Injury and Frequency of Assault and the "Representative Sample Fallacy" in Measuring Wife Beating and Child Abuse

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A number of difficulties in defining and measuring "child abuse" and "wife beating" have been identified in the previous chapters. This chapter examines some of those difficulties in more detail, with particular emphasis on the role of injuries and of frequency of assault as criteria for identification of cases of child abuse and wife beating. The discussion of injury focuses on whether injury should be included as part of the operationalization of abuse, and the discussion of frequency of assault focuses on a sampling rather than a measurement question. Although these are somewhat different issues, they are brought together in this chapter because both bear on a more general question: under what circumstances is it appropriate to generalize from a sample of all families characterized by violence to those families or persons who seek or receive services as victims of violence or as offenders?

Violence, Abuse, and Assault

There is no doubt that husband-wife, parent-child, and other intimate relationships are the locus of much noxious and harmful behavior as well as much loving and supportive behavior. Research on "family violence" has come to include not only studies of physical abuse but also of psychological abuse of children, spouses, and the elderly; child sexual abuse; marital rape; physical, emotional, and educational neglect of chil-
dren; and other forms of interpersonal maltreatment. (See Chapters 2 and 25 for discussion of the expansion of the concept of family violence and Straus and Lincoln, 1985 for a theoretical analysis of the implications of involving the criminal justice system in these phenomena.) All of these behaviors are harmful and are in need of careful research, but subsuming them under the general heading of "abuse" or "family violence" may create conceptual confusion and inhibit theory development and theoretically based research.

The research reported in this book focuses exclusively on physical attacks for both theoretical and practical methodological reasons. The theoretical reason is the assumption that the antecedents and consequences of one form of maltreatment are likely to be different from the antecedents and consequences of others, despite the fact that there may be some common elements. The methodological reason for focusing exclusively on physical attacks was to concentrate the limited interview time with each family on this phenomenon in order to obtain data in sufficient depth. This decision was entirely a matter of research strategy. It does not imply that physical abuse is more important or more damaging than other types of maltreatment, such as psychological or sexual abuse.

Even when the focus is narrowed to physical attacks, conceptual confusion is more the rule than the exception. As noted in Chapter 2, there is no consensus on the criteria required for an act to be considered "abuse." Since there is such wide variation in use of the term abuse and no consensus on the degree of severity, it is important to make clear the way the terms violence and abuse are defined and operationalized by the Conflict Tactics Scales (CTS) in this book and the relation of these concepts to the legal concept of assault and the psychological concept of aggression.

Violence is defined as an act carried out with the intention, or perceived intention, of causing physical pain or injury to another person. See Gelles and Straus (1979) for an explication of this definition and an analysis of alternative definitions.

Violence as defined here is synonymous with the term physical aggression used in social psychology (Bandura, 1973; Berkowitz, 1962). The legal concept of "assault" is somewhat different. Assault is the "unlawful intentional inflicting, or attempted or threatened inflicting of injury upon another" (U.S. Department of Justice, 1976). The difference hinges on the word unlawful. Not all violence is unlawful. Some violent acts, in fact, are permissible or required by law—corporal punishment of children and capital punishment of certain offenders, for example. Since the focus of this chapter is on child abuse and wife beating, both of which are illegal
types of violence, we will use the terms violence and assault interchange-
ably.

Although the CTS provides information on whether there has been an
act intended to cause physical pain or injury, this is not sufficient for
understanding violence. Gelles and Straus (1979) identify several other
dimensions that also need to be considered, for example:

• The severity of the assault, by which is meant the potential for producing
an injury that requires medical treatment. This can range from a slap to
stabbing and shooting.
• The level of physical injury actually inflicted, which can range from none
to death.
• The motivation for the violence. Two broad categories are whether the
violence is “instrumental” to some other purpose or “expressive,” i.e.,
an end in itself. Examples of instrumental violence include spanking a
child for going into the street or slapping a spouse “who just won’t shut
up otherwise.” Expressive violence, on the other hand, involves inflict-
ing pain as an end itself, as in the case of an attack carried out under
extreme anger and hostility.
• Whether the motivation is to cause physical pain or to cause injury or
death. In most cases of intrafamily violence, the intent is to cause
physical pain but not to cause an injury that requires medical treatment.
• The normative legitimacy of the violent act. For many purposes it is
crucial to know if the act of violence is normatively legitimate, as in the
case of slapping a child, or illegitimate, as in the case of slapping a
spouse. However, this presumes a knowledge of which norms are appli-
cable and what the relevant norms are. Slapping a spouse may be illegal,
but in the actual operation of the criminal justice system, “an occasional
slap” is much less likely to be prosecuted than an occasional slap by a
colleague in a sociology department. Moreover, even if prosecuted, it is
not necessarily a violation of the norms of a particular ethnic, social
class, or family group.

Although the dimensions listed above are extremely important for
understanding any particular act of violence or for understanding a pattern
of violence characterizing a certain population, it is important to measure
each of them separately from the assaultive acts identified as “violence.”
This makes it possible to investigate such issues as whether “expressive”
v Violence has a different etiology and a different set of consequences from
“instrumental” violence and whether injuries occur more frequently in
husband-to-wife assaults than in wife-to-husband assaults. Since the ques-
tion of whether injury is a necessary part of the definition and measure-
ment of abuse is particularly important, a major section of this chapter is devoted to that issue.

Abuse. The difference between violence and abuse is a matter of social norms: These can be informal, administrative, legal, or some combination of the three. Further, the difference depends on both the severity of the act and the relationship between victim and offender. Thus slapping a child for "talking back" is not considered abuse by the general population and is not an assault in the legal system, but slapping a store clerk for "talking back" is.

As indicated above, the severity of the act (defined as the potential for causing physical injury) is also important in labeling an act abuse: parents have the right to hit children, but it becomes an assault in the legal sense if they bite, kick, or choke a child. An important source of ambiguity in the conceptualization and measurement of "abuse" is which acts are severe enough to be classified as abuse and whether the criterion for abuse should be whether a child or a spouse is injured. Another source of ambiguity arises from the fact that acts that are normatively legitimate, even expected, such as spanking or slapping a child, can be regarded, after the fact, as abuse if a child is injured. These issues are discussed in the following section.

Acts and Injury as Criteria for Abuse

The conceptualization and operationalization of "abuse" by the Conflict Tactics Scales (CTS) is based on the identification of certain acts as being inherently "abusive," regardless of whether an injury occurs. Thus the CTS measures of abuse use normative criteria concerning inappropriate behavior by parents and spouses. This section of the chapter will explain the reasoning underlying the focus on acts to measure abuse. At the same time, there are strong arguments for taking injury into account, and these will also be discussed.

Abusive Acts

In the case of children, the parental behaviors used in the CTS to measure abuse, such as kicking, punching, or hitting a child with an object, are acts that go beyond ordinary physical punishment. However, as explained in previous chapters, there have been objections to including hitting a child with an object such as a belt or paddle in the abuse category. We therefore created two child abuse measures: one that is restricted to acts that are indubitably abusive, such as kicking and punching, and one that adds hitting with an object to the list of abusive acts.
In the case of spouses, there is a similar difficulty. We consider any hitting of a spouse "abuse." However, the popular conception of "wife beating" tends to involve repeated and severe attacks. Consequently, we operationalized wife beating as the occurrence of any of the Severe Violence acts (see Chapters 1 and 3 and Appendix B for the list of these items). Nevertheless, since one of the bases for differentiating "severe" from "minor" acts of violence was a judgment that the latter involved a greater risk of injury, even a measure based on acts takes potential for injury into account.

Acts Versus Injuries

Although a number of reasons will be given for the importance of measuring intrafamily violence by acts, this does not contradict the idea that it is also important to measure injuries. Without data on injuries, CTS scores, which show that women engage in as many assaults as men, can be misinterpreted as indicating that these assaults result in as much injury. This is contrary to our repeated cautions (Straus, 1977–78, 1980; Straus, Gelles, and Steinmetz, 1980), to the similar warnings by others (e.g., Breines and Gordon, 1983; Dobash and Dobash, 1983, 1984, 1988), and to the injury rates presented in Chapters 9 and 24. However, it will be argued that injuries must be measured separately from the acts that produce those injuries.

A similar problem occurs in regard to physical abuse of children. The definition of child abuse in both federal and state laws, although mentioning acts that put a child at risk of injury, emphasizes injury. Since the CTS measures physical abuse of children by assaultive acts of parents rather than by injury, there is a discrepancy between child abuse as measured by the CTS and child abuse legislation and child welfare practice, both of which give primary attention to injury.²

Reasons for Measuring Violence as Acts

In view of the fact that injury data are extremely important, why does the CTS measure wife beating and child abuse using acts rather than injuries? There are a number of reasons:

Consistent with legal usage. The first reason for measuring child abuse and wife beating as acts regardless of whether injuries occurred is that this makes the measure consistent with the legal definition of assault given above and therefore permits integration of family violence research and theory with the work of criminologists and legal scholars.

In explaining the concept of assault, an article in the Encyclopedia Of
Crime and Justice states that "Physical contact is not an element of the crime..." (Marcus, 1983). The Uniform Crime Reports state that "Attempts are included [in the tabulation of aggravated assault] because it is not necessary that an injury result..." (U.S. Department of Justice, FBI, 1985:21). However, it is widely but mistakenly believed that the legal criterion for assault is injury.3

There are several reasons why assaults can occur without injury. First, assailants often intend only to produce pain, not injury. Second, the attempted assault may not be successful. A husband may swing at a wife and she ducks out of the way. I once interviewed a woman whose husband attacked her with a knife, but she was successful in getting out of the house. I also interviewed a parent who unsuccessfully chased a child with a broomstick. Second, not all potentially injurious blows produce an injury. Had this parent caught her child and hit him with the broomstick, it would not necessarily have resulted in an injury. In fact, the evidence given below indicates that relatively few severe assaults result in an injury that needs medical attention. Finally, as will be explained below, the occurrence of injury depends to a great extent on characteristics of the victim. Some victims are more easily injured, such as infants compared to older children, women as compared to men. Therefore, if injury were the criterion, it would make the crime as much dependent on the characteristics of the victim as on the behavior and motivation of the aggressor.

Reflects humane values. Consistency with legal usage, while having certain advantages, need not be a deciding factor. There are additional reasons for focusing on acts, despite the great importance of injuries. One of these reasons is the moral and humane value of non-violence. I take the view that it should not be necessary for a spouse or child to be injured to classify behavior as abusive. From the perspective of this value orientation, punching a spouse or a child is inherently wrong, even if no injury occurs. This is widely accepted for adult sexual acts toward children (Finkelhor, 1984, Chapter 2), and I suggest that the same principle should apply to physically assaultive acts. Similarly, an attempt to hit a spouse with a stick is a crime in the legal sense, not only because of the danger of physical injury, but also because, by current public standards, it is morally wrong regardless of whether the attempt is successful.4

Injury and assault loosely linked. A third reason for making acts the primary measure of intrafamily violence is that the connection between assaults and injury is far from direct. A husband who "only" slapped his wife may seriously injure or kill her if she falls and hits her head on a protruding object, and a husband who intends to kill and goes after his wife with a knife in most instances will fail to achieve that objective. One of the reasons the legal system defines assault on the basis of acts carried
out, rather than on whether that act resulted in injury, is probably this somewhat random pattern of outcomes. Moreover, as will be shown below, the actual rate of injuries that require medical attention is low, even for severely assaulted children and spouses.

In contrast to the above, some critics of the CTS apparently assume that domestic violence and injury are almost synonymous, particularly when the aggressor is male, and that this fact is covered up by the focus of the CTS on assaultive acts. However, the opposite is the case: rather than hiding the relationship between assaults and injuries, measuring assaults and injury separately enables one to provide evidence on the degree to which this assumption is correct, as we do in Chapters 9 and 23.

A more realistic measure of incidence rates. Most assaults, even severe assaults, do not result in an injury that requires medical attention. Data on confirmed cases of physical child abuse show that over 95% of children who are being seriously assaulted do not have injuries that need medical attention (Garbarino, 1986; Runyon, 1986). In the case of battered spouses, the 1985 National Family Violence Resurvey found that 3% of women victims of spouse assaults reported needing medical attention for any resulting injuries (see Chapter 9). Most victims, whether children or spouses, evidently do not incur serious injuries as a result of severe assaults. The relatively few instances of medically treated injuries indicate that statistics based solely on injury as the criterion for abuse would underestimate the extent of spouse assault or child abuse by a huge amount.

Psychological injury. Another reason for using acts as the primary criterion of child abuse and spouse abuse is that, as Sullivan (1988) shows, psychological injury occurs even when there is no physical injury. Thus operationalizing child abuse and wife beating on the basis of physical injury also fails to take into account psychological injury. In principle, one can correct this by including measures of psychological problems, as we did in the 1985 survey (see Chapters 9, 24, and 25). However, psychological injury is difficult to clearly identify and even more difficult to attribute to the physical assaults. Moreover, since a typical investigation can include measures of only a few of the many possible psychological injuries, the typical pattern will be to underestimate the extent of victimization.

More useful for planning prevention programs. The underestimate of child abuse and wife beating that occurs when the criterion is injury (either physical or psychological) is a practical as well as a scientific problem. The practical problem is that it denies to those who formulate and implement public policy the true extent of the problem and therefore impedes planning and implementing programs of primary prevention and treatment.
Risk of Injury and Actual Injury

Despite the reasons just given for the CTS definition and measurement of "child abuse" and "spouse abuse" as assaults rather than as injuries, it is questionable whether abuse can be defined without reference to harm or injury. In fact, the CTS operational definition of abuse does include injury as a criterion by distinguishing between "minor" and "severe" acts of violence. This distinction is based on the presumption that the severe violence acts entail a higher risk or injury; for example, that the risk of injury is greater if a child or a wife is kicked than if slapped.6

Although the CTS operationalization of child abuse and spouse abuse takes the risk of injury into account, risk is not an entirely satisfactory approach. The question is whether actual injury must also be measured. In my opinion, it makes a difference to most people whether a child or a wife who is hit with a stick is actually injured. In the legal system, judges and juries are also likely to take that into account.

One reason for requiring a demonstration of actual injury before labeling a behavior as abuse is based on the pluralistic nature of American society. In a multicultural society, there is a danger in judging parents (and possibly removing their children) for parental practices that those in the dominant group regard as deviant. On the other hand, if these practices result in demonstrable harm, the value of protecting children takes precedence over the value of protecting cultural and family autonomy.

Another reason for requiring actual injury as a criterion for abuse is that there is a tremendous variation in the harmfulness of behaviors labeled as a certain type of act. For example, throwing an object at a spouse is classified as an act of minor violence, whereas hitting with an object is classified as severe violence. But what if the object thrown is a brick?

Finally, injury is relevant because, as noted above, characteristics of the victim and the assailant influence the dangerousness of the act and hence influence judgments concerning whether an act is "abuse." Shaking a six year old is unlikely to cause an injury, but shaking a six month old can be fatal. Similarly, a punch by a 175 pound man is more likely to produce an injury that requires medical treatment than a punch by a 120 pound woman.

Choice of Measure Depends on the Purpose

In principle there should be no need to choose between measuring assaults and measuring injuries. Every study should obtain both assault data and injury data. However, given limited interview time or other resources, one or the other must sometimes be omitted. In those situations
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necessary to decide which is the more crucial measure. The answer
ends on the purpose.

Here are a number of purposes (such as estimating the need for
emergency medical services by abused children or wives) for which the
appropriate measure is data on injuries. In addition, it is important
recognize that the use of assaultive acts rather than injuries as the
riterion for measuring violence poses a problem for communication of
each results with the general public. The public tends to think of child
use and wife beating as indicating an injured child or spouse. Research-
who use the CTS with a view to providing information relevant for
olic policy formation need to keep this problem in mind to avoid serious
understandings.

Assaults with Injury May Have a Different Etiology

An important potential problem with measuring child abuse and wife
ating on the basis of assaults, regardless of whether an injury resulted,
the possibility that the cases with injury may differ in other ways from
ses where there were assaults but no injuries. Indeed, assaults with and
ought injury may be different phenomena, even though closely related.

The etiology of hitting someone and of hitting to the point of injury may
different. Even if the occurrence of injury owes as much to chance
stances as was suggested above, assailants in injury cases may
end to injure, not only to cause pain. There may be other subtle but
portant differences. Assailants in injury cases may be more calloused
therefore, even though intending only to cause pain, may have less
cern for the safety of the victim than parents or spouses who carry out
ally serious assault that does not result in injury. To the extent that
is the case, one must be cautious in applying the findings based on a
representative sample of severely assaulted children and wives to the
ority who are injured. This issue will be discussed later under "The
representative Sample Fallacy."

Frequency of Assault

The 1985 National Family Violence Survey revealed that about 12% of
merican women were assaulted by their husband or partner during the
ear of the survey and that these 644 women were assaulted an average of
times during the year. Thus when an assault by a husband occurs it is
usualy an isolated instance. In fact, it tends to be a recurrent feature
of the relationship. These were truly startling figures.

Since the average number of assaults was so high, it seemed as though
the survey had been successful in identifying a group of "battered women" and that an analysis of the experiences of these women could provide clues to prevention and treatment of wife beating. On the other hand, there are a number of discrepancies between the findings of our surveys and the findings of studies of shelter populations. These discrepancies raise questions about the validity of generalizing from the experiences of assaulted women in the survey to battered women in shelters.

These questions about the equivalence of battered women in our survey and battered women in shelters suggested the need for a direct comparison of the two groups. Two studies that used the CTS with women in shelters were located. The first is a study by Giles-Sims (1983) of 31 women at a shelter in Portland, Maine. These women reported an average of 68.7 assaults during the year preceding their shelter stay (p. 53). A second study by Okun (1986) is based on 300 women in a shelter in the Ann Arbor, Michigan area. These women reported an annualized frequency of 61 assaults. 65 to 68 assaults per year is about 11 times greater than the 5 assaults per year experienced by the women in our survey. It also means that the women in these two shelters averaged more than one assault per week. It seems plausible that, despite what seemed to be a very high average number of assaults experienced by the women in the national survey, the women in these two shelters, who were beaten more than once a week, had suffered a qualitatively as well as a quantitatively different experience.

The data analysis for the 1985 study was designed to deal with this discrepancy by focusing on the women in the sample who had used the services of a shelter. However, only 13 of the 622 assaulted women had done so. The average number of assaults experienced by this subgroup of women (15.3) was 3 times greater than the number of assaults experienced by the women who had not used the services of a shelter, but still fell short of the average of 65 to 68 assaults experienced by the 2 shelter samples.

The discrepancy between the assaulted women in the National Family Violence Survey and the shelter samples studied by Giles-Sims and Okun is brought out even more dramatically by the frequency distribution of assaults in the national survey. This shows that of the 622 assaulted women, 440 or 71% experienced "only" minor assaults (pushing, shoving, slapping, throwing things). Of the 182 who were severely assaulted, only were assaulted as many as 65 times during the year. Thus the national survey includes only four women who experienced assaults at a rate that is comparable to the average experience of battered women in shelters. This poses an important dilemma. On the one hand, these four cases are not sufficient for statistical analysis. On the other hand, if women w
were assaulted so much less frequently are included, their experiences were so different that they may not apply to women who were assaulted more than once a week.

These differences raise serious questions about the applicability of survey findings to clinical populations. Perhaps the incidence rate for such high levels of violence is extremely low and therefore too few such cases are identified even by a sample as large as 6,002. A more plausible explanation is that cases of extremely high violence are underrepresented because high levels of violence are associated with other family problems (Straus, Gelles, and Steinmetz, 1980). Regardless of the topic of the survey, individuals from multiproblem families living in poverty are difficult to interview. Even more important, couples experiencing frequent severe assaults probably have the highest rate of refusal. Many women who have been assaulted an average of more than once a week are probably afraid to talk to an interviewer for fear of possible repercussions, and men who are this violent no doubt know that they are engaging in more than just "family fights." It is true that the overall refusal rate in the 1985 survey was only 16%. If, however, half of these 16% experienced high levels of violence, then the survey will have omitted more high violence couples than were included and perhaps the only couples for whom the frequency of assault matched that experienced by women in a shelter.

Whatever the reason for the 11 times higher rate of assault on shelter clients than on assaulted women in the National Family Violence Surveys, this difference probably explains some of the discrepancies in research findings based on the two populations. One of the most controversial differences is the finding that women in the two national surveys had a high rate of assault on their spouses and indeed often hit first (see section on wife-to-husband violence in Chapters 6 and 9), whereas studies of women in shelters show that they almost never assault their partner (Saunders, 1986). Perhaps this is true because the shelter women were assaulted so frequently—an average of more than once a week—that they did not dare even hit back.

It can be concluded that the discrepancies described above result from differences in the experience of the populations studied, rather than (as charged by those who object to our findings on violence by wives) from the use of the CTS. Studies of representative samples using other instruments (such as the study by Scanzoni cited in Chapter 6) also find high rates of assault by wives. Indeed, it was only by applying the CTS to clinical samples, as in the research of Giles-Sims (1983) and Okun (1986), that it has been possible to resolve the contradictions between different studies and the contradictions between the facts as known to shelter workers and the findings of the many studies reviewed in Chapter 6.
The Representative Sample Fallacy

Sociologists sometimes use the term *clinical fallacy* to call attention to the fact that research based on "clinical" samples (i.e., samples of persons or families receiving assistance or treatment for a problem) may have limited applicability because those who seek or receive "treatment" are often not representative of the entire population manifesting the problem. An extreme example of this problem is the frequent statement that "Once abuse starts, it gets worse and more frequent over time" (leaflet published by the Domestic Violence Project, Ann Arbor, Michigan, 1988) or, as Pagelow (1981:45) puts it: "One of the few things about which almost all researchers agree is that batterings escalate in frequency and intensity over time."

These statements are based on the experience of thousands of battered women who have received help from shelters. Ironically, the very fact that they are based on the experience of such "real cases" makes their applicability to the general population questionable, because women whose partners stopped assaulting them are unlikely to seek help from a shelter. Of course, it *could* apply to all assaulted women, but the analysis reported in Chapter 27 shows that this is probably not the case.

The other side of the coin poses a similar problem, and I therefore call it the *representative sample fallacy*. This refers to the danger inherent in attempting to generalize from the characteristics and experiences of the total population who manifest a certain problem (such as assaults on wives) to populations receiving assistance for the problem (such as clients of a battered women's shelter).

The representative sample fallacy refers to the assumption, implicit in most survey research, that a representative sample of the population is always superior to clinical samples. This assumption is unwarranted if persons in the general population who manifest the problem are different from a "clinical" population manifesting the problem. The preceding section on frequency of assault provides an example. Women in shelters experienced a frequency of assault that is so much greater than that experienced by assaulted women in the general population that it is reasonable to assume a qualitatively different experience for these two groups of women. This difference could explain why studies based on women in shelters show that very few report assaulting their partner, whereas survey findings reveal that women tend to assault their spouses at about the same rate as husbands assault their wives and indeed often hit first. The survey findings are the basis for the recommendation in Chapters 6 and 7 that part of the effort to prevent wife battering should stress the importance of non-violence by women. However, for women who are
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...tored more than once a week, while this may be appropriate advice on grounds, it is not likely to be helpful in alleviating their immediate

A similar situation exists in research on elder abuse and on other types of violent behavior. In regard to abuse of old people, the characteristics associated with abuse among a representative sample of persons 65 and older in the Boston metropolitan area studied by Pillemer and Finkelhor (1988) differ in important ways from the characteristics associated with the cases known to the Adult Protective Services departments of the states as reported by Steinmetz (1988). Pillemer and Finkelhor find that victims tend to be men in their seventies who are assaulted by their spouses, whereas Steinmetz finds that the victims tend to be older, widowed men. She suggests that the difference arises because the minor assaults by older women on their husbands rarely produce the type of injury that brings a case to the attention of Adult Protective Services.

Eminologists point out that research on criminal behavior using samples of incarcerated persons is analogous to research on business using samples of businesses that have failed. In both cases, one learns about failure and that is important. But it is also important to realize that the findings may not apply to the majority of criminals who are apprehended and incarcerated, nor to the majority of businesses that fail. Similarly, findings based on samples of successful criminals are not useful in working with failed criminals where studies do not provide evidence on the reasons for success.

In mental health research, discrepancies have been found between alcoholics identified among the general population and alcoholism in treatment samples and between depression identified in the general population and in clinical samples. As in the case of assaulted women, the population classified as "alcoholic" or "depressed" in the surveys is h greater than the population being treated for these problems. Moreover, many of the social and psychological characteristics of persons in treatment for alcoholism and depression are quite different from the characteristics of the populations identified as alcoholic or depressed in community surveys (Room, 1980). For example, alcoholics in the general population tend to be young, whereas alcoholics in treatment tend to be old or older.

Do Community and Treatment Groups Differ?

We need to know more about the characteristics of women in shelters and men in treatment programs because an understanding of those differ-
ences can aid in understanding and working with the different circumstances that characterize each group. If the reason alcoholics in a representative sample of alcoholics are much younger than alcoholics in a treatment population is that it takes a certain number of years to reach the point where one is desperate enough to take action or is forced into action by family, friends, or loss of job, this can suggest a different approach to the two groups.

In regard to violence, the evidence presented in this chapter indicates that women in shelters were the victims of many times more assaults than were assaulted women in the general population. This means that they are also more likely to have suffered an injury. But other factors than frequency of assault and injury no doubt also play a part in determining who is likely to be in a treatment population. Giles-Sims (1983), for example, found that the most usual precipitant for seeking help from a shelter was not the severity of the attack which preceded going to a shelter, but the advice and encouragement of another person or an attack on one of the victim’s children.

There are a number of reasons for the discrepancies between findings based on representative community surveys and findings based on treatment samples. This chapter mentions only two of these—the selection process by which someone decides to get help (or comes to the attention of authorities and is forced into treatment) and the fact that the typical treatment population may represent the extreme tail of a distribution. Other factors that could produce differences between representative community samples and clinical samples include

- Community epidemiological surveys are usually limited in the amount of data that can be obtained from each subject, as compared to the extensive data that are gathered on a clinical population.
- Persons in service or treatment programs or criminals in prison have a different relationship to the investigator, and this may affect what is presented. The difference is not simply a matter of whether the treatment group divulges more or less than persons interviewed anonymously in their own homes; it may also involve qualitative differences in how persons in different circumstances reconstruct their life histories.
- A clinical population provides more opportunities to check on the accuracy of information. This can produce more accurate data, both directly and indirectly. The indirect effect could occur if the possibility of cross-checking affects the information volunteered by subjects.

These and other factors that could account for differences between clinical and community samples need careful investigation.
Appropriate Generalization from Clinical and Representative Samples

The analysis presented above does not mean that one type of sample is superior to another. It also does not necessarily mean that the findings from a clinical sample are not applicable to a community sample or visa versa. Rather, it means that without a specific investigation, there is no way of knowing if the experiences of a representative sample of families in which there is child abuse or wife beating apply to a treatment population of child abuse or wife beating cases.

In the absence of such cross-validation, the appropriateness of the sample depends on the purpose for which the information is used. On the one hand, findings based on a random sample of assaulted women may be misleading if the goal is to uncover relationships that can be the basis for assisting battered women in shelters. As will be noted in the conclusion to Chapter 9, this requires knowledge based on the experiences of the population being assisted, regardless of whether their experience is representative of the total population. The experience of other populations may or may not be relevant.

On the other hand, findings based on a "treatment sample" do not necessarily apply to the community at large. The experience of women who have sought assistance from battered women's shelters may not be relevant for designing intervention in the larger community to prevent martial violence because, unless the program is based on information obtained from the experiences of a representative sample of the community, one cannot know if it fits their life circumstances. Community survey samples, such as the two National Family Violence Surveys, provide information about that population. This information indicates that there are a large number of women and children who are being abused, but not to the point that brings the child to the attention of child welfare authorities or to the point that drives a woman to a shelter. Their needs may be less acute, but they are real. The assaulted women in the 1985 national survey, for example, were attacked an average of six times during the year. Six assaults a year may be one-eleventh of the 68 assaults per year experienced by women in shelters, but it indicates an urgent need for steps to end these assaults. Moreover, the fact that a representative sample was studied enables us to estimate that there are over six million such women in the United States and thus makes clear the magnitude of the task.

Notes

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chapter; to Christine Smith for statistical analysis and editorial assistance; and to Amy Oppenheimer, whose comparison of couples characterized by increasing levels of frequency and severity of violence (Oppenheimer, 1988) helped me crystallize some of the ideas in this chapter.

1. See Chapters 3 and 4 for conceptualization and Appendix B for the operationalization of abuse.

2. In fact, under some circumstances, state law and child welfare practice tend to define a child as having been abused even if it is clear that the parent did not intend to injure. An example is the case (described to me in a 1988 personal communication by Walter Baily) of "... a lawyer who was trying to assault his wife, and in running across the room to hit her, stepped on his infant's chest and broke numerous ribs. He didn't mean to do it but it was abuse." Identification of this case as abuse is not consistent with either the definition of violence or that of assault given above. My interpretation is that it is defined as abuse by the child protective system for at least two reasons: First, the primary concern of the child welfare system is maltreatment of children, and theoretical and definitional issues are secondary. If a child needs help, the tendency of the system is to apply whatever label is needed to deliver the needed services. Second, this is an example of what can be appropriately (or more appropriately) considered "neglect" and the two forms of maltreatment tend to overlap in fact and in the thinking of child protective service personnel.

3. Although the legal definition of assault given in the previous section does not require actual injury, other aspects of the legal system do take into account injury. At the extreme, the crime of homicide is the same as that of assault, except that in the latter case the victim died. In less extreme cases, judges and juries are almost certain to take into account whether the assault resulted in an injury. In general, it seems reasonable to assume that if there were no injuries, neither the legal system nor the social service system would continue to deal with violent acts.

4. It is surprising to me that some feminist writers such as Dobash and Dobash (1988:59) object to including attempted assaults with objects and weapons in the CTS. One would think that even if they did not find it morally objectionable, they would be the first to recognize such acts as parts of the process of intimidation used to maintain male superiority in the family.

5. Such analyses would underestimate the level of violence regardless of whether the data were obtained from the victim or the offender or from a male or female respondent. Although victims of spouse abuse do report more injuries than offenders, particularly female victims of male violence, the injury rate reported by female victims is still only 7.3%. This means that if the criterion for abuse were injuries, even those based on female victims' own accounts, 92.7% of severe assaults would not be counted as abuse, nor would 98.4% of minor assaults against women.

6. The research of Egley (1988) described in Chapter 4 provides empirical evidence that the assumptions used to differentiate between minor and severely violent acts corresponds to differences in attitudes and behavior.

7. Although these figures are useful for comparing groups, they cannot be taken as literal descriptions of the actual number of assaults. First, it is unlikely that any of the assaulted spouses kept the necessary records, for example in a diary, that would be needed for descriptively accurate statistics. Second, as noted in Chapter 4, a few respondents interpreted the CTS frequency categories to mean number of blows rather than number of occasions.
8. Other examples include the differences found between persons who attempt suicide versus those who actually commit suicide, and the repressed emotions of certain types of patients in therapy versus the opposite problem— inadequate control of "emotional outbursts"—in the population at large (Straus, 1974).
REFERENCES


