

E_IT_I Newsletter

Early Intervention Training Institute
Rose F. Kennedy Center ■ University Affiliated Program

Winter 1995 - 1996

YOUNG CHILDREN'S EXPOSURE TO COMMUNITY VIOLENCE

Many young children and their families live in communities characterized by pervasive violence. There is growing evidence that witnessing violence can affect child development, even when the child is not a direct victim. The following review summarizes some of the literature on witnessing violence, with emphasis on issues for young children.

Prevalence of Exposure to Violence

Recent studies have documented the extent to which young children are exposed to community violence. In a Chicago public housing project, all ten mothers interviewed by Dubrow and Garbarino¹ reported that their young children had contact with a shooting before age five. Mothers of children one to five years of age receiving pediatric primary care at Boston City Hospital reported that 10% of the children had witnessed a stabbing or shooting and that 47% had heard a gunshot. Eighty percent of the mothers whose children had witnessed violence said they limited their children's movements in the neighborhood; 67% reported that they did not feel safe.² Richters and Martinez³ questioned children living in a "moderately violent" area of Washington, D.C., and learned that 45% of the first and second graders had witnessed muggings, 47% had witnessed shootings, and 37% had witnessed stabbings. It has been estimated that 10 to 20% of homicides in Los Angeles have been witnessed by children.⁴

Multiple Risks for Young Children

Young children living in violent communities are at risk for poor developmental outcomes, not only because of the violence itself, but because of the many other stressors and adversities which are apt to characterize those communities. Risk factors include poverty, poor nutrition, overcrowding, substance abuse, lack of adequate medical care, unemployment, low socioeconomic status, and low maternal education. 5-8 Garmezy and Masten⁸ have noted that these "chronic adversities" negatively affect caregiving and socialization processes. Family factors which create risk for young children include instability and conflict, maternal depression or mental illness, and poor mothering.^{6, 8} All of these factors can combine and interact to increase stress for families and risk of poor outcomes for children. Developmental disabilities are another source of stress for families and risk of poor outcomes for children. Young children with developmental disabilities who live in violent communities may experience the double jeopardy of biological and psychosocial risk factors. Their difficulties are compounded if parents themselves have cognitive limitations or other developmental problems.

In thinking about exposure to community violence as a risk factor for young children, it is important to remember that the violence is apt to be ongoing, and the danger chronic. A young child has to do more than adjust to a single traumatic incident, with life returning to normal afterward. Adaptation to chronic danger requires fundamental alterations in personality, behavior, and interpretation of life events. For many young children, community violence is not something experienced from a distance. Stabbings and shootings occur in the children's homes and in nearby streets. Both perpetrators and victims may be friends and neighbors. ¹⁰

Effects of Community Violence on Parenting

All young children are highly dependent on their parents (defined broadly to include other primary caregivers) for nurturance and protection. Children living in violent communities may have even greater need of protection than those living in less dangerous environments. Because parents are themselves negatively affected by exposure to violence, however, they may be unable to provide adequate support for their children.

Parents living in violent communities are apt to experience multiple stresses, due not only to the effects of violence, but to poverty and other factors discussed previously. Parents may fear for their own safety and worry about their children's safety. Cicchetti and Lynch¹¹ have pointed out that community violence can potentiate family violence through both specific stresses and a general climate of violence. Parents may feel helpless and frustrated about their inability to protect their children from both community and domestic violence. They may be overwhelmed by their own grief for family members and friends who are victims of violence, or by the stress of caring for others facing grief and loss. ¹² Parents may experience fatigue, hopelessness, or depression. They may not be emotionally available to care for their children during the years when initial attachment is crucially important to development. Osofsky and Jackson¹² have observed that when caregivers look sad and angry, or talk less frequently and intensely, infants withdraw or respond slowly. In their efforts to keep children safe, parents living in violent communities may develop parenting styles that are overprotective, 12 emphasize self-control, 5 or discourage exploration. 4 Parents may use restrictive or punitive methods of discipline, designed to keep children safe, but risking development of aggressive behavior as a reaction.9

Social isolation is a frequent outcome of living in a violent community. Because the environment is dangerous, it is difficult to visit friends or relatives and often impossible to allow supervised outdoor play at a park or other public area. For the parent, this means that there is less opportunity for informal contact with other parents. The parent is deprived of an important source of information about parenting, as well as social support.

Parents and other caregivers may fail to respond to young children's symptoms of distress. Sometimes the symptoms are not recognized. Sometimes symptoms are recognized but not linked to the child's exposure to violence. (Parents are apt to believe that symptoms of distress occur only when the child is a direct victim of violence.) Sometimes an adult will be distressed by the child's feelings of helplessness or fear, and will not allow expression of those feelings. ¹⁰

Effects of Community Violence on Children

Young children living in violent communities can be affected directly through their own experiences, and indirectly through reactions of their parents and caregivers. A climate of violence can exacerbate the stresses associated with chronic adversity, reduce quality of caregiving, and increase the risk of domestic violence or child maltreatment. 11

If an episode of community violence occurs in close proximity to a child, or involves people the child knows, the child may experience the episode as an acute trauma. Even when the child is not a direct victim, exposure to domestic or community violence can result in symptoms of post traumatic stress disorder (PTSD). Some symptoms, such as gaze aversion as an avoidance mechanism or an exaggerated startle response associated with increased arousal, are apparent even in early infancy. 13 A new diagnostic formulation of PTSD for infants and toddlers has been developed by the National Center for Clinical Infant Programs. 14 Symptoms include re-experiencing a trauma through play, nightmares, or repeated questions; numbing suggested by withdrawal, restricted affect, or loss of developmental skills; and sleep problems, fears, or aggressive behaviors associated with increased arousal.

Children living in violent communities must deal with death, loss, and grief reactions more frequently and at an earlier age that other children. Both perpetrators and victims of violence may be people whom children know well. Reactions can range from sadness to apparent toughness and disinterest. Sometimes a child may become aggressive, either through identification with an aggressive adult or through repeated experiences of anger. These kinds of reactions may negatively influence emotional development and related processes of emotional differentiation and affective self-regulation.

Exposure to community violence can involve chronic stress as well as episodes of acute trauma. A sense of danger is often present as an ongoing stressor. Some families make adaptations in daily routines to keep children safe. Parents have reported putting young children to sleep in a bathtub or under the bed to protect them from random bullets.⁴ Parents may require their children to turn out lights before looking out the window, and to lie on the floor, keep their heads below the window sill, or keep draperies closed while watching television. 1,15,16 Young children may be trained to dive or run when they hear gunfire. 15 Children may worry about their own safety and the safety of family members. They may gradually learn that their parents or caregivers cannot protect them or keep them safe. This in turn interferes with the attachment process and its protective functions.^{5, 17}

Children living in violent communities may have reduced opportunities for exploratory and social play. They may not be able to walk about the neighborhood with their families or play safely in a park. They may not be allowed to look out the windows of their houses. Restriction in movement can result in isolation and related stress for caregiving adults. It may affect

children's cognitive development through reduced opportunities for stimulation and exploration. Most young children love to explore, satisfy their curiosity about the world, and gradually acquire a sense of autonomy and self-efficacy through mastery experiences and self-directed exploration. Children exposed to community violence may lack full access to these avenues of development. Reduced opportunities for peer contact may mean that young children will have less chance to develop and practice social skills such as sharing, negotiation, and conflict resolution. This, too, can affect self-efficacy as well as social development.

Consequences of exposure to community violence may be particularly serious for young children with developmental disabilities. Their caregivers may experience increased stress related to the disability, which may in turn reduce their ability to nurture, protect, and form positive attachments serving as buffers to the effects of violence. Children with developmental problems may lack resources for coping with adverse or traumatic experiences. Play skills may be too limited for therapeutic re-enactments of traumatic events. Verbal skills may be too limited to mediate anxiety through asking questions or discussing experiences.

Intervention

Exposure to community violence is a part of daily life for many young children. It is easy for adults to feel overwhelmed by the magnitude of the problem, and powerless to help. What can parents, neighbors, clergy, preschool staff, and service providers do to mitigate against negative effects of exposure to violence?

Support for the child

- **1.** Strengthen the child's sense of self-efficacy. Provide plenty of success experiences at home and at preschool. Helping out with little jobs ("required helpfulness")⁵ gives a sense of mastery to the young child.
- **2.** Encourage the child to ask questions, describe experiences, and discuss fears and feelings.

Preschoolers who are able to use language can be helped to find words to convey their concerns. A child asking the same questions repeatedly is apt to be trying to gain a sense of mastery and control. Be willing to listen and respond each time.

3. Recognize the importance of play and repetition of play themes.

Young children may re-enact traumatic experiences through play. Play helps children master their fears, view the world from a more secure place, learn to channel aggression, and create new endings for adverse experiences. ¹⁷ A child playing out the same theme repeatedly may be trying to gain a sense of mastery and control.

4. Help the child acquire strategies for managing conflict.

Learning to share toys or negotiate a choice of play activities are early steps toward nonviolent resolution of conflict. Adults can model socially acceptable resolution of their own disagreements and conflicts.

Support for the family

1. Strengthen attachment through early support for parent-child interaction.

Help parents understand and respond positively to young children's behavior.

2. Help families recognize and respond to young children's symptoms of anxiety.

Because preschoolers often do not have the verbal skill to be able to express their concerns, it is especially important to recognize behaviors which may sometimes be caused by anxiety. Symptoms may include irritability, poor concentration, a high activity level, noncompliance, and bedwetting or other loss of previously acquired devleopmental skills. If symptoms are severe and persistent outside help may be indicated.

3. Strengthen informal support networks. Contacts with extended family, friends, neighbors, clergy, teachers, and day care providers can break through the parent's sense of isolation. Both in-person and telephone contacts can be helpful.

By Susan Vig, Ph.D.

REFERENCES

- 1. Dubrow, N.F. & Garbarino, J. (1989), Living in the war zone: Mothers and young children in public housing development. Journal of Child Welfare, 68, 3-20.
- 2. Taylor, L., Zuckerman, B., Harik, V., & Groves, B. (1994). Witnessing violence by young children and their mothers. Journal of Developmental and Behavioral Pediatrics, 15, 120-123.
- 3. Richters, J.E. & Martinez, P. (1993). The NIMH community violence project: I. Children as victims of and witnesses to violence. *Psychiatry*, 56, 7-21.
- 4. Groves, B., Zuckerman, B., Marans, S., & Cohen, D. (1993). **Silent victims: Children who witness violence.** *Journal of the American Medical Association*, 269, 262-264.
- 5. Masten, A.S., Best, K.M., and Garmezy, N. (1991). **Resilience and development: Contributions from the study of children who overcome adversity.** Development and Psychopathology, 2, 425-444.
- 6. Garmezy, N. (1993). Children in poverty: resilience despite risk. *Psychiatry*, 56, 127-136.
- 7. Bradley, R.H., Whiteside, L., Mundfrom, D.J., Casey, P.H., Kelleher, K.J., & Pope, S.K. (1994). Early indications of resilience and their relation to experiences in the home

- environment of low birthweight, premature children living in poverty. Child Development, 65, 346-360.
- 8. Garmezy, N. & Masten, A.S. (1994). **Chronic adversities.** In M. Rutter, E. Taylor, & L. Hersov, (Eds.), *Child and Adolescent Psychiatry* (4th ed., pp. 191-208). Oxford, England: Blackwell Scientific Publications.
- 9. Garbarino, J. (1993). Children's response to community violence: What do we know? Infant Mental Health Journal, 14, 103-115.
- 10. Marans, S. (1994), **Community violence and child development: Collaborative intervention.** In C. Chiland and J.G. Young (Eds.), *Children and Violence* (pp. 109-124). Northvale, NJ: Jason Aronson, Inc.
- 11. Cicchetti, D. & Lynch, M. (1993). Toward an ecological/transactional model of community violence and child maltreatment: Consequences for children's development. *Psychiatry*, 56, 96-118.
- 12. Osofsky, J.D. & Jackson, B.R. (1994). **Parenting in violent environments.** In J.D. Osofsky & B. R. Jackson (Eds.), *Caring for Infants and Toddlers in Violent Environments: Hurt, Healing and Hope* (pp. 8-12). Arlington, VA: Zero to Three/National Center for Clinical Infant Programs.
- 13. Zeanah, C.H. (1994). The assessment and treatment of infants and toddlers exposed to violence. In J.D. Osofsky & E. Fenichel (Eds.), Caring for Infants and Toddlers in Violent Environments: Hurt, Healing and Hope (pp. 29-37). Arlington, VA: Zero to Three/National Center for Clinical Infant Programs.
- 14. **Diagnostic Classifications: 0-3.** (1994). Arlington, VA: Zero to Three/National Center for Clinical Infant Programs, 19-21.
- 15. Osofsky, J.D., Wewers, S., Mann, D.M., & Frick, A.C. (1993). Chronic community violence: What is happening to our children? *Psychiatry*, 56, 36-45.
- 16. Osofsky, J.D. (1995). The effects of exposure to violence on young children. American Psychologist, 50, 782-788.
- 17. **Community violence: The effect on chid development** (1995). In D.M. Peterson (Ed.), *Risky Situations: Vulnerable Children* (pp. 49-53). Minneapolis, MN: Pacer Center.

Edited by S. Vig Copyright © 1996