

Chapter 1

Introduction to Family Violence

Conservative annual estimates suggest that 4 to 9 million people are the victims of family violence and 171 million (or 60% of the population) are at risk of violence. The estimated cost of these acts of violence to taxpayers easily exceeds \$1 trillion a year (Dubble, 2006; Thomas, Leicht, Hughes, Madigan, & Dowell, 2003). Family violence affects everyone, either directly or indirectly.

In this book, attention is given to child maltreatment, intimate partner violence, and older adult abuse. Although these three categories are discussed separately, they are interconnected. Adults who were abused as children have a high probability of becoming abusive parents, victims, or perpetrators themselves in abusive intimate relationships. Although far from inevitable, the pattern of intergenerational violence affects millions of families annually (Hurley & Jaffe, 1999). Furthermore, families may be affected by multiple forms of violence occurring simultaneously.

This chapter introduces family violence and the general perspective from which the book is written. Its theories, values, and contents are based on the family health perspective, the National Association of Social Workers' (NASW) *Code of Ethics* (2008), and accreditation materials from the Council on Social Work Education.

CATEGORIES OF FAMILY VIOLENCE

Child maltreatment or *child abuse* includes any nonaccidental injury to a child by an adult and, according to the federal Child Abuse Prevention and Treatment Act (CAPTA), is categorized as physical, sexual, and/or emotional abuse as well as neglectful acts (Massey-Stokes & Lanning, 2004). Over 3.3 million reports of abuse are made annually in the United States, representing an estimated 905,000 children as victims, or 12.1 victims per 1,000 children. Every day four children die as a result of child abuse (*Child Maltreatment Report*, 2006).

Intimate partner violence (IPV), commonly referred to as *domestic violence* (DV), is any act of commission or omission against an intimate partner using a complex pattern of physical, sexual, psychological, and/or economic behaviors devised and carried out to control and abuse a partner (Healey, Smith, & O'Sullivan, 1998). In the United States, more than one in three women (35.6%) and more than one in four men (28.5%) have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime (Black et al., 2011).

Older adult abuse, also referred to as *mistreatment of older adults* (Lithwick, Beaulieu, Gravel, & Straka, 2000) and *elder mistreatment* (Loue, 2001), is "any

knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult" (National Center on Elder Abuse, n.d.), occurring to individuals 60 years of age and over. These acts can occur in the person's home or in an institutional setting. Older adult abuse includes at least seven common types: physical, emotional or psychological, sexual, financial or other material exploitation, abandonment, neglect, and self-neglect (Jogerst et al., 2003). Although statistics and definitions of older adult abuse vary, it is estimated that every year, 600,000 older adults are the victims of older adult abuse (Teaster et al., 2006).

FAMILY HEALTH PERSPECTIVE

The *family health perspective* (Pardeck & Yuen, 1997), the foundation for this book, defines a family as a system of two or more interacting persons who are related by ties of marriage, birth, adoption, or personal choice, and have committed themselves to each other as a unit for the common purpose of promoting the physical, mental, emotional, social, cultural, financial, and spiritual growth and development of each unit member. This definition goes beyond the traditional definition of a family as a husband and wife with children. Family is self-defined by the individual as to whether the other members are human, animal, and/or deceased individuals who form the person's personally defined family.

The family health perspective is based on an integration of the biopsychosocial and ecological perspectives, systems theory, social constructionist theory, and post-modernism (Pardeck & Yuen, 1997). It emphasizes the importance of focusing on clients' total well-being (physical, psychological, mental, spiritual, financial, social, and cultural), allows clients to interpret their own levels of health, and stresses the importance of understanding clients as they influence and are influenced by their families and society.

Components of the family health perspective (i.e., systems theory and the ecological approach) are concerned with humans as they interact with each other and the world around them. The ecological approach assumes that the environment is embodied by living and dynamic interactions, whereas social systems theory assumes that the environment also includes inanimate operations (Kirst-Ashman & Hull, 2009). These theories apply to interventions that take place at any level (micro, mezzo, or macro); thus, they help social workers to integrate those therapeutic approaches that are most appropriate for their clients and to attend to environmental policies and planning activities that will enhance their clients' total well-being.

Other components of the family health perspective (i.e., the social construction theory and postmodern perspective) emphasize the ability of individuals to interpret their own reality and the celebration of diversity. These theories are in keeping with the profession's values of the dignity and worth of all persons and the importance of human relationships. These values are reflected in the NASW's *Code of Ethics* as to self-determination (Standard 1.02) and cultural competence (Standard 1.05).

FAMILY VIOLENCE AND THE SOCIAL WORKER CODE OF ETHICS

The commitment to clients (Standard 1.01) as well as to social and political action on behalf of vulnerable populations (Standard 6.04) align the family health perspective with the *National Association of Social Workers' Code of Ethics*. It provides the values, ethics, and conduct to be adhered to by social workers, among which is the commitment of service to help families experiencing family violence. These values and ethics have been adapted into principles congruent for social work within the area of family violence (Exhibit 1.1).

EXHIBIT 1.1 SOCIAL WORK CODE OF ETHICS: VALUES, ETHICS, AND PRINCIPLES AS APPLIED TO FAMILY VIOLENCE

Values	Ethics	Principles
Service	Social workers' primary goal is to help people in need and to address social problems	Social workers will use their knowledge, values, and skills to address the social problem of family violence (FV). They will sometimes provide this help with no expectation of remuneration
Social justice	Social workers challenge social injustice	Social workers will pursue necessary changes on all systems levels on behalf of victims and perpetrators of FV. These change efforts must be adapted so as to be culturally sensitive. While assisting in this endeavor, social workers are to empower clients for self-advocacy and to assure clients' equal access to information, services, and resources for discontinuing FV
Dignity and worth of the person	Social workers respect the inherent dignity and worth of the person	Social workers treat each person, including victims and perpetrators of FV, in a respectful manner. Interactions are to be culturally sensitive. Social workers promote victims' self-determination and seek to empower victims and their families' abilities to meet their needs toward obtaining total well-being
Importance of human relationships	Social workers recognize the central importance of human relationships	Social workers value relationships between and among victims of FV, their perpetrators, and professionals. Social workers seek to strengthen these relationships and to enhance the helping process of promoting, restoring, maintaining, and enhancing the well-being of FV victims and their families
Integrity	Social workers behave in a trustworthy manner	Social workers act in a manner consistent with the <i>Code of Ethics</i> and will, thus, be honest and responsible in working with clients experiencing FV
Competence	Social workers practice within their areas of competence and develop and enhance their professional expertise	Social workers will increase their knowledge and skills for assisting victims of FV and their families. They will use literature in professional journals as well as other resources for maintaining and improving their professional competence in this area

SOCIAL WORKERS AND FAMILY VIOLENCE

With their professional mission to serve vulnerable populations—which is inclusive of children, women, and older adults—social workers are at the forefront of the effort to eliminate family violence. According to CAPTA, social workers are legally mandated to report abused and neglected children (Herman, 2007) to Child Protective Services (CPS), and according to the Older Americans Act, they are legally mandated to report abused older adults (Roby & Sullivan, 2000) to Adult Protective Services (APS). Failure to comply with these mandates can result in expulsion from the profession, loss of licensure, and both criminal and civil action. In consideration of these responsibilities, social workers must be adept at assessing and intervening for victims of family violence as well as ensuring perpetrators of such violence receive appropriate intervention to preclude further acts.

These assessment and intervention processes are assisted by the family health perspective, with its fluid definition of a family, evaluation of all aspects of the family's health, and consideration not only of the family interactions but also of the family in relation to all levels of systems, even into the global community. Assessment of families can be in relation to their physical health (Wu et al., 2004), emotional health (Russell, Lazenbatt, Freeman, & Marcenes, 2004), mental health (Stipanivic, Nolin, Fortin, & Gobeil, 2008), spirituality (Sadler & Biggs, 2006), financial status (Kaushal, Gao, & Waldfogel, 2007), social relationships (Woods & Kurtz, 2007), and cultural issues (Roby & Shaw, 2006). Family assessment instruments continue to be developed in efforts to help professionals to determine the risk of maltreatment (Dorsey, Mustillo, Farmer, & Elbogen, 2008). Deciding when to act and what action to take requires social workers to use critical thinking, which integrates values, ethics, policy, and research (Gray & Gibbons, 2007). The family health perspective provides this foundation for taking the appropriate action.

SUMMARY

Despite increased attention to the assessment and intervention as well as countless federal, state, and local efforts to stop family violence, its existence seems perpetual—perhaps indicative of increased reporting, inadequate funding, and an endemic culture of violence.

Social workers are committed to help vulnerable populations, which include the victims of family violence. By law, social workers are mandated to report suspected abuse and neglect of children and older adults. By their professional code of ethics, they are responsible for being knowledgeable on various aspects of family violence, thus enabling them to help victims and their abusers. Social workers are joined by dozens of other kinds of professionals in their efforts to prevent and intervene in family violence for the enhanced well-being of all.

CASE STUDY 1.1 SPANKING OR STRIKING A CHILD IS NEVER APPROPRIATE, MOST EXPERTS SAY

Minnesota Vikings running back Adrian Peterson says he never intended to hurt his 4-year-old son when he hit him with a tree branch. But experts in childhood development said the intent does not matter—striking a child is never appropriate.

“We do have to respect other people’s cultural points of view, but the law is very clear and the research is very clear,” said Kimberly Sirl, a clinical psychologist at St. Louis Children’s Hospital. “Spanking doesn’t work, and it just makes kids mistrustful and aggressive. What we’re teaching them is fear rather than responsibility and problem-solving.”

Peterson was reinstated on Monday to the Vikings 2 days after being charged with child abuse. A prosecutor in Texas, where the running back has a home, said that the child had cuts on his legs and bruises on his back and buttocks from the incident last May. Peterson indicated in social media that he also inadvertently struck the child’s scrotum. The injuries were discovered during a routine medical exam.

“I am not a perfect son. I am not a perfect husband. I am not a perfect parent, but I am, without a doubt, not a child abuser,” Peterson said in a statement on Monday. “I am someone that disciplined his child and did not intend to cause him any injury.”

Most parents who use physical punishment do not intend to harm the child, said Deborah Sendek of the nonprofit Center for Effective Discipline in Ohio.

“Parents are looking for what works—‘How can I be a disciplinarian, how can I teach the child right from wrong and hold them accountable?’” Sendek said.

Peterson also used a common argument in defense of corporal punishment by saying he received the same form of discipline as a child. More than 90% of American parents report physically punishing their child at some point, and most of them were spanked as children. Many parents have publicly supported Peterson by saying they consider themselves good citizens despite or even because of physical discipline they received as children.

Child psychologists and prosecutors hear that argument often. They point out that it also used to be acceptable for kids to ride bikes without helmets or ride in cars without car seats. Even in families and cultures where corporal punishment is the norm, parents can decide to end the pattern of violence toward children, experts said.

“It takes a strong person to take from our parents what was good, and throw away what wasn’t the best,” said Dr. Kathleen Berchermann, a pediatrician at St. Louis Children’s Hospital.

Berchermann said she occasionally spanked her oldest child years ago but has since banned the practice in her own home. The topic is one of the most controversial in pediatrics because most parents are trying to do what’s best for their children, Berchermann said.

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Corporal punishment of a child by a caregiver is legal in every state, but it crosses the line to abuse when a child is injured. Doctors and teachers are required to report to authorities any marks, bruises, cuts, or other injuries inflicted on a child. A switch, or tree branch, as Peterson used, could be considered a weapon under the law in most states.

But when talking to most parents about more typical swatting, “it’s not very effective to say it’s child abuse,” Berchermann said. “I choose to highlight the fact that corporal punishment brings an immediate and effective behavior change but is not effective in teaching long-term self-discipline and values.”

In 19 states, including Missouri, corporal punishment is legal in public schools. In the most recent data available, Missouri ranked in the top 10 states for use of corporal punishment in schools, with more than 5,000 students receiving a physical discipline in 2006, according to a report from the U.S. Department of Education. The state still allows individual school districts to set their own rules. Local doctors said they were not aware of any recent cases of spankings in area schools.

The American Academy of Pediatrics opposes spanking because research shows it results in long-term aggression in children.

“The more children are spanked, the more anger they report as adults, the more likely they are to spank their own children, the more likely they are to approve of hitting a spouse, and the more marital conflict they experience as adults,” a statement from the group says.

The American College of Pediatricians takes a more moderate view by approving of “appropriate spanking” for children aged 2 to 7 years when milder forms of discipline have failed. “Appropriate” is defined as a couple of swats to the child’s clothed buttocks as a planned, not angry, reaction that does not leave a mark.

It is better to praise and reward good behavior than physically punish for bad behavior, experts agree. Kids should have rules and expectations for their behavior based on three simple concepts, said child psychologist Sirl: to keep them safe, to keep them healthy, and to help them get along with others.

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DISCUSSION QUESTIONS

1. What are your opinions about spanking a child?
2. Your client is a mother who left bruises on her child from discipline. How would you work with this woman when she states that she disciplined her child the way she was disciplined?
3. Imagine that you are told by your clients that the school spanked your child, but they do not believe in spanking. Address this situation on the micro, mezzo, and macro levels.

KEYWORDS

Child abuse	Intimate partner violence
Domestic violence	National Association of Social Workers' (NASW) <i>Code of Ethics</i>
Family health perspective	Older adult abuse

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