

Violence in the Family: Abused Wives and Children

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(Editor's comment: Perry Ottenberg in his keynote talk gave an overview in which he moved from his particular experiences in Philadelphia to the great complexities of social and individual life which have led to an increased incidence of violence – or at the least to an increased awareness of how close violence is to the surface of many aspects of modern society. In a brief address, he covered a wide territory and threw out a host of provocative ideas. J.R.)

We are addressing ourselves to the subject of violence in the family and in particular to two related phenomena, child abuse and wife-beating, which have come to the fore only in recent years but which have long been with us in subterranean form, which may be on the increase, and which may be signs of a general societal change relating on the one hand to increased stresses of modern life and on the other to a decreased strength of the individual and decreased support for the individual in coping with these stresses. We are focusing on battered children and battered wives, but the problem could be extended further if we had the time – to other forms of violence in society, including crime, violence by automobile, an increased rate of suicide, an increased rate of rape, and such manifestations of social breakdown as the rise in divorce.

Let me start with the area and the subject I am most familiar with, Philadelphia and child abuse, and then move on to other aspects of family violence.

Aspects of Child Abuse

Statistical reporting of child abuse in Philadelphia County has dramatically increased with mandated records and a toll-free 24-hour-a-day children's telephone line legalized by the "Child Protective Services Law," Act of November 26, 1975, P.L. 438, No. 124 (11 Purdon's Pa. Statutes Section 2201, 2214(c)).¹ A review of the number of cases (unofficial) referred to the section is:

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1973 — 496 cases
1974 — 681 cases
1975 — 869 cases
1976 — 1,240 cases
1977 — 519 cases (January — March)
(approximately 2,200/year)

The Child Protective Service of the Department of Public Welfare is required by law to evaluate all reports and complaints of possible neglect and abuse of children under 18 years of age.² Neglect is an act of omission, while abuse is an act of commission. Abuse broadly covers injury to a child which is neither accidental nor part of a pattern of mild physical punishment. Both neglect and abuse represent a distortion in parent-child relationships.

It is the mandated legal responsibility of the Child Protective Service to determine in a careful, private, balanced manner whether neglect or abuse does in fact exist and to carry out the appropriate remedial action. Does the family want help to improve the level of child care, or is the situation so serious that children require separation from the offending situation? Family courts separate about 150,000 children each year from their parents.³ More than twice that number are yielded voluntarily during the investigative process into other living arrangements. The overall aim of child welfare professionals is to maintain an intact family, since separation has its own severe consequences for the child. Often, however, serious danger to the child's physical and emotional welfare necessitates court action and placement. Re-entry into the family after appropriate change then becomes the aim.

In many instances the parents sign a voluntary placement agreement acknowledging that at this time they cannot properly care for the child. The Protective Services Section attempts to involve the extended family wherever possible in the disposition. A shift in the philosophy of children's services has occurred over the past 100 years from being punitive to parents and placing children in large institutions to helping neglectful parents to preserve the family unit wherever possible. There are many times, however, when the child is in deadly danger and must be removed.

Intervention into any private family is a very serious breach of the almost sacred privacy of the home, a mainstay of our cohesiveness as a society. It is not a casual matter for social agencies or the police to evaluate a complaint orally presented over the 24-hour children's telephone line. Agencies try to hold the complainants responsible for their information as much as possible, although reports kept anonymous out of fear of retaliation are accepted. (Snooping is rampant on the highest levels of our government. Even in the name of child or wife abuse one must be careful of the abuse of abuse prevention.) Who gives whom the right and responsibility in this tense emotional area to intervene in a family conflict? Rigidities of thinking and fixed ideas about corporal discipline and child rearing can be distorted by professional, liberal, communal, religious and child welfare groups. In the Latin phrase, "*cuius custodet cuius custodem?*" — who will guard the guards themselves?

By law and tradition, responsibility for the child belongs to the parents,

who may be held accountable for abuse and neglect. An underlying belief in the ultimate bonding and love of parents for each other and their children is the basis for intervention to mobilize their concerns for the child's welfare. To loosely use the "accusation" of child abuse to invade family privacy has been held by the courts to be a civil wrong.

Neglect is a relative concept; some neglect is individual, and much more arises from pervasive family, social and economic disorganization. It is difficult for emotionally charged advocates to separate these intertwining levels when working with clients. Clarity of thinking and focus of intervention are essential. In helping a parent provide more adequate care for his child, one makes an attempt to modify the circumstances creating neglect, but one should not expect to change deep-seated character and emotional dispositions. Such expectations constitute excessive optimism in the face of well-known obstacles to growth. The entire evaluation proceeds with twofold concerns, for the child at risk and for the parents' rights. When conflict occurs between the two, it is the agency which becomes the advocate of the child. Such advocacy is a relatively new role in our society and should be encouraged.

One should accept the parents as they are and recognize health and illness on the cultural and personal levels. Patterns of gratification, punishment, expectations, work, and attention differ in every family. Minimum standards are easier to define than optimal requirements for family life.

For the social worker, pediatrician, court employee and child abuse specialist, the drastic differences between the life style of the family being evaluated and their own should not be a distorting factor in the sensitive process of evaluation. Most of the problems encountered in the family are chronic in nature, while the Child Protective Service operates with budgeted time. Growth and development in families takes decades, but bureaucrats work by deadlines and pursue crusades until their priorities shift. Our own middle-class carapace of values often blinds us to love in other social forms.

Professional testimony by the attending physician is essential when a case of serious abuse is presented in court. Cases of possible abuse may vary from scratches, bruises and abrasions to trauma of the vital organs, cranial fractures, and burns, all or any of which may result in brain damage, retardation or death. The emotional damage is the true invisible scar that remains for life. Autopsies are performed by the Office of the Medical Examiner in Philadelphia when abuse is suspected as a cause of death. In 20% of the cases of battered children who died, sexual abuse was present. This confirms what often is separated in discussion: sexual aggression and physical aggression are linked. Rape is a crime of violence, not sexuality. Sexual abuse of children may be a sign of impending violent tragedy. When is sex in the service of aggression and when is aggression in the service of sexuality?

The literature of abuse indicates that many of the abusive parents had once been abused children themselves.^{4,5} Today's emotional cripples were yesterday's abused children. These parents are often immature, needy people who expect more of their children than the latter can provide. Parents may literally live through their children's experiences. Abuse frequently occurs around the phases of development of toilet training, weaning, the beginning

of school or the insistence on the part of the parent that the child accept responsibility at an age when the child cannot possibly be mature enough to do so. Child abuse is a syndrome that includes many influences from multiple sources. Both the child and abusing parents seem to be insatiable and inappropriate in their demands upon the other. No amount of formal affection or attention is enough. Both exist to meet each other's needs — there is the chance of a shift into angry explosions of rage upon the slightest provocation.

To differentiate between physical punishment and abuse, it is necessary to evaluate the family in terms of parent-child interaction and expectations, the cultural background and historical attitudes to punishment, and male-female sex roles in the family. Child abuse may parallel wife abuse, although mothers may also abuse their children. It is often helpful, with the parents' permission, to get information about the child's adjustment in school, his medical record, his relationship to peers. Corporal punishment has just been reaffirmed by the Supreme Court of the United States as not being an infringement of the constitutional rights of the child in school. The implication of this ruling to the family is fearful. Where is the shifting line between corporal punishment and child abuse?

Each family has its favorite scapegoat for beatings; sometimes, in cases involving excessive drinking, it is the wife on weekends and the children on weekdays. A pattern of precipitating events often includes a shift in the precarious balance between husband and wife or parent and child. When either party becomes depressed or withdraws expected feelings, the other party is left suspended and frustrated. This condition often leads to increasing feelings of anger which upon slight provocation erupt into violence. There can be rotation and substitution of battered scapegoats. When one child is removed, another can take its place as "victim." When a parent has been abused and neglected in his own childhood, the basic scars and the tendency to repeat remain. A pregnant woman or newborn infant can be in danger when it becomes the displaced object for ancient hatreds. No amount of love is enough to offset ancient hatreds. Control, understanding, psychotherapy and professional expertise are necessary. Analytic treatment reveals the buried hurts often associated with our mother's illness, her separation from us, her pregnancies and the birth of siblings. If one is the crown prince in the family, who wants a rival prince? A pregnant woman or newborn child can be the robber of scarce security.

Abuse exists in all social classes of society; yet Philadelphia statistics are skewed toward the black public welfare population. Repetitive experiences with a black population may lead us to assume that they live in an "abuse" universe. This assumption is not correct; the facts reflect only a certain social reality. Another city or another neighborhood or military base will produce another conspicuous color or ethnic group. In my opinion, poor black families and children find greater acceptance than whites on their community turf.

With improved reporting and visibility on television, more cases are being reported from the working and blue-collar white neighborhoods. Unemployment, poverty, substandard housing, alcoholic excess, drug abuse, criminality and crowding are parts of the social reality. Be careful to

distinguish between personal issues in a family and those involving class, race, and poverty. Sociological generalizations do not usually apply on the individual level. Not many drug abusers, criminals, unemployed persons, alcoholics, illegitimate mothers, or prostitutes are abusive parents. There is no special reason to label alcoholics as inferior parents. The American Indians were shorn of their children out of this rationalization by a dehumanizing society that sent the children to boarding schools. This distinction is very important when it comes to evaluation of the family psychosocially as a proper environment for the future of the child. How do we really define "inadequate parents" without interjecting our own prejudice, discrimination and dehumanizing attitudes? A social or court worker or physician can use the bureaucracy and legal system to intimidate a family.

Reports of abuse come from mandated sources and from random members of the community such as neighbors and relatives. Mandated sources include physicians, lawyers, social workers, hospitals, and teachers. The great majority of case reports come from hospitals and schools; less than 1% come from private physicians, who often deal with cases on their own. There is another reason why so few private physicians report these cases. They are not available in the deep inner city ghetto health service system. The situation creates a void between psychiatrists and other physicians who come into the picture as consultants and do not genuinely know at first hand the social realities of these cases.

In Philadelphia, 40% of all reports of abuse are unfounded. Out of the remainder, about 10-12% end in placement of the child, usually through court action. Families are processed through the Welfare Department or referred to mental health facilities. The supportive services include a range of educational, group, basic child care, health, family, marital and individual psychotherapy services. Our society has become therapeutized by the growth of self-help groups. Everyone has some counseling skill and experience. But many of these difficult, deep-seated problems require individual psychiatric consultation and should not be left to the sole responsibility of teachers, aides, social workers, psychologists or lay groups.

The case of the battered, borderline, psychotic, brain-damaged, sensorially handicapped and emotionally disturbed child, with severe medical problems following abuse, calls for qualified physicians, hospitals, and prolonged services in the medical model. The social issues are at that time secondary. Know your professional identity, know your professional limits – don't let emotional hysteria seduce you toward simplistic actions.

Children who live in grossly inadequate environments need advocates to aid them when their growth is restricted. In the Department of Welfare there are special resistances to seeking professional consultation for help.⁶ Both social workers and physicians share in the reluctance to do society's "dirty work." Certain occupations are at low status and high risk in our society. Prisons, state hospitals, courts, welfare departments, sanitation departments and poverty areas are part of the "dirty load" which creates its own countermythology about higher status occupations. It is easy to shut off the need for expensive, time-consuming and critical consultations that are hard to obtain. What is a psychiatric problem as opposed to a casework, family or

social problem? When does abuse require a physician?

Ten per cent of abusers in the study of Helfer and Kempe⁷ were psychotic or seriously mentally disturbed. Sexual overtones in the behavior of the adult coexisted with physical abuse. "Normal" assault differs from child abuse by the extent and nature of the injuries. Corporal punishment is a form of mild assault. Deprivation and neglect are not legal abuse. However, neglect is silent psychiatric abuse.

The treatment of abuse involves residential centers, foster care, crisis nurseries, and shelters for battered women, in addition to the entire gamut of mental health services.

The iatrogenic impact of separation on specific developmental phases in children requires forethought. There is risk to separation and risk to nonseparation. A baby separated from its battering mother is still lost and frightened and may become confused, anxious and marasmic. The mother and father may also need contact with the child to prevent more serious problems of their own.⁸ The depth and breadth of ignorance in many parents about child care is astounding. Many parents simply do not know how to feed, change, treat, toilet-train, get away from and enjoy children. Learning to let the child go is part of the process of family life. Education for survival is necessary.

Wife-Beating: The Cover-Up

Many women live a trapped existence with husbands who abuse them. The history of their beatings has a vague onset concealed by reticence and rationalization. Their lives are bound between inevitable thrashings and a nonresponsive society. This rather odd attitude of compliance with a "cover-up" story about household falls or automobile accidents should be suspect in patients with facial or bodily bruises and an emotional attitude of denial.⁹

When is a fight a fight? When is wife-beating socially condoned by both parties? When is wife-beating an emotionally based problem requiring psychiatric assistance? To make the problem more complex, different forms of violent interaction can occur in the same individual. Each battle is partly socially determined, partly psychologically motivated, and historically unique. It becomes even more difficult to understand the causes when they reflect deep sexual and aggressive drives.

Social disgrace and public shame often inhibit the call for help. The desire to protect the children and the family reputation blocks disclosure to the physician or authorities of what occurred. Cultural norms and the social acceptance of beatings by certain ethnic groups in our society block professional aid because the "loss of face" due to public disclosure exceeds in psychological pain the physical beating. Shame and guilt — "What will the neighbors say?" — with the pointed finger of disapproval often are major socializing pressures endured thousands of times by many women and children until internalized within their minds. This acts as a barrier which paralyzes self-determination to seek help and protection from abuse.

Middle class and lower socio-economic patients who come to psychiatrists with bruises, lacerations or other traumatic injuries infrequently follow

through in legal action even after action is initiated. It appears that wife-beating occurs proportionately in all classes of society. To describe it as an aspect of poverty is again to perpetuate the stereotype of the "violent poor." The number of suicides that occur following situations of public disgrace attests to the strength of human emotions in all social classes.

A frightened, intimidated woman whose reticence has broken down, who finally turns to medical help, a lawyer, or the police, will very often abandon her ambivalent attempts. The repeated failure to prosecute substantiates the reluctance of police authorities to interfere. Another reason many police are reluctant to act upon women's complaints, even following multiple previous beatings, is the very high rate of violent attacks and injuries the police receive performing their duties in these domestic situations.¹⁰ Almost immediately after initial shock, such a woman rationalizes, suffers massive guilt (as an essential part of the incendiary household situation), withdraws her complaint and denies the reason for her injuries. The most common ways in which her denial, shame and guilt express themselves to the psychiatrist are cancelling future appointments, going to another clinic and/or maintaining an "icy" (protective) attitude. On meeting such a woman, overconcealed by her apparel and by sunglasses, we can infer she may be communicating her emotional reserve and bringing attention to her physical cover-up in trying to alert us to the problem.

The immediate medical responsibility is to care for the consequences of the beating and to know where shelter is available.¹¹ An essential part of the examination is to record an observational summary of the injuries. The physician or psychiatrist may later become involved legally in determining what variables produced the beating. A therapeutic approach to prevention of the problem follows thorough evaluation on many levels. Moralistic overreactions, guilty interventions, fanning the humiliation or upsetting a delicate balance of marital survival all need to be avoided. The physician is often under great pressure to become a moral agent of society who punishes, castigates or threatens one of the parties.

Social Determinants

What are some of the psychological and social motivations for wife-beating that require professional awareness before our deeply encrusted preconceptions distort a continuing relationship between a wife and husband? The classical nuclear family is only one type of living arrangement in our crowded urban cities – so it is not to be seen as the "preferred" model in this discussion.

A pugilistic marriage isn't necessarily a wife-beating marriage. How can we distinguish a "donnybrook" from a case requiring psychiatric referral? Fights which occur infrequently, are spontaneous, are associated with unique circumstances, are followed by reconciliation and increased intimacy, and discharge pent-up tensions from nonmarital factors – these are *fight*s; they do not constitute a wife-beating syndrome due to unconscious psychological determinants. Of course, there are always psychiatric and social motives involved. "Donnybrook Fair" was named after a site in Ireland where much drinking was done. To hit one's spouse, even when inebriated, may reflect

longstanding grievances with women in general. There are always residua of social and psychological determinants in interpersonal behavior called "fights."

The syndrome of wife-beating in traditional ethnic and social class groups, however, is different from a plain, impulsive fight and from a psychiatrically motivated beating. Many cultures, eastern and western, have for centuries tolerated a wife-beating syndrome as an acceptable, even expected practice. These deeply engrained attitudes still pervade our most significant institutions as sexism. They are now being belatedly exposed as male chauvinism. In the United States, due to widespread social changes, acceptance of the wife-beating syndrome is now under attack through increasing education for women, independent wage-earning, and equal rights legislation. The wife-beating syndrome reasserts the culturally supported family roles. The male aggressive stereotype and female submissive stereotype are accepted by families, neighbors, church and civil authorities. One's male prerogative, dignity, sense of place in the community have somehow been threatened; the threat leads to a socially accepted beating, often followed by peace and serenity. A stoical woman knows best how her male partner reacts to unemployment, inability to meet demands, and life's disappointments. A beating isn't hard to forgive when there is a shred of hope for the family and positive commitment to each other. In some traditional ethnic groups, *i.e.* in Calabria, Italy, the wife may be a matriarch while still being submissive to male outbursts of rage. The children's necessities, lack of education for women, lack of extra capital, and institutionalized exclusion from everything but field work and household duties deprive the peasant women of opportunity to contest the system. The threat which leads to a beating is usually social and external. It can be called "the evil eye" or "curse." Everyone in the traditional society believes in these influences; a violent husband is not considered to be acting out of private, "sick" sources of information, insult or imagination. The wife-beating syndrome will cure the problem and reduce the tension for the aggrieved party. In a mentally ill husband who has delusions, suspicions or obsessional thoughts, *i.e.* about his wife's or children's sexual behavior, a battle will not cure his doubts and delusions. As a matter of fact, his psychiatric illness progresses, is not socially validated, doesn't relieve the problem and is associated with an extensive collateral history of personal illness. "Sick" is sick to most people.

Continuing Breakdown of our Social Fabric

With the decrease of subservience among wage-earning and self-conscious women, can we predict an increase in the wife-beating syndrome? If so, how can we better articulate the interface between traditional male-female roles in the family and independence for women? How can a woman find more personal fulfillment through education, employment, and decision-making in the family without having to submit to her husband's outrage, community ostracism, demands for religious penitence, legal obfuscations, and lack of support from psychiatry for her attempts at a better life? A woman who works to break out of the traditional domestic role may meet repeated lack

of success in society and may finally be forced to return to the family. Finally, after many unsuccessful attempts at independence, she may resentfully submit. Her disappointment will be expressed indirectly in the future by sour attitudes toward her children and husband. Surprisingly, some women who have failed to get out, or have never tried, may actually support the behavioral values which lead to their exploitation.

Professionals in hospitals, mental health centers, alcohol and drug units, and courts suggest that wife-beating is increasing. Is this increase simply a result of assiduous statistical reporting? Does public attention to media coverage highlight the issue? Does increasingly widespread abuse of alcohol and drugs in our society contribute to impulsive outbursts of rage? Are male impotence, helplessness, despair in the face of unemployment and lack of social success part of the rage reaction? Is wife-beating involved in a general societal change which brings also evidence of increased child abuse, assault and battery, automobile accidents, suicides, rape and divorce?¹²

Emotional Problems

Psychodynamically, anger toward the self can be deflected by an attack on others. By displacement of feelings to wives, children or objects, often under the influence of alcohol, men express their pent-up rage and humiliation. A doctor should obtain a clear history of previous outbreaks of violence, use of intoxicants, suicidal attempts, mental illness, and chronic inexorable pressures upon the aggressor.

The *machismo* prominent in Mexican, Spanish, and Mediterranean groups is similar to the suspicious, combative style shown in southern Italian males and in our western frontier mythology of the gunslinger. It is typified by over-esteem for the "tough" masculine attitude, ambivalence to deeply felt dependence on the maternal woman, necessity for many sexual conquests, bragging about one's prowess, treating one's spouse as an inferior and one's mother as an asexual saint. Specific life-endangering risks are taken with strangers. No insult to one's virility, even "looking" at one's "girl," is acceptable.

Many seductive, teasing wives can be provocative without recognizing their part in the behavior. They may provoke their husbands in tense situations. Their lack of self-awareness may also reflect masochistic drives and an urge toward martyrdom. One is not blaming the victim when one recognizes her self-defeating behavior. A vicious cycle of disappointment and increasing anger in some women leads to intense guilt, which is reduced by being beaten, which leads to more anger and to repetition of the cycle. The sado-masochistic couple have deep-rooted problems expressed in each battle. They may be testing the limits of their mutual regard for each other. Some battles are the displaced substitutes on a dynamic level for more psychically guilty activity. It is easier to fight over dinner, the car, bills and children than over issues of intimacy, self-awareness, or ability to change preconceptions about each other. The sadomasochistic activity lives out conscious and unconscious fantasy lives from childhood. From time to time, the roles reverse or each person plays both parts simultaneously. To beat and to be beaten are parts of the charade; they involve definite limits on violence,

although occasionally an episode exceeds the limits and ends in tragedy.

Sexual problems can be expressed through beatings just as aggressive problems can be expressed through sexuality. The ability to neutralize aggression and fuse it with affiliative drives is never perfect. The battle is functional for the couple in handling deep-rooted conscious and unconscious anxiety, even though it is not a preferred form of behavior. Neurotic guilt and the need for punishment are partially gratified by the battle, which may also bring about enhancement of sexual appetites.

In more pronounced cases of attacks on women and children, one finds aspects of emotional emptiness in one of the parties, with the needs for violent excitement and for contact with the partner, with the attempt to overcome a feeling of dissolution, with the expectation of forgiveness after the attack. The helplessness in the spouse produced by the assault may be associated with one's domination over her. Frequently the beating represents one's self-hatred and self-contempt. A common dynamic in the battle is "identification with the aggressor," reflecting how one was treated in childhood. Some violent behavior defends the male from deep dependency urges to fuse with, surrender to, and burrow into the female.

After the Abuse

What variables block professional help for these families? Intelligent, attractive women, usually thirty to forty-five years old, with several children, a comfortable home and a good neighborhood reputation, comprise the statistical prototype of the beaten wife. Our society, with exceptions in certain ethnic groups, tends to define the beating as "sick, mentally unbalanced, immature, delinquent" rather than as acceptable. All wife-beating isn't necessarily mental illness. All wife-beating shouldn't necessarily lead to a legal confrontation. Once the beating is public or medically visible, different responses occur depending on the social class and ethnic group involved. Different referral sources are used. Different rates of involvement of police, medical facilities, and lawyers, different rates of divorce actions and referrals to psychiatry occur. Often the offender in the lower middle class and lower class is punitively referred by the police, courts or probation department to medical resources. In the upper middle and upper classes, the wife-beater is sent directly into the psychiatric network, and so is free from the threatening complexity of the law.

The new development of crisis centers and shelters for abused women and children offers an immediate opportunity with sympathetic peers to avert further tragedy and heal the past wounds both physically, emotionally and socially.

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