History and Definitions of Intimate Violence and Maltreatment

Introduction
Estimating the Scope of the Problem
Box 1.1 Polyvictimization
Intimate Violence and Maltreatment as a Social Construction
The Discovery of Childhood and the Recognition of Child Abuse
Box 1.2 High-Tech Feticide: Sex-Selective Abortions
Recognizing Child Physical Abuse
Recognizing Child Sexual Abuse
Recognizing Other Forms of Child Maltreatment

The Women's Rights Movement, the Rise of Feminism, and the Recognition of Intimate Partner Violence (IPV)
Recognizing Women as Victims of Intimate Partner Violence (IPV)
Recognizing the Sexual Assault of Women

Other Sometimes Forgotten Victims
Elder Abuse
LGBTQ Violence
Male Victims of IPV and Sexual Assault

Defining Intimate Violence and Maltreatment
What Is an Intimate Relationship?
Introduction

Women, children, and the elderly are more likely to be victimized in their own home than they are on the streets of America’s most dangerous cities. Admittedly, this is a bold claim—one that could certainly be debated empirically. Yet we think the research supports this claim. We know that violence and maltreatment in intimate relationships (VMIR) is a pervasive and often devastating problem that impacts people of all ages, from newborn infants to the elderly. We also know that it remains largely hidden from public view; hidden behind the closed doors of homes in every neighborhood in America.

We begin with a story from, of all places, the National Football League (NFL). In 2014, Baltimore Ravens running back Ray Rice and Minnesota Vikings running back Adrian Peterson were both arrested in unrelated cases involving intimate violence.
Ray Rice was arrested in February for assault after a physical altercation with his fiancée, Janay Palmer, at an Atlantic City hotel. Adrian Peterson was arrested in September for felony child abuse.

Both cases attracted considerable attention and contributed to a fascinating national discussion about intimate violence. In the Ray Rice case, the celebrity news website TMZ released a video the day after the arrest. In the video, which was taken outside the hotel elevator, Rice is seen dragging Palmer from the elevator. He leaves her lying face down with her feet still inside the elevator door as he is approached by a hotel security official. As Palmer begins to stir, Rice walks away, shaking his head.

Initial reactions of NFL officials were cautious and muted. Ravens coach John Harbaugh, while acknowledging that all the facts were yet to be established, defended Rice's character: “You guys know his character. So you start with that” (CNN Staff, 2014). In July, five months after the altercation, NFL commissioner Roger Goodell announced the penalty: a two-game suspension for the 2014 season.

One can only assume that the NFL anticipated that the announced decision would settle the issue. They were wrong. Experts on intimate violence, women's rights advocates, and many journalists openly criticized the decision. New York Times columnist Michael Powell (2014), for example, wondered why Rice, in the aftermath of the decision, “got to hear his putative bosses talk about what a fine, good, upstanding man he is.” Powell also wondered why the NFL was seemingly more troubled by steroid use, a banned performance-enhancing substance (a four-game suspension for first-time users), than intimate partner violence (a two-game suspension). Powell concluded his critique with this astute observation: “What’s fascinating about domestic abuse is the delicacy with which men treat any mention of it. The original Atlantic City police report is a triumph of the passive voice. It notes that Janay Palmer stepped onto the elevator with Rice and was ‘rendered unconscious.’ One minute she’s in the elevator, the next—shazam!—she’s out.”

In September 2014, seven months after the original video surfaced, TMZ released a second video that clarified exactly how Palmer had been “rendered unconscious.” The video begins in the hotel lobby with Palmer and Rice noticeably agitated. Palmer takes a back-handed swipe at Rice as they approach the elevator. Inside, she pushes him, he punches her, and she collapses. This time the NFL acted swiftly and decisively, suspending him indefinitely. The Baltimore Ravens released him.

NFL Commissioner Goodell had defended the original two-game suspension because, in his words, it was “ambiguous what actually happened” (Doud, 2014). But the second video removed all ambiguity. Had Commissioner Goodell seen the video before TMZ released it? Was there indeed “ambiguity” in his mind about what had happened?

In response to the criticism, the NFL appointed a former Federal Bureau of Investigation director to review the league's handling of the case. The report, released in January 2015, affirmed that Commissioner Goodell had not seen the in-elevator video prior to the TMZ release. However, Mr. Goodell had seen the report written by police officers who had viewed the in-elevator video. He had also seen the grand jury
indictment that claimed Rice “did recklessly cause significant bodily injury” to Palmer. There were also numerous reports suggesting that Rice had admitted to Mr. Goodell that he had hit Palmer and knocked her out (Doud, 2014). By the time the report was released, however, media interest in the case had run its course, and the fact that Goodell was likely well aware that Rice had assaulted Palmer inside the elevator when he imposed a two-game suspension went largely unnoticed.

In the fall of 2014, Minnesota Vikings player Adrian Peterson was arrested after doctors had discovered bruises and cuts on the ankles, legs, and back of Peterson’s 4-year-old son. Media reports suggested that Peterson was angry that the young boy had pushed one of his brothers while playing video games. According to New York Times columnist Charles M. Blow (2014), Peterson had “retrieved a tree branch—called a ‘switch’—stripped off its leaves, shoved leaves into the boy’s mouth and beat him with his pants down until he bled.”

Peterson released a statement in which he apologized for causing an injury he “never intended or thought would happen” and that he had merely “disciplined my son the way I was disciplined as a child” (Blow, 2014). Peterson went on to acknowledge that, after having met with a psychologist, he had learned that “there are alternative ways of disciplining a child that may be more appropriate. But deep in my heart, I have always believed I could have been one of those kids that was lost in the streets without the discipline instilled in me by my parents and other relatives. I have always believed that the way my parents disciplined me has a great deal to do with the success I have enjoyed as a man. I love my son and I will continue to become a better parent and learn from any mistakes I ever make” (Blow, 2014).

In a compromise with prosecutors, the felony charges were dropped and Peterson pled no contest to a misdemeanor charge, was fined $4,000, and ordered to perform community service. The NFL suspended him without pay for the remainder of the 2014 season (Belson, 2014). Commissioner Goodell, in a scathing letter addressed to Peterson, admonished the Minnesota star for the use of a switch, “the functional equivalent of a weapon,” in causing physical and emotional injury of the boy. In addition, he scolded Peterson for defending his actions and showing no “meaningful remorse for your conduct” (NFL Communications, 2014).

As social scientists interested in interpersonal violence, we watched with fascination as the two cases unfolded. What do the two cases teach us about interpersonal violence? What questions do they raise? What lessons can we learn?

First, both cases illustrate the evolving recognition of interpersonal violence as a social problem, and the role societal reactions play in this evolution. Sociologists maintain that social problems are a social construction (Best, 1989; Spector & Kitsuse, 1977). This means that the social conditions only become recognized as social problems as a result of successful advocacy by those concerned about the issue. Social problems are essentially negotiated, with a variety of claims makers weighing in on the nature and seriousness of the problem. In the Ray Rice case, for example, the initial two-game suspension imposed by NFL commissioner Roger Goodell communicated his perception of the seriousness of Rice’s actions.
Subsequent criticisms from the media and a variety of advocates likewise communicated their perception of the nature and seriousness of Rice's actions. It is indeed telling that Mr. Goodell only imposed severe sanctions (a one-year suspension) after the world had seen, and reacted to, the video. By the time the Adrian Peterson case had reached Goodell's desk, he had endured months of criticism for his perceived indifference to intimate violence, and he imposed a swift and serious sanction. We discuss the social construction of VMIR in more detail in a subsequent section of this chapter.

A second observation focuses on Adrian Peterson's attempts to defend his behavior. He acknowledged that he had crossed a line and would learn from his mistakes, but he wanted to emphasize that he still believed that physical discipline was part of being a good parent, as he believed he would have become a “street kid” were it not for his own parents’ use of violent discipline. In his statements, Peterson not only defended his own personal actions but also the use of corporal punishment more generally. Most Americans agree with him that the use of such disciplinary techniques is necessary in raising a child (Straus, Douglas, & Medeiros, 2014). But is it? Children most certainly need discipline, but does a child need to be hit? And does the fact that a discipline strategy is normative legitimize its use? We discuss this complicated issue in detail in the final chapter of this book.

Third, should there have been greater legal consequences for Ray Rice and Adrian Peterson? Charges were eventually dropped against Rice (Palmer chose not to press charges), and Peterson pled no contest to a misdemeanor charge. Without speculating about the particulars of these two specific cases, we can say this: too often, especially historically, society, through its legal responses to VMIR, has not recognized its significance. As we will see in subsequent sections of this chapter that describe the history and discovery of VMIR, social and legal policy addressing this social problem have been relatively recent.

Our final observation relates to the ongoing relevance of gender in discussions of adult intimate violence. During the Ray Rice incident, we read, or heard, many variations of this: a gentleman never hits a woman. Needless to say, we agree. But in passively hearing and repeating this seemingly benign phrase, do we miss an important point? Hitting between intimate partners—whoever is doing the hitting—is never an acceptable option. In the in-elevator video that TMZ released in September 2014, we see the couple arguing and we see Palmer slap Rice as they approach the elevator. Inside the elevator the argument continues, and Palmer pushes Rice before he punches her in the face. Discussing the reciprocal nature of intimate partner violence has always been a sensitive topic, as women suffer far greater consequences of intimate violence than do men. And we must always be careful not to blame the victim. Palmer did nothing to “deserve” being punched. She did not “ask for it.” She is the victim. But her actions are relevant to the discussion. Can we discuss the consequences of all violence within intimate relationships while at the same time acknowledging the greater consequences for women? We think this is both possible and necessary in order to fully understand VMIR.
Estimating the Scope of the Problem

Books of this nature often begin with a series of statistics, presumably because the writer wants to impress upon the reader the seriousness of the issue at hand. The problem with this approach, especially with topics like VMIR, is that statistics cannot be summarized in simple, bullet-point form. A seemingly simple question like, “How common is child sexual abuse?” is far from simple to answer.

Why is this question so difficult to answer? If we Google “homicide rate” we can quickly find our way to the Uniform Crime Report, where we discover that the 2015 rate was 4.9 homicides per 100,000 people (https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/tables/table-1). To be sure, this statistic is not perfect. Some homicides go unreported and others are misclassified as accidents or suicides. Yet in general we know that homicide statistics are reasonably reliable, requiring little explanation or elaboration.

Googling “prevalence rate of child sexual abuse,” on the other hand, will likely be frustrating and confusing. Yes, the United States collects data on child sexual abuse. In 2014, Child Protective Services (CPS) agencies in the United States received approximately 3.3 million reports of neglect, physical abuse, or sexual abuse. About 900,000 of these reports (30%) were substantiated (i.e., CPS authorities concluded that abuse did in fact occur). Of these substantiated cases, about 72,000 (8%) were for sexual abuse (U.S. DHHS, 2016). This leaves us with a child sexual abuse rate of 0.7 per 100,000. Remember, the homicide rate was 4.9 per 100,000 in 2015. Is it possible that the homicide rate is over 6 times higher than the child sexual abuse rate?

The key word, of course, is reported. In the case of homicide, almost all cases are reported. This is not the case with child sexual abuse and other forms of VMIR. To borrow from the title of an early and influential book on the topic, VMIR occurs Behind Closed Doors (Straus, Gelles, & Steinmetz, 1980). The most vulnerable victims cannot always speak for themselves, so their abuse often goes unnoticed and unreported. Social scientists and criminologists often use the term dark figure to refer to the gap between the number of crimes that are committed, and the crimes that are reported and recorded in official statistics collected by government agencies. Homicide has a small dark figure. VMIR has a huge dark figure.

Can we estimate the dark figure? With surveys we can indeed, but it is an ominous task. Think about the various problems we would inevitably face. First of all, we would have to define ambiguous concepts like “child neglect” or “intimate violence” or “elder abuse” or “rape.” Even if we could agree on a definition we would face the very difficult issue of actually measuring this concept in a real-world population. First of all, we would have to operationalize the variable. That is, we would have to create specific questions about sexual acts and sexual circumstances that constitute “child sexual abuse” as we have defined it. We would also face unavoidable problems when we actually collect the data. We can’t reasonably ask children, especially young children. We can’t get the information from abusive parents. And adults asked about their own childhood victimization history may not recall childhood abuse. All of this means that
if we do look to self-reports to find the prevalence rate of child sexual abuse, we will find wildly varying estimates, depending on how child sexual abuse has been defined and measured.

In the chapters that follow we will, of course, revisit the prevalence issue in more detail. For now, we are content to remind the reader that we simply do not know how “big” the problem is. We do, however, know it is big. We know that women, children, and the elderly are especially vulnerable in intimate relationships. We know that they are often victimized in many different ways (see Box 1.1 on polyvictimization). And we would argue, as we did in the opening sentence of this chapter, that women, children, and the elderly are more likely to be victimized in their own home than they are on the streets of America’s most dangerous cities.

Box 1.1 Polyvictimization

Most books on the topic of intimate violence are organized similarly. After an introductory chapter and a theory/methods chapter, subsequent chapters are arranged by topic: child physical abuse, child sexual abuse, sexual assault, intimate partner violence, and so on. It is hard to imagine another organizational strategy, and we have ourselves organized this book in a similar way. The problem with compartmentalizing the various forms of interpersonal violence in this way, however, is that it masks a very important empirical reality: the various forms of violence and maltreatment that comprise these chapters do not typically occur independent of one another. That is, many victims, arguably most victims, are victimized in more than one way.

*Polyvictimization* is the term we use to describe the empirical reality that victims are often exposed to multiple forms of violence and maltreatment. One child, for example, might be physically abused, sexually abused, psychologically abused, neglected, and exposed to other violence as well (Finkelhor, Ormrod, & Turner, 2007). He might witness his parents fighting. He might live in a violent neighborhood. He might be bullied at school. Senior citizens might be at the same time physically abused and neglected, financially exploited, and abandoned. Intimate partners, as well, may be abused psychologically, physically, and sexually (Sabina & Straus, 2008).

Yale psychologist Alan Kazdin (2011) maintains that all forms of interpersonal violence—child, intimate partner, and elder—are interconnected. Because their causes and effects intersect, studying them together has the potential to produce interventions that could potentially impact multiple forms of intimate violence. The Centers for Disease Control and Prevention (CDC), acknowledging the interconnectedness of all forms of interpersonal violence, recently introduced a five-year vision plan to prevent violence, summarized in the document *Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots* (CDC, 2016b). This vision is based on the mounting empirical evidence that (1) victims of one form of violence are likely to experience other forms, (2) those who are violent in one context are likely to be violent in another context, (3) different forms of violence share similar consequences, and (4) different forms of violence share common risk and protective factors (CDC, 2016b).
Intimate Violence and Maltreatment as a Social Construction

Presumably, few would question our assertion that VMIR is a serious social problem. Stories of VMIR commonly appear in the U.S. news media. College courses are taught on the topic. Several academic journals are specifically devoted to publishing research on the topic.

Concern about VMIR has also increased around the world, and some international treaties explicitly acknowledge protection from intimate violence as a human right. The 1989 United Nations (UN) Convention on the Rights of the Child declares that all children should be protected from “physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child” (quoted in Levesque, 2001, p. 7). The UN’s Declaration on the Elimination of Violence Against Women, adopted in 1994, condemns any “act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life” (quoted in Levesque, 2001, p. 7). In these documents, the UN rejects cultural relativism, declaring that all UN member countries must eliminate any cultural practices or customs that contribute to the abuse of women or children.

Clearly, the problem of VMIR is an increasingly universal concern, occupying a very high position on the social agendas of the United States and many other nations. It is important to recognize, however, that concern about VMIR is a fairly recent phenomenon. Indeed, even a cursory look at human history reveals that intimate maltreatment was a social condition long before it was recognized as a social problem. When and how did VMIR come to be seen as a social problem?

Social conditions become social problems through a process of social constructionism. From this perspective, societal reactions are central to the process through which a social condition is redefined as a social problem, as we noted above in our discussion of the Rice and Peterson cases. Societal reactions can come from many sources: individual citizens, religious groups, social movement organizations, political interest groups, and the media, to name a few. Through their reactions to particular social conditions, individuals and institutions play a crucial role in transforming public perceptions.

The term claims making has been applied to the activities of such groups; it refers to advocacy and grievances of those concerned about an unrecognized condition. Generally speaking, the process begins when the members of an interest group, or claims makers, express concern about a particular condition that they see as unacceptable. Claims makers may have vested interests in the outcomes of their protests, or they may be moral entrepreneurs engaged in what they see as purely moral crusades (Becker, 1963). As the cause of a particular claims making group comes to be recognized by society more generally, the social condition comes to be defined as a social problem. Social problems, then, are essentially discovered through this process of
societal reactions and social definition. From this perspective, social problems come and go as societal reactions to given conditions and responsive behaviors change.

The social constructionist perspective on social problems is important because it gives us a theoretical framework within which to understand the discovery, definition, and extent of VMIR in the United States and around the world. The social constructionist perspective not only helps explain the history of VMIR as a social problem, but it also explains cross-cultural variations in recognizing certain practices as VMIR. Sexual abuse serves as a fascinating example. As historian Philip Jenkins reminds us, “Sexually appropriate behavior is a socially constructed phenomenon, the definition and limits of which vary greatly among different societies, and this is especially true where children and young people are concerned” (1998, p. 14). One widely cited example of this comes from anthropologist Gilbert Herdt (1987), who describes the “Sambia,” a tribe in Papua New Guinea, who believe that the only way a boy can grow into manhood is by orally ingesting the semen of older boys and men. In other words, a boy becomes masculine, strong, and sexually attractive to women only after performing fellatio. In the United States, such behavior is illegal. We can imagine a situation where the Sambia might redefine this behavior as deviant and we can envision how that redefinition could occur. For this social change to occur, claims makers would have to successfully challenge the cultural practice. This practice could only come to be perceived as a problem if claims makers were successful in redefining it as such.

We need not look to primitive cultures, however, to illustrate a constructionist perspective. There is an even more obvious illustration that is a common practice in contemporary cultures. As many as a billion people around the world are subjected to a form of genital “manipulation” that is most typically performed on a subset of the population that has no say in the matter. This practice is “demanded or approved by religious consensus, is virtually never regulated by secular law, and is never mentioned in literatures on sex crimes or ritual abuse” (Jenkins, 1998, p. 14). Sounds pretty heinous, right? But in countries like the United States, circumcision (yes, you guessed it) is not a heinous act of “genital mutilation” or “foreskin amputation” or “child sexual abuse.” The point, at least for our purposes at the moment, is not whether circumcision should or should not be considered abusive. The point is that it is not considered abusive, at least not in the United States. There are most certainly claims makers who see the practice as a physically and emotionally damaging form of genital mutilation, but at this point theirs is a minority view (e.g., see Denniston & Milos, 2013). But for how long will this be the case? Circumcision rates in the United States are declining, and voices of anticircumcision advocates are growing. In San Francisco, for example, opponents of circumcision, citing international human rights and “genital autonomy,” gathered enough signatures to put a referendum on the November 2011 ballot that would have made it illegal to circumcise a child in the city. The referendum did not pass, but the fact that it was on the ballot reminds us that attitudes toward circumcision are changing.

In Europe, the genital autonomy movement has gained even more traction. The advocacy organization Genital Autonomy, in its “Helsinki Declaration 2012,” declares that children have a fundamental right to “personal control of their own genital and
reproductive organs” (genitalautonomy.org). A German court essentially agreed in 2012, ruling that circumcision violates a child’s “fundamental right to physical integrity,” essentially making circumcision illegal in Germany (Kulish, 2012).

The social constructionist perspective also helps illustrate how research is used in ongoing debates about VMIR. Intimate violence research is one of the most contentious areas of social science, and disagreements among scholars are often intense. Although one might hope that research findings could settle these debates, the reality is that the data that researchers collect are often interpreted differently by competing claims makers. Those on both sides in any given debate typically arm themselves with their own sets of empirical findings, which they espouse as the truth. From a social constructionist perspective, the nature of social problems and the facts about those problems are defined for the general public by the winners of such debates (Best, 2001).

The social constructionist perspective helps us understand what is recognized as a problem and how it came to be recognized as such. It is important to consider, however, what the perspective does not tell us. To conclude that a particular social problem is a social construction is merely to acknowledge that social problems, like all human knowledge, are “created through people’s actions; everything we know is shaped by our language, culture, and society” (Best, 2001, p. 30). When we say, for example, that child sexual abuse is a social construction, therefore, we are merely saying that the actions of people produced the concepts child, sexual, and abuse. Unfortunately, some people may misunderstand, believing that to call child maltreatment a social construction is to suggest that it is false, fanciful, or arbitrary. No doubt there have been some fascinating examples of nonexistent (or nearly so) phenomena that have come to be seen as social problems. But to assume that socially constructed problems are not really problems or that people are not really harmed is to misunderstand the concept.

“Constructionism means more than simply debunking,” writes Jenkins (1998, p. 5). “Although a constructionist might challenge the factual claims used to support a particular cause, he or she does not argue that the problem itself has no basis in reality. Child molestation does occur and can cause severe physical and psychic damage; there are in fact human predators who rape, mutilate, and kill children.” A researcher who takes a social constructionist perspective merely acknowledges and examines the contributions of social processes to the creation of all knowledge. One area where this perspective and these processes are evident is in examining historical developments as they relate to VMIR, which is our topic in the following sections.

The Discovery of Childhood and the Recognition of Child Abuse

The history of childhood is a nightmare from which we have only recently begun to awaken. The further back in history one goes, the lower the level of child care, and the more likely children are to be killed, abandoned, beaten, terrorized, and sexually abused. (deMause, 1974, p. 1)
The contemporary conception of children and childhood—that children should be loved, nurtured, and protected from the cruel world—is a relatively modern notion. In earlier times, the harshness of life, high rates of disease, and the visibility of death all contributed to a general devaluation of life and of children's lives in particular. Most societies regarded children as the property of their parents, who were allowed to treat their property as they saw fit. In some cases, parents probably viewed their children as economic liabilities—as little more than extra mouths to feed (Wolfe, 1991).

One illustration of the previous indifference to children is found in the historical practice of *infanticide*. Prior to the fourth century, in Rome and Greece, infanticide was a legal and culturally approved solution to unwanted births. Children who were too big or too small, cried too much, had physical defects, were born to unwed mothers, or were simply unwanted were sometimes killed or abandoned (see Box 1.2).

Through the centuries the concept of childhood evolved. The end result, we would argue, is that today children are more valued, more nurtured, and perceived to be more fragile than at any other time in history. These evolving conceptions have produced a variety of social policy changes, such as child labor laws, the creation of a juvenile court system, mandatory education requirements, and, of course, the recognition of child abuse as a social problem.

**Box 1.2 High-Tech Feticide: Sex-Selective Abortions**

Historians report that most human societies have practiced and condoned infanticide (the killing of one’s infant, up to age 1) in one form or another. Some scholars maintain infanticide was the most frequent crime in all of Europe before modern times and remained a relatively common practice until about 1800 (Piers, 1978). In a world generally ruled by patriarchy, most commonly it has been young girls who have been killed.

Although infanticide is no longer condoned internationally, this does not mean it does not occur. One way to estimate rates of female infanticide is with sex ratios. Male-to-female ratios should be approximately 1:1. Certain human practices, however, can alter the ratios. Wars, for example, tend to produce low male-to-female ratios because men are more likely to be killed in battle, whereas infanticide tends to produce high male-to-female ratios because females are more likely to be victims of infanticide.

During the Middle Ages, the practice of infanticide was not openly condoned, but with sex ratios of approximately 170 males for every 100 females in Europe in 1400 CE, it seems clear that infanticide was common. The practice continued there through the 19th century. In London, for example, dead babies lying in the streets were not uncommon as late as 1890 (deMause, 1974). In 19th-century China, male-to-female ratios were nearly 400:100 in some rural areas primarily dependent on farming (Ho, 1959).

In modern times infanticide is rare. (See Chapter 3 for a discussion of child fatalities in the United States.) However, sex-selective *feticide*—killing a fetus—has become increasingly common. As medical
technology has advanced and identification of the sex of an unborn child has become more reliable, parents have increasingly used feticide as a way to alter the gender balance of their families. In a tragic sign that patriarchy is alive and well around the world, it is overwhelmingly girl fetuses that are aborted. Two contemporary examples come to mind. In China, the cultural devaluation of females, combined with a family planning policy that for many years limited family size (commonly referred to as the one-child policy), resulted in widespread sex-selective abortions. The demographic data are impossible to deny. Because the one-child policy typically allowed for a second child if the first child was a female, most of these selective abortions occurred in second births. In a massive study of almost 5 million Chinese, Zhu, Lu, and Hesketh (2009) reported ratios that were slightly unbalanced for first order births (108 males for every 100 females). For second order births, however, the imbalance increased to 143:100. In rural areas, the imbalance was especially dramatic and alarming, often more than 160:100.

Whether the unbalanced ratios can be primarily blamed on culture or government policies was a matter of some debate through the early 2000s. Regardless, it is a problem the Chinese government has openly acknowledged (Yardley, 2005). In 2013, China eased some of the restrictions of the one-child policy, allowing a second child for families where one of the spouses was a single child. In 2015, the policy was further modified, when the government announced that all married couples would be allowed to have two children. China remains a patriarchal society, so it is doubtful that this policy shift will fully balance the ratios. The Chinese government hopes, however, that the ratio gaps shrink in the coming years (Buckley, 2015).

Recognizing Child Physical Abuse

In the 17th century, Protestant reformers in the New World had mixed perceptions of children, suggesting that they were valued gifts of God but that they also possessed wrong-doing hearts inclined toward evil. There were laws that prohibited parents from severe punishment, but because children were seen as innately inclined toward evil, the laws were enforced only in those cases where the child was considered completely blameless. According to Pleck (1987), some Puritan laws actually stated that any child over the age of 16 who had cursed at or struck a parent could be put to death. Although there is no evidence that a child was ever executed for such insubordination, the fact that these laws existed illustrates the Puritans’ intolerance of stubbornness and disobedience in children.

Many scholars trace the actual discovery of child abuse in the United States to the House of Refuge movement of the early 1800s. This movement was guided by the principle of parens patriae, a Latin term that essentially means that the state has a right and responsibility to protect those who cannot protect themselves (Levesque, 2001). As a result of reforms brought about by the movement, children in the early to mid-1800s who were neglected, abused, or otherwise “on the road to ruin” were housed in one of the many state-supported institutions. It is important to note that many of these institutions where no better than, and sometimes worse than, the homes from which the
children were removed. Regardless, however, the House of Refuge movement is historically important because it represents the government’s first attempt to intervene in neglect and abuse cases (Empey, Stafford, & Hay, 1999).

In a widely cited child abuse case in 1874, church social worker Etta Wheeler discovered that 8-year-old Mary Ellen Wilson was being beaten and starved by her stepmother. After unsuccessfully seeking help to remedy the situation from several sources, Wheeler took the case to Henry Bergh, founder of the Society for the Prevention of Cruelty to Animals. Mary Ellen was, after all, a member of the animal kingdom. According to Pleck (1987), a courtroom full of concerned New Yorkers, many of them upper-class women, heard the shocking details of Mary Ellen’s life. She had been beaten almost daily and not been allowed to play with friends or to leave the house. She had an unhealed gash on the left side of her face, where her stepmother had struck her with a pair of scissors. The jury took only 20 minutes to find the stepmother guilty of assault and battery.

The case of Mary Ellen attracted considerable attention, and the resulting public outcry eventually led to the founding of the Society for the Prevention of Cruelty to Children in 1874 (Pagelow, 1984). This organization, and the larger child-saving movement of which it was a part, advocated for dramatic changes in society’s treatment of children. Increasingly, child protection advocates argued that children need to be loved and nurtured and that they need to be protected by the state when their parents fail to do so. They argued, in effect, that parents should not have complete authority over their children (Finkelhor, 1996).

Throughout the 1900s concern for child protection grew, but public outcry and legal reactions to the problem of child abuse remained somewhat sporadic and muted. Yes, child abuse was perceived as a social problem, but a relatively rare and insignificant one. This changed in 1962, when Dr. C. Henry Kempe and his colleagues described the battered child syndrome and suggested that physicians should report any observed cases of abuse (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). They defined child physical abuse (CPA) as a clinical condition with diagnosable medical and physical symptoms resulting from deliberate physical assault. This work was important in large part because it marked the addition of the medical community to claims making about the child abuse problem. When medical doctors combined forces with other professionals and advocacy groups already fighting for child protection, the movement rapidly gained momentum. By the end of the 1960s, child abuse was widely recognized as a pervasive problem and every U.S. state had created laws mandating that professionals report suspected cases of abuse (Levesque, 2001).

Recognizing Child Sexual Abuse

Throughout history, and particularly in certain cultures, sexual interactions involving children have been commonplace. These interactions have often been seen as appropriate and, in some cases, have been believed to be healthy for children. In his disturbing review of the history of abuse of children, deMause (1974) notes that the children
of ancient Greece, especially the boys, were often sexually exploited. Aristotle, for example, believed that masturbation of boys by adult males hastened their manhood. Greek authors made reference to “adults feeling the ‘immature little tool’ of boys” (p. 44). Although it is not clear how common these practices were, their matter-of-fact depiction in the literature and art of the time suggests that they were not widely condemned. Jenkins (1998), likewise, acknowledges the “huge disparities” in sexual norms between adults and children over time. Parents in 16th- and 17th-century Europe, he argues, “treated infants and toddlers with a playful sexual frankness that today would not just be wildly inappropriate but criminal” (p. 14).

The recognition of sexual maltreatment and abuse can be traced, to some degree, to Sigmund Freud (1856–1939) and his contemporaries. At the turn of the century, there was considerable disagreement among European physicians concerning the prevalence of sexual abuse. In one camp were physicians who argued that the overwhelming majority of sex abuse allegations were fabrications concocted by attention-seeking and highly suggestible children. Any father from a “respectable” background would be incapable of abusing his daughter, so women who accused “honorable” fathers of childhood abuse were clearly “hysterical” and belonged in mental institutions (Olafson, Corwin, & Summit, 1993).

Freud, however, challenged this view. In a series of three articles written in 1896, Freud articulated a view that was a radical departure from the common understandings of the time. He argued that incest (sexual abuse within families) was not uncommon, even among the respectable classes, and that it was the cause of many of the neuroses he observed in his female patients. Incest was especially heinous and damaging, he argued, because children were helpless and powerless (Olafson et al., 1993).

Interestingly, Freud famously changed his mind late in his career, concluding that the vast majority of stories of sexual abuse revealed by his patients over the years were fictitious and imagined childhood fantasies (Olafson et al., 1993). Reflecting on earlier writings some 30 years later, he wrote: “I believed these stories, and consequently supposed that I had discovered the roots of the subsequent neurosis in these experiences of sexual seduction in childhood. . . . If the reader feels inclined to shake his head at my credulity, I cannot altogether blame him” (as cited in Olafson et al., 1993, p. 11).

Recognizing Other Forms of Child Maltreatment

Child neglect and child psychological maltreatment (CPMA) were the last forms of child maltreatment to attract attention. The limited interest in neglect is surprising, given that it is far more common than physical or sexual child abuse. Child psychological maltreatment is also pervasive; indeed, it is a central component of all child maltreatment. Although physical wounds may heal, psychological wounds often run deep.

Why do child neglect and child psychological maltreatment receive less attention than other forms of abuse? The most obvious reason is that physical and sexual abuse are far more likely to result in observable harm. Child physical abuse tends to be defined only by the physical harm the child experiences. Sometimes neglect results in
signs of physical harm (e.g., malnutrition), but often the negative effects of neglect and psychological maltreatment are insidious and never become fully apparent to observers outside the family.

The Women’s Rights Movement, the Rise of Feminism, and the Recognition of Intimate Partner Violence (IPV)

WOMEN’S RIGHTS CONVENTION. A Convention to discuss the social, civil, and religious condition and rights of women, will be held in the Wesleyan Chapel, at Seneca Falls, N.Y., on Wednesday and Thursday, the 19th and 20th of July, current; commencing at 10 o’clock am. (Seneca Falls Convention, 1848)

The seed for the women’s rights movement was planted in 1848 in a Wesleyan Methodist church in Seneca Falls, New York. The Seneca Falls Convention was organized by Lucretia Mott, the wife of an antislavery reformer and Quaker preacher, and women’s rights advocate Elizabeth Stanton. In the days prior to the convention, Stanton wrote the convention’s “Declaration of Sentiments,” a document modeled after the Declaration of Independence. The declaration begins with the following pronouncement:

We hold these truths to be self-evident; that all men and women are created equal; that they are endowed by their Creator with certain inalienable rights; that among these are life, liberty, and the pursuit of happiness; that to secure these rights governments are instituted, deriving their just powers from the consent of the governed. (Seneca Falls Convention, 1848)

In surprisingly strong language, the document asserts that throughout history men have injured and controlled women in hopes of establishing “absolute tyranny” over them. It concludes: “In view of this entire disenfranchisement of one-half the people of this country . . . we insist that they have immediate admission to all the rights and privileges which belong to them as citizens of the U.S.” (Seneca Falls Convention, 1848). Stanton fully recognized the vulnerability of women within marital relationships. In the Declaration of Sentiments, she argued that the rights of women should be acknowledged in all spheres of life. In doing so, she listed a number of “facts submitted to a candid world,” several of which related specifically to the family:

He has made her, if married, in the eye of the law, civilly dead. He has taken from her all right in property, even to the wages she earns.

In the covenant of marriage, she is compelled to promise obedience to her husband, he becoming, to all intents and purposes, her master—the law giving him power to deprive her of her liberty and to administer chastisement.

He has so framed the laws of divorce, as to what shall be the proper causes, and in case of separation, to whom the guardianship of the children shall be
given, as to be wholly regardless of the happiness of women—the law, in all cases, going upon a false supposition of the supremacy of man, and giving all power into his hands. (Seneca Falls Convention, 1848)

**Recognizing Women as Victims of Intimate Partner Violence (IPV)**

Despite the efforts of Stanton and other influential reformers, the problem of the physical abuse of women attracted little attention in the first half of the 20th century. The campaign was, “compared to the child abuse movement of roughly the same time period, an abysmal failure” (Pleck, 1987, p. 109). Ake and Arnold (2018) argue that during this era the problem of wife beating was essentially handed over to social scientists who, in using language like “marital discord” and “domestic difficulties,” implied that husbands and wives were equally to blame. Feminist challenges to these views were often dismissed by a public suspicious of a movement it perceived to be radical and antifamily. By the mid-1970s, however, feminists had regained control of the issue, ushering in the “beginnings of an analysis of oppression and male dominance that located the problem of domestic violence in the inequality inherent in patriarchy itself” (Ake & Arnold, 2018, p. 5).

Chiswick Women’s Aid, the first shelter for battered women to gain widespread public attention, opened in England in 1971. Chiswick’s founder, Erin Pizzey, published the influential book *Scream Quietly or the Neighbours Will Hear* in 1974. The publicity that surrounded the book, and the subsequent radio and television exposure it generated, helped to spread the battered women’s movement in Europe. American activists, some of whom visited Chiswick in the early 1970s, were eager to open similar shelters in the United States. A flood of media attention in the mid-1970s further increased public awareness of the domestic violence problem (Dobash & Dobash, 1979; Pleck, 1987). The first shelters in the United States were Rainbow Retreat in Phoenix (opened in 1973) and Haven House in Pasadena (opened in 1974). These shelters, and others that opened soon thereafter, became the “iconic symbols” of the movement and the physical base from which the social movement was organized (Ake & Arnold, 2018).

In 1976, the National Organization for Women (NOW) decided to make wife battering a priority issue. The organization announced the formation of a task force to examine the problem and demanded government support for research and shelter funding. As battered women moved higher up the list of feminist concerns, women’s organizations more effectively exerted pressure on police and government officials to protect abused women. Advocacy organizations such as the National Coalition Against Domestic Violence, founded in 1978, effectively voiced the concerns of battered women on a national level, and this led to improvements in social services for battered wives and changes in legal statutes to protect women (Studer, 1984). Arguably, the culmination of the movement was the Violence Against Women Act (VAWA), which passed through Congress with bipartisan support and was signed by Bill Clinton into law in 1992. The passage of the VAWA, along with its three subsequent renewals,
“unmistakably signaled that domestic violence was finally being taken seriously on a national scale” (Ake & Arnold, 2018, pp. 3–4). Today, domestic violence is commonly referred to as intimate partner violence (IPV).

**Recognizing the Sexual Assault of Women**

Rape laws in the United States can be traced to the 17th century. These early laws, like rape laws historically around the world, primarily protected the property interests of men. Sir Matthew Hale, chief justice of the Court of Kings Bench in England, summed up the thinking of the times, writing in 1680: “rape is an accusation easily to be made, hard to be proved, and harder to be defended by the party accused” (quoted in Ake & Arnold, 2018, p. 4). Furthermore, to the degree that rape laws existed, they pertained only to sexual assault outside of marriage. These attitudes influenced statutes and courtroom proceedings until the 1900s. Sir Matthew Hale originated the marital exemption law, which held that by mutual matrimonial consent and contract, a wife had given her consent to sexual intercourse with her husband. These issues are further discussed in Chapter 8.

Hasday (2000) maintains that many historians have incorrectly characterized the women’s rights movement of the late 1800s as focusing exclusively on access to the public sphere, with suffrage being the movement’s overriding goal. Instead, she argues (2000, p. 1379), prominent feminists held that “economic and political equality, including even the vote, would prove hollow, if women did not win the right to set the terms of marital intercourse. Indeed, feminists explained a woman’s lack of control over her person as the key foundation of her subordination.” These same advocates waged “a vigorous, public, and extraordinarily frank campaign against a man’s right to forced sex in marriage” (Hasday, 2000, p. 1380). In addition to feminist advocacy of the late 19th century, instructional literature at the time maintained that a wife’s right to say no to sex is essential to a happy marriage and urged men to acknowledge women’s sexual rights. Early attempts to change marital exemption laws, however, were unsuccessful, and there were no attempts made in the 19th century to charge a husband criminally for raping his wife (Hasday, 2000; Pleck, 1987).

The modern feminist movement of the 1960s and 1970s worked diligently to draw attention to rape, framing it as yet another illustration of patriarchal privilege and control. Activists focused their attention on male-dominated institutions, most specifically law enforcement, the courts, and hospitals, that they argued re-victimized women and contributed to a cultural misunderstanding of rape (Ake & Arnold, 2018). Beginning in the early 1970s, rape crisis centers opened and rape hotlines were established. These activists challenged the prevailing perceptions of rape victims as ultimately asking for it, and rapists as a few sick men jumping out of bushes. Rape, they countered, was an expression of male dominance and they openly challenged the “rape myth” that a woman’s no might mean yes. No, 1970s feminists maintained, means no!

Marital exemption laws also became a significant topic of debate during this time. Defenders of marital exemption made the argument that it was in the best interests of the man and the woman to protect the privacy of the marital union and keep the judicial system out of the bedroom. Defenders raised concerns that once the state
intervenes, “the delicate shoots of love, trust, and closeness in a marriage will be trampled in a way unlikely ever to be undone” (Hasday, 2000, p. 1381). Despite feminist objections, this line of reasoning proved reasonably successful, and it was well into the 1970s before the first marital rape laws were passed. It was not until the early 1990s that all 50 states had criminalized marital rape. It is important to note, however, that many states continue to have exemptions. For example, in some states the couple must be separated (Ake & Arnold, 2018).

According to some observers, rape was not fully recognized as a social problem until the late 1980s, when the results of a study called the *Ms. Magazine Campus Project on Sexual Assault* were published in a series of articles by University of Arizona psychologist Mary Koss (e.g., 1992, 1993). The study, which was funded by the National Institute of Mental Health, found that 27 percent of the college women surveyed (a sample of 6,159 women on 32 college campuses) had been victims of rape (15%) or attempted rape (12%). Although critics questioned the study as “advocacy statistics” (N. Gilbert, 1998), the research undoubtedly put sexual assault on the map. The findings were widely cited in the popular press and were the subject of a 1991 U.S. Senate hearing on sexual assault and date rape. The Koss findings were also the primary source of data for the “one in four” statistic (percentage of college women who are victims of rape or attempted rape), which on many college campuses became the mantra of rape awareness programs. Young women were warned to be careful about who they dated, to stay sober, and to be assertive in informing their dates of their physical boundaries.

With evolving perceptions of rape, state laws began to change. At the federal level, however, change was much more glacial. In fact, until fairly recently, the FBI relied on a definition of rape that was written in 1927. In 2012, Attorney General Eric Holder announced that the old definition of rape, “the carnal knowledge of a female, forcibly and against her will,” would be replaced by a new definition, “the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim” (U.S. Department of Justice, 2012). In the old definition rape was “carnal knowledge” (i.e., typically understood as vaginal penetration), and in the new definition it is any penetration (oral, vaginal, anal, or penetration with an object) of another person. Additionally, the phrase “forcibly and against her will” was replaced with the phrase “without the consent of the victim,” emphasizing that a key element of the crime is lack of consent and that rape can occur if the victim is intimidated (e.g., verbally coerced or threatened) or is unable to consent (e.g., passed out, or too intoxicated or under the influence of drugs to consent).

**Other Sometimes Forgotten Victims**

We can imagine that the reader might be somewhat confused about the limited scope of our discussion to this point, perhaps wondering if women and children are the only victims of VMIR. Most of the empirical literature does indeed focus on women and children. As we mention above, there are historical reasons for this. But, of course, there are other victim groups that are worthy of attention.
**Elder Abuse**

The earliest federal government involvement in attempts to address elder abuse in the United States came in 1962, when Congress authorized payments to states to provide protective services for “persons with physical and/or mental limitations, who are unable to manage their own affairs . . . or who are neglected or exploited” (U.S. DHHS, as quoted in Wolf, 2000, p. 6). In 1974, Congress mandated Adult Protective Services (APS) for all states. Public concern escalated even more in 1978, when a congressional subcommittee heard testimony on “parent battering.” The image of the stressed and burdened adult daughter abusing an elderly parent linked elder abuse to child abuse and resulted in considerable media attention. Following the child abuse model, claims makers successfully advocated for laws that made the reporting of suspected elder abuse mandatory for certain professionals (Wilber & McNeilly, 2001).

In 2010, Congress passed the Elder Justice Act (EJA) as part of the Patient Protection and Affordable Care Act (“Obamacare”). The EJA seeks to promote “elder justice,” defined as efforts to “prevent, detect, treat, intervene in, and prosecute elder abuse, neglect and exploitation and protect elders with diminished capacity while maximizing their autonomy” (Elder Justice Act, 2009).

The EJA has, to date, received very little federal funding. Congress did not provide its first direct appropriations until 2015, when it allocated $4 million for the EJA (the Obama administration had requested $25 million). Interestingly, this $4 million was seen as a victory for advocacy organizations like the National Council on Aging, which had aggressively, but to that point unsuccessfully, lobbied for EJA funding (Colello, 2014). In the two most recent federal budgets (FY2016 and FY2017) funding has remained well below what the Obama administration requested.

**LGBTQ Violence**

Another sometimes neglected group is lesbian, gay, bisexual, transgender, and queer (LGBTQ) couples. This neglect is not surprising, given the ambivalence and uneasiness with which society has historically responded to LGBTQ couples. As acceptance has grown, however, so too has interest in violence within these relationships (Renzetti & Miley, 2014). Research suggests that LGBTQ couples likely experience as much, or perhaps even more, violence than heterosexual couples (Ard & Makadon, 2011; Dank, Lachman, Zweig, & Yahner, 2014).

**Male Victims of IPV and Sexual Assault**

Intimate partner violence (IPV) most typically focuses on heterosexual female victims. Given the place of patriarchy in the world’s history, such a focus seems warranted. Research suggests, however, that violence among intimates is often reciprocal. Murray Straus and his colleagues (Straus & Gelles, 1986; Straus, Gelles, & Steinmetz, 1980), who conducted the earliest national surveys on marital violence, found that wives pushed and hit husbands as frequently as husbands pushed and hit wives. Demi Kurz
(1991) was openly critical of the Straus findings, arguing that his conclusions “vastly underestimated the harm done to women and greatly exaggerated their responsibility for that violence” (p. 158). Indeed, research that focuses specifically on criminal victimization suggests that approximately four in five victims of IPV are women (Catalano, 2012). Taken as a whole, the research would seem to suggest that women are in fact much more likely to be victims, but many men are also victimized and deserving of attention (Kimberg, 2008).

The sexual assault literature is even more heavily focused on women as victims. In our discussion above about the FBI definition of sexual assault, we purposely chose not to highlight what is, arguably, the most significant change from 1927 to 2012. Perhaps the reader noticed it? In 1927, rape was defined as “carnal knowledge of a female” (emphasis added). In other words, at least according to the FBI, prior to 2012 a male could not be a victim of rape. In the academic literature the sexual assault of males has been a subject of discussion since at least 1980 (Groth & Burgess, 1980). Yet it remains fascinating that the FBI did not formally acknowledge male victimization until very recently. Not surprisingly, this broadened understanding has led to a growing literature on sexual assault within the LGBTQ community as well (e.g., M. Davies, 2002; Pérez & Hussey, 2014).

Defining Intimate Violence and Maltreatment

Just as the claims making process is an important part of the history and discovery of violence and maltreatment, as noted above, it plays an important role in how violence and maltreatment are defined as well. “Claims makers do more than simply draw attention to particular social conditions,” writes Joel Best. “Claims makers shape our sense of just what the problem is” (1989, p. xix). Because competing claims makers disagree on exactly what constitutes abuse, any given definition is rarely accepted as objectively correct. The debates are important, however, because the winner essentially earns the right to define VMIR. In the following paragraphs, we look at three illustrations of how definitions of VMIR are negotiated before concluding with brief sections on how violence and maltreatment in intimate relationships will be defined throughout this book.

What is child sexual abuse? One extreme minority perspective is that of the North American Man/Boy Love Association (NAMBLA), a now mostly defunct advocacy organization that opposes “age-of-consent laws and all other restrictions that deny men and boys the full enjoyment of their bodies and control over their own lives” (North American Man/Boy Love Association, 2017). NAMBLA is a fringe and largely inconsequential organization with very little influence—hardly worthy of a lengthy discussion here. We mention NAMBLA only to contrast its views with those at the other end of the definitional spectrum. For example, Diana Russell (1984), who defines sexual abuse as unwanted hugs and kisses and exposure to exhibitionists, concluded that more than half of all female children are victims of sexual abuse.

What is rape? As previously discussed, prior to 2012 the FBI defined rape as “carnal knowledge of a female forcibly and against her will” (U.S. Department of
“Carnal knowledge” was defined very narrowly as forced penetration of the vagina by a penis, which essentially excluded other sexual acts (oral or anal penetration). The definition also excluded male victims and female perpetrators. Advocacy groups argued that all forced sexual acts should be legally condemned. They also advocated for a broadening of the interpretation of “against her will,” arguing that where there is no explicit consent from the female there is, by definition, male coercion. From this more inclusive perspective, a woman whose ability to consent to sexual intercourse is compromised by the influence of alcohol or drugs or through some form of coercion is a victim of rape. Competing claims makers criticize this perspective, saying that the definition of rape loses any meaning when it is expanded so much (N. Gilbert, 1998).

What is intimate partner violence? National surveys on marital violence have found that, contrary to popular belief, wives hit husbands as frequently as husbands hit wives. For more severe violent acts (e.g., kick, hit, beat up, threaten with a knife or gun), in fact, rates of female-to-male violence were actually higher (Straus & Gelles, 1986). Data that women were as violent as men proved to be controversial, especially for those who perceived the “real” marital violence problem to be wife battering. Critics, however, argue that because these findings ignore the context and consequences of violence, they paint a misleading picture. In the words of feminist scholar Demie Kurz (1991, p. 158), “women do not commit ‘spouse abuse’ the way men do.” Straus and his colleagues did not disagree, writing that “it would be a great mistake” if the data on wife-to-husband violence distracted us from giving first attention to wives as victims as the focus of social policy (Straus, Gelles, & Steinmetz, 1980, p. 43). Yet Straus and his colleagues continued to argue that all violence between intimates was a serious matter and deserved attention.

The point that we want to make with these three illustrations is that definitions of violence and maltreatment are not self-evident; definitions of deviance are negotiated, debated, and argued—that is, they are socially constructed. Claims making drives societal definitions of deviant behavior. The social constructionist perspective helps us understand the process by which definitions are created, and for this reason it is important. However, it does not solve our more immediate problem: we need to define the subject matter of this volume. In the following subsections, we briefly examine some of the conceptual definitional assumptions that direct our investigation. We address specific conceptual as well as operational definitions in greater detail in subsequent chapters that address the various forms of VMIR.

**What Is an Intimate Relationship?**

Deciding on a title for this book, and defining the scope of this book, have not been easy tasks. Historically, books on this topic have used the word *family* in the title: husbands hitting wives, wives hitting husbands, parents hitting children, children hitting each other.

Yet consideration of the topic of family violence invariably led to discussion of intimate violence outside the bounds of the *traditional* family. And, of course, cultural and legal definitions of what constitutes a family are changing. The question, “What is
a family?” is more frequently asked today than it has been in the past. In 2010, for example, the Pew Research Center published results from a national survey that asked Americans when a household meets the requirement of being a family. The results are interesting. Essentially everyone agreed that a married couple with children is a family. The percentages drop from there, however, with respondents identifying the following circumstances as a family: 88 percent, a married couple without children; 86 percent, single parents with children; 80 percent, unmarried heterosexual parents with children; and 63 percent, unmarried same-sex couples with children. Perhaps most telling of all, almost 50 percent of Americans indicate that a childless unmarried couple (either homosexual or heterosexual) makes a family.

Given these trends, terms like family violence or marital violence seem to raise more questions than answers. Certainly, violence that occurs between unmarried adult cohabiters, dating partners, and same-sex intimates clearly fits within the scope of this book. Given these various trends, the term intimate seems appropriately inclusive. This is not to say that we will abandon the use of the word family altogether. Many times in our writing the term family seems most appropriate. When we use the term family, however, keep in mind that we are thinking broadly and inclusively.

**What Is Violence?**

Violence can be defined as “an act carried out with the intention of, or an act perceived as having the intention of, physically hurting another person” (Steinmetz, 1987, p. 729). Many will find this definition too broad and inclusive. According to this definition, for example, a spanking is a violent act. From our perspective, however, this seems to be the only consistent place to start. We will reserve terms like assault and abuse, however, for the most extreme forms of VMIR.

**What Is Maltreatment?**

Our interests extend far beyond violence to other acts of maltreatment. Sexual abuse, for example, may only occasionally involve physical violence but can have damaging effects that last a lifetime. Child neglect and emotional abuse are forms of maltreatment that can be even more devastating than physical violence. A woman can be psychologically tormented and controlled by a man who never touches her. Elders can be harmed through neglect rather than physical assault. Our intent is to discuss all forms of intimate maltreatment, whether it is violent or not.

**Social Policy: Prevention and Intervention**

Two pervasive tensions dominate social policy discussions. The first concerns the relative importance of prevention versus intervention strategies. Prevention refers to social support and education programs designed to prevent intimate violence from occurring in the first place. Intervention refers to societal responses to intimate
violence after it occurs. The second tension focuses on competing perspectives on how society should approach prevention and intervention. Is the problem most effectively addressed with support and treatment models, or punishment and protection models?

History helps put the current social policy debates in context. Once VMIR became fully recognized in the 1960s and 1970s, the most immediate and urgent concerns were identification and protection of abuse victims and the punishment of offenders. Given the history of indifference, this policy emphasis seems reasonable. However, this response has sometimes come at the expense of a societal commitment to supporting, mentoring, and protecting families. Yes, sometimes offenders need to be in prison. But there are other times when support and services for vulnerable families are needed. Balancing the two is no easy task. In the sections that follow we briefly introduce several prevention and intervention programs and policies, many of which will be discussed in more detail in subsequent chapters.

**Child and Adult Welfare Policy**

There is no single entity called the child welfare system or the adult welfare system. Nor is there a single entity called Child Protective Services (CPS) or Adult Protective Services (APS) (Levesque, 2001). Instead, these are general terms used to describe various efforts at the state level to protect children, elders, and in many states, younger adults with significant disabilities.

State CPS and APS agencies engage in both prevention and intervention efforts. They promote child and adult support and protection policies, they receive and investigate reports of maltreatment, they assess needs—and arrange and/or mandate services, and they monitor service delivery. These entities are discussed further in Chapters 3, 5, and 10.

**Mandatory Reporting Laws**

Mandatory reporting laws apply to individuals who have regular contact with vulnerable populations including children, adults who are dependent due to a disability, and senior citizens or elderly adults. Such individuals are mandated reporters, because they are legally required to report observed or suspected cases of abuse. Most state statutes include some type of penalty for failure to report, depending on the particular circumstances of a case. Sanctions range from fines to felony criminal charges (Child Welfare Information Gateway, 2016c; N. Dube, 2012; Jirik & Sanders, 2014).

Within five years following the publication of Kempe’s influential article on child abuse (Kempe et al., 1962) every U.S. state had enacted mandatory child abuse reporting laws. Protections for adult victims have been slower to develop, but today mandatory reporting laws for elders are the norm (Jirik & Sanders, 2014). Only a few states, however, specifically mandate the reporting of suspicions of IPV (Durborow, Lizdas, Flaherty, & Marjavi, 2010; Futures Without Violence, n.d.).

Initially, the laws for children focused primarily on the need for doctors to report injurious physical abuse. But the list of reportable behaviors has grown to include all
forms of child maltreatment that might potentially harm a child (National Center for Prosecution of Child Abuse, 2014). The list of professionals required to report has also grown, and now includes social workers, mental health professionals, teachers, and other school staff (National Center for Prosecution of Child Abuse, 2014).

Those identified as mandated reporters for elder abuse include doctors, nurses, nursing home administrators and staff, and social workers, among others. All laws require the reporting of observed or suspected physical abuse, neglect, and financial or material exploitation, and the large majority also include emotional or psychological abuse, sexual abuse, and self-neglect (Jirik & Sanders, 2014).

While mandatory reporting laws have generally been heralded as a triumph of intimate violence advocacy, there are a number of unintended problems associated with mandatory reporting. Some advocates for women, for example, have expressed concern that mandatory reporting laws might inhibit women from seeking care or make them vulnerable to retaliation (Hyman, Schillinger, & Lo, 1995). These laws also often put people in the helping professions in a difficult position, essentially forcing them to violate the confidences of their clients. Many professionals who are required to report suspected abuse see themselves as better equipped to help needy families than the overburdened CPS and APS systems, so they choose to ignore the reporting laws (Melton, 2002; Rodriguez, Wallace, Woolf, & Mangione, 2006; Zellman & Fair, 2002). Research evidence suggests, for example, that the more professionals know about the protection system (i.e., the more formal training they have), the less likely they are to report suspected cases of abuse (Melton, 2002). Others have found that while mandatory reporting laws are associated with an increased number of investigations, they have not been associated with an increased number of substantiated cases (Ainsworth, 2002; Jogerst et al., 2003). In addition, there is considerable variability in how reporting laws are interpreted by professionals, and the specific wording used in mandatory reporting laws can influence those interpretations (Levi & Portwood, 2011). Although all U.S. states and many international societies have enacted mandatory reporting laws, to date, their impact has rarely been empirically examined; more research is needed on the benefits and drawbacks to mandatory reporting laws (Jirik & Sanders, 2014; Mathews, Lee, & Norman, 2016).

**Family Preservation, Foster Care, and Adoption**

One of the most controversial issues within child protection circles is the question of when children should be temporarily or permanently removed from their homes. (See Chapter 5 for further discussion of this issue.) Child protective services agencies are mandated to make child protection their top priority, and no one questions this mandate. But when a child is being abused, what course of action will serve the best interests of the child? Should CPS attempt to maintain the family unit, offering support and training in hopes that abuse will not occur again in the future? Should CPS remove the child from the home and place him or her in a temporary setting with the hope of eventually returning the child to the home? Or should the state seek a more permanent solution for the child, such as adoption or placement in an orphanage?
Proponents of the family preservation model maintain that the best place to raise a child is in a nuclear family, and that children can be safely left in their homes if their communities offer vulnerable families the social services and training they need. These advocates point out that the foster care system is not a panacea, noting the relatively high rates of abuse in foster families (U.S. DHHS, 2016). The commitment to family reunification is not without its critics, of course, who point to some troubling child fatality data to illustrate their point. In 2014, for example, 1,580 children died as a result of abuse and neglect; 12.2 percent of these victims were in families who had received family preservation services in the previous five years and 1.8 percent (19 children) of child fatalities involved children who had been in foster care and were reunited with their families in the previous five years (U.S. DHHS, 2016).

**Criminal Justice Issues**

Because most of the behaviors discussed in this book are against the law, the actions of the criminal justice system are important in policy discussions. For example, despite the fact that intimate partner violence has long been recognized as a crime, police discretion in making arrests, combined with family privacy norms, cultural tolerance, and the reluctance of women to press charges, has meant that historically arrest has been the exception rather than the rule. In the 1980s, only about 1 in 10 police interventions in intimate partner violence resulted in arrest (Gelles & Straus, 1988). A related problem was that many victims of IPV do not press charges, and criminal prosecutions were therefore often abandoned.

Many researchers and women’s advocates saw these data as a sign of societal indifference to, and continuing tolerance of, the abuse of women. Citing the deterrence doctrine (see Chapter 2), they argued that a society that punishes violent family members should have less family violence. A husband who hits his wife is guilty of criminal assault, and he should be punished as a criminal. Punishing family offenders would begin, these advocates argued, with the limiting of discretion in the criminal justice system. Mandatory arrest policies and preferred arrest policies soon became the most widely implemented and highly publicized way of placing limits on justice system discretion in cases of domestic violence (Barner & Carney, 2011). Many jurisdictions also initiated “no-drop” prosecution policies, which require prosecutors to move forward with criminal proceedings even if the victim has recanted or asked that the prosecution cease (Barner & Carney, 2011). These policies are discussed further in Chapter 8.

**Family Support and Training Programs**

A teenager cannot legally drive an automobile without first receiving appropriate training and passing a test to obtain a license, but the same teenager can become a parent without any interference from the state. No doubt it has to be this way, but the fact remains that many who assume the role of parent are not adequately prepared to do so. Home visitation programs are one form of family support and training
programs that have become popular in recent years. Typically targeting at-risk (e.g., poor, single, young) parents of newborns or expectant mothers, these programs evaluate the home setting and work with parents in a safe, nonconfrontational environment. Such programs provide at-risk families with networks of support in hopes of preventing the social isolation that often contributes to abuse. The goals of such primary prevention programs typically include increasing parents’ knowledge about child development, improving health care usage for children, child management (including nonviolent approaches to child discipline), positive family functioning, and triggers of abuse (Avellar & Supplee, 2013). These programs are discussed further in Chapter 5.

The Patient Protection and Affordable Care Act (“Obamacare”) established the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, which provides $1.5 billion for home visitation programs for at-risk pregnant women and families with children under the age of 5. At least 75 percent of these funds must be spent on programs that have been shown to increase the health of the child and reduce child maltreatment (Adirim & Supplee, 2013). Research on the effectiveness of these programs in reducing child maltreatment has been mixed, but as more programs are evaluated researchers expect to identify specific programs that are effective (Casillas, Fauchier, Derkash, & Garrido, 2016).

Although in-home intervention programs typically focus on child abuse prevention, it is important to note that they could potentially alleviate IPV as well. Child abuse and IPV share many risk markers; families identified as being at high risk for child abuse are also likely to be at high risk for IPV. To the degree that programs provide families with networks of support and emphasize positive family functioning, violence-free interactions, and recognition of the triggers of violence, they might have ameliorative effects on rates of IPV as well (see Sharps, Campbell, Baty, Walker, & Bair-Merritt, 2008, for a review).

### School-Based Programs

School-based programs have obvious appeal because they are an inexpensive way to reach many children, teens, and college students. The majority of school districts in the United States offer education programs on topics such as sexual abuse, IPV, and sexual assault.

Many scholars see the adolescent years (13–18), when children often form their first intimate relationships, as an ideal time to teach children about the importance of violence-free intimate relationships (Godenzi & De Puy, 2001). High schools commonly offer a variety of learning opportunities—school assemblies, lectures, videos, drama groups, discussion groups—in hopes of promoting healthy relationships and reducing dating and marital violence. These programs also encourage students to intervene when their peers are vulnerable (bystander intervention programs are discussed in more detail in Chapter 7 and Chapter 11).

At the college level, discussions about the importance of healthy relationships and bystander intervention are often broadened to include sexual assault. These programs
can have both primary prevention and intervention goals, including teaching defini-
tions of sexual assault, consciousness-raising regarding the sexual rights of women, rape myths, traditional sex roles, and consent (Holcomb, Savage, Seehafer, & Waalkes, 2002). Programs of this nature have become commonplace on college campuses, in part because the 2014 White House Task Force to Protect Students from Sexual Assault essentially requires it. Colleges and universities that receive federal funds are now required to provide rape education and prevention training (Cermele & McCaughhey, 2015). We will revisit this issue in more detail in Chapter 11.

Community Awareness Campaigns

One of the easiest and most cost-efficient prevention techniques is public education through advertisements and public service announcements. Many of the social movement organizations and federal agencies devoted to the family violence problem see themselves, at least in part, as public educators.

Community awareness campaigns are too numerous and varied to discuss at length here and are discussed further in subsequent chapters. One particular campaign worth highlighting is “No Hit Zones” in hospitals and other settings frequented by parents and small children. This campaign focuses specifically on corporal punishment, politely asking visitors to refrain from hitting of any kind. Given that corporal punishment remains the norm in the United States and has been associated with child physical abuse, “No Hit Zone” campaigns have attracted some attention in the press, as well as in the academic literature (Frazier, Liu, & Dauk, 2014).

Shelters and Hotlines

Perhaps the most visible form of intervention in IPV is the battered women’s shelter. Since the first such shelter opened in England in the early 1970s, battered women’s shelters have become commonplace. Today, most large metropolitan areas have shelters that provide numerous services, including counseling, social support groups, child care, economic support, and job training. The U.S. government took an active role in promoting the shelter movement in 1994 when it passed the first Violence Against Women Act (VAWA). The VAWA, which was reauthorized in 2000, has provided funding for shelters and established the National Domestic Violence Hotline (1-800-799-SAFE). Some observers have argued that although implementing VAWA provisions has been expensive, the law meets the needs of battered women so effectively that it may have saved U.S. taxpayers billions of dollars in medical costs and social services (Clark, Biddle, & Martin, 2002). This topic is discussed further in Chapter 8.

Chapter Summary

Our intent in this chapter, in part, is to impress upon the reader the significance and prevalence of VMIR. Compared to other wealthy democracies, the United States is,
arguably, the most violent country in the world. An unacceptably high proportion of this violence occurs within intimate relationships.

We take a social constructionist perspective in our description of how VMIR came to be recognized as a social problem. The social constructionist perspective focuses on the role claims makers have played in this history. Each of the forms of VMIR discussed in this book has, at various times in history, been treated with indifference. The mistreatment of children began to receive serious attention during the child-saving movement of the mid- to late-1800s, and the research community essentially ignored child abuse until the 1960s, when medical doctors began to raise awareness. The victimization of women was similarly ignored until the late 1800s, and the social problem of woman battering was not fully discovered until feminists successfully raised awareness in the early 1970s. Other forms of family violence—sibling violence, dating violence, marital rape, acquaintance rape, and elder abuse—were only discovered after claims makers successfully raised awareness.

Specific definitions of VMIR are also shaped by the claims making process. Words such as *abuse, battering, assault, maltreatment*, and *violence* are commonly used in discussions of VMIR, but there is little agreement, or even discussion, on exactly what these words mean. Their meanings are negotiated by claims makers, and the winners in these negotiations earn the right to define particular behaviors and estimate their prevalence.

Social scientific progress in the field of VMIR depends, to some extent, on a shared understanding of what constitutes VMIR, so we have offered our own conceptualizations. Violence is a physical act meant to hurt another person. Maltreatment is a more inclusive term meant to encompass various forms of nonviolent acts such as psychological mistreatment, neglect, or inappropriate sexual contact. And finally, the term *intimate* has historically referred to family members, but as conceptualizations of family have broadened, so too have our understandings of intimates.

Any history of the recognition of VMIR as a social problem is incomplete without a consideration of the prevention and intervention strategies that have been introduced to address this problem. Prevention efforts are attempts to keep VMIR from occurring in the first place, whereas intervention strategies are responses to VMIR after it occurs. U.S. social policies have tended to emphasize intervention rather than prevention, and these intervention strategies have most typically focused on protecting victims and deterring perpetrators from committing further violence.

**RECOMMENDED RESOURCES**


