

# Child witnessing violence\*

## Guide for parents



### Understand the Problem

#### Description

Children may be exposed to violence in many ways: in the media, in their own homes, or in their neighborhoods. This website provides information and resources for parents and caregivers, neighbors, or professionals who would like to help children who have been exposed to real-life violence.

**Media Violence** is the most common source of exposure to violence for the majority of children in this country. It includes violence in television programs, movies, video or computer games. Approximately 99% of the households in the United States have at least one television; 66% have more than one set. This translates into the fact that the average child witnesses 12,000 acts of violence on television each year.

**Domestic Violence** (violence between adult partners in the home) touches the lives of many families. Twenty percent of adult women have experienced abuse at least once by a male partner. Millions of children will witness domestic violence between adults in the home. Nearly half the men who abuse their female partners will also abuse their children. Domestic violence is an “equal opportunity phenomenon,” occurring in rural and urban areas, with less regard to class, cultural background, or sexual orientation.

**Community Violence** is a particular threat for families who live in areas where there is a high concentration of community residents who have few economic, psychological, or personal resources. While there is random violence in all areas of society, community violence occurs more often in urban areas. A study of elementary school children in New Orleans found that over 90% of the children had witnessed violence; over half had been the victims of some form of violence; 40% had seen a dead body. In Los Angeles, it is estimated that children witness 10 to 20% of all homicides. Interviews with parents of children age six and under at Boston Medical Center (formerly Boston City Hospital) found that 1 in 10 children had witnessed a knifing or shooting by the age of six.

## Social Impact & History

### History of Services for Children who are Exposed to Violence

Until recently, most efforts to understand violence and its impact have focused on the direct victims and perpetrators of violence. Beginning in the late 1980's, however, a new body of research and practice developed, which focused on children who are bystanders to violence. It is now well established that these children, although not physically injured, may suffer lasting psychological harm. Often, their symptoms closely resemble those seen in the direct victims of violence.

The response to children exposed to violence has developed in two different arenas. In the late 1970's and early 1980's, community-based programs for battered women formed throughout the United States. Although the first priority of these programs was to provide resources and safety for adult victims, a few programs began to provide services to children. The National Coalition Against Domestic Violence formed a Child Advocacy Task Force in 1982, which provided a means for networking and information sharing among shelter-based advocates for children. However, little public attention was brought to the issue at first. Innovative projects such as the AWAKE Project at Children's Hospital in Boston began to address the overlap of child abuse and domestic violence. In 1990, Peter Jaffe and colleagues published **Children of Battered Women**, describing both research and clinical experience on the range of difficulties faced by child witnesses to domestic violence.

Around the same time, researchers and activists around the country began to document the experiences of children exposed to chronic community violence in urban neighborhoods. Groundbreaking work was published in the late eighties and early nineties by James Garbarino and colleagues in Chicago, and Robert Pynoos and Spencer Eth in California, among others. In 1992, the Child Witness to Violence Project at Boston Medical Center began to provide specialized mental health services to young children who had witnessed either domestic or community violence.

## Facts & Myths

### How Many Children are Exposed to Violence?

- A study at Boston City Hospital (now Boston Medical Center) found that 1 in 10 children had observed a shooting or knifing by the age of six.
- Half of the reported violence occurred in the home and half occurred on the streets. In Los Angeles, children witness 10–20% of homicides.

- A study of elementary school children in New Orleans revealed that over 90% of the children had witnessed violence; over half had been the victims of some form of violence; 40% had seen a dead body.
- At least a third of American children have witnessed violence between their parents. Most have witnessed multiple instances.
- Between 3 and 10 million children (depending upon the study) will witness domestic violence in this country this year.
- The majority of children who live in homes where there is domestic violence have observed the violence at least once (75–87%, depending on the study).
- Over a third of children in one study reported seeing violence used by fathers against mothers when a parent reported that no violence occurred.

### **What Is the Connection Between Domestic Violence and Child Abuse?**

- The overlap between child abuse and domestic violence in the same family is significant. 40–60% of families who present with partner violence also report child abuse.
- One study found that half the children who were physically abused were caught in the middle of an inter-parental attack.
- The more often violence is used against a parent, the greater the risk that the children are also abused.
- 77% of children in high violence families were abused over their lifetime. \* Of 50 men imprisoned for killing their child, 12(24%) had also assaulted their partners.

### **What Are the Effects of Exposure to Violence on Children?**

- Most children who witness domestic violence manifest some symptoms associated with Post Traumatic Stress Disorder.
- Witnessing violence affects children's abilities to learn. They may have difficulty focusing and concentrating in school. They are easily distracted.
- Witnessing violence affects children's behavior, sometimes making it difficult to establish good peer relationships.

- Children who witness violence may be more aggressive and fight more often.
- Growing up with violence affects a child's basic drive to explore the world. Natural curiosity is thwarted. Children may be less willing to try new things.
- Children growing up with violence are at greater risk to become violent themselves although most do not.
- Children exposed to high levels of parental violence are at risk for adjustment problems in young adulthood.

### **What Are the Myths about Witnessing Violence?**

- Myth: The younger the child, the less the child will be affected by exposure to violence.

Young children are not immune to the effects of violence. Clinical experience suggests that young children are deeply affected by witnessing violence, particularly if the perpetrator or victim of violence is a family member.

- Myth: Young children will not remember the violence they have witnessed.

Children do not forget what they have witnessed. Adults hope that if the violence is not talked about, the children's memories of the event will disappear. However, young children demonstrate a remarkable capacity for recalling traumatic events. Children's vivid accounts of violent events stand in contrast to parent's reports that their children did not see the violence or were unaware of it.

- Myth: Violence is an urban problem and only children living in urban areas witness violence.

Violence is not solely an urban problem. Violence has touched the lives of families and children across the country: in rural areas, in the suburbs and in the inner city. Domestic violence can occur anywhere. Child abuse and community violence occur with more frequency in areas where there is a high concentration of persons with inadequate housing and income, and with high rates of drug use. This correlation speaks to the need for addressing issues of poverty and inequity in this country as one strategy for reducing violence.

- Myth: Violence is a racial problem affecting primarily Black and Hispanic children.

Violence is not a racial problem nor does it exist primarily in minority communities. Domestic violence occurs at similar rates across all races and cultural groups studied. Research suggests that community violence is a function of poverty, not race. When people at the same income

level are compared, there are few differences among races. This finding suggests that the context of poverty, not race, is a main risk factor for violence.

## Recognize the Signs

### Symptoms of Witnessing Violence

#### Common Symptoms Seen in Children Who Have Witnessed Violence Include:

- **Sleep difficulties:** Frequent waking, nightmares, fear of falling asleep

*Sally saw a downstairs neighbor threaten her mother with a knife when she was seven years old. For weeks afterwards, she would lay awake at night, listening for steps on the stairs, afraid he was coming back. She had a recurring dream that he was chasing her around the neighborhood, and she was looking for a place to hide.*

- **Somatic complaints:** Headaches, stomach aches, aches and pains with no clear medical cause

*Jose, eight years old, witnessed his mother's abuse at the hands of his father for five years. After they separated, he reported that his stomach would hurt every time he thought about his father. He often went to the school nurse complaining of stomachaches.*

- **Increased aggressive behavior, angry outbursts**

*Marci, six years old, had lived with domestic violence all her life. She had trouble making friends at school because she would hit and kick when frustrated or disappointed. At home, she sometimes kicked her mother, and called her the same "bad words" her father used.*

- **Increased activity level**

*Terence, eleven years old, saw a murder in his neighborhood. In the following months, his teachers and parents noticed that he had trouble settling down to do his schoolwork, and was more active than usual.*

- **Hypervigilance:** Worries, fears, overreaction to loud noises or sudden movements

*Sarah, four years old, told her day care provider she wanted to go home early one day because she was worried about her mom: "My mommy will be hurt." Her mother reported to the day care*

*provider that she had been abused by a former girlfriend, who continued to stalk her and made many threats to kill her.*

- **Regression:** Loss of skills learned at an earlier age, “babyish” behavior

*Five year old Tommy, who had been toilet-trained by the age of three, started wetting his pants again after he saw his father mugged at gunpoint while waiting at a bus stop.*

- **Withdrawal:** Loss of interest in friends, school, or other activities the child used to enjoy

*Ebony, thirteen years old, used to enjoy going to the movies or the mall with her friends on weekends. She was also on her school’s gymnastics team. After she saw her older sister get beaten by a boyfriend, she quit the gymnastics team and started to stay home every weekend.*

- **Numbing:** Showing no feelings at all, not bothered by anything *Nine-year-old*

*Eric had seen a lot of violence in his family. His father would beat his mother, and sometimes hit Eric and his little sister as well. Eric’s teachers noticed that he seemed “shut down” emotionally. He never showed any anger or sadness, but he never seemed happy either.*

- **Increased separation anxiety:** Refuses to go to school, very upset when left with babysitter or child care provider

*Somnang was just ten months old when she saw her mother pushed down the stairs by a relative. For several weeks after the incident, Somnang would wail for long periods of time after her mother brought her to day care, even though she knew the providers and used to separate easily.*

- **Distractibility:** Has trouble concentrating at school or home

*At sixteen years old, Justin saw his friend beaten up by some other teenagers. Afterwards, he found it hard to concentrate on anything for very long, saying that memories of the fight would pop into his mind and distract him from what he was doing.*

- **Changes in play:** Repeatedly acts out or recreates violent events in play, less able to play spontaneously and creatively

*After her parents split up, Elva’s preschool teachers noticed that she was spending more and more time at the dollhouse. Each time, she used the father doll to hit the mother doll over and over again.*

## How to Support a Child Who Has Witnessed Violence

- **Healing begins with relationships.** The adult helping relationship is the most powerful tool we have to assist children in healing from traumatic events.
- **Help children know what to expect.** Provide a highly structured and predictable home and learning environment for children.
- **Let the child know that it is OK to talk about what has happened.** When children are ready, it helps to be able to talk about the violence in their lives with trusted adults.
- **Give parents support.** Help parents understand that young children think differently than adults and need careful explanations about scary events.
- **Foster children's self-esteem.** Children who live with violence need reminders that they are lovable, competent and important.
- **Don't try it alone.** Identify and collaborate with other caregivers in the child's life.
- **Teach alternatives to violence.** Help children learn conflict resolution skills and about non-violent ways of playing.
- **Model nurturing in your interactions with children.** Serve as role models for children in resolving issues in respectful and non-violent ways.

### How to Intervene

There is no age at which a child is immune to the effects of violence. As health professionals, concerned parents, caregivers, and citizens, we must work tirelessly to reduce, if not eliminate violence in the lives of children. Interventions with children who are affected by violence require multiple disciplines and careful collaboration. No one profession can succeed alone. Families are best helped when health providers, mental health providers, educators, police and the courts work together.

### What Parents and Caregivers Can Do

Remember: Children are not little adults. They have different and unique ways of understanding violence. Listen carefully to how they make sense of what happened.

- Use reassurance and a calm voice when talking to a child, especially in the aftermath of violence. Give children permission to tell their stories. Sometimes it is difficult to listen to the child's distress, but talking helps children heal.
- Remind children that the violence is not their fault, and it is not their job to solve adult problems.
- Remember, you can get specific help from professionals in planning how to talk to children about the violence they may have witnessed.
- Work to create a stable, safe environment for the child.

### **What Neighbors Can Do**

- If you know of a child who is witnessing violence, you can help the child by helping his/her parents. In the case of domestic violence, you can help by supporting and helping the battered partner.
- Call the resources listed in this web site to ask questions and get support for yourself as well as the person you are concerned about.
- Be supportive of your neighbor or friend and express your concern. Simple statements like, "I am concerned about you. How have you been doing?" can make a lasting difference.
- Share the telephone numbers of support services with the person you think is in need of the information. If the violence is domestic violence, share those numbers privately.
- Be willing to make a phone call for your friend or neighbor.
- If needed, help them get to a safe place. Perhaps give them a ride or call a taxi for them.
- If possible, help them find a safe place to stay.
- If necessary, support them in getting legal or housing assistance.
- Remember that if the violence you are concerned about is domestic violence, you don't help the victim by confronting the batterer yourself. Have trained professionals respond.

### **What Professionals Can Do**



There are many counseling treatments for children who are exposed to violence that have been carefully evaluated for their effectiveness. A list of evidence-based trauma-focused counseling interventions can be found at [www.nctsn.org](http://www.nctsn.org).

While there are differences in how these interventions are delivered, they share the same core components of focus. They:

- Stabilize the environment for the child and the family.
- Give family members support and information about how children respond to witnessing violence. Caregivers may be unaware of how affected young children are from exposure to violent behavior.
- Work with caregivers to create strategies for reducing symptoms and managing challenging behaviors.
- Help the child and the caregiver understand the child's perspective of the violent event(s).
- Help the child to tell the story of the traumatic event in play or words.
- Correct cognitive distortions or misunderstandings about the event.
- Provide activities that promote a child's competence and self-esteem.
- Collaborate with all agencies and care providers that are part of a child's life.

## **When & Where to Seek Help**

### **When Do Children Need Professional Help?**

Many children exposed to violence can resolve their feelings and concerns with the help of their family and community. However, there are instances when professional help is needed. Consider seeking professional help in the following situations:

- The child is vulnerable because of other stressful events or losses they have experienced.
- The child was related to or is a close friend of the victim.
- Parents are highly upset and less able to respond to the child's needs.
- A child is physically hurting him/herself or others.

- A child's parent has been the victim of violence.
- A child's problems have gone on for 3–4 months with no improvement.

If you are a parent worried about your child, remember that you know your child best. Don't hesitate to consult a professional.

If you are worried about a child you know well, remember that you play a very important role!

### **Where Can You Seek Professional Help?**

There are a number of institutions and agencies that provide help. Typically, all offer a specific set of services. For examples, courts provide services around legal matters. Below is a partial list of helping agencies:

- Schools
- Courts
- Mental Health Providers
- Religious Institutions
- Shelters for Battered Women
- Police Departments
- District Attorney's Office

### **Who Can You Contact for Help or a Referral?**

Talk to someone who knows your child well. He or she may be able to provide counseling or a referral. Consider contacting the following professionals:

- **Health Care Providers - The Child's Pediatrician**

Pediatricians are committed to keeping their patients' bodies and minds healthy. They can help parents to understand their child's symptoms and behaviors, address medical and emotional concerns, and offer appropriate referrals. Many providers have a list of counselors, advocates or other resources to help children and families. They can also help the parent navigate the managed care system.

- **School Counselors and Administrators**

School counselors are trained to recognize problems that may affect a child's developmental growth and learning. Administrators include school principals, department heads, and head

teachers. They may refer the family to experts in the field of children exposed to violence as well as set up teaching, learning, and counseling programs that take into account the educational needs of children exposed to violence.

- **Teachers**

Most teachers see children everyday of the week. Children learn best when teachers can collaborate with parents and other service providers. Since their goal is to help children be successful in school, they can make classroom adjustments that help stressed children learn the material with which they are presented. They often are aware of local services that are available and can tell you how to access them.

- **Clergy and the religious community**

Of course, clergy look out for our spiritual well being. They can help us keep our faith in the face of difficult times and that faith can serve as an important resource when we are worried about our children. Sometimes faith communities join hands in an attempt to end violence. For example, a model interfaith nonprofit organization, [Safe Havens](#), exists in Boston. Their goal is to create a network of congregations that are better equipped to respond to family violence.

- **Mental Health Providers**

Mental health providers include social workers, psychologists, psychiatrists, mental health counselors, psychiatric nurses, and marriage and family therapists. They help adults and children cope with the emotional experience of being exposed to violence.

- **Police**

The job of police is to keep people safe. Not only can they be helpful in relation to a crime but those departments with community policing programs are also very well informed about community resources. Some even have their own youth programs.

- **Domestic Violence Advocates**

Domestic Violence Advocates can be found in health centers and hospitals, mental health centers, courts, and battered women shelters. They are extremely knowledgeable about all aspects of domestic violence and can help navigate victims through many complex systems such as the courts. Many can assist victims of domestic violence help their children through direct service and referrals.