



Research Summary: Children Exposed to Violence

Introduction

It is common knowledge that the United States is the most violent industrialized country in the world and our children are suffering as a result. While we know that children of all ages are negatively affected by exposure to violence, the impact on young children is less well-understood and studied. In Canada, our closest neighbor, exposure to violence in the home is recognized as a form of child maltreatment (Statistics Canada, 1999). In the US there are no comparable national statistics on the number of young children who have experienced or witnessed violence.

Witnessing Violence

Witnessing violence undermines young children's basic sense of trust in the world. They may experience adults as harmful or as unable to keep them safe. The process of developing trusting relationships may be delayed for children who live in fear (Cohen & Walthall, 2003). There are clear associations between exposure to violence and emotional and behavioral problems. Repeated exposure to violence affects young children even before they can talk. Very young children who witness either domestic or community violence show increased irritability, immature behavior, developmental regression and increased fears (Osofsky & Fenichel, 1994). In addition, temper tantrums, clinging and difficulty separating from parents are common responses (Osofsky, 2004). Even very young children can exhibit symptoms of posttraumatic stress disorder (Jenkins 1996). Children as young as two can experience sleep disturbances, withdrawn or aggressive behaviors, developmental regression and disruptions in the parent-child relationship as a result of exposure to violence (Rice and Groves, 2005).

There is a small but growing body of research demonstrating that young children exposed to violence in the home are left emotionally scarred and traumatized. Additionally, exposure to domestic violence has a negative impact on neurocognitive development, leading to lower intelligence scores in young children (Koenen, Moffitt, and Caspi, et al, 2003). There is significant overlap between domestic violence and child abuse – in families where one form of violence exists, it is likely that the other does too (National Council of Juvenile and Family Court Judges, 1999). The risk of child maltreatment increases dramatically when there is adult domestic violence in the family. Multiple studies indicate a 41% median co-occurrence of child maltreatment and adult domestic violence (Appel & Holden, 1998).

Rates of exposure to community violence in urban areas are high (Cooley-Quille, Boyd, and Frantz, et al, 2001; Shahinar, Fox & Leavitt, 2000). This exposure is associated with

negative outcomes for children, including reduced behavioral and social competence (Richters & Martinez, 1993; Wilk, 2003).

Risk factors are cumulative and for children in “double jeopardy” (i.e., poor and also facing exposure to domestic or community violence), the risk of negative outcomes multiplies (Kaplan-Sanoff, Parker & Zuckerman, 1991; Knitzer, 2000). The presence of domestic violence compounds the risk for children. Children who are direct victims of assault and children who witness repeated violence are more likely to have significant negative outcomes than children who are exposed to a single instance. Overall, repeated exposure to violence is a threat to children’s physical, intellectual, and emotional development (Carnegie, 1994).

Direct Victimization: Child Maltreatment

“Neuroscientific research on early brain development says that young children warranting the greatest concern are those growing up in environments, starting before birth, that expose them to abusive and neglectful care” (Shonkoff & Phillips, 2000). Young children are extremely vulnerable to the effects of maltreatment. Its impact on their emotional, developmental, and physical health can have life-long implications if not properly addressed. These risks become particularly worrisome when coupled with the fact that infants are the fastest growing category of children entering foster care in the United States (Dicker, Gordon, & Knitzer, 2001). They comprise the largest cohort of young children in care—accounting for one in five admissions (Dicker et al., 2001). Once they have been removed from their homes and placed in foster care, infants and toddlers are more likely than older children to be abused and neglected and to stay longer in foster care (Wulczyn & Hislop, 2002).

According to one longitudinal study, being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59%, as an adult by 28%, and for committing a violent crime by 30% (Widom & Maxfield, 2001). Further, “There is overwhelming evidence that many of the adolescents and young adults who first become delinquent and later develop into criminals were exposed earlier in their lives to much violence, disorganized families, poor education, and limited opportunities” (Osofsky, 1997).

Abused and neglected children are also more likely to have mental health concerns (suicide attempts and posttraumatic stress disorder); educational problems (extremely low IQ scores and reading ability); occupational difficulties (high rates of unemployment and employment in low-level service jobs); and public health and safety issues (prostitution in males and females and alcohol problems in females) (Widom & Maxfield, 2001).

Children’s Exposure to Violence and Adult Stress

Adults who work with children exposed to violence experience significant emotional impact. They are exposed to intense stressors that can have a negative effect on their physical and emotional well-being (Rice & Groves, 2005). Feelings of stress, exhaustion and sadness are common. Physical symptoms may include headaches, stomach upset and muscle aches and pains. Exposure to the tragic stories of children can trigger the same feelings of fear and anxiety in the professional that the child is feeling (Rice & Groves, 2005). To prevent burnout and assure quality, adults who work with these children need specific support and supervisory services (Osofsky, 2004). Stress management, peer support and high-quality on-the-job supervision are critical (Rice & Groves, 2005).

The Benefits of Early Intervention

The early years present an unparalleled opportunity to effectively intervene with children who have experienced or been exposed to violence. Young children are amazingly resilient and have great capacity for recovery. Research has shown that the developing brain has a significant degree of plasticity and is largely shaped by early experiences (Shonkoff & Phillips, 2000). If we can intervene early and provide positive experiences for young children exposed to violence, we can strengthen their resilience. A number of studies have identified several key characteristics of resilient children. These include having competent parents or other positive adult relationships, social competence, and easy temperament (Werner & Smith, 1992). Protective factors also include high-quality early care and education, stable caregivers and a nurturing, stimulating environment (Cohen & Knitzer, 2004).

A caring, responsive relationship can bolster a young child's resilience and help him withstand and recover from traumatic experiences. Early childhood providers can play an important role in helping to prevent or ameliorate harm to young children exposed to violence (Cohen & Knitzer, 2004). Another essential component to helping young children is identifying and treating trauma in their parents. A primary goal of this type of intervention is to strengthen the parent-child relationship which may have been threatened by witnessing or experiencing violence.

To help heal young children exposed to violence, interventions should focus on building resilience, strengthening relationships, creating safe environments, helping children cope with loss, and managing challenging behaviors (Rice & Groves, 2005). In order to break the intergenerational transmission of violence, we need a two-generational approach directed at adults affected by substance abuse, domestic violence or mental illness and their young children (Knitzer, 2000).

Recommendations

For children:

- Build resilience
- Strengthen relationships
- Create safe environments
- Help children cope with loss.

For communities:

- Strengthen substance abuse, mental health and domestic violence services.
- Integrate early childhood mental health services into primary health care and early care and education settings.
- Use judicial leadership to leverage systems change.

For additional information

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