



Witness to Violence

Physical Harm Isn't The Only Threat To Children Exposed To Violence

Witnessing violence can affect children – even infants – in profound ways.

Children who witness violence offer exhibit symptoms of post-traumatic stress disorder, such as withdrawal, anxiety, or nightmares. Once witnessed, the fear of violence can interfere with a child's cognitive, social, and emotional development.

In some violence-prone neighborhoods, some mothers report putting their children to bed in bathtubs because they fear stray bullets and they say the fear of getting caught in a crossfire leads their children to avoid playgrounds.

Unfortunately, exposure to violence and the problems that follow are not limited to a few. In Los Angeles, it is estimated that children witness one of every five murders. At Boston City Hospital, 10% of the children who visited its pediatric clinic in 1991 had witnessed a stabbing or a shooting by the age of six.

Children who witness violence need help overcoming its traumatic effects. Strong, resilient families can offer a great deal of support. Steps can be taken to ease symptoms of post-traumatic stress. And a few community-based responses have shown promise.

Children respond to violence in

In New Haven, Connecticut, a school bus was struck by bullets fired by warring drug dealers. A 5-year-old girl was seated near a boy who was wounded. She told therapists she thought the bullet was meant for her as punishment for teasing the boy before the shooting.

very individual ways. Their responses are influenced by gender, age, how well they comprehend danger, their developmental status, how well they functioned before they were exposed to violence, and the support they receive afterward.

Effect On Children

Symptoms of post-traumatic stress are often seen among children who have witnessed violence. Common characteristics and consequences include:

- **Re-experiencing violence.** Children and toddlers often re-experience violence in nightmares or through play. In Pittsburgh, day care workers in at-risk public housing communities report that when gun-related violence escalates, the play of young children is more likely to include reenactment of drive-by shootings or other violent events.
- **Numbing of responsiveness.** Some

children can become emotionally subdued, withdrawn, and more limited in their play.

- **Heightened arousal.** Other children may become hypervigilant, show exaggerated startle responses, or have night terrors.
- **Avoidance.** Children may shy away from or fear reminders of a violent experience.
- **Nervous and anxious behaviors.** Children may show signs of anxiety, such as disrupted eating patterns, troubled sleep, and difficulties relating to other people.
- **Aggressiveness.** Aggressive behavior may be another consequence. Left untreated, aggressiveness often impairs social development.
- **Limited attention.** Exposure to violence can narrow children's attention span, limit the amount of information they process about the environment around them, and dull their curiosity and pleasure of exploring the physical world – all of which are obstacles to learning.
- **Distorted sense of trust.** Children may find it more difficult to trust others and feel good about relationships.

These effects are more severe among children who are continually exposed to violence, which is much more harmful to

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their development than witnessing a single violent act.

Impact On Adults

When children witness violence, it is their parents, relatives, child care providers, or other adults who must help them overcome the experience. Too often, these adults also find themselves struggling to cope with violence, particularly when they live in at-risk neighborhoods where violence occurs frequently.

Among parents in poor, highly-violent neighborhoods, symptoms of depression are often seen, such as sadness, a sense of hopelessness, and troubled sleep.

Depression tends to diminish the capacity of adults to respond sensitively to children. Depressed adults may deprive young children of smiles, hugs, and praise. They may become more emotionally explosive. Children, in turn, will withdraw, appear sad, and show less intensity in their speech.

It may be difficult for some parents to respond to the needs of a traumatized child because to do so can raise painful memories of a violent episode the parent would rather forget. Or sometimes parents become overprotective in the wake of violence, hardly allowing their children out of their sight.

Family Resiliency

Some families manage to succeed, nurture their children, and maintain healthy and strong relationships despite living in poor, violence-prone neighborhoods.

In 1993, Dr. Robert Hill of Morgan State University reported that five key factors help families succeed in poor, violent neighborhoods: strong family bonds, religious orientation, work orientation, sense that they can

achieve their goals, and flexible family roles.

But pervasive violence tends to overwhelm a young family's traditional sources of support – relatives, friends, neighbors, religious community – who themselves may succumb to the stress in their own lives or the stress that comes with helping other in crisis.

Intervention

Little is known about the mental health treatment of very young children who are exposed to violence. But research and the experience of successful programs provide some insight into basic strategies.

First, treatment for post-traumatic stress will likely be ineffective as long as a child feels a threat of further violence. So a precursor to treatment is providing the child with a safe environment that is organized, homelike, and offers close relationships with adults, a primary care giver, and a simple, consistent daily routine.

One important aspect of treating children exposed to violence is to encourage them to re-experience the trauma – through play, for example – in tolerable doses and in a setting in which they feel safe. In behavioral terms, this attempts to associate lack of stress and a sense of control and safety with an event that previously caused fear and anxiety.

It is also important to assure children that they were not in control of the violent event, that they could not

anticipate it, and were not responsible for it happening.

Community Intervention

Community-wide programs to respond specifically to children exposed to violence are relatively new and few in number.

These programs usually consist of developing a coordinated response plan and training police, social workers, and others how to best help children who've witnessed incidents of violence. Identifying children with symptoms of post-traumatic stress is an important element.

In New Haven, Connecticut, for example, the Yale Child Study Center and city police developed a response program that included a trained crisis response team and 24-hour consultation services for children and families exposed to violence.

Among the successful cases reported is that of a 5-year-old girl who was among a group of kindergarten students whose bus was caught in a shootout between warring drug dealers. A boy on the bus was wounded.

The girl, who was seated near the wounded boy, was identified as having symptoms of post-traumatic stress. With the help of a therapist, she revealed she had earlier teased the boy and felt that the bullet that struck him had been meant for her as punishment. Therapy helped her understand she was not to blame and her symptoms eventually disappeared.

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references & notes

This report was based on the following publications:

Osofsky, J.D., & Fenichel, E. (Eds.) Caring for infants and toddlers in violent environments: Hurt, healing, and hope. *Zero to Three*, 14, 3, December 1993 - January 1994, 1-48.

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