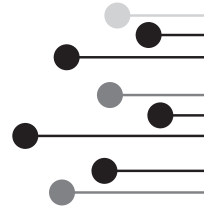# Issues in the Definition of Family Violence and Abuse

Consider this case: On June 29, 2018, Katrina Coursey, 21, and Terrell Lloyd, 27, of Weatherford, Texas, were indicted for endangering a child following a Child Protective Services (CPS) report of child abuse. According to reports,

> *Coursey admitted to using methamphetamine daily and hourly in front of her children …. according to the probable cause affidavit. "At this time Coursey was pregnant with her second child, which was born [later]. Coursey's live-in boyfriend is Lloyd. It is suspected that he also uses methamphetamine in the presence of children," according to the affidavit. "[CPS] recently received positive results indicating [the child] had methamphetamine in her system." Coursey and Lloyd, who stated he is the father of the child, both tested positive for methamphetamine and marijuana. (Owens, 2016)*

If Coursey and/or Lloyd is convicted of any of the counts of endangering a child, they will face 6 months to 2 years in a state jail facility and up to a $10,000 fine. What is your reaction to this case? Is it clear that Coursey and Lloyd's children, even before the second child was born, were endangered by their parents' use of methamphetamines in their presence? Is it likely that the children also experienced neglect as a result of their parents' drug use? Do you believe the parents' behavior should be considered to be child abuse and/or neglect as well as endangerment? Do you think they should go to jail? It is likely that the law enforcement and social service systems worked together to take the children from their parents immediately upon discovery of their situation and place them in the custody of Child Protective Services (CPS); the children were probably moved into foster care while the legal case against their parents was pursued. Does this seem like the best outcome for the children?

> *I was living in Brookwood [affluent community] when I was married. I had everything. I mean, all I had to do was ask. But, I was getting beat up like every day!… We lived in a beautiful subdivision. I was driving a beautiful truck, but I was being abused physically, and more than that, mentally. I was tired of him saying, "You're a bitch. You're ugly." I was really over-weight and he would say, "Oh, you're a fat whore and nobody wants you. What are you going to do when you leave?" I was very scared. My son was 6 years old and I had just had the baby. He was like 3 months. And one day, he [husband] just*

hit me really bad. And I said, "You know what? I can't take it!" I called 911 and he fled. (Lewinson, Thomas, & White, 2014, p. 196)

The woman who is telling her story here is living in a homeless shelter with her children. Has she made a good move for herself and them? Do you believe her husband was abusive? If your answer is yes, which of his behaviors would you label as abusive? The beatings? The hitting hard? Would either of those behaviors be acceptable under any conditions? How about swearing at her and calling her names? Was that abusive, too? What if anything should be done with him? For her?

How about the case below?

He just constantly just wanted to have sex with me and it was rough….I begged him [to stop] and it was like it didn't matter. Then he started getting rougher and rougher and then doing things I didn't want him to do against my will there towards the end…. He generally never asked, toward the end. It was either have sex or get beat to death and then have sex, that's just how it was…. And he choked me so bad one time that I lost my voice for two weeks. (Logan, Walker, & Cole, 2015, p. 110)

Is there any doubt in your mind that this particular husband physically abused his wife? How about his sexual aggression? Would you call that "rape"? Have you ever heard the term "marital rape"? Why or why not? Is the idea of rape in marriage a strange one to you? In this case, the narrator of the story was a woman. What if the victim had been a man? Would that affect your judgment in any way? What kind of resources, if any, do you think should be available for victims of marital rape?

Historically, many shelters did not consider cases of marital rape to fall within their domain because it is not life threatening, and many rape crisis centers did not want to deal with female domestic violence victims. Consequently, battered women who had also been sexually assaulted were often left unaided, sometimes shuffled back and forth between facilities (Flicker et al., 2011). More recently, there has been increased outreach to such women, increased attention to their dual burdens, and greater efforts to find appropriate intervention and prevention programs for them (e.g., Safe Haven, 2017).

I remember one night when she got really out of control. I had accidentally left the toilet seat up before going to bed…. She started yelling and screaming and stomping around… Then she came into the bedroom…. She had something in her hands, raised above her head. I figured it was a wooden spoon or a rolling pin or something like that because she had hit me with those before. So I waited until she came around to my side of the bed, then rolled over to the other side. When I turned back over, I saw that she had stuck two of the biggest steak knives into the bed up to the handles exactly where I had been laying. I grabbed my pants, ran out of the apartment, and jumped into the car. (Migliaccio, 2001, p. 26)

Does this story shock you? Do you tend to assume that domestic violence is always perpetrated by a man against a woman? When you read a story like this, do you ask yourself what kinds of things this man must have done to warrant this level of violence from his wife? That's the kind of question all too many people—even other women—ask when the victim of domestic violence is a woman. Do you think that question is even more common when the victim of domestic violence is a man? Whenever you have heard of a case of someone getting beaten up by a romantic partner, did you find yourself wondering what the abused partner did to "deserve" the abuse? If so, you are not alone. It has taken decades for our society to start reaching the conclusion that violence is not acceptable in families or within romantic relationships and that a marriage license is not a hitting license or any sort of permit to hit, hurt, or punish. Another question: do you think this man is a wimp for running out of his apartment, away from his violent wife? Many abused men stay silent about abuse for precisely that concern (National Domestic Violence Hotline, 2017).

> Lisa is an undocumented immigrant from Jamaica who was kicked out of her family home when she came out as lesbian at 16. She met another lesbian, Joanne, and they moved in together. In time, Joanne became controlling, made Lisa tell her where she was at all times, didn't allow her to call friends, and occasionally even pushed and shoved her. After a particularly bad incident, Joanne apologized and proposed marriage. Lisa accepted. After the marriage, Joanne became physically abusive, causing multiple contusions. Lisa was afraid to call the police because Joanne told her they would arrest and deport her. (Adapted from National Coalition of Anti-Violence Programs (NCAVP), 2016a, p. 71)

What forms of abuse has Joanne subjected Lisa to? Which forms of abuse do you think could be most serious for Lisa? Pushing and shoving? Hitting to the extent of causing multiple contusions? Not allowing her to call her friends? Threatening to call the police and have her arrested and deported? Which do you think would be most scary to you if you were in Lisa's shoes? And how do you feel about her parents kicking her out at age 16 because she told them she was a lesbian? Could that be considered child abuse? Child neglect?

Lisa's story at the time of this writing had had a positive ending. She fled the relationship, entered a domestic violence shelter, was later referred to the New York City Anti-Violence Project, and filed a Violence Against Women Act (VAWA) self-petition, which had been initially approved. She was then able to get public benefits, started a GED program, and was looking forward to moving out of the shelter into an apartment. Undocumented immigrants are not always so fortunate and often fail to leave abusive relationships precisely because they are afraid of deportation. Major newspapers have been replete with such stories in recent years (e.g., Engelbrecht, 2018). Have you read any of these stories? What do you think about the plight of these women?

For many decades after the public recognition of child abuse and domestic violence against women as serious social problems, members of the LGBTQ community, fearing additional stigmatization, were reluctant to admit that abuse took place within their romantic relationships. Only recently have victims of intimate partner violence (IPV) in those communities begun to speak out, although services are still limited. Gay marriages started becoming legal in the United States following several court decisions indicating that gay couples had the right to marry. In 2004, Massachusetts became the first state to legalize gay marriage, followed by Connecticut, Iowa, Vermont, Maine, and New Hampshire (Vestal, 2009, April 8). In 2015, the Supreme Court ruled that same-sex couples have the constitutional rights to marry and have their marriages recognized as heterosexual couples, making same-sex marriages legal in every state. Related to these developments, many researchers have begun studying violence in LGBTQ relationships. In a 2010 Internet study of 402 men who have sex with men, 11.8% of the total sample reported physical violence from a current male partner and 7% reported perpetrating violence against a male partner (Walters, Chen, & Breiding, 2013).

Mrs. Johnson, an 83-year-old widow, lived with her son, Ronald. A family member called Adult Protective Services after a frightened Mrs. Johnson made a whispered phone call to that relative from her locked bedroom to report that Ronald had pulled her hair, yelled at her, and called her a "stupid bitch." (NAPSA, n.d.)

What are your views on Mrs. Johnson's situation? Is Ronald's behavior "abusive enough" to warrant Adult Protective Service agency intervention? If your answer is yes, what do you think the agency should do, could do? In reality, what Adult Protective Services did do was: contact the police; verify that a crime report had been filed; confirm that the son was being charged with a crime; transport Mrs. Johnson to the courthouse and assist her in the process of filing restraining orders; accompany her to the emergency restraining order hearing in the courtroom a month later; and transport and accompany her to the hearing for a permanent restraining order. Does this sound like an appropriate solution to you? Can you think of other steps that you wish could have been taken?

Definitional Issues

At the heart of many of the debates concerning whether particular behaviors are abusive or not are inconsistencies in the definitions of terms. Definitions of abuse, for example, have varied in the extent to which they incorporate assumptions about causes (e.g., people who hurt the ones they love are "sick"); effects (e.g., abusive behaviors are those that cause harm); motivations (e.g., abusive behaviors are intended to hurt rather than discipline); frequency (e.g., slapping is abusive only if it is chronic); and intensity (e.g.,

hitting is abusive if it is hard enough to cause injury). Such definitions, which vary in their inclusiveness and differ within and across fields, influence the likelihood that individuals subjected to unwanted and potentially harmful behaviors within domestic settings will receive interventions from the legal, medical, and/or social service communities. In one study of social workers in military Family Advocacy programs, these clinicians reported that existing definitions of spousal and child maltreatment were ambiguous and needed further operationalization; in making their own determinations concerning whether maltreatment had taken place, these clinicians often overrode the official definitions and followed their own judgments (Heyman & Slep, 2006; Petersen, Joseph, & Feit, 2014, March 25).

Efforts to distinguish among terms such as *violence*, *abuse*, and *maltreatment* have not led to any consensus. Definitions continue to vary in their inclusiveness (how broadly the construct is defined) and their abstractness (the extent to which they focus on specific behaviors or define one abstract construct in terms of another). For example, the American Academy of Family Physicians (2018, para 1) cites the World Health Organization's (2011) definition of **violence** as "the intentional use of physical force or power, threatened or actual, against oneself, against another person or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." The Academy goes on to say (para 1) that "[a]ll violence is functional, intended to dominate, punish, control, harm, or eliminate an individual, a group, or a community." Timshel, Montgomery, and Dalgaard (2017, p. 318) defined *violence* as "an act or threat that, for whatever purpose, can or will damage another person's integrity or which scares, pains or harms the person"; they identified *family violence* as a subtype of violence occurring within a household and including child abuse ["violence between a caregiver and a child (child maltreatment)"] and "intimate partner violence/domestic violence." Timshel et al. also state that family violence involves "threatening or committing physical, verbal, emotional, financial or sexual violence (p. 318)." Thus, for Timshel et al., *violence* subsumes *abuse* and *maltreatment* with no clear differentiation among the three terms.

Emery and Laumann-Billings (1998), by contrast, distinguished between two levels of *abuse*—*maltreatment* (i.e., minimal or moderate forms of abuse, such as hitting, pushing, and name-calling) and *violence* (i.e., more violent abuse involving serious endangerment, physical injury, and sexual violation). Here, *abuse* is the broader term, and *maltreatment* and *violence* are considered subtypes of abuse, varying in level of intensity. By contrast, Heyman, Slep, Erlanger, and Foran (2012) refer to "intimate partner maltreatment" as "comprising physical abuse, emotional abuse, and sexual abuse," thus making *maltreatment* the broader and more inclusive construct.

To complicate the definitional issues, Emery (1989) argued that "calling an act 'abusive' or 'violent' is not an objective decision but a social judgment, a judgment that is outside of the realm of responsibility of social scientists"

(p. 322). Similarly, Follingstad (2007) noted that value judgments are inherent in the use of the term "psychological abuse." In her view,

"Abuse" seems to imply that a judgment has been made, based on some standard, by which the psychological actions of one partner can be labeled as truly reprehensible and deserving of sanction…. In contrast, the terms "aggression" or "maltreatment" imply a range of actions, which could encompass mild, and possibly more typical, acts up through the most patently horrific behaviors which could be psychologically inflicted on another person. (p. 443)

In the United States, one can expect considerable disagreement regarding the abusiveness of many behaviors that have a long history of use within American families. One of the biggest debates in the field is whether corporal punishment should be considered inherently abusive. A major leader in the field of family violence, Murray Straus (2010), defined corporal punishment as "the use of physical force with the intention of causing [bodily] pain, but not injury, for purposes of correction or control of the child's behavior" (pp. 1–2)—thus emphasizing both intent and expectations concerning outcomes. He went on to explain, "Examples include spanking on the buttocks, hand slapping, shoving, grabbing or squeezing hard, ear twisting, pinching, and putting hot sauce or soap on a child's tongue (for example, for cursing)" (2010, p. 2). Straus also noted that substantiated cases of physical abuse have indicated that in at least two thirds of the cases, the abusive incident began as ordinary corporal punishment, and then escalated. If child abuse is defined as behaviors that put children at risk for injury, and both psychological and physical injuries are considered, then there is a basis for considering corporal punishment abusive because of the demonstrated negative effects of corporal punishment (Grogan-Kaylor, Ma, & Graham-Bermann, 2018; Grogan-Kaylor et al., 2018).

Consider the cases in Box 1.1, all of which involve corporal punishment of a child. Do you think the parents' behaviors in each case should be considered forms of maltreatment? Or would you see the behaviors as "ordinary discipline?" On what do you base your judgment?

All 50 of the United States, plus the District of Columbia, and other U.S. territories such as Puerto Rico have identified professionals who are mandated to report child maltreatment (Child Welfare Information Gateway, 2016a). Mandated reporters include teachers and other school personnel, healthcare personnel, social and clinical services personnel, and law enforcement personnel. In each of the cases described, someone considered the parental behavior abusive and reported the parent to authorities. What is your opinion concerning the decision to report in each of the cases in Box 1.1? As you read each brief description, did you think, "Wow, that's abusive! No justification for that parent's behavior! I hope someone turned him (or her) in"? Or did the parental behavior seem fairly "normal" under the circumstances? Have you heard of or been exposed to similar scenarios in your own lifetime? If so, what was your view of such episodes at the time?

Box 1.1   Are These Parents Maltreating Their Children?

A mother hits her 12-year-old daughter hard enough with a wooden spoon to leave bruises. Why did she do it? Because, she says, the daughter was "slacking off at school." (CBS.com, 2014)

While his wife and other children are at church, a father uses part of a wooden cutting board to slap his son's buttocks four or five times, leaving bruises. Why? Because, he says, the boy had stolen some liquor to share with his friends. (Lecker, n.d.)

A father spanks his 12-year-old daughter with a paddle. Why? Because, he says, the girl got into a heated argument with her sister. (Robinson, 2015)

A father hit his 11-year-old son hard enough with a folded belt to leave welts. Why? Because, he says, his son lied repeatedly about how he was doing in school. (Machelor, 2014)

In the first case, a local social service agency submitted the incident to a California state child abuse agency that screened prospective adoptive or foster care parents and child care workers. The case went to court and a Santa Clara County Superior Court judge ruled in favor of the mother, arguing that the beating with the spoon constituted "reasonable corporal punishment as a legitimate disciplinary measure."

In the second case, which took place in New Jersey, the boy's bruises were serious enough to get the attention of his coach at wrestling practice the next day. The coach contacted the local social service agency, as he was required by law to do. The father was charged with domestic violence and the case went to court. A jury acquitted him.

Regarding the third case, what do you think about a father paddling a 12-year-old daughter? Any red flags there? Ironically, the father himself thought there might be, so he called the local sheriff's office in Okeechobee County, Florida, and requested that the sheriff come watch the paddling so as to be sure it was not a crime. Apparently, that was not the first time that the sherriff's office in this community was asked to observe and give their blessings to physical disciplinary activities. Does this fact reassure you that no abuse was taking place?

The final case example of discipline with an object took place in Tuscon, Arizona. After the boy's father, who was the custodial parent, administered the whipping, the boy called his mother, the noncustodial parent, and she told him to call 911. He did so; his father was arrested, and the boy was put

in foster care. In this case, the father was initially indicted for felony child abuse, but the case was sent back, a second grand jury failed to indict him, and charges were reduced to misdemeanor child abuse.

Again, what is your view of these cases? Does the parental behavior seem to you like "reasonable and appropriate discipline," which is legal throughout the United States, or does it seem abusive, as the social service workers involved in these cases concluded? Do the parents' motives for striking their children with spoons or boards or belts influence your judgments? How about your own childhood experiences? Are your judgments concerning whether those parents' actions were abusive influenced by the ways your own parents reacted to any of your behaviors that they disliked or considered "bad" enough to need "correction" or "punishment"? If so, did you agree at the time that what you did was bad and deserved punishment? What do you think now about punishments you received as a child? Should individuals judge the abusiveness of particular behaviors by a parent against a child on the basis of their own experience?

Globally, there has been a strong movement to ban corporal punishment of children ever since the United Nations approved the Convention on the Rights of the Child, which stated

> States parties shall take all appropriate … measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation … while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

As of 2018, 54 countries worldwide had prohibited all forms of child corporal punishment and an additional 54 countries had indicated a commitment to full prohibition (Global Initiative to End All Corporal Punishment of Children, 2019). Nevertheless, within the United States, the extent to which corporal punishment should be considered abusive continues to be controversial, as evidenced by the case studies above. Although the percentages of adults who approve of corporal punishment may be declining, a substantial proportion of parents in the United States continue to physically punish their children (Gershoff, Lee, & Durant, 2017), although many professional organizations, such as the American Psychological Association and the American Academy of Pediatrics, have issued statements recommending against the practice. Despite efforts to develop programs to reduce corporal punishment (Gershoff et al., 2017), there continues to be considerable resistance to a ban on corporal punishment among some professionals as well as laypeople in the United States. Box 1.2 provides a sampling of major social science perspectives on the issue. Each of these authorities presents empirical data in support of his or her position, and there are no signs that the differences will be resolved soon. We consider these issues in greater detail in Chapters 3–5.

After reading all of these "expert opinions" from workers in the field of child maltreatment, what is your current view on the acceptability of corporal

Box 1.2   Is Corporal Punishment Abusive?

Violence against children, including corporal punishment, is a violation of the rights of the child. It conflicts with the child's human dignity and the right of the child to physical integrity. It also prevents children from reaching their full potential, by putting at risk their right to health, survival and development. The best interests of the child can never be used to justify such practice, the need to promote non-violent values and awareness-raising among all those working with children is essential if we want this situation to come to an end. (Office of the High Commissioner on Human Rights, 2013, para 2)

Parents should, however, retain the option to use spanking appropriately, unless they have abused that option. Current research indicates that customary spanking is not associated with child outcomes that are any more adverse than the outcomes of any other type of corrective discipline. The most empirically supported use for a two-swat spanking is when two- to six-year-olds respond defiantly to nonphysical disciplinary tactics, such as time-out, or when imposed to stop dangerous misbehavior. (Larzelere & Baumrind, 2010, p. 86)

Spanking is not a very effective strategy. It does not teach children new behaviors or what to do in place of the problem behavior. It is also not useful in suppressing the problematic behavior beyond the

moment. Research indicates the rate of misbehavior does not decline, in fact, the problem behavior returns, even if the parent escalates the punishment. (Kazdin, 2010, p. 1)

[We] encourage adoption of functional impairment as the standard for evaluating the reasonableness of the force used and thus for drawing the line between reasonable corporal punishment and abuse. We promote this standard to ensure that the state has the authority to intervene in the family in the face of good evidence that a child has suffered or risks suffering important disabilities, and to restrict state authority to intervene merely to mediate suboptimal conditions. (Coleman, Dodge, & Campbell, 2010, p. 112)

Among the outcomes in childhood, spanking was associated with more aggression, more antisocial behavior, more externalizing problems, more internalizing problems, more mental health problems, and more negative relationships with parents. Spanking was also significantly associated with lower moral internalization, lower cognitive ability, and lower self-esteem. The largest effect size was for physical abuse; the more children are spanked, the greater the risk that they will be physically abused by their parents. (Gershoff & Grogan-Kaylor, 2016a, p. 463)

punishment? What further information, if any, would you like to have to inform your point of view?

While agreeing that terms like maltreatment represent social constructions and value judgments, we believe that social and medical scientists are in some ways uniquely qualified to provide evidence concerning the harmfulness of

particular behaviors on the well-being of their recipients, others with whom those recipients interact, and even the larger community within which the recipients of those behaviors must function. Indeed, in considering the kinds of behaviors and interactions that may be harmful to members of families (broadly defined to include LGBTQ relationships and cohabiting couples), we prefer the term *maltreatment* to the other commonly used terms, in part because of the explicit value judgment built into the prefix "mal."

Thus, our conceptual framework is consistent with, although more encompassing than, the World Health Organization's (WHO, 2018, p. 1) definition of *childhood maltreatment*:

> **Child maltreatment** *is the abuse and neglect of people under 18 years of age. It includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.*

In this book, our term *maltreatment* embraces *corporal punishment* as well as *abuse*, *neglect*, *family violence*, *wife beating*, *domestic violence*, *child abuse*, *sexual abuse*, *spousal abuse*, and *elder abuse*, as these are commonly defined. We acknowledge that some forms of maltreatment are more serious than others. Children who receive a single slap on the hand or the buttocks during childhood are not being maltreated to the same degree as a child who is raped, or beaten every day, or constantly criticized and humiliated. However, we view all these behaviors as forms of maltreatment, nonbeneficial ways for individuals to treat each other, inside or outside of families. As Straus has repeatedly pointed out, even acts that seem like relatively minor forms of maltreatment (e.g., spanking) are risk factors for negative outcomes for individuals and society (Straus & Kaufman Kantor, 2005). Although our conceptual preference is for the term *maltreatment*, most researchers in family violence study forms of maltreatment that they consider more extreme; therefore, throughout this book, we generally use the term that the researchers used to describe the particular form of maltreatment of interest to them.

Definitions of terms such as maltreatment are embedded in broader perspectives on human beings, families, and intimate relationships. During the second half of the 20th century, new perspectives emerged within the international community, including the view that the more vulnerable members of the human race (particularly women, children, the elderly, and people with mental and physical disabilities) have an inherent right to freedom from exploitation and abuse. Concurrent with the evolution of that perspective, many countries criminalized forms of family aggression that had a long history of normative acceptance—for example, the beating and rape of

wives and children. Accompanying the *criminalization* of such behaviors has been a *medicalization* of their effects (Sweet, 2015). **Medicalization** refers to perceiving a behavior, such as child maltreatment, as a medical problem or illness, and expecting the medical profession to treat the problem. The medical communities in many countries, including the United States, have increasingly been given and/or have assumed the responsibility not just to heal intentional burns, set broken bones, and mend bruised and battered skin, but to alert legal and social service agencies about behaviors now deemed abusive. Sweet (2015) has argued that this process of medicalization can have unfortunate consequences for women, who may come to be seen merely as a high-risk group, with little ability to take control of their own lives.

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

Perspectives on Maltreatment

The Human Rights Perspective

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

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

Since the passage of the Universal Declaration, the United Nations has promulgated other international treaties addressing the rights of individuals to freedom from maltreatment, even within their own families. The Convention on the Rights of the Child (Office of the High Commissioner for Human Rights, 1989) specifies that member states

shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. (Article 19)

According to this Convention, assuring such rights to children is necessary in order to rear them "in the spirit of the ideals proclaimed in the Charter of the United Nations, and in particular in the spirit of peace, dignity, tolerance, freedom, equality and solidarity" (Preamble, para. 7). Thus, the international promulgators of this document, like many social scientists in the United States, recognize a connection between eschewing violence in the home and promoting international peace.

Child advocates in many countries have argued that corporal punishment violates the United Nations Convention on the Rights of the Child. Indeed, Knox (2010) strongly contended that "[h]itting children is an act of violence and a clear violation of children's human rights" (p. 103). The European Network of Ombudspersons for Children (ENOC) (2015) urged the governments of all European countries, as well as NGOs concerned with children, to work to end all corporal punishment. In their view, "eliminating violent and humiliating forms of discipline is a vital strategy for improving children's status as people, and reducing child abuse and all other forms of violence in European societies" (para. 2). ENOC concurred that no level of corporal punishment is compatible with the Convention on the Rights of the Child and that legal and educational steps should be taken to eliminate it. The Global Initiative to End All Corporal Punishment of Children (2013) recommends that every time a government reviews its laws regarding children, advantage should be taken of this opportunity to prohibit corporal punishment of children.

The United States is the only country in the world that has not ratified the Convention on the Rights of the Child (UNGA, 2017). One principal reason for the resistance is that treaty ratification requires support from two

thirds of the U.S. Senate—a level of support that has been lacking because of Republican Party opposition linked to fierce hostility among conservative groups, including the Christian Coalition, the Family Research Council, Focus on the Family, and the John Birch Society (Wittner, 2015). Conservatives argue, for example, that the Convention would override important U.S. legislation, including laws permitting children under the age of 18 to be jailed for life, with no possibility of parole.

Another important declaration adopted by the United Nations General Assembly was the Declaration on the Elimination of Violence Against Women (CEDAW), endorsed by all member states of the United Nations, and signed and ratified by almost all of them. According to this Declaration,

violence against women means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (United Nations, Declaration on the Elimination of Violence against Women, 1993, Article 1)

Nongovernmental agencies (NGOs) also take a stand against maltreatment in domestic settings. For example, Amnesty International maintains (2018b, para. 1) "Living free from violence is a human right, yet millions of women and girls suffer disproportionately from violence both in peace and in war…. States have the obligation to prevent, protect against, and punish violence against women." Meyersfeld (2015, p. 15) argued that over the last 50 years,

International law began to recognize the peculiar way in which violence and sexism intersect, and how violence against women is used as a technique of subordination, a method of inculcating a culture of fear, and an instrument that impedes women's ability to flourish. As a result, previously lawful actions are now categorized as human rights violations, and patterns of behavior, once condoned, are now condemned.

As of 2017, the United States is one of the two countries (the other is Palau) that have signed but not ratified the Convention on the Elimination of Discrimination Against Women (UNHR, 2017). Other governments that have taken no action on this convention are the Holy See, Iran, Niue, Somalia, Sudan, and Tanga. Although late in 2011, President Obama had a list of UN treaties to be ratified, including the Convention of the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women, the opposition in the U.S. government prevented the Senate from ratifying these treaties, which need to get two thirds of the votes to pass, as required by the U.S. Constitution for passage of a treaty (Schast, 2014).

The international human rights perspective emphasizes the relationship between social justice and individual rights to freedom from abuse and between peaceful resolution of conflict in the home and peaceful resolution of conflict in the international community. Proponents of a human rights perspective are often critical of *systemic* or *structural* abuse and the way social

institutions and social systems can contribute to violence within families at an individual level (e.g., Kent, 2006; Montesanti & Thurston, 2015; Schwebel & Christie, 2001). These sources generally emphasize the ways in which poverty and a variety of isms can contribute to frustration, despair, and violence within families.

Inherent in the international human rights perspective is the view that the United Nations Conventions and the rights they are designed to guarantee are based on universal ethical principles such as the Golden Rule (i.e., "Do unto others as you would have them do unto you."). Reading et al. (2009) attested that although the United Nations Convention on the Rights of the Child is a legal document, it is based on ethical and moral foundations, and the rights granted to children around the world are comparable to the basic principles of medical ethics (beneficence, justice, nonmalfeasance, and autonomy). Rose (2015) identified IPV toward women by men as a *crime against humanity*. In a U.S. Department of Immigration Board of Immigration Appeals case, domestic violence was labeled "a crime involving *moral turpitude*" (p. 465), and infliction of serious injury on individuals viewed as deserving special protection, such as children or domestic partners, was labeled "moral depravity" (p. 466) (U.S. Department of Justice Executive Office for Immigration Review, Board of Immigration Appeals, 2011). What are your views on the moral implications of violence? Should all forms of family violence be considered immoral? Do you think violence in the family could be connected to violence in neighborhoods? Countries? The world? Do you think recognition of the immorality of family violence could be an important step away from widespread consideration of family violence as commonplace or "normal"?

Legal/Criminal Justice Perspectives

Although the United Nations Convention on the Rights of the Child has some legal status in international law, its main function has been to establish a universal standard that the international community has agreed to adopt. To our knowledge, the World Court has not tried any cases of family maltreatment. However, the European Court of Human Rights, established by the European Convention on Human Rights and Its Five Protocols, has addressed cases of family violence originating in a number of different European countries (e.g., European Court of Human Rights, 2018).

In general, the legal approach to family maltreatment in the United States has been to criminalize it. The focus is on both punishment and deterrence. Criminalization has involved mandating members of medical and social service professions to report suspected cases of abuse and imposing criminal penalties on perpetrators of acts identified as abusive. Although the United States has not ratified the Convention on the Rights of the Child, it has criminalized abuse of children, domestic partners, and the elderly. According to the federal Child Abuse Prevention and Treatment Act (CAPTA),

> *child abuse and neglect is, at a minimum, any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or*

emotional harm, sexual abuse or exploitation of a child (individual under the age of 18) and any act or failure to act which presents an imminent risk of serious harm. (42 U.S.C. 5106g)

However, each state has its own set of laws, and, in contrast to the stance taken in many European countries, corporal punishment by parents is legal in every state. Moreover, it is rare for perpetrators of child abuse to be criminally prosecuted, unless serious injury, death, or sexual abuse is involved; typically, child abuse cases are handled by child protective service agencies (Krugman, 2018).

Passed in 1994 as part of an Omnibus Crime Bill, modified in 2002, 2005, and 2013, the Violence Against Women Act (VAWA) was revolutionary in its provisions for addressing violence against women, including wife abuse. The Act faced fierce opposition in 2012–2013 from conservative Republicans objecting to extending its protections to same-sex couples and making it possible for battered illegal immigrants to gain temporary visas; it was finally reauthorized in 2013. Despite its name, VAWA has antidiscrimination language that aims to protect *all* victims, regardless of gender, race/ethnicity, religion, social class, and now sexual orientation and gender identity. Yet, victims of domestic violence who are sexual minorities or men still report having trouble accessing services (see Chapters 8 and 10), and many domestic violence agencies report an inability and/or unwillingness to serve sexual minorities and men (Hines & Douglas, 2011). An International Violence Against Women Act (I-VAWA) has been introduced in Congress several times in recent years, most recently in 2018, but thus far has failed to pass. One of the principal complaints concerning the Act is that it fails to account for violence against men and boys.

In addition to criminalizing particular forms of family violence, the government has also enacted some legislation to provide services for victims. For example, the VAWA created new programs within the Department of Health and Human Services (HHS) with the goals of reducing domestic violence, improving the response to incidents of domestic violence, and promoting recovery from domestic violence (Sacco, 2014). Even before passage of the VAWA, Congress enacted the Family Violence Prevention and Services Act (FVPSA, P.L. 98457) to assist states in providing shelter and other assistance to victims of family violence and their dependents. The Child Abuse Amendments of 1984 (P.L. 98–457) included authorization of the Family Violence Prevention and Services Act (FVPSA). Located in the Family and Youth Services Bureau (FYSB), FVPSA provides support for emergency shelter and supportive services for victims of domestic violence and their dependents. The federal Older Americans Act provides definitions of elder abuse and authorizes expenditure of federal funds for a National Center on Elder Abuse but does not fund adult protective services or shelters for abused older persons. Every state has its own set of statutes criminalizing abuse of women and elders and its own procedures for investigating complaints and prosecuting violators. Actual practices often fall far short of the intent of the

law; however, there has been enormous change since the days when the criminal justice system saw itself as not concerned with any violence short of murder that took place behind the closed doors of the family home (Guzik, 2009).

Although physical assault of women in intimate relationships has received increasing attention over the years, *marital rape* was a virtual oxymoron until the 1990s. The so-called marital rape exemption, mandating that forced sex of a wife by a husband could not be considered a form of rape, had its basis in English common law, according to which wives, by virtue of the marital contract, gave themselves willingly and irrevocably to their husbands (Bennice & Resick, 2003). It was not until July 5, 1993, that all states had enacted legislation to criminalize the rape of wives; however, many laypeople are unaware that wife rape is now considered a crime, and still others do not believe it can or should be a crime (Malley-Morrison & Hines, 2004). Moreover, there continues to be widespread acceptance of the idea that sexual assault within the context of marital or other intimate relationships is less serious and less likely to have negative consequences than sexual assault by a stranger (Randall & Venkatesh, 2015). Although marital rape laws technically would apply to women who their husbands—or rape within same-sex marriages—we know of no relevant arrests or court cases. However, we do know that sexual assault and coercion by women against their male partners occurs (Cook, Morisky, Williams, Ford, & Gee, 2016; Hines & Douglas, 2015, Unpublished data) and that sexual assault occurs within same-sex relationships as well (Walters et al., 2013).

Although the principal legislation relating to family maltreatment provides funding for educational and social service programs, the legal perspective emphasizes the criminal justice system response to violation of federal and state statutes. Studies using legal definitions of abuse typically report the number of cases of identified child, intimate partner, or elder abuse reported to protective or social service agencies. Such reports provide a vast underestimation of the actual frequency of maltreatment in families because many cases are never reported to any agency. Moreover, many statutes related to maltreatment have exemptions. For example, in every state, the child abuse statutes have exemptions allowing parents to use "reasonable force" for purposes of child discipline and control. However, the laws fail to provide clear guidelines that differentiate acts considered as "reasonable force" from those that are not (Straus, Douglas, & Medeiros, 2014). Moreover, many states still have exemptions from prosecution for a husband raping his wife (Jackson, 2015), such as when he does not have to use force to make her have sex (e.g., if she is physically or mentally impaired and unable to give consent). What is your view of such omissions?

Medical Perspectives

Maltreatment in families has been recognized not just as a human rights and a legal issue but also as a medical issue. On an international level, the World

Health Organization (WHO, 2016) recognized that interpersonal violence, particularly against women and children, persists in every country in the world and represents a major global challenge to public health. To address this problem, WHO (2016) formulated a global plan of action to strengthen the role of the international health system in combatting these forms of violence. Within the United States, professional organizations such as the American Academy of Family Physicians (2004) have also noted that family violence is a public health issue of epidemic proportions. The medical perspective on maltreatment tends to focus on recognizing symptoms, identifying causes, and providing treatment. Medical practitioners frequently view the causes of maltreatment as having a biological component (e.g., substance abuse, psychiatric disorders). For example, recent neuroscience research indicates that partner-abusive men may have a number of contributing medical problems (e.g., traumatic brain injury [TBI]); they have, thus, recommended biomedical interventions designed to alleviate the symptoms of these conditions and thereby, presumably, reduce aggression against the partner (Howard, 2011).

From this medical perspective, perpetrators are often viewed as victims themselves and more in need of treatment than of criminal prosecution. For this and many other reasons (including assumptions that the social welfare system does not always respond appropriately and concern about creating barriers to patient care), medical personnel often do not report the cases of maltreatment they are mandated to report (Phelan, 2007; Zellman & Fair, 2002). What is your view of this practice? Should judgments about whether a particular case of family violence requiring medical care should be reported to authorities be left to the doctors and nurses dealing with the case or could their judgments about what will or will not be helpful result in failure to protect?

Social Service Perspectives

The social service system has generally had a much broader perspective on family violence than the medical or legal systems, traditionally viewing maltreatment within family settings as a symptom of family crisis and a need for services. The social service system has been more concerned with ameliorating conditions that give rise to maltreatment than with promoting the prosecution of offenders or providing medical treatment to victims. Much of the emphasis on acts of omission (neglect) in definitions of child and elder maltreatment is derived from social service perspectives. Workers within the field have often emphasized the role of external forces—for example, poverty and discrimination (Chung et al., 2016)—in contributing to childhood maltreatment and other forms of childhood adversity. Goodman, Smyth, Borges, and Singer (2009) described how poverty can both contribute to and result from IPV. Goodman and Smyth (2011) noted that domestic violence occurs within community contexts that can operate to either maintain or alleviate the problem and suggest that domestic violence services should

adopt a more network-oriented approach to the problem, promoting partnerships between professionals and survivors' informal social support networks.

Within the social service literature, there has been increasing emphasis on **intersectionality**, a perspective that focuses on the intersection of race, class, gender, and other social/cultural aspects of identity, such as religion and sexual orientation, along with hierarchical power systems privileging some groups (e.g., Whites, males, the rich) over other groups (e.g., people of color, females, the poor) in shaping people's experiences, including their experiences with domestic violence (e.g., Sokoloff & Dupont, 2005). For example, Ragavan, Fikre, Millner, and Bair-Merritt (2018) argued that to intervene effectively with South Asian children living in the United States and exposed to domestic violence, social service agencies should adopt an intersectional perspective that attends not only to ethnic background but also to cultural identity, gender, immigration status, and relationships with family and community.

Need for Multidisciplinary Cooperation

In many cases of family maltreatment, representatives of the legal, medical, and social service professions all become involved. A coordinated approach of these various services is often hard to achieve because of the differing definitions and perspectives within these professions. Members of the legal profession want to pursue prosecution of the perpetrator if they believe they can "win" their case. Medical practitioners are more concerned with providing treatment for victims and perpetrators, but typically see it as beyond their purview to address any problems of poverty, community violence, and despair besetting the family. Social service personnel may believe that any focus on helping, prosecuting, or changing individuals is shortsighted and emphasize the need to find better housing and employment for family members and address substance abuse problems. Perhaps in part because of the very breadth of their perspective, social service systems have been overwhelmed by family violence cases in recent decades and are not always able to respond appropriately. A number of legal cases (e.g., Therolf, 2016) have been brought against local social service agencies for maltreating their clients or failing to serve them adequately.

Consider the case of L.J.B.—a baby born to a woman who abused drugs during pregnancy, thereby putting her unborn child at risk—in Box 1.3. How did the differing perspectives of the various relevant agencies play out in this case? A government social and protective service agency, the Pennsylvania Department of Child and Youth Services (CYS), maintained the position that L.J.B.'s mother was guilty of child abuse and that her baby should be kept away from her. Three appeal court justices agreed with CYS but two other justices raised serious concerns about the CYS decision—suggesting, for example, that labeling an addicted mother as a

Box 1.3   If a Woman Abuses Drugs During Pregnancy, Is She Guilty of Abusing Her Unborn Child?

L.J.B.'s mother tested positive for opiates, benzodiazepines, and marijuana while pregnant with *L.J.B.*, who, when born in February, 2017, suffered from withdrawal symptoms necessitating hospitalization. During *L.J.B.*'s 19 days of treatment, the Pennsylvania Department of Child and Youth Services (CYS) took custody of the baby, accusing the mother of child abuse under Pennsylvania's Child Protective Services Law (CPSL). *L.J.B.*'s parents protested the CPS decision in the Clinton County Common Pleas Court, which ruled in favor of the parents, arguing that the mother's prenatal drug abuse did not constitute child abuse because it occurred when *L.J.B.* was a fetus and a fetus is not legally considered to be a child. CYS appealed to the state Superior Court, which, with three jurors arguing for CYS and two jurors arguing in favor of the parents, concluded that "a mother's use of illegal drugs while pregnant may constitute child abuse under the CPSL if CYS establishes that, by using the illegal drugs, the mother intentionally, knowingly,

or recklessly caused, or created a reasonable likelihood of, bodily injury to a child after birth. We therefore vacate the order and remand for further proceedings." Ultimately, the case went to the Pennsylvania Supreme Court. Arguments on behalf of the mother were filed on May 13, 2018, by the Women's Law Project, with supportive briefs from the Support Center for Child Advocates, Community Legal Services, the National Advocates for Pregnant Women, the Drug Policy Alliance, and the ACLU of Pennsylvania. These particular social service and legal agencies made the case that prenatal exposure to drugs should not be considered child abuse because ultimately such punitiveness toward the mother would harm children, impose lasting limitations on children and children's families, undermine public health, deter women from seeking medical care, undermine human rights, and involve a risky over-interpretation and over-expansion of the Child Protective Services Law.

Source: Women's Law Project (2018).

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child abuser might make it less likely for women to seek help for addiction during pregnancy or receive prenatal care.

At the time of this writing, no final determination had been made in this case. What is your view of what the final judgment should be? Should the parents be allowed to keep their baby? Under any circumstances? Under supervision? Do you think the differing perspectives we discussed—legal/criminal, medical, social service—would have differing opinions as well? If so, what would they likely be?

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

Ecological Models of Maltreatment

Many theories have been formulated about various forms of family violence, and most of these theories reflect broader views (paradigms) about human nature. The dozens of competing theories concerning the causes of child, intimate partner, and elder maltreatment can all be incorporated into an *ecological paradigm*—which we do in the sections that follow.

In general, the prevailing ecological paradigm within the field of family violence derives from the work of Bronfenbrenner (1979), who argued that human development and behavior should be analyzed within a nested set of environmental contexts or systems. The *microsystem* consists of the relations between developing individuals and their immediate settings (e.g., the home). The *mesosystem* consists of relations among the settings in which the developing individual is involved (e.g., between home and school). The *exosystem* includes the larger neighborhood, the mass media, state agencies, and transportation facilities. Finally, the **macrosystem** consists of broad cultural factors, including views about the role of children and their caretakers in society. In an important modification of the theory, Belsky (1993) argued that the ecological system includes an *ontogenetic* or *individual/developmental* level—that is, the unique biological/genetic characteristics that exist even before birth and that individuals bring to every interaction. These biological/genetic characteristics change during the process of development under the influence of both nature and nurture. Building on the Bronfenbrenner/Belsky model, researchers have identified co-occurring causes of child maltreatment (e.g., Algood, Hong, Gourdine, & Williams, 2011; Begle, Dumas, & Hanson, 2010; MacKenzie, Kotch, & Lee, 2011; Tucker & Rodriguez, 2014), IPV (e.g., Dixon & Graham-Kevan, 2011; Exner-Cortens, Eckenrode, John Bunge, & Rothman, 2017; Goodlin & Dunn, 2010), and elder abuse (e.g., Labrum & Solomon, 2015) at several different ecological levels. Inherent within an ecological perspective is the dictum that, to understand how so many people can maltreat family members or other intimates, we need to understand many factors: the genetic endowments and evolving biological/neurological processes of those individuals; the

microsystem in which they grew up; the microsystem in which they are currently embedded; characteristics of the neighborhood within which their family functions (including the availability of social support and social services, and relationships between the community and the criminal justice system); and the larger social systems that influence the neighborhoods within which they live. From this ecological perspective, maltreatment is the product of the genetic endowments, psychoneurological functioning, behaviors, cognitions, and effects of the individual at the center of the nested set of ecological contexts, as well as of the genetic endowments, psycho-neurological functioning, behaviors, cognitions, and effects of the other actors at each ecological level.

There have been and continue to be single-factor or single-process theories of maltreatment that focus on causes at just one particular level of the ecological framework. Empirical research addressing hypotheses concerning causes of maltreatment has confirmed that there are identifiable risk factors at every ecological level. Table 1.1 provides examples of studies that support assumptions from several current theories of maltreatment in families, all of which are relevant to one or more levels of an ecological model. The table also indicates the ecological level being addressed by each theory and representative study and the particular focus of each study.

Individual/Developmental Theories

As part of the normal development process, characteristic ways of thinking, feeling, and behaving evolve in individuals along with their physical maturation. Individual/developmental theories of maltreatment in families focus on the ways of thinking, feeling, and behaving—and the biological bases of those thoughts, feelings, and actions—that individuals bring to their relationships and interactions with others as perpetrators and victims of maltreatment. The core of an ecological framework begins with the individual.

Biological Theories

Studies linking biology to the perpetration of IPV generally fall into one of four major areas: head injuries; psychophysiological processes; neuro-chemistry, metabolism, and endocrinology; and genetic factors (Pinto et al., 2010). Based on their review of the psychophysiological studies of batterers, Pinto et al. (2010) suggest that although the results across studies are not fully consistent, there is some evidence that batterers may experience irreg-ularities in autonomic nervous system functioning that lead to problems in emotion regulation and thereby to IPV. A review of studies of TBI in IPV perpetrators revealed that across six studies, more than half of the perpetrators had a history of TBI—a prevalence substantially higher than in the general population (Farrer et al., 2012). In a study of offenders with

Table 1.1 Major Theories of Family Violence and Representative Studies Within an Ecological Paradigm

Theory	Supportive Study	Focus	Key Assumptions and/or Findings
Biological Individual/Developmental Theories			
Biological theories	Klinesmith, Kasser, and McAndrew (2006)	Interaction with a handgun, testosterone levels, and aggressive behavior in males	In an experiment with college males, handling a gun was associated with increases in testosterone levels and in interpersonal aggression in part by increasing testosterone levels. The effect of the guns on aggression was significantly mediated by changes in testosterone.
	Pinto et al. (2010)	Review of research on biological correlates of intimate partner violence (IPV) perpetration	In abusive males, the combination of decreased serotonin levels, increased testosterone levels, reduced hypothalamic activity, and reduced cortical and subcortical structural activity (which aids in mediating fear-related aggression) results in a predisposition to react violently to perceived or actual threats from their partners.
	Farrer, Frost, and Hedges (2012)	Meta-analysis of published studies on prevalence of traumatic brain injury (TBI) in IPV perpetrators	Across studies, more than 50% of the IPV perpetrators had a history of TBI, a prevalence rate significantly higher than estimates of TBI in the general population.
	Skowron, Cipriano-Essel, Benjamin, Pincus, and Van Ryzin (2013)	Maternal physiological responses in child-maltreating and nonmaltreating mothers during a	Physically abusive mothers displayed a markedly different pattern of associations between respiratory

Theory	Supportive Study	Focus	Key Assumptions and/or Findings
		laboratory-based joint challenge with their preschool children	sinus arrhythmia (RSA) scores (a measure of parasympathetic nervous system influence on heart rate) and parenting behaviors. For example, among abusive mothers, higher resting RSA was correlated with less positive parenting and greater strict/hostile control parenting during the joint task.
	Crane and Easton (2017)	Medical correlates of IPV in offenders with alcohol use problems	Recent perpetration of physical IPV was more than twice as likely in participants having a medical condition, with brain injury, cardiac issues, and pain being particularly strong predictors of IPV.
Behavioral genetics	Hines and Saudino (2004)	Genetic and environmental contributions to use and receipt of partner aggression in adult twins	Monozygotic twins, in contrast to dizygotic twins, were remarkably similar to each other in frequency of physical and psychological IPV, suggesting an important genetic contribution. Specifically, approximately 16% and 22% of the variance in physical and psychological aggression could be accounted for by the monozygotic twins' shared genes.
	Barnes, TenEyck, Boutwell, and Beaver (2013)	Data from the National Longitudinal Study of Adolescent Health were analyzed to explore	Genetic factors explained around 50% of the variance in each of three IPV indicators (hitting one's partner,

(Continued)

Table 1.1 *(Continued)*

Theory	Supportive Study	Focus	Key Assumptions and/or Findings
		intergenerational transmission of intimate aggression	injuring one's partner, and forcing sexual activity on one's partner).
	Stuart, McGeary, Shorey, Knopic, Beaucage, and Temple (2014)	Relationship between a cumulative genetic score (CGS) and IPV	A cumulative genetic score was significantly associated with physical and psychological aggression and injuries to one's partner.
Nonbiological Individual/Developmental Theories			
Attachment	Grych and Kinsfogel (2010)	Family aggression, attachment style, and dating aggression in 391 ethnically diverse adolescents	In boys, the relationship between aggression in the family and aggression in the dating relationship was strongest for those high in attachment anxiety. In girls, the relationship between interparental aggression and abusive behavior toward dating partners was strongest in those high in avoidant attachment.
	Rodriguez and Tucker (2011)	Insecure attachment and child abuse potential	Insecure attachment style, independent of domestic violence history, predicted dysfunctional parenting practices and child abuse potential.
	Clift and Dutton (2011)	Role of attachment in female dating aggression perpetration	Fearful attachment was moderately positively correlated with perpetration of dating aggression, particularly psychological aggression, by young women.

Theory	Supportive Study	Focus	Key Assumptions and/or Findings
	Ulloa, Martinez-Arango, and Hokoda (2014)	Insecure attachment and adolescent dating violence	In a 10-month longitudinal study of adolescents, insecure (anxious) attachment at Time 1 was associated with perpetration of dating violence at Time 2. This relationship was mediated by symptoms of depression.
	Hocking, Simons, and Surette (2016)	Anxious attachment, childhood maltreatment, and adult victimization	Anxious attachment partially mediated the relationship between childhood maltreatment and victimization as an adult, including maltreatment by a partner.
	Rholes, Paetzold, and Kohn (2016)	Disorganized and anxious attachment, childhood maltreatment, and partner aggression	Adult disorganized attachment as well as an anxious attachment style mediated relationships between childhood maltreatment and externalizing behaviors, including anger and aggression toward partners.
Social information processing/cognitive behavioral theories	Rodriguez, Garcia, and Lila (2016)	Attitudes and attributions as predictors of risk of child physical abuse in expectant parents	Higher approval of parent–child aggression, lower empathy, and more negative child behavior attributions independently predicted abuse potential.
	Rodriguez, Smith, et al. (2016)	Attitudes and attributions as predictors of risk of child physical abuse in expectant parents	Positive attitudes regarding parental aggression toward children, negative child attributions, and higher compliance

(Continued)

Table 1.1 *(Continued)*

Theory	Supportive Study	Focus	Key Assumptions and/or Findings
			expectations predicted risk for parent–child aggression.
	Rodriguez, Garcia, et al. (2016)	Empathy, anger, attitudes toward parent–child aggression, and child abuse potential in male IPV offenders	Higher approval of parent–child aggression, lower empathy, and more negative child behavior attributions independently predicted abuse potential.
Social learning	Gomez (2011)	Child abuse, adolescent dating aggression, and IPV	Child abuse and adolescent dating violence predicted IPV victimization and perpetration in both men and women.
	Smith-Marek et al. (2015)	Meta-analytic review of 124 studies of childhood violence and adult IPV	Findings from this meta-analytic review partially supported the social learning theory that family-of-origin violence is associated with adult IPV perpetration and victimization, but the relationship between childhood violence and IPV perpetration was stronger in males than in females, and the relationship between childhood violence and IPV victimization was stronger in females than in males.
	Widom, Czaja, and DuMont (2015)	Self-reported childhood maltreatment and child maltreatment reports for offspring	Individuals with childhood histories of childhood abuse and neglect had higher rates of being reported to CPS for maltreating their own children than their matched comparisons but did

Theory	Supportive Study	Focus	Key Assumptions and/or Findings
			not self-report more physical and sexual abuse. Findings supported intergenerational transmission of neglect and sexual abuse but not physical abuse.
	Bartlett, Kotake, Fauth, and Easterbrooks (2017)	Self-reported childhood maltreatment and child maltreatment reports for offspring	Young mothers with a history of at least one maltreatment report during their own childhood were significantly more likely to be reported for maltreating their own children.
Microsystem Theories			
Systems theory	Tucker, Finkelhor, Turner, and Shattuck (2014)	Sibling victimization and family dynamics	In general, sibling victimization was associated with negative family dynamics; severely abused siblings had even less parental warmth, poor parental supervision, and greater exposure to interparental conflict and family violence than children experiencing more common types of victimization.
Stress theory	Roberts, McLaughlin, Conron, and Koenen (2011)	Adult stressors, childhood adversity, and risk of IPV	For males who had experienced a high level of childhood adversity, recent stressors were associated with heightened risk to commit an act of IPV (as compared to men with low levels of childhood adversity). For women, high levels of childhood adversity

(Continued)

Table 1.1 *(Continued)*

Theory	Supportive Study	Focus	Key Assumptions and/or Findings
			and recent stressors were associated with increased IPV risk.
	Maguire-Jack and Negash (2016)	Neighborhood social service accessibility, parental stress, and child maltreatment	Parental stress, mental health concerns, and economic hardship were all positively associated with child abuse and neglect. Social service availability moderated the effect of parental stress on child physical abuse.
Exosystem Theories			
Ecological theories	Goodlin and Dunn (2010)	Domestic violence victimization in different types of household—single victimization (just one violent episode), repeat victimization (one victim attacked repeatedly), and violence co-occurrence (more than one victim in household)	In households in which family violence occurred, the number of individuals within the household was significantly positively correlated with repeat and co-occurring forms of victimization. Victims without a high school diploma were significantly more likely to live in a household with co-occurring forms of victimization than a household where the same victim suffered from multiple violence incidents, and those victimized by ex-spouses, parents/ stepparents, siblings, and other relatives were more likely to live in co-occurrence households than those victimized by current spouses.
	Molnar et al. (2016)	Neighborhood conditions and child abuse	Neighborhoods characterized by higher levels of

Theory	Supportive Study	Focus	Key Assumptions and/or Findings
			collective efficacy, intergenerational closure, and social networks, and lower levels of disorder had lower proportions of substantiated cases of neglect, physical abuse, and sexual abuse.
	Maguire-Jack and Font (2017)	Individual and neighborhood variables, child maltreatment, and parental economic status	Residing in a high-poverty neighborhood was associated with greater likelihood of corporal punishment use among lower income families but not higher income families. Likewise, neighborhood turnover was associated with increased odds of corporal punishment and severe assault only among lower income families. Perceived informal social control (intervening as needed with neighborhood kids) was associated with decreased likelihood of corporal punishment and physical abuse among higher income families only.
Sociocultural theories	Bryant-Davis (2010)	Summary of findings from Trauma and Violence among Diverse Populations Research Study Group regarding correlates of IPV across cultures and ethnicities	African American women are at greater risk for severe IPV but report lower rates of post trauma symptoms; a sense of personal empowerment serves as a protective factor for African American women. Among Asian Americans and Pacific

(Continued)

Table 1.1 *(Continued)*

Theory	Supportive Study	Focus	Key Assumptions and/or Findings
			Islanders higher rates of psychopathology were found among participants who were survivors of interpersonal violence. Latinas who experience even one incident of child abuse or IPV are vulnerable to revictimization throughout their lives.
	Wright, Perez, and Johnson (2010)	African American female victims of IPV and empowerment	In African American women victimized by IPV, personal empowerment mediated the relationships between race and PTSD and between race and depression. This suggests African American women may demonstrate greater resiliency when faced with IPV because of their internal coping methods.
	Son, Lee, Ahn, and Doan (2017)	Cross-cultural comparison of American, Korean, and Japanese mothers' perspectives on child maltreatment	In response to vignettes portraying corporal punishment/physical aggression toward children, American mothers were more likely than Korean and Japanese mothers to view the parenting behaviors as examples of physical abuse. American mothers also viewed insulting a child as significantly more abusive than Korean and Japanese mothers did.

Theory	Supportive Study	Focus	Key Assumptions and/or Findings
Macrosystem Theories			
Feminist theory	Gressard, Swahn, and Tharp (2015)	Gender inequality and sexual victimization of youth	Across states, the GII was significantly associated with the state prevalence of physical but not sexual victimization in females, but with neither physical nor sexual victimization in males.
	Rai and Choi (2018)	Sociocultural factors predicting domestic violence in South Asian immigrant women around the world	Review of research indicated that socio-cultural risk factors for domestic violence included patriarchal beliefs, economic control by husbands, and traditional gender role attitudes, and stigma about divorce.

alcohol use problems, Crane and Easton (2017) found that recent perpetration of physical IPV was more than twice as likely in participants having a medical condition, with brain injury, cardiac issues, and pain being particularly strong predictors of IPV.

There is also evidence that physiological reactivity to stress—changes in biological markers such as skin conductance and heart rate—may play a role in child maltreatment as well as intimate partner maltreatment. For example, among mothers engaged in a challenging task with their preschool-aged child, resting respiratory sinus arrhythmia (RSA) was associated with less positive parenting and greater hostile/negative control; moreover, abusive mothers' lower RSA scores in an earlier segment of the interaction were predictive of hostile, controlling behaviors in a later segment—suggesting that "it is physiologically taxing for abusive mothers to parent in positive ways" (Skowron et al., 2013, p. 1).

Neurochemical studies on the role of excessive testosterone and reduced serotonin activity in batterers appear to indicate that these factors may contribute to rapid responding to rage- or fear-producing stimuli and interfere with a more cognitive and nonviolent response to such situations (Pinto et al., 2010). Based on their review, Pinto et al. reported that in abusive males, the combination of decreased serotonin levels, increased testosterone levels, reduced hypothalamic activity, and reduced cortical and subcortical structural activity (which aids in mediating fear-related aggression) results in

a predisposition to react violently to perceived or actual threats from their partners. In one low-income, culturally diverse sample, higher levels of testosterone were related to both physical and verbal aggression against female partners (Soler, Vinayak, & Quadagno, 2000). Moreover, recent studies have indicated that testosterone is related to aggressiveness in women and that levels of testosterone in women are also related to aggression by their partners (Hermans, Ramsey, & van Honk, 2008). Klinesmith et al. (2006) found that the presence of a gun led to increases in both testosterone *and* aggressive behavior—with the testosterone playing a key role in the relationship between handling a gun and then acting aggressively. Although such findings are suggestive, we cannot, based on correlational studies, determine which came first—the high testosterone or the aggression—and aggression has been shown to lead to increases in testosterone (e.g., van Anders, Goldey, & Kuo, 2011).

Genetic Research and Behavioral Genetics

There has been increasing interest in the extent to which various forms of family and intimate violence may have a genetic component. For example, in one investigation of potential genetic contributions to child maltreatment, Out, Pieper, Bakermans-Kranenburg, and Van IJzendoorn (2010) found a large genetic component in heart rate reactivity to the sound of infants crying and suggested that such reactivity may play a role in harsh versus sensitive parenting.

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

In a twin study by Hines and Saudino (2004), genetic and nonshared environmental influences were the only significant contributors to individual differences in the use and receipt of both physical and psychological aggression in romantic relationships. These findings, which supported the hypothesis that familial resemblance in intimate partner aggression is due to shared genes, not shared environments, are consistent with those of many other studies showing that genes and nonshared environments influence the use of aggression in general (e.g., Buckholtz & Meyer-Lindenberg, 2008;

Eisenberger, Way, Taylor, Welch, & Lieberman, 2007). This study further showed that many of the same genes and environments influencing the receipt of physical aggression also influence its use. Thus, there appear to be genetic and nonshared environmental influences on a tendency to get involved in aggressive romantic relationships, and aggressive people tend to choose aggressive partners (Hines & Saudino, 2004).

Building on the Hines and Saudino (2004) study, Barnes et al. (2013) used three different indicators of IPV in adolescent twin samples to assess genetic influences. Their results showed that genetic factors explained around 50% of the variance in the three indicators of IPV, consistent with Hines and Saudino's findings. Another study of DNA from 97 men in batterer intervention programs in Rhode Island suggested that genetic factors indirectly influence the risk of IPV through their impact on other factors, including emotion regulation (Stuart et al., 2014). This study also found that a cumulative genetic score—containing the monoamine oxidase A (MAOA) and the human serotonin transporter gene-linked polymorphism (5-HTTLPR)—was significantly associated with IPV. What do you think of the findings that IPV, both perpetrated and experienced, can have a genetic component? Does it make the possibility of dealing effectively with an abusive partner feel like an impossibility? How about your own experiences? Do you think that you have been attracted to potential partners who are similar in aggressive tendencies to you?

The statement that behaviors are genetically influenced means that certain people, due to their genotype, may be more likely to commit aggressive acts in their relationships than people who do not have that same genotype. In other words, genetic influences are *probabilistic*, not deterministic. Genetic influences on aggression in family relationships must be seen as a predisposition toward aggression, not as destiny (Schwab-Reese, Parker & Peekasa, 2017; Stuart et al., 2014). The environment and manipulations in the environment can be very successful in reducing aggressive behaviors and preventing the full expression of any genetic predisposition (Dewall & Way, 2014; Hines & Saudino, 2004).

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

Attachment Theory

The basic assumption of attachment theories (e.g., Bowlby, 1969/1982, 1973) is that early experiences with caregivers contribute to the

development of internal prototypes of human beings and human relationships. According to this perspective, individuals who develop a secure attachment style have positive feelings toward self and others, whereas individuals who develop an insecure attachment style have negative feelings toward self and others. In relation to family violence, the basic propositions tested are that child abuse leads to an insecure attachment style and that an insecure attachment style leads to various forms of violence in adult relationships. The representative studies presented in Table 1.1 are among those providing some support for these theoretical propositions. For example, studies have shown both that insecure attachment styles are related to aggression against children (Rodriguez & Tucker, 2011 and partners Clift & Dutton, 2011; Grych & Kinsfogel, 2010; Ulloa et al., 2014) and that insecure attachment styles mediate the relationship between the experience of child maltreatment and later involvement in aggressive relationships (Hocking et al., 2016; Rholes et al., 2016).

In a sample of high school students, Grych and Kinsfogel (2010) found that in girls, but not boys, anxious attachment was associated with perpetration of verbal aggression against dating partners and receipt of aggression and abuse from partners. Another study indicated that in an effort to maintain an intimate relationship by coercion, anxiously attached youths who view aggression as justifiable in relationships as well as anxiety and depression were significantly positively correlated with child abuse potential (Rodriguez & Tucker, 2011). There is also some evidence that even in the absence of personal child abuse histories, mothers who are insecurely attached to their parents have a greater potential for physical abuse and use a dysfunctional discipline style (Rodriguez & Tucker, 2011). In a large sample of college students, Hocking et al. (2016) found that both childhood maltreatment and anxious attachment were positively associated with being a victim of adult trauma, including maltreatment by significant others, and that the relationship between childhood maltreatment and adult victimization was partially mediated by insecure attachment style. In addition to examining the roles of the traditional insecure attachment styles derived from Bowlby's work, Rholes et al. (2016) also looked at the role of disorganized adult attachment (an extreme conflict between fear of and need for a partner) as a mediator between experiences of childhood maltreatment and later anger and aggression toward close partners in adulthood. They found that both anxious attachment and disorganized attachment mediated the relationship between childhood trauma (largely maltreatment) and later anger and aggression. In a longitudinal study of adolescents, Ulloa, Martinez-Arango, and Hokoda (2014) found that anxious attachment at Time 1 was predictive of dating violence 10 months later and that symptoms of depression partially mediated that relationship. In a study designed to determine whether college women demonstrated characteristics of an abusive personality similar to those identified in men, Clift and Dutton (2011) found that fearful attachment was weakly to moderately correlated with perpetration of abuse against partners. Finally, although the research is scarce and evidence is mixed, Shurman and

Rodriguez (2006) found that the more preoccupied a female victim was in her attachment style, and the more depressed, hopeless, and anxious she felt, the more ready she felt to end the abusive relationship.

Social Information Processing Theories

Social information processing theories, and cognitive behavioral theories, place much greater emphasis than other theories on social cognitive processes in individuals who maltreat others. These theories emphasize that it is the perpetrator's *judgments* about the behaviors, thoughts, and feelings of family members and their limited response repertoire for dealing with frustrations, disappointments, and negative emotions that lead to a reliance on aggression. These theories are important in their emphasis on the role of cognitive processes in family maltreatment; indeed, it is likely that most abusers do not see their behavior as abusive but as an appropriate response to the inappropriate behavior of family members. In one social information processing study, Rodriguez and Richardson (2007) examined the role of both preexisting cognitive schemas (including locus of control, perceived attachment, and empathy) and contextual variables (stress and anger) in predicting risk of child maltreatment. They found that both external locus of control and perceived attachment to the child were predictive of child abuse potential, and that empathic perspective-taking ability was negatively related to overreactive discipline (i.e., a harsh, angry disciplinary style). In a study of expectant parents, Rodriguez, Smith, et al. (2016) found that in expectant mothers and fathers, positive attitudes regarding parental aggression toward children, negative child attributions, and higher compliance expectations predicted risk for parent–child aggression. Empathy and reactivity predicted negative child attributions for expectant mothers. Reactivity predicted child negative attributions for expectant fathers.

Social Learning Theory

One of the most popular explanations for family violence comes from social learning theory, which posits that individuals learn "appropriate" situations and targets for aggression the same way they learn everything else—that is, through the patterns of reinforcements and punishments that they experience and through observing both the behaviors of significant others and the consequences of those behaviors. Like behavioral geneticists, social learning theorists are interested in the intergenerational transmission of family maltreatment, but their focus is on experiential variables rather than biological ones. Based on their assumptions concerning observational learning from behavioral models, social learning theorists predict that children who observe interparental violence or experience violence at the hands of their parents are likely to repeat this behavior in their own family relationships as adults. Considerable support for such suppositions comes from extensive research on the intergenerational transmission of family

violence, which clearly indicates that violence in the family of origin, either witnessing and/or experiencing it, is predictive of violence in later close relationships. Support for a cycle of violence hypothesis in which social learning is considered to be of critical importance comes, for example, from Gomez (2011), who analyzed three waves of data from the National Longitudinal Study of Adolescent Health; Gómez found that both child abuse and dating aggression were significant predictors of perpetration of and victimization by IPV in adult men and women. However, there are two major caveats for this support: (1) there is also strong evidence that not everyone who grew up in an aggressive family will become aggressive (Widom et al., 2015); and (2) intergenerational continuity in aggression can also be due to the genes, not just the environments, that family members share. On the other hand, based on their review of 126 studies regarding the effect of childhood experiences of family violence on adult relationship abuse, Smith-Marek et al. (2015, p. 509) asserted that

> Although [our] results are in line with the assumptions of the social learning theory, the small effect sizes indicate that there are other risk markers interacting over the course of an individual's life that contribute to the outcome of adult IPV. This meta-analysis, therefore, provides support for the argument that family-of-origin violence, contrary to popular belief, does not play a central role in the development of adult IPV.

The key term here is "small effect sizes"—that is, through their meta-analyses, Smith-Maek et al. found a significant relationship between experiencing family-of-origin violence and later perpetration of IPV that was significantly stronger in males than in females and a relationship between experiencing family-of-origin violence and later IPV victimization that was significantly stronger in females than in males—but the size of those relationships was relatively small; consequently, Smith-Marek et al. are urging researchers to abandon the focus on a simple direct path from family-of-origin violence to perpetration of IPV. What are your views on this, particularly given that Smith-Marek et al. point out a number of limitations to their study, including the lack of available data for further analysis in some studies, and the fact that they were unable to analyze whether different types of childhood experiences of violence (e.g., physical versus psychological, by father versus mother) differentially affected later IPV?

Microsystem-Level Theories

Proponents of the ecological paradigm recognize that development takes place within a series of nested contexts—the microsystem (family/home), the exosystem (particularly the neighborhood), and the macrosystem (the larger sociocultural context, which may vary across geographical regions, states, and nationalities). Traditionally, much of the effort to identify causes of violence within families has focused particularly on characteristics of families.

Systems Theory

Systems theorists emphasize the importance of analyzing families as dynamic, adaptive social systems with feedback processes taking place among family members in ways that maintain the stability of the system (Kazak, 1989). Systems theorists typically view influences in families as bi- or multidirectional; for example, children influence parents as well as parents influencing children; interactions between spouses can influence the interactions of both with elderly parents; how one partner treats the other partner may be related to how the latter treats his or her children. From this perspective, maltreatment in families is not a simple matter of one disturbed family member harming an innocent victim; rather, it results from everyday stresses and strains on the family system that produce conflicts, accommodations, and various responses, sometimes including violence. In some family systems, for example, wives may tolerate maltreatment from their husbands because the husbands are providing a home for their children, or may sacrifice a daughter to the incestuous behaviors of their husbands to protect themselves from his aggression; or husbands may stay with violent wives to try to protect their children. Systems conceptual frameworks have been valuable in highlighting the complexity of most forms of family violence but have been consistently challenged by feminists, who view family violence—particularly of women by their male partners—as a gendered problem (that is, a problem residing in men due to patriarchal norms). In one longitudinal family systems study, Moore and Florsheim (2008) examined the extent to which the relationship between young mothers and fathers was associated with their child-rearing behaviors and attitudes. They found that (1) high rates of intracouple hostility prior to birth of the child predicted later father hostility toward the child, and (2) low levels of intracouple warmth during a conflict resolution task were predictive of higher levels of subsequent physically punitive behavior toward the child. In another family systems study, data from National Survey of Children's Exposure to Violence interviews with caregivers of 1,726 children (2–9 years old) revealed that sibling victimization in general was associated with negative family dynamics; severely abused siblings had even less parental warmth, poor parental supervision, and greater exposure to interparental conflict and family violence than children in the common types of victimization group (Tucker et al., 2014). In their analysis of the effects of an intervention program designed to help unmarried partners improve conflictual relationships, Clark, Young, and Dow (2013) found not only an improvement in the quality of partner relationships over the course of the intervention but also a reduction in risk for abusive parenting.

Stress Theory

Stress theorists have identified stressors at many levels of the ecological context in which individuals develop and family interactions take place.

Stress is typically defined as the experience individuals have when the demands of the situation exceed their ability to deal with it. Within the family microsystem, common stressors may be too many children, not enough income, absence of one parent, and marital conflict. In particular, poverty is a risk factor for various forms of family maltreatment (e.g., Merritt, 2009), particularly child neglect (Drake & Jonson-Reid, 2014). Indeed, poverty can be deadly for children in many ways. An analysis of child abuse fatalities in U.S. children aged 0–4 from 1999–2014 revealed that counties with the highest concentrations of poverty had more than three times the rate of child abuse fatalities than counties with the lowest poverty concentration (Farrell, Fleegler, Monuteaux, Wilson, Christian, & Lee, 2017). Boys had higher rates of child abuse fatalities than girls, and African Americans had higher rates than Whites. Although there is considerable evidence of a relationship between poverty and maltreatment, Millett, Lanier, and Drake (2011) argue that the relationship between poverty and child maltreatment may be more complex than has been assumed. What other variables may be associated with poverty that can help explain its association with child abuse, including child abuse fatalities?

Abuse of one parent by another may result from one particular stressor—for example, the victim's substance abuse—but also constitute a stressor for other members of the family—leading, for example, to the victim's abuse of the children. There is considerable empirical evidence supporting a link between stressors and family violence, but stress does not necessarily lead to violence. Although Straus (1980) found that the greater the number of stressors parents were experiencing, the higher their level of child abuse, he also found that stress did not lead to child abuse except within the context of several other variables—specifically, growing up in a violent family, low attachment to the marital partner, a dominant role for the husband, and isolation from social support. Roberts et al. (2011) found that both men and women demonstrated a high stress sensitization effect, in which recent stressors and histories of childhood adversity were associated with an elevated risk of committing acts of IPV. In a community sample of mothers and children, Tucker and Rodriguez (2014) found that perceived stress, family dysfunction, and social isolation independently predicted child abuse potential. Social isolation and, to a lesser extent, family dysfunction served as moderators of the relationship between perceived stress and child abuse potential. Based on their findings, Tucker and Rodriguez suggest that stress may contribute to child abuse perpetration risk in two ways—by interfering with the ability to cope with challenging parent–child interactions and by shaping beliefs and attitudes concerning parental behaviors in ways that make inappropriate behaviors seem more acceptable or justifiable. And remember that the presence of risk factors for maltreatment does not mean that maltreatment will always follow when those risk factors are present. Nevertheless, what do we gain when we are able to identify risk factors?

Exosystem-Level Theories

Events or changes that overwhelm the resources of the individual and send reverberations into family life often take place outside the home. A family member may lose his or her job, face discrimination because of a handicap, be arrested for drunk driving, or seek affordable mental health services and be unable to find them. The impact of such stressors appears to be particularly destructive for families when the individual lacks social support. For example, Garbarino and Sherman (1980) found that neighborhoods characterized by greater social isolation and "social impoverishment"—that is, neighborhoods where isolated families compete for scarce resources rather than assisting each other—had higher rates of child maltreatment. Klein (2011) found that the availability of early care and education resources is related to lower rates of early child maltreatment reports. The interaction of neighborhood characteristics with characteristics of the families can exacerbate or ameliorate the conditions leading to maltreatment. Studies that include neighborhood-level variables provide particularly important information for theories looking beyond the individual and the family in the effort to understand family violence.

Ecological Theories

In this book, we follow the contemporary practice of using the term *ecological paradigm* to refer to a broadly integrative conceptual framework that encompasses theories addressing factors at different levels of the human ecological system. Among others, Zielinski and Bradshaw (2006) have argued that given the diversity of outcomes in children known to have been maltreated, it is essential to take an ecological approach to determine how and to what extent the contexts in which the maltreated child develops influence the outcome for each child. However, some investigators have used the label *ecological theory* while focusing on microsystem or exosystem variables in their own research—for example, when focusing on different types of households in which domestic violence has taken place (e.g., Goodlin & Dunn, 2010) or neighborhood variables such as social cohesion and social isolation (e.g., Merritt, 2009). These investigators emphasize the importance of paying greater attention to social contexts when addressing problems of family violence. Nadan, Spilsbury, and Korbin (2015) have argued that to understand the context of child maltreatment from the perspective of an ecological framework, researchers should emphasize both *intersectionality*—the consideration of multiple identities (such as gender, race, and socioeconomic status)—and neighborhood-level variables. It is also important to understand that characteristics of neighborhoods do not necessarily affect everyone in a neighborhood the same way. For example, Maguire-Jack and Font (2017) found that residence in a high-poverty neighborhood was associated with greater likelihood of corporal punishment use among lower income families but not higher income families.

Likewise, neighborhood turnover was associated with increased odds of corporal punishment and severe assault only among lower income families. What kind of resources might be available to higher income-level families living in low-income neighborhoods that might serve as protective factors against physical aggression against children? Do you think the poor families in poor neighborhoods are facing some sort of double jeopardy?

Several studies have investigated potential protective factors as well as risk factors for family violence at the neighborhood level. Maguire-Jack and Font (2017) found that perceived informal social control (adults intervening as needed with neighborhood kids) was associated with decreased likelihood of corporal punishment and physical abuse—but only among higher income families. Molnar et al. (2016) found that, controlling for poverty and crime, neighborhoods characterized by higher levels of collective efficacy (e.g., neighbors working together to achieve shared goals), intergenerational closure (parents knowing their neighbors' children and the parents of their children's friends), and available neighborhood-level social networks had lower proportions of substantiated cases of neglect, physical abuse, and sexual abuse—as did neighborhoods characterized by lower levels of neighborhood disorder (e.g., broken windows, graffiti, prostitution, drug sales).

Sociocultural Theories

Social support has frequently been identified as a factor that can reduce the likelihood of violence as a response to stress, particularly in women (Goodman & Smyth, 2011; Price-Wolf, 2015; Rodriguez & Tucker, 2015), as well as serving as an intervening factor that can help reduce the negative effect of child maltreatment on later psychological functioning (Sperry & Widom, 2013). However, there is also evidence that norms within an individual's peer group and community can contribute to the likelihood that violence will be viewed as an acceptable solution to difficulties within the family (Beyer, Wallis, & Hamberger, 2015; Straus, 1980). Men's peer groups may support rigid sex role norms designed to ensure a superior status for men and subordination in women and children. Religious groups may endorse corporal punishment of children and encourage women to stay within abusive marriages in order to keep the family together. Evidence of differences among religious groups and in different areas of the country in tolerance for and use of aggressive tactics within the family supports the view that local norms play a role in the sanctioning of some forms of maltreatment. In a cross-cultural study of American, Korean, and Japanese mothers (Son et al., 2017), there were a number of significant cultural differences regarding the level of abusiveness of particular parental behaviors displayed in vignettes describing parent–child interactions. For example, American mothers were more likely than Korean and Japanese mothers to view the negative parenting behaviors as examples of physical abuse. American mothers also viewed insulting a child and kicking a child out of the house as

significantly more abusive than Korean and Japanese mothers did, whereas Korean mothers viewed confining a child to a room for a timeout as more abusive than American mothers did. How abusive do each of those practices appear to you? Do you believe your abusiveness judgments may be influenced by the culture in which you were reared? And what do you think about findings that the effects of abuse may vary based on the cultural values and contexts of the survivor of the abuse? Bryant-Davis reports on a number of differences in the correlates of IPV across cultures and ethnicities found by the Trauma and Violence among Diverse Populations Research Study Group; for example, there is evidence that although African American women may experience more IPV than White women, they often suffer less psychological distress and exhibit higher levels of empowerment (Wright et al., 2010).

Macrosystem-Level Theories

Feminist Theory

At the heart of a variety of feminist perspectives is the assumption that *domestic violence*, or violence within the family, is a *gendered* problem; moreover, feminists generally concur that, globally, characteristics of perpetrators, victims, and interactions among perpetrators and victims, as well as expectations about families and society, are all profoundly influenced by gender and power (Yllo, 2005). Moreover, feminists view violence against women as having "profound economic, political, and social costs" around the world (Hughes, Bolis, Fries, & Finigan, 2015, p. 282). From these perspectives, use of terms like *domestic violence* and *IPV* is inappropriate because of their gender-neutral quality. This gender neutrality, feminists argue, fails to place the responsibility for *family terrorism* and *intimate terrorism* where it belongs: on men operating within a global patriarchal system that denies equal rights to women and legitimizes violence against women, children, and the elderly (Hammer, 2003).

Patriarchy, defined by Loseke and Kurz (2005) as "the system of male power in society," has been identified by feminists as one of the most powerful forces contributing to domestic violence in the United States and in most other countries. In patriarchal societies, men have more social, economic, and political power and status than women. They consider themselves superior to women and children and feel entitled to use force if necessary to maintain dominance in family decision-making. Men's sense of entitlement, gender inequality, and patriarchal values are seen as causes of wife abuse (Barnett, 2000; Medeiros & Straus, 2006; Rai & Choi, 2018; Straus & Gozjolko, 2007), femicide (Smith, Moracco, & Butts, 1998), media portrayals of femicide specifically (Chagnon, 2014) as well as sex and rape more generally (Bufkin & Eschholz, 2000), and sexual abuse of children (Fontes & Plummer, 2010). Within the United States, there is evidence that the greater the social inequality between men and women, the higher the levels of physical assault and violence against women in dating relationships

(Gressard et al., 2015). Male dominance within the family has been found to predict not just wife beating but also physical child abuse; moreover, the higher the level of husband dominance in the family, the stronger the likelihood of child abuse (Bowker, Arbitell, & McFerron, 1988). On the other hand, in a meta-analysis of studies addressing the link between wife assault and maintenance of a patriarchal ideology, Sugarman and Frankel (1996) found that the only component of patriarchal ideology that consistently predicted wife assault was the perpetrator's attitude toward violence. Patriarchal theories are not helpful in explaining domestic violence in gay, lesbian, bisexual, and transsexual relationships (Pleck, 2004), nor can they adequately explain partner violence by women toward men (Hines & Douglas, 2011). On the other hand, George and Stith (2014) advocate for an "intersectional, third-wave feminist lens" that recognizes patriarchy as one of the oppressive underlying factors contributing to IPV, and Dominguez and Menjivar (2014) argue that multiple forms of deprivation and degradation, related to factors such as gender, race, class, and nationality, create conditions for violence at both the structural and interpersonal levels.

It is also possible that although patriarchal norms play some role in family violence, the more critical variable on a macrosystem level is poverty and *income inequality*—not just at the neighborhood level but also at the county, state, and national levels. Eckenrode, Smith, McCarthy, and Dineen (2014) analyzed substantiated reports of child abuse and neglect from the National Child Abuse and Neglect Data System (2005–2009) in relation to county-level data on income inequality and children in poverty. They found that both income inequality and child poverty rate were positively and significantly correlated with child maltreatment rates at the county level. Another analysis of child maltreatment reports from the National Child Abuse and Neglect Data System (2004–2013) revealed that across states, increases in minimum wages led to a decrease in child maltreatment; remarkably, a $1 increase in the minimum wage was associated with an almost 10% decline in child neglect reports (Raissian & Bullinger, 2017). Given what you know about economic patterns in our country today, what are your thoughts about whether family violence is likely to increase or decrease?

SUMMARY

As was illustrated in Table 1.1, there is some empirical support for each of the major theories of family violence, but there are also limitations to the empirical support. None of the individual theories can account for all forms of family violence, nor can any single theory fully explain even one type of family violence. Essentially, research designed to test the validity of the theories has been effective in identifying risk factors for maltreatment at each of several different levels of the ecological systems in which development takes place. Conversely, the reciprocal of many of these risk factors can serve as protective factors against maltreatment or the negative impact of maltreatment. For example, social support within the micro- and exosystem has long been recognized as an important protective factor, along with higher income and higher education.

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

In a previous book (Malley-Morrison & Hines, 2004), we provided an extensive analysis of family violence in ethnic minority communities in the United States. In the current book, we begin by discussing the various contexts of violence in which family violence takes place, including racism and social inequality. We then describe, in Chapters 3–5, the major forms of child maltreatment (physical maltreatment, sexual maltreatment, neglect, and psychological maltreatment) in both the majority White European American community and in ethnic minority communities; then, in Chapters 6–11, we review the research in the United States today on IPV, including violence in gay/lesbian relationships, and the research on other forms of family maltreatment (maltreatment of older family members, disabled family members, siblings, and parents); in each of these chapters, we present research findings both for the majority White community and for minority communities. In the final chapter of the book, we offer a summary of the major themes of the book.

As you read these chapters, consider the different perspectives that individuals from the different relevant professions (e.g., psychology, law, social work) would bring to their interpretation of the findings and the particular recommendations they might make for interventions into various forms of family maltreatment. Also consider how the findings would be interpreted within the different theoretical frameworks described here. Finally, consider your own experiences of maltreatment as well as your views and values concerning various forms of maltreatment. Which, if any, of the forms of maltreatment seem worse in their consequences? For example, is the abuse of children worse than the abuse of adults? Is physical abuse worse than psychological abuse? Consider your answers to these questions. Now, does it surprise you to learn that women staying in shelters because they have been beaten by their male partners often say that it was his psychological abuse that was more damaging (Follingstad, Rutledge, Berg, Hause, & Polek,

1990)? Although the number of domestic violence refuges today is still not enough to support every victim, community-based shelter programs can now provide resources such as emergency shelters, 24-hour crisis hotlines, support groups, counseling, advocacy, and children's programs (e.g., Community Resource Center, 2019; Family and Youth Services Bureau, 2014). Do such resources seem adequate to the different forms of violence taking place in relationships? What do you see as the best approaches to ending maltreatment in families?

DISCUSSION QUESTIONS

1. Are mandatory child abuse reporting laws like the ones we have in the United States important for the protection of children? Do they seem to be working well to protect our nation's children? Should they be more rigorous? Less rigorous? Do they do more harm than good or would more children be at risk without them?

2. When, if ever, is corporal punishment OK? Does the age of the child matter? Does the gender? Does it matter where the child is hit or spanked? If differences in child age or gender or the location of a hit matter, why is that so? Why might some of these characteristics make corporal punishment seem more OK than others? What experiences or viewpoints in our society or culture influence your judgment?

3. What factors in our culture make us more tolerant of women physically abusing their partners and less tolerant of males physically abusing their partners?

4. Picture a scenario where a man is abusing his nonabusive partner. Picture a scenario where a woman is abusing her nonabusive partner. Picture a male and a female partner mutually abusing one another. Picture two male partners or two female partners in which one is abusing the other or they are being mutually violent. Do you react differently to each scenario? Why? What factors in our culture make each scenario more or less OK or more or less abusive?

5. Is verbal abuse less severe or traumatizing than physical abuse? Do you associate one gender more than another with either of these types of abuse? How do your views on gender differences in the use of particular forms of aggression influence your opinions on abusive relationships and the extent to which men and women are likely to be either victims or both victims and perpetrators? How do your views concerning "normal" sexual identities influence your judgments concerning psychological or physical violence within intimate partnerships of same-sex individuals?

6. How would you react to an individual forcing his or her partner to have sex? Would you react differently if you found out that this couple was married? Married for 20 years? Does rape seem less wrong if a couple is or has been married? What kinds of circumstances are likely to influence views on marital rape? Rape in other intimate relationships?

7. Is hitting someone only once abusive? Is hitting someone every day abusive? Does it make a difference if one individual is hitting another as a form of discipline (for example, a parent disciplining a child) or if the hitting is motivated by a desire to hurt? Does it matter if the physical aggression leaves a bruise or injury? Is the physical aggression less abusive if it doesn't bruise or injure? How much does motivation, frequency, and intensity matter to the appropriateness of labeling an event as abusive? Why?

8. Do you think there should be different laws for mild to moderate abuse, as compared to physical violence or severe abuse? What about for physical versus mental/verbal abuse? Why? Is one form of maltreatment more or less traumatic than another? If so, why? If not, why do some people assume that one form of maltreatment is more traumatic than others?

9. The United States is one of two countries that are resistant to the notion that corporal punishment may violate a child's rights. In this culture, behavior that would be deemed abusive if done to a partner or an equal (i.e., slapping, hitting, etc.) is seen as adequate punishment for a child. In what way may the assumption that corporal punishment is appropriate for children be detrimental for a child at the time it occurs? What could be the long-term consequences of using corporal punishment?

10. Many people have a hard time accepting the idea that forced sex or rape can occur in a married couple because of the belief that a man has a right to his wife's body, as his property. Marital rape laws were created to counteract this misconception; however, there are still no laws that address a situation in which a husband is being sexually assaulted or abused by his wife. Why is sexual aggression by females against their partners harder to accept, culturally and in our legal system? Do you think sexual abuse of a husband is equally detrimental or harmful as sexual abuse of a wife? Why or why not? In what ways would it be helpful to have equal and all-encompassing laws regarding rape in intimate relationships?

11. There are many agencies (e.g., legal, medical, social, etc.) that get involved in cases of abuse and violence. Some agencies are interested in helping both the perpetrator and the victim while others concentrate solely on the victim and turn away perpetrators. Which, if any, is the better method? What are the consequences of helping both victims and perpetrators in the same place, simultaneously? What are the consequences of turning away perpetrators and focusing only on victims?

12. What is your initial reaction to the ecological framework for the understanding of psychological and physical maltreatment within families? Does it feel overwhelming to try to consider causes of family violence at all those different levels—individual, microsystem, exosystem, macrosystem? Before reading this chapter, did you tend to

favor one level of explanation over other—for example, individual factors over neighborhood factors, or vice versa? How about now? Have there been any changes in the ways in which you think about the causes of violence within relationships?

13. There is some evidence that genetic factors contribute both directly and indirectly to IPV. Does "blaming biology" help or hurt how we view and respond to victims and perpetrators of domestic violence and abuse? Which perspective (e.g., biological versus psychological or social work) appears to provide the "best" lens for understanding and responding to violence and abuse?

14. Studies show that demographic and individual factors such as a low income, loss of a job, and low education level are correlated with perpetration of violence and abuse. Why is it incorrect to say that an individual with one or a few of these factors will inevitably perpetrate abuse? Why are these predictor factors not causational?