

Impact of Exposure to Violence on Stages of Development (Birth to Adolescence)

Development is the continuous and cumulative process of maturation and learning that occurs through life stages: prenatal, infancy, toddlerhood, preschool, school years (latency), adolescence, young adulthood, middle age and old age. During each of these stages every child manages a series of developmental tasks in order to achieve the milestones that are considered "healthy" development. Strength is gained through "mastery" of each task and children's behavior reflects their attempts to overcome barriers when the environment interferes with this process. When stressors interfere with the successful resolution of developmental tasks, problems may arise in the next stages of development. Research shows children's experience with violence has been linked to a variety of negative outcomes affecting the mastery of several developmental tasks, particularly the tasks of attachment, school engagement and academic success, future partnering and parenting.

Taking a developmental perspective means to view childhood exposure to violence in the context of normal developmental processes and identifying the links between disrupted and normal development. To assess the impact of exposure to violence on children it is helpful to understand normal adaptation across developmental stages for several reasons, including:

- Victimization rarely occurs only once or only in one form, the National Survey on Children's Exposure to Violence¹ reveals. Many children who are exposed to one type of violence are at increased risk of being exposed to other types of violent events.
- Violence exposure often goes hand-in-hand with numerous other adverse life experiences². such as poverty, neglect, poor nutrition, overcrowding, substance abuse, lack of adequate medical care, parents' unemployment and mental health issues. These factors can exacerbate and extend the negative effects of violence exposure in children.

Children face specific challenges at different points in development so the impact of violence exposure will vary according to the child's developmental level. Children's abilities to appraise and understand violence, to respond to and cope with danger, and to garner environmental resources that offer protection and support change, become refined over the course of development. Concurrently, there are appropriate actions to help children struggling with different tasks.

As children mature, the skills required to master current life challenges rest on competencies acquired earlier in development.

Finkelhor, D., Turner, H., Hamby, S., & Ormrod, R. (2011).
 Polyvictimization: Children's exposure to multiple types of violence, crime, and abuse (NCJ 235504).
 Washington, DC: U.S. Government Printing Office. http://www.unh.edu/ccrc/pdf/jvg/Polyvictimization%200JJDP%20bulletin.pdf

2. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. American Journal of Preventive Medicine, 14(4), 245–258. Adverse Childhood Experiences Connection http://acesconnection.com/



Early Childhood (0 to 5 years) **Developmental Task** Impact of Exposure to Violence **Recommendations** • Insecure, anxious, or disorganized attachment behavior. Learn to trust that basic Seek information and advice about the child's developmental progress. needs are met • Indiscriminate relating. • Maintain the child's routines (holding, • Alternates between clinginess and independence. sleeping, and eating). • Seek support to understand and Regulate emotions through • Neurobiology of brain and central nervous system altered by switched on respond to an infant's cues. attachment to primary alarm response. • Avoid unnecessary separations from caregiver. • Reduced capacity to feel emotions-appears numb. important caregivers. • Provide additional soothing activities. • Expect temporary regressions and Develop capacity to self • Increased tension, irritability, inability to relax. soothe when distressed. clinginess. • Reduced capacity to manage emotional states or self soothe. • Accept and help the child to name strong feelings. • Expect some difficult/uncharacteristic Beginnings of self-esteem • Loss of acquired language and other skills (toileting, eating, self-care). behaviors. and self-confidence. • Speech, cognitive and auditory processing delays. • Take care of yourself.



School Age (6 to 11)				
Developmental Task	Impact of Exposure to Violence	Recommendations		
Engage in school and community activities. Acquiring basic sense of competence	 Struggling with school rules, peer relationships, and classroom instructions. Lack of motivation to master environment. Efforts to manage the emotional consequences of violence exposure may interfere with school engagement. Absconding, absences from school. Lower IQ scores, poorer language skills, decrements in visual-motor integration skills, problems with attention and memory. Efforts to distance from feelings of shame, guilt, humiliation. Obvious anxiety, fearfulness and loss of self-esteem. Trauma driven, acting out, risk-taking behaviors. 	 Listen to the child's retelling of difficult events. Respect the child's fears—give child time to cope with these fears. Monitor child's play and set limits on scary or harmful play. Permit the child to try out ideas to cope with fear at bedtime: extra reading time, radio on, listening to a tape to undo residue of fear from a nightmare. Encourage and listen to the child talk about feelings, worries, disruption of concentration. Protect the child from re-exposure to frightening situations and reminders (television programs, stories, etc.). Understand the child's regression or uncharacteristic behavior. Remain aware of your own reactions to the child's trauma. Provide opportunities for the child to experience control and make choices in their daily activities. Seek information and advice on the child's developmental and educational progress. Take care of yourself. 		
Developing a sense of belonging, being a part of, family and peer relationships	 Decreased social competence. Distorted perception of self and others. New separation anxieties. Explicit, aggressive, exploitative relating/engagement with other children, older children and adults. Wish for revenge and action oriented responses to violence. Concern about personal responsibility for the event 			



Violer	Adolescents (12 to 18)				
	Developmental Task	Impact of Exposure to Violence	Recommendations		
	Increased sense of self and autonomy from family.	 Transition to autonomy challenged. Accelerated responsibility and autonomy, acquiring caretaking roles, and/or premature independence. 	 Encourage youth to talk about difficult events with family members. Provide opportunities to spend time with friends who are supportive and meaningful. Reassure that strong feelings—guilt, shame, embarrassment, are normal following exposure to violence and other traumatic events. 		
	Redefinition of roles within the family.	 Poorly developed family skills such as respectful communication and negotiation. Intense parent-child conflicts that may result in physical violence. 			
	Increased peer-group influence and desire for acceptance.	 Embarrassed by family resulting in shame, secrecy, and insecurity. Susceptible to high-risk behaviors to impress peers (E.G. THEFT, DRUGS). Escape by increasing time away from home and finding new families (e.g. gangs). Engaging in maladaptive defensive (e.g. drugs) and offensive (e.g. aggression) strategies to avoid or cope with violence and stigma. 	 Help the young person find activities that offer opportunities to experience mastery, control, and positive self-esteem. Encourage pleasurable physical activities such as sports, music, dancing. 		
-	Dating, sexuality, intimacy and relationship skills.	 Difficulty establishing healthy relationships. Use of control and violence in dating or becoming a victim. Fear of being abused or being abusive in intimate relationships. Avoidance of interpersonal closeness. Pregnancy to escape and create support system. 	 Monitor the young person's coping at home, school, and in peer group. Address acting-out behavior involving aggression or self-destructive behavior quickly and firmly with limit setting and professional help when needed. Take signs of depression, accident proneness, recklessness, and personality changes seriously and seek help. Seek information about the young person's developmental and educational progress. 		
-	Increased capacity for abstract reasoning and broader worldview.	 All or nothing interpretations or experiences (rigid thinking and inability to see shades of gray). Skewed expectations about the world, the safety and security of interpersonal life, and sense of integrity. 			
	Increased capacity to control behavior.	 Immature brain development does not allow appreciation of consequences or the weighting of information. Externalizing problems (e.g. aggression) Conduct problems and oppositional or defiant behavior 			