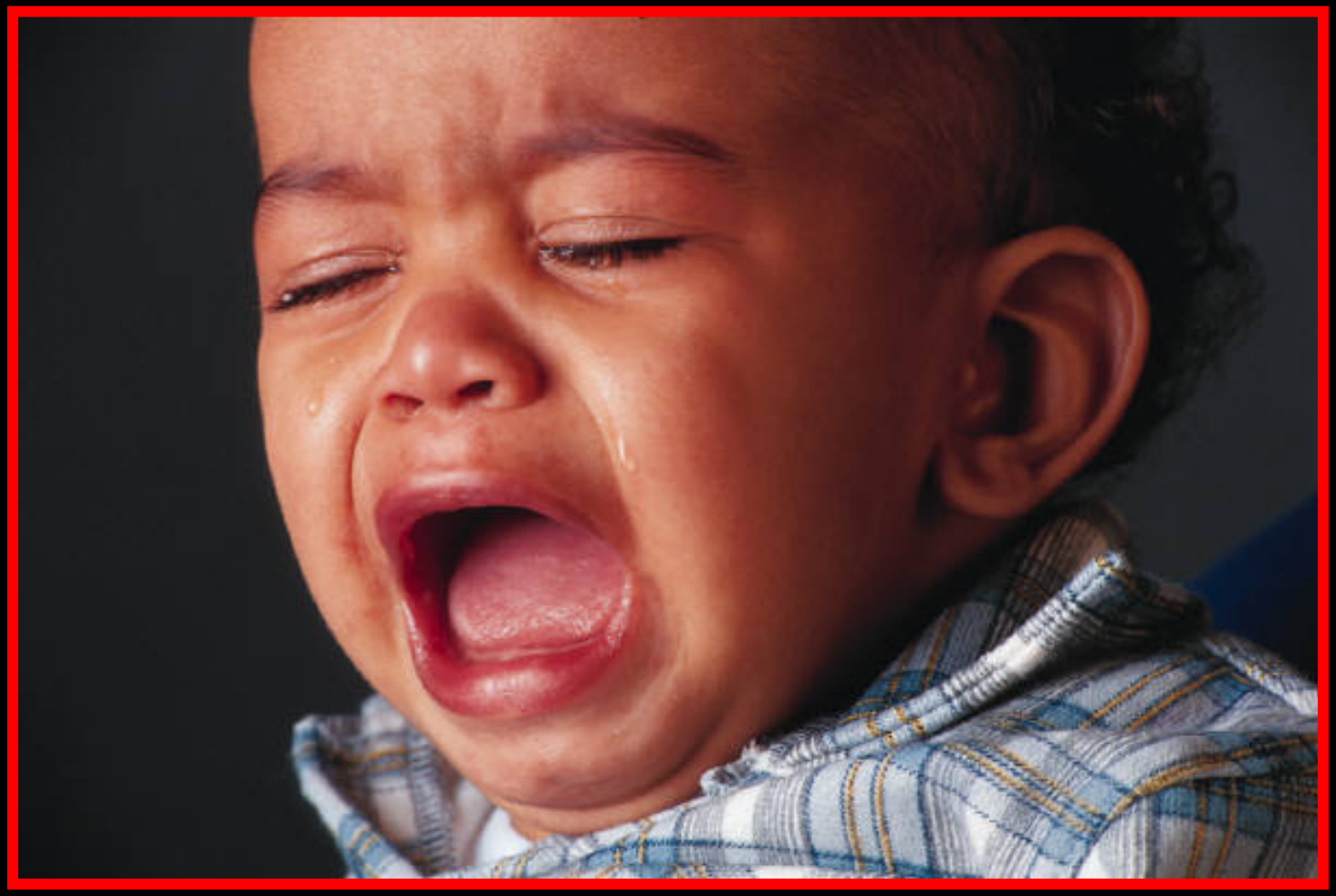
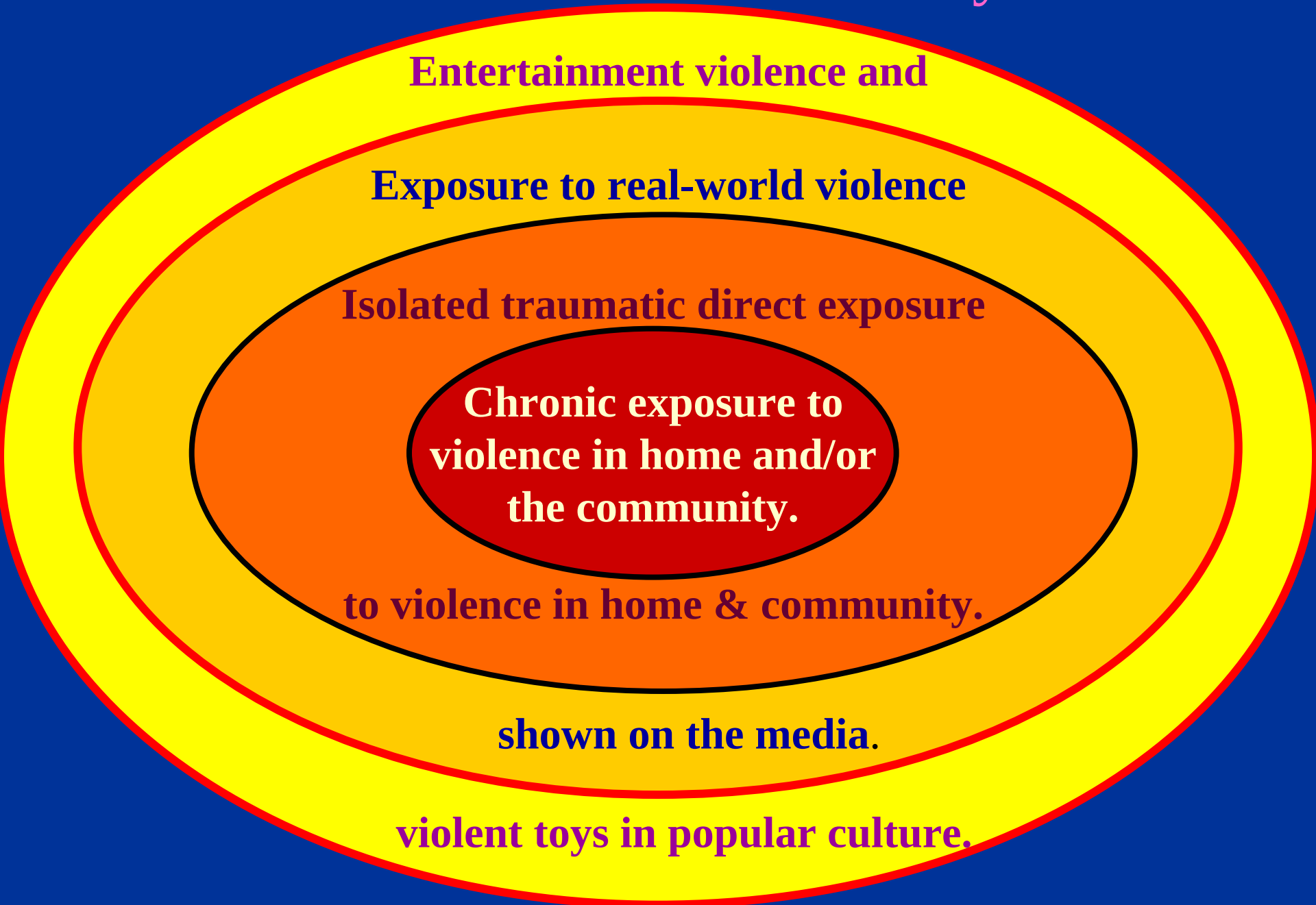
The effects on babies and toddlers of witnessing violence: - And how we might help them recover.



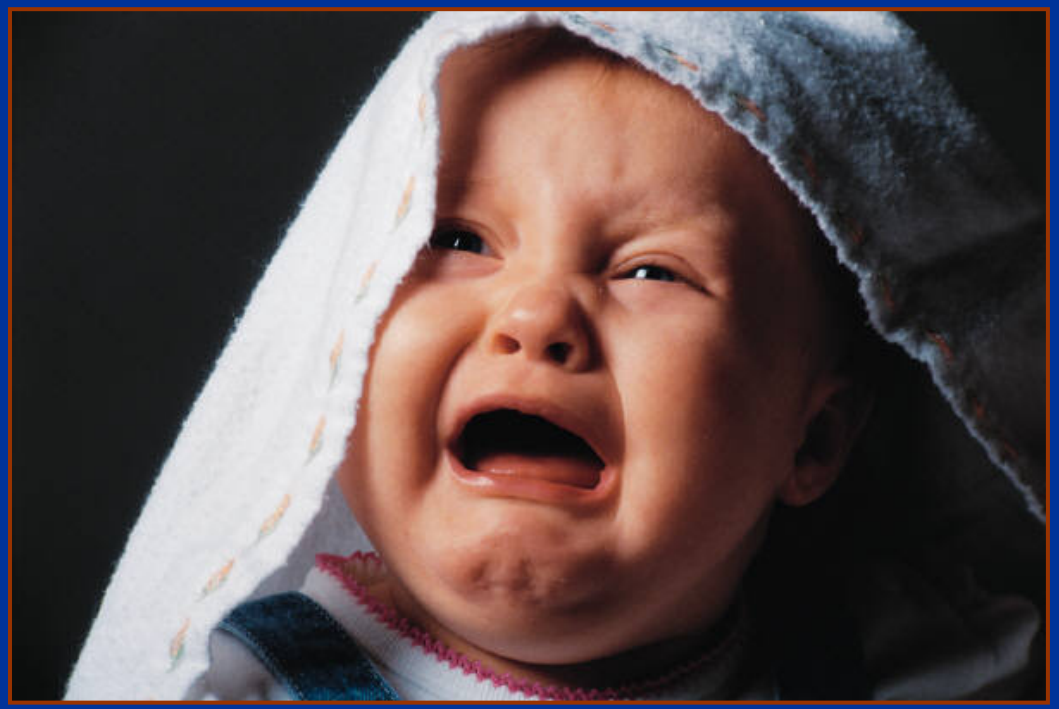
Hitting where it hurts. 27th November, 2009.

Context: children are surrounded by violence.



Is witnessing violence traumatic?

Trauma can be defined as an exceptional experience in which powerful and dangerous stimuli overwhelm the infant and young child's capacity to regulate emotions. He or she is left to struggle with a state of intense fear, helplessness, loss of control and fear of annihilation.



"The experience of overwhelming and often unanticipated danger triggers a traumatic dysregulation of neurobiological, cognitive, social and affective processes that has different behavioral manifestations depending on the child's developmental stage, but is usually expressed through problems of relating and learning in the forms of aggression, hyperarousal, emotional withdrawal, attention problems, and psychiatric disturbances…(these) may alter a child's biological makeup through long-lasting changes in brain anatomy and physiology." (p.392)

Harris, W. M., Lieberman, A. F., & Marans, S. (2007) *In the best interests of society*. Journal of Child Psychology and Psychiatry, 48, 3 / 4, 392-411.

Children's responses to trauma.

- They are rendered simultaneously over-reactive, helpless and immobilised; and this triggers a traumatic dysregulation of neurobiological, cognitive, social and emotional processes.
- There are different behavioural consequences depending on stage of development.

- This leads to problems of relating and learning in the form of aggression, hyperarousal, emotional withdrawal, attention problems and psychiatric diagnoses.
- Such problems can have an enduring effect on development and may substantially alter the child through changes in brain anatomy and physiology.

Developmental outcomes of trauma.

- Greater risk for children who have not yet attained optimal potential development.
- Knowing developmental status is crucial to understanding the experience of childhood exposure to violence and trauma.
- Children exposed to domestic violence are more prone to depressive symptoms than those not exposed. (Sternberg, et al. (1993) *Effects of domestic violence on children's behavioral problems and depression.* Developmental Psychology, 29, 44-52.)
- Early exposure increases risk for later relationship difficulties (attachment), behavior problems, school readiness, and violence.

The smaller the person - the greater the effect.

Effects of exposure to violence depends upon:

- Characteristics of the violence itself - one time only or chronic within the family.
- Developmental phase of the child.
- Proximity to the violence – was it seen or heard or did they witness the aftermath such as mother crying, mother's injuries or medical and police intervention?
- Familiarity with victim and / or perpetrator.
- Family and community support immediately available.
- Response to violence exposure by family, school, and community resources.

Immediate effects on young children.

- Sleep disturbances, e.g. Nightmares, poor sleeping habits and night waking.
- Immature or regressed behavior.
- Physical complaints, poor health.
- Emotional distress (crying, irritability, insecurity, hyperactivity).
- Loss of developmental skills (i.e., toileting, language)
- Aggressive or withdrawn behaviors.

- Emotional instability.
- Temper tantrums.
- “Frozen watchfulness”.
- Uncertainty and new fears.
- Loss of ‘basic trust’ in adults, and lack of responsiveness to adults.
- Clinging – an inability to separate from familiar caregivers.
- Loss of exploratory behaviour – i.e. less motivation to master the environment.

- Post-traumatic stress symptoms.
- Fear of being alone.
- Elevated cortisol levels.
- Agitation.
- Disorganized attachment / loss of capacity for regulating emotions.
- They become more attuned to aggressive stimuli (e.g. verbal conflict) and show a conditioned enhanced distress response. (Dejonghe, E. S. et al. (2005) *Infant exposure to domestic violence predicts heightened sensitivity to adult verbal conflict.* Infant Mental Health Journal, 26, (3), 268-281)

Risk factors: (1)

Characteristic of an infant.

- Young age.
- Lack of resilience
- Poor communication skills.
- Poor ability to cope with stress.
- Poor relationship building skills.
- Lack of role models outside the family.
- Difficult temperament / regulatory disorder.
- Needs security to meet developmental challenges.
- The severity of symptoms is higher for infants exposed to threat to a caregiver.

Risk factors: (2)
Characteristic of a family.

- Isolation (few friends / neighbors / close family).
- Substance abuse, including alcohol.
- Immigrant / minority ethnic status.
- Poverty –which amplifies and concentrates other risk factors.
- Parents not active on children's behalf.
- Parents with little education.
- Poor parenting skills.

- A history of family violence.
- Non-biological parent in household.
- Mental illness / parental depression / borderline personality disorder.
- Young, immature parents lacking support.
- Family disruption (moves, loss of job, illness, persecution, death, divorce, incarceration).
- Parents with a history of neglect / abuse in their own childhood.

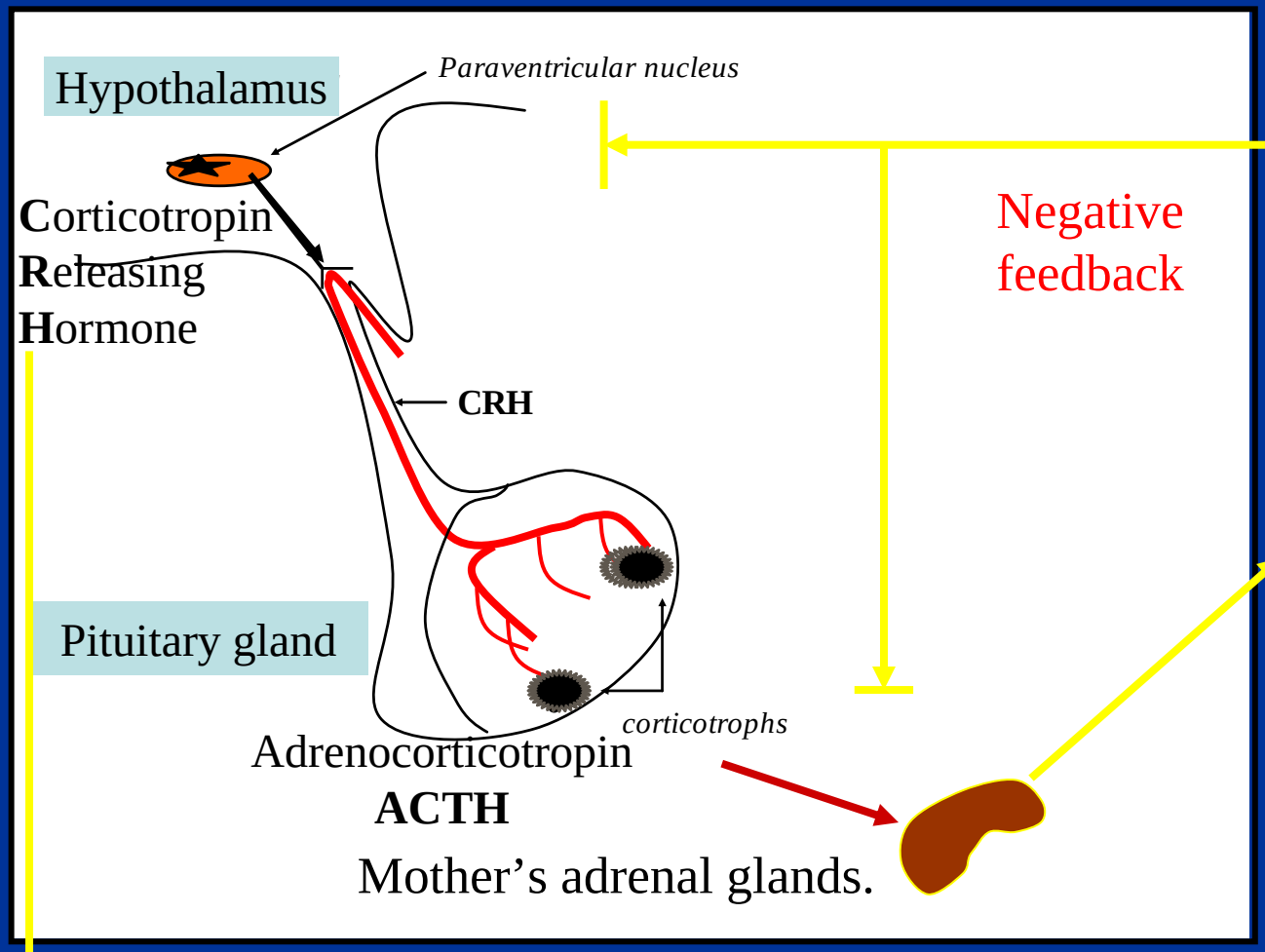
Risk factors: (3)
Characteristics of the neighbourhood.

- Studies support a link between exposure to community and domestic violence and aggression, anxiety or depressive symptoms in children aged 6 to 15 living in violent urban neighbourhoods.
- Children exposed to family violence in the preschool years showed a greater frequency of externalising (aggressive) and internalising (withdrawn & anxious) behaviour problems in comparison to children from non-violent families. This result controlled for IQ, SES, stress, child abuse and neglect. (Sroufe, L. A., Egeland, B., Carlson, E. A. & Collins, W. A. (2005) *The Development of the Person : the Minnesota Study*. The Guilford Press.

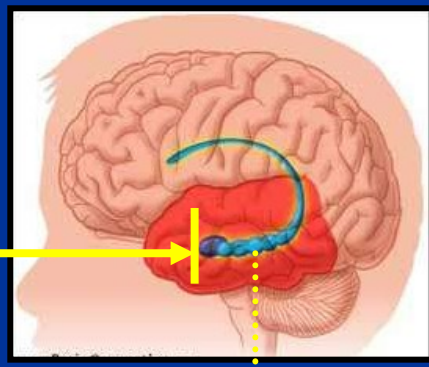
Stress in pregnancy leads to children's psychological problems.

Analysis of stress hormone levels in 10-year-old children whose mothers suffered stress during pregnancy has provided the strongest evidence yet that prenatal anxiety may affect the baby in the womb in a way that carries long-term implications for well-being. The study suggests that foetal exposure to prenatal maternal stress or anxiety affects a key part of their babies' developing nervous system; leaving them more vulnerable to psychological and perhaps medical illness in later life. (O'Connor, T. G., Ben-Shlomo, Y., Heron,J., Golding, J., Adams, D., & Glover, V. (2005) *Prenatal Anxiety Predicts Individual Differences in Cortisol in Pre-Adolescent Children.* Biological Psychiatry; 58:211-217)

Passing on stress during pregnancy.

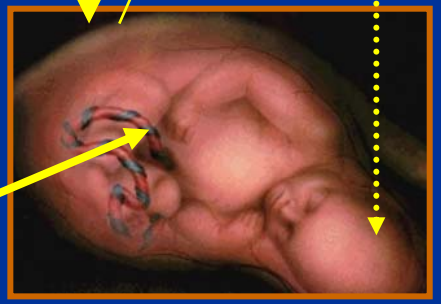


Negative feedback



Cortisol

Placenta



Cortisol

CRH → pituitary → **ACTH** → adrenal glands

Antenatal maternal stress, effects on child.

Foetal programming describes the physiological adaptations made to the characteristics of the intrauterine environment. If a mother is stressed while pregnant her child is substantially more likely to have:

- Emotional and / or cognitive problems;
- Increased risk of attention deficit/hyperactivity;
- Anxiety;
- Language delay.

(Independent of effects of postnatal depression & anxiety)

Talge, N. M. et al. (2007) *Antenatal maternal stress and long-term effects on child neurodevelopment: how and why?*J.Child Psychology & Psychiatry, 48:3/4, 245-261.

If a child or young person demonstrates some of the following problems, witnessing violence in the past could be the cause:

- Sleep troubles including fear of going to sleep, nightmares.
- Increased anger & aggressive behaviors.
- Withdrawal and lack of interest in friends or activities.
- Expressionless face.

- Headaches, stomach aches.
- Hyperactivity (a very high activity level).
- Hyper vigilance (constant worry about possible danger) or frozen watchfulness.
- Loss of skills learned earlier (such as toilet training, language ability).
- Aggressive behaviours with peers.
- Disturbing responses to witnessing a peer's distress; e.g. less likely to show concern, more likely to become distressed and threaten to assault the other child.

- Repetitive play about a violent event.
- Numbing; not showing feelings about anything.
- Worrying about the safety of loved ones.
- Lower shock threshold.
- Difficulty concentrating.
- Post-traumatic stress symptoms.
- Habituation.
- Dissociation.

Parenting after trauma.

- Mothers left with a sense of helplessness and frustration with their inability to protect their children.
- Their constant state of fearfulness means the child lacks a sense of basic trust and security.
- Symptoms of depression and overwhelming anxiety affect parenting.
- Symptoms of PTSD will seriously compromise the ability to parent, especially if the violence is ongoing.

(Appleyard, K. & Osofsky, J. D. *Parenting after trauma: parents and caregivers in the treatment of children impacted by violence.* Infant mental health Journal, 24, (2), 111-125.)

The compound effect.

When both parent and child have been traumatised the symptomatic behaviour of one may exacerbate that of the other. “Infants are *directly* affected by the traumatic event, and their symptomatology is exacerbated by the indirect effect of their caregiver’s compromised responsiveness to them, which is in part a result of the caregiver’s own posttraumatic symptomatology.”

(p 809) Scheeringa, M. S. & Zeanah, C. H. (2001)
A relational perspective on PTSD in early childhood.
Journal of Traumatic Stress, 14, (4)

Infants can have post traumatic stress disorder.

This is an extreme reaction to a life stressor such as violence and trauma. The major symptoms are:

RE-EXPERIENCING - NUMBING / AVOIDANCE - & HYPERAROUSAL. (This may later look like ADHD, which is often missed PTSD of infancy.)

If the child suffers or witnesses violence from a caregiver, then the "internal parent" becomes devastated, destroying any chance that the child will be able to use the belief and experience of their parent's love as a resource in the future.

Furthermore, this form of caregiving produces <u>disorganized attachment</u> in the child.

Disorganized attachment from both parents.

This develops when the child has been alarmed by his or her caregiver rather than by the external situation. Caregiver experienced as either:

FRIGHTENING – showing physically alarming, *hostile state of mind* and dangerous behaviour.

FRIGHTENED – demonstrating psychologically alarming behaviour and a *helpless state of mind*.

Thus the simultaneous activation of 2 incompatible responses.

FEAR and ATTACHMENT

avoidance versus approach

Also, a child may develop disorganized attachment when the parent repeatedly fails to terminate the child's previously activated attachment behavioural-motivational system, regardless of the source of fear. The parent is either unable or unavailable to successfully modulate the child's fear. This would be found in any family situation where the child is repeatedly frightened by any source of fear or threat in the absence of sufficient parental comfort. At the same time, the caregiver's capacity to soothe may be compromised by the insistent demands of a chronically scared child.

Disorganized attachment.

When a child has developed disorganised / controlling / disoriented attachment means that the individual then feels physically and psychologically unsafe, abandoned and extremely vulnerable. There has been an abdication of parenting.

At the representational level, attachment relationships are not evaluated as an effective means of care and protection, and although the individual may desperately seek relationships, fundamentally he feels left to protect himself.

When children witness the people they love assaulting each other.

- If the child is dependant upon the (s)caregiver then memories of frightening interactions with their attachment figure must be dissociated (put out of awareness) in order to preserve the only known attachment relationships.
- At the same time, the need for attachment (closeness for protection) itself must be disavowed in order to protect the self from anticipated repetitions of despair or fear associated with proximity.

Further, because of experiences of threatened protection and unresolved trauma and loss, disorganised attachment renders the individual at risk of losing behavioural and mental organisation and control when the attachment system is aroused.

Since the should-be carer is both the source of fear, or unable to offer protection, the child experiences –

fear without escape; fright without solution

The child remains fearfully aroused, and struggling with unintegrated states of mind.

Domestic violence as a correlate of child abuse.

- Domestic abuse is a strong indicator of child abuse, including child sexual abuse.
- Separate studies have found that between 30% and 60% of children on Child Protection Registers also were exposed to domestic violence.
- Children who have been exposed to domestic violence are 158% more likely to be abused themselves than those from non-violent households. The risk is 115% higher for boys & 229% higher for girls. (Mitchell, K. J. & Finkelhor, D. (2001) *Risk of crime victimisation among youth exposed to domestic violence*. Journal of Interpersonal Violence, 16, 944-964)

Frightened children become frightening adults.

- Exposure to violence in the home and community is a major risk factor for youth violence. (Thornton, T. N., Craft, C., Dahlberg, L. L., Lynch, B. S., & Baer, K. (2002) *Best practices of youth violence prevention: A sourcebook for community action.* Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.)
- Children who witness violence & have been victims of violence are more likely to become perpetrators of violence. (Shakoor, B. & Chalmers, D. (1991) *Co-victimization of African American children who witness violence…*Journal of the National Medical Association, 83, 233-238.)
- Abused and neglected children have higher rates of arrest for both adult and juvenile criminal behaviour than non-abused children.

(Windom, C. S. & Maxfield, M. G. (1996) *A prospective examination of risk for violence among abused and neglected children.* Annals of the New York Academy of Science, 794, 224-237.)

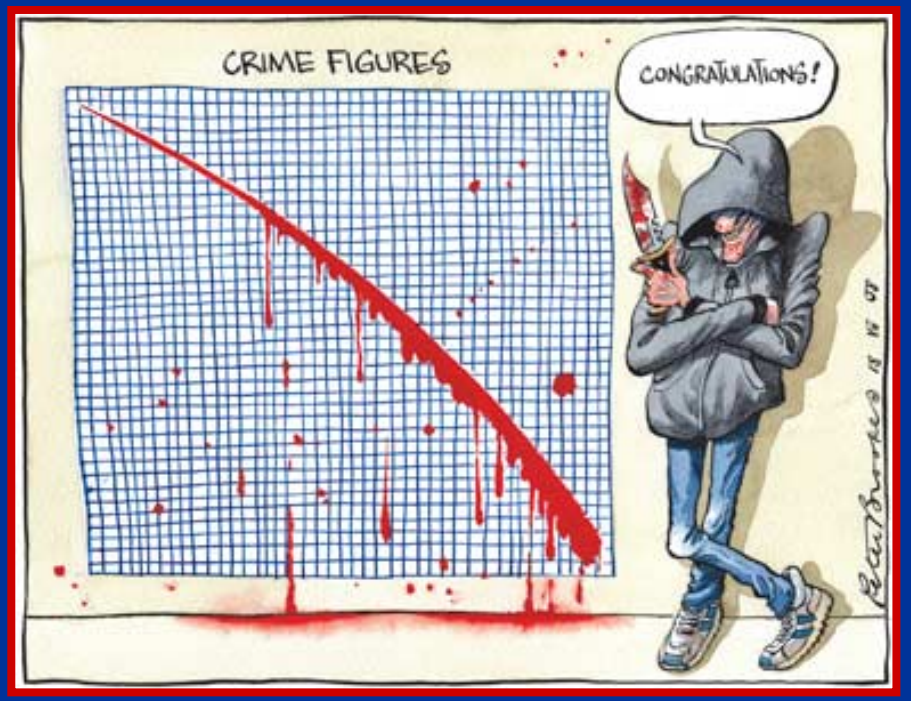
- Studies support a link between exposure to community and domestic violence and aggression, anxiety or depressive symptoms in children aged 6 to 15 living in violent urban neighbourhoods.
- Children exposed to family violence in the preschool years showed a greater frequency of externalising (aggressive) and internalising (withdrawn & anxious) behaviour problems in comparison to children from non-violent families. This result controlled for IQ, SES, stress, child abuse and neglect. (Sroufe, L. A., Egeland, B., Carlson, E. A. & Collins, W. A. (2005) *The Development of the Person : the Minnesota Study*. The Guilford Press.

- Children exposed to marital conflict and violence have problems with peer relationships. These often take the form of aggression towards peers or being bullied by them.

- “The origins of an aggressive stance towards other people can be traced to the earliest years of childhood, to experiences of helplessness and pain that instill in the child a conviction that being on the offensive is the best defence.” (Alicia Lieberman & Patricia Van Horn, (2005) *Don’t Hit My Mommy!* Zero to Three Press.)

If childhood exposure to violence carried a Government warning then perhaps more would get done!

"Interpersonal violence, especially violence experienced by children, is the largest single preventable cause of mental illness. What cigarette smoking is to the rest of medicine, early childhood violence is to psychiatry."



Sharfstein, S. (2006)
New task force will address early childhood violence. Psychiatric News, 41, 3.

In summary: witnessing violence can affect a child's future by compromising their:

- trust in adults to keep him/her safe;
- ability to use educational opportunities;
- social and emotional development;
- quality of attachment / relationships.
- ability to self-regulate emotions (e.g. anger);
- ability to be a child, play, explore, have fun
- self-esteem, self-understanding and confidence;

and, like all forms of maltreatment within the family, in the long-term…

The ubiquity of violence-related trauma - an ecological-transactional approach suggests:

- Violence-related child trauma is a phenomenon that belongs to all services.
- It is an extremely frequent cause of physical and mental illness, school failure, substance abuse, maltreatment and criminal / violent behaviour.
- The effects of trauma are supra-clinical problems that can only be addressed by going beyond individual clinical needs to enlist a wide range of coordinated services for the child and family.
- Safety is the basic requirement for recovery.

Treatment: essential goals.

- The first and most important aim of any intervention is to create a sense of safety within secure relationships for the child. – Including within the therapeutic setting.

- Parents, relatives and teachers can together restore a sense of safety and order in the world for such traumatised children; and thus diminish the risks for future psychopathology.

Pathways to recovery from traumatic exposure.

- *Responding realistically to danger.* This means helping the child regain age-appropriate perceptions of danger and means for coping with these.
- *Differentiating between remembering and reliving.*
- *Normalising the traumatic response* by explaining why this is a predictable intense (and thus frightening) reaction to an overwhelming event.
- *Placing the trauma in perspective* by ensuring it does not become an aspect of self-definition.

- Helping children understand and process the terrifying events they have witnessed or experienced reduces the risk of a maladaptive outcome. This is a matter of integrating the traumatic events psychologically and gaining a sense of mastery over them.
- Parent-child psychotherapy is an evidence-based intervention for three to five year olds traumatised by domestic abuse; in a randomised clinical trial these children 'improved significantly more than children receiving case management plus treatment as usual in the community, both in decreased total behavioural problems and decreased PTSD symptoms.' (p.1256) Lieberman, Van Horn, & Ippen. (2005) *Towards evidence-based treatment: Child-parent psychotherapy with preschoolers exposed to marital violence.* Journal of the American Academy of Child and Adolescent Psychiatry, 44, (12), 1241-1248)

The importance of parents.

- Child's reaction to trauma will be affected by those of their parent(s).
- Parents will need to deal with their own traumatisation before they are 'available' to support their children.
- Parents may need help to be able to follow their child's lead.
- They may need help to return to a regular routine and feel safe in revealing their own feelings.

Effects of trauma on non-abusive parent or other adults.

- They may not be able to hear, or respond to, distress if in constant state of high anxiety.
- Parent/adult may need to protect herself (or himself) from feelings of vulnerability and trauma; child's distress not contained.
- They may have more trouble helping child with sadness, anxiety, & aggression.
- Sensitive caregiving compromised; reflective function may already be disabled as a means of not contemplating abuser's thoughts.

General policy issues for children related to the effects of exposure to violence.

1. Violence exposure is bad for children – the UK is the only European country where it is still legal to bash your own children!
2. Raise a wider awareness about the effects of being traumatised on children.
3. Education about available strategies to help traumatised children.
4. Education on the importance of early intervention to prevent later relationship and school difficulties as well as violence.

United Nations Convention on the Rights of the Child.

(In force since 2nd September, 1990.)

Article 19.

"State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."

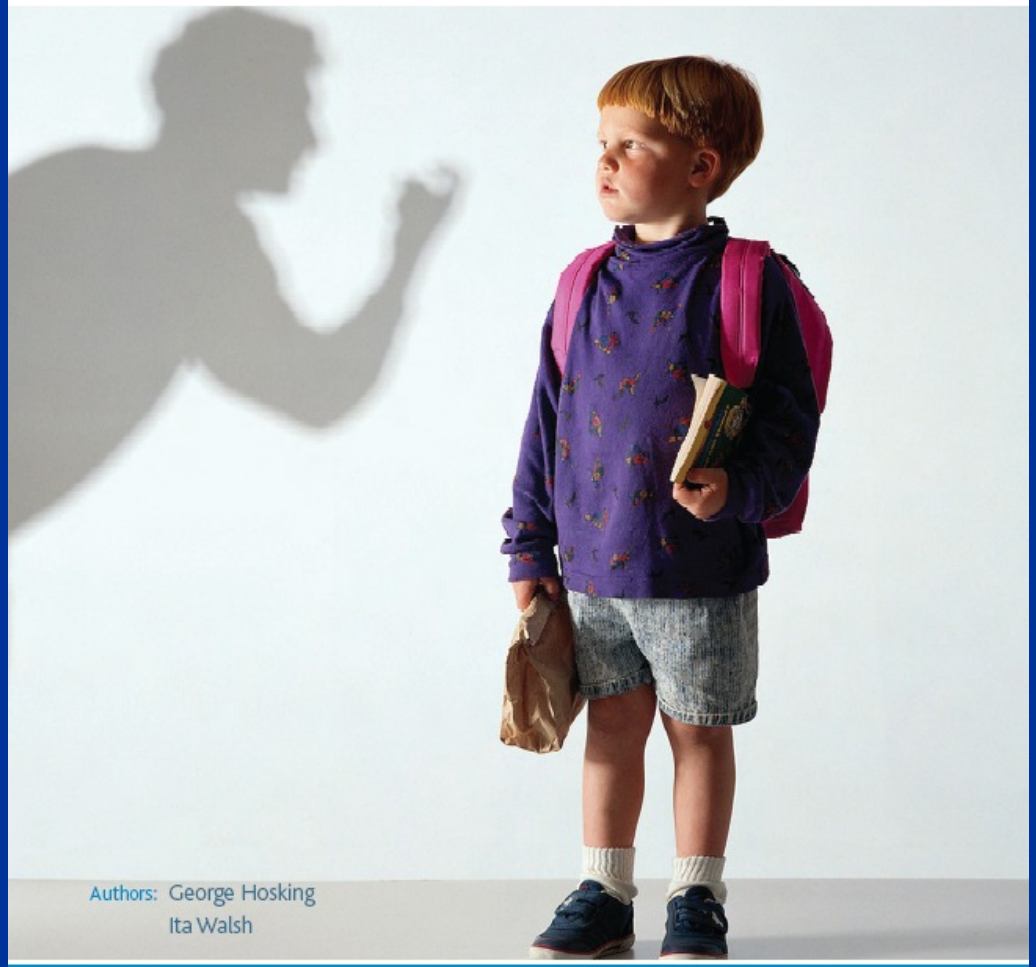
See this important report from www.wavetrust.org

wave TRUST

Tackling the roots of violence

The WAVE Report 2005

Violence and what to do about it



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Resources.

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www.futureunlimited.org & www.zerotothree.org