

CSAGA
CMRC



AF

DV-61

Assessment of

Family Violence

**A Clinical and Legal
Sourcebook**

Second Edition

*Edited by Robert T. Ammerman
and Michel Hersen*

CSAGA
TRUNG TÂM TƯ VẤN VÀ THÔNG TIN TƯ LIỆU
VỀ BẠO LỰC GIỚI (CMRC)
Mã sách: DV-61

Contents

PART ONE GENERAL ISSUES

- 1 Current Issues in the Assessment of Family Violence: An Update 3
Robert T. Ammerman and Michel Hersen
- 2 Clinical Issues in the Assessment of Family Violence
Involving Children 10
John W. Fantuzzo, Paul McDermott, and Megan Noone Lutz
- 3 Clinical Issues in the Assessment of Partner Violence 24
K. Daniel O'Leary and Christopher Murphy
- 4 Legal and Systems Issues in the Assessment of Family Violence
Involving Children 48
Sandra T. Azar and Champika K. Soysa
- 5 Legal and Systems Issues in the Assessment of Family Violence
Involving Adults 73
Roberta K. Thyfault

PART TWO EPIDEMIOLOGY

- 6 Epidemiology of Family Violence Involving Children 91
Jeffrey J. Haugaard
- 7 Epidemiology of Intimate Partner Violence and Other Family
Violence Involving Adults 107
Ronet Bachman

PART THREE TYPES OF FAMILY VIOLENCE

- 8 Child Physical Abuse 127
David J. Hansen, Georganna Sedlar, and Jody E. Warner-Rogers
- 9 Child Neglect 157
Ronit M. Gershater-Molko and John R. Lutzker
- 10 Incest in Young Children 184
Linda L. Damon and Jessica A. Card

xiv CONTENTS

- | | | |
|----|--|-----|
| 11 | Extrafamilial Child Sexual Abuse
<i>Susan V. McLeer and Mimi Rose</i> | 210 |
| 12 | Woman Battering
<i>Daniel G. Saunders</i> | 243 |
| 13 | Elder Abuse and Neglect
<i>Ronald D. Adelman, Mark S. Lachs, and Risa Breckman</i> | 271 |
| 14 | Psychological Maltreatment of Children
<i>Pamela M. Berlin and Joan I. Vondra</i> | 287 |
| 15 | Psychological Maltreatment of Women
<i>Richard M. Tolman, Daniel Rosen, and Gillian Cara Wood</i> | 322 |

PART FOUR SPECIAL ISSUES

- | | | |
|----|--|-----|
| 16 | Child Witnesses of Domestic Violence
<i>Marlies Sudermann and Peter G. Jaffe</i> | 343 |
| 17 | Adolescent Perpetrators of Sexual Abuse
<i>William D. Murphy and I. Jacqueline Page</i> | 367 |
| 18 | Adult Survivors of Sexual Abuse
<i>Steven N. Gold and Laura S. Brown</i> | 390 |
| | Author Index | 413 |
| | Subject Index | 431 |

PART ONE

GENERAL ISSUES*Current Issues in the Assessment of Family Violence: An Update*

ROBERT T. AMMERMAN and MICHEL HERSEN

Even by conservative estimates, family violence is endemic to society. Although not a new problem, only in the last 20 years has family violence been subjected to empirical inquiry. However, determining accurate prevalence and incidence rates of abuse and neglect is extremely difficult, due largely to the fact that domestic mistreatment is a private event, rarely open to public observation. Further impediments to accurate epidemiological research on family violence include failure to arrive at consensus definitions of the different forms of maltreatment (Gelles, 1997; National Research Council, 1993) and methodological limitations of the data gathering strategies that are typically employed (see Ammerman, 1999). Nevertheless, official reporting agencies and population surveys reveal the pervasiveness of family violence. For example, about 25,000 children in the United States were found by child protective agencies to have been abused or neglected in 1996 (U.S. Department of Health and Human Services, 1997). It is likely that the official reporting statistics underestimate the true incidence of child maltreatment. Spouse battering is also widespread, estimated to occur in up to two million households per year (Straus & Gelles, 1996).

More recently, research has focused on previously overlooked victims of domestic violence, such as child and adult targets of psychological abuse, child witnesses of spouse battering, and ritually abused children. Epidemiological data on these forms of maltreatment are only now emerging, although it is widely viewed that psychological or emotional abuse (Beassard, Hart, & Hardy, in press) and child witnessing of interparental violence (Pantuzzo, Boruch, Berisano, Atkins, & Marcus, 1997) are relatively common. Finally, the maltreatment of elderly family members also occurs at alarming rates. Up to one million elderly persons are believed to be mistreated each year (see Lindstein, 1996; Straus & Gelles, 1986).

Equally impressive are data documenting the prevalence of maltreatment in clinic populations. Retrospective studies of psychiatrically hospitalized patients reveal that between 50% and 70% have experienced abuse and/or neglect at some point in their

CHAPTER 1

Current Issues in the Assessment of Family Violence: An Update

ROBERT T. AMMERMAN and MICHEL HERSEN

EVEN BY conservative estimates, family violence is endemic in society. Although not a new problem, only in the last 20 years has family violence been subjected to empirical scrutiny. However, determining accurate prevalence and incidence rates of abuse and neglect is extremely difficult, due largely to the fact that domestic mistreatment is a private event, rarely open to public observation. Further impediments to accurate epidemiological research on family violence include failure to arrive at consensus definitions of the different forms of maltreatment (Gelles, 1997; National Research Council, 1993), and methodological limitations of the data gathering strategies that are typically employed (see Ammerman, 1998). Nevertheless, official reporting agencies and population surveys reveal the pervasiveness of family violence. For example, about 970,000 children in the United States were found by child protective agencies to have been abused or neglected in 1996 (U.S. Department of Health and Human Services, 1998). It is likely that the official reporting statistics underestimate the true incidence of child maltreatment. Spouse battering is also widespread, estimated to occur in up to two million households per year (Straus & Gelles, 1986).

More recently, research has focused on previously overlooked victims of domestic violence, such as child and adult targets of psychological abuse, child witnesses of spouse battering, and ritually abused children. Epidemiological data on these forms of mistreatment are only now emerging, although it is widely viewed that psychological or emotional abuse (Brassard, Hart, & Hardy, in press) and child witnessing of interparental violence (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997) are relatively common. Finally, the maltreatment of elderly family members also occurs at alarming rates. Up to one million elderly persons are believed to be mistreated each year (see Goldstein, 1996; Straus & Gelles, 1986).

Equally impressive are data documenting the prevalence of mistreatment in clinic populations. Retrospective studies of psychiatrically hospitalized patients reveal that between 40% and 70% have experienced abuse and/or neglect at some point in their

lives (e.g., Ammerman, Hersen, Van Hasselt, Lubetsky, & Sieck, 1994; Monane, Leichter, & Lewis, 1984). High levels of mistreatment have been documented in various types of psychopathology encompassing such diverse psychiatric conditions as conduct disorder, borderline personality disorder, personality disorder, major depression, and substance use disorders (see Malinoski-Rummell & Hansen, 1993). Taken together, these findings highlight the fact that a history of family violence is a concomitant feature of many patients seeking treatment. The likelihood of a clinician encountering past or current mistreatment is overwhelming, and it behooves all mental health professionals to be familiar with the detection, assessment, and treatment of family violence.

Evidence is accruing that establishes a casual link between maltreatment and short- and long-term psychopathology in victims. In children, physically abused and neglected infants typically have insecure attachments with caregivers (see Cicchetti & Toth, 1995). This, in turn, places these children at high risk for further disruptions and lags in social, emotional, and cognitive development. Disturbances during this crucial period in the formation of trusting relationships are viewed as important to adult interpersonal functioning and the intergenerational transmission of abuse (Belsky, 1993). Child victims of sexual abuse also suffer a variety of consequences secondary to molestation. Depression, anxiety, and symptoms of posttraumatic stress disorder (e.g., nightmares, flashbacks, excessive vigilance) are possible sequelae. Survivors of incest and sexual abuse also suffer and often carry these problems into adulthood. Posttraumatic stress syndrome is also found in victims of spouse battering and elder abuse. Low self-esteem, depression, and anxiety are relatively common in these individuals. When combined with the increased risk of physical injury, the consequences of family violence for its victims are varied and often severe.

The etiology of family violence is equally complex. It is universally acknowledged that the abuse and neglect of children and adults are multidetermined, incorporating causal influences from individual, family system, and societal sources (see Ammerman & Galvin, 1998; Belsky, 1993). Their onset is insidious. Moreover, family violence almost never occurs in isolation and is inextricably linked with events, situations, and states (e.g., unemployment, crowding, alcoholism, poverty, poor parenting skills, and psychiatric disorders) that can by themselves lead to deleterious consequences. The assessment of family violence must take into account the multifaceted influences that may play causative roles in, or be effects of, maltreatment. Assessment strategies need to be comprehensive and thorough. Moreover, there is no unique and specific constellation of symptoms for victims or perpetrators of any form of family violence. As such, assessment should be broad in scope. As the chapters in this volume indicate, there are few measures or approaches that are *specifically* designed for assessing family violence.

PRACTICAL CONSIDERATIONS

A number of issues interfere with the assessment process. The first and most difficult step in assessment is identification. There are at least two obstacles in recognizing family violence. Much of the difficulty stems from the fact that mistreatment is a private event. Victims are often reluctant to disclose abuse. Some fear retribution from the perpetrator. This fear is most clearly exemplified in spouse battering, in which abused women's fear for their lives is understandable given the alarming incidence of