

The Effect of Family Violence on Children – A Perspective

Baldev Mutta
May 2003

I would like to acknowledge the article is based on the presentation of a well known counsellor in the field of Trauma Management – Geri Crisci. I have taken the liberty of borrowing liberally from her presentation notes. Additionally, material has been borrowed from Breaking the Cycle of Violence –Children Exposed to Woman Abuse: A Resource Guide for Parents and Service Providers developed by the Peel Committee Against Woman Abuse.

Introduction

Family violence is a recognized phenomenon in the Punjabi community. When couples fight often the question of separation and divorce is discussed. One the reasons why couples prolong their separation and divorce are that ‘children will suffer’. This article discusses the ‘traumatic effect’ witnessing violence has on children. It is important to remember that abusing children physically, emotionally, psychologically and neglecting children definitely causes serious harm to children. Latest research, however, also shows that witnessing violence is equally harmful to children. This article attempts to highlight the traumatic effects witnessing violence has on children.

Types of Abuse

Often abuse within familial context takes forms. The research shows that the couples end up engaging in the following types of abuse patterns:

1. Physical
2. Emotional
3. Psychological
4. Sexual
5. Financial
6. Spiritual
7. Verbal
8. Ritual
9. Systems Abuse
10. Stalking
11. Environmental abuse
12. Silence

What happens when children or others witness violence?

When children witness violence they end up ‘traumatized’. The trauma is defined as “an individual having a physical or emotional injury. Trauma produces psychological symptoms in two ways: it cause structural injury to the brain and/or causes emotional disturbances which in one form or another are prolonged for some time.”

The individuals going through traumatic experiences identified that they have “overwhelming, uncontrollable experiences that psychologically impact victims by creating in them feelings of helplessness, vulnerability, loss of safety and loss of control.”

Professionals working in the field of trauma are of the opinion that when children witness violence they:

1. become very fearful of the incident of violence
2. become very helpless and hopelessness regarding the violent episode
3. become very vulnerable after the violent incident

4. experience loss of control and loss of safety
5. experience each feeling as physiological symptoms

How Does Child's Brain Develop?

The brain develops in a hierarchical sequence. There are three main parts to the brain, each significantly different in structure, function and chemistry. Each component of the brain is built on the foundation of the previous structure. The successive development of the brain corresponds to the evolution of human behaviour and parallels the stages of child development. The experiences of childhood act as primary architects of the brain's capabilities throughout the rest of the life.

The more primitive part of the brain must be appropriately stimulated and nourished in order for the higher sections of the brain to develop to its full potential. Sensitive and secure care giving is essential in the very early infant years in order for the primitive brain to evolve. When good care-giving is not provided the more advanced functions of the brain that regulate intellectual, emotional and social maturation do not develop normally. The brains of infants that are raised in an environment that is unpredictable, or worse, dangerous and threatening, develop abnormally. Chaos, neglect, pervasive fear and direct violence in early childhood result in disorganized and underdeveloped brains.

There is evidence that the brain remains stuck at a primitive state so that the cardiovascular system is altered. Impulsivity remains, there is increased anxiety, increased startle response and sleep abnormalities. Abuse and neglect create chaotic biochemical alterations in the infant brain. Since about 90% of the brain is developed from birth to 3 years of age, it is crucial that the early caregiving experience be maximized.

Sequential Development of the Brain

Sequential Development of the Brain	
Brainstem	Arousal Sleep Blood Pressure Heart Rate Body Temperature
Limbic	Attachment Affiliation Sexual behaviour Trauma memories Memories Emotional Reactivity Motor activity
Cortical	Integration Reasoning Abstract thought Concrete thought

The first part to develop in child is Brainstem, followed by Limbic and Cortical respectively.

The Brain Stem

This is the first stage of brain development and is shared by all organisms. It regulates automatic behaviours like sleeping, breathing, blood pressure, heart rate, blinking and swallowing. It controls primitive sexual, territorial and survival instincts. Although this are of the brain is less complex it is the least malleable for change. The infant's ability to self-regulate requires the mother's attunement and own self-regulation to help the infant become self-regulated and safe. Secure attachment transfers the regulatory capacities from the caregiver to the infant.

The primitive human brain is particularly tuned to information about safety. The midbrain enables all organisms to use information regarding the temporal order of events to infer casual relations that can be used to modify behaviour predictably. This causal inference can be erroneous. Events that precede other events do not necessarily cause them. However, if one event is perceived as extremely dangerous an organism may not risk another similar experience.

Limbic System

Limbic forebrain is responsible for the experience and expression of emotions, including pleasure, rage, fear, and joy and the desire for social emotional contact. Limbic nuclei develop at different maturation rates, allowing humans to first socialize indiscriminately, to slowly develop stable and selective loving attachments an around 6 months to 1 year of age to express and experience emotions such as anger, joy and fear of strangers. The limbic system hold the capacity to remember faces, people, objects and locations all necessary to form emotional attachments.

The limbic system and all aspects of social and emotional functioning can be negatively impacted by emotional trauma, neglect, abuse and prolonged separation from the mother.

Cortical System

Human brains have evolved further, having a more developed cortex. The cortex is 5 times larger than its lower regions combined. It is what makes us uniquely human. It acts as the executive control functions for humans. The cortex is able to evaluate and integrate information coming from the lower brain. The cortex allows for more advanced and creative thinking. It is able to have conscious awareness of internal emotional states, evaluate the accuracy of external information and make decisions by processing both inputs of information. The cortex allows for the development of symbolic language, complex decision making and is believed to regulate the higher emotions of empathy, compassion and love.

Some Brain Facts

1. By the time a baby is born, he or she will have 100 billion brain cells. These cells are not yet connected in networks. These networks form in direct response to the world.
2. Brain cells form connections by sending signals to other brain cells and receiving input from other cells. The signals are in the form of electrical impulses. With the help of special chemicals they travel from cell to cell creating connections.
3. A single cell can connect with as many as 15,000 other cells. This complex network of connections is often referred to as the brain's wiring or circuitry.
4. From birth, the brain is rapidly making connections. By the time the baby is three, the baby's brain has formed about a quadrillion connections, about twice as many as adults have. A baby's brain is super-dense and will stay that way throughout the first decade of life. After this, the brain will become more ordered and efficient, eliminating excess connections.

5. When a connection is used repeatedly in the early years, it becomes permanent. In contrast, a connection that is not used at all, or often enough, is unlikely to survive (e.g. language).
6. Connections are formed at prime times in brain development. Some of these prime times are brief and crucial at the moment. If traumatic experiences are happening at these prime times, the appropriate connections will not be made. If drugs are induced at prime times in utero, these connections will not occur.

Understanding Attachment

It is important to understand how a child bonds with the mother and or other caregivers. The attachment phenomenon is very important because trauma distorts the child's ability to "attach" to the mother and other caregivers. The trauma 'hinders' the child to bond with 'others'.

What is attachment?

Attachment is a deep and enduring connection established between mother and other caregivers in the early years of life. It profoundly influences every component on the human condition – mind, body, emotions, relationships and values. It is a reciprocal relationship between an infant and mother.

When babies are in need, they reach out to their mothers for security and protection. Mothers instinctively protect and nurture their infants. When child and mother are strongly attached to each other the child develops into a secure and confident human being.

Phases of Attachment

There are 3 types of attachments that infants go through up to 2 years. They are labeled as 1. Undiscriminating Responses (0-3 months), 2. Discriminating Behaviour (3 -6 months), 3. Formation of a secure Base (6-24 months).

1. Undiscriminating Responses (0-3 months).

All babies have a bond to their biological mothers. This is instinctive and genetic. Attachment is learned after birth. Attachment is about protection and security gained by the interaction between a specific close caregiver and the infant. The caregiver can help the infant's brain regulate the body by responding to these biological messages in comforting and appropriate ways. In fact, it is critical to the survival of the infant that the caregiver be perceptive of the signals and provide for the biological needs. The mutual interaction in the beginning of life forms the basis for attachment.

2. Discriminating Behaviour (3 -6 months).

The infant begins to focus on preferred caretakers, typically the mother. The interaction between the infant and mother becomes more lasting so that each learns about the other. The mother becomes more attuned to the infant's needs and more in control over the baby's responses. The baby learns some mastery over its biological needs and its production of signals to caregivers in its environment. Attachment feelings increase as the infant associates its needs being met by the availability of the caregiver.

3. Formation of a secure Base (6-24 months).

The infant has both a need for closeness and proximity to a preferred caregiver and the growing need for autonomy. The baby has learned to signal its needs to the preferred caregiver, which responds appropriately and sensitively. As the infant develops the ability to crawl it will begin to explore its environment but use the attachment figure as its safe base. The infant needs to know its primary caregiver is available to provide security and protection in order for it to move away. Infants also display clear preferential behaviour.

They will protest fiercely if separated from their caregiver. Prolonged separations have detrimental effects at this early stage.

Categories of attachment

1. Secure Attachment

Infants become securely attached when they have caregivers (mothers) who are available, in tune with the needs of the infant, affectionate, demonstrate pleasure in their interactions with their infants and able to comfort their stressed infants. Securely attached toddlers are able to use their mothers as a secure base from which to explore the world and return for comfort and safety. They come to know that their mothers will be consistently and emphatically available.

2. Anxious/Ambivalent Attachment

Mothers of ambivalently attached infants are inconsistent and unpredictable. At times, they are responsive to their infant's needs and at other times unavailable. Such infants become extremely distressed when separated from their mothers but are not easily comforted when their mother returns. They both long for closeness and are mistrustful of their mother's responses. Thus, they remain anxious about leaving their mothers to explore their environment and do not develop independence.

3. Avoidant Attachment

Mothers of avoidantly attached children are rejecting and unavailable. Infants come to recognize that their mothers will not respond to their needs and signals or their mothers will respond in different and hostile ways. Such infants come to deny their own needs and avoid interactions with their caregivers. Such toddlers may appear independent but this based on the belief that they have to take care of themselves since they cannot trust the adults in their lives.

Common Symptoms of Severe Attachment Disordered Children

Cognitive Functioning

- May have primitive cause/effect thinking
- Not able to use rational part of the brain to understand relationship between inner states, objective reality and consequences
- Cannot accept responsibility for own actions
- Has abnormal speech patterns

Affect

- Intense feelings of anger, fear, pain, and shame
- May be depressed and despairing because of unresolved loss and grief
- Unable to identify emotions and express them constructively
- May be inappropriately demanding and clingy
- May be indiscriminately affectionate with strangers

Social Relationships

- Chronic conflict with others
- Manipulative, controlling and exploitive
- Lack the capacity for long-term relationships
- Lack basic trust
- May be superficially engaging and charming

Behaviour

- Destructive of self, others and things
- Cruel to animals and siblings
- Engages in stealing and lying
- Poor impulse control
- Engages in hoarding or goring food
- Has a preoccupation with fires, blood or gore

Physical

- Chronically tense
- Maintain physical distance. Contact perceived as dangerous
- Poor hygiene

Moral development

- Lack of moral and ethical development
- Experience little or no remorse
- Lack compassion and empathy
- Poorly developed conscience

Effects of Trauma

There is a critical link between traumatic experiences and the formation of personality. Traumatic experiences can skew the expectation about the world, the safety and security of personal relationships and a child's sense of personal integrity. This distorted view of the world as a dangerous and unmanageable place has profound influence on current and future behaviour.

The effects can be noted in the following areas:

Intrusive Thoughts and Emotions

Traumatic experiences generate memories and intrusive thoughts in many different ways.

The experiences can be as follows:

- Flashbacks
- Affective states
- Somatic symptoms
- Sleep disturbances and nightmares
- Re-enactment and pervasive triggers and personal reactions

Autonomic Hyperarousal

- Sensations that alert people to danger loses its effect in traumatized individuals
- Individuals are either triggered to believe erroneously that there is danger or not alerted enough to take appropriate action

Numbing

- Avoidance of distressing internal sensations
- Feelings of deadness inside
- Pretend to go through the emotions appropriate to a situation

Poor Affect Regulation

- Go immediately from stimulus to response
- Experience intense fear, anxiety, anger, and panic in response to minor stimuli
- Over-react and intimidate others or shut down and freeze
- Failure to fall asleep because unable to calm down or fear traumatic nightmares
- Learning difficulties
- Physiological hyper-arousal interferes with the capacity to concentrate, the capacity for reflection and to learn from experience
- Children may display symptoms of attention deficit hyperactivity disorder

Memory Disturbances and Disassociation

- Traumatized individuals, especially children may develop memory problems
- Children may fragment their personalities to cope with trauma experiences

Aggression Against Self and Others

- Children and adults who have been traumatized often turn their aggression against others or themselves
- Many criminals involved in violent crime report a history of abuse
- Many adults who attempt suicide or self-mutilation also had histories of severe abuse and/or neglect

Typical Long-term Effects of Women Abuse on Children By Age				
Infants	Preschool Children	Elementary School Age Children 5-12	Early Adolescence 12-14	Later Adolescence 15-18
<ul style="list-style-type: none"> ▪ Disruption in eating and sleeping ▪ Fearful reactions to loud noises ▪ Excessive crying ▪ Physical neglect ▪ Delays in Development 	<ul style="list-style-type: none"> ▪ Low self-esteem ▪ Frequent illness ▪ Poor concentration ▪ Eating and sleep disturbances ▪ Post-traumatic stress ▪ Fear ▪ Separation anxiety ▪ Anger and aggression ▪ Clinging ▪ Withdrawing ▪ Hitting, biting ▪ Inappropriate sexual behaviour ▪ Cruelty to animals ▪ Destruction of property ▪ Problems in pre-school/day care ▪ Pleasing behaviour ▪ Regressive behaviour (thumb sucking, bed wetting) 	<ul style="list-style-type: none"> ▪ Low self-esteem ▪ Frequent illness ▪ Poor concentration ▪ Eating and sleep disturbances ▪ Post-traumatic stress ▪ Fear ▪ Anxiety and Tension ▪ Anger and aggression ▪ Withdrawing ▪ Bullying ▪ Alcohol and drug use ▪ Depression ▪ Inappropriate sexual behaviour ▪ Self-harm ▪ Perfectionism ▪ Destruction of property ▪ Problems in school ▪ Pleasing behaviour ▪ Peer relationship problems ▪ Disrespect for females 	<ul style="list-style-type: none"> ▪ Low self-esteem ▪ Frequent illness ▪ Poor concentration ▪ Eating and sleep disturbances ▪ Post-traumatic stress ▪ Fear ▪ Anxiety and Tension ▪ Anger and aggression ▪ Bullying ▪ Being abused or becoming abusive ▪ Depression ▪ Alcohol and drug use ▪ Self-harm ▪ Suicidal behaviour ▪ Inappropriate sexual behaviour ▪ Perfectionism ▪ Running away from home ▪ Pleasing behaviour ▪ Problems in school ▪ Peer relationship problems ▪ Disrespect for females ▪ Feeling over-responsible 	<ul style="list-style-type: none"> ▪ Low self-esteem ▪ Frequent illness ▪ Poor concentration ▪ Eating and sleep disturbances ▪ Post-traumatic stress ▪ Fear ▪ Anxiety and Tension ▪ Anger and aggression ▪ Bullying ▪ Being abused or becoming abusive ▪ Depression ▪ Alcohol and drug use ▪ Self-harm ▪ Suicidal behaviour ▪ Inappropriate sexual behaviour ▪ Perfectionism ▪ Running away from home ▪ Pleasing behaviour ▪ Problems in school ▪ Peer relationship problems ▪ Disrespect for females ▪ Feeling over-responsible

Conclusion

To stay in married relationship 'for the sake of children' and continue to expose children to 'violence' is tantamount to abusing children. The recent changes to child welfare legislation requires Police Forces to report any violent episode between husband and wife to the Children's Aid Society. The witness of violent episode between husband and wife is considered 'child abuse' and as such social workers are sent to investigate the extent of 'traumatization' of children.

It is important to seek help if you are having difficulties in your marriage. Professional help is important and advisable. Along with seeking counseling for adults, it is important to seek counseling for children as well.