

CHAPTER 13



© Christina Mendes/Buena Vista Photography

Intimate Violence and Sexual Abuse

Outline

Intimate Violence and Abuse 457

Types of Intimate Violence 457

Why Families Are Violent: Models of Family

Violence 458

Individualistic Explanations 458

Ecological Model 458

Feminist Model 458

Social Structural and Social

Learning Models 459

Exchange-Social Control Model 459

Prevalence of Intimate Violence 460

Women and Men as Victims

and Perpetrators 462

Female Victims and Male Perpetrators 463

Characteristics of Male Perpetrators 463

Female Perpetrators and Male Victims 464

Class and Race 464

Class 464

Race 465

Marital Rape 465

Violence in Gay and Lesbian Relationships 466

Dating Violence and Date Rape 466

Dating Violence and Abuse 467

Date Rape and Coercive Sex 468

When and Why Some Women Stay in Violent

Relationships 470

The Costs of Intimate Violence 471

Responding to Intimate Violence:

Police Intervention, Shelters,

and Abuser Programs 471

Battered Women and the Law 471

Abuser Programs 472

Child Abuse and Neglect 472

Families at Risk 474

Intervention 475

Hidden Victims of Family Violence: Siblings,

Parents, and the Elderly 476

Sibling Violence 476

Parents as Victims 476

Reducing Family Violence 478

Child Sexual Abuse 478

Forms of Intrafamilial Child Sexual Abuse

479

Children at Risk 480

Effects of Child Sexual Abuse 480

Treatment Programs 482

Preventing Sexual Abuse 483

Summary 484

What Do YOU Think?

Are the following statements **TRUE** or **FALSE**?

You may be surprised by the answers (see answer key on the bottom of this page).

- T** **F** 1 Intimate relationships of any kind increase the likelihood of violence.
- T** **F** 2 Rape by an acquaintance, date, or partner is less likely than rape by a stranger.
- T** **F** 3 Male aggression is generally considered a desirable trait in our society.
- T** **F** 4 Studies of family violence have helped strengthen policies for dealing with domestic offenders.
- T** **F** 5 Physically abused children are often perceived by their parents as "different" from other children.
- T** **F** 6 Sibling violence is the most widespread form of family violence.
- T** **F** 7 More than 2 million elderly Americans are emotionally or physically abused by a family member.
- T** **F** 8 Deliberate fabrications of sexual abuse constitute nearly 25 percent of all reports.
- T** **F** 9 Most people who were sexually abused as children at least partially remember the abuse.
- T** **F** 10 Brother-sister incest is generally harmless.

Answer Key for What Do You Think

1 True, see p. 467; 2 False, see p. 468; 3 True, see p. 459; 4 True, see p. 471; 5 True, see p. 474; 6 True, see p. 476; 7 True, see p. 477; 8 False, see p. 478; 9 True, see p. 481; 10 False, see p. 479.

Like most Americans, you might assume that when you lock your home at night, you are safe, protected from violence by locking out any would-be intruders. The sad reality is that many of us also *lock in* violence once we close and lock our doors to the outside world. It may seem a cruel irony, but the relationships we most value are also the relationships in which we are most violent. The people we love and live with are often the people most likely to hurt or assault us. It is an unhappy fact that intimacy or relatedness increases our likelihood of experiencing abuse, violence, sexual abuse, or even homicide.

Some widely publicized cases of domestic violence include such tragedies as Scott Peterson murdering his wife Laci and her unborn child, Andrea Yates drowning of her five children, the savage and fatal beating of 7 year-old Nixzmary Brown by her stepfather, and the Menendez brothers shooting of their parents after claims of years of sexual and emotional abuse. Although these cases are not typical of intimate violence and abuse, or representative of most homicides in the United States, they are a chilling reminder of the worst of violence among family members. Now, consider, too, the following:

- More than 8 million adults, 5.3 million women, and 3.2 million men experience some form of violence by an intimate partner—spouse, cohabiting partner, boyfriend, or girlfriend.
- Based on various studies, 30% to 40% of college students report violence in dating relationships.
- At least 1 million American children are physically abused by their parents each year.
- Almost 1 million parents are physically assaulted by their adolescents or younger children every year.
- Perhaps as many as two-thirds of teenagers commit an act of violence against a sibling.
- As many as 27% of American women and 16% of men have been the victims of childhood sexual abuse, much of it in their own families.

In addition, as many as 90% of American parents spank their children. Although clearly different from beatings, assaults, physical and sexual abuse, these, too, are violent acts and therefore merit attention and consideration in this chapter.

Think for a moment about who our society "permits" us to shove, hit, or kick. If we assault a stranger, push a coworker or employer, or spank or slap a fellow

student or professor, we would run great risk of being arrested. It is with our intimates that we are “allowed” to do such things.

Those closest to us are the ones we are most likely to slap, punch, kick, bite, burn, stab, or shoot. And our intimates are the most likely to do these things to us (Gelles and Cornell 1990; Gelles and Straus 1988). Furthermore, living together provides people more opportunity to disagree, get angry at one another, and hurt one another. In effect, families and households can be very dangerous places.

To understand intimate violence and abuse, we need to consider a range of behaviors and examine the various factors—social, psychological, and cultural—that shed light on why it is that we often hurt the ones we most love. In this chapter, we look at violence between husbands and wives (including marital rape), between gay and lesbian partners, between dating partners (including acquaintance rape), and between siblings, as well as violence committed against children by parents and against parents by grown children. We look, too, at the various models researchers use in studying intimate violence, and we discuss the dynamics of battering relationships. We also discuss prevention and treatment strategies. In the last section of the chapter we discuss child sexual abuse—its forms, participants, and effects, as well as treatment and prevention strategies.

Intimate Violence and Abuse

In exploring the violent and abusive underside of families and intimate relationships, researchers have used different and changing terminology, trying to keep pace with increasing knowledge about the phenomenon (McHugh, Livingston, and Ford 2005). Many now use the terms **intimate partner violence** or **intimate partner abuse** to address the full scope of violence among intimate couples. Other forms of family violence, such as those between siblings or between parents and children, still most often fall under the broader umbrella term *family violence*. They will be addressed later in this chapter.

Researchers differentiate between violence and abuse. For the purpose of this book, we use the definition of **violence** offered by Richard Gelles and Claire Pedrick Cornell (1990): “an act carried out with the intention or perceived intention of causing physical pain or injury to another person.” Abuse includes acts

such as neglect and emotional abuse, including verbal abuse, that are not violent. Thus, abuse is broader than family violence.

Violence may best be understood along a continuum, with “normal” and “routine” violence at one end and lethal violence at the other extreme (Gelles and Straus 1988). Thus, family violence ranges from spanking to homicide. We must look at the continuum as a whole to be concerned with “families who shoot and stab each other as well as those who spank and shove, . . . [as] one cannot be understood without considering the other” (Straus, Gelles, and Steinmetz 1980). In this chapter we focus most of our attention on physical violence and sexual abuse that occurs between intimate partners and between family members.

Types of Intimate Violence

Even when we narrow the discussion to violence in intimate couple relationships, we confront a range of behaviors that beg for some kind of differentiation. Michael Johnson and Kathleen Ferraro (2000) offer the following widely used typology of partner violence:

- **Common couple violence** (sometimes called **situational couple violence**) is violence that erupts during an argument when one partner strikes the other in the heat of the moment. Such violence is not part of a wider relationship pattern; it is as likely to come from a woman as a man or to be mutual. It rarely escalates, and it is less likely to lead to serious injury or fatality.
- **Intimate terrorism** occurs in relationships where one partner tries to dominate and control the other. Violent episodes that escalate, and emotional abuse are two common traits. Victims are left “demoralized and trapped” as their sense of self and their place in the world are greatly diminished by their partner’s dominance. The violence in intimate terrorism is likely to recur, escalate, and lead to injury. It is also less likely to be mutual.
- **Violent resistance** encompasses what is often meant by “self-defensive” violence. It tends to be more commonly perpetrated by women than men and can signal that the victim is moving toward leaving the abusive partner.
- **Mutual violent control** refers to relationships in which both partners are violently trying to control each other and the relationship.

Distinctions such as these are important if we are to make sense of the data on who commits violence against a partner or spouse. Of the four types, common couple violence seems to be slightly more typical of men than of women, intimate terrorism is “essentially” perpetrated by men, and violent resistance is typically committed by women (Johnson and Ferraro 2000). Also this typology is useful because it differentiates motives and outcomes of violence. Not all intimate violence is an attempt to control a partner, and injuries and fatalities do not occur equally in all types. Other outcomes—economic, psychological, and health related—also differ by the type of violence.

Why Families Are Violent: Models of Family Violence

To better understand violence within the family, we must look at its place in the larger sociocultural environment. Cultural values and beliefs are important to keep in mind. Getting ahead at work, being assertive in relationships, and winning at sports are all culturally approved values. But does aggression necessarily lead to violence?

All families have their ups and downs, and all family members at times experience anger toward one another. But why does violence erupt more often and with more severe consequences in some families than in others? The principal models used in understanding family violence are discussed in the following sections.

Individualistic Explanations

An individualistic approach emphasizes how the abuser’s violence is related to a personality disorder, mental or emotional illness, or alcohol or drug misuse (O’Leary 1993). The idea that people are violent because they are crazy or drunk is widely held (Gelles and Cornell 1990), although research indicates that fewer than 10% of family violence cases are attributable to psychiatric causes, and only about 25% of cases of wife abuse are associated with alcohol. Richard Gelles and Claire Pedrick Cornell suggest that this model is especially appealing to abusers because “if we

can persist in believing that violence and abuse are the products of aberrations or sickness, and, therefore, believe ourselves to be well, then our acts cannot be hurtful or abusive.” But besides looking at the abuser, we must step back and look at the big picture—at the family and society that influence the abuser.

Ecological Model

The ecological model uses a systems perspective to explore child abuse. Psychologist James Garbarino (1982) suggests that cultural approval of physical punishment of children combines with lack of community support for the family to increase the risk violence within families. Under this model, a child who doesn’t “match” well with the parents (such as a child with emotional or developmental disabilities) and a family that is under stress (from, for example, unemployment or poor health) and that has little community support (such as childcare or medical care) can be at increased risk for child abuse.

Feminist Model

The feminist model stresses the role of gender inequalities or cultural concepts of masculinity as causes of violence. Using a historical perspective, this approach holds that most social systems have traditionally placed women in a subordinate position to men, thus supporting male dominance even when that includes violence (Toews, Catlett, and McKenny 2005; Yllo 1993).

There is no doubt that violence against women and children, and indeed violence in general, has had an integral place in most societies throughout history. Feminist theory must be credited for advancing our understanding of domestic violence by insisting that the patriarchal roots of domestic relations be taken into account. However, the patriarchy model alone does not adequately explain the variations in degrees of violence among families in the same society (Yllo 1993). Women are sometimes violent toward their husbands and partners. More mothers are implicated in child abuse than fathers (although this has much to do with responsibility for and time with children). Finally, and most telling, rates of violence between lesbian partners may be as high as among heterosexual partners. Like heterosexual violence, when homosex-

ual violence does occur it is more likely to be a recurrent feature of the relationship than a onetime event. Although it is clear that men's aggressiveness and even male violence are often met with cultural acceptance, not all forms of violence fit with the emphasis on patriarchy.

Social Structural and Social Learning Models

The social models are related to the ecological and feminist models in that they view violence as originating in the social structure.

First, the social *structural* model views family violence as arising from two main factors: (1) structural stress such as low income or illness, and (2) cultural norms such as the "spare the rod and spoil the child" ethic (Gelles and Cornell 1990). Groups with few resources, such as the poor, are seen to be at greater risk for family violence.

Second, the social *learning* model holds that people learn to be violent from society and their families (Ney 1992). The core premise is that children, especially boys, learn to become violent when they are a victim or witness to violence and abuse (Bevan and Higgins 2002). This is even more likely if the child experiences positive reinforcement for displaying violence. Although it is true that many perpetrators of family violence were abused as children, it is also true that many victims of childhood violence do not become violent parents. These theories do not account for this discrepancy. (See Egeland 1993 and Kaufman and Zigler 1993 for conflicting views on the significance of the intergenerational transmission of abuse.)

Resource Model

William Goode's (1971) resource theory can be applied to family violence. This model assumes that social systems are based on force or the threat of force. A person acquires power by mustering personal, social, and economic resources. Thus, according to Goode, the person with the most resources is the least likely to resort to overt force. Gelles and Cornell (1990) describe the typical situation: "A husband who wants to be the dominant person in the family but has little education, has a job low in prestige and income, and lacks interpersonal skills may choose to use violence to maintain the dominant position."

Exchange-Social Control Model

Richard Gelles (Gelles 1993b; Gelles and Cornell 1990) posits the two-part exchange-social control theory of family violence. The first part, exchange theory, holds that in our interactions, we constantly weigh the perceived rewards against the costs. When Gelles says that "people hit and abuse family members because they can," he is applying exchange theory.

The expectation is that "people will only use violence toward family members when the costs of being violent do not outweigh the rewards." The possible rewards of violence might be getting their own way, exerting superiority, working off anger or stress, or exacting revenge. Costs could include being hit back, being arrested, being jailed, losing social status, or dissolving the family. Three characteristics of families that may reduce those costs of violence, and thus reduce social control are the following:

- *Inequality.* Men are stronger than women and often have more economic power and social status. Adults are more powerful than children.
- *Private nature of the family.* People are reluctant to look outside the family for help, and outsiders (the police or neighbors, for example) may hesitate to intervene in private matters. The likelihood of family violence decreases as the number of nearby friends and relatives increases (Gelles and Cornell 1990).
- *"Real man" image.* In some American subcultures, aggressive male behavior brings approval.

A violent man may gain status among his peers for asserting his "authority."

The exchange-social control model is useful for looking at treatment and prevention strategies for family violence, discussed later in this chapter.

Each of these models has valuable insight to offer concerning a complex problem with no easy or single solution. Looking across the theories we see that several factors surface repeatedly.

Gender

Although there is female-on-male violence and female-on-female violence (discussed later), violence by males tends to be more extreme, often has different causes (power and control versus self-defense), and typically results in different consequences (in terms of both

physical injuries and domination). Thus, gender matters a lot with family violence

Power

Central to many theories of intimate violence is the idea of power. Power is a central motive in much intimate violence, especially the long-term and extreme forms of spousal violence that Michael Johnson calls intimate terrorism. Also, powerlessness can be linked to violence when those who feel dominated and unable to legitimately assert their rights may turn to violence as a last resort.

Stress

As individuals are subjected to a variety of stresses (such as unemployment, underemployment, illness, pregnancy, work-related relocations, and difficult or disabled children) tensions among family members may rise. Stress-based explanations help account for the greater prevalence of violence among lower-income families and households facing unemployment, but stress alone cannot account for the breadth and depth of family violence (McCaghy, Capron, and Jamieson 2000; Straus, Gelles, and Steinmetz 1980). However, stress may raise the likelihood of violence, but it is not the cause. Somewhere, the individual must have learned that acting violently toward loved ones is appropriate and acceptable (Gelles and Straus 1988).

Intimacy

The heightened emotions and long-term commitments that characterize family relationships are qualities we value about those relationships. Those same qualities lead to a greater likelihood that we will have disagreements, that those disagreements will be more emotional. Furthermore, cultural beliefs promote the idea that we have the right to influence our loved one's behavior. Some abusive men explain that they assault their spouses "because they love them."

Also, as discussed in Chapter 3, we grant and expect privacy and even secrecy to family relationships. Even when family conflict is in a public setting, others are reluctant to intervene in such "domestic disputes." In some ways, our society thus legitimizes violence and force within families and then turns the other way when they occur.

Prevalence of Intimate Violence

It is difficult to know exactly how much violence there is in families and relationships in the United States. Part of the difficulty results from methodological limitations in the various data we gather. Depending on *how* we gather the information, estimates of *how much* there is and of *where it happens* will vary. You might think that there are "official statistics" we could use, such as arrest records or emergency room visits. Yet so much family violence is unreported that the official data incomplete (U.S. Bureau of Justice Statistics 1998). Plus, some people are better positioned to hide their abusive behavior from authorities and upper- and middle-class abusers may be given more credibility by police. People who can afford to use nonhospital medical resources (such as family doctors to treat injuries) may avoid suspicion since the incident won't show up in hospital records.

Data from domestic violence shelters are even more severely limited since most victims don't seek out a shelter. Also, most women who use shelters are from lower economic backgrounds (Cunradi, Caetano, and Schafer 2002). Thus, the information about shelter populations do not reflect the extent of the wider problem.

That leaves survey data. Many discussions of intimate violence rely on surveys of large random samples drawn from the wider U.S. population. Such studies include the National Family Violence Resurvey, the National Survey of Families and Households, the National Violence Against Women Survey, and the National Longitudinal Couples Survey. In addition, broader studies of crime and victimization such as the National Crime Victimization Survey, the FBI's Supplemental Homicide Reports, and the Study of Injured Victims of Violence, have been used to better estimate the prevalence of intimate violence and to understand the influence of social and economic factors (Field and Caetano 2005).

Of course, reports and estimates based on survey data are themselves prone to problems. In asking people to admit to family violence, researchers may receive underreports. Even in anonymous surveys, individuals may downplay their involvement in so-

Understanding Yourself

The Mythology of Family Violence and Sexual Abuse



The understanding of family violence and sexual abuse is often obscured by the different mythologies surrounding these issues. What follows are 12 popular myths about family violence and sexual abuse in our society. Some of these myths may occasionally apply to individual cases, but as generalizations they are definitely not accurate. Many of these myths are accepted by the victims of family violence, as well as by the perpetrators.

As you look at the myths, which ones do you believe (or have you believed)? What was the basis or source of your beliefs? If you no longer believe a particular myth, what changed your mind?

1. Family violence is extremely rare.
2. Family violence is restricted to families with low levels of education and low socioeconomic status.
3. Most family violence is caused by alcohol or drug abuse.
4. Violent spouses or parents have psychopathic personalities.
5. Violent families are not loving families.
6. Battered women cause their own battering because they are masochistic or crazy.
7. A battered woman can always leave home.
8. Most child sexual abuse is perpetrated by strangers.
9. Sexual abuse in families is a fairly rare occurrence.
10. Abused children will grow up to abuse their own children.
11. The police give adequate protection to battered women.
12. Most of society does not condone domestic violence.

These myths hide the extent of physical and sexual abuse that takes place inside a painfully large number of American families. Belief in these myths makes it possible to avoid dealing with some of the unhappy realities—at least for a while.

cially undesirable behavior. Nevertheless, the estimates from such large-scale, national surveys give us our best ideas of the frequency and spread of family violence. It is on such data that most estimates in this chapter are based.

Based on survey data from large, representative samples of heterosexual couples in the United States, approximately 12% of adult intimates experience some form of physical abuse from their partners; out of every 1,000 couples, 122 wives and 124 husbands are assaulted by their spouses (Renzetti and Curran 1999). Another national survey estimates nearly 9 million couples, one out of six marriages, experiencing some incident of violence every year (Gelles and Straus 1988; Newman 1999). The National Violence Against Women Survey found that 22% of women report physical assault from an intimate partner (Cherlin et al. 2004). Roughly one out of five couples in the general population report having experienced intimate partner violence according to 25 years of survey data summarized by Craig Field and Raul Caetano (2005).

Using multiple sources of data, the Bureau of Justice Statistics produced a report on violence between

intimates (Bureau of Justice Statistics 1998). Key findings are as follows:

- There are an estimated 1 million rapes, sexual assaults, robberies, or assaults (simple or aggravated) between intimates each year.
- Approximately 85% of these incidents had female victims.
- 150,000 men were victims of violent crimes committed by an intimate.
- In 2000, there were nearly 1,700 murders attributed to spouses, ex-spouses, boyfriends, or girlfriends; 1 in every 11 homicides was a murder between intimate partners or ex-partners. Spousal homicides are down dramatically, however.
- Nearly 40% of violent incidents occur on weekends, and most occur in or around the victim's home.
- In 2000, 33% of female murder victims and 4% of male murder victims were killed by an intimate.

■ *Tension and conflict are normal features of family life but can escalate into violence under certain conditions.*



© Gary Connor/PhotoEdit

Women and Men as Victims and Perpetrators

“**Battering**”, as used in the literature on family violence, includes slapping, punching, knocking down, choking, kicking, hitting with objects, threatening with weapons, stabbing, and shooting. Although the term *battering* does not specify the gender of the batterer, we most likely assume that the batterer is male and the victim is female. However, survey research has found that the number of women who report expressing violence toward their male partners is the *same as or greater than* the number of men who report expressing violence toward their female partners. This is true of research on spousal, cohabiting, and dating relationships.

However, it appears that most violence perpetrated by women on men (as well as most male-on-female partner violence) is of the more situational, routine, and relatively minor variety. It is not the sort of violence that typically leads to hospitals or shelters. Yet the less common and more extreme violence that escalates and causes serious injury or even death is usually committed by men against women (Johnson 1995).

Ignored or rejected by many researchers through the 1970’s and 80’s, or interpreted as signs of “self-defensive” or reactive violence by female victims, we now know that women use violence with male part-

ners about as often as men do with female partners (Frieze, 2005). One analysis of more than 80 studies of physical aggression between intimate partners found similar proportions of male and female violence (Archer, 2000, cited in Graham-Kevan and Archer, 2005).

However, we need to keep in mind that even when the rates of violence are similar for males and females, the motives and outcomes of male-on-female and female-on-male violence may not be. There is reason to suspect that women and men use violence for different reasons. As Maureen McHugh and colleagues (2005) assert, men’s violence tends to be instrumental: they use violence to get what they want and to assert control and gain power over their partners. Women’s motives include self-defense, retaliation, expression of anger, attention seeking, stress or frustration, jealousy, depression, and loss of self-control.

We also must remember that historically and culturally, women have unfortunately been considered “appropriate” victims of domestic violence (Gelles and Cornell 1990). Many mistakenly accept the misogynistic idea that women sometimes need to be “put in their place” by men, thus providing a disturbing cultural basis for the physical and sexual abuse of women. There is no comparable cultural justification for the physical or sexual abuse of men.

As far as outcomes are concerned, more female victims than male victims are injured from partner violence and their injuries tend to be more severe than those received by male victims. Even the same acts are

not really the same: a slap that breaks the victim's jaw is not the same as a slap that reddens the victim's face. In other words, men's slaps (or punches, shoves, kicks, and so on) are not identical to those of women (McHugh et al. 2005).

In violent relationships, a woman may not only suffer physical damage but also be seriously harmed emotionally by a constant sense of danger and the expectation of violence that weaves a "web of terror" about her (Edelson et al. 1985). Lenore Walker (1993) suggests that women who are repeatedly abused may develop a set of psychological symptoms similar to those of post-traumatic stress disorder (PTSD). She labels these symptoms *battered woman syndrome*.

Female Victims and Male Perpetrators

No one knows with certainty exactly how many women are victims of partner violence each year, but as shown earlier, the data we have paint a less-than-optimistic picture. Consider, too, these facts from the Bureau of Justice Statistics (1998, 2003):

- Of all violent crime experienced by women, 20% is from an intimate (spouse, ex-spouse, or boyfriend). In 2001, intimates accounted for 3% of nonfatal violence against men.
- In 1996, at least a third of women who experienced violence reported having been assaulted more than once within the 6 months before the survey; 12% were assaulted at least six times.
- Half of victims report an injury; one in five injured women seeks medical treatment.
- More than 55% of female victims call the police. Police typically respond in 10 minutes or less, although more than 40% of victims say police took 1 hour or more to arrive.
- Fortunately, trend data indicate that such violence may be declining. Between 1993 and 2001 intimate violence against women declined by nearly half. In that same time span, the rate against males dropped 42%.

Women of all races, ages, and socioeconomic statuses are victimized, although they are not victimized equally. Younger women, black women, lower-income women, and urban women are more frequent victims of partner violence. One out of every 50 women, ages 16 to 24, was a victim of intimate violence. This is the highest per capita rate of victimization. Black women

suffered higher rates of nonlethal violence than did white women. As income increased, the rate of female victimization decreased (Bureau of Justice Statistics 1998). Although no social class is immune to it, as shown later, marital violence is more likely to occur in low-income, low-status families (Gelles and Cornell 1990). (For an exception to this, see the "Exploring Diversity" box on upscale violence.)

Although early studies of battering relationships seemed to indicate a cluster of personality characteristics constituting a typical battered woman, more recent studies have not borne out this viewpoint. Factors such as low self-esteem or childhood experiences of violence do not appear to be necessarily associated with a woman being in an assaultive relationship (Hotaling and Sugarman 1990). Two characteristics, however, do appear to be highly correlated with wife assault. First, a number of studies have found that wife abuse is more common and more severe in families of lower socioeconomic status. However, this is partly due to the fact that higher income adults have greater privacy, and thus greater ability to conceal domestic violence (Fineman and Mykitiuk 1994). Second, marital conflict—and the inability to resolve conflict—is a factor in many battering relationships. Gerald Hotaling and David Sugarman (1990) found that common sources of conflict were the division of labor, the husband's heavy drinking, and the wife's superior educational level. These researchers concluded that it is not useful to focus "primarily on the victim in the assessment of risk to wife assault."

Characteristics of Male Perpetrators

A man who systematically inflicts violence on his wife or lover is likely to have some or all of the following traits (Edelson et al. 1985; Gelles and Cornell 1990; Goldstein and Rosenbaum 1985; Margolin, Sibner, and Gleberman 1988; Vaselle-Augenstein and Erlich 1992; Walker 1979, 1984):

- He believes the common myths about battering (see the "Understanding Yourself" box on page 461).
- He believes in the "traditional" home, family, and gender-role stereotypes.
- He has low self-esteem and may use violence as a means of demonstrating power or adequacy.
- He may be sadistic, pathologically jealous, or passive-aggressive.

- He may have a “Dr. Jekyll and Mr. Hyde” personality, being capable at times of great charm.
- He may use sex as an act of aggression.
- He believes in the moral rightness of his violent behavior (even though he may “accidentally” go too far).

Maureen McHugh and colleagues (2005) note that in addition to perpetrating violence, violent men are likely to be the target of violence, either in the present or in their past. In other words, they are either victims of mutual violence or have histories of being abused themselves. We often read or hear the mistaken notion that a major factor in predicting a man’s violence is his childhood experience of violence in his family. According to research, a childhood troubled by parental violence accounts for only 1% of adult dating violence and approximately the same proportion of violence in marriage or marriage-like relationships (see review by Johnson and Ferraro 2000). Although it is true that sons of the *most* violent parents have a 1,000% greater rate of wife-beating than sons of nonviolent parents, the majority of these sons are not violent. A recent study noted that 80% of the sons of even the most violent parents were nonviolent for at least the past 12 months (Johnson and Ferraro 2000).

Female Perpetrators and Male Victims

The incidence and experiences of “battered husbands” are poorly understood. Although it is undoubtedly true that some men are injured in attacks by wives or lovers, most injured victims of severe intimate partner violence are women. Thus, we may not consider violence by women as significant as that committed by men (Straus 1993). Often, even if a woman attempts to inflict damage on a man in self-defense or retaliation, her chances of prevailing in hand-to-hand combat with a man are slim. A woman may be severely injured simply trying to defend herself. Remember, though, when we combine common couple violence and violent resistance, about the same rate of female-on-male acts of violence occur.

Suzanne Steinmetz (1987) suggests that some scholars “deemphasize the importance of women’s use of violence.” As such, there is a “conspiracy of silence [that] fails to recognize that family violence is never inconsequential.” Sociologist Murray Straus (1993) offered four reasons for taking the study of female violence seriously:

- Assaulting a spouse—either a wife or a husband—is an “intrinsic moral wrong.”
- Not doing so unintentionally validates cultural norms that condone a certain amount of violence between spouses.
- There is always the danger of escalation. A violent act—whether committed by a man or a woman—may lead to increased violence.
- Spousal assault is a model of violent behavior for children. Children are affected as strongly by viewing the violent behavior of their mothers as by viewing that of their fathers.

Furthermore, as Todd Migliaccio (2002) argues, if the experiences of abused women and abused men are similar, if they identify common themes and experiences, we will be better able to identify techniques abusers use *regardless of their sex or gender*. Indeed, from his exploratory interview study with a dozen male victims of female-on-male marital violence, he concluded that, indeed, common themes from past research on wife abuse can be employed to make sense of husband abuse, despite the size and strength differences between husbands and wives.

Class and Race

We often hear about how “democratic” intimate violence is, occurring among all groups, regardless of economic status, race, or sexual orientation. Indeed, there is truth to that statement: intimate partner violence *can* be found among all ethnic and economic groups; however, the amount of violence varies greatly.

Class

More than three decades of research demonstrates an association between socioeconomic status and partner violence. Consider the following sample findings from recent large, national surveys (Cunradi, Caetano, and Schafer, 2002):

- In the 1975 National Family Violence Survey, families classified as “low” income had more than four times the rate of wife assaults compared to those classified as “high” income: 16.4 per 100 compared to 3.5 per 100. The 1985 National Family Violence Survey found that even after controlling for alcohol

use and beliefs about violence, blue-collar men abused their spouses at higher rates than white-collar men.

- Data from the 1987 National Survey of Families and Households found that those who had graduated from college were 30% less likely to report intimate partner violence than were high school graduates. Those who had not completed high school were 40% more likely than high school graduates to report intimate partner violence. Income also made a difference. Individuals with household incomes between \$25,000 and \$39,999 were 50–70% less likely to report experiencing partner violence than were those individuals with incomes less than \$25,000.
- Data from the 1992 National Crime Victimization Survey found that among women, young women in low-income households were the most likely to experience partner violence.
- Using data from the 1995 National Alcohol Survey, Carol Cunradi, Raul Caetano, and John Schafer (2002) found that household income had the greatest influence on intimate partner violence, across racial and ethnic lines.

Although there are consistent and strong associations between low economic status and violence, research also reveals partner violence and abuse among high status couples as well (Weitzman, 2000). Their economic position may even create unique problems for women who are victimized.

Race

According to data from the National Family Violence Survey and the National Longitudinal Couples Survey, African Americans have higher rates of violence than either Caucasians or Hispanics and Hispanics have a higher rate than Caucasians. However, the difference between Caucasians and Hispanics tends to diminish if not disappear when we control for various demographic, familial, and social background variables (for example, history of violence between parents, violent victimization in childhood, alcohol problems, and drug use). Between whites and blacks, a significant difference remained in the experience of female-on-male partner violence, even after the demographic and social variables were controlled (Field and Caetano 2005). In research using data from the

National Alcohol Survey, African Americans reported double the rate of both types of violence—male-on-female (23% versus 11%) and female-on-male (30% versus 15%). Hispanics were between whites and blacks (17% for male-on-female, and 21% for female-on-male partner violence) (Caetano et al. 2000).

Marital Rape

One of the most serious, widespread, and overlooked forms of intimate violence, **marital rape** is a form of battering inflicted by husbands on wives, often as parts of a pattern of intimate terrorism.

Most legal definitions of **rape** include “unwanted sexual penetration, perpetrated by force, threat of harm, or when the victim [is] intoxicated” (Koss and Cook 1993). Rape may be perpetrated by males or females and against males or females; it may involve vaginal, oral, or anal penetration; and it may involve the insertion of objects other than the penis. Approximately 10% to 14% of wives have been forced by their husbands to have sex against their will (Yllo 1995).

Historically, marriage has been regarded as giving husbands unlimited sexual access to their wives. Beginning in the late 1970s, most states enacted legislation to make at least some forms of marital rape illegal. On July 5, 1993, marital rape became a crime in all 50 states. Throughout the United States, a husband can be prosecuted for raping his wife, although many states limit the conditions, such as requiring extraordinary violence. Less than half of the states offer full legal protection for wives (Muehlenhard et al. 1992). The precise definition of marital rape differs from state to state, however. In several states, wife rape is illegal only if the couple has separated.

Because of the sexual nature of marriage, marital rape has not been regarded as a serious form of assault, as Kersti Yllo (1995) explains:

A widely held assumption has been that an act of forced sex in the context of an ongoing relationship in which consensual sex occurs cannot be significant or traumatic. This assumption is flawed because it overlooks the core violation of rape that is coercion, violence and in the case of wife rape, the violation of trust.

Marital rape victims experience feelings of betrayal, anger, humiliation, and guilt. Following their rapes, many wives feel intense anger toward their husbands.

One woman recounted, “So, he says, ‘You’re my wife and you’re gonna . . .’ I just laid there thinking ‘I hate him, I hate him so much.’” Another expressed the desire to resolve her humiliation and sense of “dirtiness” by taking a shower: “I tried to wash it away, but you can’t. I felt like a sexual garbage can” (Finkelhor and Yllo 1985). Some feel guilt and blame themselves for not being better wives. Some develop negative self-images and view their lack of sexual desire as a reflection of their own inadequacies rather than as a consequence of abuse.

There still remains the problem of enforcing the laws. Many people discount rape in marriage as a “marital tiff” that has little to do with “real” rape (Yllo 1995). Many victims have difficulty acknowledging that their husbands’ sexual violence is indeed rape. Caucasian females are more likely than African American females to identify sexual coercion in marriage as rape (Cahoon et al. 1995), and all too often judges seem sympathetic with the perpetrator than the victim, especially if he is intelligent, successful, and well educated.

There is also the “notion that the male breadwinner should be the beneficiary of some special immunity because of his family’s dependence on him” (Russell 1990). Because of deeply entrenched attitudes and beliefs about what constitutes rape, and about marital and sexual relationships, it is estimated that two-thirds of sexual assault victims do not report the crime (U.S. Department of Justice 1997).

Violence in Gay and Lesbian Relationships

Until recently, little was known about violence in lesbian and gay relationships. One reason is that such relationships have not been given the same social status as those of heterosexuals. Also, long-term same-sex relationships are less common than long-term heterosexual relationships. Finally, many gays and lesbians are likely to be reluctant to identify their sexuality for fear of resulting stigma or mistreatment. However, understanding violence in same-sex relationships is important for at least two reasons: people are being victimized and their victimization is mostly invisible and unaddressed. Relationships between gay men or lesbians obviously lack the gender differences that otherwise reflect male dominance and female subordination. Clearly,

neither male dominance nor male socialization toward dominance, aggressiveness, or violence can account for physical abuse in lesbian relationships.

Recent research indicates that the rate of abuse in gay and lesbian relationships is comparable to that in heterosexual relationships. A recent estimate placed the range between 25% and 50% for lesbian couples (McClennen, Summers, and Daly 2002, in Frieze 2005). A study by Kimberly Balsam and Dawn Syzmanski found that of the 272 lesbian and bisexual women in their sample, 40% reported being violent and 44% reported being victims of violence within relationships with female partners (in Frieze 2005).

Furthermore, Claire Renzetti found that violence in same-sex relationships is rarely a one-time event; once violence occurs it is likely to reoccur. It also appears to be as serious as violence in heterosexual relationships, including physical, psychological, and/or financial abuse. Michael Johnson and Kathleen Ferraro (2000) note that intimate terrorism can be found among lesbian couples. One additional form of abuse, unique to same-sex couples, is the threat of “outing” (revealing another’s gay orientation without consent). Threatening to out a partner to coworkers, employers, or family may be used as a form of psychological abuse in same-sex relationships.

For battered partners in same-sex relationships, there is often nowhere to go for support. Services for gay men and lesbians are often nonexistent or uninformed about the multifaceted issues that face such victims. Renzetti (1995) points out several policy issues that must be addressed among service providers and domestic violence agencies:

- Consider how homophobia inhibits gay and lesbian victims of abuse from self-identifying as such.
- Recognize that battered gay men and lesbians of color experience a triple jeopardy: as victims of domestic violence, as homosexuals, and as racial or ethnic minorities.
- Address the issue of gay men and lesbians as both batterers and victims who may seek services at the same time from the same agency.

Dating Violence and Date Rape

In the last two decades, researchers have become increasingly aware that violence and sexual assault can take place in all forms of intimate relationships.

Violence between intimates is not restricted to family members. Even casual or dating relationships can be marred by violence or rape.

Dating Violence and Abuse

The incidence of physical violence and emotional or verbal abuse in dating relationships, including those of teenagers, is alarming. Evidence suggests that it even exceeds the level of marital violence (Lloyd 1995). One study of relationships among college students found that of the sample of 572, 21% had engaged in “physically aggressive” behavior, acts that included throwing something at; pushing, grabbing, or hitting; slapping; kicking, biting, or punching; beating up; choking; and threatening to or using a gun or a knife on a partner. Verbal abuse was even more common: 80% acknowledged having been verbally abusive toward a dating partner in the previous 12 months. Verbal abuse consisted of such acts as insulting or swearing at a partner, sulking or refusing to talk with a partner, stomping out of the house or room, and saying or doing something to spite a partner (Shook et al. 2000). Although the males and females were similar in their verbally abusive behavior, females reported “significantly more use of physical aggression” against their partners than men did (Shook et al. 2000).

For both the females and males, the two variables most strongly associated with verbal aggressiveness were alcohol use 3 hours before the incident, and a childhood history of parent–child aggression (Shook et al. 2000).

In two studies of undergraduate couples (18–25 years old) in ongoing relationships, Jennifer Katz and colleagues found that a third to nearly half of the students were in relationships in which their partners had acted violently toward them. In both studies, rates at which men and women were victimized were similar, although men experienced higher levels of moderate violence (Katz, Kuffel, and Coblenz 2002).

Dating relationships among high school students are also prone to violence. Reviewing research from the 1980s and 1990s, Susan Jackson, Fiona Cram, and Fred Seymour found that rates of reported violence range from 12% to 59%. A 1997 observational study of high school couples reported that 51% of participating couples displayed some form of aggression, such as shoving or grabbing. In this same study, males were unilaterally violent in 4% of the cases, and females were unilaterally violent in 17%. Both were mutually

violent in the remaining 30% (Capaldi and Crosby 1997, as summarized in Katz, Kuffel, and Coblenz 2002). Although some patterns are similar (for example, the gender symmetry), the issues involved in dating violence appear to be different than those generally involved in spousal violence. Whereas marital violence may erupt over domestic issues such as housekeeping and childrearing (Hotaling and Sugarman 1990), dating violence is far more likely to be precipitated by jealousy or rejection (Lloyd and Emery 1990; Makepeace 1989). For example, one young woman recounted the following incident (Lloyd and Emery 1990) of her boyfriend’s furious treatment after seeing her chat with a group of male friends in front of the school. He was silent until they were home, then:

He caught me on the jaw, and hit me up against the wall . . . He picked me up and threw me against the wall and then started yelling and screaming at me that he didn’t want me talking to other guys.

Sally Lloyd and Beth Emery (1990) found that dating violence might also involve the man’s use of alcohol or drugs, “unpredictable” reasons, and intense anger.

Although women and men may sustain dating violence at comparable levels, they do not appear to react similarly to it. As in the case of marital violence, women react with more distress than men do to relationship violence, even within mutually violent relationships (Katz, Kuffel, and Coblenz 2002). They also sustain more physical injuries from dating violence. More surprising is the finding that “partner violence generally is unrelated to decreased relationship satisfaction” (Katz, Kuffel, and Coblenz 2002, 250). One study cited by Jennifer Katz and colleagues found that more than 90% of adolescents in violent relationships described those relationships as “good” or “very good.”

Many women leave a dating relationship after one violent incident; others stay through repeated episodes. Women who have “romantic” attitudes about jealousy and possessiveness and who have witnessed physical violence between their own parents may be more likely to stay in such relationships (Follingstad et al. 1992). Women with “modern” gender-role attitudes are more likely to leave than those with traditional attitudes (Flynn 1990). Women who leave violent partners cite the following factors in making the decision to break up: a series of broken promises that the man will end the violence, an improved self-image (“I deserve better”), escalation of the violence, and physical and emotional help from family and friends (Lloyd and Emery

1990). Apparently, counselors, physicians, and law enforcement agencies are not widely used by victims of dating violence.

Date Rape and Coercive Sex

Sexual intercourse with a dating partner that occurs against his or her will with force or the threat of force—often referred to as **date rape**—is the most common form of rape. Date rape is also known as **acquaintance rape**. One study found that women were more likely than men to define date rape as a crime. Disturbingly, date rape was considered less serious when the woman was African American (Foley et al. 1995).

Date rapes are usually not planned. Two researchers (Bechhofer and Parrot 1991) describe a typical date rape: He plans the evening with the intent of sex, but if the date does not progress as planned and his date does not comply, he becomes angry and takes what he feels is his right—sex. Afterward, the victim feels raped but the assailant believes that he has done nothing wrong. He may even ask the victim out on another date.

Alcohol or drugs are often involved. When both people are drinking, they are viewed as more sexual. Men who believe in rape myths are more likely to see drinking as a sign that females are sexually available (Abbey and Harnish 1995). In one study, 79% of women who were raped by their date had been drinking or taking drugs before the rape. In addition, 71% said their assailant had been drinking or taking drugs (Copenhaver and Grauerholz 1991). There are also high levels of alcohol and drug use among middle school and high school students who have unwanted sex (Rapkin and Rapkin 1991).

In recent years, certain “date-rape drugs,” most often either gamma-hydroxybutyrate (GHB) or Rohypnol (flunitrazepam, popularly known as “roofies,” “roofenol,” “rochies,” and other street names), have surfaced as major public safety concerns. Both drugs have sedative effects, especially when combined with alcohol. They may reduce inhibitions, and they affect memory. Both are used by some men to sedate and later victimize women, many of whom wake up unaware of where they are, how they got there, or what they have done. Samantha Reid, a 15-year-old, died as a result of drinking a soft drink that had been laced with GHB. Knowing only that the drink tasted funny, she died just hours later. Her friend, Melanie Sindone,

recovered after entering a coma that lasted less than a day. According to a *New York Times* article, the Drug Enforcement Agency estimates that between 1990 and 2000 there have been 65 deaths and have been 15 sexual assault cases involving 30 victims who had been given GHB. In Reid’s death, three men were convicted of involuntary manslaughter, punishable by 15 years in prison (Bradsher 2000). In 2000, then President Bill Clinton signed into law the Hillory J. Farias and Samantha Reid Date-Rape Drug Prohibition Act of 2000, named for Reid and another teenage victim who died after unknowingly drinking a beverage mixed with GHB. It is a federal crime, punishable by up to 20 years in prison, to manufacture, distribute, or possess GHB (<http://abcnews.go.com>).

Incidence of Date Rape

Estimates of date rape vary considerably. If the definition is expanded to include attempted intercourse as a result of verbal pressure or the misuse of authority, then women’s lifetime incidence increases significantly. When all types of unwanted sexual activity are included, ranging from kissing to sexual intercourse, half to three-quarters of college women report *sexual aggression* in dating (Cate and Lloyd 1992). There is also considerable *sexual coercion* in lesbian relationships and in relationships between gay men.

The National College Women Sexual Victimization Study surveyed more than 4,000 women during the 1996–1997 academic year. Asked about victimization just in the 7 months since school began in the fall, 1.7% of the women had been raped. Another 1.1% had experienced an attempted rape. Nine out of ten of these women knew their offenders.

Physical violence often goes hand in hand with sexual aggression. One researcher found, in a study of acquaintance rape victims, that three-fourths of the women sustained bruises, cuts, black eyes, and internal injuries. Some were knocked unconscious (Belknap 1989).

WHEN “NO” IS “NO.” There is considerable confusion and argument about sexual consent. Much sexual communication is done nonverbally and ambiguously, as Charlene Muehlenhard and her colleagues (1992) note:

Most sexual scripts do not involve verbal consent. One such script involves two people who are overcome with passion. Another such script involves a

male seducing a hesitant female, who, according to the sexual double standard, must not acknowledge her desire for sex lest she be labeled “loose” or “easy.” Neither of these scripts involve explicit verbal consent from both people.

That we don’t necessarily give verbal consent for sex indicates the importance of the nonverbal clues we do give off. However, as we saw in Chapter 6, nonverbal communication is imprecise. It can be misinterpreted easily if it is not reinforced verbally. For example, some men may even mistake a woman’s friendliness for sexual interest (Johnson, Stockdale, and Saal 1991; Stockdale 1993). Others may misinterpret a woman’s cuddling, kissing, and fondling as wishing to engage in sexual intercourse (Gillen and Muncher 1995; Muehlenhard 1988; Muehlenhard and Linton 1987). Our sexual scripts often assume “yes” unless a “no” is directly stated (Muehlenhard et al. 1992). This makes individuals “fair game” unless a person explicitly says “no.”

The assumption of consent puts women at a disadvantage. First, because men traditionally initiate sex, men may feel it is legitimate to initiate sex whenever they desire without women explicitly consenting. Second, women’s withdrawal can be considered insincere because consent is always assumed. Such thinking reinforces a common sexual script in which men initiate and women refuse so as not to appear promiscuous. In this script, the man continues believing that her refusal is token. One study found that almost 40% of the women had offered a “token no” at least once for such reasons as not wanting to appear “loose,” uncertainty about how the partner feels, inappropriate surroundings, and game playing (Muehlenhard and Hollabaugh 1989; Muehlenhard and McCoy 1991).

MALE EXPERIENCES OF COERCIVE SEX. Rape is not the only form of unwanted sexual relations that are experienced between acquaintances or on dates. Nor are women the only ones who are subjected to unwanted sexual contact. A study of New Zealand high school students found that, like “emotional violence” and “physical violence,” the 373 high school males and females reported high rates of coercive sexual contact. Defining such contact as unwanted kissing, hugging, French kissing (tongue kissing), genital contact (“being felt up”), and sex, as constituting sexual coercion, they found that more than three-fourths of their female subjects and two-thirds of their male respondents had

experienced one or more forms of such “sexual coercion” (Jackson, Cram, and Seymour, 2000). With the exception of “being felt up,” similar percentages of male as and female respondents reported having experienced nonconsensual sexual activities.

AVOIDING DATE RAPE. To reduce the risk of date rape, women should consider the following points:

- When dating someone for the first time, go to a public place, such as a restaurant, movie, or sports event.
- Share expenses. A common scenario is a date expecting you to exchange sex for his paying for dinner, the movie, drinks, and so on (Muehlenhard and Schrag 1991; Muehlenhard et al. 1991).
- Avoid using drugs or alcohol if you do not want to be sexual with your date. Their use is associated with date rape (Abbey 1991).
- Avoid ambiguous verbal or nonverbal behavior. Examine your feelings about sex and decide early if you wish to have sex. Make sure your verbal and nonverbal messages are identical. If you only want to cuddle or kiss, tell your partner that those are your limits. Tell him that if you say “no,” you mean “no.” If necessary, reinforce your statement emphatically, both verbally (“No!”) and physically (pushing him away) (Muehlenhard and Linton 1987).
- Be forceful and firm. Don’t worry about being polite. Often men interpret passivity as permission and ignore or misunderstand “nice” or “polite” approaches (Hughes and Sandler 1987).
- If things get out of hand, be loud in protesting, leave, and go for help.
- Be careful about what you drink, who you accept drinks from, and where you place your unfinished drink if you put it down; be suspicious of any open drink that tastes funny (salty or flat). These strategies will help reduce the likelihood of having your drink laced with date-rape drugs.

Beyond these strategies and suggestions, however, is an important reality. As with avoidance of stranger rapes, you can do everything right and still be victimized. If you experience a sexual assault, rather than compound the trauma by blaming yourself and experiencing guilt, you should focus on doing what is necessary to restore your confidence and faith in future relationships.

When and Why Some Women Stay in Violent Relationships

Violence in relationships generally develops a continuing pattern of abuse over time. We know from systems theory that all relationships have some degree of mutual dependence, and battering relationships are certainly no different. Despite the mistreatment they receive, some women stay in or return to violent situations for many reasons. However, we need to be careful not to overstate the tendency for abuse victims to stay with their abusers. Johnson and Ferraro (2000) note, for example, “We need to watch our language; there is no good reason why a study in which two-thirds of the women have left the violent relationship is subtitled, ‘How and why women stay’ instead of ‘How and why women leave.’” For the women who do stay in violent or abusive situations, their reasons include the following:

- *Economic dependence.* Even if a woman is financially secure, she may not perceive herself as being able to cope with economic matters. For low-income or poor families, the threat of losing the man’s support—if he is incarcerated, for example—may be a real barrier against change.
- *Religious pressure.* She may feel that the teachings of her religion require her to keep the family together at all costs, to submit to her husband’s will, and to try harder.
- *Children’s need for a father.* She may believe that even a father who beats the mother is better than no father. If the abusing husband also assaults the children, the woman may be motivated to seek help (but this is not always the case).
- *Fear of being alone.* She may have no meaningful relationships outside her marriage. Her husband may have systematically cut off her ties to other family members, friends, and potential support sources. She has no one to go to for any real perspective on her situation. (See Nielsen, Endo, and Ellington 1992 for the relationship between social isolation and abuse.)
- *Belief in the American dream.* The woman may have accepted without question the myth of the perfect woman and happy household. Even though her existence belies this, she continues to believe that it is how it should (and can) be.
- *Pity.* She feels sorry for her husband and puts his needs ahead of her own. If she doesn’t love him, who will?
- *Guilt and shame.* She feels that it is her own fault if her marriage isn’t working. If she leaves, she believes, everyone will know she is a failure or her husband might kill himself.
- *Duty and responsibility.* She feels she must keep her marriage vows “till death us do part.”
- *Fear for her life.* She believes she may be killed if she tries to escape.
- *Love.* She loves him; he loves her. On her husband’s death, one elderly woman (a university professor) spoke of her 53 years in a battering relationship (Walker 1979): “We did everything together. . . . I loved him; you know, even when he was brutal and mean. . . . I’m sorry he’s dead, although there were days when I wished he would die. . . . He was my best friend. . . . He beat me right up to the end. . . . It was a good life and I really do miss him.”
- *Cultural reasons.* A woman from nonmainstream cultural backgrounds may face great obstacles to leaving a relationship. She may not speak English, may not know where to go for help, and may fear she will not be understood. She often fears that her husband will lose his job, retaliate against her, or take the children back to the country of origin (Donnelly 1993). Recent immigrants from Latin America, Asia, and South Asia may be especially fearful that their revelations will reflect badly on the family and community.
- *Nowhere else to go.* She may have no alternative place to live. Shelter space is limited and temporary. Relatives and friends may be unable or unwilling to house a woman who has left, especially if she brings children with her.
- *Learned helplessness.* Lenore Walker (1979, 1993) theorizes that a woman stays in a battering relationship as a result of **learned helplessness**. After being repeatedly battered, she develops a low self-concept and comes to feel that she cannot control the battering or the events that surround it. Through a process of behavioral reinforcement, she

“learns” to become helpless and feels she has no control over the circumstances of her life.

Michael Johnson and Kathleen Ferraro’s distinction between common couple violence and intimate terrorism is important to add here. Women subjected to situational violence are less likely to leave than victims of intimate terrorism. Victims of intimate terrorism leave their partners more often, most commonly seeking friends and relatives for help, and look for destinations that are safe and secret (Johnson and Leone 2005).

Reflections

In your family (including your extended family), has there been spousal violence? Have you experienced violence in a dating relationship? If so, what were the factors involved in causing it? In sustaining it? If you or your family have not been involved in such violence, what factors do you think have protected against it?

The Costs of Intimate Violence

The cumulative financial costs associated with intimate violence are considerable. Zink and Putnam report that add costs for direct medical and mental health services for victims of partner violence, rape, assault and stalking total in excess of *four billion dollars*. Add to these the millions of dollars worth of broken or stolen property and the wages lost to victims due to time out of work. The “bottom line” is indeed steep.

Then there are the nonfinancial costs. These include the actual health and mental health effects with which victims of violence must cope. DeMaris (2001) reports that thousands of women and men are treated in emergency rooms each year for injuries suffered in partner violence. Victims of intimate partner violence also suffer twice the rate of depression and four times the rate of posttraumatic stress disorder as non-victims (Zink and Putnam, 2005). According to the Centers for Disease Control and Prevention (2003) victims of severe intimate violence lose nearly 8 million days of paid work—the equivalent of more than 32,000 full-time jobs—and almost 5.6 million days of household productivity each year (2003).

Responding to Intimate Violence: Police Intervention, Shelters, and Abuser Programs

Professionals who deal with domestic violence have long debated the most appropriate strategy: control and deterrence versus compassion (Mederer and Gelles 1989). Both approaches have their place. Controlling measures such as arrest, prosecution, and imprisonment, as well as compassionate measures such as shelters, education, counseling, and support groups have been shown to be successful to varying degrees. Used together, these interventions may be quite effective. Helen Mederer and Richard Gelles (1989) suggest that controlling measures may be used to “motivate violent offenders to participate in treatment programs.”

Battered Women and the Law

Early family violence studies and feminist pressure spurred a movement toward the implementation of stricter policies for dealing with domestic offenders. Once long ignored, in the last 10 to 15 years intimate violence has become a top concern for legislators and law enforcement agencies throughout the country (Wilson 1997). Today, many of the largest U.S. police forces have implemented **mandatory arrest** policies in which discretion is removed from police officers responding to a call about intimate violence. Under such policies, “if an officer finds probable cause that a crime occurred, he or she must arrest” (Goodman and Epstein 2005, 480). In addition, the adoption of **no-drop prosecution** policies compels prosecutors to proceed in the prosecution of an intimate violence case as long as evidence exists, regardless of a victim’s expressed wishes (Goodman and Epstein 2005).

For police to play any effective role in combating intimate partner violence they must first *know of the violence*. According to a “Fact Sheet on Intimate Partner Violence” put out by the National Center for Injury Prevention and Control, only about a fifth of rapes or sexual assaults by a partner, a fourth of physical assaults, and half of the incidents of stalking directed

toward women are reported (<http://www.cdc.gov/ncipc/factsheets/ipvfacts.htm>). The rate at which men report their victimization is even less.

Even when incidents are reported, we have reason to question how committed police officers are to becoming involved in domestic disputes. This has long been a complaint of women who are victimized and who find police reluctant to intervene, even under mandatory arrest policies. Male victims of female perpetrators find police are often dismissive of their concerns (Migliaccio 2002).

Aside from the sincerity of the commitment of criminal justice personnel, the innovations in policy have potentially mixed consequences. Lisa Goodman and Deborah Epstein (2005) use the following as examples to illustrate this:

If a victim seeks to drop charges so that the father of her children can continue to work and provide financial support, a prosecutor is likely to refuse on the grounds that this would not serve the interests of the state. . . . No-drop policies also allow a district attorney little leeway in situations where a victim fears, realistically, that prosecution will provoke the batterer into retaliatory abuse against her; the district attorney may even subpoena the victim and force her to testify.

Abuser Programs

According to Richard Tolman (1995), “A comprehensive solution to violence against women in intimate relationships demands that perpetrators of abuse be held accountable for their behavior and that direct efforts be made with batterers to change their behavior.” Treatment services for men who batter provide one important component of a coordinated response to domestic violence (see Gondolf 1993 for program and treatment issues). Psychotherapy, group discussion, stress management, or communication skills classes may be available through mental health agencies, women’s crisis programs, or various self-help groups.

The extent to which attending batterers’ groups changes the violent behavior of abusing men is difficult to measure (Gelles and Conte 1991). What has become apparent is the ineffectiveness of the “one size fits all” approach and the need to adopt a more sophisticated understanding of an individual’s violent behaviors (Tolman 1995). Also, coordinated community



© Michael Newman/PhotoEdit

■ *Battered women’s shelters provide safe havens for women in abusive relationships. Shelters provide counseling and emotional support, as well as temporary lodging, meals, and other necessities for women and their children.*

response that includes proactive police and criminal justice strategies, advocacy and services for battered women and their children, and responses by other community institutions that promote safety for battered women and sanctions for men who batter are necessary interventions (Tolman 1995).

As Michael Johnson and Janel Leone warn, failure to differentiate types of violence may also leave women who are victims of intimate terrorism vulnerable and endangered if they choose to use such interventions as couples counseling or mediation. The same strategies would be very appropriate for couples experiencing more situational common couple violence.

Child Abuse and Neglect

Child abuse was not recognized as a serious problem in the United States until the 1960s. At that time, C. H. Kempe and his colleagues (1962) coined the medical term **battered child syndrome** to describe the patterns of injuries commonly observed in physically abused children. The Children’s Defense Fund (2005) reports the following:

- Every 30 seconds, a child is reported abused or neglected.
- Every 20 seconds, a child is arrested.
- Every 3 hours a child is killed by firearms.
- Every 5 hours a child commits suicide.
- Every 6 hours a child dies from abuse or neglect.

When we look at violence among children from a global perspective, we see an even larger shadow cast over our nation. A study by the Centers for Disease Control and Prevention (1997) found that nearly three out of four child slayings in the industrialized world occur in the United States. The statistics show that the epidemic of violence in recent years that has hit increasingly younger children is confined almost exclusively to the United States. The suicide rate alone for children 14 and under is double that of the rest of the industrialized world. No explanation for the huge gap between the rates of violent death for American children and those of other countries was given, although some experts speculate it is because of a growing number of children who are unsupervised or otherwise at risk. The low level of funding for social programs, sexism, racism, and epidemic rates of



Barbara Sayed

■ *Children are the least protected members of our society. Much physical abuse is camouflaged as discipline or as the parent “losing” his or her temper.*

poverty among our young are other factors that continue to embarrass our nation. Parental violence is among the five leading causes of death for children between the ages of 1 and 18. About 1,300 children are killed by their parents or other close relatives each year (McCormick 1994).

As is true of partner relationships, children are subjected to other, nonphysical forms of mistreatment by parents. In examining the national prevalence of **psychological aggression** by parents, Murray Straus and Carolyn Field (2003) find that verbal attacks on children are so common as to be “just about universal.” Based upon nearly 1,000 interviews with a nationally representative sample of households with at least one child under 18 years living at home, Straus and Field explore the prevalence of psychological aggression. They define psychological aggression as consisting of the following kinds of behaviors, with the latter three constituting “more severe” psychological aggression:

- Shouting, yelling, or screaming at one’s child
- Threatening to spank or hit one’s child but not actually doing it
- Swearing or cursing at one’s child
- Threatening to send one’s child away or kick him or her out of the house
- Calling one’s child dumb or lazy, or making some other disparaging comment

Of the sample parents, 89% reported having committed at least one of the five kinds of psychological aggression and 33% reported at least one instance of the more severe forms. The prevalence of the various forms of psychological aggression are illustrated in Table 13.1.

Table 13.1 ■ Prevalence of Psychological Aggression

Prevalence	Measure (% in last year)
Overall	88.6
Severe	33.4
Shouting, yelling, screaming	74.7
Threatening to spank	53.6
Swearing or cursing	24.3
Name-calling	17.5
Threatening to kick out of house	6.0

SOURCE: Straus and Field 2003.

Use of psychological aggression varies with the age of the child. A total of 43% of parents of infants reported using psychological aggression, and nearly 90% of parents of 2-year-olds use some form of psychological aggression. The percentage peaks at 98% at age 7, and as late as age 17 the rate still remains a high 90%.

Conversely, research on corporal punishment shows it declining with the age of the child; only 12% of parents of 17-year-olds report still using corporal punishment (Straus and Field 2003). However, more than 90% of toddlers in the United States are reportedly spanked (Straus and Field 2003). Most childrearing experts, currently advise that parents use alternative disciplinary measures.

Parents' ages matter, too. Younger parents (ages 18 to 29) reported the most frequent use of psychological aggression (22 times in past 12 months) compared to parents 30 to 39 (19 times in past 12 months), and parents over 40 (15 times in past 12 months). Aside from age differences, there was "a lack of demographic differences in use of psychological aggression; this means that nearly all parents, regardless of sociodemographic characteristics, used at least some psychological aggression as a disciplinary tactic" (Straus and Field 2003, 805).

Families at Risk

Early research established that the following three sets of factors put families at risk for child abuse and neglect: (1) parental characteristics, (2) child characteristics, and (3) the family ecosystem—that is, the family system's interaction with the larger environment (Burgess and Youngblood 1987; Vasta 1982). The characteristics described in the next sections are likely to be present in abusive families (Straus, Gelles, and Steinmetz 1980; Turner and Avison 1985).

Parental Characteristics

Some or all of the following characteristics are likely to be present in parents who abuse their children:

- The abusing father was physically punished by his parents, and his father physically abused his mother.
- The parents believe in corporal discipline of children and wives.
- The marital relationship itself may not be valued by the parents. There may be spousal violence.

- The parents believe that the father should be the dominant authority figure.
- The parents have low self-esteem.
- The parents have unrealistic expectations for the child.
- There is persistent role reversal in which the parents use the child to gratify their own needs, rather than vice versa.
- The parents appear unconcerned about the seriousness of a child's injury, responding, "Oh well, accidents happen."

Child Characteristics

Who are the battered children? Are they any different from other children? Surprisingly, the answer is often "yes"; they are different in some way or at least are perceived to be so by their parents. Children who are abused are often labeled by their parents as "unsatisfactory," a term that may describe any of the following:

- A "normal" child who is the product of a difficult or unplanned pregnancy, is of the "wrong" sex, or is born outside of marriage
- An "abnormal" child, one who was premature or of low birth weight, possibly with congenital defects or illness
- A "difficult" child, one who shows such traits as fussiness or hyperactivity

Researchers note that all too often, a child's perceived difficulties are a result (rather than a cause) of abuse and neglect.

Family Ecosystem

As discussed earlier in this chapter, the community and the family's relation to it may be relevant to the existence of domestic violence. The following characteristics may be found in families that experience child abuse:

- The family experiences unemployment.
- The family is socially isolated, with few or no close contacts with relatives, friends, or groups.
- The family has a low level of income, which creates economic stress.
- The family lives in an unsafe neighborhood, which is characterized by higher-than-average levels of violence.

- The home is crowded, hazardous, dirty, or unhealthy.
- The family is a single-parent family in which the parent works and is consequently overstressed and overburdened.
- One or more family members have health problems.

Notice the clustering of such socioeconomic characteristics as unemployment, low income, neighborhood, and housing. This combination tells an important story. Like spousal or partner violence, the mistreatment of children can be found across the socioeconomic spectrum. But like spousal violence, it happens more often at the lower levels. As noted earlier, the culprit in these associations is most likely stress.

The likelihood of child abuse increases with family size. Parents of two children have a 50% higher abuse rate than do parents of a single child. The rate of abuse peaks at five children and declines thereafter. The overall child abuse rate by mothers has been found to be significantly higher than that by fathers. The responsibilities and tensions of mothering and the enforced closeness of mother and child are different and more demanding than those between father and child. They may lead to situations in which women are likely to abuse their children. But, as David Finkelhor (1983) and others have pointed out, if we “calculate [child] vulnerability to abuse as a function of the amount of time spent in contact with a potential abuser, . . . we . . . see that men and fathers are more likely to abuse.”

Single parents—both mothers and fathers—are at especially high risk of abusing their children (Gelles 1989). According to Richard Gelles, “the high rate of abusive violence among single mothers appears to be a function of the poverty that characterizes mother-only families.” He states that programs must be developed that are “aimed at ameliorating the devastating consequences of poverty among single parents.” Single fathers, who show a higher abuse rate than single mothers, “need more than economic support to avoid using abusive violence toward their children.”

Matter of Fact

American children are 12 times more likely to die by gunfire than their counterparts in the rest of the industrialized world (Meyer 1997).

Intervention

The goals of intervention in domestic violence are principally to protect the victims and to assist and strengthen their families. In dealing with child abuse, professionals and government agencies may be called on to provide medical care, counseling, and services such as day care, childcare education, telephone crisis lines, and temporary foster care.

Many of these services are costly, and many of those who require them cannot afford to pay. Our system does not currently provide the human and financial resources necessary to deal with these problems. The first step in treating child abuse is locating the children who are threatened. Mandatory reporting of suspected child abuse is now required of professionals such as teachers, doctors, and counselors in all 50 states. Reported incidents of child abuse have increased greatly during this time, but the actual number of incidents appears to have decreased. This is good news as far as it goes. Still, levels of violence against children remain unacceptably high, and not nearly enough resources are available to assist children. Child welfare workers are notoriously overburdened with cases, and adequate foster placement is often difficult to find (Gelles and Cornell 1990).

Society must address this tragedy of continued child abuse from a variety of levels:

- Parents must learn how to deal more positively and effectively with their children.
- Children need to be infused with self-esteem and taught skills to recognize and report abuse as soon as it occurs.
- Professionals working with children and families should be required to receive adequate training in child abuse and neglect and to be sensitive to cultural norms.
- Agencies should coordinate their efforts for preventing and investigating child abuse.
- Public awareness of child abuse needs to be created by methods such as posters and public service announcements.
- The workplace should promote educational programs to eliminate sexism, provide adequate childcare, and help reduce stress among its workforce.
- Government should support sex education and family life programs to help reduce the number of unwanted pregnancies.

- Criminal statutes should be developed and enforced to impose felony sentences on those who perpetuate child maltreatment.
- Research efforts concerning family violence and child maltreatment should be supported.

Reflections

If you became (or are) a parent, would you consider it violent to spank your child with an open hand on the buttocks if the child was disobedient? To slap your child across the face? Is it acceptable to spank your small child to teach him or her not to run into a busy street? To spank because you are angry?

Hidden Victims of Family Violence: Siblings, Parents, and the Elderly

Most studies of family violence have focused on violence between spouses and on parental violence toward children. There is, however, considerable violence between siblings, between teenage children and their parents, and between adult children and their aging parents. These are the “hidden victims” of family violence (Gelles and Cornell 1990).

Sibling Violence

More than a quarter century of research illustrates that violence between siblings is by far the most common form of family violence (Straus, Gelles, and Steinmetz 1980; Hoffman, Kiecolt, and Edwards 2005). Perhaps as many as three out of four children experience sibling violence every year. Although violence declines as children age, no less than two-thirds of teenagers annually commit an act of violence—pushing, slapping, throwing or hitting with an object, or something more severe—against a sibling. A recent study of 651 college undergraduates found that nearly 70% acknowledged having acted violently toward their closest-age sibling while seniors in high school. The violence most commonly consisted of hitting with a hand or object, pushing or shoving, and throwing things but often included slapping, punching, and pulling hair (Hoffman,

Kiecolt, and Edwards 2005). Most of this type of sibling interaction is simply taken for granted by our culture—“You know how kids are!”

The full scope and implications of sibling violence have not been rigorously explored. However, more than 25 years ago, Murray Straus, Richard Gelles, and Suzanne Steinmetz (1980) offered this observation, which remains just as relevant today:

Conflicts and disputes between children in a family are an inevitable part of life. . . . But the use of physical force as a tactic for resolving their conflicts is by no means inevitable. . . . Human beings learn to be violent. It is possible to provide children with an environment in which nonviolent methods of solving conflicts can be learned. . . . If violence, like charity, begins at home, so does nonviolence.

Parents as Victims

Teenage Violence toward Parents

Most of us find it difficult to imagine children attacking their parents because it so profoundly violates our image of parent-child relations. Parents possess the authority and power in the family hierarchy. Furthermore, there is greater social disapproval of a child striking a parent than of a parent striking a child; it is the parent who has the “right” to hit. Although we know fairly little about adolescent violence against parents, scattered studies indicate that it is almost as prevalent as spousal violence.

Most children who attack parents are between the ages of 13 and 24. Sons are slightly more likely to be abusive than daughters; the rate of severe male violence tends to increase with age, whereas that of females decreases. Boys apparently take advantage of their increasing size and the cultural expectation of male aggression. Girls, in contrast, may become less violent because society views female aggression more negatively. Most researchers believe that mothers are the primary targets of violence and abuse because they may lack physical strength or social resources to defend themselves (Gelles and Cornell 1985).

Abuse of Elderly Parents

Of all the forms of hidden family violence, only the abuse of elderly parents by their grown children (or, in some cases, by their grandchildren) has received

Real Families

Working the Front Line in the Fight against Child Abuse



An estimated 1,400 children a year are murdered by their parents or guardians. Some cases remain relatively unknown to the wider public, reported in small articles in mostly local newspapers if reported at all. Others become major news stories, the focus of not only local but also wider regional or even national attention. Both kinds of cases can be seen in the following list of cases that occurred over the past 20 years. The list includes Eli Creekmore, age 3, beaten to death by his father, in 1986; Elizabeth “Lisa” Steinberg, age 6, beaten to death by her adopted father, in 1987; Joseph

Wallace, age 3, hung by his mother, in 1993; Elisa Izquierdo, age 6, beaten to death by her mother, in 1995; Nadine Lockwood, age 4, intentionally starved to death by her mother in 1996; and James Pack, age 3, beaten to death by his father in 2003. In just a 3-month period, between late 2005 and early 2006, Sierra Roberts, age 7, Dahquay Gillians, age 16 months, and Joziah Bunch, age 1, died at the hands of their parents. Then there was Nixzmary Brown, age 7. As reported in the *New York Daily News*, Nixzmary had been “bound to a chair, tortured, sexually molested and starved for weeks before being killed by a savage blow to the head—even after child welfare authorities dismissed charges of abuse” (Dillon, Fenner, and Gendar 2006).

Her death in January 2006 drew widespread attention and considerable outrage at the system that is supposed to monitor and protect children.

This is but a partial list of child abuse homicides, selected because in each instance some agency or individuals in a position to intervene didn’t—despite what in retrospect looked like clear and unambiguous evidence of severe abuse. Many of these cases were met by public outcry and led to changes in the policies used by the relevant protective agencies. Typically, the most extreme outrage is expressed at the parent perpetrators. Often there is also intense anger and blame directed at the agency or caseworkers who failed to rescue the child from his or her abusive, lethal surroundings.

considerable public attention. Elder mistreatment may be an act of commission (abuse) or omission (neglect) (Wolf 1995). It is estimated that approximately 500,000 elderly people are physically abused annually. An additional 2 million are thought to be emotionally abused or neglected. Although mandatory reporting of suspected cases of elder abuse is the law in 42 states and the District of Columbia, much abuse of the elderly goes unnoticed, unrecognized, and unreported (Wolf 1995). Elderly people are often confined to bed or a wheelchair, and many do not report their mistreatment out of fear of institutionalization or other reprisal. Although some research indicates that the abused elder may have been an abusing parent, more knowledge must be gained before we can draw firm conclusions about the causes of elder abuse (Egeland 1993; Kaufman and Zigler 1993; Ney 1992).

The most likely victims—in most cases, women—of elder abuse are suffering from physical or mental impairments, especially those with Alzheimer’s disease. Their advanced age renders them dependent on their caregivers for many, if not all, of their daily needs. It may be their dependency that increases their likelihood

of being abused. Other research indicates that many abusers are financially dependent on their elderly parents; they may resort to violence out of feelings of powerlessness.

While researchers are sorting out the whys and wherefores of elder abuse, battered older people have a number of pressing needs. Karl Pillemer and Jill Suito (1988) recommend the following services for elders and their caregiving families:

- Housing services, including temporary respite care to give caregivers a break and permanent housing (such as rest homes, group housing, and nursing homes)
- Health services, including home health care; adult day-care centers; and occupational, physical, and speech therapy
- Housekeeping services, including shopping and meal preparation
- Support services, such as visitor programs and recreation
- Guardianship and financial management

Reducing Family Violence

Based on the foregoing evidence, you may by now have concluded that the American family is well on its way to extinction as family members bash, thrash, cut, shoot, and otherwise wipe themselves out of existence. Statistically, the safest family homes are those with one or no children in which the husband and wife experience little life stress and in which decisions are made democratically. By this definition, most of us probably do not live in homes that are particularly safe. What can we do to protect ourselves (and our posterity) from ourselves?

Prevention strategies usually take one of two paths: (1) eliminating social stress or (2) strengthening families (Swift 1986). Family violence experts make the following general recommendations (Straus, Gelles, and Steinmetz 1980) (for specific prevention and treatment strategies, see Hampton et al. 1993):

- Reduce societal sources of stress, such as poverty, racism and inequality, unemployment, and inadequate health care.
- Eliminate sexism.
- Furnish adequate day care.
- Promote educational and employment opportunities equally for men and women.
- Promote sex education and family planning to prevent unplanned and unwanted pregnancies.
- Initiate prevention and early intervention efforts for young males before they become adult batterers.
- End social isolation. Explore means of establishing supportive networks that include relatives, friends, and community.
- Break the family cycle of violence. Eliminate corporal punishment and promote education about disciplinary alternatives. Support parent education classes to deal with inevitable parent-child conflict.
- Eliminate cultural norms that legitimize and glorify violence. Legislate gun control, eliminate capital punishment, and reduce media violence.

Child Sexual Abuse

Whether it is committed by relatives or nonrelatives, **child sexual abuse** is defined as any sexual interaction (including fondling, erotic kissing, or oral sex, as well

as genital penetration) between an adult or older adolescent and a prepubertal child. It does not matter whether the child is perceived by the adult as freely engaging in the sexual activity. Because of the child's age, he or she cannot legally give consent; the activity can only be considered as self-serving to the adult.

Estimates of the incidence of child sexual abuse vary considerably. The first national survey found that 27% of the women and 16% of the men surveyed had experienced sexual abuse as children (Finkelhor et al. 1990). Most recently, Andrew Cherlin and colleagues report that available evidence indicates that each year "several million" children experience physical or sexual abuse and that data drawn from a review of 19 surveys that touched on sexual abuse suggest that 20% or *more* American women had been sexually abused as children (Cherlin et al. 2004). Although others estimate that perhaps as many as 25% of women and 10% of men have been sexually abused as children or teens, their abusers are different; those who abuse males are more likely to be nonfamily members. Although, overall, more perpetrators of child sex abuse are nonfamily, a higher percentage of those who abuse females are from within the family (Whealin 2006, http://www.ncptsd.va.gov/facts/specific/fs_male_sexual_assault.html).

For a variety of reasons, as the American Psychological Association (APA) reports, definitive statistics "are difficult to collect because of problems of underreporting and the lack of one definition of what constitutes such abuse." In lieu of specific statistics, the APA states that child sexual abuse is "not uncommon and is a serious problem in the United States" (<http://www.apa.org/releases/sexabuse>).

Different definitions of abuse, methodologies, samples, and interviewing techniques account for sometimes widely varied estimates. Fabricated reports of sexual abuse do occur, but deliberate fabrications constitute only 4% to 8% of all reports (Finkelhor 1995). Encouragingly, the Department of Justice reports that substantiated cases of child sexual abuse have declined, dropping by about a third between 1992 and 1998 (Cherlin et al. 2004).

Child sexual abuse is generally categorized in terms of kin relationship. **Extrafamilial sexual abuse** is conducted by nonrelated individuals. **Intrafamilial abuse** is conducted by related individuals, including step-relatives. The abuse may be pedophilic or nonpedophilic. **Pedophilia** is an intense, recurring sexual attraction to prepubescent children. Nonpedophilic sexual interactions with children are not motivated as

much by sexual desire as by nonsexual motives, such as power or affection (Groth 1980).

The child's victimization may include force or the threat of force, pressure, or the taking advantage of trust or innocence. The most serious forms of sexual abuse include actual or attempted penile–vaginal penetration, fellatio, cunnilingus, and anilingus, with or without the use of force. Other serious forms range from forced digital penetration of the vagina to fondling of the breasts (unclothed) or simulated intercourse without force. The least traumatic sexual abuse ranges from kissing to intentional sexual touching of the clothed genitals, breasts, or other body parts with or without the use of force (Russell 1984).

Forms of Intrafamilial Child Sexual Abuse

The incest taboo, which is nearly universal in human societies, prohibits sexual activities between closely related individuals. **Incest** is generally defined as sexual intercourse between people too closely related to marry legally (usually interpreted to mean father–daughter, mother–son, or brother–sister). Sexual abuse in families can involve blood relatives (most commonly uncles and grandfathers) and steprelatives (most often stepfathers and stepbrothers). Grandfathers who abuse their granddaughters often sexually abused their own children as well. Step-granddaughters are at greater risk than are granddaughters (Margolin 1992).

Father–Daughter Sexual Abuse

There is general agreement that the most traumatic form of sexual victimization is father–daughter abuse, including that committed by stepfathers. Some factors contributing to the severity of reactions to father–daughter sexual relations include fathers being more likely to engage in penile–vaginal penetration than other relatives, fathers sexually abusing their daughters more frequently and being more likely to use force or violence.

In the past, many have discounted the seriousness of sexual abuse by a stepfather because incest is generally defined legally as sexual activity between two biologically related people. The emotional consequences are just as serious, however. Sexual abuse by

a stepfather still represents a violation of the basic parent–child relationship.

Brother–Sister Sexual Abuse

There are contrasting views concerning the consequences of brother–sister incest. Most researchers have tended to view it as harmless sex play or sexual exploration between mutually consenting siblings. The research, however, has generally failed to adequately distinguish between exploitative and nonexploitative brother–sister sexual activity. One resource (Niolon 2000, http://www.psychpage.com/family/library/sib_abuse.htm) defines brother–sister (or cousin) sexual interaction as *abuse*,

when it is marked by a five year [age] difference; when the children are less than five years apart in age, the interaction is not deemed abusive unless force, coercion, injury, or penetration occurs. The criteria of force and/or coercion may be the most highly associated with negative outcomes, regardless of the specific sexual behavior (for example, kissing, fondling, simulated intercourse, or exhibition). Typically, the abuse begins when the victim is around six to seven years of age.

Diana Russell (1986) suggests that the idea that brother–sister incest is usually harmless and mutual may be a myth. Even more strongly, there are recent studies that assert that the circumstances, characteristics, and potential outcomes of brother–sister incest are as serious as, if not more than, those of father–daughter incest (Rudd and Herzberger 1999; Cyr et al. 2002).

In Russell's (1986) study, the average age difference between the brother (age 17.9 years) and the sister (age 10.7 years) was so great that the siblings could hardly be considered peers. The age difference represents a significant power difference. Furthermore, not all brother–sister sexual activity is “consenting”; considerable physical force may be involved. Russell writes:

So strong is the myth of mutuality that many victims themselves internalize the discounting of their experiences, particularly if their brothers did not use force, if they themselves did not forcefully resist the abuse at the time, if they still continued to care about their brothers, or if they did not consider it abuse when it occurred. And sisters are even more likely than daughters to be seen as responsible for their own abuse.

Uncle–Niece Sexual Abuse

Both Alfred Kinsey (1953) and Diana Russell (1986) found the most common form of intrafamilial sexual abuse to involve uncles and nieces. Russell reported that almost 5% of the women in her study had been molested by their uncles, slightly more than the percentage abused by their fathers. The level of severity of the abuse was generally less in terms of the type of sexual acts and the use of force. Although such abuse does not take place within the nuclear family, many victims found it quite distressing. A quarter of the respondents indicated long-term emotional effects (Russell 1986).

Children at Risk

Not all children are equally at risk for sexual abuse. Although any child can be sexually abused, some groups of children are more likely to be victimized than others. A review of the literature (Finkelhor and Baron 1986) indicates that children at higher risk for sexual abuse are the following: female children, preadolescent children, children with absent or unavailable parents, children whose relationships with parents are poor, children whose parents are in conflict, children of single parents, and children who live with a stepfather. A variety of studies have found little or no association between sexual abuse and race and socioeconomic status (Finkelhor 1995).

Most sexually abused children are girls, but boys are also victims (Watkins and Bentovim 1992). David Finkelhor (1979) speculates that men tend to underreport sexual abuse because they experience greater shame; they feel that their masculinity has been undermined. Boys tend to be blamed more than girls for their victimization, especially if they did not forcibly resist: “A real boy would never let someone do that without fighting back” (Rogers and Terry 1984).

Most sexually abused children are between 8 and 12 years of age when the abuse first takes place. At higher risk appear to be children who have poor relationships with their parents (especially mothers) or whose parents are absent or unavailable and have high levels of marital conflict. A child in such a family may be less well supervised and, as a result, more vulnerable to manipulation and exploitation by an adult. Finally, children with stepfathers are at greater risk for sexual abuse. The higher risk may result from the

weaker incest taboo in stepfamily relationships and because stepfathers have not built inhibitions resulting from parent–child bonding beginning from infancy. As a result, stepfathers may be more likely to view their stepdaughters sexually.

Effects of Child Sexual Abuse

There is extensive research indicating that potential “profound, long-term consequences for an adult’s sexual behavior and intimate relationships” can result from child sexual abuse (Cherlin et al. 2004, 770). Among the numerous well-documented consequences of child sexual abuse are both initial and long-term consequences. Many abused children experience symptoms of PTSD (McLeer et al. 1992).

Initial Effects of Sexual Abuse

The initial consequences of sexual abuse—those occurring within the first 2 years—include these effects:

- *Emotional disturbances*, including fear, anger, hostility, guilt, and shame
- *Physical consequences*, including difficulty in sleeping, changes in eating patterns, and pregnancy
- *Sexual disturbances*, including significantly higher rates of open masturbation, sexual preoccupation, and exposure of the genitals (Hibbard and Hartman 1992)
- *Social disturbances*, including difficulties at school, truancy, running away from home, and early marriages among abused adolescents

Ethnicity appears to influence how a child responds to sexual abuse. For example, one study compared sexually abused Asian American children with a random sample of abused Caucasian, African American, and Latino children (Rao, Diclemente, and Pouton 1992). The researchers found that Asian American children suffered less sexually invasive forms of abuse. They tended to be more suicidal and to receive less support from their parents than did non-Asians. They were also less likely to express anger or to act out sexually. These different responses point to the importance of understanding the cultural context when treating ethnic victims of sexual abuse. (For a discussion of child sexual abuse histories among African American college students, see Priest 1992.)

Long-Term Effects of Sexual Abuse

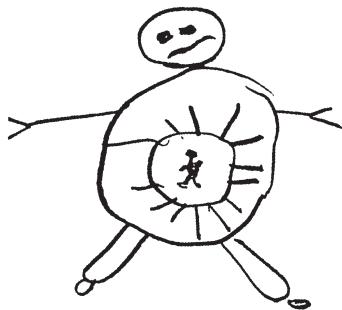
Although the initial effects of child sexual abuse can subside to some extent, the abuse may leave lasting scars on the adult survivor (Beitchman et al. 1992).

These adults often have significantly higher incidences of psychological, physical, and sexual problems than the general population. Cherlin and colleagues (2004) list such outcomes as feelings of betrayal, lack of trust, feelings of powerlessness, low self-image, depression, and a lack of clear boundaries between self and others. Abuse as a child may predispose some women to early onset of sexual involvement, more involvement in sexually risky behavior, multiple partners, and sexually abusive dating relationships (Cherlin et al. 2004; Cate and Lloyd 1992). Cherlin and colleagues also identify the following:

- More frequent but less satisfying sexual encounters
- Greater anxiety and less pleasure from sex
- Behaviors such as using drugs and/or alcohol with sex that increase risk of sexually transmitted disease or HIV infection
- Engaging in sex soon after meeting a partner

Long-term problems include the following (Beitchman et al. 1992; Browne and Finkelhor 1986; Cherlin et al. 2004; Elliott and Briere 1992; Jeffrey and Jeffrey 1991; Wyatt, Guthrie, and Notgrass 1992; DeGroot, Kennedy, Rodin, and McVey 1992; Walker et al. 1992; Young 1992):

- Depression, the most frequently reported symptom of adults sexually abused as children



■ *This drawing was made by an adolescent who was impregnated by her father. According to psychologists, it expresses her inability to deal with body images, especially genitalia, and her rejection of her body's violation.*

- Self-destructive tendencies, including suicide attempts and thoughts of suicide
- Somatic disturbances and dissociation, including anxiety and nervousness, eating disorders (anorexia and bulimia), feelings of “spaciness,” out-of-body experiences, and feelings that things are “unreal”
- Negative self-concept, including feelings of low self-esteem, isolation, and alienation
- Revictimization, in which women abused as children are more vulnerable to rape and marital violence
- Sexual problems, in which survivors find it difficult to relax and enjoy sexual activities or they avoid sexual relations and experience hypoactive (inhibited) sexual desire and lack of orgasm
- Interpersonal relationship difficulties, including lower relationship satisfaction, difficulties in relating to both sexes, parental conflict, problems in responding to their own children, and difficulty in trusting others

As Cherlin and colleagues (2004) point out, childhood sexual abuse victimization may affect the ability to maintain long-term intimate relationships in adulthood. “Overall, the relationship difficulties associated with childhood sexual abuse would seem to be more consistent with frequent, short-term unions than with long-term unions” (771).

CAN WE REMEMBER? In the past two decades, some adults have been accusing family members or others of abusing them as children. They say that they unconsciously repressed their traumatic childhood memories of abuse and only later, as adults, recalled them with the help of psychotherapy. These accusations have given rise to a fierce controversy about the nature of memories of abuse. A review of the research related to this topic was done by the American Psychological Association (1994) and the following conclusions were made:

- Most people who were sexually abused as children at least partially remember the abuse.
- Memories of sexual abuse that have been forgotten may later be remembered.
- False memories of events that never happened may occur.
- The process by which accurate or inaccurate recollections of childhood abuse are made is not well understood.

Because firm scientific conclusions cannot be made at this time, the debate is likely to continue.

Sexual Abuse Trauma

As we have seen, childhood sexual abuse has numerous initial and long-term consequences. Together, these consequences create a traumatic dynamic that affects the child's ability to deal with the world. David Finkelhor and Angela Browne (1986) suggest a model of sexual abuse that contains four components: traumatic sexualization, betrayal, powerlessness, and stigmatization. When these factors converge as a result of sexual abuse, they affect the child's cognitive and emotional orientation to the world. They create trauma by distorting a child's self-concept, worldview, and affective abilities. These consequences affect abuse survivors not only as children but also as adults.

TRAUMATIC SEXUALIZATION. The process in which a sexually abused child's sexuality develops inappropriately and the child becomes interpersonally dysfunctional is referred to as **traumatic sexualization**.

Finkelhor and Browne (1986) note the following: Sexually traumatized children learn inappropriate sexual behaviors (such as manipulating an adult's genitals for affection), are confused about their sexuality, and inappropriately associate certain emotions—such as loving and caring—with sexual activities.

As adults, sexual issues may become especially important. Survivors may suffer flashbacks, sexual dysfunctions, and negative feelings about their bodies. They may also be confused about sexual norms and standards. A fairly common confusion is the belief that sex may be traded for affection. Some women label themselves as “promiscuous,” but this label may be more a result of their negative self-image than of their actual behavior. There seems to be a history of childhood sexual abuse among many prostitutes (Simons and Whitbeck 1991).

BETRAYAL. Children feel betrayed when they discover that someone on whom they have been dependent has manipulated, used, or harmed them. Children may also feel betrayed by other family members, especially mothers, for not protecting them from abuse. As adults, survivors may experience depression as a manifestation, in part, of extended grief over the loss of trusted figures. Distrust may manifest itself in hostility and anger or in social isolation and avoidance of

intimate relationships. Anger may express a need for revenge or retaliation.

POWERLESSNESS. Children experience a basic kind of powerlessness when their bodies and personal spaces are invaded against their will. A child's powerlessness is reinforced as the abuse is repeated. In adulthood, powerlessness may be experienced as fear or anxiety; a person feels unable to control events. Adult survivors often believe that they have impaired coping abilities. This feeling of ineffectiveness may be related to the high incidence of depression and despair among survivors. Powerlessness may also be related to increased vulnerability or revictimization through rape or marital violence; survivors may feel unable to prevent subsequent victimization.

Other survivors, however, may attempt to cope with their earlier powerlessness by an excessive need to control or dominate others.

STIGMATIZATION. Ideas about being a bad person as well as feelings of guilt and shame about sexual abuse are transmitted to abused children and then internalized by them. Stigmatization is communicated in numerous ways. The abuser conveys it by blaming the child or, through secrecy, communicating a sense of shame. If the abuser pressures the child for secrecy, the child may also internalize feelings of shame and guilt. As adults, survivors may feel extreme guilt or shame about having been sexually abused. They also feel different from others because they mistakenly believe that they alone have been abused.

Treatment Programs

Child sexual abuse, especially father–daughter incest, is increasingly being treated through therapy programs working with the judicial system rather than through breaking up the family by removing the child or the offender (Nadelson and Sauzier 1986). Because the offender is often also the breadwinner, incarcerating him may greatly increase the family's emotional distress. The district attorney's office may work with clinicians in evaluating the existing threat to the child and deciding whether to prosecute, refer the offender to therapy, or both. The goal is not simply to punish the offender but to try to assist the victim and the family in coming to terms with the abuse.

Many of these clinical programs work on several levels at once: they treat the individual, the father–



© Bob Daemrich/The Image Works

■ *Children need to have someone, such as a teacher who they trust, in whom they can confide about their suffering.*

daughter relationship, the mother–daughter relationship, and the family as a whole. They work on developing self-esteem and improving the family and marital relationships. If appropriate, they refer individuals to alcohol or drug abuse treatment programs.

A crucial ingredient in many treatment programs is individual and family attendance at self-help group meetings. These self-help groups are composed of incest survivors, offenders, mothers, and other family members. Self-help groups such as Parents United and Daughters and Sons United help the offender acknowledge his responsibility and understand the effect of the incest on everyone involved.

Preventing Sexual Abuse

The idea of preventing sexual abuse is relatively new (Berrick and Barth 1992). Prevention programs began about a decade ago, a few years after programs were

started to identify and help child or adult survivors of sexual abuse. (For an evaluation of commercially available materials for preventing child abuse, see Roberts et al. 1990.) Such prevention programs have been hindered, however, by three factors (Finkelhor 1986a, 1986b):

- The issue of sexual abuse is complicated by differing concepts of appropriate sexual behavior and partners, which are not easily understood by children.
- Sexual abuse, especially incest, is a difficult and scary topic for adults to discuss with children. Children who are frightened by what their parents tell them, however, may be less able to resist abuse than those who are given strategies of resistance.
- Sex education is controversial. Even where it is taught, instruction often does not go beyond physiology and reproduction. The topic of incest is especially opposed.

Child abuse prevention (CAP) programs typically aim at three audiences: children, parents, and professionals (especially teachers). The CAP programs stress that the child is not at fault when such abuse does occur.

They also try to give children possible courses of action if someone tries to sexually abuse them. In particular, children are taught that it's all right to say “no,” and that it's important to tell someone they trust about what has happened—and to keep telling until they are believed (Gelles and Conte 1991).

Reflections

Assume for a moment that a young child disclosed to you the fact that she was hurt by her father. What would you say to her? How would you feel? Whom would you tell?

Other programs focus on educating parents to warning signs of abusers. It is hoped that they will then educate their children. Such programs, however, need to be culturally sensitive, because Latinos and Asian Americans may be especially reticent about discussing these matters with their children (Ahn and Gilbert 1992).

CAP programs have also directed attention to professionals such as teachers, physicians, mental health professionals, and police officers. Because of their close

contact with children, teachers are especially important. Professionals are encouraged to watch for signs of sexual abuse and to investigate children's reports of such abuse.

In recent years, both the American Medical Association (AMA) and the federal government have become more actively involved in fighting domestic violence. AMA guidelines advise doctors to question female patients routinely as to whether they have been attacked by their partners or forced to have sex. Physicians are also urged to investigate cases of injuries to women that are not well explained.

Obviously, the violence and abuse discussed in this chapter are complex phenomena. They are products of individual characteristics of perpetrators and victims, relationship dynamics, and certain social and cultural factors. Not every home becomes a center of violence and abuse, and most families are not embattled. We need to realize that those families and relationships that are violent or abusive are products of a blend of qualities and are affected on multiple levels. This understanding is important if we hope to reduce the prevalence of violence and abuse and if we care to help those who are most at risk or already victimized.

Summary

- Any form of intimacy or relatedness increases the likelihood of violence or abuse. *Violence* is defined as an act carried out with the intention or perceived intention of causing physical pain or injury to another person.
- Abuse and violence are separate, although certainly related and overlapping, phenomena. Not all abuse is violent, and some intimate violence is considered appropriate and not abusive.
- Violence ranges from routine to extreme, from *common couple violence*, which is typically less severe, to *intimate terrorism*, which is a more severe, most often male-on-female form of violence and abuse in which power and domination are key motives.
- *Violent resistance*, often considered under the idea of “self-defense” is more often used by women.
- Seven principal models are used to study sources of family violence: (1) individualistic explanations, which find the source of violence within the personality of the abuser; (2) the feminist model; (3) the social situational model; (4) the social learning model, (5) the resource model, and (6) the exchange–social control model. Three factors that may reduce social control are inequality of power in the family, the private nature of the family, and the “real man” image.
- Researchers have stressed the role played by gender, power and control, stress, and intimacy in explaining intimate violence.
- It is difficult to know exactly how much violence there is in intimate relationships. The use of official records and/or survey data give us underestimates of how much intimate violence there is in the United States.
- Wife battering is one of the most common and most underreported crimes in the United States. Two characteristics that correlate highly with wife assault are: low socioeconomic status and a high degree of marital conflict.
- **Gender symmetry** refers to the findings of similarity in both expressing and experiencing violence between the genders. Even The context and consequences of partner violence are not the same for men and women.
- Age, race, and social class all factor into domestic violence. Younger women, black women, and lower-income women experience more intimate violence than do other women.
- Research on abused husbands shows both similarities and differences with what research has revealed about male perpetrators and female victims.
- Although intimate violence can be found among all groups in society, it happens with greater frequency among lower-income individuals and among African Americans.
- *Marital rape* is a form of battering. Many people, including victims themselves, have difficulty acknowledging that forced sex in marriage is rape, just as it is outside of marriage.
- Violence among same-sex couples is similar to the levels of violence among heterosexuals. Because such relationships lack the social supports that

heterosexual couples can draw upon the experience of victimization may be worse.

- The incidence of verbal abuse, physical violence, and coercive sex in dating relationships among high school and college students is alarming.
- Dating violence is often precipitated by jealousy or rejection. *Date rape* or *acquaintance rape* may not be recognized by either the assailant or the victim because they think that rape is something done by strangers.
- Dangerous date-rape drugs such as Rohypnol (flunitrazepam) and gamma hydroxybutyrate (GHB) are sometimes used by offenders to sedate and sexually victimize unsuspecting women, prompting the passage of date-rape drug prohibition laws.
- Reasons women may stay in, or return to, abusive relationships include economic dependency, religious pressure or beliefs, the perceived need for a father for the children, a sense of duty, fear, love, and reasons pertaining to their particular culture.
- Some women may also be paralyzed by *learned helplessness*.
- Intimate violence generates high costs in terms of time lost at work, mental health, and medical expenses for injuries or trauma sustained.
- Domestic violence intervention can be based on either control or compassion. Arrest, prosecution, and imprisonment are examples of control; shelters and support groups (including abuser programs) are examples of compassionate intervention.
- Recent legal innovations such as *mandatory arrest* and *no-drop prosecution* have had mixed results. In some ways they raise the costs for victims of reporting the violence.
- At least 1 million children are physically abused and neglected by their parents each year in the United States. Most abuse cases are unreported. Parental violence is one of the five leading causes of childhood death.
- Families at risk for child abuse often have specific parental, child, and family ecosystem characteristics.
- Nearly 90% of parents acknowledged using some form of psychological aggression with at least one child during the prior 12-month period. Younger parents use such aggression more often, and as children move from infancy they are more often recipients of such behavior.

- Mandatory reporting of suspected child abuse may be helping to decrease the number of abused children in the United States. Early intervention and education also may help reduce abuse.
- The hidden victims of family violence include siblings (who have the highest rate of violent interaction), parents assaulted by their adolescent or youthful children, and elderly parents assaulted by their middle-aged children.
- Recommendations for reducing family violence include reducing sources of societal stress, such as poverty and racism; eliminating sexism; establishing supportive networks; breaking the family cycle of violence; and eliminating the legitimization and glorification of violence.
- *Incest* is defined as sexual intercourse between people too closely related to marry. Sexual victimization of children may include incest, but it can also involve other family members and other sexual activities. The most traumatic form of child abuse is probably father–daughter (or stepfather–stepdaughter) abuse.
- Children most at risk for sexual abuse include females, preadolescents, children with absent or unavailable parents, children with poor parental relationships, children with parents in conflict, and children living with a stepfather.
- *Child sexual abuse* has both initial and long-term effects. The survivors of sexual abuse often suffer from sexual abuse trauma, which is characterized by traumatic sexualization, betrayal, powerlessness, and stigmatization.
- Child sexual abuse offenders are increasingly being sent into treatment programs in an attempt to assist the incest survivor and family in coping with the crisis that incest creates. Self-help groups are important for many survivors of sexual abuse.

Key Terms

acquaintance rape 468	common couple violence 457
battered child syndrome 472	date rape 468
battering 462	extrafamilial sexual abuse 478
child sexual abuse 478	

gender symmetry 484
incest 479
intimate partner
abuse 457
intimate partner
violence 457
intimate terrorism 457
intrafamilial sexual
abuse 478
learned
helplessness 470
mandatory
arrest 471
marital rape 465
mutual violent
control 457
no-drop
prosecution 471
pedophilia 478
psychological
aggression 473
rape 465
situational couple
violence 457
traumatic
sexualization 482
violence 457
violent resistance 457

Resources on the Internet

Companion Website for This Book

<http://www.thomsonedu.com/sociology/strong>

Gain an even better understanding of this chapter by going to the companion website for additional study resources. Take advantage of the Pre- and Post-Test quizzing tool, which is designed to help you grasp difficult concepts by referring you back to review specific pages in the chapter for questions you answer incorrectly. Use the flash cards to master key terms and check out the many other study aids you'll find there. Visit the Marriage and Family Resource Center on the site. You'll also find special features such as access to InfoTrac[®] College Edition (a database that allows you access to more than 18 million full-length articles from 5,000 periodicals and journals), as well as GSS Data and Census information to help you with your research projects and papers.

