approach to working with clients from a treatment perspective is that voluntary is best. The advantage of voluntary treatment is an individual's or family's accepting responsibility for a problem and being willing to make changes. In violent families, this approach is only at times effective.

An alternative is coercive, yet technically voluntary, treatment. This concept is presently accepted in chemical abuse treatment. In family violence, this concept is used with child abusers, sex offenders, and batterers. For example, a mother may choose treatment when the alternative is losing custody of her child, or a batterer may choose treatment when the alternative is prosecution for criminal assault. The threat of loss for some aggressors provides incentive for changing behavior. For others, threat is ineffective. If the aggressor's behavior remains unchanged and loss of one family is a consequence, the aggressor may create another family. Regardless of whether or not coercion itself is effective, intervention continues to be necessary to prevent further violence.



In order to intervene against the will of the aggressor, the mental health field must develop methods for involuntary treatment of violence for aggressors who may not be diagnosed as mentally ill. Mental health professionals currently serve persons committed by court order to treatment because of mental illness or inebriacy, and so the concept is familiar. Involuntary treatment of violence requires use of some of the same techniques of engaging the client in treatment while using court control. At the same time, it requires recognition that the aggressor must accept responsibility for violent behavior and responsibility for change in order for the treatment to be effective.

If treatment is ineffective, and the family aggressor continues violence, family members continue to be endangered. Because of this, mental health professionals must be able to rely on law enforcement to arrest aggressors and enforce court orders. This provides negative consequences for violent behavior, places societal sanctions and controls on such behavior, and protects victims. Mental health professionals need access to the Court in order to recommend containment of the aggressor, when necessary. Incarceration must be an alternative when mental health treatment is ineffective.

Two other considerations may be given to mental health services provided to family aggressors. First of all, it may be necessary to develop and use secure mental health facilities to contain aggressors until such time as they learn to contain themselves. Secondly, it would be valuable to extend provision of mental health services into corrections facilities holding family aggressors.

Although the mental health field has a questionable record in working with family aggressors, it has consistently worked with family victims. Findings of mental handicaps and emotional disturbance are common among victims of violence. Violence has been considered the cause of brain damage, mental retardation and major emotional and psychological problems in children.<sup>72</sup> Martin states that in almost any group of physically abused children 20 to 50 percent will have significant impairment of neurological function.<sup>73</sup> Cohn, in a study of children served through eleven projects funded by the National Demonstration Program in Child Abuse and Neglect, found that deficits in the children's cognitive,

language, and motor skills appeared widespread.<sup>74</sup>

Even though children themselves may not be abused, two studies found that children living in homes where their mothers are battered were also affected mentally and emotionally. Westra and Martin found that children living in homes where their mothers were battered scored significantly lower in standard test results in verbal, motor, and general cognitive indices.<sup>75</sup> Gayford found that many children living in such homes were disturbed.<sup>76</sup>

Of elders who are abused, Lau and Kosberg found that 41 percent were partially or totally confused or senile.<sup>77</sup> Block and Sinnott found that 47 percent were moderately or severely impaired mentally.<sup>78</sup> These studies do not indicate whether the impairment predated the abuse; but the finding remains that a significant number of victims are impaired mentally.

Among battered women, Gayford found in a study of 100 battered women that 46 had received psychiatric consultation, including 21 who had received treatment for depression.<sup>79</sup> In another study, "half of the women who were referred for psychiatric evaluation by the mental health staff of a rural health clinic reported being victims of domestic violence."<sup>80</sup> Walker found that many battered women were involuntarily institutionalized. Others voluntarily institutionalized themselves in order to temporarily remove themselves from the battering situation.<sup>81</sup>

The role of the mental health field in working with victims has been one of diagnosis, referral and treatment. The diagnosis usually involves the use of tests to determine impairment or emotional disturbance. After diagnosis, children and adults with mental retardation and brain damage are often referred to programs for developmental disabilities or special learning disabilities. Elders who are mentally impaired may be provided medication to alleviate the effects of the impairment. Their environment may also be stabilized or changed in order to alleviate disorientation. Battered women and sexual abuse victims have been treated for various forms of emotional disturbance and character disorders. In much of this diagnosis, referral, and treatment, the issue of victimization is often avoided or overlooked.

In the literature and among practitioners who work with family violence, there is extensive discussion of the psychological and emotional impact on women who have been violated. This



discussion addresses the sexist nature of psychotherapy.<sup>82</sup> The perception of women as "masochistic," a Freudian concept, has worked to the detriment of women approaching a therapist about being beaten.<sup>83</sup> In sexual abuse, Meiselman states that "Freud's well-known conclusion that reports of sexual trauma in early case studies were fantasized is often given as a reason for discounting reports of incest."<sup>84</sup> It is to be expected, then, that Walker would state that until recently "psychotherapy has not been very useful for victims of violence, and maybe in fact it has been harmful."<sup>85</sup>

The mental health role in working with victims must be re-examined, and in some instances, redirected. Because of the significant association between mental impairment and violence, it is logical that one of the considerations in referral and treatment be one of identifying possible victimization. In order to do this, many mental health professionals need training in the process of victimization and in treatment of victims.

Techniques currently being developed in rape crisis centers and battered women's programs would be helpful in traditional mental health settings. A basic assumption underlying these techniques is that the victim is competent, but is in a crisis situation. Intervention is directed toward empowering the victim to assume or resume control over personal circumstances. Some of this is accomplished through validating a victim's reality and assuring the victim that the violence is not the victim's "fault" and no one "deserves" to be violated. For some victims, therapy may be necessary to alleviate the psychological and emotional impact of the violence and to facilitate the victim's growth beyond victimization.

Techniques used in couple and family therapy must also be challenged. A victim who is physically or sexually unsafe, or a victim who lives under constant threat and fear, cannot be expected to be revealing and honest in therapy without risking further physical pain and injury. Other family members who may or may not be violated, often live in fear of being the next victim and so are also inhibited during therapy sessions. An aggressor who dominates by violence continues to terrify other family members. In these circumstances, it is unrealistic to expect couple and family therapy to be effective until the victim and other family members are physically and sexually safe and until the aggressor is nonviolent.

Mental health professionals must begin to screen for violence

and for victimization when accepting a client for services. Such screening allows for identifying violence in the family. Addressing the violence and the victimization directly may prevent the need for further therapy or even for in-patient psychiatric treatment. In one study of the prevalence of spouse abuse among psychiatric in-patients, Post, *et al.*, found that of 60 patients interviewed, almost half had a history of battering in an intimate relationship. Half of the female patients were battered and 21 percent had battered their partners. Fourteen percent of the males had been battered and 27 percent had battered their partners. Twelve percent had been both aggressor and victim.<sup>87</sup> Post, *et al.*, cite an earlier study in which therapists noted a history of spouse abuse for 25 percent of the female patients sampled. When interviewers directly asked patients about domestic violence, the prevalence doubled. The authors' conclusion in examining these two studies was: It seems that avoidance of knowledge about spouse abuse in psychiatric screening has been more a function of the interviewer's failure to ask about it than the patient's reluctance to talk about such problems.<sup>88</sup>

Finally, the mental health system must continue to develop treatment programs for family aggressors, for victims, and for other family members. In Minnesota, state funds have been provided for Violent Partner Programs through the Department of Corrections, and Federal grant money has been used to fund development of rural child sexual abuse treatment programs. Such programs must continue to be funded and other programs developed for mental health treatment of physical violence against children and vulnerable adults. This is a major, essential task which requires reassessment of traditional mental health approaches; however, new methodologies are being developed and practitioners working in various sectors of the mental field can learn from these methodologies, from one another, and from nonmental health groups working with family violence.

After reviewing Chapter III on Family Dynamics and the information found in other parts of this book, mental health treatment issues become obvious. The following summary is developed from discussions with therapists working in the field. It is intended to provide guidance for mental health intervention.

First of all, chemical abuse and violence are two separate problems and are to be treated as such. Secondly, sexual violation

must be treated differently from physical violence, in order to intervene in family sexual pathology. Of primary importance in treatment is the physical and sexual safety of family members. Next in importance is emotional safety. This includes considering first, the level of intimidation behavior of the aggressor, and second, the ensured safety of emotional expression in treatment.

Treatment issues for the aggressor are to:

- Stop the violence,
- Break the "denial system,"
- Accept personal responsibility for violent behavior,
- Eliminate blaming other persons, job, "stress," etc.,
- Learn to identify and responsibly express feelings,
- Deal with shame, pain, anger, powerlessness, helplessness,
- Develop positive self-image,
- Learn nonviolent behavior,
- Develop personal support systems.

Treatment issues for the victim are to:

- Validate reality,
- Acknowledge lack of control over the violence,
- Gain or regain control over personal circumstances,
- Promote strengths,
- Deal with shame, pain, and anger,
- Build self-esteem and develop positive self-image,
- Develop personal support systems.

In an assessment, family members with power and control must be identified, as well as their methods for obtaining and maintaining power and control. Family member fears must be identified. Individual and family shame, pain, and anger must be surfaced and treated. Family boundaries must be restructured into partners, parent-child, sibling-sibling, etc. Symbiosis must be restructured to an interdependence that respects individual family members.

## 5: The Economics of Family Violence

Economics is the production, distribution, and consumption of goods and services. Through its economics a family is capable of obtaining basic needs such as food, clothing, shelter, and energy. With material resources, it is also capable of providing education, recreation, and retirement. The life style of a family is related to its economics.

Families consist of individuals who have varying capabilities for contributing to its economics. Culturally ascribed roles affect who in the family produces, distributes, and consumes the goods and services. Children and youth in our society are usually dependent on the material resources of their parents. Handicapped and elderly persons may also be dependent on the income and property of family members, as may a person who is a caregiver for other family members. Though financially dependent, these members may manage and consume resources. They may also contribute through their labor to the total resources. However, cultural status is ascribed most significantly to the person in the family who produces financial income or owns property. The ability to produce and own, then, brings with it a power into the family.

Economics as a factor is consistently discussed in all forms of family violence. Frequently the victim is economically dependent, and the aggressor is or is expected to be the provider.

### Economic Consequences of Family Violence

Violence in the family often affects family members economically as well as physically, emotionally, and psychologically. The immediate economic consequence of the violence may be medical bills for injuries. According to the results of the National Crime Survey, in

15.1 percent of the instances of violence between relatives, medical costs were incurred.<sup>1</sup> In addition to payment for immediate medical care, it may be necessary to pay for treatment of chronic disabilities resulting from the violence. Payment may also be necessary for therapy to resolve emotional aftereffects of violence or to address behavior changes in order to discontinue the violence. Other cost consequences include programs for runaway youth, shelters for battered women and children, foster care, and other resources for victims of family violence. Costs are also incurred in court and law enforcement expenses. Employers lose money and families lose income due to loss of time from employment. Results of the National Crime Survey indicate that in 16 per cent of the instances of family violence, time was lost from work in the aftermath.<sup>2</sup> Another economic cost to the family members may be destruction of property. Finally, violence may affect the structure of the family, and result in separation of family members into two or more households. Accompanying this are the costs of maintaining separate households.

### Finances

In Block and Sinnott's study, economics as a situational factor was documented in 31 percent of the cases of elder abuse.<sup>3</sup> Lau and Kosberg, in their study, found that 33 percent of the elders experienced material abuse, which included theft or misuse of money or property.<sup>4</sup> Douglass, *et al.*, in studying maltreatment of vulnerable adults, found that economic factors were perceived by 66 percent of the professionals to affect abuse. Of eleven factors identified, this was the most frequent.<sup>5</sup>

A major economic factor for vulnerable adults is sufficient income to be self-supporting; this is especially important if there are significant health care costs not covered by Medicare, Medical Assistance, or insurance. To take Minnesota statistics, specifically, if the vulnerable adult is an elder, there is a high probability that she is female.<sup>6</sup> If she was a full-time homemaker, any benefits she received are dependent on her husband's past employment or other financial arrangements. So long as she has been a homemaker and unemployed, she has lost earning power. If she was employed, her benefits are less than a man's since she generally worked for low

salary.<sup>7</sup> Of all elders in Minnesota, one-third of young-old (age 65-72) married couples and three-fifths of young-old unmarried persons had inadequate incomes in 1978. Two-thirds of old-old elders (age 73 and older) had inadequate incomes. Unmarried women were the economically neediest group.<sup>8</sup> If a vulnerable adult cannot be self-supporting, the adult may become economically dependent on the family. Steinmetz, in discussing elder abuse states: Economic dependency, with a loss of economic power, produces loss of control, self-esteem, and prestige for the elderly person as well as producing an economic drain and conflict over competing goals for utilization of limited resources within the caretaking family.<sup>9</sup>

Other financial factors may be issues in abuse of vulnerable adults. One is that a family may choose not to use its assets to pay for nursing home or other care, and so maintain the adult at home, possibly at risk of abuse. Another factor is, as Lau and Kosberg maintain, that a family may wish to preserve an inheritance or wish for an elder to die so that an inheritance may be obtained sooner.<sup>10</sup> Another economic concern for families may be that the care of a vulnerable adult necessitates another family member's quitting employment to meet the needs of the adult. Quitting employment usually means loss of income, which has economic consequences for the family.

Victims in family violence are disproportionately women. This is as true for battered spouses as it is of abused elders. Consistently, one of the questions asked about battered women is, "Why do they stay?" Economic dependence is one of the major factors. Women in general have significantly lower economic resources than do men. Chapman states that "economic factors are most often the key to a woman's initial vulnerability to physical attack, to her inability to escape from prolonged victimization, and to her lack of capacity to remedy, reduce, or avoid the consequences of victimization."<sup>11</sup> Fleming states that a woman's economic dependence on her husband is the ultimate determinant on whether she will be able to achieve an independent existence. She also writes that in violent marriages, it is often the husband who controls the finances. The assets may be in his name, only; though the bills may be in both names. In addition, she may not have learned skills such as writing checks and filing insurance claims.<sup>12</sup> Straus points out that

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economic and occupational discrimination contribute to a woman's dependency on her husband.<sup>13</sup> This is consistent with findings in Minnesota that, on the average, women earn only 62 cents for every dollar earned by men.<sup>14</sup> This is also consistent with Carlson's study in which of 101 battered women, only seven had independent incomes of \$9,000 or more per year.<sup>15</sup>

Finances are consistently found to be stress factors in marriages where the women were battered. In her cross-sectional study of 150 battered women, Roy found that arguments over money was listed by the highest percentage of women as an "agent" for the eruption of violence.<sup>16</sup> Walker found that batterers often have a history of financial instability.<sup>17</sup> O'Brien, in a study of divorce prone families, found that in 84 percent of the violent families, the husband's income was a "source of serious and constant conflict."<sup>18</sup>

One option available to battered women is marriage dissolution; however, if a marriage is dissolved and the woman is a fulltime homemaker, she loses all her income. She may also lose insurance, pension, and disability coverage. Alimony will most likely not be awarded. In a 1975 survey, only 14 percent of the women were awarded alimony, and only half were receiving regularly.<sup>19</sup> As stated previously, if she is employed, she is likely to command considerably less salary than her husband. Another concern for women obtaining a marriage dissolution is adequate financial support for children. In *Minnesota Programs for Battered Women 1981 Update*, the Minnesota Department of Corrections staff report that only 14 percent of the women reported as having been physically abused by their partners were childless. About three-fourths of the women had one to three children.<sup>20</sup> Of women who entered shelters, 98 percent brought children with them.<sup>21</sup>

In 1979, the median income of United States households headed by males was \$20,157. That same year, the median income of households headed by females was \$8,513.<sup>22</sup> In Minnesota, husband-wife families with school-age children tend to have the highest incomes. Female-headed families with preschoolers have the lowest incomes.<sup>23</sup>

Of an estimated 4.9 million men in 1975 who were divorced, separated, or unwed fathers, 75 percent paid no child support. Of those who did, the median was \$2,430 for the year. Sixty percent of

the mothers received less than \$1,500 per year. For about half of the mothers, child support payments constituted less than 10 percent of the total family income. The average divorced woman had a money income of \$8,400 in 1979. In the same year divorced men averaged \$16,900.<sup>24</sup> A University of Michigan study found that if female-headed families had to rely solely on child support or alimony payments, only about 3 percent would be above the poverty level.<sup>25</sup> Fleming emphasizes that such poverty is especially a reality for minority women.<sup>26</sup>

Of 25 million Americans living in poverty, 10 million are women and 10 million are children.<sup>27</sup> Thirty-six percent of persons living in single-parent female-headed families live in poverty.<sup>28</sup> According to the National Advisory Council on Economic Opportunity, reduction in poverty levels in the past decade has been accompanied by increased sexual and racial inequality.<sup>29</sup> Males, mainly white, have been the "winners" in the War on Poverty.<sup>30</sup>

For a battered woman, then, economic loss is likely to be severe if she attempts to leave the violent relationship. In fact, her chances are greater than one in three that her life style and that of her children will be below poverty level.

In child abuse, economics is also an issue. Children are economically dependent. They cost money to care for and raise. The Committee on Population Growth and the American Future estimated that in 1977 the direct cost of raising a child from birth through college was approximately \$44,200 for families with after tax incomes of from \$10,500 to \$13,500, and \$64,200 for families with after tax income of \$16,500 to \$20,000.<sup>31</sup> Cultural factors, supported by child labor laws, limit the income a child may produce by labor. Children at earlier developmental stages require care. This means paying for such care or loss of employment income by a parent providing care.

In Minnesota in 1978, insufficient income was listed as a factor in 22.9% of the substantiated child abuse reports.<sup>32</sup> Almost 41 percent of child abusers had an estimated income of less than \$9,000, where it was recorded.<sup>33</sup> (This is a smaller percentage than the national figures, which were 51.4 percent for that same year.<sup>34</sup>) During this same year the median income for all families in Minnesota was \$18,224.<sup>35</sup> Reported child abuse in Minnesota, then, is significantly related to lower income.

## Employment

In our society, employment is perceived as a characteristic of a productive human being. As a characteristic, it reflects on a person's self-image. Because of societal expectations and training, this is particularly true for men. In a study by O'Brien, "violent behavior was found to be most common in families where the husband was not achieving well in the work/earner role."<sup>36</sup> A common assumption is that a man is employed; that is, he earns money for work. The questions commonly asked men are, "What do you do? How do you earn a living? and Where do you work?" For women the assumption is absent, and the question is, "Do you work?" meaning, "Do you earn money for work other than your own housekeeping and caregiving responsibilities?" Besides a measure of productivity and an element of self-image, employment is directly related to financial opportunity. When employment is stressful or when someone is unemployed, the implications are complex.

Employment issues are consistently explored in family violence literature. Nationally, a one percent increase in the unemployment rate has been reported to generate a four percent increase in homicide.<sup>37</sup> This association between unemployment and homicide also holds between unemployment and violence in families.

In March of 1978, 3.8 million children in the United States under age 18 were in families in which the father was unemployed (1.8 million) or out of the labor force (2 million). Another 10 million children had fathers who were absent. Half of all black children and almost one-fifth of all white children had unemployed absent fathers.<sup>38</sup> Maden and Wrench identify employment problems as the most significant factor associated with child abuse.<sup>39</sup> In a 1967-1968 study, Gil found that nearly half of the fathers of abused children were unemployed during the year before the abuse. Twelve percent were unemployed at the time of the incident.<sup>40</sup> Justice and Duncan found unemployed fathers caring for children at home to be a significant factor in child abuse situations.<sup>41</sup> In his evaluation of the Child Sexual Abuse Treatment Program, Kroth found the abusers had an unemployment rate of 18.5 percent. At the time, Santa Clara County, where the program operated, had an unemployment rate of 8 to 9 percent.<sup>42</sup>

In the National Survey on Family Violence, Gelles found that when a man was employed part-time or unemployed, there was more severe violence in the home. Unemployed men were twice as likely to use severe violence on their wives as were employed men. Also, unemployed and part time employed men are three times more likely to be beaten by their wives. The children of part-time employed fathers were nearly twice as likely to be severely abused as those with full-time employed fathers.<sup>43</sup> In the same survey, the highest items found to produce stress in a family were troubles with a boss or with other people at work, or being laid off or fired from work.<sup>44</sup> This is consistent with McClintock's study of violence in families in England and Wales. At the time of the violence, the unemployment rate of these families was almost 25 percent when the national rate was low.<sup>45</sup> Justice and Duncan found that three other employment factors were significant in child abuse. These included mothers with both full-time employment and domestic responsibilities, husbands (especially professionals) working so long and hard that they neglect their wives, and traumatic experiences on the job resulting in undischarged tension.<sup>46</sup> Star, *et al.* found employment issues significant in marital stress of marriages with battered women.<sup>47</sup> 60 percent of the men did not work continuously.<sup>48</sup> Carlson found one-third of the assailants of battered women in her study were unemployed.<sup>49</sup> Walker also found an association between unemployment and the rate of spousal violence; but in many instances, she found that the battered woman was the family wage-earner.<sup>50</sup>

One of the critical issues in working with a battered woman, though, is whether she has marketable job skills. A woman who is economically dependent on a violent husband often finds herself trapped. Straus and Gelles found that only 25 percent of battered women staying with their husbands sought help or held jobs. Women who left or sought help were twice as often to hold jobs as those who did not.<sup>51</sup> Women in the job market face economic issues different from men. Women high school graduates working full-time earn on the average 55.7 percent of what men earn with the same education. Women who are college graduates earn 58.7 percent as much as men with comparable education. Female college graduates earn, on the average, about the same as a man with eighth-grade educations.<sup>52</sup> After a period of unemployment, two of

three men seeking jobs find jobs. Less than half of all women seeking jobs will find them.<sup>53</sup>

For single-parent female-headed families, full responsibility for payment for child care must also be considered as an employment expense. Just as it is expected that a man be employed, it is expected that if a woman is employed she will continue her full caregiving responsibilities.

Finally, through employment, workers contribute to Social Security for retirement benefits. Fiscal crises in the Social Security system and consequent changes in benefits have a significant impact on individual and family income. It is to be expected that unless these crises are resolved, workers will be employed longer, and families will find themselves using more income to support unemployed family adults. These economically dependent adults then may be vulnerable to victimization.

### **Socioeconomic Class**

An examination of finances and employment as they are associated with violence raises the issue of social class. Much of the research in family violence includes individuals of lower socio-economic status. Controversy exists over whether there is more violence in "lower class" families than in "middle" and "upper class." Poor individuals and families use public institutions such as police, general hospitals, public assistance, and public social services more frequently than other groups, and so records are maintained on them and dysfunctional behavior is readily identified, even expected. Middle and upper class individuals and families have access to private and confidential services, when necessary. Because of this, they have more control over who received information about them and their behavior.

Pelton charges that classlessness is a myth in child abuse; professionals and politicians do not wish to see child abuse as a poverty issue. He acknowledges that child abuse occurs in all social groups, but he emphasizes that it is prevalent in the lower socio-economic groups.<sup>54</sup> This finding of prevalence is also supported by the National Survey on Family Violence. Findings from this survey indicate an indirect relationship between income and violence toward children. Families with incomes of more than \$20,000 had

half the rate of violence toward children as did families with incomes of less than \$5,999.<sup>55</sup> This prevalence is supported by a recent Department of Health and Human Services study which finds that the incidence of child maltreatment is significantly higher in lower socio-economic groups than it is in the higher groups. This study also finds that poor white children are at much higher risk than poor black children.<sup>56</sup> Giovannoni and Becerra also support this finding. In their study, Black and Hispanic persons perceived mistreatment of children as more serious than did white persons. These perceptions were independent of social class.<sup>57</sup>

In other areas of family violence, the association between violence and socio-economic class differs. Libbey and Bybee, in a study on physical abuse of adolescents, found that a range of socio-economic classes were represented. Most were from lower middle or upper lower groups. Only three of the 25 families were classified as low income.<sup>58</sup> Block and Sinnott, in their study of elder abuse found that 65 percent of the abusers were middle class, 12 percent lower class, and 4 percent upper class.<sup>59</sup>

In child sexual abuse, specifically, two studies find a middle class focus. Butler states that the range of families involved in child sexual abuse "has little to do with class, race, economic status or social background. Were it possible to provide a more realistic profile of a typical family in which incestuous abuse occurs, it would more likely be a middle-class family composed of husband, wife and children living together in a nuclear situation . . ."<sup>60</sup> Kroth also found child sexual abuse as predominantly a middle class phenomenon.<sup>61</sup>

Among battered women, the findings are inconsistent. According to the National Family Violence Survey, families with less than \$5,999 income had spousal violence 500 percent greater than families with incomes of more than \$20,000.<sup>62</sup> In a statewide survey in Kentucky, though, the differences were not so extreme. Among lower income women 11 percent reported some incident of spousal violence in the previous 12 months. This percentage compared with 10 percent of women with family incomes of between \$15,000 and \$24,999 and 8 percent of women with family incomes of \$25,000 or above.<sup>63</sup> In another study which compared battered women in shelters with battered women in the community who identified themselves as battered and with a control group of



community women, findings indicated no significant differences in the income levels of the three groups. The difference was not so much in the income levels as it was in the level of control the husband had over the money.<sup>64</sup>

In summary, violence occurs in families of all socio-economic status. In child abuse, findings indicate a significant relationship between violence and low income. Further study, though, may be needed on the relationship between family child sexual abuse and socio-economic status. Specific studies indicate a middle class association. Official reported statistics combine child physical and sexual abuse and so may indicate a lower socio-economic class association. Findings among battered women are inconsistent. Findings among elderly are limited due to the limited research. Little is known about the socio-economic status of the families in which other vulnerable adults are abused.

### Recommendations

Economic issues associated with family violence are complex. Recommendations, as a result, are far-reaching. In the current political and economic climate, some of these recommendations may be considered unrealistic. They may also be considered simplistic. They respond, however, to what we know about the association between economic vulnerability and family violence. They are consistent with advancements made in employment practices to eliminate discrimination. They are also consistent with the efforts undertaken to improve economic equity in insurance, pensions, retirement income and other financial resources. Because of this, they are integral to the changes developing in the overall economic system.

In response to employment issues as they relate to family violence, it is recommended that:

- Paid living wage employment be assured for citizens needing or wanting employment, so that individuals and families may be self-supporting.
- Disparities in income received by women and men from paid employment be eliminated, so that when a family is dependent

on a woman's income, it's standard of living may be comparable to that of a family whose income is earned by a man.

- Disparities in opportunities experienced by minorities and women be eliminated, so that all individuals and families have comparable access to economic resources.
- Existing employment training and resources be used to develop marketable job skills for unemployed persons, displaced homemakers, handicapped adults, battered women, and elders, so that these individuals have the opportunity to be self-supporting.
- Existing job placement services be used to place low income persons in jobs that pay "good money" and provide the opportunity for advancement, so that there is higher probability for continued self-support of an individual and family.

Women, children, and vulnerable adults who have been abused and who are financially dependent on family members are at risk of further violence. In effect, the current personal income structure of financially dependent family members contributes to their vulnerability. Because of this, it is recommended that:

- Vulnerable adults be assured that benefits available through Social Security, pensions, supplemental income, health coverage, etc. will meet their needs. Benefits include support services necessary to develop and sustain self-support and self-sufficiency.
- The concept of a children's allowance or other such mechanism be examined in order to assure children financial security independent of the economic power of their parents.

Family members care for and supervise physically and developmentally dependent family members. These caregivers are often financially dependent, and this dependency contributes to their vulnerability in a violent family. To reduce this vulnerability, it is recommended that:

- The financial value of caregiving be determined and compensa-



tion be provided to family caregivers.

- Benefits available to fulltime housewives and other caregivers be examined and assured, including health care coverage and provisions for their retirement.
- Support services be available for caregivers. Such services include day care or programming for children and vulnerable adults when the caregiver is employed and respite care which recognizes the stress involved in providing 24-hour care and supervision for a dependent person.

## 6: Intervention

### Basis for Intervention

If violence is a widespread cultural phenomenon, why intervene when it occurs in families? Why be concerned? What is the purpose of intervention?

A primary reason for intervening is to stop the violence. Victims are injured physically, sexually, emotionally, and psychologically. Some victims are killed. Some victims kill the aggressors. The human cost is immeasurable. Violence teaches violence. Many individuals who are violent in the family are not violent in the community; but a highly significant number do perpetuate violence intergenerationally and into the community.

Another reason for intervention is that our society values families, and violence separates family members. It weakens family ties, polarizes family members, and contributes to marriage dissolution.

Violence in the family costs money in health care payments and in time lost from employment. It also costs money when families separate households and when property is destroyed. It costs money in victim services, in corrections, judicial and law enforcement expenditures, and in individual and family treatment.

The objectives of intervention are as follows:

- For the victim, intervention protects from harm or the threat of harm and provides treatment for injury. It also identifies, protects and treats other family members who may be victimized.
- For the aggressor, intervention stops the violence and facilitates

learning new behaviors.

- For both the aggressor and the victim, intervention facilitates individual decision-making, including decision-making about family membership. It also provides for judicial decision-making, when necessary.
- For the family, intervention breaks the cycle of violence and facilitates family change.

To prepare for intervention from outside the family and to facilitate change, the circumstances of the victim, the aggressor, and the family as a unit benefit from assessment. In emergencies, such assessment is immediate and based on limited information. In many instances, this is sufficient; after the emergency, the individual and family are able to use their own resources. In other instances, the family requires ongoing change, and a more detailed assessment provides a planned and appropriate intervention. In undertaking such an assessment of the victim, aggressor, and the family, the following are offered for consideration.

For and with the victim, assess the:

Degree of risk,  
Vulnerabilities,  
Resources,  
Strengths,  
History of victimization,  
Capacity and ability to act in own behalf,  
Level of motivation,  
Hopes and wishes for self and family.

For and with the aggressor, assess the:

Level of dangerousness,  
History of violence,  
Barriers to change,  
Resources,  
Strengths,

Interpersonal functioning,  
Level of motivation,  
Hopes and wishes for self and family.

For and with the family members, assess the:

Degree of isolation,  
Member interaction,  
Level of conflict,  
History of violence,  
Supports,  
Strengths,  
Weaknesses,  
Complicating factors; e.g., economic or chemical use problems,  
Level of motivation.

After assessment, intervention must be adapted to the needs of the specific family and family members; for example, intervention into child sexual violation is different from intervention into physical violence against an elder. Victim, aggressor, and family circumstances, dynamics, socialization, and personal disorders vary. One streamlined method of intervention for all forms of family violence would be ineffective for many individuals and families.

### **Access to Intervention**

When violence occurs in the family, intervention often occurs informally from inside and outside the family. ("Informal" means not involving a system such as law enforcement or social services.) A mother recognizes that her daughter is being sexually abused by her father and requires the father to leave the home or takes the daughter and separates from the father. A son who knows father will come home drunk stays home to protect his mother from a beating. A grandmother confronts a child's parents about harsh discipline. A husband recognizes his wife is overwhelmed by caregiving responsibility and makes alternative living arrangements for an elder. A neighbor takes in a child when parents argue. Work colleagues offer their homes to a disabled adult for safety.

Intervention also occurs when a victim breaks the family secret and tells someone about the violence or when a victim requests services directly. A child tells a teacher or a babysitter that his mother hit him and his head hurts. A sexually abused adolescent leaves home and goes to a runaway shelter. A battered woman sees a physician for bruises and requests tranquilizers. She files charges, calls the police, or goes to a shelter for battered women. An elder being abused by her granddaughter talks with a social worker at a senior citizen center. The victim's acknowledging the violence or requesting assistance may be sufficient to mobilize services. The response may be from one system; for example, the police enter the house and arrest a batterer. The response may be from various systems; for example, the police enter a house, arrest the batterer, transport the woman to a hospital, and transport the children to a shelter. In this instance, the criminal justice, health and child welfare services are all mobilized.

Another point of intervention is the aggressor's seeking assistance. A parent calls child protective service saying he is afraid he will hurt his child. A batterer, after his wife threatens divorce, calls a treatment center for counseling. A middle aged woman living with her frail elderly mother seeks nursing home care for the elder because she and her mother "don't get along."

Another point of access to intervention is a relative's or neighbor's reporting the violence to official sources. A grandfather calls child protection, concerned about his grandson. Neighbors call police during a beating.

Another form of intervention occurs when a professional from one of the systems is faced with what may be symptoms or cues that there is violence. The professional, while providing services, probes for further information, searching for a cause beyond the symptoms. A doctor asks a disabled man how he got his black eye. An adolescent seeks counseling services, and the school counselor consistently explores reasons for fear and lack of trust. After probing, the professional makes a judgment about whether or not there may be violence. If there is, the professional makes a judgment about intervention. This may occur by continuing to offer services personally or within the one system. The professional may refer the person to another service or system; for example, a police officer gives a woman the telephone number of a rape crisis center. Finally,

the professional may decide a report is required by law and contacts law enforcement or child or adult protection, and so mobilizes those services.

On receiving a report, protective social services assesses the victim's level of danger, the family, resources available to the victim and family to alleviate the violence, and necessary further action. Law enforcement personnel investigate to learn if there has been a crime committed and may remove the aggressor or the victim, as necessary.

After an assessment and a finding that there is violence, a protective social services worker offers services formally. The victim and the family may accept service voluntarily. As needed, health, mental health, legal, social and other services are provided. Many of these families, recognizing that the family is in trouble, may not like receiving services, but are willing to work to change the family. This provides for prevention of further violence and early intervention in families where violence is a pattern or has the potential to become a pattern.

When a victim and family refuse services, intervention is dependent on whether a civil or criminal court orders involuntary intervention. Such an order is based on whether there is, according to legal evidence, assault, abuse, neglect, incompetence, or crime. The family then receives services as required by court order.

### **Current System of Intervention**

The current system response to family violence is segmented, depending on who is the victim and who is the aggressor. Separate systems and resources have been developed for child physical abuse, battered women, child sexual abuse, and more recently, marital rape and abuse of vulnerable adults. This segmentation occurs nationally, and since Minnesota's experience may be representative, the following is a summary of movements and approaches developed to provide for intervention in this state.

In Minnesota, child protective service is a response to child physical and sexual abuse which has developed from a lengthy history of professionalized child welfare services. Currently, it is moving toward an intensified criminal justice approach. Child protective service is provided by law through county social services



agencies under the authority of county commissioners and under the supervision of the Minnesota Commissioner of Public Welfare. Law enforcement, the judicial system and child protective service provide for involuntary intervention into violence against children.

Battered women's programs in the State have developed from self-help, grassroots efforts of women helping other women. Funding is appropriated through the State Legislature and administered through the Minnesota Department of Corrections. The money is spent for emergency shelters, community education, outreach, and violent partner programs. The Domestic Abuse Act was passed and other laws have been amended to facilitate legal intervention and access to services for battered women. Sexual assault programs are also state funded. They provide services to victims of family as well as nonfamily assaults. Battered women's and rape crisis programs were developed to respond to women seeking intervention voluntarily and grew as part of the more comprehensive movement against all forms of societal and individual violence against women. In these movements, there is a strong emphasis on use of the criminal justice system to prosecute assaults and enforce restraining and protective orders.

In 1980, the Minnesota Legislature passed a law to require reporting of maltreatment of vulnerable adults. By law, adult protective service is provided by the county social services agencies under the same auspices as child protective service. This legislation grew from the efforts of developmental disability advocates, nursing home resident advocates and other groups concerned about adults who are vulnerable to abuse and neglect. It is anticipated that because of the serious health problems among these individuals, the health care system with its medical model will be significant in intervention.

Because of these diverse backgrounds, it is understandable that philosophical approaches to intervention differ. The self-help approach of the battered women's movement is different from the social services, treatment approach of child welfare services. The needs of the victims differ and so different systems are emphasized; that is, social services for children, criminal justice for battered women and rape victims, health system for vulnerable adults. The advantage of this current segmented system are (a) the victim and the services appropriate to the victim are visible; (b) it is much easier

to explain the need for and obtain support for specific target groups, such as abused children, battered women, abused elderly; and (c) it allows for greater in-depth intervention and study of specific demonstrations of family violence, for example, parent-child, husband-wife, adult child-elder parent. The disadvantages of segmentation are (a) examination of violent interaction is limited, for example, only the wife battering or child battering is identified, and the family interaction which may indicate the violence is occurring among more than one generation or between more than two family members may be missed or ignored; (b) there is a lack of integration of knowledge about the dynamics of violence as it affects the entire family; and (c) services provided to the family may be fragmented and uncoordinated.

### **Legal Intervention**

Homicide and physical and sexual assault are crimes. In Minnesota, the significant statutes which apply to these crimes and are used to prosecute family violence include:

Minnesota Statutes 609.18-609.205 on Homicide,  
Minnesota Statutes 609.221-609.224 on Assault,  
Minnesota Statutes 609.341-609.351 on Criminal Sexual Con-  
duct, and  
Minnesota Statutes 609.365 on Incest.

Action taken against crimes of homicide and physical assault are generally noncontroversial when they involve nonrelated persons. The same is becoming true of criminal sexual conduct; and the same is usually true of action taken in family homicides. On the other hand, action taken against assault and criminal sexual conduct, when occurring within the family, is controversial and less consistent. Reasons for lack of or inconsistent enforcement of such statutes are: (a) acceptance of the use of force within the family; (b) the value of family privacy; (c) the principle of nonintervention in the family; (d) society's interest in maintaining the family. Another factor, which has been fostered by social services and mental health approaches is the belief that violence in the family is a symptom of family dysfunction, requiring social intervention as opposed to

criminal intervention. This approach is supported by legislation which address family violence specifically and which mandate social services in conjunction with law enforcement and judicial responsibility.

In Minnesota, the following such laws and rule require or provide for reporting, intervention, and services in family violence against children:

Minnesota Statutes 256.01 and 257.175 on Powers and Duties of the Commissioner of Public Welfare,  
Minnesota Statutes 260 on Juveniles,  
Minnesota Statutes 393.07 on Public Child Welfare Program,  
Minnesota Statutes 626.556 on Reporting of Maltreatment of Minors, and  
12 MCAR 2.207 on Protective Services to Children.

The following laws and rule are for adults:

Minnesota Statutes 241.66 on Data Collection on Battered Women,  
Minnesota Statutes 626.557 on Reporting of Maltreatment of Vulnerable Adults, and  
12 MCAR 2.221 on Protective Services by Local Social Services Agencies to Vulnerable Adults.

Statutes which allow for intervention for both children and adults are:

Minnesota Statutes 256E on Community Social Services Act, and  
Minnesota Statutes 518B.01 on The Domestic Abuse Act.

Involuntary intervention may also be accomplished by law through such mechanisms as:

Minnesota Statutes 252A on Mental Retardation Protection,  
Minnesota Statutes 253 on Hospitalization and Commitment,  
and  
Minnesota Statutes 525 on Guardianships and Conservatorships.

Presently, legal intervention occurs at various entry points in a family violence situation. Law enforcement personnel enter a home after a call from a family member, neighbor, or other concerned person. A victim or other family member presses criminal charges or seeks civil remedies to change the aggressor's behavior. A report is sent to child or adult protection personnel to initiate an investigation. When a report is substantiated and the family refuses voluntary intervention, intervention comes under the jurisdiction of law enforcement and the judicial system. The function of the court system in addressing family violence is to protect the victim, assure protection of all parties' rights, mandate services or punishment, and place the family structure in a legal framework.

Either civil or criminal court or both are used. Civil court (juvenile, family and probate) is used to settle disputes and so may determine outcomes of child custody, economic support, and family separation. It also has the authority to grant protection orders, forbid further family violence, and mandate treatment and other services. The advantage of civil court is that a "preponderance of evidence" or "clear and convincing proof" is adequate to require legal remedies. This means that it is possible to remove an aggressor and require services for and support of family members without criminal prosecution and penalties. The disadvantage is that the civil court may not have sufficient authority to contain an aggressor or require enforcement, as has the criminal court.

Juvenile court has traditionally provided legal intervention when a child needs protection. The court intervenes on behalf of the child through dependency and neglect petitions, but statutorily has limited power to prosecute or order the responsible adult. Because of this, it is the authority of the juvenile court over the child that is used to encourage the adult to cooperate with intervention in order for the adult to regain jurisdiction over the child.

Family court is used to settle child custody and visitation issues. It is also used to legalize separation and marriage dissolution and order economic support. It has the authority to issue orders for protection at the request of family victims, or for minors, at the request of another adult family member.

Probate court is used to order guardianship or conservatorship. It also hears petitions for commitment to treatment for chemical abuse, mental illness, mental retardation. This latter

authority may be used for both aggressors and victims.

Criminal court has jurisdiction over adults, and can be used to prosecute an offender for homicide, physical assault, sexual assault, incest and sexual exploitation. Criminal court is used at the discretion of the county attorney. The advantage of criminal prosecution of family violence is that it names a crime a crime, even when it occurs within the family. When necessary, it provides for containment (incarceration) of a family aggressor and provides for criminal penalties and supervision. It may also induce an aggressor into treatment.

One disadvantage of criminal prosecution is the "proof beyond a reasonable doubt" criteria for conviction. If acquitted, the aggressor may believe the behavior is condoned and continue the violence. The victim feels powerless, and may also feel angry and betrayed by a system which again leaves the victim vulnerable. Also, an aggressor may refuse treatment until after prosecution, believing that to enter treatment is an admission of guilt.

Increasingly, there is a move to use the criminal justice system, including the criminal courts, to intervene in both child abuse and woman battering. With the criminal justice approach, as opposed to a social services approach, prosecution and treatment become "offender-based." While arrest and prosecution may have some impact on the aggressor, it is not in itself treatment. The impact on other family members is indirect, a result of what happens to the aggressor.

A concern in emphasizing a court approach to working with violence in families is that individuals and families will feel greater inhibitions in voluntarily requesting services. With these inhibitions, intervention may occur later, with greater severity of violence and family dysfunction. However, aggressors against other family members often do not accept services voluntarily. To require treatment, invoking the power of a court is often necessary. When a family refuses treatment, a combined effort of prosecution and court ordered services is the most effective means of intervening with all family members. If both civil and criminal courts are involved, though, efforts must be coordinated, or they may work at cross-purposes.

Several concerns are raised consistently in intervening in family violence through the judicial system. These concerns must be

examined and addressed:

- The criminal justice system must be consistent and coordinated in its response to violence in the family. In order for this to occur, law enforcement personnel must know that arrests will be prosecuted, and the county attorney must know there will be results in the courtroom. The court, in turn, must know that law enforcement is enforcing its orders.
- Orders for protection and restraining orders must be enforced, by law enforcement personnel, prosecutors, and judges. When unenforced or inconsistently enforced, the aggressor learns there may be no legal consequences for violence and so continues such behavior. The victim is placed in peril and loses an expected safety measure.
- The rights to visitation of a child by an aggressor must be examined, and not assumed, when a child is from a physically or sexually abusive family. Court ordered visitation must be supervised when a family member is in danger. A child has a right to see a parent, but also has a right to be physically and sexually safe during that time. Other family members also have a right to be safe when an aggressive family member is given court ordered rights to visit, especially if the rights extend to visits into the home of other family members.
- When ordering separation of family members, it is recommended that the court first consider ordering the aggressor to leave the household. This places the immediate consequence, that is, removal from the home, on the aggressor rather than on the victim and other family members.
- The victim, other family members, and other relatives and friends threatened with violence must be protected during legal processes. Such assurance of protection would reduce fear and so increase the cooperativeness of witnesses in court proceedings. It would also lower the number of charges dropped after filing and lower the numbers of aggressors allowed to return to a household because the family fears the aggressor. Such protection is



particularly necessary when more than one court is involved over a length of time.

- Involuntary intervention with adult victims, as with child victims, must occur through legal means. Unless an adult victim is found legally incompetent or is under conservatorship or guardianship, the victim has the right to refuse services. All systems intervening with adult victims must provide services with this principle of self-determination. When there is doubt, court intervention must be sought.

### **Service Delivery Models**

Various intervention or service delivery models have been developed to address violence in the family. Various models are also combinations which provide approaches adaptive to the community served and the resources available. Several of these models have been discussed previously, but will be summarized again.

#### **Criminal Justice:**

A crime is a crime, even when it occurs among family members. With the criminal justice approach, a family aggressor is charged with a crime, prosecuted, tried, and, if found guilty, sentenced. The major advantage of this approach is that it provides a negative consequence for violent behavior and is a demonstration of societal disapproval of violence. A major disadvantage is that many family members are reluctant to use the criminal justice system to intervene.

#### **Treatment:**

This approach addresses violence as a mental health concern and seeks to intervene at the intrapersonal and interpersonal level. The major advantage to this approach is that individuals and family members seek to understand and change their behavior. A disadvantage of this approach is that inappropriate treatment may fail to uncover or acknowledge the real danger of the situation and facilitate the violence.

#### **Support Services:**

This approach responds to various factors associated with family violence. For example, if an adult child of an elder is overwhelmed with caregiving responsibilities, services such as meals and personal care may be provided to the elder and support and information groups made available to the caregiver. The assistance of other family members may be solicited to relieve the full-time responsibility of the current caregiver. If the family has financial problems, support services would be offered, possibly to provide for child care and transportation while an adult family member finds employment. The major advantage of this approach is that it acknowledges the family circumstances which contribute to conflict and stress. The major disadvantage is that it may perceive and emphasize stress as the cause of violence and fail to address use of violence as a learned behavior.

#### **Problem-targeted:**

With this approach, various family problems are identified and addressed. For example, a chemically dependent mother receives treatment, an unemployed handicapped person is provided training for employment, or an ignorant caregiver is provided information on care of a stroke victim. The major advantage of this approach is acknowledging that other family problems may be present concurrently with violence. At times these problems must be addressed before an aggressor or family unit is ready to directly confront violence. The major disadvantage is that the family may believe its problems are resolved with this intervention and be unprepared for further violence. Such problem targeted intervention can be fragmented for the family if it is uncoordinated.

#### **Self-Help:**

Self-help programs facilitate persons acting for themselves. Self-help groups have proven effective in work with family violence, both with aggressors and with victims. The best known self-help organization in family violence is Parents Anonymous. Parents United and Daughters United are self-help groups developed for incest offenders and victims. There are numerous self-help groups of battered women. The advantage of such groups is that the persons involved attend because of specific, common problem. For

battered women, issues such as "Why does she stay?" (which are often presented as challenges by the general community) are understood without question by other battered women. Self-help groups for men who batter are also being developed.

Self-help provides several experiences. First of all, it breaks the isolation of an individual and validates that person's experience. In a self-help group, aggressors can brainstorm alternative behaviors and victims can brainstorm protective actions. Individuals learn to give and receive support and so develop social skills and self-esteem. They also learn to give and receive confrontation. A support system is developed that is available during crisis, during decision-making about the family and individual participation in the family, and during adjustment to treatment, separation, loss, and new life styles. While professionals from the various systems enter and leave the individual's and family's life, the self-help group can be sustaining for as long as members choose to participate.

#### **Community Network:**

This approach is a model of information and referral. Public information raises public awareness. Through such awareness building, victims, aggressors, family members, and neighbors, learn that intervention is available. Clergy, policy, counselors, educators, day care providers and others in the community are provided information in order to identify and report abuse. The advantage of this approach is that it facilitates community learning about violence in the family and the resources available for intervention. It also facilitates inter-agency cooperation, for example, between a rape crisis center and a battered women's shelter. A disadvantage of this approach is that it is ineffective if resources are unavailable to meet the need for services.

#### **Multisystem — Multidiscipline Approach to Intervention**

All of the formal systems are necessary in identifying and eliminating violence in families. Any one system must be able to access or mobilize another system in order to intervene in a violent situation. In order for effective intervention to occur, the education system must know that child protective service will respond. The

child and adult protective service system must know that the legal system will respond. Social services must know that a restraining order will be enforced. The health system must know that social services are available. Any one system acting alone may be successful in limited instances, but it is seriously hampered without the cooperation of the other systems.

Several problems are inherent in expecting successful cooperation among the various systems. First of all, all of these systems are large, extensive and embody separate traditions of learning, values, and beliefs. These characteristics provide for varying orientations toward perceiving and responding to problems. Educators believe in providing information. Health professionals believe in curing a disease, a pathology. Law enforcement personnel investigate according to law. Social workers observe individual behavior in the context of environment. So a teacher, nurse, sheriff, and social worker may all see violence in the family, perceive it differently, and recommend different responses.

Another problem of the various systems is that each has a limited amount of information. If a client does not provide information, a private therapist may not know that the client brought his child to an emergency room for hospital treatment because of violence. One hospital may not know that the child has received treatment from two other hospitals within the past six months for the same reason. A child protective service worker may be unaware that a mother left her home because she was being beaten. A teacher may not know there is an order for protection which is to prevent a mother from taking her daughter. It is entirely possible that various pieces of information are in different systems. Any one piece of information may indicate little of significance, but brought together, all of the information may indicate a violent situation.

Recognition of the interdependence among the various systems is increasing. Child protective service agencies are developing multidisciplinary teams to coordinate case planning and service delivery. Case management functions are being developed to organize, monitor, and provide consistency in goal setting, where several resources from varying systems are mobilized to serve a specific family. Coordinated relationships, formal agreements, and written procedures in and among the various systems are all being

considered and implemented.

Cooperation among individual professionals can be problematic. Traditional attitudes about family privacy are shared by most individuals, including professionals. In addition, perceptions of the family as patriarchal, hierarchichal, and nuclear affect individual perceptions and responses to the victim, the aggressor, and the family. Many professionals believe that the family is safe for people, that violence is normal, and that "healthy" families do not experience conflict. Such beliefs may prevent a professional from identifying violence or responding appropriately to violence.

Certain professionals are required by law to report suspected or known violence against a child or an adult by another family member. This includes professionals who abide by a standard of professional-client confidentiality, a standard particularly significant to medical and mental health personnel. In order to report violence in the family, these professionals are required by law to break confidentiality. Many professionals are skilled in assisting a client to self-report violence in the family and so use the reporting as part of the helping process. Whether a client self-reports or refuses to report, however, the professional must report and risks losing the client or at least jeopardizing a relationship established with family members. Though not required to report, clergy also abide by the standard of confidentiality. They are often persons to whom families go when seeking help, and so they face some of the same concerns as other professionals.

Once a report of violence is made, the role of the professional in cooperating with the social services assessment and the criminal investigation is unclear. When investigating whether or not a specific violent act or series of acts occurred, this is not so critical, since the activity is directed to determining whether or not the report is substantiated and whether or not a crime was committed. Also, a professional reporting in good faith is immune from liability, at least according to Minnesota law. However, the Minnesota Data Practices Act protects client information in the public sector. With this Act, it is unclear, beyond the report itself, how free a professional is to legally release information on a client without the client's consent.

There are several instances in which this can be problematic.

First of all, in responding to a report of abuse, a protective service worker may need information from other professionals, as well as from family and neighbors, to determine whether a report is true, false, or inconclusive. After a report is substantiated, protective service and law enforcement personnel can often benefit from information from these same collateral sources in assessing the risk of further harm to the victim. In gathering information to bring to the county attorney in order to consider court action, protective service personnel again may require more information than is available from the record of the report, only. Finally, after a case has been adjudicated, protective service personnel are often requested by the court to make recommendations for disposition. To make valid and appropriate recommendations, the protective service personnel often require access to the expertise of other professionals.

If a client cooperates and agrees to release information, professionals may function as needed to intervene appropriately. Family members may refuse to cooperate, however, in order to avoid incarceration, treatment, further physical violence, and loss of the family — very significant possible consequences for cooperation. In these instances, intervention becomes involuntary and cooperation and sharing among professionals may have to come under the auspices of a court order.

In addition to addressing confidentiality concerns of professionals, legislators, systems, and organizations must protect the professional from liability when acting in the interest of the client; that is, when assisting a victim or preventing further destructiveness by an aggressor. Finally, professionals are people, too, and they can experience fear when confronted with dangerousness and violence. At times, this may be the real, though unexpressed, reason for nonintervention. This reality must be acknowledged and provisions made for the safety of professionals working with violence in the family.

Because effective intervention into family violence often involves professionals of various disciplines and systems, the multidisciplinary-multisystem approach must be encouraged and facilitated. In the public sector, law, regulation, and other policy requires examination to identify conflicts and gaps which present barriers to intervention. This examination must include the policies



of law enforcement, public health, economic assistance, protective services, education, and the judiciary. Such examination would provide the basis for changing systems as necessary to streamline effective intervention. Public planning efforts targeting family violence as a priority can also be effective in coordinating the work of the various systems. In this effort, public planners must facilitate coordination with the private sector, so that private service providers, professionals, agencies, organizations and others may access the formal systems when an individual is identified as an aggressor or a victim.

Finally, training is an effective tool in promoting a multidisciplinary-multisystem approach to intervention. As each group of professionals learn about family violence and about responsibilities and possible courses of action, that group learns of the roles of the various other professionals and their systems. Bringing members of the various systems into the same training sessions is also effective in fostering the development of networks among those professionals working with family violence.

## 7: Resources

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This chapter provides guidelines on resources needed for family violence intervention. Many of these resources are discussed in previous chapters, so this chapter will emphasize housing, volunteer services and caregiving services.

### **Guidelines for Resource Availability**

Individuals need a variety of resources when violence occurs in their families. Of primary importance are resources available on request to facilitate individuals' acting for themselves and their families in crisis situations. These include criminal justice response, hotlines, shelters, emergency health care and emergency counseling. The next level of resources needed is supportive services which allow the individual and family time to assess their particular situation and to plan further action. These services include transportation, financial assistance, and substitute caregiving, as well as advocacy and counseling to facilitate decision making and provide information on resources, rights, and alternatives.

The next level of resources needed is a group of services and activities required to implement a plan to eliminate violence. These services include treatment of violence, chemical abuse, and emotional disturbance; therapy to remedy the effects of victimization; and training for long term employment, or assistance in developing other means for financial independence or stability. It also includes development of a personal support network for individual family members as well as for the family as a whole. This may include strengthening extended family ties and friendships and other informal networks as well as involvement in self-help groups. The next level of resources provides intervention from formal

institutions or systems when individuals and families cannot act for themselves. This requires law enforcement authority; social services assessment and case management; court review, order, and monitoring; incarceration; and involuntary treatment.

Finally, the resources most conducive in the long term to assisting individuals and families in preventing and alleviating violence are learning resources which provide information and experiences in such areas as nonviolent child rearing, preparation for care of elders, and avoidance of sexual exploitation. Resources such as family planning, meals on wheels, and home health care, all assist individuals to maintain control over their own lives and lower levels of vulnerability and stress.

In examining resources needed to respond to family violence, the following principles are recommended as a guide:

- Resources available must be responsive to individuals seeking assistance for themselves. This is consistent with the principle of self-determination in that it responds to needs as individuals understand them for themselves. Victims request services, as do aggressors and other family members. If resources are available when requested, intervention may occur when individuals and families are ready for voluntary intervention and when the violence is less severe.
- Resources must be designed with the goal of individual and family self-sufficiency. This principle responds to individual and family member issues of dependence and self-esteem by assisting them in strengthening and developing their capabilities. It also supports informal family and community networks and resources that sustain individuals and families in their daily lives.
- Community-based family support resources must be developed to respond to individual and family needs on a crisis basis, during assessment and family change periods, and on an "as needed" basis for vulnerable family members. These supports recognize the immediacy of obtaining basic personal needs in a time of crisis, the trauma and the decision-making necessary for individuals faced with violence, and the fact that victims are

often vulnerable in other aspects of their lives besides the violence.

- Resources must be available to meet immediate safety and other personal needs of victims, but inappropriate removal from the home or inappropriate placement or institutionalization must be avoided.
- Resources must be available to confront family aggressors with consistency, to provide treatment, and to contain them when they continue to be a threat to other family members.
- With current economic constraints in the public sector, resources are most effectively designed if they build on the public and private system already in place by strengthening the capacity of those systems to respond to violence in the family and by developing new resources only where there are gaps in the current system.

## **Housing**

Housing is a critical issue for families experiencing violence. First of all, family members often live in the same household. This is different from other crimes of violence, where the aggressor and victim usually live separately. It is also different from other families receiving services where housing may be an issue, but family members are not in danger because of the aggression of other family members.

When housing alternatives are necessary, the present system has been developed to first protect the victim. Social workers, through juvenile court order, and law enforcement personnel may remove children from an endangering environment. Shelter facilities and foster homes have been established for their housing and protection. For battered women and their children, battered women's shelters and safe homes have been established. With identification and reporting of violence toward disabled and elder family members, it is feasible that a need will be identified for emergency shelters for this population.

Shelters have several advantages. First of all, they provide

physical safety. Secondly, they provide a place for the victim to begin assessing family circumstances and to break isolation, which is often an experience of the victim. This is true for children's shelters, shelters for run-away youth and battered women's shelters. Some shelters also provide various other functions, such as personal support, assessment, advocacy and counseling. Basically, shelters are emergency, short-term, interim resources for victims.

A major problem with victim-focused intervention, however, is that the victim is often removed or is advised to leave the home, even though the home is the victim's as well as the aggressor's. Immediate removal is the surest method of providing immediate protection, and it is used consistently by law enforcement, legal, and social services systems to respond to family violence. When a physically abused child is removed, it is common for him to believe he did something "wrong" and so had to leave home. It is also common for an incest victim who is removed to believe she is responsible for the family "breakup." Rather than arrest and remove a violent husband and enforce a restraining order, police often transport a battered woman to a shelter.

Following such a model, in responding to violence against elders, it would be consistent to think in terms of removing the elder to a nursing home. This would allow the aggressive family member to remain in the home, even though the home may be owned by the elder and not by the aggressor. In testimony before the Special Congressional Committee on Aging, adult protection workers were cautioned about moving frail elders to different surroundings. Because of transfer trauma, such elders have a higher mortality rate the year or two after a move. Any moves must be made with "great" caution and only when in the absence of other alternatives.<sup>1</sup>

Removing a victim to safety may be easier than confronting the aggressor with the criminal justice system, but this leaves the aggressor with the family's housing. A family's return to a safe home is dependent on the aggressor's changed behavior, cooperation of all family members in following any court orders, and enforcement of any orders by the criminal justice system.

With the victim removed, or when family members need to separate, temporarily or permanently, it is necessary to establish new residences. Rather than an aggressor's finding a place to stay with friends, family, a rooming house, hotel, or other apartment, it

is common to find the victim and several other family members looking for the new arrangement. This is particularly true among battered spouses and families in which child abuse occurs.

Among battered women's shelter staff, statewide, housing is listed as the primary need for women. Complaints about extended use of public assistance funds for a family in a battered women's shelter are often related to a woman's inability to find affordable housing for herself and her family. Lack of alternative housing is often a reason for a victim's return to a violent living situation. Among elders, dread of being placed in a "home" is listed as the reason for not reporting abuse.<sup>2</sup> Also, elders are known to refuse to report abuse because of lack of alternative housing.<sup>3</sup>

Many of the victims of family violence are dependent. The dependency may be because of the person's developmental level, functional disability, or emotional conditioning. Many of the victims cannot live independently, and alternative supervised living arrangements must be available, if the person cannot remain in the family home. For children, foster families are provided. Battered women who have been in lengthy abusive relationships often need information, support systems, and alternatives for meeting their needs as well as their children's needs. Though not available presently, housing arrangements that would include these functions would assist in developing such a family's self-sufficiency. This housing may also be beneficial to families working to eliminate child abuse. For handicapped and older victims requiring care and supervision, institutional living is often the alternative to family living. Alternatives to family care must be available in the community to avoid inappropriate institutionalization for these adults.

For all family members who require alternative living arrangements, conscious efforts must be made to be realistic about placement. Temporary placement may only delay the next episode of violence, unless other interventions occur to change individual and family behavior. Permanent placement may be necessary in some instances, but must come under other public policy principles such as seeking alternatives to institutionalization, and, if institutionalization is necessary, it must be done in the least restrictive environment.

The economics of housing is a major consideration. For most



families, housing is a financial concern, including payment for housing or ownership of property. Separating family members means financing two or more housing arrangements, and when family members require care, supervision, and treatment, a housing alternative may be extremely expensive.

In order to be responsive to housing concerns of family victims, it is recommended that:

- When intervention occurs from outside the family, a consistent policy be established in social services, law enforcement, and the court system, that gives first consideration to removing the aggressor, when the family must be separated.
- Emergency shelters for family victims continue to be funded.
- Accessable emergency shelters be available for disabled persons.
- Alternative living arrangements be developed for family victims who require care and supervision, which can no longer be provided by family members.
- Family victims be given priority in housing subsidies and housing placements, when it is necessary for them to live independently of other family members.

### **Volunteer Services**

Volunteers can become a valuable resource in providing services to families experiencing violence. Big sister and brother and family friend programs can provide friendship, guidance, receptive listening, and role modeling for individuals and families. Volunteers can visit homebound individuals and break their isolation or provide some respite for family caregivers. Volunteers have been used extensively and successfully in operating hotlines. They have been the backbone of sexual assault services in Minnesota.<sup>4</sup>

In an evaluation of demonstration projects funded by the National Center on Child Abuse and Neglect, findings indicated that clients who received what was termed "lay services" as part of a service package were more frequently reported to have reduced

propensity for further violence against children. These lay services include parent aide counseling, or other trained volunteers who were assigned to be friends and supportive social contacts for families.<sup>5</sup> Volunteers recruited and trained to serve in this capacity would be an invaluable and cost effective resource.

Finally, volunteers are the basis of self-help groups, another method of working with violence in families. These groups are operated and organized by the members themselves. In Minnesota, self-help principles have been highly successful in working with battered women. In the analysis of the federally funded child abuse and neglect demonstration projects, clients receiving client-sponsored Parents Anonymous self-help were reported to have a reduced propensity for repeated violence than were clients receiving professionally sponsored group services.<sup>6</sup> In their beginnings, though, self-help groups may benefit by having a sponsor who is experienced in work with family violence and who can assist in accessing other resources, as needed. Facilitating development of self-help groups is another invaluable and cost effective resource for individuals who have experienced violence in their families.

### **Caregiving Services**

Caregiving is a primary family function and a critical issue in family violence. Many family victims require 24-hour care and supervision. Other family members, such as mentally retarded persons and adolescents, are functionally independent in some areas of living and require guidance in other areas. Still other family members require or expect such caregiving functions as meal preparation and household cleanliness to be undertaken by other family members. Caregiving resources must be available in the network of services offered to families with aggressors and victims. These same services may prevent violence in other families.

Employment or training related day care is necessary for family members who are caregivers. This is critical for battered women who seek employment but need child care after leaving a battering husband. This is also crucial for vulnerable adults. The increasing number of two-career families reduces the numbers of 24-hour-a-day family caregivers. Because of this, support must be available from outside the home. Services such as meals on wheels,

personal care attendants, home health care, and chore services assist functionally disabled persons in caring for themselves in the absence of other family members. The availability and accessability of such services relieves pressures from family caregivers and at the same time assures the care of vulnerable family members.

Emergency caregiving resources are also necessary, and emergency shelters are one such resource. Crisis day care for children is needed, specifically programmed for children responding emotionally or behaviorally to family crises. Emergency housekeeping is needed to provide services during a caregiver's absence.

Respite care requires development. This is currently available in Minnesota for families of mentally retarded persons and some physically handicapped persons. Use of such care lessens the pressure and isolation of both the dependent person and the caregiver by providing the dependent person with other social interaction and providing the caregiver and other family members time for personal pursuits, family vacations, etc.

Finally, caregiver ignorance is consistently mentioned as a concern in the literature on family violence. This is exhibited among violent parents who have expectations of children that are beyond the developmental performance capability of the child.<sup>7</sup> Violent parents often have inadequate child rearing attitudes<sup>8</sup> and mistaken concepts on how to rear, encourage, and guide children at different ages.<sup>9</sup> Elmer, in her study, found a "woeful" lack of knowledge of child development common among mothers who were nonabusing, as well as among those who were abusing.<sup>10</sup> In the Michigan study on maltreatment of vulnerable adults, respondents often cited such explanations for maltreatment as lack of training to care for the vulnerable adult and lack of understanding or knowledge of community resources and supportive services.<sup>11</sup>

To alleviate violent and otherwise abusive family functioning that results from a lack of knowledge, it is strongly recommended that educational and training experiences be developed for adolescents and adults. These experiences would include information on child development, child rearing, parenting, family development, sexual development, and interpersonal communications. Education and training must increasingly be made available on the aging process and care of elders. Training must also be

available on special needs and care of individuals with physical, mental and emotional disabilities. This is particularly necessary as systems work to deinstitutionalize and prevent institutionalization of persons with handicaps. Finally, as a caregiving function, education in family money management might alleviate much conflict over use of individual and family income. Such education and training could be made available through the formal education system, and through various organizations and agencies.

Another habilitative or rehabilitative caregiving resource is homemaking service, when it is provided as an educational experience. A homemaker may train a parent to budget, to provide nutritional meals, to discipline children nonviolently. A homemaker may teach a handicapped person to maneuver around a kitchen or laundry. Such a provider may also assist a caregiver in developing soft food or diabetic restrictive diets for elders. Such learning strengthens the skills of caregivers and so helps develop confidence in their caregiving functions. Indirectly, then, it improves the quality of care of dependent family members and so lessens their vulnerability.

## Epilogue

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This book examines "family" violence, and includes in this term the various demonstrations of such violence as parent to child, sibling to sibling, husband to wife, adult child to elder. The major advantage of bringing together what is known in each of these areas is that it develops an understanding of commonalities among the various demonstrations of violence. This generic approach provides for examining a family's violence dynamics comprehensively, rather than addressing the limited interaction of only the aggressor and the victim. It also provides the opportunity to examine inter-generational violence as a learned behavior. Coordinated intervention and service delivery to families experiencing violence can be developed from this information.

Even though there are significant advantages to examining family violence generically and providing services to the family as a whole, there are serious pitfalls with this approach. A major problem is our cultural tradition of a strong patriarchal family. As documented in Chapter 2, an overwhelming number of family victims are females, and a major number of aggressors are male. Emphasizing "family" in the current understanding of the family as a patriarchy places resolution of the violence in the domain of males. This means that a family approach can support the power of the aggressor and facilitate victimization of other family members. As Straus cautions, traditional sources of help "also tend to be traditional in the sense of . . . commitment to a patriarchal family system."<sup>1</sup>

Examining and serving the family as a unit or a system can diffuse the characteristics of the victims and the aggressors and the powers and vulnerabilities of individual family members. Intervening with the family unit, only, can diffuse the impact of the



culture and society on the structure, values, expectations, and behaviors of the family. This is not to say the family is unimportant. Many aggressors fear the loss of the family and many victims want the violence to end but want to keep the family together. The problem is that these families are held together by force and fear. This dynamic must be changed and the family restructured.

Another pitfall in using a generic approach is that individual needs differ. A woman beaten by her husband requires a responsive law enforcement and judicial system. She may also need to develop job skills and have access to child care. A frail elderly man abused by his daughter may need health screening and financial guardianship. The experiences of aggressors also differ. A husband may be violent to his wife because she disagrees with him, and he has been socialized to believe that he must control her. A mother may be violent toward her adolescent son who is learning independence; but she fears losing him at the same time that she is adjusting from the loss of her husband. A father may sexually abuse his daughter in order to meet his own needs. A brother may attack a brother because he has learned violence as a method of resolving conflict. The responses from social services, health, criminal justice, and education systems in each of these circumstances must recognize these differences.

Another issue is that family members are not equal under the law. Legal status differs among family members. Legal rights of a child and parent differ. The legal status and rights of a couple who marry differ from those of a couple who remain single. The legal status and rights of a person under conservatorship and guardianship are limited by courts and the judgement of persons appointed by the courts. Some family members have significantly more legal authority than others, and that authority is backed by society and the judicial system.

Another concern about an integrated approach is that our knowledge is limited. There have been extensive activity and writing in child abuse, and theories abound for causes and treatment. Writing in the battered women's movement is relatively recent, and many programs, particularly for batterers, are in initial stages of development. Violence toward elders and handicapped persons is beginning to be recognized, and there are dynamics of aging and of living with a disability that make the experience of violence different

for them than for other adults and children. In effect, it is premature to assume that the work in all areas of family violence can be integrated.

The professional community working with child abuse and the grass roots battered women's movement both express uneasiness about an integrated "family violence" approach. The child protection community has worked extensively to bring violence against children to public attention. Because of public visibility and support, programming for abused children and their families is progressing. If the approach moves to "family" violence, the concern is that children's issues will lose visibility. Members of the battered women's movement express the same concern. The movement has worked extensively to bring violence against women to public attention. Shelters for battered women and rape crisis programs have been developed. In moving to a "family" violence approach, the concern is that the emphasis will move to children, and the women's issues will be lost.

These concerns are significant and must be considered. However, children's issues are women's issues; and increasingly, advocates within the battered women's movement are speaking for the rights of children who live with violence in their homes. Increasingly, too, child protection workers are identifying violence against the mothers of children reported for protection. The battered women's movement is becoming aware of battered elders, and persons with disabilities are seeking services to protect themselves from violence. This activity, occurring across system lines, fosters learning about characteristics of various victims and aggressors, as well as about the family dynamics. It also fosters cooperation and coordination in intervention. This approach of learning, cooperation, and coordination is preferable, currently, to developing a generic approach to family violence. It builds on information that is available, but it also recognizes the pitfalls in moving to integration before the formal and informal systems and society have made significant changes in their perceptions of victims, aggressors, and family violence.

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