Young Children and Interpersonal Violence: Experiences, Consequences, and Recommendations for Intervention

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- **Young Children's Exposure to Community Violence: Lessons from Research and Clinical Practice**
  Betsy McAllister-Groves

- **Exposure to Violence: A Fuller Picture of Risk to Children and Intervention Approaches**
  Sandra T. Azar

- **The Effects of Violence Exposure on Children's Development: The Interface Among Child Maltreatment Exposure to Violence, and Children's Outcomes**
  Jody Todd Manly

Manly: Child abuse is the most direct victimization by violence, but children who have been maltreated are also very likely to have experienced exposure to domestic violence and/or community violence. Children living in violent neighborhoods are at heightened risk for maltreatment and domestic violence exposure.

Extensive research has documented that children who have been maltreated are at heightened risk for developmental disturbances in psychopathology that can occur in multiple domains. In determining what helps children be resilient in the face of adversity, it's possible to target prevention and intervention approaches that can help increase those resilient adaptive strategies.

Exposure to violence doesn't condemn children to dysfunction. If children don't master stage salient developmental issues, they are not doomed to failure, but to the extent that they're successful at each developmental task, that sets the stage for more chance of positive mastery of the subsequent developmental stages. As children do not exist in isolation, it is necessary to look at what the risk and protective factors are at each level of the ecology to understand what is going on for the child.

Children who have been maltreated may be hyper vigilant in their environment. They may pay more attention to aggressive stimuli, including in settings where the stimuli are relatively neutral. In terms of attachment relationships, maltreated children have been shown to have more insecure attachment relationships. Insecure attachment relationships may be more related to some negative developmental outcomes for children as they get older.

Maltreated children also have more difficulty with autonomy and self-development, including lower self-esteem. They may have more difficulty both with overall language development, in particular, with internal state language.

Two of the patterns that are found for children exposed to violence are increased aggression, as well as increased withdrawal, which could make it more difficult for them to form positive relationship with their peers. There have been increases found both in externalizing behavior, as well as internalizing behavior, for children exposed to violence.

General patterns are relatively negative in terms of risks associated with child maltreatment and exposure to violence. In general, the more risk factors that kids are exposed to, the more at risk they are for negative developmental outcomes.

In examining violence exposure, not all children exposed to violence will look a certain way, but to understand how the mediators and moderators may result in different outcomes for kids. The risk factors themselves may have direct consequences in terms of children's adaptation.

A study looked at children starting at age 4 followed them into kindergarten and 1st grade. While the focus was originally on neglect, interviews showed that the mothers of the 4 year olds reported much higher levels of exposure to domestic violence and community violence. Neglect and violence aren't usually thought of together, but there was a high proportion of violence exposure in the neglect groups in the sample.

There were 168 children and low income families who were in the sample. At 4 years old, the children who were in the neglect sample already had more negative cognitive performance by age 4. Kindergarten teachers rated the neglected groups higher on school conflict and lower on academic mastery and challenge. However, their academic mastery and challenge was fully mediated by their cognitive performance. That they were already behind at age 4 set the stage for them to have more difficulty engaging in the classroom, getting excited about learning and mastery, which then places them at greater risk as they go on in school.

Children who were exposed to domestic violence had much higher ratings of school conflict, than for the neglect groups. If they had a violence exposure, they also were rated high on school conflict.

Basic research that is still being analyzed to get more detailed information about many factors, including their security of attachment relationships with their parents at age 4, and how that translates into their relationships with their teachers, and other processes linking maltreatment and later adaptation,

The first intervention was a psycho educational home visitation program where parents were taught parenting skills, and the children participated in a therapeutic preschool program. That was contrasted with a child/parent psychotherapy approach where it was derived from attachment theory. A year later, the children who showed the most striking improvement in the children's perceptions of themselves also showed improvement in their perceptions of their relationships with their mothers. If you looked, instead, at cognitive and pre-academic the psycho educational home visitation program, showed the greatest improvement.

Children still living with their biological mother at the end of the intervention showed the most stability in the family functioning compared with the community-standard group that had higher rates of placement in foster care and placement with relatives. Our non-maltreated comparisons had no placements outside of the home.

Problems that families are facing who have experienced maltreatment or violence exposure are very complex problems that necessitate complex solutions. Supports need to be available and accessible to children and families in their natural context where the families are going to be able most likely to access them. Research needs to disentangle the differential effects of domestic violence and maltreatment and exposure to community violence, and to continue to try and better understand all of the processes that can either set children on a path for mal-adaptation to help them to be resilient in the face of these challenges.

Azar: The impact that violence has on a child depends on the characteristics of violence and the directness of exposure. The relationship of who the perpetrator is may make a difference. For those watching violence, who the victim is, whether it's an intimate versus non-intimate, may make a difference in terms of one's experience of violence. Multiple versions of what has happened to the child can occur. The child's self report may be the best in longitudinal data in predicting outcomes.

Co-occurrence is very high. In some reviews of the literature, anywhere from 40%, 47%, to 54%, of domestic violence families also have a history of child abuse. In one study, the battered women were also engaging in behavior that could be considered violent toward the child.

Researchers collapsed 13 studies looking at Child Behavior Checklist data from maternal reports, and found that exposure to each form had negative outcomes compared to no violence exposure. But when added together this resulted in greater risk in the child. In this mega analysis, more children had scores in the non-clinical range than the clinical range, again, suggesting resiliency.

There were different results depending on different reporters with different moderator effects. Poverty itself has been linked to forms of violence in intensity and experience of violence.

Moderators' influence can be very complex. A community violence study done by Rosario found that peer social support and gender interacted in different ways. Peer support buffered the effects of witnessing community violence on delinquent behaviors for boys, but it amplified the negative effects of victimization on the delinquency for boys and girls, even when you controlled how delinquent the peers of their social support network.

In terms of potential moderators, there are few studies on the effect of foster care. Strikingly, maltreated kids are not getting a lot of mental health services, even when they're in the custody of Child Protective Services.

There are confounds on who gets mental health services. Certain expectations result in the referral of some children and not other children. Sexually abused and non-minority children

who are very young are likely to be referred for service provision and mental health services. Minority children don't get referred as much for services. Head Start may help remedy that.

There are parent/child and family-based moderators. Twenty-five percent of TANF moms have IQs below 79, and about 30% of them have learning disabilities. For parents with low IQ, 33 to 40% of parents involved in child protective services are in the borderline of mentally retarded range. Cognitive limitations in of themselves are associated with negative child outcomes. Parents with cognitive limitations are more unrealistic in their expectations about children. They have more negative intent attributions to child behavior. They think the child is doing it on purpose, and they are also poor problem-solvers. Adding social cognitive enhancements to prevention have shown impact on child risk, child abuse and neglect.

Although it is not clear whether it is across development or in particular periods, heightened levels of violence lead to more aggression. For girls in particular, there is heightened level of adolescent to parent violence in adolescents who have a history of abuse. It is not clear whether that's a general conduct problem, or if it's specific.

They found some data that indicates the more violence a person is exposed to in terms of community violence the more aggressive he or she is. But when they looked at extremes for internalized problems, things like fear, arousal, etc., there is a curvilinear relationship: As predicted, there was a coping response or a habituation. They argued this might drive some of the high aggression, because the children are no longer experiencing fear in the midst of this exposure.

In a study of maltreated children, these children repeat grades at the same periods that other children repeat grades, but the risk is higher. In 1st grade or kindergarten, they show higher grade retentions; that might be a place where Head Start could have an impact.

Using a control sample of about 340 kids who are now adolescents, late abuse seemed to predict general violence better, whereas early abuse seemed to predict relational violence, dating violence more. There again is specificity to particular contexts.

There might also be partnering between Child Protective Services and domestic violence shelters with special programming needed specifically for risk groups. There is a small, but empirically validated literature, with methods to work on issues such as neglect with low IQ parents, and teach parenting skills. It requires some rehab capacities for the staff, which may or may not be present in current configurations of Head Start.

There is cumulative risk in these families and we may or may not be able to identify the exact pathway, but to address as many of the moderators we might have a potential to influence children's outcomes, ultimately.

McAlister-Groves: The Child Witness to Violence Project began in Boston in 1992. Parents reported that they couldn't let their children go out to play, and their children heard gunshots as they were going to sleep at night, There was concerned about what this did, what this

meant to early childhood development, the trajectory of development. The program began targeting the group of children who were bystanders to violence.

The attempt was made to sort out the children who were witnesses to violence, from the children who were direct victims of violence. The hope was to reach that group of children who were bystanders, and provide developmentally appropriate trauma focused counseling to those children.

One of the many lessons learned is that these are somewhat arbitrary distinctions. Children who are exposed to domestic violence have a high risk of becoming direct victims of child abuse, and children who live in neighborhoods where there is chronic community violence also show higher incidents of child abuse. The client population has both direct exposure and victimization history.

In terms of patient population, 80% of the referrals are now for children who have been exposed to domestic violence. Domestic violence has come to be seen as a central threat to the emotional development of children. Children who are exposed to domestic violence have more intense and longer-lasting symptoms than those exposed to community violence. With cases of domestic violence, the child can turn to neither parent. One parent is the terrified victim, the other parent is the perpetrator, and the child has no emotional refuge.

Young children particularly need parents to be there for emotional buffering, as well as physical protection. In cases of domestic violence, parents sometimes don't have the capacity to provide that kind of buffering. Of particular concern are the large numbers of children who live with chronic domestic violence

There is significant discrepancy between the number of boys referred and the number of girls. This is due in part to the way that infant and toddler boys express symptoms, but also because mothers frequently are concerned that their male child will turn out like his father. There is the kind of negative attribution about what would be consider normal toddler displays of aggression. The concern was that girls, who may not suffer so obviously, are not being referred.

The program is voluntary, with the most frequently reported symptoms found in charts reflecting those that would lead a parent to bring their children to see us, including temper tantrums, aggression, nightmares and children reenacting aspects of what they had witnessed.

From the Child Witness to Violence Project, there are three broad lessons. The first is that being a bystander to violence may be as traumatic as being a direct victim. The second is that there is essentially no age at which a child is immune from the effects of exposure to violence. For young children, the worst fear or fantasies sometimes become blurred with the reality. Children's subjective appraisals of what is dangerous can affect a child more than the actual object of experience. In very young children a child's subjective appraisal of threat to caregiver was a stronger predictor of PTSD symptoms rather than actual abuse.

Once children have been exposed to a traumatic event, their sense of the world as a safe place has changed. At some basic level they feel that no place is safe. There is this constant sense of doom and fear that children live with, which translates into behavior and to all kinds of problematic behavior in school settings.

With domestic violence, children learn that adults cannot protect themselves. This sense of basic trust in the capacity of adults to keep children safe is eroded. Many children take on the responsibility of protecting the victim or trying to make some order out of chaos. They have ambivalent feelings, both toward the abuser and the victim.

While talking about the impact of trauma on children, it must also be acknowledged that there is extensive impact of trauma on the caregiver. Particularly with domestic violence, many of the non-offending parents are primarily women and have extensive histories of trauma themselves. For the past five years, as part of the National Child Traumatic Stress Network, a clinical intervention of child/parent psychotherapy has been used in this program. It looks at resilience, strengths, and protective factors. In the assessment, children, families, and communities are examined. The intervention hopefully builds on the strengths and protective factors of children and families. The program focuses particularly on early childcare providers, pediatricians and police officers. A booklet called *Hope and Healing, a Caregiver's Guide to Helping Young Children Effected by Trauma* was published by Zero to Three Press last fall. The book is something that was accessible by childcare professionals, both in terms of price and language and that contained practical interventions from a classroom perspective to help kids affected by violence. There are also strategies about helping children cope with traumatic loss. Any intervention that looks at children exposed to violence and helping children exposed to violence also has to look at the impact of this work on professionals.

Harden: Session participants reviewed the interplay of different factors contributing to risk. They discussed how Head Start can provide a safe haven with nurturing relationships, predictability and developmental experiences that normalize their day and how its focus on family and community development to may help those struggling with some of these violent experiences. They also addressed the importance of a highly skilled staff. Todd Manly addresses how with the younger groups, both the attachment focused intervention and the psychological intervention show dramatic improvements in security of attachment relationships for children by the age of 2. Examining those developmental processes allow a wide variety of effective intervention approaches that help support the families. By the time the children are in the preschool, in order to show an impact on the relationship pieces you may need to specifically focus on those relationship pieces.

Convincing policymakers of the importance of those relationship features when the focus is more on testing and cognitive development is a challenge. Children need to be able to function well in a cognitive pre-academic domain, but they also need to be able to do well in interactions and in the social domain as well.

The Social and Emotional Foundation of Early Learning (SEFL) is national grant that is designed to provide training and technical assistance, information to Head Start programs

across the country around children's behavior problems. There also was a Pathways to Infant Mental Health project where they funded 22 programs to receive mental health consultations.

The Head Start Program Performance Standards focuses on the whole child. Every program is supposed to have a mental health consultant. Programs differ on how they do this. Some people have a full-time person on staff, other people might refer out all the time, but every program does something along those lines. It's important to have major initiatives that have come from the Federal Government.