

## Violence in Families: An Overview

ROBERT L. SADOFF, M.D.\*

Wife-beating, child battering, sexual abuse, parricide... these are some of the manifestations of violence in families. There are many others, including emotional violence as well as physically destructive behavior shown by one family member to another or to others outside the family. Is such violent behavior on the increase, or are we just more clearly aware of its existence because of better means of communication and because we have instituted beginning methods for dealing with such behavior in our society? Newer laws are passed to deal with the battered child and to require the reporting of child abuse. Increasingly, we read of killings within families and of the ever-present rise in violent behavior by our adolescents, both individually and in gangs. Some have blamed television. Rothenberg reported recently, in the *Journal of the American Medical Association*, on his study of 146 articles in behavioral science journals representing 50 studies involving 10,000 children and adolescents from every background, showing that violence viewing produces increased aggressive behavior in the young and that "immediate remedial action in terms of television programming is warranted."<sup>1</sup> Others, such as Heller and Polsky,<sup>2</sup> have taken a more cautious view in interpreting these data. Does in fact the adage "violence begets violence" hold up from parent to child? Those who have studied the child abuse problem have indicated that this is so. In fact, a high proportion of parents who abuse children have histories of themselves having been abused as youngsters.

In his paper, "The Lethal Situation: Transmission of Urge to Kill from Parent to Child," Dr. Douglas Sargent<sup>3</sup> documents two separate cases of children who killed siblings. He focuses the presentation on the murderous wishes of adults that were communicated to and acted upon by their children. In a previous paper that I had presented on parricide,<sup>4</sup> two cases indicated—an indication supported by the literature—that the parents who were victims of killing by their adolescent sons had brought about their own deaths by encouraging their children to kill them.

Violence may be seen as any destructive act, physical or emotional, that occurs between people. Within families, it means destructive behavior among members or to others outside the family. Because of the changing family structure in our society from the extended family of the past to the disrupted or broken family more prevalent today, we may note varying degrees of emotional and physical violence.

There is no one family structure any more in America; there are single-parent families, parent-less families, several families with grandparents and a few remaining family communities within large cities or in corners of small towns. The family basically has changed throughout the century and has abandoned a number of its previous functions and responsibilities to its members. Community institutions have been established to take up the slack by fulfilling these functions.

In his monograph, "Mental Health and the Law: A System in Transition,"<sup>5</sup> Alan Stone offers the following idea as the recurring theme of his presentation: "The provision of

---

\*Dr. Sadoff, Chairman of the Symposium, is Associate Professor of Clinical Psychiatry, University of Pennsylvania Medical School, Philadelphia. He is a past President of the Academy and an Associate Editor of the *Bulletin*.

state institutional resources to deal with those who have been extruded or abandoned by the family." He says, "The facilities in which society confines the aged, the mentally retarded, the juvenile offender, and the mentally ill, all can be understood as having assumed, wittingly or unwittingly, the responsibility of providing the kind of personal, human care that historically had been the role and duty of the family."

Thus, with the transition of our family structure and the increasing complexity of our society over the past century, it is submitted that violence has increased both in scope and in intensity among family members. The violence, both emotional and physical, assumes the form of sibling rivalry, fighting among the children, parent-child corporal punishment, wife-beating, child abuse, child battering, infanticide, filicide or parricide. These comments are not meant to imply that violence in families is a recent experience, for if one believes the insights of psychoanalysis, then the presentation of Theodore Reik in his book, *Myth and Guilt*,<sup>6</sup> in which he demonstrates the increasing aggression and violence among siblings after the passing of the father figure, is of historical import. This universal dynamic appears to be maintained throughout history as people in families and in nations struggle for supremacy and power when the opportunity arises.

Violence is not to be confused with aggression or dangerousness, two terms that have recently assumed great significance in the field of law and psychiatry. Dangerousness is the potential of an individual for acting in a violent manner, and has become the major criterion for committing people involuntarily to mental hospitals. It has predictive implications based often on history of past violent behavior; it is not to be confused or seen as synonymous with violence, which is an observable fact about a person's behavior and not a prediction. Aggression is a normal drive within people which need not be destructive and need not lead to violence or dangerous behavior.

Historically, violence has always existed among family members. Samuel Radbill, in his paper "History of Child Abuse and Infanticide,"<sup>7</sup> indicates that there was a time in most Christian countries when the children were whipped on Innocence Day to make them remember the massacre of the Innocents by Herod. Beatings to drive out the devil were a form of psychiatric treatment, especially applicable to children; and where epilepsy was attributed to demoniacal possession, the sufferer was thrashed soundly to expel the demon. Almost every institution of authority historically was able to beat children—parents, police, schools, masters. Today only the police and parents are allowed corporal punishment.

In 1646 Massachusetts adopted the Mosaic Law, which imposed the death penalty on disobedient children. Public whipping was commonly substituted for the death penalty; however, the parents had to prove that they had not provoked their children by excessively strict disciplinary measures. The child was once virtually his father's chattel; the Romans empowered the father with the privilege to sell, abandon, sacrifice, kill or otherwise dispose of his offspring. But in our modern United States children are reared by the parents whose responsibility is to see that they are safeguarded from harm. No parent today has the right to kill his child, and there is no distinction between infanticide and murder.

Steinmetz and Strauss, authors of the book *Violence in the Family*,<sup>8</sup> present primarily a sociological study of papers developed on violence within the family in which their significant concern is that mythically the family has been seen as a place for love and nurturing, and the violence that occurs within the family has been hidden and seen as not present or has been openly denied.

Three studies will serve as brief samples of characteristics of violent behavior within families: The first was by John Snell<sup>9</sup> and others, describing the wife-beater's wife, a study of family interaction, published in 1964. Here the authors describe a family structure fairly common among the families of men whose wives brought against them complaints of assault and battery. The structure is characterized by the husband's passivity, indecisiveness and sexual inadequacy, the wife's aggressiveness, masculinity,

frigidity and masochism, and a relationship between the two in which a frequent alternation of passive and aggressive roles serves to achieve a working equilibrium. The husband's drinking is often used as an aid to role alternation. The presence of an adolescent son who begins to tamper seriously with the equilibrium may be a threat to the structure.

Philip Resnick,<sup>10</sup> writing on "Child Murder by Parents: A Psychiatric Review of Filicide" in 1969, reviews 131 cases of filicide and presents a classification as follows: One is the altruistic filicide, which may be done in association with suicide or to relieve the victim of suffering. Secondly, the acute psychotic filicide may be compelled under the influence of delirium, epilepsy or hallucinations. The third is the unwanted child filicide, which may be carried out due to illegitimacy, extramarital paternity or financial pressures. Fourth is the accident filicide, which is closely akin to the battered child syndrome, and fifth is the spouse revenge filicide, committed deliberately to bring suffering to the marital partner.

In the Spectrum publication, "Violence and Victims" by Pasternak,<sup>11</sup> Arthur Green presents the "Child Abuse Syndrome and the Treatment of Abusing Parents" and discusses the dynamics of child abuse as the end result of interaction among three major variables:

A. Parental personality attributes which contribute to their 'abuse proneness,' and which are incompatible with adequate child rearing;

B. Characteristics of the child which increase the likelihood of his being abused; and

C. Immediate environmental stresses which maximize the burden of child-rearing. He further analyzes point A, the personality characteristics of abuse-prone parents, as follows:

1. The parents rely on the child for gratification of dependency needs unsatisfied with their relationships with spouse and family. This reliance constitutes role reversal.

2. The parents manifest impairment of impulse control based on childhood experience with harsh punishment and identification with violent adult models.

3. The parents are handicapped by a poor self-concept. They feel worthless and devalued, reflective of the rejection and criticism accorded to them by adults during childhood.

4. They display disturbances in identity formation. Identification is shifting and unstable, and/or dominated by hostile introjects derived from the internalization of bad self and object representations of early childhood.

5. They respond to assault upon their fragile self-esteem with a compensatory adaptation.

6. The projection of negative parental attributes onto the child causes that child to be misperceived and utilized as a scapegoat to bear the brunt of the parents' aggression.

In the 1971 book, *Dynamics of Violence*, edited by Fawcett,<sup>12</sup> Roy Grinker, Sr., writes on the causes of violence. He lists the following triad:

a. Biological causes, which include genetic defects, brain damage, and drugs.

b. Psychological causes, including maturation development and personality deformation, and

c. Social causes, including rapid changes in living, absent nuclear family, working mother and social mobility.

We wish to approach the study of violence in families with a similarly broad-based view rather than a monolithic one. We will approach the study from a medical, legal and psychosocial view. Medically, there are a number of conditions which have been seen to predispose to violent behavior. Among them are the loss of control due to damage of brain function, as in psychomotor epilepsy, the toxic states precipitated by alcohol or drugs, or other conditions of hormonal or neurological imbalance. There has been some speculation on the genetic configuration of XYY chromosomes in males as having a significant predisposition toward violent behavior. This hypothesis, however, has been

disproved in a careful statistical analysis. The concept of the "bad seed" or other genetic or familial predisposition to destructive and violent behavior has also been fairly well dispelled. However, there are legitimate medical conditions which do correlate with or lead to violence in some individuals.

There are some forms of violent behavior within families that are tolerated or even applauded by society, such as corporal punishment of child by parent, when necessary and appropriate. Occasionally the violence is kept quiet, as with sexual relations between father and daughter or among siblings, and there is no reporting to outside agencies. However, most violence that occurs within families assumes legal status when it is revealed to others. For example, any killing by one family member of another of necessity will be reported, and the offender will be dealt with in the criminal justice system.

Child battering, which leads to medical conditions requiring treatment or even hospitalization, will be reported on forms involving social welfare agencies and occasionally the family courts. Violent behavior by children or adolescents within the family may also be reported or discovered by the authorities, and the adolescents will be dealt with by the juvenile justice system. In Pennsylvania, violent behavior by adolescents is not tolerated, and means have been developed to aid the adolescent in controlling and regulating his behavior. The violence perpetrated by the adolescent member of a family affects all others in his family when he is separated from the family by authorities.

Technically speaking, the offenses by juveniles are not criminal as they are in adult courts, but are handled separately under the juvenile justice system. The adolescent then has what is called a juvenile record, which, in many states, is not transferable to the adult authority. The variability of adolescent crime, however, permits the possibility that a fourteen-year-old may be tried as an adult for homicide and may receive a life sentence if found guilty, like any adult. Most adolescents under the age of eighteen, at least in Pennsylvania, will be tried as juveniles unless there is good reason to try them as adults. If they are adjudicated juvenile delinquents, they may be detained or incarcerated until the age of twenty-one.

To clarify further our study of the violent individual in families, we must know something about the psychodynamic factors that predispose to violent behavior. Many authorities have specified diagnoses which are frequently correlated with violence and unpredictable behavior, such as paranoid schizophrenia, catatonic excitement, explosive personality or sociopathy. Kinzel<sup>13</sup> has described body buffer zones within individuals that may stimulate violent behavior if violated or intruded upon. Others have illustrated fusion of aggressive and sexual drives that may lead to sexual violence or rape, and Thomas<sup>14</sup> has shown that inmates of maximum security prisons are more prone to violence after prolonged periods of isolation or segregation from the inmate population.

Rappeport<sup>15</sup> and others have described the dangerous or violent mentally ill offender, his dynamics and treatment.

Finally, the legal approach to violence within families may be a broad-based one to include the management of child abuse and other forms of destructive behavior among family members.

In sum, we will present a total approach to this increasingly significant issue of violence in families. Practitioners may learn how better to deal with their patients, to help them with the conflicts within their families, to prevent violence whenever possible, and also how to deal more effectively with violent members of the families they are treating. The lawyers present may learn what happens when families come under the aegis of the law, in either criminal or civil matters. In child visitation or child custody disputes, where children are handled as pawns in the family battles, an atmosphere of violence exists and may stimulate further violence by the children as they grow.

Thus the violent individual within families has to be dealt with by a number of medical, legal and social practitioners, including general physicians, psychiatrists,

psychologists, sociologists, neurologists, lawyers and judges. We must all learn to deal more effectively with the family unit in order to prevent the expression of violence among family members and by families to outsiders. This may be done by family therapy in selected cases when the problems appear at an early enough stage. Families need help, and there are too few family therapists to do the job effectively.

Family physicians are needed to detect sources of conflict in families early enough to prevent later eruption and violent behavior. Family attorneys are needed to advise properly members of the family in disruption about the care of their children during the period of separation so that violence will not be propagated from one member to another and from one generation to the next.

We must look at the inadequate families that breed violence and intervene to prevent the expression of this contagious behavior. We have been called upon by the families to do the jobs they once did; because we have been so inadequately prepared to assume the responsibilities of the intact family of yesterday, we are paying the price of dealing with the consequences of family deterioration. We must continue to view violence as an urgent situation which requires cooperative and comprehensive care according to all the skills that our various professions can offer. We have an enormous task; its success depends upon our combined efforts.

### References

- 1 Rothenberg M B: Effect of television violence on children and youth. *J of AMA*, 234: 1043-1046 (1975)
- 2 Heller M S and Polsky S: Television violence: Guidelines for evaluation. *Arch Gen Psychiat* 24: 279-285 (1971)
- 3 Sargent D A: The lethal situation: Transmission of urge to kill from parent to child, in Fawcett J, ed., *Dynamics of Violence*. AMA, Chicago, 1871
- 4 Sadoff R L: Clinical observations on parricide, *Psychiatric Q* 45: 65-69 (1971)
- 5 Stone A A: *Mental Health and Law: A System in Transition*. NIMH, Crime & Delinquency Issues, Rockville, Md., 1975, p. 12
- 6 Reik T: *Myth and Guilt*. New York, Grosset & Dunlap, 1970
- 7 Radbill S X: A history of child abuse and infanticide, Ch. 6, p. 173 in Steinmetz and Strauss, *Violence in the Family*, New York, Dodd, 1974
- 8 Steinmetz and Strauss, n. 7
- 9 Snell J E, Rosenwald R J and Robey A: The wife-beater's wife: A study of family interaction. *Arch Gen Psychiat* 11: 107-112 (1964)
- 10 Resnick P J: Child murder by parents: A psychiatric review of filicide. *Amer. J. Psychiat* 126: 325-334 (1969)
- 11 Green A H: Child abuse syndrome and the treatment of abusing parents, in Pasternak, ed., *Violence and Victims*. Spectrum Pub., Holliswood, New York, 1975, p. 169
- 12 Grinker R R Sr.: What is the cause of violence? in Fawcett J, *Dynamics of Violence*. AMA, Chicago
- 13 Kinzel A F: Body buffer zone in violent prisoners. *Amer J Psychiat* 127: 59-64 (1970)
- 14 Thomas H E: Regressive behavior in maximum security prisons: A preliminary communication. *Bulletin Am Acad Psychiatry & Law* 3: 1-9 (1975)
- 15 Rappoport J R: *Clinical Evaluation of the Dangerousness of the Mentally Ill*. Thomas & Co., Springfield, Ill., 1967