CHAPTER 1

Characteristics and Consequences of Family Violence

WHAT YOU SHOULD KNOW ABOUT FAMILY VIOLENCE

■ It is difficult to define what constitutes family violence.
■ There are inherent problems in attempting to measure the extent of family violence.
■ The study of family violence is still in its infancy.
■ There are numerous myths and misconceptions that surround family violence.
■ The concept of family violence is a wide-ranging concept that must remain flexible to adaption as we learn more about its scope and impact.
■ The term serious injury may involve physical or emotional harm or a violation of another family member’s rights and freedom of choice.
■ Intervention strategies vary widely in dealing with family violence.
■ The most commonly relied on data on the extent of family violence are reports by local law enforcement agencies, the American Humane Society, the Uniform Crime Reports (UCR), and the National Crime Victimization Surveys.
■ Since the adoption of the mandatory reporting laws for child abuse, and in some states mandatory arrest of those accused of intimate partner abuse, local agencies have been able to provide researchers with a wealth of information regarding family violence.
■ The Violence against Women Act provides a fundamental change in the criminal justice system’s gathering of information on violent crimes committed against women.
■ The UCR program is a nationwide statistical compilation involving more than 1,600 cities, counties, and state law enforcement agencies that voluntarily report data on reported crimes.
■ The psychiatric model tries to understand family violence by analyzing the offender’s personality traits and mental status.
■ The psychopathology theory is grounded on the concept that certain individuals suffer from mental illness, personality disorders, and other dysfunctions that cause them to engage in aggressive acts within the family.
■ The substance abuse theory accepts the proposition that drugs or alcohols cause or contribute to family violence.
■ The social-psychological model analyzes external environmental factors that affect the family unit. Factors such as stress, family structure, the intergenerational transmission of violence, and family interactions are all considered as primary causes of family violence.
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■ The social learning theory assumes that the type of behavior most frequently reinforced by others is the one most often exhibited by the individual.

■ The exchange theory is based on the premise that persons act according to a system of rewards or punishments.

■ The frustration-aggression theory is based on the premise that human beings display aggression toward objects that impede their achievement of certain goals.

■ The ecological theory is based on an analysis of the organism and the environment, the interacting systems in which family development occurs, and the environment in which the family resides.

■ The sociobiology or evolutionary theory is based on the concept that parents display aggressive acts toward children who are not their own or do not have the potential to reproduce.

■ The sociocultural model of family violence focuses on the roles of men and women in our society as well as on the cultural attitudes toward women and the acceptance of violence as a cause of family violence.

■ The culture of violence theory is based on the premise that violence is unevenly distributed within our society, and that violence is more prevalent in the lower socioeconomic sectors of society.

■ The patriarchy theory views society as dominated by males, with women in subordinate positions, treated by men as possessions and things.

■ The general systems theory views the maintenance of violence as a result of the social system in which families live.

■ This social conflict theory analyzes large-scale conflicts, marriages, and the communication process.

■ The resource theory is based on the proposition that the one who controls resources, such as money, property, or prestige, is in the dominant position in a relationship.

■ The intergenerational transmission of violence theory was formerly known as the cycle of violence theory.

■ One of the most obvious consequences of family violence is the physical injuries suffered by victims. These injuries are easy to observe and treat.

■ There are four general classifications of physical injuries inflicted on victims of family violence: immediate injuries that heal leaving no trace, injuries that leave visible scars, unknown long-term physical injuries, and long-term catastrophic injuries.

■ The types of physical injuries suffered by victims of family violence can cover the entire spectrum of illness, from simple bruises to deadly gunshot wounds to the head.

■ Acute stress disorder (ASD) is acute stress that is experienced in the immediate aftermath of a traumatic event.

■ Posttraumatic stress disorder is defined as the development of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience.

■ Victims of family violence may suffer a wide variety of mental disorders as a result of their victimization.

Introduction

The study of family violence is still in its infancy. In U.S. society, numerous myths and misconceptions surround this problem. Many laypersons, students, and professionals still remain skeptical regarding the dynamics involved in family violence. It is not uncommon
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to hear “Persons who molest children are mentally deranged” and “Women who stay with abusive partners must really like it.” Otherwise knowledgeable individuals display an alarming lack of understanding regarding the various aspects of family violence.

Television channels like Court TV have brought the specter of family violence into our living rooms on a daily basis. For example, in 2007 Court TV covered the trial of Mary Winkler, a former schoolteacher accused of killing her pastor husband. During the three days of jury selection, the defense lawyers and prosecutors used phrases such as “spousal abuse,” “brainwashed,” and “fog of war.” Through questions from Winkler’s lawyers about battered wife syndrome and posttraumatic stress disorder, the defense painted a picture of the defendant as an abused spouse whose role as a minister’s wife elevated her status in the community while isolating her from it within a “fishbowl.” Her lawyers suggested that her situation rendered her incapable of seeking help or escaping the abusive marriage. During jury selection, defense attorney asked potential jurors: “Do you all agree with me that people, especially women, will live in an abusive relationship for a variety of reasons?” Two prospective female panelists, who said they were once victims of domestic violence, agreed that abandoning the abusive relationships was not as easy as it seemed.¹

Numerous controversies in the area of family violence are discussed in this textbook. Because no definition for the term family violence is accepted by all scholars, researchers, and other professionals, its full extent and nature is still being debated. However, statistics gathered from independent research as well as projections from state and federal agencies clearly establish its widespread existence.

Definition

Simply defining the term family violence causes debate. Some argue that the use of the word family is too restrictive and should be replaced with the term intimate, because current research includes studies of couples who cohabitate but are not necessarily married. However, most professionals now accept the idea that a family unit may exist without any formal sanction such as a marriage ceremony. Therefore, the term family will be used to include situations in which individuals are living together regardless of whether they are legally married.

Violence implies physical acts that result in injuries to the victim. As will be discussed, some forms of family violence involve the withholding of physical or emotional support and can have devastating long-term consequences for the victim. Therefore, violence within this context includes physical or mental acts or omissions that result in injuries to the victim. Violence may also be directed at restricting or denying another person certain rights or liberties.

The concept of family violence includes several subtopics, such as child abuse, intimate partner abuse, and elder abuse. It is therefore a wide-ranging concept that must remain flexible to adaption as we learn more about its scope and impact. The definition of family violence for purposes of this textbook is: any act or omission by persons who are cohabitating that results in serious injury to other members of the family. This definition includes those who live together or are married. The term serious injury may involve physical or emotional harm or a violation of another family member’s rights and freedom of
choice. As will be seen, the great majority of victims of family violence are females or children. This is not to say that men are not battered. However, they are in the minority, and the reasons for this disparity are discussed in detail in Chapter 9, which deals with intimate partner abuse. This definition is broader than Straus, Gelles, and Steinmetz’s approach to family violence because their study did not include neglect. It goes beyond Pagelow’s definition in that it specifically applies to those who live with other persons.

Family violence includes criminal offenses, behavioral acts, and medical problems. Each of these factors has its own proponents and advocates, and each defines family violence from its own perspective. Despite the need for an acceptable definition from which research and treatment can proceed, each of these interest groups claims its view or approach as the only true alternative. A quick review of the literature in the field highlights this disparate approach to family violence. Some textbooks deal with legal issues and child abuse, policing of intimate partner abuse, medical interventions for victims, and psychological treatment for survivors of abuse. While a few textbooks attempt to take a global approach to family violence, these are in the minority, and professionals continue to specialize within subgroupings of this form of aggression.

As the preceding discussion indicates, conflict exists among scholars, academics, and professionals regarding the definition of the term family violence. However, this should not hinder further study of this form of aggression. It simply means that we must remain flexible in evaluating all forms of aggression to determine whether they fall within the realm of family violence. Defining the term family violence is only one of many controversies in this area.

Controversies in Family Violence

Numerous controversies are present when studying family violence. Specific controversies are addressed in chapters that deal with specific forms or types of family violence. However, an overview of issues that affect the study of family violence provides a basis for understanding that this form of aggression requires additional research before we can determine all of its ramifications.

Family violence has several distinct subgroupings, such as child physical and sexual abuse, intimate partner abuse, and elder abuse. Many scholars have focused on these specific areas and ignored the broader view of family violence. Conversely, others have attempted to view family violence from a broad perspective by creating models of research that are so vague as to be difficult, if not impossible, to test or validate. How does one accurately study or research a phenomenon if a definition cannot be agreed on because the definition of any act both sets limits and focuses research within certain boundaries? The lack of agreement in defining family violence has led to confusion and disarray in attempts to determine factors that cause or contribute to family violence.

Just as there are numerous definitions for the term family violence, so are there myriad competing and conflicting theories on the causes. The psychological approach, the sociopsychological approach, and the sociocultural approach are but a few of the more popular models or theories of family violence. Although feminist perspectives may fall within parts of these models, some authors argue that it is another valid method of classifying
family violence. These approaches are discussed later in this chapter, but it must be re-
membered that no one approach or theory has yet to gain universal acceptance within the
field of professionals who deal with this phenomenon.

Intervention strategies vary widely in dealing with family violence. There is wide-
spread agreement that in many instances a child should be removed from the home imme-
diately to prevent further harm or injury. However, in some situations experts argue that re-
moval from the family is a very traumatic experience for the child and should be avoided at
all costs. Intervention may also be challenged by defense attorneys who claim that some
therapists have brainwashed or planted the thought of abuse in the minds of impressionable
children. This technique is commonly used by a number of defense attorneys today, al-
though it is unknown how effective this strategy is in convincing juries.

Reporting and law enforcement’s mandated response to child abuse, elder abuse, and
intimate partner abuse is a current topic of controversy. Some authorities argue that manda-
tory reporting of child abuse and elder abuse should be expanded. Others believe that
mandatory arrest of intimate partner abusers leads to increased risk to the victim. Still
other professionals would expand some laws to require terms of incarceration for those
who abuse their spouses.

If no agreement can be reached on the cause of family violence, how can the factors
present in a violent relationship be addressed? Depending on the study one reads, different
factors are found to exist in family violence. This chapter examines four common factors
present in families that have experienced violence. This does not mean that these are the only
factors that may exist in every form of abuse, only that these factors are the most common.

Does ritual abuse of children really occur? Probably no subject in family violence
has generated as much controversy as the topic of ritual abuse of children does. Some crit-
icists have suggested that the symptoms are therapist enhanced, whereas others claim that rit-
ual abuse clearly exists and is more widespread than believed.

As the prior discussion indicates, many controversies exist in the field of family vio-
ence. Where appropriate, these subjects are examined in more detail in the chapters that
deal with the specific form of abuse. These controversies should not create anxiety or ap-
prehension, but they present a series of exciting and stimulating ideas that should cause
healthy discussion and debate among all those interested in this topic.

Nature and Scope of the Problem

The National Family Violence Surveys

Two of the most comprehensive studies of family violence were carried out by Murray
Straus and Richard J. Gelles in 1975 and 1985.6 Both surveys involved interviews with a
nationally representative sample of 2,143 respondents in 1975 and 6,014 respondents in
1985. The results of these landmark surveys continue to provide information and data for
the study of family violence. These surveys are continually cited as authoritative in numer-
ous textbooks, articles, and research projects.

In both surveys, violence was defined as an act carried out with the intention or per-
ceived intention of causing physical pain or injury to another person. Acts of violence that
had a high probability of causing injury were included even if injury did not occur. Violence was measured by using the Conflict Tactics Scale (CTS). This tool was developed at the University of New Hampshire in 1971 and is still used today in many studies of family violence. The CTS measures three variables: use of rational discussion and agreement, use of verbal and nonverbal expressions of hostility, and use of physical force or violence. Respondents were asked how many times within the last year they used certain responses that fell within one of the three classifications when they had a disagreement or were angry with family members.

Both studies were judged to be reliable because of the sampling procedure, the large number of respondents, and the validity of the CTS as a measuring instrument. The studies surveyed families from all fifty states and assessed several different relationships: parent to child, child to parent, wife to husband, husband to wife, and sibling interactions. Interviews were conducted by trained investigators and lasted about one hour in the 1975 study and thirty minutes in the 1985 survey.

A comparison of the results of these studies indicated that physical child abuse declined from 1975 to 1985. Straus indicates several explanations for such a result. First is the increased awareness of child abuse from 1975 to 1985. During that ten-year period, child abuse became a common media topic. This knowledge on the part of the respondents may have lessened the likelihood of their reporting such acts of violence. Second, different data collection techniques were used in the two surveys: The 1975 data were obtained by telephone, and the 1985 results were collected through personal interviews. Finally, child abuse incidents may have actually declined from 1975 to 1985. Even if the last explanation is correct, as Straus points out, this still translates into one of every thirty-three children three to seven years old who are living with their parents being a victim of child abuse.

Other Sources of Data on Family Violence

Other social surveys have added to our knowledge of family violence. Rape in America, conducted by the National Victims Center, shed new light on this form of aggression, and a survey of Boston residents examined elder abuse. Both surveys are discussed in detail later.
Clinical studies are another source of information regarding family violence. These studies are carried out by practitioners in the field—medical professionals, psychiatrists, psychologists, and counselors—all of whom use samples gathered from actual cases of family violence. These researchers collect information from hospitals, clinics, and therapy sessions. Clinical studies normally have small sample sizes, and therefore caution must be used when drawing any conclusions. However, these studies provide valuable data on the nature of abuse and assist in evaluating the different types of interventions used in family violence as well as pointing out areas for further research.

Many different types of official reports are compiled by private or public agencies in the form of statistical data. These provide a much-needed resource for further research into family violence. The most commonly relied on are reports by local law enforcement agencies, the American Humane Society, the Uniform Crime Reports (UCR), and the National Crime Victimization Surveys.

Since adoption of the mandatory reporting laws for child abuse, and in some states mandatory arrest of those accused of intimate partner abuse, local agencies have been able to provide researchers with a wealth of information regarding family violence. This information is usually limited to a specific geographic location and therefore does not reflect any national perspective. However, a national overview of child maltreatment is available to researchers from data collected by the American Humane Society. This organization collected data on all officially reported cases of child abuse and neglect from 1976 to 1987.

The Violence against Women Act provides a fundamental change in the criminal justice system’s gathering of information on violent crimes committed against women. A 1996 report of Congress indicated that both the federal government and most states are collecting data on family violence. This report points out two continuing controversies: the need for uniform definitions and the need to include data from other parts of the criminal justice system.

The UCR is this country’s oldest form of criminal statistics. During the 1920s, the International Association of Chiefs of Police (IACP) formed the Commission on Uniform Crime Reports to develop a uniform system of reporting criminal statistics. The committee evaluated various crimes on the basis of their seriousness, frequency of occurrence, commonality across the nation, and likelihood of being reported to the police. In 1929, the committee finished its study and recommended a plan for crime reporting that became the foundation of the UCR program. Seven crimes were chosen to serve as an index for determining fluctuations in the overall rate of crime. These crimes became known as the “crime index” and included the following: murder, manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny-theft, and motor vehicle theft. In 1979, Congress mandated that an eighth crime, arson, be added to the index. During the study phase of the project, it was recognized that differences in state criminal codes would cause the same act to be reported in various methods and categories. To avoid this problem, no distinction was made between felony and misdemeanor crimes, and a standardized set of definitions was established to allow law enforcement agencies to submit data without regard for local statutes. In 1930, Congress enacted federal law that authorized the attorney general to gather crime information. The attorney general designated the FBI as the national clearinghouse for all data, and since that time data based on this system has been obtained from the nation’s law enforcement agencies.
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The UCR program is a nationwide statistical compilation involving more than 1,600 cities, counties, and state law enforcement agencies that voluntarily report data on reported crimes. Law enforcement agencies in the UCR program represented more than 245 million inhabitants, or about 95 percent of the total population of the United States. The program is administrated by the FBI, which issues assessments on the nature and type of crime. The program's primary objective is to generate a set of reliable criminal statistics for use in law enforcement administration, operation, and management.10

The FBI administers the UCR program and issues periodic reports addressing the nature and type of crime in the United States. While the UCR's primary objective is to issue reliable statistics for use by law enforcement agencies, it has also become an important social indicator of deviance in our society.

The UCR prepares an annual crime index composed of selected offenses used to gauge changes in the overall rate of crime reported to law enforcement agencies. The crime index is composed of the seven crimes discussed previously. Therefore, the index is a combination of violent and property crimes. Approximately 14 percent of the index offenses are violent crimes, and 86 percent are property crimes.

The UCR is an annual report, which includes the number of crimes reported by citizens to local police departments and the number of arrests made by law enforcement agencies in a given year. This information is of somewhat limited value as the data are based on instances of violence classified as criminal and reported to the local law enforcement agencies. Many serious acts of violence are not reported to the police and therefore do not become part of the UCR. The UCR does not provide detailed information needed to document the full extent of family violence-related events known to law enforcement agencies.

With the exception of the Hate Crime Statistics Act of 1990, the UCR remained virtually unchanged for fifty years. Eventually, various law enforcement agencies began to call for an evaluation and redesign of the program. Because the UCR lists only crimes that are reported to it, this presents a serious problem, as not all police agencies report crimes to the FBI and the Department of Justice. Also, because the UCR relies on law enforcement agencies to report crimes voluntarily, underreporting by some agencies for political reasons is possible.11 The UCR generally provides only tabular summaries of crime and does not provide crime analysts with more meaningful information. In addition, the method of counting crimes causes problems. For example, only the most serious crime is reported. If a person is robbed and his car has been stolen, police agencies are instructed to report only the robbery. Finally, some crimes, such as white-collar crime, are excluded from the UCR system. After several years of study, the FBI began to institute various modifications to the UCR program. These changes established a new, more effective crime-reporting system.

The newly redesigned UCR program is called the National Incident-Based Reporting System (NIBRS). In 1989, the FBI began accepting data, and nine states started supplying information in the new format. The NIBRS collects data on each single incident and arrest within twenty-two crime categories. Incident, victim, property, offender, and arrestee information is gathered for each offense known to the local agency. The NIBRS will provide much needed detailed information regarding family violence-related offenses. Although the NIBRS standard includes a major data collection system specifically related to the relationship between family violence and victim–offender, it does not measure other
aspects of family violence. The goal of the redesigned system is to modernize crime reporting information by collecting data presently maintained in law enforcement records. The enhanced UCR program is a byproduct of modern law enforcement records systems that have the capability to store and collate more information regarding criminal offenses.

The National Crime Victimization Survey (NCVS) attempts to correct the problems on nonreporting inherent in the UCR by contacting a nationwide sample and by interviewing citizens regarding victimization. The report was originally called the National Crime Survey (NCS) but was renamed to reflect more clearly its emphasis on the measurement of victimizations experienced by citizens. Since 1972, the NCVS has collected detailed information about certain criminal offenses, both attempted and completed, that concern the general public and law enforcement. These offenses include the frequency and nature of rape, robbery, assault, household burglary, personal and household theft, and motor vehicle theft. The NCVS does not measure homicide or commercial crime.

A single crime may have more than one victim. For example, a bank robbery may involve several bank tellers. Therefore, a single incident may have more than one victimization. A victimization, the basic measure of the occurrence of crime, is a specific criminal act because it affects a specific victim. The number of victimizations, however, is determined by the number of victims of each specific criminal act.

The NCVS is an annual survey of citizens conducted by the U.S. Bureau of the Census in cooperation with the Bureau of Justice Statistics of the U.S. Department of Justice. Census Bureau personnel conduct interviews with all household members over the age of twelve. These households stay in the sample for three years and are interviewed every six months. The total sample size of this survey is about 66,000 households with 101,000 individuals.

The NCVS provides data regarding the victims of crime, including age, sex, race, ethnicity, marital status, income, and educational level as well as information about the offender. Questions covering the victim’s experience with the justice system, details regarding any self-protective measures used by the victims, and possible substance abuse by offenders are included in the survey. Periodic supplemental questionnaires address specific issues, such as school crime.

The NCVS has been modified by the Bureau of Justice Statistics as a result of a number of problems, including the underreporting of family violence and sexual violence incidents. The revised survey was fully implemented for the 1993 data set, and the first data from the survey became available in 1994. The first analysis of this information became available in 1996. The report now covers trends in intimate violence, characteristics of victims, types of crimes, and trends in reporting to the police. Intimate victimizations measured include rape and sexual assault, robbery, aggravated assault, and simple assault. A recent report of the NCVS shows that violent victimization has decreased. This should not stop us from continuing to research family violence because the report also points out that among 5.7 million violent victimizations in 2001, most female victims faced someone they knew. Intimate violence and violence by friends and acquaintances continue to be a critical issue we must address.

The NCVS continues to suffer from problems that mitigate its validity, such as respondents underreporting or overreporting crimes. The NCVS is based on an extensive scientific sample of American households. Therefore, every crime measure presented in the
NCVS report is an estimate based on results of the sample. Because measures are only estimates, they will have a sampling variation or margin of error associated with each sample. In addition, these estimates are only of criminal activity and do not mean that the crime actually occurred.

Another survey measuring family violence was the National Violence against Women Survey (NVAW), a national telephone survey of adults coordinated by the National Institute of Justice and the Centers for Disease Control and Prevention (CDC). The NVAW focused on the relationship between certain types of violence against women (child abuse) and later victimization as adults. It also examined minority women's experiences with violence and attempted to address the consequences of violence. The NVAW was different from other studies in that both men and women were surveyed, both prevalence rates (number of victims) and incidence rates (number of incidents) were gathered, and it used behaviorally specific questions to minimize any misunderstanding about the type of information sought. The information supplied by the report has led to a number of publications, including one by the Department of Justice and the CDC. The impact of its information is still being studied.

Each of the methods of collecting data on family violence presents a different perspective and has its own validity problems. What is certain is that family violence occurs on all social and economic levels in our nation. Its toll on victims is severe and long-lasting. No matter which statistic or sample is used, professionals agree that further research is necessary.

Factors That Contribute to Family Violence

Researchers have interviewed, tested, observed, and evaluated thousands of people in an attempt to discover the factors that contribute to family violence. Unfortunately, to date no one authority has discovered the single correct answer. However, it is incumbent on all professionals to have at least a cursory knowledge of the more commonly cited theories of family violence. These theories may be grouped into three main models or categories: the psychiatric classifications, the social-psychological models, and the sociocultural models.

The Psychiatric Model of Family Violence

The psychiatric model tries to understand family violence by analyzing the offender’s personality traits and mental status. Some professionals also include individual characteristics of the victim in this approach. This model characterizes personality disorders, mental illness, and substance abuse as the primary causes of family violence.

The Psychopathology Theory. The psychopathology theory is grounded on the concept that certain individuals suffer from mental illness, personality disorders, and other dysfunctions that cause them to engage in aggressive acts within the family. This mental disorder, or illness, causes the individual to react violently within the family. It is not surprising that this theory was first proposed by those in the medical profession.
Psychiatrists, clinicians, and psychologists were exposed to family violence because of their close association with the medical personnel who treated the victims. Although this is still a popular theory, researchers have failed to isolate any particular mental disorder common to those who abuse that distinguishes those who engage in violent behavior from the rest of the population. In addition, attempts to distinguish the personality traits of those who engage in family violence and to compare those characteristics with individuals who are not abusive have been inconsistent and difficult to apply in practice. Furthermore, many individuals who suffer from various forms of mental illness do not engage in aggressive behavior.

The problem with the psychopathology model is its failure to explain which personality traits are associated with family violence. In addition, by focusing on mental illness as a cause of violence, it ignores the fact that many violent individuals are not considered mentally ill.

**The Substance Abuse Theory.** Many laypersons and nonprofessionals believe that alcohol or drugs cause family violence. The substance abuse theory accepts the proposition that drugs or alcohols cause or contribute to family violence. This theory is based on the concept that these substances impair judgment and lessen inhibitions and thereby allow violent acts to occur. Some authorities believe that these substances do not cause family violence. Rather, they are used as an excuse for violent acts.

Numerous studies have linked alcohol or drugs to violent behavior, but no concrete evidence establishes that these substances directly cause family violence. In addition, this theory fails to explain why everyone who uses alcohol or drugs does not engage in violent acts.

**The Social-Psychological Model of Family Violence**

The social-psychological model analyzes external environmental factors that affect the family unit. Factors such as stress, family structure, the intergenerational transmission of violence, and family interactions are all considered as primary causes of family violence. Because of the controversy surrounding the intergenerational transmission of violence theory, it is discussed in more detail later in this chapter.

**The Social Learning Theory.** This theory assumes that the type of behavior most frequently reinforced by others is the one most often exhibited by the individual. The social learning theory is an integration of differential associations with differential reinforcements so that the people with whom one interacts are the reinforcers of behavior that results in learning both deviant and nondeviant behavior.

The social learning process is accomplished by two important mechanisms: modeling and reinforcement. Modeling is an important tool in learning behavior. Children learn by watching and imitating others. This role-model situation results in children adopting the behavior they observe in adults, including aggressive acts. Reinforcement occurs when certain behavior is rewarded and other behavior is punished. Studies have shown that behavior can be modified by praise more effectively than by punitive actions. Social learning continues as children mature and enter school and begin to interact with other
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children and adults. This process of interaction results in modification of behavior as the individual ages.

The social learning theory has been criticized as failing to explain certain kinds of spontaneous acts of aggression within the family, such as a frustrated parent who suddenly slaps a crying child.

The Exchange Theory. The exchange theory is based on the premise that persons act according to a system of rewards or punishments. The exchange theory argues that family violence is based on a determination of costs and rewards. Gelles accepted the basic premise of the exchange theory and modified it to apply to family violence situations. He entitled this approach the exchange/social control theory. As Gelles has stated, “To put it simply, people hit family members because they can.” Interaction within the family is based on a pursuit of rewards and an avoidance of costs or punishments. Family members resort to violence to obtain goals as long as what they achieve is outweighed by the cost of aggression. The absence of social controls over family relations increases the likelihood that family members will engage in violence. The privacy of the family unit and the subsequent low risk of intervention decrease the cost of violence, thereby allowing it to occur.

The Frustration-Aggression Theory. The frustration-aggression theory is based on the premise that human beings display aggression toward objects that impede their achievement of certain goals. In a family situation, there are many instances in which parties attempt to obtain certain goals or objectives. Frustration may result when the attainment of those goals is blocked. Failure to attain desired goals can lead to aggression within the family by the frustrated party.

This theory does not explain the complexities of modern society. All of us at one time or another become frustrated. However, we do not automatically react with aggressive actions. The socialization process teaches people how to react to frustration. This process varies from culture to culture and group to group, so that what is accepted as an appropriate response to frustration by one culture may not be condoned by another group.

The Ecological Theory. The ecological theory is based on an analysis of the organism and the environment, the interacting systems in which family development occurs, and the environment in which the family resides. Garbarino established two conditions that must be present under this theory for child abuse to occur: The environment in which the family lives must accept the use of force against children, and the family must be isolated from supporting community services or systems. The ecological theory assumes that family violence occurs when the parent, child, and family are mismatched with the neighborhood and community. According to this theory, children who are disabled or otherwise below the expected norm in a society face the highest risk of abuse. The interaction between spouses having to deal with the stress of parenting a disabled child increases the tension within the family. The final aspect of this theory views the total environment and suggests that if no agencies are available to support or assist the family, then the risk of abuse is greatly increased.
The Sociobiology or Evolutionary Theory. The sociobiology or evolutionary theory is based on the concept that parents display aggressive acts toward children who are not their own or do not have the potential to reproduce. This concept postulates that individuals behave in certain ways so as to increase their chances of reproducing. One scholar theorizes that male aggression against females illustrates the effects of the male reproductive urges. Male humans and primates use aggression as a form of intimidation against females so that they will not resist efforts to mate with them. The sociobiology or evolutionary theory assumes that parents will not emotionally attach or invest themselves to children with low reproductive potential. Under this theory, stepchildren or children with low reproductive potential, such as children with disabilities, are at a higher risk of abuse than normal, healthy children. Thus, the risk of abuse is higher where there is a lack of bonding between the child and the parent.

The Sociocultural Model of Family Violence

The sociocultural model of family violence focuses on the roles of men and women in our society as well as on the cultural attitudes toward women and the acceptance of violence as a cause of family violence. This is a macrolevel of analysis that focuses on the variables that cause violence.

The Culture of Violence Theory. Wolfgang and Ferracuti argue that certain subcultures within the United States accept values that justify the use of force. The culture of violence theory is based on the premise that violence is unevenly distributed within our society, and that violence is more prevalent in the lower socioeconomic sectors of society. These subcultures use force as a response more often than the general population. This theory assumes that violence is a learned response and reflects a socialization or acceptance of violence as appropriate behavior.

One of the main limitations of this theory is that it does not explain how subcultural values originate or are modified. Furthermore, this theory limits the learning of violence to certain socioeconomic subcultures. However, violence portrayed in the media is received by all classes within our society.

As shocking as television violence is, it graphically illustrates how prevalent violence is within our society today. For the most part, our society glamorizes violence. This approval of violence and aggression is primarily a male perspective. Males believe it is macho to be strong, assertive, and aggressive. As is discussed in later chapters, this view of violence and masculinity contributes to aggression toward women.

Violence is an everyday part of our existence. Sporting events, children’s toys, cartoons, video games, movies, television, and the media’s graphic depiction of violence all contribute to our desensitization to the effects of violence and contribute to an attitude that aggressive behavior is rewarded and condoned by society.

Sporting events are often displays of violence. Professional wrestling is not so much a contest of strength and agility as it is entertainment featuring uncontrolled aggression, women clad in revealing bathing suits escorting the wrestlers, and frenzied crowds yelling for the champion to destroy the contender. Fights between players are a common occurrence in football, ice hockey, baseball, and basketball. Some international soccer matches end with hundreds of fans
FOCUS ■ The War Against Women: It Crosses All Borders

Women around the world face violence in many different forms:

■ At least one out of every three women in the world has been beaten, coerced into sex, or otherwise abused during their lifetime—with the abuser being someone known to her.

■ Violence against women and children is a universal problem of epidemic proportions.

■ Statistics point a horrifying picture of the social consequences of violence against women. The economic cost alone in the United States exceeds 5.8 billion dollars each year.


fighting each other on the field. Aggressive behavior and violence are rewarded by large signing bonuses, and those athletes who display it are accorded the status of celebrities.

Children’s toys and the advertisements that promote them are a study in violence and marketing. Young children can buy toy soldiers, monsters that fire futuristic weapons, cars that crash into buildings, and all sorts of other violent playthings. As children mature, they “graduate” from toy soldiers to toy guns. The M-16 assault rifle made of plastic and painted in camouflage colors is a favorite for the preteen age group. The real M-16 has been used in a number of shootings across the nation.

Cartoons animate violent behavior. The “Roadrunner” series is an excellent example of how violent acts are interwoven into cartoons. In other cartoons, make-believe characters fight evil by attacking with weapons, fists, hands, feet, and elbows. On any Saturday morning, the airwaves are filled with animated violence.

Video games and arcades promote and reward superior skills in violence. If players can destroy the enemy ships, persons, or planes, they are rewarded with an additional free game. Martial arts are used by the hero in his attempt to either rescue the lady or prevent the world from being destroyed.

Violence and the Media. Television, music, and video games have a direct impact on our everyday lives. This is especially true regarding children and teenagers. Physicians who treat children are aware of this aspect of modern life. Concerns regarding the effect of violence in the media on the public health are not a new phenomenon. In 1952, when television was in its infancy, an editorial in The Journal of the American Medical Association raised this issue.35 At the same time, Congress began holding hearings on juvenile delinquency and violence in the media. In the late 1960s, the top public health official in the United States, the U.S. surgeon general, researched this issue and concluded that violence in the media did in fact adversely affect some children.36

Just as other technological changes have affected our society, so have the increased tempo and changes in our communications systems and technology altered our beliefs and approaches to problems. The positive effects of television and videos on children can be classified as follows:37
Cognitive Skills. Television can be effective in the development of a variety of academic skills such as reading, math, and other skills. Anyone who has watched Sesame Street is familiar with the presentation of these skills.

Academic Content. Many different forms of knowledge are presented over television. Shows on networks such as the Discovery Channel and the History Channel are just two examples.

Prosocial Behavior. A number of studies support the proposition that children can learn positive behavioral patterns, such as cooperation and other traits, from public and private television.

Nutrition and Health. Television can provide a wide range of information regarding various public health issues, from closure of beaches due to pollution to advances in medicine.

Social and Political Issues. The nature of democracy is explored on television every four years when the major networks cover the presidential elections.

Just as there are major beneficial aspects to television, so are there detrimental effects or adverse impacts from this medium. The following is a summary of the more common negative effects discussed by various experts:38

Lack of Exercise. Watching television is inherently sedentary. It takes time from more healthy activities such as walking, sports, and so on.

Unhealthy Eating Habits. We as a society are growing larger and fatter. Many people who watch television snack and do not exercise, leading to increased weight.

Solitary in Nature. Television is a solitary activity and reduces meaningful social interaction with family, friends, and others.

Behavioral Messages. There is a growing body of research that supports the proposition that television desensitizes youth to violence and other forms of unacceptable social behavior.

Is it any wonder that we as a society accept violence as part of our culture? It is nearly impossible to avoid. We would have to live in the mountains, refuse to purchase certain toys for our children, never read the local paper, and refrain from watching television to escape being inundated with our society’s violent and aggressive acts.

The Patriarchy Theory. Dobash and Dobash have advanced the patriarch theory to explain violence toward women. The patriarchy theory views society as dominated by males, with women in subordinate positions, treated by men as possessions and things.39 According to the feminist perspective, social and economic norms directly and indirectly support a patriarchal structure within our society. The patriarchy theory holds that laws and customs combine to uphold this difference in power between men and women and legitimize their different status. This approach views male domination as explaining the historical pattern of violence toward women throughout the ages.
CHAPTER 1

Major Theories of Family Violence

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*The General Systems Theory.* The general systems theory views the maintenance of violence as a result of the social system in which families live. It assumes that violence within the family is a result of a system rather than individual pathology of the family member. This family system operates to maintain, increase, or decrease levels of violence within the family. Straus proposes that a general system of family violence contain three elements: alternative courses of action, a method of feedback, and system goals. Under Straus’s approach, violence within the family has many causes. Whenever a family member engages in violence, there is or may be positive feedback because the violence produced the desired results. Finally, Straus points out that whenever violence occurs, family members who engage in these acts fulfill their own self-concept of being violent.

*The Social Conflict Theory.* This social conflict theory analyzes large-scale conflicts, marriages, and the communication process. It proposes that unacknowledged alienation and shame generate violence within the family. A theory of escalation is central to this concept and holds that escalation of conflict or violence occurs when anger and shame within a relationship are not acknowledged.

*The Resource Theory.* The resource theory is based on the proposition that the one who controls resources, such as money, property, or prestige, is in the dominant position in a relationship. It holds that the use of violence within a relationship depends on the resources a family member controls. The more resources one commands, the more force or power he can muster. Because men hold higher-paying jobs with more prestige, they will have more power in relationships than women. Some authorities argue that the more resources available to the male, the more force he can use. With this abundance of power, however, there is less likelihood of his employing force. Those males who have no resources such as high-paying jobs or status tend to resort to violence more often as a way of controlling the spouse.

Common Features of Family Violence

As the preceding discussion illustrates, numerous theories exist on the causes of family violence. These theories approach family violence from a variety of perspectives. No one theory, however, is accepted by all scholars as the cause of this form of aggression. Other researchers have attempted to isolate certain factors that are common in all forms of family violence. Still others have focused on the distinctions between
FOCUS AND PRACTICUM ■ Violence in the Media

In September 2000, the chairman of the Federal Trade Commission (FTC) addressed a United States Senate committee regarding the marketing of violent entertainment. The following is a summary of his remarks.

The FTC report on marketing violence by the entertainment industries addresses two questions: (1) Do the motion picture, music recording, and electronic game industries promote products they themselves acknowledge warrant parental caution in venues where children make up a substantial percentage of the audience? (2) Are these advertisements intended to attract children and teenagers? The commission has found that the answer to both questions is plainly yes. Although all three industries studied have self-regulatory systems that purport to rate or label their products to help parents make choices about their children’s entertainment, the commission found that members of all three industries routinely target advertising and marketing for violent entertainment products directly to children.

The FTC is the federal government’s primary consumer protection agency. On June 1, 1999, following the horrifying school shooting in Littleton, Colorado, President Bill Clinton requested that the Federal Trade Commission and the Department of Justice conduct a study of whether violent entertainment material was being advertised and promoted to children and teenagers. Revelations that the teenaged shooters at Columbine High School in Littleton had been infatuated with extremely violent movies, music, and video games reinvigorated public debate about the effects of violent entertainment media on youth.

The Study
If you were researching the two questions the Federal Trade Commission was examining, what type of information/data would you attempt to gather? How would you go about this research?

The commission collected information from the principal industry trade associations, and from the motion picture, music recording, and electronic game industries regarding their self-regulatory systems and marketing practices. In addition, the commission contacted interested government agencies, medical associations, academics, and parent and consumer advocacy groups. It reviewed a substantial amount of information collected from consumers through various surveys and polls, and it also designed and conducted its own surveys for this study. The FTC also conducted an undercover survey of retail stores and movie theaters to see whether unaccompanied children under seventeen could purchase or gain access to products labeled as inappropriate or warranting parental guidance. Finally, the commission reviewed Internet sites to study how they are used to market and directly access these products.

The Findings
In 2004, in a follow-up to the original study, the commission found that on the whole the industry continues to comply with their self-regulatory limits on violence in the media. However, the commission found that all three industries continue to advertise violent R-rated movies, explicit-content labeled recordings, and mature (M-rated) games in media with large teen audiences. In addition, the commission found that youth can still purchase rated or labeled entertainment products at a significant number of stores and theaters.

Movies: The movie industry continues to advertise and promote R-rated films in some media and venues popular with youth. In addition, retailers do not appear to be effectively restricting youth from purchasing R-rated DVDs, despite the existence of policies adopted by some retailers. Movie theaters have shown some improvement in barring unaccompanied children under seventeen from purchasing tickets to R-rated films.

Music: Although industry members continue to advertise explicit-content labeled recordings on cable music channels and wrestling programs popular with teens, advertising on other television shows is almost nonexistent. Retailers need to take

(continued)
family violence and other forms of violence. Tolan’s work lists several factors that make family violence unique:

- First, in contrast to other forms of violence, family violence requires a relationship between the parties.
- Second, these relationships usually exist between the parties before, during, and after incidents of family violence.
- Third, certain forms of violence are more common in families than in other contexts of violence.
- Fourth, in some societies, family violence has a different legal meaning than other forms of violence. 46

The commission emphasizes that its proposal to improve self-regulations is not designed to regulate or even influence the content of movies, music lyrics, or electronic games. The First Amendment generally requires that creative decisions about content be left to artists and their distributors.

Arguments Against the Commission’s Report
What arguments or positions can you advance to counter the commission’s report?

1. The commission is condemning an entire industry for the acts of a few members.
2. Simply targeting a population does not mean that an industry believes they should be admitted without parental supervision. That is why the ratings state minors must be accompanied by an adult.
3. The industry is being blamed for lack of control by parents and retail outlets such as stores and theaters.
4. The First Amendment prohibits restrictions that regulate expression of ideas, and restrictions on R-rated movies might infringe on First Amendment rights.
Each of these characteristics is discussed in more detail in the chapters that examine specific forms of family violence. However, to aid in understanding the dynamics of this form of aggression, the following discussion briefly examines some of the more common forces present in all forms of family violence.

**Isolation.** Family violence is the most private form of aggression. The concept of the privacy of the family, coupled with isolation, diminishes outside social control, lessens input from others, and increases the opportunity for violence. Whether it is a child who is physically or sexually abused or a spouse who is battered, the assault occurs in private, and the victims are isolated from the normal support systems in our society. As the level of privacy in a family increases, the level of social control decreases. What one person may do in private is different from what that same person will do in public.

Isolation is a common characteristic of intimate partner abuse. The abuser will curtail the spouse’s outside contacts, and, eventually, she will believe that she is alone and helpless to prevent his assaults. Child abuse does not occur in a public environment. Children who are molested are told to keep the act secret, or they will be punished. Elders suffer abuse in their own homes at the hands of their caretakers.

A support system within the community and among other family members may, for some persons, act as a regulator or inhibitor of family violence. If the victim receives input from others outside the immediate family, she may have the courage to leave the abuser. Social interaction may also provide a means to defuse potentially hostile situations by allowing the parties to talk with others whom they respect and love.

**Power Differentials.** The persons with the most power or resources have the ability to impose their will on other members of the family. This difference in power allows the spouse or parent to use force on the less powerful mate or child. This characteristic of power differentials is present in both intimate partner and child abuse. Finkelhor points out that abuse tends to gravitate toward relationships with the greatest power differential.47

Many professionals argue for reducing this power differential. As a result of a number of forces in society, the power differential in relationships is decreasing. More and more women are leaving their home to take positions in government and industry, and as a result they are slowly beginning to raise their power level to that of men. Children are taught that they have the right (power) to say “no” to sexual advances. Child victims are now represented in some court hearings by attorneys who must look out for the children’s best interests. Battered women’s shelters have been established, and laws have been passed in some states that mandate the arrest of any spouse who batters the other. These accomplishments have not diminished the difference in power between men and women to any great degree, but they represent a trend that society must continue to encourage.

**Power/Powerlessness.** This characteristic occurs when a person perceives that he or she has a lack of power or control in the work or social environment but has power in relationship to other persons in his family. The person has power over less powerful individuals. Power in this context is defined as the ability to control the behavior of others, with or
without their consent. Applying these concepts to a family environment, it is easy to see that within the family a man usually has the most power. Many men, however, work in jobs outside the home where they perceive or believe themselves to be powerless to control their environment. Therefore, after being powerless all day at work, a man can return home and dominate the family. This control and power may take the form of abuse. When a mother needlessly disciplines her child, she may be reacting to the fact that her spouse and others are controlling her. By disciplining the child, she can exert power or control over another person.

**Substance Abuse.** In 2005, there were 2.4 million persons who were currently using cocaine. Crack users increased from 467,000 in 2004 to 682,000 in 2005. There were 136,000 users of heroin. There were approximately nine million persons aged twelve and older who were current users of illicit drugs other than marijuana in 2005. Those who engage in violent acts within the family also use and abuse these substances.

Drug and alcohol dependency was discussed briefly earlier in this chapter. It will be explored in more depth in relation to intimate partner abuse. Drug and alcohol abuse is a common characteristic of all forms of family violence. Although substance abuse may be present in family violence situations, as indicated above, no causal link has been established to date. However, the concept that drugs and alcohol contribute to or cause family violence continues to be a popular and enduring belief among both victims and abusers.

The excuse of substance abuse is an attractive explanation for both the victim and the abuser. From the victim’s point of view, the abuser is not really a bad person, but the drugs or alcohols cause him to commit the acts. The perpetrator can deny responsibility by claiming a lack of control caused by drugs or alcohol. This approach allows both parties to point to an external influence that “caused” the abuse. Although it would be convenient to blame substance abuse as the cause of family violence, to do so would be to overlook all the interlocking dynamics that are involved in both substance abuse and family violence.

**Effect on Victims.** The full consequences of abuse are examined in more detail in later chapters. Family violence has a profound, long-lasting effect on its victims. All victims report a sense of loss of self-esteem. Battered spouses, maltreated children, and abused elders all feel shame and helplessness as a result of the abuse. Many victims of abuse blame themselves, feeling that if they had only pleased the abuser, he or she would not have had to resort to violence.

Low self-esteem is common for victims of physical and sexual child abuse. These children do not have the capacity to understand the dynamics of child maltreatment and therefore develop a negative view of themselves. Many victims of sexual abuse not only blame themselves but also develop a self-hatred that leads to increased vulnerability and problems in adjusting as they mature. Victims of intimate partner abuse are commonly degraded as unfit and unworthy by the abuser. Constant criticism and the abused person’s inability to break the intergenerational transmission of violence lead to a lack of confidence in themselves and a feeling of inferiority. The elderly are already disadvantaged because of the aging process, and abuse only increases their loss of self-confidence.
Victims of family violence have difficulty trusting others. There is perhaps no greater betrayal of trust than that experienced by children who are sexually abused by family members. Not only did a family member commit sexual acts with the child, but also other family members may have known about the abuse and failed to protect the child. Survivors of sexual abuse have trouble developing close relationships as they mature. Victims may believe that by not trusting others, they can avoid being betrayed or hurt again.50 Many women who have suffered intimate partner abuse during a marriage are naturally hesitant to enter into another relationship.

Psychological problems in adjusting, even after the abuse has ended, are a common characteristic of victims of family violence. Emotional maladjustment and personality and character disorders have been reported among those who have suffered abuse in the family environment.51 Some abuse is so severe that victims learn to dissociate from the trauma and develop alternate personalities and are later diagnosed as suffering from multiple personality disorder.52

Isolation, power differentials, power/powerlessness, substance abuse, and the effects on victims are common characteristics found in all forms of family violence. How these dynamics occur is explored in more detail later. At this stage, it is important to remember that victims of family violence are no different from anyone else. They are human beings who, through no fault of their own, have become trapped in a nightmare of violence from which they believe there is no escape.

The Intergenerational Transmission of Violence Theory

The intergenerational transmission of violence theory was formerly known as the cycle of violence theory. The quotation in the Focus “The Intergenerational Transmission of Violence Theory Continues” is not from some ancient research conducted in the 1950s or 1960s. Rather, it comes from respected scholars in a 1993 textbook on family violence. Because of its popularity and complexity, the intergenerational transmission of violence formally considered as the intergenerational transmission of violence theory is discussed as a distinct and separate theory of family violence. Simply separating it from the other theories should not imply that this is the definite answer as to why people commit aggressive acts. Rather, it is singled out for examination because professionals and laypersons constantly refer to it as a scientifically accepted fact. As with other causes or theories of family violence, there is no way to prove or disprove the intergenerational transmission of violence theory. However, because there is a widespread acceptance of this theory, it is necessary to fully explore both the premises it is founded on as well as the criticisms directed to it.

The intergenerational transmission of violence concept has generated continuing controversy among researchers for several decades. Scholars have attempted to determine whether violent tendencies can be inherited from the family of origin as a result of observing it or being a victim of it. Other scholars have attempted to explain criminal behavior by reference to this cycle.53
FOCUS ■ The Intergenerational Transmission of Violence Theory Continues

“Physical punishment of children is perhaps the most effective means of teaching violence, and eliminating it would be an important step in violence prevention.”


Definitions of the Intergenerational Transmission of Violence

The most commonly used term to describe the process involved in this concept is intergenerational transmission of violence. This theory is also known as the intergenerational transmission of violence theory. Since many authors, researchers, and commentators use the former, that is the term that is used in this textbook. The intergenerational transmission of violence theory asserts that violent behavior is learned within the family and bequeathed from one generation to the next. This theory holds that children who are victims of child abuse or who witness violent aggression by one spouse against the other will grow up and react to their children or spouses in the same manner. The childhood survivor of a violent family thus develops a predisposition toward violence in his or her own family. Therefore, so this theory holds, we have a never-ending chain of violence that is passed from one generation to the next. Numerous studies on the intergenerational transmission of violence have been conducted, and the results of these studies are discussed later in this section.

The Intergenerational Transmission of Violence and Family Violence

The sources for most studies of the intergenerational transmission of violence theory are case studies, clinical interviews, self-reporting, and agency records. As discussed above, each of these approaches suffers from defects in methodology and definitions.

One of the most widely cited studies in support of the intergenerational transmission of violence theory is Steele and Polick’s research, which appeared in Helfer and Kempe’s The Battered Child Syndrome in 1968. Their study involved sixty parents who were referred to them as a result of their children being treated for child abuse. Steele and Polick gathered data by testing and interviewing the parents. The parents stated that as children they had experienced intense, pervasive, continuous demands from their own parents. Lost within the conclusions of the study was the fact that some parents were physically abused and others were not. While the researchers had cautioned against drawing too many inferences from their research, their study is constantly cited as evidence supporting the intergenerational transmission of violence theory.

Strauss conducted an extensive study by interviewing 1,146 families with children. The results of the study indicated an 18 percent rate of generational transmission of violence. This percentage may be low because the researchers limited the definition of abuse...
to physical acts that occurred during adolescence. As is discussed in Chapter 2, child abuse is more likely to occur at a younger age, with a gradual tapering off in incidents as the child reaches the teenage years.

During this same time period, Hunter and Kilstrom interviewed 282 parents of newborn infants. These researchers followed the parents and determined that the intergenerational transmission of violence was 18 percent. However, 82 percent of the parents who were abused as children did not abuse their offspring. Those parents appeared to be able to break the intergenerational transmission of violence because of social support, healthy children, and a more supportive relationship with one of their own parents. Hunter and Kilstrom’s study is suspect, because it examined only infants who had been admitted to an intensive care nursery. In addition, there was no extended follow-up of the families or their children.

In 1984, Egeland and Jacobvitz concluded a major study of 160 single-parent mothers. Each mother had at least one child under the age of five years. The sample was divided into three groups: severe physical child abuse, including being struck by objects or burned; borderline child abuse, including weekly spankings; and those children who were being raised by another caretaker. The researchers found a 70 percent intergenerational transmission of violence for those mothers who had suffered severe abuse as a child.

In 1990, Cappell and Heiner analyzed 888 child-rearing families, measuring the incidence of aggression in each respondent’s family. The presence or absence of aggression was classified into family member relationships: husband-to-wife aggression, wife-to-husband aggression, and respondent-to-child aggression. These researchers found that women who witnessed or experienced violence as children were more likely to aggressively discipline their own children. Perhaps more important, these scholars suggested that children who are raised in a violent family learn or inherit vulnerability. Cappell and Heiner theorize that this intergenerational transmission of vulnerability causes men and women to provoke violence, accept violence as natural, and select aggressive partners. These scholars rightfully point out that this research is limited because the group was composed only of intact couples.

In 1997, Loos and Alexander examined 247 female and 155 male undergraduates at a large public mid-Atlantic university. The focus of their study was to determine the long-term effects of parental physical abuse, verbal abuse, and emotional neglect on children. While the study did not directly address the intergenerational transmission of violence, its conclusions add weight to this theory. These researchers found that physical abuse by parents is significantly related to anger and aggression by the survivors in adulthood. Perceived parental emotional neglect resulted in feelings of loneliness and social isolation in the survivors. These feelings of social isolation suggest that these survivors may have difficulty in establishing satisfying relationships with others. Although this study has potential problems because it used retrospective self-reports, which are always subject to inaccuracy, it does support the intergenerational transmission of violence theory by indicating that survivors of childhood abuse may feel anger and aggression as well as loneliness or isolation. These feelings may cause these survivors to enter into abusive relationships as adults.

In a 1999 publication regarding the intergenerational transmission of violence, Jennifer Clarke and her colleagues surveyed persons seeking medical assistance for intravenous drug
They found that individuals with a history of childhood abuse were four times more likely to assault family members or sexual partners than those individuals who did not report any history of family violence.60

The Intergenerational Transmission of Violence and Aggression

Dodge and his associates examined the effect of the intergenerational transmission of violence on development of aggressive tendencies in children.61 They studied a representative sample of 309 children in kindergarten. This research was multisite in nature, and children were selected from Nashville and Knoxville, Tennessee, as well as from Bloomington, Indiana. The researchers interviewed the mothers, evaluated the children, and received responses regarding the children’s behavior from school personnel, peer ratings, and direct observation.

They found that children who had been physically abused were more aggressive toward other children than those who had not been harmed.62 The teacher-rated aggression index for abused children was 93 percent higher than that for nonabused children. The researchers also found that abused children were less able to process information and solve interpersonal problems. Although the authors accurately point out several caveats to their study, it does demonstrate the harm inflicted on children by abuse.

This harm may translate into future acts of aggression that take the form of crimes against society. One of the most comprehensive studies in this area of child abuse and delinquency was completed by Widom in 1989.63 She followed 1,575 individuals from childhood through young adulthood. The study compared arrest records of two groups:

- One group consisted of 908 children with documented histories of abuse or neglect.
- The control group consisted of 667 children with no reported incidents of child abuse.

These groups were tracked through official records over the next fifteen to twenty years. The children were eleven years or younger at the time of the abuse. Therefore, an inherent weakness in the Strauss research was avoided. The study classified abuse into three distinct areas: physical, sexual, and neglect cases. Court and probation records were the source of data for the initial acts of abuse, and subsequent arrest data were obtained from federal, state, and local law enforcement agencies.

The study found that children who had been abused were more likely to commit crimes as juveniles and adults than were those in the control group. Furthermore, these children were arrested more often for violent crimes (11 percent versus 8 percent) than the nonabused children. Those children who were physically abused were more likely to be arrested for a violent crime. Interestingly, this study pointed out that the next biggest arrest rate for violent crimes comprised those children who had been neglected.

In one of the most detailed studies of its type, the National Institute of Justice sponsored research that found childhood abuse and neglect increased the odds of future delinquency and
Characteristics and Consequences of Family Violence

The study followed 1,575 cases from childhood through young adulthood. One group was composed of 908 children who experienced substantiated cases of childhood abuse and neglect, and the other group was a comparison group of 667 children who did not have any official record of being abused or neglected. The study followed these children for approximately twenty-five years. Although there were children in both groups who had no juvenile or adult record, being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59 percent, as an adult by 28 percent, and as a result of a violent crime by 30 percent.64

As this discussion illustrates, the intergenerational transmission of violence theory continues to dominate family violence literature. This and other theories of family violence will continue to be researched in an attempt to find the cause of family violence, predict its occurrence, and search for a cure.

Consequences of Family Violence

Physical Consequences

One of the most obvious consequences of family violence is the physical injuries suffered by victims. These injuries are easy to observe and treat. They are also the ones we are the most knowledgeable about, because most of us know someone who has suffered a broken arm or leg or other injury.

Types of Injuries

There are four general classifications of physical injuries inflicted on victims of family violence: immediate injuries that heal leaving no trace, injuries that leave visible scars, unknown long-term physical injuries, and long-term catastrophic injuries.
Immediate injuries include bruises, contusions, cuts, and broken bones. These injuries generally heal quickly and are not perceived as serious by most people. In fact, many of us have suffered these same types of injuries on a vacation trip. However, some family violence victims face more serious consequences as a result of these types of injuries. As Chapter 2 pointed out, certain types of bruises represent a serious form of child abuse. An elderly person who suffers a broken hip as a result of a shove by a caretaker may have significant complications during the healing process that could lead to death. A diabetic patient suffering from a stab wound inflicted during a domestic dispute may take two to three times as long to heal as another person.

Injuries that leave visible scars include those that result in facial scars; loss of teeth, fingers, or toes; scars on the neck, arms, or legs; and loss of mobility due to incomplete healing. The injuries are not considered catastrophic but can cause changes in life activities. For example, a stalker might inflict scars on the face of his victim that may result in a model being unable to pursue her career.

Unknown long-term physical injuries can include a potential exposure to HIV and AIDS. These types of diseases can result in the loss of life or a complete change in life activities. Other sexually transmitted diseases (STDs) may occur as a result of a sexual attack, including, but not limited to, gonorrhea, syphilis, and the herpes simplex viruses.

Long-term catastrophic injuries include those that restrict a victim’s physical movements. For example, a person struck by a drunk driver may become a paraplegic or may lose an arm or a leg. Some victims of intimate partner abuse have suffered loss of liver function as a result of repeated beatings by their abuser. These severe injuries often result in family members having to alter their lifestyles in order to care for the victim, whereas others may result in a reduction in the life span of the victim, a change in identity, and altered quality of life.
Medical Aspects

The types of physical injuries suffered by victims of family violence can cover the entire spectrum of illness, from simple bruises to deadly gunshot wounds to the head. Although professionals in this area are not expected to be physicians, they should have a basic understanding of the various types of injuries that family violence victims may suffer. The next section briefly examines the medical aspects of some of the more common traumatic injuries.65

**Gunshot Wounds.** The civilian population in the United States is the most heavily armed in history.66 More than 850,000 civilians were killed by bullets in the twentieth century.67

The science of ballistics is complex, but a few basic rules will assist in understanding the nature of injuries that result from gunshot wounds. The magnitude of the injury is proportional to the amount of kinetic energy impacted by the bullet striking the victim. This kinetic energy is determined by a variety of factors, including the distance between the assailant and the victim, the muzzle velocity, and the various characteristics of the bullet. At medium velocity, the missile has an explosive impact and creates a temporary passage in the tissue along its course. Bone and tissue may be fractured and torn without being directly struck by the missile. High-velocity missiles cause additional problems, including the possibility of fragmentation, which will cause additional multiple trajectories and injuries. Medical personnel are interested in obtaining information regarding the type of weapon used, the distance from the assailant when the victim was shot, the suspected number of shots, the blood lost at the scene, and any type of fluids administered prior to arrival at the hospital.

Shotgun wounds present special types of problems. The shotgun was designed to strike a small, fast-moving target at close range. Because of the design of the pebbles inside the round, the shotgun is not an effective weapon at long range. However, when used at close range, a shotgun is extremely lethal. Shotgun wounds have been classified into three groups according to the range, the pattern of the pellets, and the depth of penetration. Type I wounds involve long range (greater than seven yards) and basically result in a penetration of subcutaneous tissue and deep fascia only. Type II wounds involve medium range (between three and four yards) and may create a large number of perforated wounds. Type III wounds involve short or point-blank range (less than three yards) and involve a massive destruction of tissue. Type III wounds are very lethal, carrying a mortality rate of 39 to 65 percent.

**Stabbing Wounds.** Knives are not the only instrument used in stabbings. Ice picks, pens, coat hangers, screwdrivers, broken bottles, and other sharp objects have all been used as weapons by assailants. Stabbing wounds usually result in lacerations or punctures. These injuries may be only a minor inconvenience, or they may be life-threatening, depending on the location and depth of the wound. Frequently, more than one stab wound is sustained. Medical personnel are interested in obtaining information regarding the type and size of the weapon, the estimated blood loss at the scene of the crime, the time of injury, and whether the victim had ingested any drugs or alcohol.
Burns. As it will be discussed in Chapter 2, burns are one of the most painful and devasting types of physical injury. They are classified into first, second, or third degree, according to the depth of the burned area. First-degree burns involve the epidermal tissue and may exhibit red or pink skin accompanied by hyperesthesia and tingling. The more common causes of first-degree burns are sunburn and brief contact with hot liquids. Second-degree burns involve the epidermal and dermal tissues and may exhibit red or mottled skin with blisters, considerable swelling, wet surfaces, pain, and sensitivity to cold air. The most frequent cause includes scalds and flash flames. Third-degree burns involve dermal or deeper tissues and may exhibit a pale white or charred appearance with a dry surface. Body fat may be exposed, and systemic symptoms include shock, hematuria, and hemolysis. The most common causes include fire, contact with hot objects, and electrical and chemical burns.

The severity of burns is based on both the extent and the type of burn. The American Burn Association classifies burns as major, moderate, and minor. Major burns include second-degree burns over more than 25 percent of an adult’s body and 20 percent of a child’s body; third-degree burns involving 10 percent of the body surface; all burns involving hands, eyes, face, ears, and feet; and all inhalation injuries and all burns complicated by other injuries. Moderate burns include second-degree burns over 15 to 25 percent of an adult’s body and 10 to 20 percent of a child’s body and all third-degree burns of 2 to 10 percent not involving eyes, ears, face, hands, or feet. Minor burns include second-degree burns over less than 15 percent of an adult’s body and less than 10 percent of a child’s body and third-degree burns of 2 percent or less and not involving eyes, ears, face, hands, or feet.

Trauma to the Head. A significant portion of all emergency department work involves the care of people suffering from trauma to the head. Vehicle accidents, including drunk driving incidents, account for a significant percentage of this form of injury. Other acts, such as child abuse and intimate partner abuse, also constitute another important cause of head trauma. Often, people who sustain head injuries also have other associated major traumatic injuries that they received at the same time.

One of the effects of trauma to the head may be the inducement of a coma. Comas may be a result of a subdural hematoma, epidural hematoma, traumatic intracerebral hemorrhage, contusion, or concussion. Defining a coma is difficult, but for the purposes here it is an altered state that exists in a person manifesting inappropriate responses to external stimuli and who maintains eye closure throughout the stimuli.

The victim’s ability to relate the course of events leading to the injury may be compromised by injury, alcohol, drugs, hysteria, or any number of factors. Medical personnel will want to know whether the victim was struck on the head by the assailant and, if so, what the object was. Police and firefighters will be questioned about whether the victim was awake on their arrival. Any changes in consciousness between the incident and arrival at the emergency room should be noted.

Other Medical Concerns. In addition to the different types of physical injuries suffered by victims of violent crimes, victims of sexual assault endure a specific trauma that
results in specialized medical issues. Rape victims will undergo a very particular type of examination intended to assist in prosecuting the perpetrator. In the recent past, these medical examinations were conducted by hospital staff with little or no specialized training regarding the effects of rape on the victim. In addition, there were times when a male police officer remained in the examination room to conduct questioning of the victim during the examination. Fortunately, we have progressed in our medical treatment of sexual assault victims, and in many jurisdictions, rape crisis counselors are available and present during this examination. They have been trained to provide support to the victim during this and other phases of the criminal justice process.

The rape victim should discuss the issue of pregnancy with hospital staff. If she was pregnant prior to the assault, the possible effects on the fetus should be discussed. If she was not pregnant, the possibility that the assailant impregnated her should be evaluated. The victim should discuss all aspects of this issue at the earliest possible time with the medical staff at the hospital or her own physician.

The possibility of contracting an STD must be evaluated. Many of these diseases can be successfully avoided if treated immediately after the assault; however, many STDs will not show up during the physical examination, so rape victims should be tested for several weeks after the attack. It is therefore critical that victims discuss this possibility with medical personnel.

With the threat of AIDS/HIV so much a part of our lives today, the possibility of contracting the disease is perhaps one of the most frightening aspects of sexual assaults. HIV causes AIDS, which is a disease that attacks the body’s immune system, rendering the person vulnerable to infections and diseases and ultimately resulting in death. A victim may contract HIV in a variety of ways. Victims should be tested immediately for the virus and request appropriate periodic follow-up testing.

Mental Consequences

Crisis

Eric Lindemann is considered by many scholars to be one of the leading pioneers in the study of the effects of crisis on the mental health or emotional being of humans. Lindemann offered both a new understanding of the dynamics of crisis and a systematic approach to treating those suffering from it. His study dealing with the grieving process of the survivors in the Cocoanut Grove fire in Boston in 1942 has become the foundation on which much of the knowledge concerning the grief process has been built. Lindemann believed that acute grief was a natural and necessary reaction to significant loss. Another scholar, Gerald Caplin, extended Lindemann’s theories to include all human reactions to traumatic events, not just the grieving process as a result of loss.

Individuals react differently to different situations, and what may be a crisis to one person may only be a minor annoyance to another. As a result, the term crisis has many valid meanings. In medicine, crisis has one meaning; in psychiatry, it has another meaning. Rather than adopt a sociological, medical, psychological, or legal definition of crisis, here
it will be viewed from the perspective of a family violence victim’s reactions to violence. **Crisis**, therefore, is defined as a specific set of temporary circumstances that results in a state of upset and disequilibrium, characterized by an individual’s inability to cope with a particular situation using customary methods of problem solving.\(^7\)1

Although some authorities may differ regarding the number of steps in the crisis reaction, one of the most common approaches describes this process as involving three stages: impact, recoil, and reorganization.

**The Impact Stage.** This phase occurs immediately after the violence. Victims feel as if they are in shock. Some cannot eat or sleep, whereas others may express disbelief that the violence actually occurred. Statements such as “I can’t believe this happened to me!” are common during this stage. Many victims feel exposed and vulnerable or express feelings of helplessness.

The impact phase may last for several hours to several days after the crime and is often punctuated by episodes of severe mood swings. One moment the victim may appear to be in control, and the next moment he or she may exhibit disorganized and uncontrolled emotions. A family violence victim is especially vulnerable at this time and susceptible to the influence of others. What may appear to be innocent statements offered by friends may be interpreted by the victim as a blame for being the victim.

**The Recoil Stage.** During this phase, victims attempt to accept or adapt to the violence and begin to reintegrate their personalities. Victims commonly experience a wide variety of emotions, including guilt, fear, anger, self-pity, and sadness. Some victims struggle to accept the painful feelings caused by the violence; at other times, they deny experiencing any of these feelings at all. Caplin explains this process as involving victims who need opportunities to rest from wrestling with their situations but who must eventually awake and return to consider the problem.\(^7\)2 In essence, after trying to cope with their feelings regarding the violence, victims become emotionally exhausted and put these feelings aside so that they can rest, recover, and begin the healing process. Later, they are able to examine their feelings regarding the violence with renewed emotional resources.

Many victims will be in denial during this phase. This emotional detachment can be an extension of the shock of the impact phase. Such detachment allows victims to develop a gradual immunity to the feelings that would overwhelm them if they faced them all at once. Victims may believe that they must seal off any feelings to get on with their lives. Some victims defend against any feeling during this phase by submerging themselves in work or other projects. Other victims accomplish the same objective by becoming almost obsession with the criminal justice system, learning about the procedures, criminal laws, parties, and so on.

During this phase, victims begin to deal with their feelings about the violence. Some victims will reexamine every detail of the crime in their minds and may want to talk about it endlessly. Others will dream about the violence. As victims confront the reality of the violent act, they may reexperience the fear. Some victims allow themselves to feel the full intensity of emotions only after the immediate threat of the violence has passed. This feeling of fear can be immobilizing. Victims must verbalize their fears and other intense emotions
associated with the violent act to begin the healing process. With time, most of the traumatic impact associated with these feelings will lessen.

Another common feeling during the recoil stage is anger toward the perpetrator. Victims may experience rage but be unable to vent this feeling. Some may spend hours thinking about revenge, especially those who have suffered from a violent attack. Victims must understand that the desire for revenge is a natural and normal part of the healing process. Many victims want to construct a reason for their victimization. These victims will search for the answer to the question “Why me?”

The Reorganization Stage. After a period of time, the recoil stage will give way to the reorganization stage. The victim becomes more normal as feelings of fear and rage diminish in intensity, and the victim has energy left over to confront life’s daily activities. The victim becomes more normalized, as the need to deny the victimization lessens and gradually is able to put the experience in perspective and commit energy to the task of living in the present.

Victims will never forget the experience, and, as indicated earlier, they will respond in a variety of ways. This discussion has focused on one method or approach to victimization. Other victims may experience different feelings. Acute stress disorder (ASD) is another reaction that family violence victims may experience.

Acute Stress Disorder

Acute stress disorder is acute stress that is experienced in the immediate aftermath of a traumatic event. This is a newly categorized disorder that was first listed in the Diagnostic and Statistical Manual of Disorders, fourth edition (DSM-IV), in 1994. The characteristic feature of ASD is the development of anxiety, dissociative symptoms, and other manifestations that occur within one month after exposure to the traumatic event. To receive a diagnosis of ASD, the victim must have experienced, have witnessed, or have been confronted with an event that involved actual or threatened death, serious injury, or a threat to the physical safety of the victim or others. In addition, the victim’s response to such a condition must involve intense fear, helplessness, or horror. This diagnosis requires that the victim experience several symptoms of posttraumatic stress disorder (PTSD), and that he or she must experience three of five PTSD dissociative symptoms during or immediately after the traumatic incident. These symptoms must persist for at least two days but last not more than thirty days. The dissociative symptoms are derealization, depersonalization, dissociative amnesia, subjective sense of numbing, and reduction in awareness of surroundings. If these symptoms last longer than thirty days, the victim may be suffering from PTSD.

Posttraumatic Stress Disorder

PTSD was first identified when some Vietnam War veterans began experiencing flashbacks of events that occurred during combat. Posttraumatic stress disorder is defined as the development of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience. Traumatic events include,
but are not limited to, military combat, violent personal assault, kidnapping, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war, natural or manmade disasters, severe automobile accidents, or diagnosis of a life-threatening illness. The characteristic symptoms involved require that the person experience, witness, or be confronted with an event or events that involved actual or threatened death or serious injury or a threat to the physical integrity of self or others and the person’s response involved intense fear, helplessness, or horror. Symptoms may include reexperiencing the traumatic event, avoiding stimuli associated with the event, or numbing of general responsiveness and increased agitation.75

Victims of many forms of family violence can experience PTSD. However, several scholars have carried out research regarding the effect of rape on victims.76 Victims of rape have reported or been diagnosed as suffering from PTSD. Rothbaum’s study found that 94 percent of rape victims displayed classic symptoms of PTSD one week after the assault. This figure dropped to 47 percent twelve weeks after the incident.77 Kilpatrick and colleagues’ study Rape in America reported that 11 percent of all women raped still suffer from PTSD, and the authors estimated that 1.3 million women in the United States are currently suffering from PTSD as a result of a rape or multiple rapes.78

Long-Term Crisis Reaction

Long-term crisis reaction is the name of a condition identified by the National Organization for Victim Assistance (NOVA), which is considered one of the early leaders in the victims’ rights movement. They have responded to a number of crises throughout the world. Professionals from NOVA working with crisis victims have observed this reaction on a number of occasions. Long-term crisis reaction is a condition that occurs when victims do not suffer from PTSD but may reexperience feelings of the crisis reaction when certain events trigger the recollection of the trauma in their lives.79 The trigger event may be a number of situations, including the anniversaries of the crisis, birthdays, or holidays of loved ones lost during the trauma; significant life events such as marriage, divorces, births, and graduations; media events that broadcast similar types of incidents; and involvement in the criminal justice system.

The intensity and frequency of long-term crisis reactions usually diminish with the passage of time. As the victim develops coping mechanisms to deal with the trauma, these resources may lessen the victim’s reaction to triggering events. The victim must learn to continue to function despite these reactions.

Other Mental Disorders

Victims of family violence may suffer a wide variety of mental disorders as a result of their victimization. They are going through a process of attempting to regain their mental equilibrium that is off-center as a result of the traumatic event. The following is a brief discussion of two of the more common mental problems faced by victims of crime.

Depression. Depression consists of a major depressive episode lasting at least two weeks, during which there is either a depressed mood or the loss of interest or pleasure in
nearly all activities. Possible symptoms include changes in appetite, weight, sleep, and psychomotor activity; decreased energy; feelings of worthlessness or guilt; difficulty thinking, concentrating, or making decisions; and recurrent thoughts of death or suicide. The victim must experience clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**Substance Abuse.** The essential feature of this disorder is a maladaptive pattern of substance use, leading to significant adverse consequences related to the repeated uses of substances. Normally, these substances are drugs or alcohol. The victim may suffer repeated failure in fulfilling major role obligations, repeated use of substances in situations in which it is physically dangerous, legal problems related to the use of the substance, and social and interpersonal problems.

**Other Effects**

Different victims of family violence suffer different reactions to that event, and, conversely, victims of different forms of family violence may suffer similar reactions. There is no "clear bright line" that professionals can look to and determine which symptoms victims will suffer. However, researchers have attempted to establish broad general categories of problems suffered by victims of certain crimes. Susman and Vittert’s textbook *Building a Solution: A Practical Guide for Establishing Crime Victim Service Agencies* lists certain crimes and typical reactions.80

With the passage of time and other intervention techniques, the mental and/or emotional consequences associated with the trauma of a criminal act may lessen or be alleviated, but the victim may never be the same person he or she was before the crime. Moreover, in addition to the mental effects that victims endure as a result of the crime, they also suffer fiscal consequences.

**Financial Consequences**

In 1996, the National Institute of Justice released *Victim Costs and Consequences: A New Look*, an in-depth study of the costs of victimization.81 This study raises serious questions regarding previous estimates of the cost of crime. Using the data from the Bureau of Justice Statistics and including “quality of life” or intangible losses, this study concludes that the cost of crime is higher than it was previously suggested. The following sections examine the results of this study.

**Introduction**

It is fairly easy to establish tangible costs of crime such as medical care, police services, and other items that have a specific monetary value. However, it not so easy to value the loss of quality of life or intangible losses suffered by victims of family violence. How much is a murdered spouse’s life worth? What is the cost for the pain and suffering experienced by a rape victim? In addition, costs associated with society’s
response to crime are difficult if not impossible to measure. Society’s response to crime includes a variety of items that are not normally considered when discussing costs of crime. Measuring our actions and resulting costs on the basis of our fear of crime is difficult. On the other hand, measuring items (e.g., filing fees paid for a protective order are typical of the precautionary expenditures associated with protecting ourselves from an abusive partner) is relatively easy. In addition, everyone understands the costs associated with running the criminal justice system and keeping offenders incarcerated. Thus, it can be observed that society’s response to crime includes both tangible and intangible costs.

The cost-of-crime section also includes tangible and intangible losses suffered as a result of family violence. These costs include tangible items such as medical and mental health treatment cost. The intangible costs include quality of life and loss of companionship.

**Tangible Losses**

Family violence costs taxpayers, businesses, and victims in medical costs, lost earnings, and public programs related to family violence prevention or assistance. These tangible losses do not account for the full impact of crime on victims of family violence, because they ignore pain and suffering and the reduced quality of life that many victims suffer as a result of the violence.

Victims of family violence usually suffer three types of losses: out-of-pocket expenses such as medical costs and property loss, reduced productivity at work because of sick days and so on, and nonmonetary losses such as pain and suffering and loss of quality of life. Although some of these losses are easily quantified, even the intangible losses may be valued in dollars. Tangible losses include property damage and loss, medical care, mental health care, police and fire services, victim services, and productivity.

*Property damage and loss:* This includes the value of the property damaged during a violent act. It also includes insurance claims administration costs that arise as a result of compensating the victim under an insurance policy.

*Medical care:* This includes payments for hospital and physician care, emergency medical transportation, rehabilitation, prescriptions, allied health services, medical devices, and related insurance claim-processing costs. Managed care systems are changing health care payments and are not reflected in these costs. Recent research findings point out that medical care may take the form of multiple visits to a health care provider for one incident of family violence. For example, a family violence victim may require an ambulance to transport him or her to the emergency room. They may be admitted to the hospital for observation or receive outpatient care and may require physical therapy for their injuries after discharge. More study is necessary in this area as medical costs adapt to changing circumstances.

*Mental health care:* This provides funding for services to family violence victims by psychiatrists, psychologists, social workers, and counselors. This cost has been one of the least-researched areas in crime victimization. Similar to medical
costs, one victimization may require multiple visits to a therapist. For example, the CDC states that one-third of all rapes result in the victim speaking with a psychologist, psychiatrist, or other mental health professional. Overall, each incident requires approximately twelve mental health care visits, with a mean cost of $78.86 per visit.84

*Police and fire services:* This includes initial police and fire responses as well as follow-up investigations. The costs of other components of the criminal justice system are not included in this element. Generally speaking, police and fire costs are a relatively small portion of the cost of family violence, averaging $100 per case.

**Summary**

Family violence is a multifaceted phenomenon. It includes abusive acts toward children, significant others in a cohabitating relationship, and the older people. These acts may be sexual, physical, emotional, or psychological, or involve neglect or a denial of rights to the other person. It has existed for centuries but has only recently come to the consciousness of the public. Numerous studies have been done in an attempt to find answers to this form of aggression. We have yet, however, to agree on a definition that all professionals can accept.

Several measuring techniques are used to determine the extent of family violence. Surveys, official reports, and clinical studies all offer professionals insight and information into the nature and extent of this form of aggression. Unfortunately, each of these measures has internal flaws that are acknowledged by those who use them.

Just as a number of significant controversies still exist in the study of family violence, so do a number of theories attempt to explain how or why one person would act aggressively toward another within the family environment. No one theory that identifies a single cause or multiple causes of family violence has yet gained total acceptance by all the professionals in this area.

All professionals must have an understanding of various types of family violence and be able to respond to this form of aggression in a manner that protects the victims. In addition, society must examine its attitude toward women and strive to make them equal partners so as to avoid situations in which males may take advantage of superior power and resources. Only by moving forward on a variety of fronts can we hope to diminish or stop this form of aggression that leaves its victims physically and mentally injured.

We have known for years that victims of family violence suffer from specific types of physical injuries as a result of their victimization. These are, for the most part, easy to recognize and treat. The broken arm or jaw may be repaired, and it is hoped that the victim will regain full use of his or her physical faculties.

More recently, society has acknowledged that victims of family violence may also suffer mental problems as a consequence of their victimization. They may experience a wide variety of mental problems, including acute stress disorder, posttraumatic stress disorder, long-term crisis reaction, or other mental disorders. These reactions do
not mean that family violence victims are insane or crazy; rather, these are normal reactions to an abnormal event. Victim service providers and professionals who deal with family violence victims must understand these dynamics in order to work with and assist victims of crimes.

In addition to the physical and mental injuries suffered by victims are the financial consequences. Recent studies have begun to address this long-overlooked aspect of victimization. The consequences of family violence are multifaceted and, like a stone dropped in a calm pool of water, move out in ever-widening circles, affecting victims, their families, and society as a whole. Professionals in the field must understand all the consequences of family violence victimization to function effectively.

**KEY TERMS**

- **acute stress disorder**—acute stress that is experienced in the immediate aftermath of a traumatic event
- **crisis**—a specific set of temporary circumstances resulting in a state of upset and disequilibrium, characterized by an individual’s inability to cope with a particular situation using customary methods of problem solving
- **ecological theory**—assumes that family violence occurs when the parent, child, and family are mismatched with the neighborhood and community
- **exchange theory**—argues that family violence is based on a determination of costs and rewards
- **family violence**—any act or omission by persons who are cohabitating that results in serious injury to other members of the family
- **Frustration-aggression theory**—based on the premise that individuals react aggressively when some goal is blocked or frustrated
- **general systems theory**—assumes that violence within the family is a function of a system rather than an individual pathology of the family member
- **intergenerational transmission of violence theory**—asserts that violent behavior is learned within the family and bequeathed from one generation to the next
- **long-term crisis reaction**—a condition that occurs when victims do not suffer from posttraumatic stress disorder but may reexperience feelings of the crisis reaction when certain events trigger the recollection of the trauma in their lives
- **patriarchy theory**—views society as being dominated by males, with women and children in subordinate positions in which they are treated as possessions by men
- **posttraumatic stress disorder**—the development of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience
- **psychopathology theory**—certain individuals suffer from mental illness, personality disorders, and other dysfunctions that cause them to engage in aggressive acts within the family
- **resource theory**—holds that the use of violence within a relationship depends on the resources that a family member controls
- **social conflict theory**—proposes that unacknowledged alienation and shame generate violence within the family
- **culture of violence theory**—is based on the premise that violence is unevenly distributed within our society, and that violence is more prevalent in the lower socioeconomic sectors of society
- **social learning theory**—an integration of differential associations with differential reinforcements so that people with whom one interacts are the reinforcers of behavior that results in learning of both deviant and non-deviant behavior
- **sociobiology or evolutionary theory**—assumes that parents will not emotionally attach to or invest themselves in children with low reproductive potential
- **substance abuse theory**—accepts the proposition that drugs or alcohols cause or contribute to family violence
DISCUSSION QUESTIONS

1. Based on your reading of this chapter, how would you define family violence? Draft a definition and justify your answer.

2. What is the most accurate method to measure the incidence of family violence? Why is this method more reliable than others?

3. Which of the theories discussed in this chapter appears to offer the most hope for understanding the cause of family violence? Why is that theory more complete or acceptable than the others?

4. What should we do about violence in the media? Which argument carries the most weight? Why?

5. Is the intergenerational transmission of violence theory valid? Why? Why not?

6. In your own words, describe why you think people abuse others in the family. Keep this assignment and compare it with your understanding of family violence after you have finished reading this textbook.

7. What are the four stages of physical injury? How do they differ from one another?

8. What is acute stress disorder? How is it different from a crisis reaction?

9. Explain the symptoms of posttraumatic stress disorder.

10. List other mental effects of family violence on victims. In your opinion, which effect is the most serious? Justify your answer.

SUGGESTED READINGS


Gelles, R. J. The Violent Home (Sage, Beverly Hills, Calif., 1974).


CHAPTER 1


ENDNOTES


5. See, for example, R. J. Gelles and D. R. Loseke, eds., *Current Controversies on Family Violence* (Sage, Newbury Park, Calif., 1993).


8. Ibid., p. 1.

9. 28 USC 534 (1930).


24. Ibid., p. 158.

27. Ibid.
38. Ibid.
62. Ibid., p. 1681.
65. Much of this information was gathered from interviewing members of the Fresno Valley Medical Center emergency room staff. Barbara Miller, R.N., was of significant assistance in providing guidance for material in this section.
74. Ibid., pp. 427–429.
75. Ibid.
83. *Costs of Intimate Partner Violence against Women in the United States* (Centers for Disease Control and Prevention, Atlanta, Ga., April, 2006).
84. Ibid., p. 30.