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Chapter 1

Introduction to Family Violence

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INTRODUCTION

Our goals for this book are to provide you with a solid grounding in the field of family violence; to discuss as much as is known about incidence, prevalence, etiology, and management; and to provide a foundation through access to information and references for healthcare providers from all areas of medicine (i.e., physicians, nurses, dentists, social workers, allied health professionals) to recognize and to assist your patients with this all-too-common problem.

Family violence is a true public health epidemic in the United States and, indeed, in all parts of the world in which it has been examined. It crosses all socioeconomic, demographic, educational, and religious boundaries; it affects recent immigrants to the United States, as well as those whose ancestors arrived in the 17th century and before; it touches the rich and the poor, the well educated and the high school dropouts, the young and the old, males and females. Few discuss family violence in public because it is associated with much stigma; few healthcare providers can recognize it, and, if they do, they may not know what to do about it; few victims even report the violence. Sadly, the legal system, the social services sectors (both private and public), and families often do not recognize the problem or do not know how to deal with it. Indeed, the status of family abuse victims is similar to that of individuals with HIV/AIDS in the early 1980s when that disease was barely

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recognized, hardly discussed, highly stigmatized, and often ignored or denied. Fortunately, we have come a long way in our battle against HIV/AIDS in the last three decades. Sadly, we have made relatively little progress in our battle against family violence over the centuries.

Through this book, we want to do our part to increase awareness, recognition, discussion, and management of family violence. We want to help set the stage for those who follow to develop effective and facile programs to reduce and ultimately prevent this devastating epidemic.

DEFINITIONS

Family violence encompasses child abuse, intimate partner (or domestic) violence, and elder abuse. All of these forms of abuse can include verbal, psychological, physical, and sexual components. In many cases, they are interrelated, as we will show in subsequent chapters: People who have been abused as children are more likely to be abused as they grow older (see Chapters 2, 4, and 13). Similarly, perpetrators of violence are more likely to have been abused as children. Central to the causation of family violence, to the best of our knowledge, is the concept of control (See Chapters 2, 3, and 6): The abuser often feels the need to control all aspects of the victim's life, from what she can wear, to how much money, if any, she can access, to whom she may speak, to whether or not she can use the phone, leave the house, drive a car, and so on. (Please note that, although abusers can be male or female, the overwhelming majority of reported episodes of heterosexual abuse of any kind, beyond early adolescence, are male to female.) Some survivors were essentially imprisoned in their homes for years before they finally managed to leave their abusers. Many victims have had little or no contact with their families or friends for years, and many are accused and punished for things that they did not do.

STATISTICS

Due to the under-reporting and under-recognition of all aspects of family violence, the available numbers regarding its occurrence may not be accurate. However, the best estimates are that at least 20–30% of all females in the United States will be abused at some point during their lives. Most of the homicides of women are at the hands of an intimate partner or relative. Males, both heterosexual and homosexual, are also abused, but those numbers are even less accurate than for female victims. Abuse in lesbian relationships occurs too. As noted earlier and elsewhere in this book, family violence is an equal opportunity scourge, knowing no racial, ethnic, gender,

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age, religious, economic, or educational boundaries. In fact, most people know someone who has been abused, even if they are not aware that the abuse has occurred.

CONSEQUENCES

Aside from the obvious harm sustained by victims, family abuse affects all of society in some way. The estimated cost of all aspects of family violence is probably in the vicinity of $10–15 billion a year when medical care, days lost from work, criminal prosecution, social services, and loss of lifelong productivity as a result of trauma and death are included. The toll also includes long-term mental health disorders, such as increased post-traumatic stress disorder; increased cigarette, alcohol, and drug use; chronic health problems, such as obesity, pain, headaches; poor pregnancy outcomes; avoidance of interactions with healthcare providers; and inability to pay for care. Additionally, family violence can spill out of the home into the workplace, public transportation, schools, and other public sites, where the perpetrator often injures or kills others while attempting to harm his victim.

Another point that needs to be addressed is that the casual observer, the person who learns of someone else's abuse, often wonders why the victim did not leave as soon as the violence started. Even healthcare providers are subject to such pondering. Although it is well and good for people to suggest that a woman leave, it must be understood that typically she cannot do so immediately, and often not for a long time. There are many reasons for this: She may think this lifestyle is "normal"; she may have developed a variant of the Stockholm syndrome and identifies and agrees with the abuser that she is bad or stupid or deserves this; she may be so isolated from family and friends that she has no idea of how to leave or where to go; she may have no job skills and fear that she and her children will starve. Most importantly, though, she is probably scared of the consequences of leaving, possibly because her abuser has threatened her with statements like "If I can't have you nobody can," or "I'll kill you if you try to leave," or "I'll hunt you till I find you." These are valid fears because a woman's risk of being killed (and likewise of her children being wounded or killed) is highest when she tries to leave. As discussed elsewhere (Chapter 17), the construct of the Transtheoretical model of health behavior change developed by DiClemente and Prochaska[1] is consistent with this process: A woman must get to the point of recognizing the abuse, be ready to leave, and develop a plan for how to leave. Thus, although family, friends, healthcare providers, and others can and should help her leave, it should be when she is ready to do so and has a plan established that is as safe as possible. Harassing her with

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questions like "Why don't you leave that monster?" or "How can you stay there?" does not help her at all and may be dangerous in the short term.

THE WAY FORWARD

Clearly, much work must be done in all aspects of family violence: We must improve the ability of healthcare providers to recognize the signs of family violence, and increase their knowledge of how to approach and help victims; we must enable the legal system to identify, to prosecute, and to sentence perpetrators appropriately, and to protect the survivors; we must create effective and reproducible interventions that are age-appropriate, audience-appropriate, and proven to produce the desired outcome of reducing and ultimately eliminating family violence. Countless people have been working on family violence issues for many years, and therefore, we have no illusions about making any immediate breakthrough in these areas via this small book. However, we believe that the more information everybody has, the more people can work together to reduce this epidemic; the more that people work together, the more others will think about it, and eventually the reduction and ultimate elimination of family violence will come. We hope that a few of you who read this book may eventually develop some programs that help make the reduction and ultimate elimination come sooner.

REFERENCE

1. Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. *Am J Health Promot.* 1997 Sep-Oct;12(1):38–48.