Despite gaps in research, this review argues for distinguishing family maltreatment from family violence, a differentiation between minimal or moderate abuse and serious endangerment, physical injury, or sexual violation. Most acts now defined as violent or abusive are moderate, and stressful life circumstances contribute to their development. Research suggests that abuse may develop through multiple pathways. The consequences of abuse appear to be general, but more commonalities may be found by examining more subtle and complex effects. Many interventions have attempted to prevent or treat family violence and its consequences, and several show promise. More systematic research is needed, but several changes in intervention seem warranted now. For instance, (a) mental health professionals should not be required to report maltreatment while a family is engaged in therapy; (b) the social service system needs to rediscover its roots in supporting families under stress, including in cases of moderate maltreatment; and (c) swift and decisive legal intervention is needed in cases of serious family violence.

From the vantage point of the present, the public outcry against family violence is shockingly recent. The Society for the Prevention of Cruelty to Children was formed only in 1875 (nine years after the formation of the Society for the Prevention of Cruelty to Animals), and the arousal of professional concern about battered children dates only to 1962 with the publication of Kempe’s seminal article (Kempe, Silverman, Steele, Broegemueller, & Silver, 1962; more pervasive professional concern is far more recent.) Spousal assault was made a crime in all states only in recent decades (Harvard Law Review, 1993), and there still are no laws against spousal rape in some states (Dietz, 1996). Professional concern about the children of battered women is less than two decades old, and sibling and elder abuse are just now beginning to receive clinical and research attention.

We are concerned about the historical inattention to family violence, but we also are troubled by the potential for overreaching in defining family violence, misinterpreting its putative consequences, or intervening broadly without knowledge of the risks and benefits of intervention. In fact, a number of commentators have suggested that some attempts to alleviate the problem of, or the problems created by, family violence may actually have iatrogenic effects (Besharov, 1988; Loftus, 1994; Repucci & Haugaard, 1989).

In this article, we attempt to strike a moderate and empirically based course in considering the definition and epidemiology of family violence and its causes, its consequences, and appropriate intervention. We focus considerable attention on child abuse but extend our discussion to include spousal, sibling, and elder abuse whenever possible, because the causes and consequences of family violence are found throughout the entire family system.

As a similar review concluded almost a decade ago, family violence has defied easy description, understanding, and amelioration (Emery, 1989). Nevertheless, an overriding theme of the present overview is the need to make the difficult distinction between levels of abuse, particularly for purposes of intervention. We argue for a basic differentiation between family maltreatment, characterized by minimal physical or sexual harm or endangerment, and family violence, characterized by serious physical injury, profound psychological trauma, or sexual violation. We recognize that such a categorization requires some arbitrary discriminations and that all levels of abuse can have devastating psychological consequences. However, distinguishing between levels of abuse should move us toward making a much-needed choice between when to offer families supportive interventions and when to use adversary or coercive interventions. Too often psychologists and social service agencies find them-
selves policing families who might benefit from support and supporting families who need policing.

Definitions and Epidemiology

Scientific and legal experts disagree strongly about how—or how broadly—to define abuse and neglect (e.g., Finkelhor & Dziuba-Leatherman, 1994; Straus & Gelles, 1990; Wald, 1991), and statutory definitions, investigation policies, and data collection procedures differ from state to state (Lung & Daro, 1996). The underlying problem is that our conceptualization of violence or abuse is inherently driven by social judgment and not by immutable social standards or by empirical science (Emery, 1989). Moreover, definitions have important and varied implications for different purposes. For instance, researchers attempting to assess the extent and nature of aggressive or violent activity within American families (e.g., Gallup, Moore, & Schussel, 1995; Straus & Gelles, 1990) have very different aims in defining violence or abuse than do child protective workers who must decide when coercive intervention is justified (Besharov, 1988).

These observations stress the need for clear and precise operational definitions of violence in specific research or applied contexts, but it also is critical to develop consensual definitions. Offering a useful analogy, Cicchetti and Barnett (1991) suggested that consensus definitions may produce benefits akin to those stemming from the American Psychiatric Association’s (1994) Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV). In fact, a task force of the National Research Council (NRC, 1993) recently recommended establishing consensus definitions across the four areas of child maltreatment (physical abuse, sexual abuse, physiological neglect, and emotional maltreatment). We would go a step further and argue for dividing all forms of family abuse into categories of maltreatment versus violence. As we have noted and discuss in more detail below, one rationale for this distinction is to differentiate between approaches to intervention. A second rationale becomes evident when we carefully examine the epidemiology of family violence. In fact, most acts designated as violent or abusive in leading epidemiological studies involve little or no physical injury or sexual violation.

Definitions of Violence in Epidemiological Surveys

Even given the most conservative definitions, violence within the family is disturbingly common. Young children and women are especially vulnerable to severe or fatal injury at the hands of a family member. Homicide is one of the five leading causes of death for children under 12 years of age (Federal Bureau of Investigation, 1994), with more than half of these homicides being perpetrated by a family member. An estimated 1,200 to 1,500 children are killed each year by their parent or parent figure (Lung & Daro, 1996; Sedlak & Broadhurst, 1996); 85% of these children are under the age of five years (Lung & Daro, 1996). Of the 4,967 women murdered in 1995, almost one third were killed by a boyfriend or husband (Federal Bureau of Investigation, 1996). In fact, wife battering is the leading cause of injury to women between the ages of 15 and 44, accounting for more injuries than car accidents, muggings, and stranger rapes combined (Federal Bureau of Investigation, 1991).

It is important to note, however, that extreme instances of child and spouse abuse make up only a minority of identified cases in epidemiological studies. The Third National Incidence Study of Child Abuse and Neglect (NIS-3; Sedlak & Broadhurst, 1996), for instance, estimated that between 20% and 35% of children identified as maltreated suffered a serious injury, defined as “long-term impairment of physical, mental, or emotional capacities or requiring professional treatment aimed at preventing such long-term impairment” (chap. 3, p. 13). Examples of such injuries included loss of consciousness, broken bones, third-degree burns, and school loss that required special-education services (Sedlak & Broadhurst, 1996, chap. 3, p. 13). Other identified, moderate, and inferred cases included educational neglect, where parents failed to ensure children’s attendance at school (approximately 25% of cases); moderate physical abuse, where a parent’s punishment left the child with an observable bruise, pain, or emotional distress for up to 48 hours but did not require professional treatment (approximately 20% of cases); emotional abuse, where a parent habitually belittled, denigrated, or engaged in overtly hostile or rejecting treatment (approximately 10% of cases); inferred sexual abuse, where there was some evidence to suggest that the child may have been sexually touched or fondled (approximately 7%); and moderate physical neglect, where a parent was judged to be providing inadequately for his or her child, even given the conditions of
poverty, inadequate housing, and chaotic neighborhoods in which most families determined to be neglectful reside (approximately 8% of cases; Coulton, Korbin, Su, & Chow, 1995; Garbarino & Kostelny, 1992; Pelton, 1994).

Many estimates of spouse abuse similarly include acts of aggression that cause relatively minor physical harm. Up to one third of abusive married couples are so defined by acts of pushing, throwing objects, or grabbing at each other, whereas about 4% of couples engage in serious acts of violence such as choking, beating up, or kicking a partner (O'Leary et al., 1989; Straus & Gelles, 1990). Finally, some experts have asserted that 80% of children are victims of sibling violence (Finkelhor & Dziuba-Leatherman, 1994); however, such definitions of sibling violence include pushing, grabbing, or hitting siblings (Straus & Gelles, 1990). With exceptions, pushing, grabbing, and hitting between siblings, especially younger ones, surely is seen as normal if inappropriate behavior rather than violence by most parents and professionals, including ourselves.

**The Epidemiology of Child Abuse: How Samples and Methods Affect Estimates**

We consider epidemiological studies of child abuse in some detail to further demonstrate how research methods can dramatically affect estimates of the epidemiology of family violence. There have been three primary sources for studying rates of child abuse: (a) official statistics, like the National Committee to Prevent Child Abuse and Neglect's (NCPCA) aggregation of state Child Protective Service (CPS) reports across the 50 states (Lung & Daro, 1996); (b) information gathered from professionals who come into contact with victims of family violence, like that used in the three National Incidence Studies of Child Abuse and Neglect (Sedlak, 1981, 1991; Sedlak & Broadhurst, 1996); and (c) surveys of discipline and conflict resolution methods among population samples of parents and children (e.g., Gallup et al., 1995; Straus & Gelles, 1990). These three types of studies yield widely divergent results, yet each contributes important information to our understanding of the epidemiology of family maltreatment and violence (see Table 1).

A comparison of the studies illustrates several key problems in determining prevalence rates. The NCPCA's 50-state survey estimates that approximately 3 million children were reported to CPS in 1995, about one third of whom (996,000) were substantiated as victims of maltreatment. Contrary to popular belief, the large majority of the cases officially substantiated were of physical neglect (54%), the form of maltreatment most clearly associated with poverty (Pelton, 1992). About one quarter of the substantiated cases were of physical abuse, 11% were primarily sexual abuse, 3% were emotional neglect, and 6% did not clearly fall into any of these categories (Lung & Daro, 1996).

Because not all cases of maltreatment are reported, the National Incidence Studies of Child Abuse and Neglect (Sedlak, 1981, 1991; Sedlak & Broadhurst, 1996) have surveyed professionals who potentially come into contact with maltreated children in addition to using state CPS reports. Not surprisingly, this method leads to substantially higher incidence estimates. For example, NIS-3 (Sedlak & Broadhurst, 1996) estimated that between 1.5 and 2.8 million children were maltreated in 1993. The lower figure is obtained when abuse is defined as observable injuries that last at least 48 hours; the higher figure is obtained when abuse is defined as substantial risk of endangerment. These estimates translate into annual incidence rates of 23 to 42 per 1,000 children for the NIS-3 (Sedlak & Broadhurst, 1996) versus 15 per 1,000 children for the NCPCA (Lung & Daro, 1996; see Table 1).

Population surveys yield even higher estimates of the incidence of family violence, presumably partly because much family violence remains behind closed doors. A Gallup poll of a random, representative sample of 1,000 families across the United States found that approximately 5% of children, or 3 million, met the poll's criteria for physical abuse in the previous year (Gallup et al., 1995). Approximately 2% of American children

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1 The National Center on Child Abuse and Neglect (NCCAN) compiled a similar database, the National Abuse and Neglect Data System, which yields very similar estimates (NCCAN, 1996).

2 The term substantiated is often misunderstood. Child abuse is substantiated when a child protective services worker determines there is sufficient probability of abuse. The procedures and degree of certainty for substantiating abuse vary across agencies and states, but a determination is to be made based on the "preponderance of evidence" in many states. Thus, the threshold and administrative procedures for substantiating abuse are considerably less stringent and formal than in a criminal trial, and they often are a source of controversy (Fincham, Beach, Moore, & Diener, 1994).
were determined to be sexually abused. These rates of child physical abuse and sexual abuse are 10 to 16 times higher than comparable figures for officially reported abuse. Questions concerning physical neglect and emotional maltreatment were not asked in this survey. Of considerable importance, the Gallup poll and other population surveys (Straus & Gelles, 1990) include ratings of very specific acts that further illustrate how the definition of violence affects estimates of prevalence rates (Haugaard & Emery, 1989). For instance, if spanking is considered to be violent (e.g., Finkelhor & Dziuba-Leatherman, 1994), then an estimated two-thirds of children in the United States are victims of abuse. When

Table 1

<table>
<thead>
<tr>
<th>Type of abuse</th>
<th>NCPA 50-state</th>
<th>NIS-3</th>
<th>Gallup poll</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of children</td>
<td>Rate per 1,000</td>
<td>No. of children</td>
</tr>
<tr>
<td>Fatals</td>
<td>1,215</td>
<td>.018</td>
<td>1,500</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>249,000</td>
<td></td>
<td>382,000</td>
</tr>
<tr>
<td>Moderate</td>
<td>332,000</td>
<td></td>
<td>332,000</td>
</tr>
<tr>
<td>Severe</td>
<td>50,000</td>
<td></td>
<td>50,000</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>110,000</td>
<td></td>
<td>115,000</td>
</tr>
<tr>
<td>Inferred</td>
<td>218,000</td>
<td></td>
<td>26,000</td>
</tr>
<tr>
<td>Moderate</td>
<td>74,000</td>
<td></td>
<td>74,000</td>
</tr>
<tr>
<td>Severe</td>
<td>540,000</td>
<td></td>
<td>339,000</td>
</tr>
<tr>
<td>Physical neglect</td>
<td></td>
<td></td>
<td>67,000</td>
</tr>
<tr>
<td>Inferred</td>
<td></td>
<td></td>
<td>51,000</td>
</tr>
<tr>
<td>Severe</td>
<td></td>
<td></td>
<td>217,000</td>
</tr>
<tr>
<td>Emotional neglect or abuse</td>
<td>29,880</td>
<td></td>
<td>417,000</td>
</tr>
<tr>
<td>Educational neglect</td>
<td></td>
<td>397,000</td>
<td></td>
</tr>
<tr>
<td>Specific acts from Gallup poll</td>
<td></td>
<td>41,540,000</td>
<td>620</td>
</tr>
<tr>
<td>Aggressive acts</td>
<td></td>
<td>39,190,000</td>
<td>570</td>
</tr>
<tr>
<td>Spanked on bottom, slapped hand, shook lightly</td>
<td></td>
<td>17,420,000</td>
<td>260</td>
</tr>
<tr>
<td>Hit on bottom with object, slapped face, pinched</td>
<td></td>
<td>17,420,000</td>
<td>260</td>
</tr>
<tr>
<td>Abusive acts</td>
<td></td>
<td>2,500,000</td>
<td>38</td>
</tr>
<tr>
<td>Hit with object on other than bottom</td>
<td></td>
<td>470,000</td>
<td>7</td>
</tr>
<tr>
<td>Throw or knocked child down, shook child (under age two)</td>
<td></td>
<td>270,000</td>
<td>4</td>
</tr>
<tr>
<td>Hit child with fist, kicked child hard (under age two)</td>
<td></td>
<td>200,000</td>
<td>3</td>
</tr>
<tr>
<td>Beat up child, hit as hard as you could</td>
<td></td>
<td>0; 7 ever</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>996,000</td>
<td>15.0</td>
<td>1,554,000</td>
</tr>
</tbody>
</table>

Note. NCPA 50-state = National Committee to Prevent Child Abuse and Neglect, annual 50-state survey (Lung & Daro, 1996); NIS-3 = Third National Incidence Study of Child Abuse and Neglect (Sedlak & Broadhurst, 1996); Gallup poll (Gallup, Moore, & Schussel, 1995). The NIS-3 severe abuse category required immediate medical attention to prevent long-term impairment; the Gallup poll's definition rests on the behaviors listed below the category, not on the consequences. The Gallup poll assessed only physical and sexual abuse, not physical or emotional neglect. Empty cells indicate that the data were not obtained for the particular category in the study listed.

* No incidents of choking were reported when parents were asked about the past year, but seven incidents of choking and one incident of burning were reported when parents were asked if they had ever done these acts to their children. This total includes only an estimate of the number of children who were physically or sexually maltreated, because the Gallup poll did not assess for physical or emotional neglect.
violence is defined as hitting with an object, as was the case in the Gallup poll, the rate drops to 5%. Naturally, rates become even lower when physical child abuse is defined by increasingly severe actions (see Table 1).

We do not encourage spanking or condone physical punishments with an object. We do suggest, however, that the term violence (or abuse) connotes more serious physical harm or intent, yet mild to moderate acts account for the majority of cases of physical abuse. We further suggest that, although undesirable, a certain degree of aggression in family relationships is normative—at least statistically. In fact, we view much of the task of controlling family violence, including child abuse, as helping people to learn to control normal angry and perhaps aggressive impulses toward family members and providing them with the supports to cope better with the stresses of family life. Finally, most parents currently labeled as abusive are under a great deal of stress, as we discuss in detail shortly, and they are not endangering their children's long-term physical health and safety. Such families are more likely to benefit from interventions designed to support them through the challenges of parenting than from interventions that first label them as abusive.

**Distinguishing levels of abuse.** We recognize that there is not a distinct line between what we refer to as maltreatment versus violence and that any specific definitions immediately create controversy. For these reasons, we offer no preferred definitions in this article. Instead, we note that a handful of states, including Virginia, Missouri, Florida, Iowa, and Kentucky, are experimenting with dividing their child protective caseload and directing less serious cases out of the usual investigation protocol (Community Partnerships for Protecting Children, 1996). In Virginia's experimental program, for instance, severe cases undergo traditional CPS investigation, whereas other cases receive a nonadversarial family assessment that ends with referrals to appropriate agencies on a voluntary, not a mandatory, basis. In Virginia, *serious* cases include sexual abuse; child fatality; allegations of abuse against a child in the custody of the state or in a child-care facility; children hospitalized because of suspected abuse or neglect; nonorganic failure to thrive; shaken baby syndrome; multiple or old injuries characteristic of battered child syndrome; Munhauen by proxy syndrome; and abuse or neglect resulting in disfigurement, fracture, severe burn or laceration, mutilation, maiming, forced ingestion of a dangerous substance, or life-threatening internal injuries. All other cases—the majority of CPS referrals—are offered assessment and referral.

**Is family violence increasing?** Dramatic increases in reports of family violence in recent years raise another important issue about definition and epidemiology: To what extent does the increasing number of reports of child abuse reflect not an actual increase in abuse but greater awareness of abuse and a lower threshold in the popular perception of what is abusive? In 1976, 669,000 cases of child abuse were reported to social service agencies, but that number grew steadily to 3,111,000 reports in 1995 (Besharov & Laumann, 1996). Much of the increased reporting clearly was due to increased recognition of child abuse and not to actual increases in family violence. Increased recognition also may account for the rising number of reports of child sexual abuse in recent years (NRC, 1993). In 1986, approximately 140,000 children were reported for child sexual abuse; by 1991, this number had more than tripled to 425,000 children, but sexual abuse reports declined steadily in the years subsequent to 1991 to just over 300,000 in 1995 (Lung & Daro, 1996). Similarly, the increased reporting of elder abuse likely is at least partially due to increased awareness. Since elder abuse was first publicly recognized about a decade ago, the number of reports has more than doubled, from 117,000 in 1986 to 241,000 in 1994 (National Center on Elder Abuse, 1997).

The lack of public awareness of family violence clearly was a problem in many respects, but an opposite set of problems has been created by increased awareness and the dramatic increases in reporting in recent years. Social service agencies are so overwhelmed with investigating reports of abuse, most of which go unsubstantiated, that they are left with few resources to offer supportive interventions (U.S. Advisory Board on Child Abuse and Neglect, 1993). In fact, as policing families for abuse has increasingly dominated social service agencies since the 1970s, the philosophy of offering support to families in need has been lost (Besharov & Laumann, 1997). Thus, another reason to differentiate maltreatment from violence is the potential to reduce the resources devoted to adversary investigation and to redirect efforts into supportive family interventions.

As a final note, however, we do want to point out that it is likely that there has been some real increase in child abuse in recent years. Although the number of moderate cases of child abuse remained stable between 1986 and 1993, the number of serious cases in the NIS-3 quadrupled from 142,000 to 565,000 (Sedlak & Broadhurst, 1996). If the increase was solely due to increased awareness or "definitional creep" (Besharov, 1996a), one would expect increases across all levels of severity. Researchers who believe that serious abuse is rising attribute the growing problem to increased use of illegal drugs, greater poverty, increased overall violence in the United States, and the disintegration of communities (Garbarino, 1995; Lung & Daro, 1996; Sedlak & Broadhurst, 1996).

**Comorbidity of different forms of abuse.** As a closing point about epidemiology, it is important to call attention to the comorbidity between different forms of abuse in the family. Large-scale studies typically have not examined this issue, but an overlap in abuse across family relationships, particularly between spouse abuse and child abuse, commonly is found in smaller scale studies. In fact, 40% to 75% of children exposed to marital violence are estimated to be victims of physical child abuse also (Layzer, Goodson, & DeLange, 1986; Straus,

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Gelles, & Steinmetz, 1980), and children living with an abused mother have been found to be 12 to 14 times more likely to be sexually abused (McClosey, Figueredo, & Koss, 1995). Because of this comorbidity and because violence affects other family members who are not victims or perpetrators, it is essential to conceptualize the causes and consequences of violence in terms of the entire family system, as has been discussed elsewhere (Emery, 1989). The need for an even broader ecological perspective is suggested by the fact that violent families tend to live in communities with higher rates of community violence (Bell & Jenkins, 1993; Garbarino & Kostelnky, 1992).

The Development of Abusive Relationships

Many factors contribute to the development of family violence, including individual personality factors, family interaction patterns, poverty and social disorganization, acute stressors, and the cultural context in which the family lives (Belsky, 1993; Bronfenbrenner, 1979; Cicchetti & Toth, 1995; Vondra, 1990). Consistent with their comorbidity, a number of the same factors increase the risk for child and spouse abuse, which are the types of abuse that are the focus of our overview. We do note where research indicates differences in the etiology of different forms of abuse; however, too little evidence is available on elder or sibling abuse to consider these topics adequately.

Ecological Approach to Understanding Family Violence

Bronfenbrenner’s (1979) ecological model often has been used to integrate research on multiple risks for family violence at four levels of analysis: (a) individual characteristics, (b) the immediate social context, (c) the broader ecological context, and (d) the societal and cultural context. We briefly review research on each of these broad topics in the following sections.

Individual characteristics. Personality factors such as low self-esteem, poor impulse control, external locus of control, negative affectivity, and heightened response to stress all increase the likelihood that an individual will perpetrate family violence (Pianta, Egeland, & Erickson, 1989). Alcohol or drug dependence also plays a role both as a background risk factor and as an immediate precipitant of family violence (Kantor & Straus, 1990; Pan, Neidig, & O’Leary, 1994). Although the evidence is less consistent, some research has also suggested that the victims of family violence share some common characteristics, including poor physical or mental health, behavioral deviances, and difficult temperament or personality features (Belsky, 1993). For child victims, age also seems to play a role, as younger children are more prone to be seriously injured as a result of family violence (Lung & Daro, 1996).

Evidence of the association between alcohol and drug use and violence in families is an important illustration of the role of individual factors. In her review of the literature, Widom (1992) found alcoholism rates ranging from 18% to 38% in child-maltreating parents. Severely abusive husbands also are likely to have alcohol problems (Heyman, O’Leary, & Jouriles, 1995; Pan et al., 1994), and when the husband is abusive and a heavy drinker, alcohol is involved in about half the incidents of spousal violence (Kantor & Straus, 1990). The association between alcohol abuse and family violence is complicated, involving the interplay of a number of other variables, including personality style, the nature of the relationship, the type of alcohol problem, and the degree of family conflict (Murphy & O’Farrell, 1994; Widom, 1992). An important question for further study is whether heavy alcohol use disinhibits aggression, interacting with personality type to predict violence (Murphy & O’Farrell, 1994), or whether aggressive personality types act violently whether or not they are drinking (Pernanen, 1991).

Immediate context. Characteristics of the immediate social context, especially of the family system, have important implications for the etiology or perpetuation of violence in that family (Emery, 1989). Studies have examined a host of contributing factors, including family structure and size, acute stressors such as the loss of a job or a death in the family, and characteristic styles of resolving conflicts or parenting.

Research on family stress illustrates this area of investigation. In one of the few prospective studies of child abuse, Egeland and colleagues (Egeland, Breitenbucher, & Rosenberg, 1981) found that the number of stressful life events distinguished families who were reported for child abuse. Most stressed families did not abuse their children; however, this was essential to distinguish stressed families who abused from those who did not. Holding life stress constant, this research team found that abusers were more aggressive, anxious, and defensive, and less succorant, than their nonmaltreating counterparts. Similar findings were found in later work (Egeland, Jacobvitz, & Stroufe, 1988). Thus, it seems clear that coping style, as well as stress, contributes to the development of family violence.

Broader ecological context. Violence in the family also is related to qualities of the community in which the family is embedded, such as poverty, absence of family services, social isolation, and the lack of social cohesion in the community. As Garbarino and Kostelnky (1992) noted, family violence is “a social as well as a psychological indicator” (p. 463). The relation between poverty, social isolation, and child maltreatment has now been well established across all categories of abuse (Garbarino, 1976; Garbarino & Kostelnky, 1992; Garbarino & Sherman, 1980; Gelles, 1992; Hampton, 1987; Pan et al., 1994; Pelton, 1981; Polansky, Gaudin, Ammons, & Davis, 1985; Zuravin, 1989). High levels of unemployment, inadequate housing, daily stresses, and community violence also contribute to an increased risk.

Of course, most poor parents do not maltreat their children (Bronfenbrenner, 1979; Garbarino, 1976); thus,
the relation between poverty and abuse is not simple or direct. Garbarino and colleagues have consistently shown that the principal difference between poor families who do and those who do not maltreat their children lies in the degree of social cohesion and mutual caring found in their communities (Coulton et al., 1995; Garbarino & Crouter, 1978; Garbarino & Kostelnky, 1992). For example, neighborhoods with high concentrations of child maltreatment reports tend to suffer from severe social disorganization and lack of community identity. They also have higher rates of juvenile delinquency, drug trafficking, and violent crime (Coulton et al., 1995). Other researchers have found that maltreating families are less likely than their nonmaltreating counterparts to socialize with their neighbors, feel that they can ask for help from others, or identify community organizations in which they can participate (Furstenberg, 1993). Some contend that individual personality factors cause the sense of social isolation and that selection factors contribute to more chaotic neighborhoods (Polansky et al., 1985), but others argue that the causal arrow points in the opposite direction (Cicchetti & Lynch, 1993; Garbarino & Kostelnky, 1992; Vondra, 1990). The relationship between community and individual factors clearly is an important topic for further investigation.

Societal or cultural context. A number of commentators contend that family violence is perpetuated by broad cultural beliefs and values, such as the use of physical punishment, extremes in family privacy, and violence in the popular media (Finkelhor & Dziuba-Leatherman, 1994; Garbarino, 1977; Vondra, 1990). As noted earlier, our societal concern with violence in the family is historically recent, and our continued reluctance to intervene forcefully is evident in the reluctance to terminate parental rights even in egregious cases of child abuse (Besharov, 1996b). Societal policies may not cause family violence, but many of our practices appear to condone it.

Biological Factors

We would be remiss not to mention biological contributions to the etiology of family violence both in terms of normative human propensities and individual differences in behavior (A. Burgess & Draper, 1989; R. L. Burgess, Garbarino, & Gilstrap, 1983; Daly & Wilson, 1980, 1988; Malkin & Lamb, 1994). For example, evolutionary psychologists have pointed to potential risk (e.g., jealousy and "mate guarding") and protective (e.g., biological relatedness) factors that offer an innovative framework for conceptualizing violent actions in different family relationships (R. L. Burgess et al., 1983; Daly & Wilson, 1982, 1988, 1996a, 1996b, in press). Indeed, the well-documented link between poverty and child neglect (Pelton, 1981, 1989; Straus & Gelles, 1990) can be viewed from the evolutionary perspective. When resources are insufficient to meet basic needs, parents may differentially allocate their investment in and resources to their offspring. Research on this process is inconsistent (Belsky, 1993), but it is true that stepchildren, unplanned children, and children in larger families all are at greater risk for child abuse (Daly & Wilson, 1988; Zuravin, 1989).

Research on aversively stimulated aggression offers strong evidence on another normative, biologically based propensity toward aggression. A variety of studies indicate that humans and other animals are prone to respond to a variety of unpleasant stimuli, including stressful family interactions, with aggression (Berkowitz, 1983). From this perspective, frustration and anger in close family relationships is expected, and the task of socialization is learning to recognize emotions and control aggressive impulses. Finally, in a very different area of investigation, we note that the familiality (or intergenerational transmission) of family violence is consistent with biological as well as environmental models of causation, because families quite obviously share genes as well as environments (DiLalla & Gottesman, 1991).

Multiple Pathways: Typologies of Abusers

As a final point regarding etiology, it is important to highlight that theorists increasingly recognize the importance of multiple pathways, as well as multiple risk factors, in the development of family maltreatment and violence. Early research on the etiology of spouse abuse and child maltreatment attempted to capture the pathological personality of the perpetrator (Melnick & Hurley, 1969; Steele & Pollack, 1968), whereas later reviewers abandoned the psychopathological model (Belsky, 1993; Emery, 1989; Parke & Collmer, 1975). More recent efforts have sought to identify the different typologies of abusers, some of whom suffer from psychological disorders and many of whom do not (Francis, Hughes, & Hitz, 1992; Heyman, O'Leary, & Jouriles, 1995; Gottman et al., 1995; Jacobson, Gottman, & Shortt, 1995; Murphy, Meyer, & O'Leary, 1993, 1994; Saunders, 1992).

No consistent typology has yet emerged, but the approach is promising. In their review of the literature, Holtzworth-Munroe and Stuart (1994) identified three primary types of spouse batterers: Type 1 batterers are generally violent—antisocial; Type 2 batterers are family-only; and Type 3 batterers are dysphoric—borderline (emotionally volatile). Type 1 batterers tend to be violent across situations and potential victims. They also are more likely to abuse alcohol, be more belligerent and contemptuous, and have antisocial personality traits. Type 2 makes up the majority of spouse abusers, who tend to abuse only in the family, commit less severe acts, be less aggressive in general, suppress angry emotions, and feel remorseful. Type 2 abusers often are dependent and jealous and are unlikely to have personality or other disorders. Type 3 batterers also tend to be violent only within their family. They are more socially isolated and socially incompetent than other batterers, however, and often are depressed, feel inadequate, and are emotionally volatile. Type 3 abusers are more likely to have schizoid or borderline personalities.
Using a similar typology, Gottman and colleagues have found evidence of a possible physiological marker differentiating two types of spouse abusers (Gottman et al., 1995). One type of batterer (similar to Type 2) showed the expected accelerations in heart rate during conflictual interactions, whereas the second (similar to Type 1) showed marked decelerations in heart rate, suggesting a sort of focused attention on their violent activity. Although these and other typologies are best viewed as tentative, they do imply that all abusers—and all acts of abuse—are not the same. Increasing recognition of alternative pathways to abuse is critically important to future research and intervention and is broadly consistent with our suggestion of distinguishing family maltreatment and violence.

**Consequences for Victims**

Family violence can cause a wide range of adverse consequences for victims—whether they are children, spouses, siblings, or elders—including serious physical injury, immediate and delayed psychological distress or disorder, and a variety of practical upheavals such as placement in foster care or the need to flee the home. The consequences of victimization are a function of at least five broad classes of variables: (a) the nature of the abusive act (e.g., hitting, forced sex), as well as its frequency, intensity, and duration; (b) individual characteristics of the victim (e.g., age, self-blame); (c) the nature of the relationship between the victim and the perpetrator (e.g., spouse, stepparent); (d) the response of others to the abuse (e.g., social support, legal or psychological intervention); and (e) factors correlated with abuse that may exacerbate its effects or, in fact, may account for some of the putative consequences of abuse (e.g., family chaos). The number of variables involved, as well as methodological limitations (Kendall-Tackett, Williams, & Finkelhor, 1993; Malinosky-Rummell & Hansen, 1993; NRC, 1993), prevent us from reaching unambiguous conclusions about the consequences of family violence. However, we are able to point to some general patterns concerning physical, emotional, and practical outcomes, especially in regard to child and spouse abuse.

**Physical Injuries**

Physical injury is a clear consequence of many instances of family violence, but information on the physical consequences of family violence is surprisingly incomplete. As noted earlier, an estimated 1,200 to 1,500 children, most of whom are under the age of five years, die each year as a result of either physical abuse (48%), neglect (37%), or both (15%) by a parent or parent figure (Lung & Daro, 1996). In addition, almost one third of the 4,967 women murdered in 1995 were killed by a boyfriend or husband (Federal Bureau of Investigation, 1996). Official data may somewhat underestimate actual deaths due to family violence, however, because of misclassification of causes of death (McClain, Sacks, & Frohike, 1993).

Information on nonlethal injuries is much more sketchy. According to NIS-3 (Sedlak & Broadhurst, 1996), nearly 50,000 children were victims of “serious” physical abuse in 1993, that is, they suffered from life-threatening injuries, long-term physical impairment, or required professional treatment to prevent long-term physical impairment. It has also been estimated that over 18,000 children become severely disabled each year as a result of severe child abuse (Baladerian, 1991). We could not locate epidemiological data on more specific physical outcomes, such as the rate of nonorganic failure to thrive (resulting from gross neglect) among infants, specific injuries such as broken bones, or pregnancies or sexually transmitted diseases resulting from sexual abuse. Evidence on the physical consequence of spouse abuse is even more vague. For example, data indicate that at least 5% of women presenting at emergency rooms have been abused by their partner in the past year (McCaulley et al., 1995; Wilt & Olson, 1996), but we do not know whether these women sought help for injuries stemming from abuse, let alone the nature of the physical injuries sustained by battered women in the general population. Finally, there simply is no good information on the frequency of various physical injuries stemming from sibling or elder abuse.

The threat of injury often is devastating; however, we need more specific information on injury and disease for several reasons. First, physical safety is the foremost concern about family violence; thus, clear evidence of harm is essential for a number of purposes ranging from basic knowledge to justifying intervention. Second, specific physical injuries provide one relatively unambiguous (if limited) definition of family violence; thus, data would allow investigators to clearly chart the scope of the problem and changes over time. Third, clear information on the physical consequences of family violence should allow researchers to more adequately investigate the psychological consequences of physical abuse, especially given evidence for a dose-response relation, which we review shortly.

**Psychological Consequences**

A number of recent articles have reviewed the large body of research on the psychological adjustment of the victims of various types of family violence, including the child victims of physical abuse and neglect (Cicchetti & Toth, 1995; NRC, 1993), child victims of sexual abuse (Kendall-Tackett et al., 1993), adults physically (Malinosky-Rummell & Hansen, 1993) or sexually (Nash, Halsey, Sexton, Harralson, & Lambert, 1993) abused as children, child witnesses of spouse abuse (Jaffe, Wolfe, & Wilson, 1990; Margolin, in press), and battered women (Margolin, in press). We can draw two general conclusions from this broad and sometimes conflicting literature. First, although some have found child neglect to be more psychologically harmful than abuse (Erickson & Egeland, 1996) and experiencing violence to be more harmful than witnessing it (Sternberg et al., 1993),
victims of all forms of family violence are at an increased risk for a variety of psychological problems. Second, there may be a modest relation between types of abusive acts and specific psychological outcomes, for example, between physical abuse and aggression among victims (Malinosky-Rummell & Hansen, 1993; Widom, 1989) or between sexual abuse and sexualized behavior in children (Kendall-Tackett et al., 1993). However, the more prominent finding is that all types of family violence are linked with diverse psychological problems ranging from aggression, to anxiety, to depression. Still, evidence on more specific psychological outcomes may be clouded by the need to consider (a) risk factors correlated with family violence; (b) clusters of symptoms (e.g., disorders like posttraumatic stress disorder [PTSD]) in addition to specific symptoms; (c) subtle psychological consequences that are difficult to document empirically, particularly among children; and (d) psychological processes (not just psychological outcomes) set into motion or disrupted by the experience of family violence.

Correlated risk factors. Family violence is associated with a number of factors known to place children and adults at risk for psychological problems, for example, poverty (Pelton, 1992), troubled family environments (Egeland, in press), genetic liability (DiLalla & Gottesman, 1991), and so on. These risk factors may account for the apparent relation between family violence and specific psychological outcomes, or their effects may interact with the consequences of abuse. Thus, for example, research comparing abused and nonabused children may actually reflect the psychological effects of anxious attachments, social isolation, or general family stress rather than the consequences of violence per se ( Cicchetti & Toth, 1995; Egeland, in press; NRC, 1993). It is essential to consider this possibility both in research and in clinical interventions, which appropriately may focus on risk factors in addition to, or even instead of, the abuse, particularly when abuse is less serious.

Acute and posttraumatic stress disorders. Assessment at the level of psychological disorders, not just psychological symptoms, also should further understanding of the psychological consequences of family violence. Recent research on PTSD illustrates the promise of such broader assessments. Several investigators have now documented PTSD among one quarter to one half (or more) of child victims of physical (Famularo, Fenton, Kinscherff, Ayoub, & Barnum, 1994; Famularo, Kinscherff, & Fenton, 1992; Kiser, Heston, Millsap, & Pruitt, 1991; Livingston, Lawson, & Jones, 1993) and sexual (Kiser et al., 1991; Livingston et al., 1993; Mcleer, Deblinger, Henty, & Orvaschel, 1992; D. A. Wolfe, Sas, & Wekerle, 1994) abuse. Moreover, the risk for PTSD increases when physical abuse is more severe and long-lasting (Kiser et al., 1991), and when sexual abuse occurs in a close relationship (Mcleer et al., 1992) or involves threats, coercion, or guilt on the part of the child victim (D. A. Wolfe et al., 1994). Furthermore, researchers also have found high rates of PTSD among battered women who are residents at shelters (Presty, 1996), as well as among abused women in couples therapy (Cascardi, O’Leary, Lawrence, & Schie, 1995).

Further epidemiological research might usefully document more precise risks for PTSD associated with specific forms (or intensities or frequencies) of physical and sexual abuse, as has been done with the traumas in general. For example, rape has been demonstrated to pose a far greater risk for PTSD than other common traumas (Breslau, Davis, Andreski, & Peterson, 1991). Moreover, the PTSD diagnosis suggests new possibilities for psychological intervention, especially given recent research on the successful treatment of PTSD (Frueh, Turner, & Beidel, 1995; Rothbaum & Foa, 1996). Of course, the difficulties involved in diagnosing PTSD in children, as well as the need to develop sound measures of acute stress disorder, pose basic challenges to both researchers and clinicians.

Subtle psychological effects on victims. The diagnoses of PTSD and acute stress disorder include symptoms such as reexperiencing and dissociation; thus, they offer further impetus for studying some of the more subtle psychological consequences of abuse, particularly among children (Friedrich et al., 1992; V. V. Wolfe, Gentile, & Wolfe, 1989). The vehement controversy over "Recovered memories" of abuse provides another rationale for research on more subtle psychological reactions (Koss, Tromp, & Tharain, 1995; Loftus, 1994). A review of the recovered memories controversy is beyond the scope of this article, but we do note that one longitudinal study found that documented sexual abuse among girls ages 10 months to 12 years was not reported by nearly 40% of the victims when they were asked about their history as young adults (Williams, 1994a). Our present concern is not how supportive or unsupportive these data are of the recovered memories controversy (Loftus, Garry, & Feldman, 1994; Williams, 1994b) but the need to better understand the emotional and cognitive processes that may contribute to the forgetting of (or the dissociation from) abuse in the 17 years between victimization and reinterview.

We similarly are intrigued by the psychological mechanisms that may underlie other long-term outcomes, particularly the so-called intergenerational transmission of abuse. Evidence indicates that children who are victims of violence are at an increased risk for becoming violent themselves as adults (Widom, 1989), although it is important to note that only a minority of abused or neglected children (perhaps one third) go on to become violent in their own families (Kauffman & Zigler, 1987; Malinosky-Rummell & Hansen, 1993; Widom, 1989). Some (or much) of the familiarity of family violence may be accounted for by genetic rather than environmental risk (DiLalla & Gottesman, 1991), but environmental influences presumably are prominent nevertheless. Our main question about environmental transmission is how a propensity toward violence in the family might be psychologically represented across the years from childhood.
to adult life. Because fear is children's most immediate response to violence, processes more subtle than direct imitation must account for this continuity (Emery, 1982, 1989). We also urge more attention to such reactions as guilt and self-blame, particularly among victims of sexual abuse (D. A. Wolfe et al., 1994).

**Process of adaptation.** Most research focuses on the outcome of family violence, but it is obvious that the psychological consequences of abuse are best described as a process that unfolds over time. We need more adequate models to describe this process. Finkelhor and Browne (1985) offered one example of what is needed in describing sexual abuse victimization in terms of the individual's development of a sense of traumatization, betrayal, stigmatization, and powerlessness as time passes following abuse. At the interpersonal level, we have previously outlined how violence can affect the entire family system, as when children attempt to intervene in parental disputes both as a means of protecting their parent(s) and of regulating their own affect (Emery, 1989). A third approach is described by Cicchetti and Toth (1995), who have thoroughly articulated how abuse may disrupt the normal tasks of child development such as the formation of attachments, affect regulation, the self system, and peer relationships. Such observations argue for the development of both theory and methodology in research on family violence, perhaps including descriptive qualitative research, because processes are difficult to observe in traditional research designs.

**Practical Consequences**

Finally, we must underscore the fact that abuse—and interventions with abusive families—can have tremendously adverse practical consequences for children and families. For example, 254,000 children were placed in foster care in 1994, the majority as a result of abuse or neglect (Tatara, 1994). Foster-care placements often are less than ideal in many ways, but even excellent foster care causes considerable upheaval for children and sometimes for parents who are not abusive (as may occur when children are removed from the home because an abused woman refuses to leave her batterer). As another example, the practical consequences of leaving a marriage, such as uncertainties about residence, lost social support, threats to maintaining custody, and financial hardships, often explain why battered women fail to leave abusive relationships. In focusing on psychological concerns, mental health professionals must not overlook such basic issues. In intervening with abusive families, we must be certain that we can offer better alternatives. When mental health or social service professionals can offer better alternatives, we suggest that supportive rather than adversarial intervention can be more effective—except in cases of serious abuse.

**Prevention and Intervention**

Attempts to prevent or stop family violence, or to treat victims or perpetrators, involve a huge array of interventions involving mental health, social service, and legal professionals, as well as other professionals who have regular contact with children and families (e.g., teachers, family physicians) and the popular media. Unfortunately, the creation and implementation of new interventions has far outstripped research on their effectiveness, as previous reviewers have noted (Becker et al., 1995; Melton et al., 1995; Melton & Flood, 1994; NRC, 1993; D. A. Wolfe, Reppucci, & Hart, 1995). Our review of research and practice nevertheless leads us to advocate for new directions in intervention, all of which relate to distinguishing levels of abuse. First, we urge clarification and revision of child abuse reporting laws. Second, we encourage the rediscovery of the helping model of social services for less serious cases of abuse and for families under stress (particularly as an effort toward the primary prevention of abuse). Third, we advocate more forceful legal intervention in cases of serious family violence.

**Child Abuse Reporting**

By all accounts, child protective services are driven by—and overwhelmed with—the investigation of child abuse reports (Kamerman & Kahn, 1990; Murphy-Berman, 1994). As we have noted, over three million reports are made every year, but less than one third are substantiated (see Footnote 2). Moreover, social service workers are so swamped with reports and investigations that about 40% of substantiated cases receive no services at all (McCurdy & Daro, 1993). Finally, only a small proportion of substantiated cases, less than 20%, involve any type of formal court action. Rather, child protective workers encourage the great majority of those involved in substantiated cases to enter treatment voluntarily (Melton et al., 1995).

Mental health professionals thus are in a rather ironic position in regard to reporting child abuse. Most cases involve only suspected or mild abuse, in which families are stressed and parents have indicated at least some interest in receiving help by virtue of their contact with the mental health professional. Yet, under existing law, mental health professionals are required to report these cases, knowing that the likely outcomes are failure to substantiate, no provision of services, no legal action, and eventually, encouraging the family to seek treatment—exactly where they began the long, expensive, and intrusive process. Not surprisingly, mental health professionals commonly report that they have little faith in the reporting system and believe that it undermines therapeutic relationships (Levine, 1990; Zellman, 1990). Indeed, one prominent group of commentators termed the resultant failure to report cases an action of "civil disobedience" (Melton et al., 1995, p. 52).

Given this circuitous chain of events, a simple but not necessarily minor change would be to alter reporting requirements for mental health professionals to reduce investigations and improve services. Specifically, we would exempt mental health professionals from reporting less serious cases of abuse, whether known or suspected,
when a family is actively engaged in treatment. We do not attempt to define these cases here, but we do note
the need to define less serious cases (what we have called maltreatment) clearly in the law, as has been done in
some experimental programs. Such a change would be a
first step toward the broader goal of refocusing the child
protection system on supporting rather than policing fam-
ilies under stress, while simultaneously pursuing more
vigorous, coercive intervention with cases of serious fam-
ily violence.

Supportive Interventions

A number of supportive interventions have been de-
veloped in an attempt to reduce violent behavior within
families, including individual and group therapies for
both victims and perpetrators, couples therapy for victims
domestic violence, parent-training and family therapy,
and home-visiting programs for the prevention of child
abuse. In general, the more serious and chronic the nature
of the abuse, the less success these programs have in
changing behaviors (Barth, 1991; Cohn & Daro, 1987;
NRC, 1993; O'Leary, Neidig, & Heyman, 1995). With
problems of mild to moderate abuse, however, multilevel
programs, which combine behavioral methods, stress
management, and relationship skills (parent–child or
spousal), lower stress in families and may reduce the
likelihood of continued aggression in both child and
spouse abuse cases (Lutzker & Rice, 1987; Murphy,
1994; NRC, 1993).

Some interventions show promise, but the need for
early intervention and especially prevention is under-
scored by the difficulty of changing entrenched family
violence and the stressful life circumstances that promote
abuse (Garbarino & Kostelny, 1992; Pelton, 1992).
Home-visitor programs for new parents living in difficult
circumstances are one especially promising form of pre-
vention. Home-visitor programs simultaneously assist
with material needs (e.g., cribs, child care, transporta-
tion), psychological needs (e.g., parenting education and
support), and educational needs (e.g., job skills) and may
both improve general family well-being and reduce child
maltreatment (MacMillan, MacMillan, Offord, Griff-
ith, & MacMillan, 1994).

An outstanding example is the Prenatal and Infancy
Home Visitors' Program, which targeted low-income,
teen, and single-parent mothers who were pregnant with
their first child. On the basis of evaluations conducted
during the program (Olds, Henderson, Chamberlin, &
Tatelbaum, 1986; Olds, Henderson, Tatelbaum, & Cham-
berlin, 1986), 1 to 2 years following termination (Olds,
Henderson, & Kitzman, 1994; Olds, Henderson, Kitz-
man, & Cole, 1995), and 10 to 15 years later (Eckenrode,
personal communication, April 1997), home-visited
mothers had fewer and less serious CPS reports, had
fewer subsequent births, spent fewer months on welfare,
had fewer arrests, and were less likely to abuse sub-
stances in comparison to control families. In large part
because of such benefits, in 1992 the NCPCA launched
a national initiative of home-visitor programs, Healthy
Families America, in over 240 communities. Such efforts
represent a return to the roots of a social service system
originally intended to support families, not to police them
(Besharov & Laumann, 1996). Ultimately, supportive in-
terventions may be more effective in alleviating maltreat-
ment and in preventing family violence than the sin-
gular use of investigation, which has come to dominate
social service agencies.

Coercive Intervention

As a final point, we note that distinguishing between
levels of abuse also may help to improve intervention in
cases of serious and extreme family violence. One benefit
would be to free investigators and police to focus on the
most serious cases. Shockingly, between 35% and 50% of
all fatalities that are due to child abuse or neglect
occur in cases that have already been brought to the
attention of law enforcement and child protection agen-
cies (Lung & Daro, 1996). Another benefit might be to
help to clarify when coercive legal intervention is and is
not appropriate. For example, debates have erupted over
the once promising policy of mandatory arrest for violent
partners (even over the objection of victims), because the
reduced recidivism found in early research (Sherman &
Berk, 1984) has not been replicated in subsequent studies
(Berk, 1993; Buzawa & Buzawa, 1993; Schmidt & Sher-
man, 1993). As another example, many commentators
have questioned the overriding goal of family reunifica-
tion following child abuse, especially in cases of serious
physical and sexual abuse. In extreme cases like these,
the termination of parental rights and early adoption may
be the appropriate intervention, especially given the many
problems with the overwhelmed foster-care system (Ta-
tara, 1994).

In both of these examples, distinguishing between
levels of abuse should help to resolve controversy and
thereby clarify the appropriate use of coercive legal inter-
vention. The idea of termination of parental rights or of
arrest is far more threatening when our definitions of
abuse include relatively minor acts, as they currently do.
Clearly, it is difficult to draw a line between cases that
should or should not lead to arrest or termination of
parental rights (Azar, Benjet, Fuhrmann, & Cavallero,
1995), but the challenge of distinguishing between levels
of abuse should not deter us from the task. What we have
called maltreatment may be on a continuum of what we
have termed violence, and both acts of abuse may differ
from normal family aggression only by a matter of de-
gree. As we have argued throughout this article, however,
drawing distinctions between levels of abuse seems con-
sistent with the state of our knowledge about the preva-
lence of abuse, its development, its consequences, and
appropriate intervention.

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