

# FAMILIES in CONFLICT

## A SPECIAL REPORT

By the Governor's Task Force on Families



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# **FAMILIES AND CONFLICT:**

## **A special Report**

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### **Violence:**

# **Family Secret or Social Fad?**

In 17th century America, a law existed which prescribed the death penalty for children who cursed, smited, or would not obey their parents. In 18th century America, a law existed which specified the thickness of switches to be used by husbands when beating their wives. In 20th century America, about 2,000 children are fatally injured by their parents annually, and recent estimates indicate that approximately 13 million couples have experienced extreme physical violence at some time in their lives together. Although the laws concerning violence within families have changed considerably over the years, the prevalence of the violence itself has apparently continued unabated. And present attitudes towards it remain curiously ambivalent.

While loudly and almost routinely deplored, violence is, nevertheless, still tacitly accepted in Western societies as one way of solving problems or handling emotions. Few would agree with the old saying that "Women, like walnut trees, should be beaten every day."; yet many believe that women who are beaten either deserve it, enjoy it, or both. Few would subscribe unconditionally to a spare-the-rod-and-spoil-the-child philosophy of education; yet many see a positive correlation between juvenile delinquency and a decline in the popularity of spanking. Boys are taught to defend themselves, their property, and their principles with their fists. A man is often forgiven, both legally and morally, for murdering his wife's lover and disciplining his wife as he sees fit. Yet boys are also taught that "nice people" don't hit girls; and among "nice people", the classic example of what it means to be caught on the horns of a dilemma is the question: "Have you stopped beating your wife?"

On the one hand, violence is approved, even expected, under some circumstances. On the other hand, "nice people" do not indulge in family violence which, they choose to believe, is confined mainly to the "not-so-nice", the drunken, and the deranged. But some clergymen and college professors beat their wives; some physicians and attorneys molest their children. Battered people can and do appear everywhere in 20th century America--in affluent professional families as well as those on public assistance, in rural homes as well as in urban or suburban ones.

If violence appears to be more prevalent among low-income families, it is because such families are more visible to public agencies, since many receive public assistance. Also, they do not have the resources to seek

and pay for medical, psychological or legal services. The affluent family usually can pay for and knows where to find competent professional help. Thus, it is able, more often, to shield its troubles from public view. As is so often the case, the middle-income family falls between the cracks, often unaware of what services are available and/or necessary, and often unable to afford them once they are located.

Family violence, as defined here, refers to spouse battering, child abuse and incest. At whatever income level the violence erupts, it is always painful: for the child and for the parents from a low-income family when a child is placed in a foster home, for the suburban physician and for his wife when they must guard the secret of their sometimes bloody battles, and for the middle-income incestuous family which has no idea where to turn for help.

Thus, it may be helpful for both victims and the general public to know what is already on the statute books in Minnesota:

"It is the policy of this state to require the reporting of suspected neglect, physical or sexual abuse of children; to provide for the voluntary reporting of abuse or neglect of children; to require the investigation of such reports; and to provide protective and counseling services in appropriate cases."

The law goes on to specify the duties of a local welfare agency upon receipt of such a report. It shall "immediately investigate and offer protective social services for purposes of preventing further abuses, safeguarding and enhancing the welfare of the abused or neglected minor, and preserving family life whenever possible. When necessary the local welfare agency shall seek authority to remove the child from the custody of his parent, guardian, or adult with whom he is living."

The law also lists the persons mandated to report child abuse and to whom it should be reported: those "engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, or law enforcement...shall immediately report the information to the local welfare agency, police department, or the county sheriff." Other persons may voluntarily report suspected cases to the local welfare agency, police department or county sheriff, and should the report prove to be unsubstantiated, the reporter will be immune from any liability which might result from the action.

Yet in spite of the fact that failure to report child abuse is a misdemeanor for them, many professionals are reluctant to comply with the law. Some look with distaste on legal involvement, or possible family resentment. Others lack knowledge of the law, or have inhibitions about violating professional confidentiality. In fact, confidentiality statutes themselves often create problems in substantiating reports by denying access to files which may provide evidence of past abuse.

# The Heart of the Matter

Family violence has recently become a favorite subject in both the print and the electronic media. If it appears to be on the rise, it is because, like alcoholism, it has only recently been allowed to come out of the closet and into the spotlight of public scrutiny. All recently admitted social ills run the risk of becoming social fads, of suffering from "spotlight burn", i.e. eventual public weariness and cynicism regarding the issue. It is easy to feel distress, view with alarm, donate a little time, fund a program, and then move on to a new concern. Alcoholism, for example, is in serious danger of spotlight burn, as debates take place about when and under what circumstances treatment is warranted, how treatment should be conducted and how its results are to be evaluated. Indeed, some now suggest that sobriety has become Minnesota's newest growth industry. Too much legislation often spawns too many regulations, which sometimes work at cross purposes. An influx of federal and foundation monies often follows exposure of a new social ill, but the monies can be-- and often are-- drastically curtailed as the public raises questions about what is being received and for how much. Family violence is one of those issues which is in imminent danger of becoming a social fad. It would be too bad if spotlight burn produced only short-term and superficial treatment for what is a serious and long-standing social disorder.

Since there has been, and still is, reluctance both to give and to gather information about the subject, detailed statistics regarding violence within families simply are not available. Two recent reports, one from Minnesota's Department of Corrections concerning battered women, the other from Minnesota's Department of Public Welfare concerning child abuse, are available on request from the Departments. Excerpts from both reports appear at the end of this article.

But while figures are both interesting and necessary to a proper study of the issue, they are not as germane, at this point, as certain questions which are finally being asked out loud.

Question: Are family matters always private matters, family privacy an inalienable right? According to the F.B.I., one-fourth of all murders committed in 1973 occurred within the family...

Question: Are wives the property of their husbands, children the property of their parents? Slaves were regarded as property before the Civil War...

Question: Is it time to begin teaching children that physical violence, under any circumstances, is as socially unacceptable as wet or soiled pants? Anthropologist Margaret Mead demonstrated in her research among primitive societies that violence is not an in-born human trait but rather learned behavior...

Serious consideration must be given to these questions while at the same time steps are taken to alleviate some immediate miseries. Proper treatment will require nothing less than revisions in society's attitudes towards the sanctity of the family, human freedom, and violence. Such revisions, however, will be many years in the making and will require long and persistent efforts by judges, police, marriage counselors, clergymen, teachers...the entire spectrum of society. But the plight of those who are suffering right now cannot wait that long.

## The Web of Abuse

Consider a case cited in Del Martin's Battered Wives (Pocket Books, New York, 1976). The woman writing is a middle-class mother of four children.

"I have had glasses thrown at me. I have been kicked in the abdomen when I was visibly pregnant. I have been kicked off the bed and hit while lying on the floor-- again while I was pregnant. I have been punched and kicked in the head, chest, face, and abdomen more times than I can count. I have been slapped for saying something about politics, for having a different view about religion, for swearing, for crying, for wanting to have intercourse. I have been threatened when I wouldn't do something he told me to do. I have been threatened when he's had a bad day and when he's had a good day...

"Now, the first response to this story, which I myself think of, will be 'Why didn't you seek help?'

"I did. Early in our marriage I went to a clergyman who, after a few visits, told me that my husband meant no real harm, that he was just confused and felt insecure. I was encouraged to be more tolerant and understanding. Most important, I was told to forgive him the beatings just as Christ had forgiven me from the cross. I did that, too.

"Next time, I turned to a doctor. I was given little pills to relax me and told to take things a little easier. I was just too nervous.

"I turned to a professional family guidance agency. I was told there that my husband needed help and that I should find a way to control the incidents. I couldn't control the beatings-- that was the whole point of my seeking help. Also: at the agency I found I had to defend myself against the suspicion that I wanted to be hit, that I invited the beatings.

"I called the police one time. They did not respond to the call, but did call several hours later to ask if things had settled down.

"I have nowhere to go if it happens again. No one wants to take in a woman with four children. Even if there were someone kind enough to care, no one wants to become involved in what is commonly referred to as a 'domestic situation.'"

Abused children are not usually as articulate as this woman is, but their plights can be as bizarre and painful. Mark, before he was two years old, had been beaten black and blue by his chemically dependent mother, had

been submerged in water, put in traffic to get run over. Three-year-old Sonny had a penis so badly battered he could not urinate without screaming. Leonard, at 13 months, was covered with bruises, could barely sit, and could not stand at all. Broken bones, lacerations, multiple cigarette burns are not unusual findings on the bodies of abused infants and pre-school children.

No human being, regardless of how recalcitrant, should have to suffer under such conditions. But what about mere slaps and spankings, tongue lashings and other less visible emotional batterings? Where is the line to be drawn between genuine abuse and the young Colorado man who sued his parents for "willful and wanton neglect", claiming that he had been punished for being suspended from school by being forced to work long hours at menial labor on little food?

Most children at some time during their lives have deliberately tested the endurance of parental patience, and most parents have at some time reached the end of that patience. Many women, by their words and deeds-- or lack of them-- have provoked in many men raised voices, if not raised hands. Violent families are seldom made up of angels and devils. At what point, then, do the ordinary conflicts of family life become family violence?

It is that question which has caused the reluctance on the part of legislators-- nationwide-- to formulate policies delineating what is and what is not acceptable interaction between family members, a hard question to answer in the light of the long-held reverence for family autonomy. However, the time has come to address the question squarely, and Minnesota has touched on it with the passage of several recent pieces of legislation.

One bill provides for an order of protection for victims of domestic violence by restraining the abusive spouse in an ongoing marriage. Formerly, restraining orders were granted only to those who had filed for dissolution of the marriage.

In 1978, a bill was passed which gave police officers authority to arrest abusing spouses without, as was formerly the case, witnessing the actual assault. However, attached to this legislation were three provisions which tend to limit its positive effects. The provisions require that the arrest take place in the offender's place of residence, within four hours of the assault, and that the victim have visible signs of physical injury. It is important that all three restrictions be removed from this bill.

A Comprehensive Child Protective Services bill cleared the House during the 1979 legislative session and may be considered by the Senate during its 1980 session.

A second important issue which the public sector should address is the lack of communication and coordination of effort among the various agencies that deal most often with family violence-- those in criminal justice and social service.

"Although some communities coordinate their activities and services as they relate to the family, most do not. The effect is that duplication of services and, more seriously, conflict between policies and practices characterize existing activities. Each discipline can offer different

perspectives, skills, knowledge and resources. This lack of coordination and cooperation is an unnecessary waste of time and tax dollars." This, according to the Family Violence Report of the Crime Control Planning Board.

The following case, cited in a workshop on Family Violence and the Criminal Justice System, at the Minnesota Social Service Association's conference in March, 1979, illustrates the failure of the system to deal effectively with multiple problems within a family. But it also illustrates how difficult it can be for even an ideal system to help a family whose attitudes toward the various kinds of help offered are both ambivalent and changeable.

The family consists of Mr. and Mrs. A., their daughters, Jill, aged three, and Susie, 18 months.

Mr. A. found Mrs. A. standing over Susie's crib with a knife, threatening to kill her. He called police.

Police removed both children from home. Family known to police as periodically having "domestics." Heavy drinking, battering, sometimes husband's girlfriend involved.

Welfare Department placed children in temporary foster home. Psychological testing showed Mrs. A. as depressed, dependent. Psychiatric counseling arranged for her.

Mrs. A. claimed she threatened Susie's life because Mr. A. was fighting with her and threatening divorce. Mr. A. wanted divorce; Mrs. A. did not. Continued episodes of drinking and violence until Mrs. A. had Mr. A. admitted to treatment center for alcoholism.

Since Mr. A. decided to admit himself voluntarily, commitment proceedings were not begun, and he was able, therefore, to leave treatment before it was completed. Mrs. A. had participated fully in family counseling groups and was very supportive.

When Mr. A. left treatment, he moved out of family home and into quarters with a "buddy". Mrs. A. asked for children to be returned to home.

Children returned to family home, under supervision of social agency.

With Mrs. A.'s encouragement, Mr. A. moved back home again, then out again, back again, etc. etc. etc. Mrs. A. became suicidal.



Mrs. A. admitted voluntarily to a psychiatric hospital. Left against medical advice when Mr. A. moved back home once more and promised not to drink.

Mr. A. began drinking again, but now only in bars with friends. Battering continued. Mr. A. threatened Mrs. A. with leaving again if she told "the welfare."

Family moved out of county.

This case raises a number of questions. Among them:

Did the social agency, the psychiatric counselor, the psychiatric hospital, and the chemical dependency treatment center see the family as one case or as four cases?

Unless committed to a psychiatric facility or a chemical dependency treatment center--and commitment is a court proceeding--a person is free to leave before treatment has been completed, even against staff advice. Are such laws helpful or harmful to troubled individuals? To troubled families? Can--or should--the police, the courts, the social agencies have the power to insist that sick families ingest the medicine prescribed?

These questions might be debated at some length on philosophical as well as practical grounds. But the fact remains that whenever human beings are involved in well-thought-out and rational decisions, the irrational, the exceptional, and the unexpected is bound to occur.

Under certain circumstances, divorce, or termination of parental rights is a truly moral solution, something which many people, both professionals and laymen find hard to accept. However, in some families, violent behavior is regarded as acceptable, even justified, within the family. Some children prefer abuse to a more peaceful life among strangers; some women prefer battering to facing alone a difficult and frightening world. In all situations it is imperative that those concerned with helping violent families be sensitive not only to laws and social mores, not only to the welfare and wishes of the individual members, but also to the potential viability of the family as a unit.

Perhaps the most devastating result of family violence is that it tends to perpetuate itself. Many abused children become abusing parents and/or battered and battering spouses. School age children often hide their bruises for fear of breaking up their families; those involved in sexual abuse at home rarely tell anyone because they can't imagine what good it would do, and they can imagine very well what harm might result. Most family members, adults as well as children, hesitate to report abusive behavior, are often suspicious of those responsible for handling such reports, are reluctant to press criminal charges against a relative. And yet the situation at home has become unbearable. In short, they don't know where to turn or what to do. For children to grow up in such environments is to increase the likelihood that violent families will continue to reappear generation after generation. Furthermore, much of what is regarded as social pathology-- suicide, sexual deviance, prostitution, juvenile delinquency of all varieties-- can be traced directly to violence within a family.



# A First Stop, A First Step.

Shelters for battered women and their children answer an immediate need for protection, a place to go while considering alternatives to their present plights. By no means a solution to the problems spawned by family violence, they nevertheless provide a first stop for many on the road to a more bearable life.

Minnesota's legislature, in its 1979 session, appropriated more than \$3 million for battered women's shelters. The funding is intended to keep existing shelters operating and to establish additional ones throughout the state, so that eventually every Region will have such a facility. Currently, there are eight shelters in Minnesota-- three in the Metro area, one each in Duluth, Rochester, Willmar, Marshall, and Brainerd. Regions 1, 2, 4, 6w, 7e, 7w, and 9 are without shelters.

In addition to safety and a bed, shelters provide the women with emotional support-- from the staff and from other residents, an environment in which they can begin to believe, at last, that they may not be crazy, entirely at fault, or without hope. They also receive help with their children, who are usually as frightened and disturbed, sometimes as battered, as they are. But according to staff at a St. Paul shelter, the primary focus in working with the residents is to listen to their needs, to help define the needs when necessary. "Each resident is encouraged and supported to decide what is right for her. Once she has decided, advocates work with her to find appropriate community services, and to help enforce her rights in the legal, medical, welfare and financial systems in the community."

All the shelters in Minnesota were once private residences; all have at least one kitchen, two bathrooms and four bedrooms. All have play space for children, security devices on doors and windows, 24-hour telephone coverage, an assortment of cots and cribs, and the clutter of stuffed animals, combs and toothbrushes, drying laundry, half-eaten crackers and half-empty coffee cups that might be expected in a house full of women and children, a house which is, after all, intended to be only a way station. The average stay in a shelter is 15 days, but even with such a rapid turnover, six out of eight applicants must be turned away for lack of space.

"But that's the only reason for turning a woman away," a staff member at the Willmar shelter said. "We don't have any admissions policies. If a woman says she needs our services we believe her. The serious and varied consequences of declaring oneself to be a battered woman will effectively deter most malingerers. It's obviously not a resort where you go for R and R. And we're obviously not set up for treatment of any kind. We leave treatment to the professionals."

Who are these professionals, and what do they do in their efforts to help troubled families? Those most actively and immediately involved are members of the legal and so-called helping professions, in both the public and the private sectors. Too often, they do too little, not because of ill-will or indifference,

but because of a traditional reluctance in America to become involved in private family matters, in unpleasant and often unpredictable personal situations. In addition, many lack training in handling problems specifically related to family violence. If physicians prescribe pills, if marriage counselors offer Freudian dogma and clergymen homilies, if police officers avoid "domestics" whenever possible, it is usually because they feel ill-equipped to cope with such complicated and volatile situations.

The inadequacy of treatment in most cases of family violence stems directly from inadequate training of those who must deal with it, which in turn stems from inadequate information about the subject itself. The fact that so little is known about so large a problem says a lot about what can happen when a society chooses to close its eyes and ears to a social ill.

## **Something Can Be Done.**

But as eyes and ears begin to open, as data collection is begun, theories tested, research undertaken, some deficiencies impinging directly on treatment have been pointed out.

For example: there are no facilities and programs geared specifically to family violence. Thus, most professionals are uneasy about sending either a victim or an assailant into a system that offers no help for this specific problem. The abused person can be removed from the abusive situation, but no facilities or legal leverage is available to alter the abuser's behavior; and the abuser is often in as great distress and need of help as the abused. There seems to be an immediate need for treatment plans and facilities that deal with all members of a dysfunctional family. While chemical dependency treatment programs recognize the importance of family members in the treatment of an individual, they do not address abusive behavior except as it relates to the use of chemicals. Nor do other programs to which both the abused and the abusers are referred address the problem except as a by-product of the program's specialty.

Ruth S. and C. Henry Kempe, faculty members at the University of Colorado Medical Center, both work with the National Center for Prevention and Treatment of Child Abuse and Neglect, and have published a book, Child Abuse, (Harvard University Press, 1978). According to these writers, "hot lines" and crisis nurseries provide important temporary help to abusing parents. Now that "hot lines" and shelters for battered spouses have been or are being established throughout Minnesota, perhaps it is time to consider emergency therapy facilities for abusing parents.

Whereas shelters provide protection immediately after the violence, crisis nurseries can often prevent the violence from occurring. Certainly, as described by the Kempes, they provide a simpler solution to temporary crises than the

usual foster placement.

"Crisis nurseries range from a couple of rooms, with two or three cots and a bed, to a large, well-equipped and well-staffed unit, depending on whether they serve a small town or a large metropolitan area... The nursery needs to be open twenty-four hours a day and should be able to give complete care to all children, from newborn babies to five-year-olds. The maximum stay will usually be seventy-two hours... Usually it will be staffed by nursery nurses under the guidance of a child-care professional, and there should also be a pediatrician available to treat children's illnesses... Few, if any, parents use the nursery as a free baby-sitting service; they are usually too anxious about being judged bad parents or eventually losing their children because they need to use it at all. Providing a crisis nursery is certainly one of the most effective ways of preventing parents from injuring their children, and the fact that it is safe, reliable, and trustworthy can give a parent a feeling of control over what has previously been an unmanageable homelife."

According to the Kempes, many parents can be taught to recognize an approaching crisis. A brief separation, a chance to get control of their feelings or of the situation which is eliciting the symptoms, may be all that is needed to save the child from becoming the target of their frustrations.

Crisis nurseries and shelters, hot lines, legislation, money, new treatment methods and facilities, coordination of both services and philosophies of agencies and groups working with violent families, all are important and necessary to the treatment of this social ill. But none can serve as a substitute for revisions in society's attitudes towards the sanctity of the family, human freedom, and the acceptability of violence. To get at the root of the disorder, society must stop having such a good sense of humor about violence within families.

Here are two quatrains, one from 19th century England, the other from 20th century America:

"Speak rough to your little boy  
And beat him when he sneezes.  
He only does it to annoy,  
Because he knows it teases."  
-- Lewis Carroll

"Speak roughly to your little wife  
And beat her when she bitches.  
She's only out to end your life  
And then collect your riches."  
-- Anon. (after Lewis Carroll)

In the future, perhaps it will be as tasteless to smile at these witticisms as it is today to be amused by ethnic or religious jokes.

Excerpts from "Battered Women" Report

Department of Corrections  
430 Metro Square Building  
7th and Robert Streets  
St. Paul, MN 55101

- An estimated 26,955 assaults on women by their partners have occurred in the past 12 months in Minnesota.\*
  - Partner abuse occurs in every Region of the state. Non-metro agencies, representing 51.5% of the population, submitted approximately 36% of the forms.
  - Women from 15 to 87 have been physically abused; 76% are younger than 34 years.
  - Age range of assailants: 18 to 80. About half are between ages of 24 and 31.
  - Only 19% of the abused women seen by professionals had no children.
  - Medical reports indicate abused person required medical attention 78.5% of the time; hospitalization, 12.2%. 80% of the women exhibited bruises and lacerations. 9.5% suffered fractures.
  - 69% of the women had been assaulted previously, 62% by the same assailant. 65% have experienced abuse for more than a year.
- \* Based on data collected between March 1 and November 15, 1978, from reports by medical, law enforcement and social service agencies, and from women housed in shelters during that period.

Excerpts from "Child Abuse" Report

Department of Public Welfare  
Family and Children's Services Section  
Centennial Office Building  
St. Paul, MN 55155

- 955 reported substantiated cases during 1977. \*
- Seventy of Minnesota's 87 counties sent reports of child abuse to the state's Department of Public Welfare. Of these 70 counties, only 9 reported no substantiated cases of child abuse.
- 86 infants and children, under age 2, were reported as substantiated abuse cases, about evenly divided between male and female. However, between ages 12 and 16, 474 cases were reported: 132 males and 342 females.
- 62.8% of the perpetrators in reported abuse cases fell within the 20-39 age group. From age 20-24, more women than men were perpetrators, but men outnumbered women in all but this age group.
- 62.4% of the perpetrators were natural parents; 14.2% were step-parents. Remaining perpetrators were divided among adopted parents, foster parents, grandparents, siblings, and other relatives.
- 25.8% of reported cases required medical treatment; 5.5% hospitalization. 0.2% received permanent disability. 0.1% were fatal.
- Disposition of cases: 752 remained in home; 275 were placed elsewhere, either voluntarily or by the court. Disposition is pending in 114 cases. Termination of parental rights occurred in 4 cases, and there was 1 consent to adoption.
- \* Actually included 1126 children, because the 1976 change in reporting allowed for the total number of children involved in one incident to be reported as a single case.

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Research and writing: Rita Hoffman  
Editor: Sheila O'Fahey  
Graphics: VanDyke & Muenich Design  
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