The Effects of Exposure to Violence on Young Children

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Violence has been characterized as a "public health epidemic" in the United States. At the same time, children's witnessing of violence is frequently overlooked by law enforcement officers, families, and others at the time of a violent incident. Although mothers describe the panic and fear in their children and themselves when violence occurs, little research or clinical attention has focused on the potential impact on children of living under conditions of chronic community violence. The purpose of this article is to present an overview of available research and clinical understanding of the effects of exposure to violence on school-age and younger children. Suggestions for future research and public policy initiatives are offered.

Violence has been characterized as a "public health epidemic" in the United States (Bell & Jenkins, 1993; Fingerhut, Ingram, & Feldman, 1992; Garbarino, Dubrow, Kostelny, & Pardo, 1992; Osofsky & Fenichel, 1994; Prothrow-Stith, 1991; Reiss, Richters, Radke-Yarrow, & Scharff, 1993; Rosenberg & Fenley, 1991; Rosenberg, O'Carroll, & Powell, 1992). The homicide rate has more than doubled since 1950, with the most recently reported rate being 22 homicides per 100,000 people (Fingerhut & Kleinman, 1990). For African American males aged 15–24, the rate is 85 per 100,000 (Federal Bureau of Investigation, 1992; Richters, 1993). Only in some developing countries is there a higher incidence of violence than in the United States.

Although there are very serious implications of the effects of exposure to violence on children and families, psychologists are just beginning to glimpse the magnitude of the problem. Mothers living in areas where the level of violence is high often teach their children to watch television lying prone and to sleep beneath the window sills to avoid random bullets that might fly through the windows. Although mothers have described the panic and fear in their children and in themselves as violence erupts almost every night, little attention has been given to the potential impact on children of living in an environment of chronic violence (National Commission on Children, 1991).

We as psycholgists must broaden our understanding of violence exposure from a primary focus on victims and perpetrators to recognize the important "ripple effects" in terms of the psychological impact on children of witnessing violence. Children are frequently overlooked by law enforcement officers, families, and others when an incident of community or family violence occurs. Clinically, the negative effects of witnessing violence range from temporary upset in the child to clear symptoms of post-traumatic stress disorder (PTSD). The long-term effects of single, chronic, and other types of violence exposure on these children's development require further study.

This article presents the findings of available research on the effects of exposure to and witnessing of violence on children. Because more attention has been paid in past articles to adolescent exposure to violence (see Cotten et al., 1994; DuRant, Cadenhead, Pendergrast, Stevens, & Linder, 1994; Fitzpatrick & Boldizar, 1993; Lorion & Saltzman, 1993; Prothrow-Stith, 1991; Rosenberg & Fenley, 1991), this article focuses on elementary school-age and younger children. The literature on family violence and child abuse and neglect is not reviewed in depth but is included in some sections for illustrative purposes (see American Medical Association, 1992; Bell & Jenkins, 1991; Cicchetti & Lynch, 1993; Finkelhor & Dziuba-Leatherman, 1994; Kendall-Tackett, Williams, & Finkelhor, 1993; National Research Council, 1993; Widom, 1989).

Prevalence of Exposure to Community Violence

Recent research has focused on elementary school-age and younger children living in urban areas who are exposed to chronic community violence (CCV; Bell & Jenkins, 1993; Garbarino et al., 1992; Marans & Cohen, 1993; Osofsky, Wewers, Hann, & Fick, 1993; Richters & Martinez, 1993). Exposure to CCV is defined as frequent and continual exposure to the use of guns, knives, and drugs, and random violence. Although these studies are informative, an understanding of the effects of community violence and the influence of individual, family, and social

An earlier version of this article was prepared as a position paper for the Carnegie Corporation of New York Task Force on the Needs of Young Children. Appreciation is expressed to the Institute of Mental Hygiene of New Orleans, the Brown Foundation, the Booth-Bricker Fund, the Greater New Orleans Foundation, and Louisiana Power and Light for providing funding for this work.

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 0003-066X/95/$2.00
Vol. 50, No. 9, 782–788

ecological factors on later behavior and adjustment depends on future studies utilizing broader epidemiological sampling and longitudinal methods.

The high rates of exposure to violence for children growing up in some inner-city neighborhoods with pervasive violence have been well documented. In a survey of 6th, 8th, and 10th graders in New Haven in 1992, 40% reported witnessing at least one violent crime in the past year (Marans & Cohen, 1993). Very few inner-city children in New Haven were able to avoid exposure to violence, and almost all 8th graders knew someone who had been killed. Pynoos and Eth (1985) estimated that children witness approximately 10% to 20% of the homicides committed in Los Angeles. Bell and Jenkins (1991) reported in a study of African American children living in a Chicago neighborhood with much violence that one third of all school-age children had witnessed a homicide and that two thirds had witnessed a serious assault.

Evidence is accumulating that even younger children are being exposed to violence. A recent survey at a public hospital-based pediatric clinic in Boston indicated that 1 of every 10 children under the age of six reported having witnessed a shooting or stabbing (Groves, Zuckerman, Marans, & Cohen, 1993). In a recent study in New Orleans, African American 3rd- and 5th-grade children living in an area of the city with much violence (according to police statistics) were asked to draw pictures of "what happens" in their neighborhoods (Lewis, Brown, Jones, & Osofsky, 1994). The children drew in graphic detail pictures of shootings, drug deals, stabbings, fighting, and funerals and reported being scared of the violence and of something happening to them. Parallels have been drawn between children growing up in inner cities in the United States and those living in war zones (Bell & Jenkins, 1991; Garbarino et al., 1992; Leavitt & Fox, 1993; Osofsky, 1993; Osofsky & Fenichel, 1994; Parsons, 1994; Reiss et al., 1993).

In addition to the studies mentioned above, Richters and Martinez (1993) carried out an extensive study on the exposure to violence, interviewing 165 mothers of children aged 6–10 living in a low-income neighborhood in Washington, DC with a moderate level of violence, according to police statistics. Concurrently, Osofsky, Wewers, et al. (1993) gathered similar interview data on 53 African American mothers of children aged 9–12 in a low-income neighborhood in New Orleans with a high level of violence, according to police statistics. The data showed clearly that children are victims of and witnesses to significant amounts of violence. Fifty-one percent of the New Orleans fifth graders and 32% of the Washington, DC children had been victims of violence. Ninety-one percent of the children in New Orleans and 72% of those in Washington, DC had witnessed some type of violence. It is likely that the percentages in Washington were lower because of the differences in the levels of violence in the neighborhoods that were sampled.

Richters and Martinez (1993) included children from a broad age range and, therefore, were able to investigate differential exposure based on the age of the children. The older children were exposed to a greater percentage of violence than the younger children (61% in Grades 1–2, 72% in Grades 5–6). Interviews revealed that the older children reported an even higher level of exposure than did their parents. This discrepancy probably resulted from mothers being somewhat defensive and underestimating violence exposure and from their lack of information about some episodes of exposure.

Children's reports of distress symptoms in both of these studies also indicated a significant relationship to their witnessing of violence (Washington, DC: $r = .39$, $p < .05$; New Orleans: $r = .42$, $p < .01$). Forty percent of the mothers in the New Orleans sample and 20% in the Washington, DC sample said their children were worried about being safe. Similar percentages of the children reported feeling "jumpy" and "scared."

Both Richters and Martinez (1993) and Osofsky, Wewers, et al. (1993) found significant relationships between children's reported exposure to community violence and intrafamily conflict as measured by the Conflict Tactics Scale (Strauss, 1979). These data emphasize the importance of including measures of family violence in studies of exposure to community violence to determine differential exposure and to study the combined impact on children of being raised in violent homes and in violent neighborhoods. The mothers in several studies (Lorion & Saltzman, 1993; Osofsky, Wewers, et al., 1993; Richters & Martinez, 1993) provided anecdotal data related to their feelings about their children's exposure to violence and the ways in which they tried to handle the problem. As they reiterated numerous examples of violence, a matter-of-fact quality often permeated their reports, likely related to living with so much violence. From the parents' interviews, it was gleaned that from very early in their lives, these children and their parents must learn to deal with loss and to cope with grieving for family members or friends who have been killed.

Developmental and Clinical Considerations Related to the Effects of Violence on Children

Developmental Issues

Common problems seen in children of different ages are reviewed on the basis of recent studies in this area (Drell, Siegel, & Gaensbauer, 1993; Osofsky & Fenichel, 1994; Pynoos, 1993). Adolescent problems related to violence exposure have been most visible, both in the literature and in the media. Less well-known are the problems that are frequently seen in younger children exposed to violence. In fact, many people assume that very young children are not affected at all, erroneously believing that they are too young to know or remember what has happened. However, even in the earliest phases of infant and toddler development, clear associations have been found between exposure to violence and post-traumatic symptoms and disorders (Drell et al., 1993; Osofsky, Cohen, & Drell, in press; Zeanah, 1994).

School-age children often experience increases in anxiety and sleep disturbances with exposure to violence (Pynoos, 1993). They may have difficulty paying attention and concentrating because they often experience intrusive thoughts. Both school-age children and preschoolers exposed to violence are less likely to explore their physical environment and play freely, showing less motivation to master their environment. Several difficulties may result. On the one hand, autonomous striving may be subverted by trauma-related avoidant behavior; on the other hand, autonomous striving may be accelerated by trauma-generated adventuresome pursuits possibly beyond the child's developmental capabilities. Sleep disturbances, nightmares, and other manifestations of increased anxiety are common at all ages (Pynoos, 1993).

Because of the very rapid and complex changes during the first three years of life, developmental factors will influence the young child's perception and experience of the trauma associated with violence. Infants show increased irritability and sleep disturbances as well as fears of being alone. Exposure to trauma interferes with their normal development of trust and with the later emergence of autonomy through exploration (Osofsky & Fenichel, 1994). Regression in developmental achievements, such as toileting and language, is common (Drell et al., 1993). In a recent study by Scheeringa, Zeanah, Drell, and Larrieu (1995), clear evidence emerged of PTSD symptoms in children under the age of four years. It is important to recognize that any evaluation of the effects of violence exposure on children must consider that children's parents or caregivers may be numbed, frightened, and depressed. When they cannot depend on the trust and security that comes from caregivers who are emotionally available, children at any age may withdraw and show disorganized behaviors.

Clinical Considerations

Two bodies of data can aid in our understanding of the effects of exposure to violence on children. The first is clinical research data on individual cases of children who have been traumatized by exposure to violence. The second is empirical work with larger groups of children who have experienced abuse. The focus will be on three areas: (a) the development of aggressive behavior and negative emotions, (b) PTSD as a response to violence, and (c) early relationship problems.

Development of aggressive behaviors and negative emotions following violence exposure. The generation of intense negative emotions interferes with the usual course of development of emotional regulation (Osofsky, 1993). Such negative affective experiences may influence the preschool task of differentiating affective states and the capacity for school-age children to elaborate on their affective expressions (Pynoos, 1993). In addition, self-attributions of shame, ineffectiveness, or blame can lead to negative self-images that may challenge adaptive functioning (Lewis, 1991). Such interferences with the course of emotional regulation may lead to disruptions in the development of empathy and other prosocial behaviors.

Although research data on outcomes of children's adaptation following exposure to violence are not available, reactions are likely to be similar to those following early abuse and neglect. Widom (1989) emphasized that early abusive and neglectful experiences may not lead directly to increased aggression and violence. The outcome is likely to depend on a variety of factors, including the age at which the trauma occurred, the characteristics of the child, and the supports in the environment. Furthermore, the parents' or caregivers' ability to deal with their own trauma or grief is extremely important for the outcomes for their children. In our clinical work with children under the age of five who have been exposed to violence, concerns have been raised about the children's negotiation of developmental transitions in later life (Osofsky, Cohen, & Drell, in press). For example, how will young children exposed to severe early trauma cope when they deal with later experiences of death and mortality, when they struggle with sexuality during adolescence, or when they deal with anger and aggression as well as affection toward others?

Recent research with preschool and school-age children who have been maltreated sheds light on concerns about cumulative risk and the sensitizing of children exposed to violence. Cummings and his colleagues (Cummings, Hennessy, Rabideau, & Cicchetti, 1994; Cummings & Zahn-Waxler, 1992) conducted a series of experimental studies to determine the various responses of children to angry parental behaviors such as parental arguments and fights. Boys exhibited more externalizing responses, whereas girls demonstrated more internalizing responses. A dosage effect seemed to occur, with children who were exposed to more anger and who had a history of previous abuse showing more negative outcomes. These studies have important implications for our understanding of the cumulative effects of exposure to CCV.

An important but little understood area concerns the issue of invulnerability or resilience, that is, which children will experience fewer negative effects in response to exposure to community violence. Drawing from research and clinical work with children exposed to violence, three main factors seem to be important: (a) having a supportive person in the environment, (b) having a protected place in the neighborhood that provides a safe haven from violence exposure, and (c) having individual resources—either through an adaptable temperament or intelligence—to find alternative ways of coping with violence (Garbarino et al., 1992; Marans & Cohen, 1993; Osofsky, 1993; Richters & Martinez, 1993).

Post-traumatic stress disorder as a clinical response to violence exposure. Post-traumatic stress disorder is now recognized as a condition that occurs in children as well as in adults. Since 1987, the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1987) has included PTSD in children. The criteria for its diagnosis include life stressors that lead to re-experiencing the trauma,

avoidant symptoms, and a variety of other symptoms. Pynoos (1993) further elaborated the diagnostic criteria of PTSD for children over the age of three. They include experiencing an event that would be distressing for almost anyone, re-experiencing the trauma in various ways, avoidance, psychological numbing of responsiveness, and increased or decreased arousal.

Much of the research and clinical work concerning PTSD stems from samples of children who were exposed to extreme violence, for example, sniper attacks or terrorism (Pynoos, 1993; Pynoos & Eth, 1985; Terr, 1990). Other studies reported clear evidence of PTSD for children exposed to the chronic stress of living in actual war zones and in "urban war zones" (Garbarino et al., 1992; Nader, Pynoos, Fairbanks, Al-Ajeel, & Al-Asfour, 1993; Osofsky & Fenichel, 1994; Pynoos, 1993).

Children who are exposed to violence and live in violent environments generally show signs of PTSD that may be modified because of their age. Clinical evidence exists for disrupted patterns of eating and sleeping, difficulties in attending and relating, anxious reactions, fearfulness, and re-experiencing the trauma, evidenced by behaviors if children cannot yet use language (Drell et al., 1993; Pynoos, 1993; Scheeringa et al., 1995). Children who are exposed to CCV may withdraw and appear depressed, have difficulty paying attention, or become aggressive. Freeman, Mokros, and Poznanski (1993), in a study of 6- to 12-year-old lower socioeconomic urban school children of White, Hispanic, and African American backgrounds, found a significant positive relationship between reported experiences with violence and scores on the Children's Depression Rating Scale—Revised. For children exposed to violence, the degree of disturbance depends on the type of violence exposure, the developmental phase of the child, the family and community context, and the availability of other family members and community supports (Marans & Cohen, 1993; Osofsky & Fenichel, 1994; Pynoos, 1993; Zeanah, 1994).

Problems in early relationships with children exposed to violence. Through the normal developmental process in the first year of life, positive interactions with sensitive and responsive caregivers in most cases lead to a reciprocal relationship reflecting secure patterns of attachment. In the second half of the first year of life, the infant shows a sense of security with his or her caregiver through the ability to explore the environment and to use the caregiver as a "secure base" (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969). The infant internalizes a belief in the caregiver as available, reliable, and responsive, which contributes to the ability to form later positive relationships as the child grows and develops.

Although no studies exist that directly link violence exposure with attachment, studies that have compared maltreated infants with nonmaltreated infants may provide some clues. Maltreated infants have been subjected to a type of violence exposure and, therefore, can help researchers understand developmental outcomes for infants exposed to CCV. Maltreated infants often form insecure attachments, characterized by either avoidance of the caregiver, resistance to the caregiver (fussing and crying with caregiver), or a pattern of disorganization and disorientation (characterized by a combination of avoidance, resistance, apprehension, aggression, apathy, freezing, and stilling; Main & Solomon, 1990). In a study of the relationship between child maltreatment and attachment (Carlson, Cicchetti, Barnett, & Braunwald, 1989), over 80% of the maltreated infants showed disorganized attachment patterns. On the basis of our observations of infants exposed to CCV, it is also likely that they may form disorganized attachment patterns.

For some parents and infants, the stress associated with violence exposure and the necessary coping with violence as an everyday event affect both the mothers' ability to parent their children and the children's capacity to form attachment relationships (Osofsky & Fenichel, 1994). Because early relationships form the basis for all later relationship experiences, such difficult early experiences may be problematic for the child's later development.

Impact of Violence on Parents and Their Capacity to Parent

Parenting is at best a complex process, and in situations of high risk it is even more so. Poverty, job and family instability, and violence in the environment add immeasurably to the inherent difficulties. Although systematic research has not yet been done on the effects of CCV on parenting and the caregiving environment, we know from anecdotal reports that parents who are living with violence frequently describe a sense of helplessness and frustration with their inability to protect their children (Garbarino et al., 1992; Lorion & Saltzman, 1993; National Commission on Children, 1991; Osofsky, Wewers, et al., 1993; Richters & Martinez, 1993). The constant barrage of violence in the community may lead parents to communicate helplessness and hopelessness to their children.

Parents experience additional burdens because the traditional societal protectors of children, including schools, community centers, and churches are also overwhelmed and are not able to assure safe environments for children. We recently conducted a survey to identify issues of trust and safety among a group of African American parents and children living in an inner-city environment with a high rate of violence (according to police homicide statistics). Thirty-five percent of the parents reported that they did not feel their children were safe walking to school and 54% did not feel their children were safe playing in their neighborhood. Only 17% of these parents felt that the children were very safe doing these activities. However, the majority (62%) felt that the children were very safe at home and 30% felt they were very safe at school (Osofsky, Fick, Flowers, & Lewis, 1994). These data were consistent with the responses of 250 African American elementary school children, ages 8–12, from the same neighborhoods who reported that they felt much safer at home and school than when walking to school or playing in their neighborhood. Ninety percent of their parents felt that violence was a serious

problem or crisis in their neighborhood. In clinical work with traumatized young children and their families, one of the first issues that must be dealt with before any treatment can begin is whether the child and the family can feel safe (Zeanah, 1994). There is a dual problem, however, in dealing with chronic community violence: (a) the continuing physical reality of the violent environment and (b) the continuing post-traumatic reality for the young child and caregivers.

Exposure to violence may interfere with normal developmental transitions for both parents and children. If violence occurs in their neighborhood, to their child or a child they know, parents may become overprotective, hardly allowing their children out of their sight. Under such circumstances, parents have difficulty not behaving in a controlling, or even authoritarian, manner. Yet encouragement of autonomy comes with trust in the safety of independence (Erikson, 1950). For families living under conditions of CCV, children's growing independence and normal exploration may be anything but safe and, therefore, are not allowed.

Toward a Research Agenda on the Effects of Violence Exposure on Young Children

Studies of the effects of violence exposure on children living in violent areas in the United States have been undertaken only recently. Several areas have emerged as important directions for future research:

Epidemiologic studies are needed to determine the differential effects of witnessing and being victimized by violence. Samples should include children of different ages, socioeconomic backgrounds, and ethnic or cultural backgrounds. The inclusion of information about violence exposure would be useful to include in national surveys. This information would be helpful in relation to the training of professionals who work with children and to planning prevention and intervention strategies.

Research is needed on processes that lead to violent behavior. Studies should include prospective longitudinal designs to investigate the psychological effects of exposure to violence on children. Studies should include children of different ages, socioeconomic backgrounds, and ethnic and cultural backgrounds. Evaluation is needed of the cumulative effects of repeated exposure, effects of severity of exposure, proximity to the event, and the child's familiarity with the victim or perpetrator.

Research is needed on factors that support the resilience of children and buffer them against adverse effects of violence exposure. There is some evidence to indicate that family and community support and the child's individual resources and temperament influence the outcomes of violence exposure. By learning about important mediating factors, more effective preventive efforts can be developed.

Evaluation of the effectiveness of existing early preventive intervention programs related to violence exposure are needed. Evaluations should include the development of criteria and instrumentation to help identify those programs that are most effective. Such evaluations should include, but not be limited to, follow-up of crisis interventions, determination of the impact of school-based conflict resolution and peer mediation programs, assessment of educational initiatives for law enforcement officers who are involved with children exposed to violence, and assessment of family and community intervention programs. Attention should be given to preventive intervention efforts that seem likely to reduce juvenile delinquency (Yoshikawa, 1994).

Policy Recommendations for Parents and Communities

There is general agreement among individuals concerned with public policy related to children and violence that effects of violence on children is a multifaceted problem requiring complex solutions. Public policy initiatives in this area have been recommended by many different groups, including the American Psychological Association's Commission on Youth and Violence's (1993) "Violence and Youth: Psychology's Response"; the Children's Defense Fund's (1994a) "State of America's Children Yearbook 1994," Carnegie Corporation of New York's (1994) "Starting Points: Meeting the Needs of our Youngest Children"; the National Research Council's (1993) report on "Understanding Child Abuse and Neglect"; and the report of the Violence Study Group of Zero to Three/National Center for Clinical Infant Programs, "Hurt, Healing and Hope: Caring for Infants and Toddlers in Violent Environments" (Osofsky & Fenichel, 1994). Major areas in which public policy initiatives are needed follow.

A national campaign to change attitudes toward violence and tolerance of violent behavior. A public stance should be taken by politicians, policymakers, media leaders, and citizens to indicate that violence is socially unacceptable and contradicts Americans' societal emphasis on humane values, responsibility, and respect for the rights of others. The media contribute to the problem of children and youth violence by glamorizing violence, thereby encouraging involvement in violent activities. Therefore, the cooperation of television and the media is needed to change the image of violence in American society from an acceptable and even admirable quality to one that is disdained without tolerance.

A family-centered and community-centered approach that builds on strengths within communities is needed. The encouragement and facilitation of community empowerment and self-determination programs are needed to address the issue of violence prevention.

As part of a violence prevention initiative, education, job opportunities, and increased family and community support should be provided for all children and youth.

Community and family-centered programs, including churches, schools, and other community-based institutions should address issues of violence prevention.

Children, parents, and communities require multi-institutional support to cope with the violence and trauma they have experienced. Mental health practitioners should share their knowledge of post-traumatic and chronic traumatic stress with children and families.

Safe homes and neighborhoods for children and families need to be created and maintained. The coordinated efforts of both communities and law enforcement agencies are required to make neighborhoods, schools, and playgrounds safe. Support is needed to build partnerships between child and family services, education, and law enforcement agencies to support parents and families who are both victims of and witnesses to violence in their communities.

Education is needed for parents, educators, law enforcement workers, and others. Education regarding the negative effects of violence exposure on children and how to help children after exposure has occurred should be part of professional preparation for all individuals coming into contact with children, including those working in day care centers, schools, law enforcement agencies, and parenting education groups.

Conflict resolution strategies and alternative approaches to violence in conflicts should be taught as part of all professional preparation.

Access to guns must be limited, and parents must be responsible for their firearms. Consistent with the initiatives of the Centers for Disease Control (Rosenberg, 1993; Sacks, Mercy, Ryan, & Parrish, 1994) and the Children's Defense Fund (1994b), education is needed for children and adults regarding the dangers of firearms, especially firearms in the home, and ways to reduce both intentional and unintentional injuries resulting from firearm use.

Parents must accept the responsibility for firearms in their possession and should be held liable if their weapons fall into the hands of children.

Conclusion

The problem of violence in the United States and children's exposure to violence is one that must be addressed through scientific research, clinical treatment, and public policy efforts. This article presents an overview of research and clinical work on the effects of violence exposure on young children. New research directions and public policy initiatives are suggested based on the available data. For the sake of the next generation, it is imperative that psychologists acknowledge the importance of these issues and confront them immediately.

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