Issues in the Definition of Family Violence and Abuse

Women can verbally abuse you. They can rip your clothes off without even touching you, the way women know how to talk, converse. But men . . . weren’t brought up to talk as much as women do . . . So it was a resort to violence, if I couldn’t get through to her by words . . . On some occasions she was the provoker. It didn’t call for physical abuse . . . [but] it did call for something. You know, you’re married for that long, if somebody gets antagonistic, you want to defend yourself. (Ptacek, 1998, p. 188)

What are your views on this case? If this man struck his wife when she antagonized him, has he been abusive? How about his wife? If she verbally attacked him, put him down, tried to antagonize him with her words, was she also guilty of spousal abuse? Is one form of abuse (e.g., physical aggression) more abusive than another form (e.g., verbal aggression)? What is the basis for your judgment? Does abusive behavior by one spouse justify retaliatory aggression?

He always wanted to have sex. He was jealous and if he didn’t have sex with me every single day that means that I was with another guy and that was his theory. From the time I was 18, I had sex every single day for the first year we were married . . . [We] did it every day because he wanted to and I thought I had to. (Bergen, 1998, pp. 240–241)
Is the woman who reported this experience a victim of domestic violence, wife abuse, or maltreatment? Apparently she did not resist his advances even if she was often unhappy with his insistence on daily sex. If she did not resist, can his behavior be called “marital rape”?

His hand on my throat, pressing me into the bed . . . I never called it . . . rape. I called it rough sex. Forcing himself on me. Being selfish and inconsiderate, a beast, a monster. He called it getting what he wanted. What he was entitled to. (Letellier, 1999, p. 10)

Does this appear to be a more obvious case of marital rape? A definite case of domestic assault? The victim in this case is a gay male. Does that affect your judgment of the case in any way? If so, how? How likely is it that the victim in this case will be able to find appropriate support services to help him deal with this relationship and its effects on him?

When my son was a toddler . . . he would often attempt to squeeze past the front door where stone steps awaited his fall. Verbal reprimands and redirecting his attention elsewhere were fruitless, as he attempted time and again to get out . . . Rather than allow him to experience for himself the consequences of wandering too close to those steps, I swatted him smartly a couple of times on his diapered behind . . . ! It took two more swattings before he became convinced of the certain connection between trying to get out the front door and the painful consequences, but after that, he needed no more reminders! (Newberger, 1999, p. 79)

The woman who told this story did so proudly, pleased with her ability to discipline her son. What is your view? Is corporal punishment an appropriate response to self-endangering behaviors in a toddler? Is it appropriate in other circumstances? Or, is it possible that there are always better methods for dealing with child behavior that is considered undesirable?

After being hospitalized with a broken hip, 80-year-old Mr. Jaffin began living with his daughter and son-in-law. His daughter repeatedly berated him for not being able to clean his room and began referring to him as their third child. Reminding him what an avid golfer he’d been before the accident, she ridiculed him for now being unable to go to the mailbox without his walker and assistance from a family member. Within a month, Mr. Jaffin began to feel worthless and withdrew from his family and friends. He spent the day in his room sleeping or watching television, no longer socializing with or even phoning old friends. (Humphries Lynch, 1997)
What are your views of Mr. Jaffin’s situation? His daughter and son-in-law have taken him in, provided him with his own room and television, presumably keep him warm, safe, and well fed, and try to motivate him to be the active man he once was. Given these circumstances, would you say he is being maltreated in any way? Should the medical personnel who are overseeing his recovery from the broken hip intervene in the family situation? If so, how?

In the United States, one can expect considerable disagreement on the answers to these questions. Consider the first case. The problem of wife abuse has received a great deal of attention as an important social problem in recent years, but many people argue that husband abuse is not a social problem in need of a societal response, however painful it may be for its victims (e.g., Kurz, 1993; Walker, 1990). The Violence Against Women Act (VAWA) of 1994, expanded in 1998 and 2002, was designed to provide women with broad protections against violence not only in their communities but also in their homes, but society has been slower to provide protections for male victims of intimate abuse. As recently as July 2003, a Los Angeles man filed a sex discrimination lawsuit against ten local battered women’s shelters because none of them would provide him with a bed (Zwerling, 2003). Some people assume that cases where women abuse their partners are so rare there is no need to provide shelters for their victims. Others assume that shelters for men are unnecessary because most women, like the one in Case 1, are only verbally abusive, or that verbal aggression such as name-calling is in poor taste but calling it abusive is a misuse of the term. What do you think of these arguments?

Consider the other cases. Does marriage—or cohabitation, for that matter—entitle individuals to engage in sexual behavior with their partners whenever and however they want? Although most readers would probably say “No,” when the second author of this book submitted an article on dating aggression to a major interpersonal violence journal, one reviewer criticized the article for including the item, “ pressured you to have sex in a way you didn’t like or didn’t want,” in the (previously published) measure of interpersonal abuse completed by the participants. According to that reviewer, pressuring someone to have unwanted sex is abusive only in the context of prior physical assault. What is your view of this?

Battered women who have also experienced sexual abuse often find that shelters provide very little assistance with the aftermath of their sexually abusive experiences. Historically, many shelters did not consider cases of marital rape to fall within their domain because it is not life threatening, and many rape crisis centers did not want to deal with wife abuse victims;
consequently, battered women who had also been sexually assaulted were sometimes shuffled back and forth, unaided, between facilities (see Malley-Morrison & Hines, 2004, Chapter 15). This situation appears to be changing, with efforts being made to promote greater responsiveness to wife rape victims by domestic violence shelters (Wellesley Center for Women, 1998).

For many decades after the public recognition of child abuse and wife abuse as serious social problems, members of the gay/lesbian community, fearing additional stigmatization, were reluctant to admit that abuse took place within their relationships. Only recently have victims of intimate violence in those communities begun to speak out, although services are still limited. There are now some states that legally recognize gay/lesbian unions (e.g., Vermont, Massachusetts), and many gay/lesbian couples are raising children. In response to these developments, many researchers have begun studying violence in gay/lesbian relationships.

The extent to which corporal punishment should be considered abusive is very controversial. Although the percentages of adults who approve of corporal punishment may be declining, a majority of parents in the U.S. spank their children and consider spanking appropriate and necessary (Straus, 1994), despite the fact that many professional organizations, such as the American Psychological Association and the American Academy of Pediatrics, have issued statements recommending that children not be subjected to corporal punishment.

Finally, should we view Mr. Jaffin’s feelings and behavior simply as inevitable outcomes of the medical and other problems associated with aging, or is he a victim of elder maltreatment? He is not being physically abused. Nobody is trying to hurt or exploit him. But is he being emotionally abused? If so, how should he be helped? When he went to his orthopedist for a follow-up on his hip, he was referred to a psychologist who diagnosed him as clinically depressed. This psychologist began seeing him and his overwhelmed daughter regularly, and helped them both work out a better way of dealing with their circumstances (Humphries Lynch, 1997). Given that elder abuse is a reportable offense, should the hospital personnel have notified Adult Protective Services rather than privately initiating the counseling program?

Definitional Issues

At the heart of many of the debates concerning whether particular behaviors are abusive are inconsistencies in the definitions of terms. Definitions of abuse, for example, have varied in the extent to which they incorporate assumptions
about causes (e.g., people who hurt the ones they love are “sick”); effects (e.g., abusive behaviors are those that cause harm); motivations (e.g., abusive behaviors are intended to hurt rather than discipline); frequency (e.g., slapping is abusive only if it is chronic); and intensity (e.g., hitting is abusive if it is hard enough to cause injury). Such definitions, which vary in their inclusiveness and differ within and across fields, influence the likelihood that individuals subjected to unwanted behaviors within domestic settings will receive interventions from the legal, medical, and/or social service communities.

Efforts to distinguish among terms such as violence, abuse, and maltreatment have not led to any consensus. Definitions continue to vary in their inclusiveness (how broadly the construct is defined) and their abstractness (the extent to which they focus on specific behaviors or define one abstract construct in terms of another). For example, Levesque (2001) held that “family violence includes family members’ acts of omission or commission resulting in physical abuse, sexual abuse, emotional abuse, neglect, or other forms of maltreatment that hamper individuals’ healthy development” (p. 13, italics added). Emery and Laumann-Billings (1998) distinguished between two levels of abuse—maltreatment (i.e., minimal or moderate forms of abuse, such as hitting, pushing, and name-calling) and violence (i.e., more violent abuse involving serious endangerment, physical injury, and sexual violation). Here, abuse is the broader term, and maltreatment and violence are considered subtypes of abuse, varying in level of intensity. According to the American Academy of Family Physicians (2002), “Family violence is the intentional intimidation or abuse of children, adults or elders by a family member, intimate partner or caretaker to gain power and control over the victim. Abuse has many forms including physical and sexual assault, emotional or psychological mistreatment, threats and intimidation, economic abuse and violation of individual rights” (paragraph 1). Thus, the Academy defined family violence as abuse, emphasized the intention of power and control, and included “mistreatment” as a form of abuse. Finally, Straus, in his early work (Straus, Gelles, & Steinmetz, 1980), distinguished between socially accepted violence (e.g., spanking) and abusive violence, defined as an “act which has a high potential for injuring the person being hit” (pp. 21–22).

One of the biggest debates in the field is whether corporal punishment should be considered inherently abusive. Straus and Yodanis (1996) defined corporal punishment as “the use of physical force with the intention of causing pain but not injury for purposes of coercion and control” (p. 826)—thus emphasizing both intent and expectations concerning outcomes. Straus and Runyan (1997) noted that most cases of physical abuse happen when corporal punishment gets out of control, and that ordinary corporal punishment of adolescents is associated with a heightened risk for many social and
psychological problems. If child abuse is defined as behaviors that put children at risk for injury, and both psychological and physical injuries are considered, then there is a basis for considering corporal punishment abusive because of the demonstrated negative effects of corporal punishment. Straus (1994) has made this argument in his efforts to ban corporal punishment in the United States, as it is in many European countries. There has been considerable resistance to a ban among professionals as well as laypeople. Box 1.1 provides a sampling of major social science perspectives on the issue. Each of these authorities presents empirical data in support of his or her position, yet there are no signs that the differences will be resolved soon.

Box 1.1 Is Corporal Punishment Abusive?

Corporal punishment of children is essentially a legalized form of assault. Acts of “minor violence” that would be crimes if committed on an adult are legal when they occur as “discipline.” (Berliner, 1988, p. 222)

In the toddler years, parents should first respond with the least aversive discipline they think will stop the misbehavior. If that does not elicit compliance, they should then turn to more aversive responses . . . If the child still fails to comply . . . , such noncompliance should result in a mild prescribed spanking. (Larzelere, 1994, p. 205)

Almost without exception, when harsh punishment is mentioned and has [negative] long-term consequences . . . what is being referred to is corporal punishment. (Carey, 1994, p. 1007)

Authoritative parents endorse the judicious use of aversive consequences, which may (but certainly need not) include spanking . . . The prudent use of punishment within the context of a responsive, supportive parent-child relationship is a necessary tool in the disciplinary encounter. (Baumrind, 1997, p. 330)

Regardless of the numerous factors . . . that might provoke the use of spanking in a given instance, even the most abusive parent believes he or she is spanking as a response to some child behavior that requires discipline. (Benjet & Kazdin, 2003, p. 220)

In our opinion, motivating parents to change from corporal punishment to alternative methods of discipline would seem to be the most productive public mental health program known. (Ontario Consultants on Religious Tolerance, 2003, paragraph 4)
Another perspective comes from Emery (1989), who holds that “calling an act ‘abusive’ or ‘violent’ is not an objective decision but a social judgment, a judgment that is outside of the realm of responsibility of social scientists” (p. 322). Similarly, Zuriff (1988) argued that “the definition of psychological maltreatment is not a task appropriate for psychologists as scientists or researchers . . . [The] problem of defining ‘maltreatment’ is one of determining a point on a set of continua at which the psychological effects of parental behavior are to be designated ‘harmful.’ I suggest this is not an empirical question . . . [Psychologists] should leave the determination of good and evil, benefit and harm, to the law, ethics, and religion” (p. 201).

While agreeing that terms like maltreatment represent social constructions and value judgments, we disagree that psychologists and other social scientists cannot aid in the definitional process by means of scientific data and scientific thinking. Social and medical scientists are in some ways uniquely qualified to provide evidence concerning the harmfulness of particular behaviors for the well-being of their recipients, others with whom those recipients interact, and even the larger community within which the recipients of those behaviors must function. Indeed, in considering the kinds of behaviors and interactions that may be harmful to members of families (broadly defined to include gay/lesbian relationships and cohabiting couples), we prefer the term maltreatment to the other commonly used terms, in part because of the explicit value judgment built into the prefix “mal.”

Our term maltreatment embraces corporal punishment as well as abuse, family violence, wife beating, domestic violence, spousal abuse, and elder abuse, as these are commonly defined. We acknowledge that some forms of maltreatment are more serious than others. Children who receive a single slap on the hand or the buttocks during childhood are not being maltreated to the same degree as a child who is raped, or beaten every day, or constantly criticized and humiliated. However, we view all these behaviors as forms of maltreatment, and not beneficial ways for individuals to treat each other, inside or outside of families. As Straus has repeatedly pointed out, even acts that seem like relatively minor forms of maltreatment (e.g., spanking, name-calling) are risk factors for negative outcomes for individuals and society (Straus, 2001; Vissing, Straus, Gelles, & Harrop, 1991). Although our conceptual preference is for the term maltreatment, most researchers in family violence study the more extreme forms of maltreatment, and therefore, throughout this book, we generally use the term that the researchers used to describe the particular form of maltreatment of interest to them.

Definitions of terms such as maltreatment are embedded in broader perspectives on human beings, families, and intimate relationships. During the second half of the 20th century, new perspectives emerged within the
international community, including the view that the more vulnerable members of the human race (particularly women, children, the elderly, and people with mental and physical disabilities) have an inherent right to freedom from exploitation and abuse. Concurrent with the evolution of that perspective, many countries criminalized forms of family aggression that had a long history of normative acceptance—for example, the beating and rape of wives and children. Accompanying the criminalization of such behaviors has been a medicalization of their effects (Newberger & Bourne, 1978). Medicalization refers to perceiving a behavior, such as child maltreatment, as a medical problem or illness, and expecting the medical profession to treat the problem. The medical communities in many countries, including the United States, have increasingly been given and/or have assumed the responsibility not just to heal intentional burns, set broken bones, and mend bruised and battered skin, but to alert legal and social service agencies about behaviors now deemed abusive.

Just as the concept of “family” has been broadened to include nonmarital cohabiting relationships and same-sex intimate relationships, legal protections against spousal abuse have increasingly been expanded to include nonmarital relationships. Also, because most definitions of abuse emphasize negative outcomes, the social science community has directed intensive efforts at providing a scientific basis for defining, studying, and intervening in situations of family violence and abuse. In the next sections, we provide a brief introduction to major perspectives on maltreatment in family settings. Many of these perspectives reflect assumptions held before individuals selected a profession or developed as part of their professional training and experience. These perspectives, which may guide important decisions concerning the current or future well-being of victims of family maltreatment, may or may not have a solid theoretical or empirical basis. This section is followed by an overview of several theories of familial maltreatment. During the past several decades, increasing work has been done to empirically test such theories in order to improve our understanding of the predictors and consequences of maltreatment, and to provide a foundation for intervention and prevention efforts.

Perspectives on Maltreatment

The Human Rights Perspective

One major view on human rights is that they are privileges granted by people in power to those who are less powerful. For much of human history, women and children were seen as having no rights separate from those that
men offered them—and such rights were generally extremely limited. A second major view is that human rights are inherent in being human. From this latter perspective, human rights are, in the words of Amartya Sen (1999), “entitlements of every human being” (paragraph 1). This second view that is embodied in the United States Declaration of Independence: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.” It is also embodied in international human rights agreements promulgated by the United Nations and other nongovernmental organizations (NGOs).

Emerging from the horrors of World War II, wherein “disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind,” the newly born United Nations adopted the task of establishing a lasting peace. One of its first accomplishments (1948) was the Universal Declaration of Human Rights, which proclaimed “all members of the human family” have “equal and inalienable rights” and that recognition of these rights is “the foundation of freedom, justice and peace in the world” (Universal Declaration, Preamble, paragraph 1). Article 5, which is most relevant to family maltreatment, states, “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”

Since the passage of the Universal Declaration, the United Nations has promulgated other international treaties addressing the rights of individuals to freedom from maltreatment even within their own families. The Convention on the Rights of the Child (1989) specifies that member states “shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child” (Article 19). According to this Convention, assuring such rights to children is necessary in order to rear them “in the spirit of the ideals proclaimed in the Charter of the United Nations, and in particular in the spirit of peace, dignity, tolerance, freedom, equality and solidarity.” Thus, the international promulgators of this document, like many social scientists in the United States, recognize a connection between eschewing violence in the home and promoting international peace.

Child advocates in many countries have argued that corporal punishment violates the United Nations Convention on the Rights of the Child. The European Network of Ombudsmen for Children (ENOC; 2001) urged the governments of all European countries as well as NGOs concerned with children to work to end all corporal punishment. In their view, “eliminating violent and humiliating forms of discipline is a vital strategy for improving
children’s status as people, and reducing child abuse and all other forms of violence in European societies.” ENOC concurred that no level of corporal punishment is compatible with the Convention on the Rights of the Child and that legal and educational steps should be taken to eliminate it. The United States is one of only two countries (the other being Somalia, which has no central government) that have not ratified the Convention on the Rights of the Child, and parents in the United States appear to be very resistant to the notion that corporal punishment may violate a child’s rights.

Another important declaration adopted by the United Nations General Assembly was the Declaration on the Elimination of Violence Against Women, endorsed by all member states of the United Nations. According to this Declaration, “violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (Declaration on the Elimination of Violence against Women, 1993, Article 1). Other NGOs taking a stand against maltreatment in domestic settings include Amnesty International, which in 2001 released a statement asserting that violence against women is a human rights issue, and that if a government fails to “prevent, prosecute and punish” acts of violence, those acts should be considered forms of torture—and therefore a violation of the United Nations Declaration on Human Rights.

The international human rights perspective emphasizes the relationship between social justice and individual rights to freedom from abuse, and between peaceful resolution of conflict in the home and peaceful resolution of conflict in the international community. Proponents of a human rights perspective are often critical of systemic or structural abuse—that is, abuse of individuals by the very systems or structures responsible for protecting them (e.g., Hearn, 1988). One human rights advocate has argued that attention to international human rights principles can help Americans “move away from practices and assumptions that condone, encourage, and improperly respond to family violence” (Levesque, 2001, p. 17).

**Legal/Criminal Justice Perspectives**

Although the United Nations Convention on the Rights of the Child has some legal status in international law, it has functioned not so much to enforce children’s rights judicially or to criminalize violation of those rights, as to establish a universal standard that the international community has agreed to adopt. To our knowledge, the World Court has not tried any cases of family maltreatment. However, the European Court of Human Rights,
established by the European Convention On Human Rights and Its Five Protocols, has addressed cases of family violence originating in a number of different European countries.

In general, the legal approach to family maltreatment in the United States has been to criminalize it. The focus is on both punishment and deterrence. Criminalization has involved mandating members of medical and social service professions to report suspected cases of abuse and imposing criminal penalties on perpetrators of acts identified as abusive. Although the United States has not ratified the Convention on the Rights of the Child, it has ratified the Declaration on the Elimination of Violence Against Women, and has criminalized abuse of children, domestic partners, and the elderly. According to the federal Child Abuse Prevention and Treatment Act (CAPTA), “child abuse and neglect is, at a minimum, any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation of a child (individual under the age of 18) and any act or failure to act which presents an imminent risk of serious harm” (42 U.S.C. 5106g). However, each state has its own set of laws, and, in contrast to the stance taken in many European countries, corporal punishment by parents is legal in every State.

The Violence Against Women Act (VAWA), passed in 1994 as part of an Omnibus Crime Bill, and modified in 2002, was revolutionary in its provisions for addressing violence against women, including wife abuse. The federal Older Americans Act provides definitions of elder abuse and authorizes expenditure of federal funds for a National Center on Elder Abuse, but does not fund adult protective services or shelters for abused older persons. Every state has its own set of statutes criminalizing abuse of women and elders and its own procedures for investigating complaints and prosecuting violators. Actual practices often fall far short of the intent of the law; however, there has been enormous change since the days when the criminal justice system saw itself as not concerned with any violence short of murder when it took place behind the closed doors of the family home (Iovanni & Miller, 2001). Nevertheless, although there are laws addressing family violence against children, wives, and the elderly, no legislation deals specifically with family violence against siblings or husbands, who are also frequent victims of maltreatment in the family.

Although physical assault of wives has received increasing attention over the years, marital rape has been a virtual oxymoron until very recently. The so-called “marital rape exemption,” mandating that forced sex of a wife by a husband could not be considered a form of rape, had its basis in English common law, according to which wives, by virtue of the marital contract, gave themselves willingly and irrevocably to their husbands. The nature of
the marital contract was interpreted as negating the possibility of marital
rape and insuring the husband’s right to have his desires satisfied by his wife
(Bergen, 1998). Consistent with this perspective, rape was traditionally
defined as a male’s “sexual intercourse with a female, not his wife, by force
and against her will” (Finkelhor & Yllo, 1985, p. 1). It was not until July 5,
1993 that all states had enacted legislation to criminalize the rape of wives;
however, many laypeople are unaware that wife rape is now considered a
crime, and still others do not believe it can or should be a crime (Malley-
Morrison & Hines, 2004). There are still no laws against sexual assault of
husbands, although we know that this form of sexual aggression takes place.

Although the principal legislation relating to domestic maltreatment pro-
vides funding for educational and social service programs, the legal perspec-
tive emphasizes the criminal justice system response to violation of federal
and state statutes. Studies using legal definitions of abuse typically report the
number of cases of identified child, spouse, or elder abuse reported to pro-
tective service agencies. Such reports provide a vast underestimation of the
actual frequency of maltreatment in families, because many cases are never
reported to any agency. Moreover, many statutes related to maltreatment
have exemptions. For example, in every state, the child abuse statutes have
exemptions allowing parents to use “reasonable force” for purposes of child
discipline and control. Legal definitions of physical abuse reflect cultural
norms concerning what exceeds reasonable force, but the boundaries
between physical abuse and corporal punishment have been generally left
to the discretion of the legal and criminal justice systems (Straus & Runyan,
1997). Moreover, many states still have exemptions from prosecution for a
husband raping his wife (Rennison, 2002), such as when he does not have
to use force to make her have sex (e.g., if she is physically or mentally
impaired and unable to give consent).

Medical Perspectives

Maltreatment in families has been recognized not just as a human rights
and a legal issue, but also as a medical issue. On an international level, the
World Health Organization (WHO, 1997) identifies violence in the home
as a public health problem. Within the United States, professional organiza-
tions such as the American Academy of Family Physicians (2003) have also
noted that family violence is a public health issue of epidemic proportions.
The medical perspective on maltreatment tends to focus on recognizing
symptoms, identifying causes, and providing treatment. Medical practition-
ers frequently emphasize the causes of maltreatment having a biological
component (e.g., substance abuse, psychiatric disorders). Perpetrators are
often viewed as victims themselves, and more in need of treatment than of criminal prosecution. For this and many other reasons (including assumptions that the social welfare system does not always respond appropriately), medical personnel often do not report the cases of maltreatment they are mandated to report (Zellman & Fair, 2002) (see Chapter 12).

**Social Service Perspectives**

The social service system has generally had a much broader perspective on family violence than the medical or legal systems, traditionally viewing maltreatment within family settings as a symptom of family crisis and a need for services. The social service system has been more concerned with ameliorating conditions that give rise to maltreatment than with promoting the prosecution of offenders or providing medical treatment of victims. Much of the emphasis on acts of omission (neglect) in definitions of child and elder maltreatment is derived from social service perspectives. Workers within the field have often emphasized the role of external forces—for example, poverty and discrimination (Beckett, 2003)—in contributing to family maltreatment. Of all the relevant systems, the social service system probably has the greatest familiarity with social science research relevant to family maltreatment, its causes and outcomes.

**Need for Multidisciplinary Cooperation**

In many cases of family maltreatment, representatives of the legal, medical, and social service professions all become involved. A coordinated approach of these various services is often hard to achieve because of the differing definitions and perspectives within these professions. Members of the legal profession want to pursue prosecution of the perpetrator if they believe they can “win” their case. Medical practitioners are more concerned with providing treatment for victims and perhaps perpetrators, but typically see it as beyond their purview to address any problems of poverty, community violence, and despair besetting the family. Social service personnel may believe that any focus on helping, prosecuting, or changing individuals is shortsighted, and emphasize the need to find better housing and employment for family members and address substance abuse problems. Perhaps in part because of the very breadth of their perspective, social service systems have been overwhelmed by family violence cases in recent decades and are not always able to respond appropriately. A number of legal cases have been brought against local social service agencies for maltreating their clients.
Box 1.2  Brief of DeShaney v. Winnebago County Dept. of Social Services

Born in 1979, Joshua DeShaney was placed in his father’s custody when his parents divorced a year later. Joshua’s father’s second wife and neighbors reported that Joshua was frequently abused by his father. Following a police report and hospital treatment of Joshua’s bruises and abrasions in January 1983, the local Department of Social Services (DSS) obtained a court order to keep Joshua in the hospital’s custody. However, a child services protective team returned Joshua to his father three days later, when his father agreed in writing to enroll Joshua in Head Start and enter counseling himself. A few weeks later DSS was informed that Joshua had again been seen at the hospital but concluded there was no evidence of abuse.

During 1983, a social worker visited the father’s home five times. Although she observed that Joshua had bumps and scrapes on several occasions and that the father was not adhering to the terms of his agreement, she took no action. There was also no action taken when the hospital reported in November 1983 that Joshua had again been treated for suspicious injuries. When the social worker visited the home in January 1984, she was told she could not see Joshua because he had the flu. When she tried again to see him in March, she was told that he had recently fainted, but she did not request to see him. The next day Joshua’s father beat him severely, causing brain damage and permanent retardation. A medical examination revealed evidence of multiple previous injuries to Joshua’s head and body.

SOURCE: Adapted from online news reports.

Consider the case of Joshua DeShaney in Box 1.2. How did the differing perspectives of the various relevant agencies play out in his case? At what points in the process did systems fail him? Do any of the systems seem particularly culpable? After the final critical beating, Joshua’s father was arrested, indicted, tried, convicted, and sent to jail for child abuse. Subsequently, Joshua’s mother and Joshua (represented by a guardian ad litem) sued the county Department of Social Services (DSS) for depriving Joshua of “his liberty interest in bodily integrity, in violation of his rights under the substantive component of the Fourteenth Amendment’s Due Process Clause” (DeShaney v. Winnebago County Department of Social Services v. Winnebago County Department of Social Services).
Their argument was that by failing to intervene in a way that protected Joshua against his father’s violence, the DSS violated the Fourteenth Amendment statement that “[n]o State shall . . . deprive any person of life, liberty, or property, without due process of law.” Joshua and his mother lost their case and appealed ultimately all the way to the Supreme Court, where they again lost. In a dissenting opinion, Justices Brennan, Marshall, and Blackmun argued, “The most that can be said of the state functionaries in this case . . . is that they stood by and did nothing when suspicious circumstances dictated a more active role for them. [W]e cannot agree that respondents had no constitutional duty to help Joshua DeShaney” (DeShaney v. Winnebago County Department of Social Services, 1989, p. 17). In recent times, more cases have been brought against social service agencies. Does that appear to be the best way to deal with the staggering problems of maltreatment in society today? What other approaches might be better?

Disrespect for each other’s professions may often hamper cooperation among representatives from different agencies. For example, although several United States Supreme Court decisions in the post-World War II years (e.g., Brown v. Board of Education, 1954; In re Gault, 1967) provided some recognition that juveniles have rights protected by the Constitution, more recent decisions by a more conservative Supreme Court have eroded some of these rights, in part because of a decreased willingness to attend to social science data (Walker, Brooks, & Wrightsman, 1999). For example, “Justice Scalia consistently has considered social science studies to be irrelevant when deciding on constitutional law; for him, the only ‘empirical’ materials of relevance . . . are legislation and jury decisions” (Walker et al., 1999, p. 11).

Ecological Models of Maltreatment

Many theories have been formulated about various forms of family violence, and most of these theories reflect broader views (paradigms) about human nature. *Theories* are useful both to organize and integrate knowledge and to guide research (Baltes, Reese, & Nesselroade, 1977). *Paradigms* are more abstract and general. Recognizing the place of theories within paradigms can help reduce the confusion that can come from trying to understand and evaluate what may seem like an overwhelming morass of theories about family violence. The dozens of competing theories concerning the causes of child, intimate partner, and elder maltreatment can all be incorporated into an ecological paradigm—which we do in the sections that follow.
In general, the prevailing ecological paradigm within the field of family violence derives from the work of Bronfenbrenner (1979), who argued that human development and behavior should be analyzed within a nested set of environmental contexts or systems. The microsystem consists of the relations between developing individuals and their immediate settings (e.g., the home). The mesosystem consists of relations among the settings in which the developing individual is involved (e.g., between home and school). The exosystem includes the larger neighborhood, the mass media, state agencies, and transportation facilities. Finally, the macrosystem consists of broad cultural factors, including views about the role of children and their caretakers in society. Building on Bronfenbrenner’s model, researchers have identified causes of child maltreatment (Belsky, 1993), spousal abuse (e.g., Dutton, 1985) and elder abuse (e.g., Schiamberg & Gans, 2000) at different ecological levels. In an important modification of the theory, Belsky (1993) argued that the ecological system includes an ontogenetic or individual/developmental level—that is, the unique biological/genetic characteristics that exist even before birth and that individuals bring to every interaction. These biological/genetic characteristics change during the process of development under the influence of both nature and nurture.

Inherent within an ecological perspective is the dictum that to understand how so many people can maltreat family members or other intimates, we need to understand the genetic endowments of those individuals, the microsystem in which they grew up, the microsystem in which they are currently embedded, characteristics of the neighborhood within which their family functions (including the availability of social support and social services, and relationships between the community and the criminal justice system), and the larger society that embraces all the separate neighborhoods. From this ecological perspective, maltreatment is the product of the genetic endowments, behaviors, cognitions, and affects of the individual at the center of the nested set of ecological contexts, as well as the genetic endowments, behaviors, cognitions, and affects of the other actors at each ecological level.

There have been and continue to be single-factor or single-process theories of maltreatment that focus on causes at just one level of the ecological framework. Empirical research addressing hypotheses concerning causes of maltreatment has confirmed that there are identifiable risk factors at every ecological level. Table 1.1 provides a brief summary of the basic assumptions of several current theories of maltreatment in families. It also indicates the ecological level being addressed by each theory, and an example of at least one empirical study addressing hypotheses associated with that theory.
### Table 1.1  Major Theories of Family Violence within an Ecological Paradigm

<table>
<thead>
<tr>
<th>Theory</th>
<th>Supportive Study</th>
<th>Focus</th>
<th>Key Assumptions and/or Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BIOLOGICAL INDIVIDUAL/DEVELOPMENTAL THEORIES</strong></td>
<td></td>
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<tr>
<td>Behavioral Genetics</td>
<td>Hines &amp; Saudino (2003)</td>
<td>Intergenerational transmission of intimate aggression</td>
<td>Intergenerational transmission of intimate partner aggression is due to shared genes. Genetic influences account for approximately 20% of the variance in physical and psychological intimate aggression.</td>
</tr>
<tr>
<td>Other Biological Theories</td>
<td>Frodi &amp; Lamb (1980)</td>
<td>Association of child abuse with physiological reactivity</td>
<td>Child abusers are more physiologically reactive to a child’s cry and smile, suggesting that they find both of these aversive.</td>
</tr>
<tr>
<td></td>
<td>Wolfe, Fairbank, Kelly, &amp; Bradlyn (1983)</td>
<td>Association of child abuse with physiological reactivity</td>
<td>Child abusers have large increases in physiological reactivity, as measured by skin conductance and heart rate, in response to stressful and nonstressful mother-child interactions.</td>
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<tr>
<td></td>
<td>Hucker et al. (1988); Langvin et al. (1988); Wright et al. (1990)</td>
<td>Temporal lobe dysfunction and incest</td>
<td>Incest offenders and pedophiles show abnormalities within the temporal lobes, abnormalities that do not characterize any other types of offenders studied.</td>
</tr>
<tr>
<td></td>
<td>Rosenbaum (1991); Rosenbaum &amp; Hodge (1989)</td>
<td>Association of male battering with head injuries</td>
<td>In comparison to nonbatters, wife batters have had significantly more head injuries in their histories, the overwhelming majority of which preceded the intimate partner aggression.</td>
</tr>
<tr>
<td></td>
<td>Booth &amp; Dabbs (1993)</td>
<td>Association between testosterone and wife abuse</td>
<td>29% of high-testosterone versus 23% of low-testosterone men said they had hit or thrown things at their wives.</td>
</tr>
<tr>
<td></td>
<td>Soler, Vinayak, &amp; Quadagno (2000)</td>
<td>Association between testosterone and wife abuse</td>
<td>Higher testosterone levels were related to higher physical and verbal aggression against wives, even after controlling for demographic characteristics and alcohol consumption.</td>
</tr>
<tr>
<td><strong>NONBIOLOGICAL INDIVIDUAL/DEVELOPMENTAL THEORIES</strong></td>
<td>Alexander (1992)</td>
<td>Theory re: child sexual abuse</td>
<td>Insecure attachment may either help set the stage for sexually abusive behavior or interfere with its termination.</td>
</tr>
<tr>
<td></td>
<td>George (1996)</td>
<td>Harsh punishment mother to child</td>
<td>Mothers with disorganized attachment style felt helpless and out of control with children, viewed children as out of control, described harsh punishment.</td>
</tr>
<tr>
<td></td>
<td>Moncher (1996)</td>
<td>Physical child abuse mother to child</td>
<td>Mothers with insecure attachment style were at significantly higher risk for child abuse than mothers with secure attachment style.</td>
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</tbody>
</table>

(Continued)
Key Assumptions and/or Findings

Social skills deficits related to decoding social information, making decisions in social situations, and responding competently lead to marital violence in men.

Perceptual distortions, interpretations of noncompliant child behavior as hostile, evaluations of noncompliance as morally wrong, inattention to mitigating events, and power-assertive techniques lead to child abuse.

Personality variables with a social information processing orientation (e.g., adversarial sexual beliefs) were more closely related with aggression reported on the CTS than more general attitudinal variables.

Consistent with SIP theory, mothers at risk for child abuse reported more hostile intent, aversiveness, annoyance, and use of power-assertion discipline.

Unrealistic parental expectations, misattributions re: child’s behavior, and overreactions to misbehavior produce child abuse.

Observation of aggression between parents during childhood positively associated with use of violence against wives in adulthood.

Individuals learn to be violent from growing up in violent homes, where they observe violent models, see violence being reinforced, and learn justifications for violence.

Parents who behaved aggressively with their children had parents who had used similar aggression with them when they were growing up.

In women, witnessing parental violence in childhood positively associated with higher rates of child abuse and less marital satisfaction; in turn, less marital satisfaction was positively associated with marital violence perpetration and receipt.

Nearly 80% of a sample of male offenders had themselves been sexually victimized, typically by a father or other male relative, but often by perpetrators of both genders.

Compared to distressed but nonabusive men, abusive men viewed their parental relationships more negatively, had witnessed more conflict between their parents, and showed elevated scores on several clinical symptom scales.

Borderline personality disorder significantly positively related to the frequency of anger in intimate relationships, to chronic trauma symptoms, and to abusiveness.

Table 1.1 (Continued)

<table>
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<th>Key Assumptions and/or Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Milner (1993)</td>
<td>Theory re: child physical abuse</td>
<td>Perceptual distortions, interpretations of noncompliant child behavior as hostile, evaluations of noncompliance as morally wrong, inattention to mitigating events, and power-assertive techniques lead to child abuse.</td>
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<tr>
<td></td>
<td>Hastings (2000)</td>
<td>Verbal and physical abuse of women</td>
<td>Personality variables with a social information processing orientation (e.g., adversarial sexual beliefs) were more closely related with aggression reported on the CTS than more general attitudinal variables.</td>
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<td></td>
<td>Montes et al. (2001)</td>
<td>Child physical abuse</td>
<td>Consistent with SIP theory, mothers at risk for child abuse reported more hostile intent, aversiveness, annoyance, and use of power-assertion discipline.</td>
</tr>
<tr>
<td></td>
<td>Gelles &amp; Cornell (1990)</td>
<td>Intergenerational transmission of family violence</td>
<td>Individuals learn to be violent from growing up in violent homes, where they observe violent models, see violence being reinforced, and learn justifications for violence.</td>
</tr>
<tr>
<td></td>
<td>Simons et al. (1991)</td>
<td>Intergenerational parenting practices</td>
<td>Parents who behaved aggressively with their children had parents who had used similar aggression with them when they were growing up.</td>
</tr>
<tr>
<td></td>
<td>Mihalic &amp; Elliot (1997)</td>
<td>Men’s and women’s minor and severe marital violence</td>
<td>In women, witnessing parental violence in childhood positively associated with higher rates of child abuse and less marital satisfaction; in turn, less marital satisfaction was positively associated with marital violence perpetration and receipt.</td>
</tr>
<tr>
<td></td>
<td>Burton et al. (2002)</td>
<td>Sexual offending by adolescent males</td>
<td>Nearly 80% of a sample of male offenders had themselves been sexually victimized, typically by a father or other male relative, but often by perpetrators of both genders.</td>
</tr>
<tr>
<td>Psychiatric (including substance dependence)</td>
<td>Beasley &amp; Stoltenberg (1992)</td>
<td>Characteristics of wife-abusing men</td>
<td>Compared to distressed but nonabusive men, abusive men viewed their parental relationships more negatively, had witnessed more conflict between their parents, and showed elevated scores on several clinical symptom scales.</td>
</tr>
<tr>
<td></td>
<td>Dutton (1994)</td>
<td>Characteristics of wife-abusing men</td>
<td>Borderline personality disorder significantly positively related to the frequency of anger in intimate relationships, to chronic trauma symptoms, and to abusiveness.</td>
</tr>
</tbody>
</table>

(Continued)
Key Assumptions and/or Findings

When the perpetrator was a substance abuser, the case was more likely to involve physical & emotional abuse and less likely to involve neglect. Substance-abusing perpetrators were more likely to be men, children of their victims, and not primarily responsible for caretaking. Victims of substance-abusing perpetrators were also likely to be substance abusers.

Offender's personality characteristics are chief determinants of violence against intimates. Personality and character disorders, mental illness, and substance abuse are linked to family violence.

Maltreating mothers exhibited significantly higher levels of several forms of psychopathology and substance abuse than control mothers, and the majority of maltreated children and adolescents also showed significantly more psychopathology.

Family violence is a product of the family system, not of individual behavioral pathology. The strain of everyday interactions among family members produces conflicts including violence.

100% of men and 77% of women had used physical violence in the year before the women came to shelter. Major stressors upsetting family system: arguments over money, jealousy, man's use of alcohol/drugs, sex/affection; 1/3 of women went back to husbands.

Sexually abusive family systems characterized by difficulty managing anger, disorganized roles, chaotic interactions, and restricted ability to manage interactions.

Risk-increasing emotions within the couple system increase the likelihood of couple violence.

Stress (changes/disruptions requiring adjustment and exceeding one’s adaptive resources) associated with instrumental (e.g., spanking children to stop crying, slapping a spouse to settle an argument) & expressive family violence (e.g., lashing out in anger).

Physically abusive parents reported significantly lower income. Abusive mothers reported more stress due to frequent life events, more negative perceptions of these events, and higher rates of both depression and state anxiety.

Presence of wife abuse in home significantly increased odds of child abuse. Wife abuse was strongest risk factor for physical punishment of children. Strongest predictor of verbal child abuse was nonviolent marital discord.

(Continued)
Key Assumptions and/or Findings

Level of parenting stress was positively associated with physical child abuse potential in parents who believed strongly in the value of corporal punishment but not in parents low in this belief.

Areas at high risk for child maltreatment characterized as socially impoverished—fewer neighbors exchanging child care, lower involvement in community exchanges, fewer people can be counted on.

Abused elders and caregivers increasingly interdependent prior to abuse because of loss of family members and growing social isolation.

Children from high-violence neighborhoods were significantly more likely to have been physically abused than children from low-violence neighborhoods.

Neighborhoods in a Florida county with the greatest resource deprivation also had the highest rates of violence against intimates.

Causes of child abuse identified by parents included poverty and family disruption; substance abuse and stress; lack of moral and family values; and individual pathology—all of which were related to neighborhood characteristics.

Male-to-female partner violence was lowest for couples residing in the least disadvantaged neighborhoods (3.5%) and highest (7.9%) in the most disadvantaged neighborhoods.

Female battering derives in part from compulsive masculinity and rigid sex role stereotyping, and is influenced by fear of humiliation, the social form of male shame; humiliation is deeply rooted in the same-sex relations of boyhood groups, male rites of passage, and troubled relationships with father figures.

Wife abuse associated with a culture of hypermasculinity (operationally defined as group disrespect for women) and lower support for wives.

Violence is a form of coercive control used by men to maintain their power in a patriarchal society and by husbands to maintain their power in the family. Patriarchal ideology was positively correlated with wife beating, especially in states with high levels of structural inequality between men and women.
Individual/Developmental Theories

Biological Theories

Behavioral Genetics. A defining goal of behavioral genetic research is to estimate the extent to which genetic and environmental factors contribute to variability in selected behaviors in the population under study. This involves decomposing phenotypic (observed) variance of a trait or behavior into genetic and environmental components. Heritability is the proportion of phenotypic variance attributable to genetic factors. The remaining variance is attributed to environmental factors including both shared environmental influences (common to all members of the family) and nonshared environmental influences (the ones unique to each individual that operate to make members of the same family different from one another). Nonshared environmental influences include microsystem factors such as differential parental treatment; differential extrafamilial relationships with friends, peers, and teachers; and nonsystematic factors such as accidents or illness (Hines & Saudino, 2002; Plomin, Chipuer, & Neiderhiser, 1994).

To date, only one empirical study has specifically addressed the issue of genetic influences on family violence (Hines & Saudino, 2004). In this twin study, genetic and nonshared environmental influences were the only significant contributors to individual differences in the use and receipt of both physical and psychological aggression in romantic relationships. These findings, which supported the hypothesis that familial resemblance in intimate partner aggression is due to shared genes, not shared environments, are consistent with those of many other studies showing that genes and nonshared environments influence the use of aggression in general (e.g., Carey & Goldman, 1997; DiLalla & Gottesman, 1991). This study further showed that many of the same genes and environments influencing the receipt of physical aggression also influence its use. Thus, there appear to be genetic and nonshared environmental influences on a tendency to get involved in aggressive romantic relationships, and aggressive people tend to choose aggressive partners (Hines & Saudino, 2004).

The statement that behaviors are genetically influenced means that certain people, due to their genotype, may be more likely to commit aggressive acts in their relationships than people who do not have that same genotype. In other words, genetic influences are probabilistic, not deterministic. Genetic influences on aggression in family relationships must be seen as a predisposition towards aggression, not as destiny (Gottesman, Goldsmith, & Carey, 1997; Raine, 1993). The environment and manipulations in the environment can be very successful in reducing aggressive behaviors and preventing the

Other Biological Theories. Behavioral geneticists are not the only theorists interested in the role of biology in family violence, although research on biological factors is sparse. A possible reason for this lack of research is the assumption that if aggression in the family has a biological component, nothing can be done to ameliorate it—an assumption that is incorrect. Although biological factors contribute to family violence, the environment also plays a large role, and most likely interacts with biological traits. Identifying people who are biologically at risk for behaving aggressively, and altering their environments, may help reduce family violence.

Studies linking biology to different forms of family violence come in four areas: head injuries, physiological reactivity, testosterone, and temporal lobe dysfunctions. Studies of the link between head injuries and family violence have been limited to male batterers. This research shows that a majority of male batterers may have a history of head injuries severe enough to result in concussion or loss of consciousness (Rosenbaum & Hodge, 1989). Furthermore, in comparison to nonbatterers, batterers have suffered significantly more head injuries, the overwhelming majority of which preceded the intimate partner aggression (Rosenbaum, 1991). Head injuries are thought to lead to aggressive behaviors because they tend to damage the frontal lobes, an area of the brain related to aggression.

It has also been shown that child abusers have large increases in physiological reactivity, as measured by skin conductance and heart rate, in response to stressful and nonstressful mother-child interactions (Wolfe, Fairbanks, Kelly, & Bradlyn, 1983). In addition, child abusers are more physiologically reactive to a child’s cry and smile, suggesting that they find both of these aversive (Frodi & Lamb, 1980).

Testosterone has been linked to two different types of family aggression: wife abuse and incest. Among military servicemen and low-income, culturally diverse groups of men, higher levels of testosterone were related to both physical and verbal aggression against wives (Booth & Dabbs, 1993; Soler, Vinayak, & Quadagno, 2000). However, because these are correlational studies, we do not know which came first: the high testosterone or the aggression, and aggression has been shown to lead to increases in testosterone (e.g., Gladue, Boechler, & McCaul, 1989). Furthermore, most of the studies in humans linking aggression to testosterone levels show that the links are neither simple nor direct (Englander, 1997). In studies linking testosterone to incest, castration significantly reduces recidivism rates (Wille & Beier, 1989), suggesting that testosterone levels and sexual aggression
are related. What may be the problem, though, of concluding from these studies that high testosterone causes sexual aggression?

Finally, there is evidence linking temporal lobe dysfunctions to sexual offenses, specifically incest and pedophilia. Sexual activity is related to activity in the temporal lobe, and changes in sexual functioning are related to damage to that lobe (see Hucker et al., 1988). Incest offenders and pedophiles show abnormalities within the temporal lobes, abnormalities that do not characterize any other types of offenders studied (e.g., Hucker et al., 1986, 1988; Langevin et al., 1988; Wright et al., 1990).

There is also a significant amount of research linking nonfamily violence to frontal lobe dysfunctions (see Raine, 1993, for a review). Because head injuries are related to both family violence and frontal lobe damage, this is an important area to investigate further. Also potentially fruitful is an association found between minor physical anomalies (e.g., having only one crease in the palm instead of three, having low-seated ears) and family violence. Minor physical anomalies are an indicator of minor brain damage, and have been empirically linked to violent crimes in people environmentally at risk (Kandel et al., 1990). It may also be useful to investigate the link between family violence and the neurotransmitters serotonin and norepinephrine, which appear to be reduced in aggressive individuals (Scerbo & Raine, 1992). Finally, birth complications have been linked to violence, particularly in people genetically at risk (Brennan, Mednick, & Kandel, 1993). Thus, the link between biological traits and family violence needs to be explored further, and interactions between biological characteristics and environmental or genetic factors are particularly important avenues of research.

**Attachment Theory**

The basic assumption of attachment theories (e.g., Bowlby, 1969, 1973) is that early experiences with caregivers contribute to the development of internal prototypes of human beings and human relationships. According to this perspective, individuals who develop a secure attachment style have positive feelings toward self and others, whereas individuals who develop an insecure attachment style have negative feelings toward self and others. In relation to family violence, the basic propositions tested are that child abuse leads to an insecure attachment style and that an insecure attachment style leads to family violence. The representative studies presented in Table 1.1 are among those providing some support for these theoretical propositions; however, based on a review of the relevant literature, Bolen (2000) concluded that overall the evidence is mixed and does not provide full validation of attachment theory.
Social Information Processing Theories

Social information processing theories, and cognitive behavioral theories, place much greater emphasis than other theories on social cognitive processes in individuals who maltreat others. These theories emphasize that it is the perpetrator’s judgments about the behaviors, thoughts, and feelings of family members, and their limited response repertoire for dealing with frustrations, disappointments, and negative emotions that lead to a reliance on aggression. These theories are important in their emphasis on the role of cognitive processes in family maltreatment; indeed, it is likely that most abusers do not see their behavior as abusive but as an appropriate response to the inappropriate behavior of family members.

Social Learning Theory

One of the most popular explanations for family violence comes from social learning theory, which posits that individuals learn “appropriate” situations and targets for aggression the same way they learn everything else—that is, through the patterns of reinforcements and punishments that they experience and through observing both the behaviors of significant others and the consequences of those behaviors. Thus, social learning theorists predict, children who observe interparental violence or experience violence at the hands of their parents are likely to repeat this behavior in their own family relationships as adults. Considerable support for such suppositions comes from extensive research on the intergenerational transmission of family violence, which clearly indicates that violence in the family of origin, either witnessing and/or experiencing it, is predictive of violence in later close relationships. However, there are two major caveats for this support: 1) there is also strong evidence that not everyone who grew up in an aggressive family will become aggressive (Kaufman & Zigler, 1987); and 2) intergenerational continuity in aggression can also be due to the genes, not just the environments, that family members share.

Microsystem Level Theories

Systems Theory

Systems theorists emphasize the importance of analyzing families as dynamic, adaptive social systems with feedback processes taking place among family members in ways that maintain the stability of the system (Kazak, 1989). Systems theorists typically view influences in families as bi- or multidirectional; for example, children influence parents as well as parents influencing children;
interactions between husbands and wives can influence the interactions of both with elderly parents; how a husband treats a wife may be related to how she treats their children. From this perspective, maltreatment in families is not a simple matter of one disturbed family member harming an innocent victim; rather, it results from everyday stresses and strains on the family system that produce conflicts, accommodations, and various responses, sometimes including violence. In some family systems, wives may tolerate maltreatment from their husbands because the husbands are providing a home for their children, or may sacrifice a daughter to the incestuous behaviors of their husbands to protect themselves from his aggression; or husbands may stay with violent wives to try to protect their children. Systems conceptual frameworks have been valuable in highlighting the complexity of most forms of family violence, but have been consistently challenged by feminists, who view family violence—particularly wife abuse—as a gendered problem, that is, a problem residing in men due to patriarchal norms.

**Stress Theory**

Stress theorists have identified stressors at many levels of the ecological context in which individuals develop and family interactions take place. Stress is typically defined as the experience individuals have when the demands of the situation exceed their ability to deal with it. Within the family microsystem, common stressors may be too many children, not enough income, absence of one parent, and marital conflict. In particular, poverty is a risk factor for various forms of family maltreatment (e.g., Caetano & Cunradi, 2003; Sedlak & Broadhurst, 1996), particularly child neglect (Drake & Pandey, 1996). Abuse of one parent by another may result from one stressor—for example, the victim’s substance abuse—but also constitutes a stressor for other members of the family, leading, for example, to the victim’s abuse of the children. There is considerable empirical evidence supporting a link between stressors and family violence, but stress does not necessarily lead to violence. Although Straus (e.g., 1980) found that the greater the number of stressors parents were experiencing, the higher their level of child abuse, he also found that stress did not lead to child abuse except within the context of several other variables—specifically, growing up in a violent family, low attachment to the marital partner, a dominant role for the husband, and isolation from social support.

Events or changes that overwhelm the resources of the individual and send reverberations into family life often take place outside the home. A family member may lose his or her job, face discrimination because of a handicap, be arrested for drunk driving, or seek affordable mental health services and be
unable to find them. The impact of such stressors appears to be particularly destructive when the individual lacks social support. For example, Garbarino and Sherman (1980) found that neighborhoods characterized by greater social isolation and “social impoverishment”—that is, neighborhoods where isolated families compete for scarce resources rather than assisting each other—had higher rates of child maltreatment. The interaction of exosystem characteristics of the neighborhood with characteristics of the families can exacerbate or ameliorate the conditions leading to maltreatment.

Exosystem Level Theories

Ecological Theories

In this book, we follow the contemporary practice of using the term ecological paradigm to refer to a broadly integrative conceptual framework that encompasses theories addressing factors at different levels of the human ecological system. However, the label ecological theory has also been applied to theoretical frameworks (e.g., Garbarino & Kostelny, 1992) focusing on neighborhood variables such as social cohesion and social isolation. Proponents of this approach emphasize the importance of paying attention to neighborhood variables when addressing problems of family violence. In a study of greater Chicago communities, Garbarino and Kostelny (1992) found that neighborhoods with high rates of child abuse were characterized by social disorganization (e.g., criminal activity) and lack of social coherence (e.g., lack of availability and knowledge of social services and support networks).

Sociocultural Theories

Although social support has frequently been identified as a factor that can reduce the likelihood of violence as a response to stress (Milner, 1994), there is also evidence that norms within an individual’s peer group and community can contribute to the likelihood that violence will be viewed as an acceptable solution to difficulties within the family (Straus, 1980). Men’s peer groups may support rigid sex role norms designed to insure a superior status for men and subordination in women and children. Religious groups may endorse corporal punishment of children and encourage women to stay within abusive marriages in order to keep the family together. Evidence of differences among religious groups and in different areas of the country in tolerance for and use of aggressive tactics within the family supports the view that local norms play a role in the sanctioning of some forms of maltreatment.
Macrosystem Level Theories

Feminist Theory

At the heart of a variety of feminist perspectives is the assumption that domestic violence, or violence within the family, is a gendered problem; moreover, feminists generally concur that characteristics of perpetrators, victims, and interactions among perpetrators and victims, as well as expectations about families and society, are all profoundly influenced by gender and power (Yllo, 1993). From these perspectives, use of terms like domestic violence and intimate partner violence is inappropriate because of their gender-neutral quality. This gender neutrality fails to place the responsibility for family terrorism where it belongs: on males operating within a global patriarchal system that denies equal rights to women and legitimizes violence against women, children, and the elderly (Hammer, 2003).

Patriarchy, defined by Kurz (1993) as “the system of male power in society” (p. 49), has been identified by feminists as one of the most powerful forces contributing to wife abuse in the United States and most other countries. In patriarchal societies, men have more social, economic, and political power and status than women. They consider themselves superior to women and children and feel entitled to use force if necessary to maintain dominance in family decision making. Men’s sense of entitlement, gender inequality, and patriarchal values are seen as causes of wife abuse (Barnett, 2000), femicide (Smith, Moracco, & Butts, 1998), media portrayals of sex and rape (Bufkin & Eschholz, 2000), and sexual abuse of children (Candib, 1999).

Violence against women and children has been connected to patriarchal norms around the world (Levinson, 1989). Moreover, within the United States, there is evidence that the greater the social inequality between men and women, the higher the levels of wife assault (Straus, 1994). Male dominance within the family has been found to predict not just wife beating but also physical child abuse; moreover, the higher the level of husband dominance in the family, the stronger the likelihood of child abuse (Bowker, Arbitell, & McFerron, 1988). On the other hand, Sugarman and Frankel (1996) found, in a meta-analysis of studies addressing the link between wife assault and maintenance of a patriarchal ideology, that the only component of patriarchal ideology that consistently predicted wife assault was the perpetrator’s attitude toward violence.

Summary

As was illustrated in Table 1.1, there is some empirical support for each of the major theories of family violence, but there are also limitations to the
empirical support. None of the individual theories can account for all forms of family violence. Essentially, research designed to test the validity of the theories has been effective in identifying risk factors for maltreatment at each of several different levels of the ecological systems in which development takes place. Conversely, the reciprocal of many of these risk factors can serve as protective factors against maltreatment or the negative impact of maltreatment. For example, social support within the micro- and exosystem has long been recognized as an important protective factor, as have higher income and higher education.

Even what may seem like a simple and clear-cut case of maltreatment of one family member by another is likely to have multiple causes. For example, a father may commit incest on his prepubertal daughter because of his sexual inadequacies with adult women, and his wife’s overt contempt for him, and his wife’s unconscious denial that her husband is doing to their daughter what her father did to her, and the norms of his peer group that a man’s home should be his castle, and his personal belief that his family should be obedient to him, and society’s tolerance for pornography, and the lack of availability of appropriate services within the community, and inadequate funding for intervention programs for incest offenders.

In our previous book (Malley-Morrison & Hines, 2004), we provided an extensive analysis of family violence in ethnic minority communities in the United States. In the current book, we focus more on family violence in the majority White European American community. We begin in Chapter 2 by describing the historical and ecological context of family violence in the contemporary United States, including the role of culture in contributing to, maintaining, and providing rationalizations for violence in close relationships. In Chapter 3, we expand on the description of the contexts of family violence by considering religious influences on family violence. Then, in Chapters 4–11, we review the research on the major forms of family violence, including violence in gay/lesbian relationships, in the United States today. As you read these chapters, consider the different perspectives that individuals from the different relevant professions would bring to an interpretation of the findings and judgments about the implications of those findings for alleviating family maltreatment. Also consider how the findings would be interpreted within the different theoretical frameworks described here. Finally, consider your own experiences of maltreatment as well as your views and values concerning various forms of maltreatment. Which, if any, of the forms of maltreatment seem worst in their consequences? For example, is the abuse of children worse than the abuse of adults? Is physical abuse worse than psychological abuse? Consider your answers to these questions. Now, does it
surprise you to learn that women staying in shelters because they have been beaten by their husbands often say that it was his psychological abuse that was more damaging (Follingstad, Rutledge, Berg, Hause, & Polek, 1990)? What do you see as the best approaches to ending maltreatment in families?