t is estimated that at least 3 million children in the U.S. witness some form of violence in their homes (Adams, 2006). With respect to partner violence, boys who witness this are more likely to become abusive partners as adults in comparison to males who did not observe battering as children (Jaffe, Wolfe & Wilson, 1990). In fact, for boys, witnessing partner violence more strongly predicts becoming a batterer as an adult than does directly being abused (Graham-Bermann, 1998). For girls, witnessing their mothers being abused increases their tolerance for abuse in intimate adult relationships (Edelson, 1999) and women who are victims of partner violence are twice as likely to abuse their own children (Appel & Holden, 1998; Bancroft & Silverman, 2002; Strauss & Gelles, 1990). With regard to witnessing a sibling being abused by a parent, far less has been studied in this area, however the research that does exist indicates that this exposure creates anxiety and insecurity in the observing child who fears the possibility of becoming a future target. Children who observe a sibling being abused also tend to suffer from guilt over being the one who was “spared” (Margolin, 1998; Saunders, 2003).

While exposure to family violence is correlated with being more likely to initiate or tolerate aggression, it must be emphasized that no clear cause and effect relationships exist. For example, in terms of becoming an abusive parent, the research suggests that only about 30% of those who are exposed to domestic violence as children grow up to abuse their own children (Kitzmann, Gaylord, Holt, & Kenny, 2003; Strauss & Gelles, 1990). While more research is needed, what existing studies do demonstrate is that children and youth who are forced to listen while a parent or sibling is beaten in the adjacent bedroom, or who must watch in fright while a parent is in the midst of an alcohol induced tirade, often suffer from subtle but severe scars. Moreover, these scars prove much harder to recognize and treat than the bruises, lacerations, and broken bones that result from family violence.

Following are four common emotional scars that result from growing up in families where one is routinely exposed to aggression and violence. Considerations for treatment are briefly addressed.

**Aversion to Stability**

Children who are raised in violent families grow up in two qualitatively different homes: there is the family where the violence is in remission and the family where the violence is active. Peter was such a child while growing up. He wrote:

> I was eight. I sat with my two brothers waiting for my dad to come home for dinner. When he arrived he was in good spirits. We started to eat and for some reason he threw some peas at my mom. She laughed and tossed a few back at him, and he laughed. Before I knew it we were having an all-out food fight and it was fantastic. We all laughed so hard I can still feel it. It’s one of my happiest memories. But later that evening something upset my dad. He yelled at my mom. I can still see his temples bulging and his eyes blazing with fury. I was so scared. He kept yelling; then he grabbed my mom by the head and slapped her. She was crying. He kicked a chair and then as he usually did after an incident like this, he ran out of the house and drove away.

Peter’s description reveals the two families he grew up in and each represents an extreme, whereby reality can snap from one extreme to the other in

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a matter of seconds. Children who live in families like these learn to mistrust “the good times” because they know these can and will turn on them in an instant. They develop an aversion to stability that leaves them perpetually “on edge,” in a state of arousal, scanning for and anticipating the moment when the tranquility will turn to terror (Ofosky, 2004). In fact, the longer a period of stability prevails, the more aroused and stressed children tend to become as they anxiously anticipate the dreaded moment when the stability will suddenly be transformed into a violent storm.

As a protection strategy, many children become proficient at reading subtle early signs that alert them to an impending explosion. Some also learn to protect themselves by resorting to self-sabotaging behaviors. Acting out helps to reduce anxiety by accelerating the onset of what is believed to be an unavoidable negative interaction. In this way, acting out provides a sense of “control over the uncontrollable.” Acting out enables children to feel a sense of “power” over their doom, which they believe is inevitable one way or another (Graham-Bermann & Levendosky, 1998).

**Respond to Aversion to Stability with More Stability**—The order and stability inherent in the therapeutic relationship is likely to arouse children’s anxiety and therefore provoke resistant, acting out, self-sabotaging behaviors. When this occurs, even the calmest among us may struggle to remain serene and centered. Yet, doing so is essential. Children who live in violent families have finely tuned radars that can detect the subtlest signs of tension, irritation and anger, which only intensify their mistrust and resistance. Consequently, it is critical for therapists to recognize the anxiety, uncertainty and fear that lies beneath resistant and sabotaging behaviors and to meet each and every attempt to provoke our rejection and rage with consistent reassurance and lovingness (Jones, 2003; Lieberman & Van Horn, 2003). In short, our best defense is no defensiveness at all.

**Orientation Toward Secrecy and Shame**
Shame resides at the heart of violent families. Abusers lash out aggressively against partners and/or children because they fundamentally feel badly about themselves and are raging out against their own sense of inadequacy, frustration and shame. For children, the message that violence conveys is that they are bad, and as a result, children raised in violent families suffer from a deep inner well of shame (McCloskey, Figueredo & Koss, 1995). It is shame that compels violent families to be extremely closed and secretive. To protect themselves against the depths of their shame, violent families and the children that live within them tend to maintain high levels of secrecy and guardedness.

**Utilize Heavy Does of Validation**—Especially when working with clients who suffer from high levels of shame, it is critical to minimize interactions that will arouse shame. The challenge this poses is that when we encounter something we find disturbing or dangerous, our first instinct is to criticize, confront, challenge, condemn, correct and/or critique, all of which tend to be triggers for shame, especially among those who are shame-based. As a result, long before we ever risk confronting, challenging, correcting and/or criticizing clients, it is important to counteract shame and
**The Hidden Effects**

devaluation by administering validation in heavy doses. Validation is not the same as agreeing. Rather, it conveys that we understand and/or that we see something good or valuable in the other person. Devoting considerable attention to offering consistent and heavy doses of validation is essential to winning the trust of clients, and thereby creating the safety that will invite them to share hidden truths and to receive difficult feedback. (For more information on how to effectively use validation in therapy, see Hardy and Laszlof [2005].)

**Difficult Relationships with Authority and Vocal Distortions**

Children raised in violent families tend to develop extreme postures in relationship to authority, both of which are problematic. The first posture involves reactivity to authority, whereby young people adopt a defiant stance that is reflected in an angry, often sarcastic, attacking voice. This stance is beneficial to the extent that those who assume it are skilled at asserting and defending themselves. At the same time, this stance places kids at-risk for retaliation and “disciplining” from those who have power over them (e.g., parents, teachers, law enforcement authorities). Additionally, children who are honed to rebel against authority often fail to recognize the distinction between the just versus the unjust exercise of power. As a result, relationships with therapists, who are authority figures, are often strained unnecessarily by clients who defensively rail against all authority even when it is not being misused and abused.

Other children assume a posture of acquiescence in relationship to authority. While they too perceive authority as dangerous, they protect themselves by submitting to those who have power over them. This one-down stance sometimes has the benefit of averting aggression from a power-holder, although in some cases it only invites further aggression. Another risk associated with acquiescing to authority is that kids don’t learn to speak up on their own behalf. This failure to have a voice is a form of self-denial and self-erasure, which is psychologically damaging.

**Give Voice Lessons—**To have a voice is to be able to advocate on your behalf and define and assert your reality with clarity and confidence. Because violence compromises the relationship that young people have with authority and with their own voices, many develop vocal distortions. They either scream too loudly or they retreat and remain silent. Both positions are distortions. For children whose voices are perpetually distorted in either way, voice lessons are very much needed. Providing young clients with voice lessons consists of teaching them how to modulate their voices so that they can assert themselves with a blend of strength and restraint. While all of us have moments when our voices become distorted, the goal is to help children learn how to exercise their voices in the mid-range more often than not. One way of doing this is by using actual moments in therapy sessions when clients are slipping into one of their distortions. As these distortions are occurring, it is best to “pauses” the interaction and to go “meta” by pointing out what is occurring. Having focused the client’s attention on the distortion, the interaction can be re-directed by guiding the client to practice using his or her voice differently.

**Loss and Rage**

Victims of violence experience loss. Some experience physical losses and all experience emotional losses, such as the loss of safety, security, a sense of feeling valued, loved and respected, and the loss of innocence (Osofsky, 1995). Sadly, most children who endure family violence rarely, if ever, have their losses acknowledged, mourned and healed, and as a result the pain of their losses festers in their psyches and souls. Moreover, unmourned and unhealed loss intensifies rage, which is always present whenever a loss is suffered. While rage is a natural response to pain, injustice and loss, if it is not constructively channeled, it deepens and eventually finds release through violence, either directed at the self or against others. Boys are more likely to channel rage externally resulting in other-directed violence ranging from vandalism to battery and homicide. Girls are more likely to channel rage inwardly leading to self-directed violence, which can include substance abuse, cutting/self-mutilating, eating disorders and suicide (Glodich & Allen, 1998). The potential for rage to transform into violence (either against others or self) is one of the greatest risks facing children raised in violent families.

**Identify and Mourn Losses and Re-Channel Rage—**Identifying, acknowledging, mourning, and healing loss is essential. Doing so begins with asking questions that will excavate and lead to the identification of losses. This is a process that requires time and patience and it is best pursued gently and indirectly. Each time a new loss is unearthed and named, it should be validated and empathized, eventually leading to a consideration of concrete actions that can be taken to ritually mourn each loss and facilitate the process of healing.

Since rage and loss are fundamentally linked, it is necessary for therapists to openly acknowledge the presence of rage and to legitimize it. It is important to help children understand that rage is a natural response to pain, loss, and injustice, and the critical issue involves how it is managed and directed. Rage that is destructively channeled leads either to violence against the self or others. Alternatively, rage can be channeled as a constructive energy used to achieve positive ends (Hardy & Laszloffy, 2005).
example, rage can be channeled through artistic, athletic, political or intellectual endeavors. Therapy with children raised in violent families must assist them in acknowledging and directing rage in constructive ways.

Summary
Therapy must attend to and address the emotional scars that are inflicted from living in a violent family. Some of these scars include an aversion to stability, an orientation toward shame and secrecy, difficult relationships with authority that result in vocal distortions, and the trauma of unhealed losses that lead to destructively channeled rage.

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REFERENCES

UNIVERSITY OF FLORIDA STUDY: Sibling Violence Leads to Battering in College Dating

A 2004 study at the University of Florida found that brothers and sisters who fight while growing up lay the groundwork for battering their dates later in college. The study showed that sibling violence is a predictor of dating violence and is compounded by the experience of growing up in families where parent-to-child violence or parent-to-parent violence exists. These findings support that sibling violence, the most common and least understood form of family conflict, is not harmless and may be an important influence later in violence between intimate partners. Surveys of 538 men and women showed that dating violence was more common among partners who had punched, shoved or otherwise abused their siblings than those who had not.

Violence is used as a form of manipulation and control by siblings as they compete with each other for family resources, and this tactic is carried into adulthood in the form of bullying behaviors in dating, the next peer relationship in which siblings have an emotional investment. More than three-fourths (78 percent) of those surveyed reported being pushed or shoved by a sibling, while nearly as many (77 percent) said they had pushed or shoved a sibling. Fifty-five percent said their sibling punched or hit them with something that could hurt, while half said they had done this to their sibling. A quarter reported being slammed against a wall, and 27 percent said they had done the same to a sibling. Overall, 9 percent said a sibling had used a knife or gun against them, while nearly 6 percent overall reported using a knife or gun against a sibling. The highest level of sibling violence was found between two brothers and the least between two sisters.

The study also found that siblings closer in age experienced greater levels of violence than those spaced farther apart. This is likely because they spend more time together at home and school and are more likely to travel in the same social circles. No differences were found based on race or whether children had grown up in broken homes.