

The Effect of Physical Violence on Sexuality

Most Americans cling to the image of the family that includes tranquillity, happiness, love between members bound together by blood and/or legal ties, certainty of behavior, shared norms and values, and above all, safety . . . despite the fact that the media has increasingly shown the "underside" of family life . . . More violent crimes occur in the home than outside its doors; and more violence occurs between family members than among strangers.

—Mildred Pagelow, *Family Violence*

- ◆ Did you witness physical violence between your two parents?
- ◆ Did a parent harm you with physical violence?
- ◆ If such violence occurred, are you bothered by any of the following symptoms?
 - chronic anxiety
 - changed associations to touch
 - an inability to relax and be in your body
 - an inability to "lose control" in any situation, because the world feels "unsafe"
 - depression
 - an inability to trust others

- an inability to enjoy being sexual
- a fear of an intense sexual and emotional bond to a lover or mate
- sexual dysfunctions or lack of desire

The United States is a violent country. While family violence is commonplace in North American society, it remains a somewhat hidden problem. Having had a history of nonsexual physical violence in one's family is a common, unrecognized cause of adult sexual problems.

The statistics are shocking. A 1988 report by the American Bar Association estimates that 3.3 million to 10 million children witness domestic violence each year, and that in nine out of ten cases, the victim is their mother. Noted sociologists Straus, Gelles, and Steinmetz (1980) determined that there was physical abuse of children in three out of five homes. Because of different ways of defining child abuse, other estimates of physical child abuse vary widely, ranging from 60,000 to 1.5 million children abused each year.

But what might be the correlation between having experienced physical violence as a child and adolescent and sexual problems in adulthood? This chapter looks at the relationship between growing up with family violence and sexual inhibition. If you grew up in a family where your parents hit you, or hit each other, or your siblings were violent, you have a whole host of negative associations to relationships, control, marriage, touch, trust, love, and sexuality. Many of these associations are unconscious, creating sexual barriers that may be difficult to overcome. But, once you make the link between your past exposure to violence and your sexual problems, with patience and commitment, there are steps you can take to feel more comfortable being sexual and intimate.

Conceptually, the results of different kinds of family violence—being a victim yourself or being a witness—are different, but the ways in which they negatively affect sexuality are quite similar.

I do think my problems trusting women, being intimate, and being sexual are related to what happened in my family. My father constantly beat my mother, and he beat us, too. My mom was so overwhelmed by him and what he did to her that she couldn't protect us.

He was a maniac, just uncontrollable. I can remember walking home, and just dreading going to the house. I knew he'd find some reason to thrash me. He'd beat me with a belt until I bled, or knock my head into the wall. And she did nothing to stop it. It was like she was frozen.

At times, I know that my anger at her for not protecting me makes me suspicious of all women. And then other times, I get all confused, because I felt as a kid, and I still feel now, that I should have been able to save her. So I feel guilty.

One incident I'll never forget. He was drunk as usual and I could hear him beating her. Over and over again. And then, it was winter outside, it was snowing, and he tore her clothes off of her, and he pushed her outside on the porch, naked. And he yelled at her, "This is where you'd be, if not for me." I overheard and saw the whole thing. I was seven. I felt I should have been able to stop him, but I was so afraid of him that I couldn't get out of bed. And so I just lay in bed, listening to her cry.

—Glen, 28

Acting Out or Acting In

Growing up with physical violence tends to be so disturbing to one's sense of emotional safety and bodily integrity that most victims of violence avoid directly confronting its reality. Although there are no hard and fast rules about how a child might react, scientists studying the effects of family violence on children have found a tendency for boys to "act out"—reacting by doing things in the outside world, e.g., being aggressive, and for girls to "act in"—to internalize their feelings (Wolf 1988; Wolfe and Starr 1988; Starr and Wolfe 1991).

Some adults who experienced family violence "act out" sexually. For them, growing up in an unempathic and violent home environment leads to sexual addiction (see chapter 9), and/or a sexual style of using people, without ever becoming emotionally attached to them. Although women can and do "act out" sexually, the pattern seems more common with men.

In worst case scenarios, the combination of parental lack of empathy and family violence creates adults who are so terrified of equal relationships with others that it can lead to the development of aggressive sexuality and paraphiliacs—for instance, voyeurs, exhibitionists, frotteurs, and obscene phone callers, as well as criminals who violently attack others sexually (see chapter 9).

Suffering family violence may lead to "acting in," which can take the form of depression or the inhibition of sexuality as an adult. Both men and women can react by "acting in," and having difficulty with sexual desire, arousal, or pain disorders.

Joani grew up in a family of six kids. Her alcoholic mother had no patience to take care of the children's needs, and she lost her temper and hit and pinched them on a daily basis. As the youngest child, Joani sometimes was protected by her older brothers and sisters, but it was a frightening environment. Joani's father was a banker, and he left home for work every day. All of the kids tried to get the father to admit to the mother's pattern of physical abuse, but the father kept up his denial. He focused his attention on making money, because his main goal was that his children "succeed and go to college." By the time she was in high school, Joani was alone with her mother's wrath. She couldn't stand it, and left home without finishing high school.

Joani eventually got her G.E.D., went to community college, and went on to become a dental hygienist. She fell in love with one of the dentists she worked for, and they got married. But Joani had no sexual desire whatsoever, and her husband insisted that they go into sex therapy. The connection between her lack of sexual desire and the history of family violence became clear to her when she looked at her BodyMap (see page 29) and realized that she had no areas of green on her body. She realized that she was afraid of touch and linked love, fear, and abandonment.

Ryan was fifty and had never been married. As a child, he had been beaten and kicked by both parents, and the violence continued until he left home at eighteen. He didn't trust anyone, and put all of his energy into making a success of himself financially. He became a skilled insurance salesman, but continued to reject offers of friendship and companionship from women. He didn't feel comfortable initiating either physical or sexual relationships and had no sexual desire. He finally sought psychotherapy for his loneliness. When he made the link between the violence in his family and his inability to trust others or feel good in his body, he slowly began to be able to reach out to women.

Depression

Although the sexual consequences of growing up in a violent home usually are not discussed, the other negative results are. According to researchers at the University of Michigan, growing up in a violent home as a child is par-

ticularly likely to lead to bouts of major depression in adulthood. In a survey of 2,867 adults, Ronald C. Kessler, Ph.D., at the school's Institute for Social Research, along with colleague William Magee found that people with a family history of violence are about two and a half times more likely to get depressed by the time they are twenty than those who haven't experienced the violence. After age twenty they're twice as likely to get depressed—and have twice as many bouts of depression.

Repression, Denial, or Playing Down

If you were a victim of violence and have managed to cope and make it into adulthood without academic or work problems, obvious psychiatric problems, or overt addictions, your survival into "normal" adult life probably depended on using repression, denial, or playing down of the prior physical abuse or violence (e.g., "That's just how kids were raised in those days"; or "All of the husbands and wives in the neighborhood where I grew up had these kinds of violent fights. It's not so unusual"). You grew up believing that what you experienced was normal. But no one from a violent home truly escapes unscathed. Usually, functioning in at least one important area of living, like the ability to work, to love, or to enjoy sexuality, is impaired.

Well, I don't really consider what my mother did as abuse. We lived in a big apartment building and during the summer, when all the windows were open, you could hear what was going on in all of the families. Lots of other kids were being slapped around, too. My mother wasn't anywhere near the worst. That's just the way people thought you should discipline. It was the 1940s.

—Brad, 62

Research (Starr and Wolfe 1991; Jaffe, Wolfe, and Wilson 1992) shows that children from violent homes often suffer with seemingly unrelated problems, such as headaches, abdominal pains, stuttering, bed-wetting, and sleep disturbances, or depression, anxiety, suicidal tendencies, phobias, withdrawal, academic problems, poor relationships with peers, or lowered self-esteem. As an adult, you may have anxiety, depression, or long-standing sexual problems.

Identifying Oneself as a Victim of Violence

Frequently, clients come into sex therapy wanting help but not making the connection between the nonsexual family violence they met with growing up and their sexual problems. Lately, the media has publicized the obvious connection between childhood sexual abuse and later sexual dysfunction, but the interrelationship between nonsexual violence and adult sexuality is not generally discussed in books, magazines, or on TV. Clients who were physically but not sexually abused, and clients from families where a parent was physically abused frequently "forget" to share this information with their therapist. The therapist may not catch the omission by not asking about violence (unless she routinely uses a violence checklist such as the Ratner checklist in appendix B.)

What might make a client accidentally "forget" to reveal witnessing or experiencing physical abuse? Psychologist Angela Browne (1991) discusses how challenging it is to consciously confront the fact that growing up in your family did you great harm.

Defining oneself as the victim of a family member may . . . require significant and painful alterations in the victim's perceptions of the perpetrator and of themselves. Victims talk about the devastation of trying to incorporate the realities of assault and blatant disregard for their well-being into their images of parents or adult partners who profess to love them, or who are at least in the roles of those expected to love, nurture, and protect. . . . Further, our society frequently is intolerant of those who bear the label of victim. Victims are seen as weak, unable to handle daily life effectively, out of control, and nuisances. They are often viewed as responsible, at least in part, for their victim status; or are avoided because their pain and anxiety and the responsibility for involvement with them makes others uncomfortable.

I never really consciously thought of myself as a victim. After all, I'm over six feet tall, and after I got to junior high, my dad wouldn't really dare to beat me. But now that you mention it, I guess that some of the irresponsible behavior of my teen-age years, the drinking, the drugs, and those two times I totaled the car and almost got killed, I guess that was what I used to avoid focusing on what was going on in the family around me.

—Kyle, 51

Conflicting Emotions

Being the victim or the observer of family violence is confusing—often the abused child may still feel loyalty and love toward the parent. Even the worst parent is, at times, loving and kind. Dr. Mildred Pagelow (1984, 25) has commented, “The pattern of intermittent reinforcement of tender caring and closeness before and after beatings is probably one of the important factors that keeps victims emotionally bound to their abusers.”

She was neglectful and abusive most of the time. I still have a scar on my elbow, from when she threw me into a wall when I talked back to her. And you know, on rainy days, that damn thing hurts like the dickens. . . .

Well, it wasn't as if it was all bad, though. She loved me, in her own way. She tried, sometimes, to do nice things for me. I remember once, she saved up what was a lot of money at the time to buy me a special jacket I wanted. And another time, she complimented me on a cake I baked her, especially for her birthday. I think I even have a picture of me taken with her, proudly showing off that cake. It makes me sad to think that that was the last time I really felt she loved me, and I think I was about nine years old.

—Freda, 58

Because the gender role behavior for men dictates being strong, men have an especially hard time looking at what occurred to them as victimization.

Bud began sex therapy complaining of lack of desire and some erectile problems. He couldn't understand why his sex drive was so much less than his peers. He had no interest in quickie sexual relationships with girls he didn't care about. While girls were very interested in him and flirted with him, being cavalier about sex didn't feel right. At the same time, his lack of interest in recreational sex set him apart from his peers and made him feel like he “wasn't quite a man.” This thought only made him more fearful, and whenever he wanted to make love, he was filled with anxiety about whether or not his penis would stay erect.

Only when he began examining the details of his parents' relationship did he begin to understand his deep conflicts about male/female relationships. Bud was involved with a woman he liked very much, but he wasn't sure that he would be able to make a long-term commitment to her.

As a small boy, he saw his father act violently and controlling toward his mother. At one point, he recalls seeing his father smash his mother into a wall. Another time, he saw him drag her around by her hair. Bud tried unsuccessfully to get in between them several times to protect his mother. In reviving these memories, he felt a surge of sadness and helplessness. Once he uncovered the link between his parents' violent relationship, his protectiveness toward his mother, his defenselessness toward his father, and his fear of hurting his girlfriend (and therefore being, in his mind, an awful man like his father) his sexual problems diminished.

Sexual Development: The Fallout

Almost all of the developmental tasks described in *Sex Smart* may be difficult to master if you grew up in a home with physical violence. Perhaps most damaging are the changes in associations to touch. As mentioned in chapter 1, at the base of satisfying adult sexual pleasure is comfort with touch and sensuality. Soothing touch is an avenue to relaxation. The unconscious link between soothing touch and safety allows human beings to loosen body boundaries, an ingredient in powerful sexual bonding. Yet in a family in which people hit each other, and maybe even threaten to kill each other, touch has a different message: danger, pain, betrayal, and fear.

Betsy recalled the memory of being five years old and touching her father's arm to calm him down when he flew into a fury. Even as she did it, she was disgusted by touching him and aware that she wasn't doing it out of love, only out of trying to subdue him.

James suffers chronic anxiety. He was beaten frequently by his father, and doesn't feel any pleasure in his body at all. He feels jumpy all the time. When his girlfriend touches him, it doesn't feel good, it just tickles. He can't relax enough to enjoy sensual pleasure. His girlfriend is often angry at him, because when he has sex, he just likes to get erect and enter her. He doesn't feel comfortable with hugging or kissing.

James's father used to hit him on the head, neck, and shoulders. Touches in those areas upset him, and when Julie, his girlfriend, tries to throw her arms around him, his first impulse is to

hit her. Although he doesn't strike her, sometimes he freezes up physically, and he can't respond warmly.

As a child, Suzanne was beaten, beaten, pinched, and kicked so severely that she is now "tactily defensive." Suzanne's sense of touch has been ruined. Almost no sensation on her skin is pleasant. She can only wear certain kinds of fabric, and loose clothing styles that skim her body. She is so hypersensitive to touch that she has a hard time being physically close with her children under the best of circumstances. On hot, suffocatingly humid days, when it is hard to breathe and her children's skin is sweaty on hers, she cannot stand to touch them at all. She has no interest in having sex with her husband.

Post-traumatic Stress Disorder

Living with chronic family violence is a major, life-threatening traumatic event from which some victims never recover. One psychiatric disorder which frequently develops as a result of chronic family violence is post-traumatic stress disorder (PTSD).

According to the American Psychiatric Association (1994, 209-11), post-traumatic stress disorder might occur if a person was exposed to a traumatic event under two conditions: "(1) the person experienced, witnessed, or was confronted with . . . events that involved actual or threatened death or serious injury [to] self . . . or others," and; "(2) the person's response [was] intense fear, helplessness . . . horror [or (in a child)] disorganized or agitated behavior."

If the above is true, PTSD is the diagnosis if certain criteria are met. First, "[t]he traumatic event is persistently reexperienced in one (or more) of the following ways:

1. recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. . . .
2. recurrent distressing dreams of the event. . . .
3. acting or feeling as if the traumatic event were recurring (includ[ing] a sense of reliving the experience, illusions, flashback episodes, including those that occur on awakening or when intoxicated). . . .

4. intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
5. physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event"

Second, the person evidences "[p]ersistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

1. efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. efforts to avoid activities, places, or people that arouse recollections of the trauma
3. inability to recall an important aspect of the trauma
4. markedly diminished interest or participation in significant activities
5. feelings of estrangement from others
6. restricted range of affect (e.g., unable to have loving feelings)
7. sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)"

Third, the person shows "[p]ersistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

1. difficulty falling or staying asleep
2. irritability or outbursts of anger
3. difficulty concentrating
4. hypervigilance
5. exaggerated startle response

In addition, by definition, the "[d]uration of the 'symptoms' is more than 1 month" and "[t]he disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning."

Hypervigilance and Exaggerated Startle Response

If you are a survivor of childhood family violence, you may evidence indicators of PTSD such as scanning, bodily anxiety, a need to stay in control, hypervigilance, and an exaggerated startle response. "Hypervigilance" is when you never let your emotional or physical guard down—you are always scanning the world, watching for danger, and you feel you must stay in control at all times. An "exaggerated startle response" is when you jump when any noise or a touch surprises you. These symptoms may interfere with or sometimes entirely block sexual desire or sexual pleasure.

Gerd came into therapy complaining that he had trouble with low sexual desire and maintaining erections.

Gerd can't lie down and go to sleep easily, and he can't stretch out and relax: he taps his fingers or moves his legs nervously. He has a lot of trouble enjoying sexual relations, if his wife wants to initiate, because he can't unwind and enjoy touching.

Gerd had an easier time when he was younger, and his biological sex drive was higher. He had a lot of spontaneous erections back then. But now that he is older, with a body that isn't so driven for sex, he needs to be able to relax and focus on pleasurable sensations in order to get an erection, and he has difficulty letting go and trusting and relaxing.

When he thinks about his difficulties with sexuality and relaxation, his memories go back to childhood. His father beat his mother frequently, and sometimes he beat Gerd, too. If Gerd's father was out drinking, sleep was impossible. If he was home, maybe Gerd could sleep. As a kid, Gerd remembers not going to sleep right away, but instead, pacing up and down, until he fell asleep from exhaustion.

Gerd recalls that his mother "never slept." She was in a "watchful state all night." Even now, years and years after the divorce, Gerd's mother still can't get a good night's sleep.

Gerd's early experiences with a chaotic and dangerous family environment created difficulties with being able to relax and feel safe, physically, within his environment and within his own body. Now that he is older, and his constant physical urge to be sexual has lessened, these problems are coming to the fore.

Take a look at the self-soothing and relaxation section of chapter 2. Reread the floating exercise on page 40, where you are asked if you can imag-

ine relaxing on land or floating in a protected setting on the water. If you are hypervigilant, this is a frightening image.

Researchers working on PTSD have found that even a single traumatic event can change the brain's chemistry. During trauma, the body automatically shifts to a "fight or flight" response: The heart rate races, the pupils dilate, and blood is sent racing to the muscles. In PTSD, the shift to "fight or flight" can be induced by anything that even faintly resembles the original trauma. In fact, sufferers may not be aware of what has triggered their reactions (van der Kolk 1986).

John, who had been severely isolated, beaten, bullied, and terrorized by his father throughout his childhood and young adulthood, wrote on an assessment questionnaire that he had had a "happy" childhood. He had never married. He never expected anything good to happen to him in life, and tended to notice all evidence of betrayal and danger in the world around him. Even though his father was quite feeble and in a nursing home, John was plagued with the feeling that somehow, his father's evil energy was all around him, and that somehow, his father would still be able to harm him.

In one study, reported in the January/February 1992 issue of *Psychology Today*, researchers found that trauma victims secrete an important stress hormone called CRF. Because of the presence of too much CRF, they react to emergencies that do not exist in the present moment. Therefore, extreme fear reactions triggered by seemingly minor causes may be the result of the original trauma that was experienced.

Based on these research findings, if you grew up with family violence, you may have some of these PTSD symptoms without even being conscious of them. Obviously, this has major consequences for your experience of sexuality. Even though your physical state may be one of chronic anxiety, you don't know it! This is the only body you have ever had, and this is the only way you have ever lived. You may not necessarily sense that your chronic levels of tension, "jumpiness," and inability to relax are negatively impacting your life (especially your sex life) and are alterable conditions.

In therapy, as James finally began to admit how terrifying his childhood was, he realized that he still feels anxious when he hears arguing, particularly if he can't actually hear what is being said. He also feels scared when he hears clinking ice cubes—the sound reminds him of how his father imbibed drink after drink and powered himself up to start a physical fight.

Susan began sex therapy complaining of vaginal pain and low sexual desire. There was evidence of emotional neglect and physical violence between her alcoholic mother and her father, and on her BodyMap, Susan's whole body was blue and red, except for some green on her neck. In fact, she liked her husband to put his arms around her neck and hug her.

When discussing the lack of bodily safety evidenced in her BodyMap, Susan recalled memories of being at her parents' house when her parents were fighting: glasses whizzed past her ear, knives were pulled out and brandished, broken glass was everywhere. Even though she was just a little girl, she was the one who tried to stop her parents, often stepping right into the fray. She remembered repeatedly locking herself in a bedroom with her smaller sister, protecting her sister with her own body. She remembers telling her sister, "Don't worry, it will stop soon." Susan shielded her sister from the violence and the danger, but no one shielded Susan.

Once Susan was able to acknowledge and not minimize the true trauma, chaos, and danger of her past life, she began to practice relaxation techniques and creating a SafePlace (see chapter 2). As she looked realistically at the security of her current life with her loving husband, her ability to relax and feel pleasure in her body increased, and her vaginal pain abated.

As noted in chapter 2, trust that the world is predictable and that the people in it will meet your needs is crucial for sexual unfolding. Unfortunately, unless you concretely address your chronic sense that the world is dangerous, and rework the past trauma, your anxiety is likely to increase. Since life is full of ups and downs, if you are inclined to focus on the negative, life's experiences will just leave you feeling more distrustful and cynical. Use the exercises at the end of this chapter, as well as the exercises at the end of chapter 2, to work on your anxious body.

The feeling of being totally safeguarded comes from a secure childhood with a consistent, available caretaker. To some degree this is an illusion (in fact, good parents are not omnipotent, they cannot keep a child from contracting a dreaded disease, or from getting hit by a car), but it is a helpful illusion. If touch reminds you of the safety of the mother-child bond, than it is a shortcut to relaxation and solace (see chapter 2). If your family life has been marked by emotional and physical betrayal, your whole sense of safety may be marred.

Sandra, whose mother had been physically abusive, had difficulty with arousal and orgasm. She had done months and months of work in psychotherapy on letting go of her body "armoring"—the chronic physical tenseness she carried in her. As her tension abated, she allowed herself to enjoy being sexual.

One night, she went to very deep levels of arousal and connection with her husband, Dave. The first time this happened, she was frightened that she had let down her guard with Dave so dramatically without consciously telling herself that that was what she wanted to do. Later that week, she dreamed a terrifying vision that her mother was chasing her. She ran to safety by going to a "safe place" that she had worked hard to establish at the beginning of her therapy.

Sandra subconsciously felt that if she let down her vigilance in any area, even being orgasmic with a loved partner, she would become overly trusting, too vulnerable, and would be hurt again.

Role Reversal: Children Acting as Parents

Children of battered spouses are likely to have experienced role reversal. (Since 95 percent of battered spouses are women, "mother" will be used here.) If you felt you had to step in and defend your mother, then you lost the feeling that your mother could protect you. You developed what some experts in violence call "pseudomaturity"—you acted like the mature adult in the situation, even though you were a frightened child (Jaffe et al. 1990).

Research has shown that battered women suffer from many kinds of physical and emotional disorders (for example, depression and anxiety). At times, your mother acted confused and disoriented, unable to act like a protective parent, as a result of her persistent fear (Walker 1984). And because the average woman earns much less than the average man, even if your mother tried to protect herself and you by leaving her abuser, your situation in life might not have improved much. Researchers have found that a child of a battered woman is more likely to have been exposed to other life stresses, such as multiple separations from friends and other loved ones, poverty, poor housing, overcrowding in shelters, and frequent home and school moves. As a child-witness, your pseudomaturity in the face of real danger probably caused body armoring. This kind of childhood role-reversal can lead to a problem with trust and letting go in intimate relationships.

Betsy had witnessed brutal wife abuse, and had taken care of her battered mother through most of her childhood, contributing to difficulties in sexuality as an adult. She began therapy with complaints of anorgasmia. She was tense, felt numb, and complained that all touching tickled her. Her BodyMap had very little green. Betsy grew up with an extremely violent and abusive alcoholic father. When he drank, he would threaten to kill her mother. He pulled guns on Betsy's mother with regularity. He beat Betsy's older sister. Enraged, he once drove his car through the wall of her house into their living room.

Betsy's mother was caught up in the cycle of abuse, where after a beating, her husband was tender and acted repentant. She couldn't get the strength to leave the relationship. She felt unable to make a living and her husband was a good provider.

Because she felt her mother was more fragile than she herself was, Betsy never complained or acted scared—she tried to be in charge. Betsy was her father's favorite, and since he never hurt her, she felt responsible for calming her father down, to keep him from hurting either her mother or her sister.

When Betsy began to acknowledge the true trauma of her violent past, a lot of rage and resentment emerged. However, she was surprised to find that as she began to express her vulnerability verbally, her need to be physically armored diminished. Her "ticklishness" subsided, she found more areas in which she welcomed touch, and her sexual pleasure increased.

Growing up in a violent family has a huge impact one's gender identity. As mentioned in chapter 4, in developing our own sense of gender identity, we rely on our parents as models. When children are abused by parents, their associations to the gender of their abuser are harmed, as are associations to the gender of the parent who stood by and let the beatings occur. In witnessing spousal violence, children are essentially forced to pick between an identification with the abuser or with the victim! Denial of the reality of the horror of family life is probably more common among adults from violent families than is conscious integration of the truth. And with denial comes repetition.

Research has shown that boys who grow up with violent male models are more likely to become batterers themselves in adulthood than are boys from non-violent families (Pagelow 1984). Yet many male children of male batterers do reject their fathers' model of masculine behavior.

But even if you were conscious of how disastrous the violence was during childhood and adolescence, your ideas about gender still were negatively impacted. Betsy, grew up to feel that all women are weak. Betsy's sexual imagery was damaged as well—she recalled that even in the midst of the most abusive periods in her life, her mother would continue to have sex with her father. Betsy was determined to be a different kind of woman than her mother: to act strong, to not become sexually attached, and to not let herself become dependent on a man.

Bud, who we also met in this chapter (pages 210–11), associated masculinity with violence. Bud felt that he had to be completely sensitive to the women in his life at all times to not be a male monster like his father. For Betsy as well as Bud, problems identifying positively with their own gender caused sexual difficulties.

The role of adequate self-esteem in developing healthy sexuality was discussed in chapter 5. If your parents frequently fought violently, neither of them was paying consistent attention to their children's needs for empathy, socialization, or supervision. In an atmosphere of chaos, the environment is "every man for himself," and sibling relationships may also have been marked by conflict. Additionally, your self-esteem was affected by the shame you felt in living in a dysfunctional family.

If you were abused yourself, by one or both parents, then you may have viewed that as evidence that you are worthless. The pain of not having been protected by the very people who are supposed to love you the most was overwhelming (Browne 1991).

In chapter 6, themes of power and control and how they become woven into the ways each of us expresses ourselves sexually were discussed. Families where parents are authoritarian and not empathic can produce children who link love and control in a way that prevents sexual intimacy as adults. As described in chapter 9, child victims of violence and abuse may subconsciously link sexuality and fantasies of revenge. They are too fearful of other people to be able to tolerate egalitarian relationships. In the worst case scenario, they may develop a pattern of masturbating and having orgasms to sadistic fantasies, and then go on to "acting out," thus becoming sexual criminals.

If you were a victim of family violence, your sexuality may have been changed to an overriding focus on power, but it is more likely that you have dealt with this threat by "acting in" instead of "acting out". Having experienced physical violence often leads to sexual inhibitions and dysfunctions. One common theme is that sexual attraction is dangerous, because it can lead to powerlessness. A second phenomenon is a sense of not wanting to share one's body.

Deanna came into couples therapy with her husband, Eric. They loved each other, but often got into terrible power struggles and verbally vicious, circular fights. Also, Eric really liked sex, and Deanna wasn't interested.

Deanna came from a family where the parents physically slammed each other, and her mother often hit her. She got used to living in a state of chronic anxiety; it became "normal."

Her parents fought so much, and so physically, that she often walked home from school and wondered if she would find them both alive that evening, or whether one of them would have killed the other. As an adult, she was left with generalized anxiety, and was always on the lookout for something going wrong.

Through her childhood and adolescence, it seemed that no matter what the stimulus, the response was always some form of hitting. She came home one day from a serious bike accident, with a five-inch gash in her leg, bleeding profusely. When Deanna dragged herself up to her apartment for some tender loving care, her mother took one look at the blood all over her, the wound, and her blood-stained clothes and smacked her across the face.

Deanna left home early to marry, looking forward to some peace and to being her own boss. However, her assertive and somewhat dominant husband pushed all of her old buttons, and she was determined that she would not let him control her. She could not allow herself to enjoy being sexual with him. To begin with, it was difficult to relax. But in addition, she felt that sex equaled subjugation, and she was certainly not going to be one-down in a relationship again. It took many months of sex and marital therapy, integrating how violence affected her development, for Deanna to realize how much she loved her husband and for her to be open to the sexual part of their relationship.

Hayley came from a cold, distant family with a strict pecking order: the father ruled the mother, the mother ruled the kids. The mother hit and slapped the children, in order to get them to do what she wanted. There was always work to do, and the girls in the family had to help with all of the cooking, cleaning, and washing.

Money was tight. There weren't enough possessions to go around. Hayley, as one of the younger kids, only got to wear hand-me-downs. One day, Hayley won a book at school for being such a

good student. She proudly walked home and showed the beautiful, new book to her mother. Her mother promptly took the book away from her, saying that they already had a copy of it, and that in the future, one of the kids could use it as a gift when invited to a party. Hayley cried, and her mother responded with another slap.

When she grew up and got married, Hayley never felt comfortable with touch. In addition, she had strong feelings about not wanting to have sex with her husband. She felt that one of the few things she owned herself was her body, and she didn't want to give it away.

Another major theme for you, if you came from a family where there was violence, is a sense of isolation, and gaps in your people skills. Learning to socialize with others is a crucial step in a child's sexual development (refer to chapter 8). However, violent parents literally believe that they own their children, and they may have kept you from having friendships and connections with others around you. Researchers have found that children of violence have poorer social skills in general (Wolfe et al. 1988; Westra and Martin 1981).

Families where physical child abuse occurs tend to be quite detached from others. Researchers have found that the parents are inclined to move from one geographical location to another, probably to escape from legal troubles. The activities occurring in the house are kept secret. Even if you had friends, you probably didn't want them coming to your house, because you were afraid that your friends might see the abuse that was taking place routinely.

Sandy spent her childhood so cut off from her peers by the violence that she felt awkward socially. Sandy and her mother and brother ran away from their violent father several times—each time going "underground" to a shelter, where they were hidden for many months, which continually interrupted her relationships. She couldn't go to school, and she couldn't tell people where she had been. She felt shame about her father's violence, and she couldn't open up to her friends and tell them what had become of her. She finished high school without any really close friends, and she feels that the experience of social shame, stigma, and isolation has stuck with her in adulthood—she still finds it difficult to make friends.

Assessing the Damage

If you grew up witnessing or experiencing physical violence in your family, your sexuality may have been affected negatively in each of the important developmental stages explored in *Sex Smart*. Most likely, your sexual inhibition has been triggered by this violence.

The exercises at the end of this chapter and the ones in chapter 2 will help you investigate further the violence/sexuality connection and guide you in expanding your ability to take pleasure in emotional relationships, letting go of chronic tenseness, and enjoying unrestrained sexuality.

If your pattern has been to act out sexually, you might want to reread and revisit the exercises in chapters 6 and 9, and look at the resources in the back of the book pertaining to those chapters.

Exercises

Before you start these exercises, make sure you have established a SafePlace and have mastered the exercises in chapter 2. Reclaiming your body is a major task which needs to be accomplished for your recovery sexually, but you need to be able to soothe yourself and create a feeling of safety before you are ready to open up any new imagery about your violent past.

The Violence-Symptom Checklist

Which of these symptoms/behaviors do you think you have? Check off the ones which apply, and give examples from your relationships.

___ Afraid of assertiveness: _____

___ Worried about anger in relationships: _____

___ Concern with boundaries: _____

___ A fear of dependence: _____

___ A fear of abandonment: _____

___ Distrust of others: _____

___ Concerns with power and powerlessness in relationships: _____

___ Concern that you must be in control at all times: _____

___ You feel unlovable, have poor self esteem: _____

___ Feelings of social isolation or problems with socialization/friends: _____

___ Body armoring: _____

___ Difficulty in relaxing in your body: _____

___ "Relaxing" creates anxiety, the feeling that you are out of control: _____

____ Heightened startle response: _____

____ Very little sense of pleasure at being touched: _____

____ Don't want to share your body with anyone else: _____

____ A high level of general anxiety: _____

____ Association of love and violence: _____

____ Distorted gender identification: _____

Assess Your Violent Family History

Using Your BodyMap

Follow the instructions for making a BodyMap on page 29, then do the following:

For all the areas that are colored red, see if you can discover the reasons for your bad feelings of touch. Do you have any violent memories associated with that body part or area? If so, write them down here.

After several months of doing the exercises in chapter 2, redraw your Body-Map. Compare the two maps.

Using Imagery to Confront the Violence

Pick the most violent incident you can remember from your childhood and write down all of the details—anything you can remember: sights, smells, sounds. Replay it. Go back to exercise 1 the Violence-Symptom Checklist, (page 222) and see if you can make any more connections between the violence and your sexuality.

Violence Genogram

Violence often runs through several generations of your family. If you know your family history, draw your family tree, and trace which of your ancestors was violent or abusive to their children.

Changing Your Belief Systems

There are lots of beliefs you may have developed which are creating sexual barriers. Please check the ones which are true, and write a disputing sentence under it:

____ Violence is normal in families.

____ The world is dangerous.

____ I can't believe a woman would actually want to be sexual with a man.

____ To be a good man, not like my father, I must be sensitive and gentle all the time.

____ It's not safe to be as dependent on a partner as my mother was on my father.

____ Women are violent and crazy.

____ It's not safe to get close to a man

Conquering Bad Dreams

If you are struggling with bad dreams, where your abuser is still torturing you even now that you are an adult:

1. Start keeping a record of any bad dreams you have in your journal. For the first two weeks, just collect data on your dreams.
2. Then, in the third week begin doing this exercise three times a week or more (at least once a day) close to bedtime:
 - Close your eyes and breathe deeply.
 - Imagine the dreaded person shrunk down to the size of a thumb.
 - Then imagine the pitiful menace, shaking their tiny fists and screaming in a teeny voice, looking so pathetic that the situation is humorous.
3. After eight weeks have passed, review the bad dreams you've recorded in your journal and see how they have changed.

