

# AN ECOLOGICAL PERSPECTIVE ON THE EFFECTS OF VIOLENCE ON CHILDREN

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This special issue of *The Journal of Community Psychology* contains a series of first-rate research reports on the community, family, and individual dynamics of violence and trauma in the lives of children and youth. Many of the authors are genuine pioneers in this field, and their work is both informative and thought provoking. From settings in the United States—e.g., Illinois, Oregon, Iowa, and New York—to countries around the world—e.g., Chile, Canada, Palestine, and England—these researchers have brought their considerable skills and talents to bear in understanding how context shapes the processes through which violence and trauma shape development. Reading their work stimulates some thoughts on my part. These thoughts are the focus of this commentary.

The authors of an excellent edited volume on the mental health issues of children in war entitled their book *Minefields in Their Hearts* (Apfel & Simon, 1996). This image captures the basic truth that war presents children and youth with serious developmental challenges, challenges that if unmet can lead to disaster. This much is clear. Children have been involved directly in the prosecution of war in extraordinary and increasing numbers throughout the 20th century. UNICEF estimates that whereas in 1900 the ratio of civilian to military casualties was about 1:9, in recent decades this pattern has reversed, and now stands at approximately 8:1 (civilians to soldiers). Children constitute a significant proportion of these civilian casualties.

This shift reflects the changing nature of war. The technology of war-making increasingly emphasizes anti-personnel weapons that do not target specific individuals, and indiscriminate bombing and shelling, while the strategy of war increasingly emphasizes attacks on civilian infrastructure (whether it be in the saturation bombing of “conventional war” or the struggle for the “hearts and minds” of the population characteristic of insurgency-counter insurgency operations).

An understanding of the impact of war on children and youth is practically important in a large number of societies around the world, including countries which do not have overt war within their borders but do accept numerous refugees coming

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directly from foreign war zones (c.f., Garbarino, Kostelny, & Dubrow, 1991). In addition, some countries, like the United States, have chronic community violence in the "urban war zones" that affects the development of children and youth (c.f., Garbarino, Dubrow, Kostelny, & Pardo, 1992). Thus, the parallel to "minefields in their hearts," is an analysis of children in the urban war zone conducted by Kotlowitz and entitled *There Are No Children Here* (1991).

In this special issue, the goal has been to focus on the processes and conditions that transform the "developmental challenge" of violence into developmental harm in some children. Several themes ground this discussion in an ecological framework for understanding child and youth development. These include: 1) an accumulation of risk model for understanding how and when children suffer the most adverse consequences of exposure to community violence and exceed the limits of resilience; 2) the concept of "social maps" as the product of childhood experience; and, 3) the concept of trauma as a philosophical wound. These foundation concepts provide an intellectual context in which to understand the cumulative meaning of the papers presented in this special issue.

### **ACCUMULATION OF RISK MODEL**

Risk accumulates; opportunity ameliorates. This is one of the conclusions we draw from our observations of children coping with chronic violence in urban war zones. As negative ("pathogenic") influences increase, the child may exceed his or her breaking point. Conversely, as positive ("salutogenic") influences increase, the probability of recovery and enhanced development increases. We can term these pathogenic and salutogenic influences risk and opportunity (Garbarino & Associates, 1992).

Although most of the children of war in the latter part of the twentieth century are found outside the First World, much of the available research dealing with risk and opportunity comes from North American and Europe. Therefore, extrapolating to the urban war zones may be scientifically feasible. The human catastrophe of the recent wars in the former Yugoslavia has been provided a unique situation for research since it has allowed the testing of trauma and stress models developed in the context of American community violence in a European war context, without some of the uncertain assumptions that must be made when trying to make this application across radical cultural boundaries outside of a "Western" framework—for example, in Cambodia (Kinzie et al, 1986) and Mozambique (Boothby, 1996). Similarly, the various war experiences of Israeli and Palestinian children and youth have been a focal point for research and clinical development as a result of being one of the few settings in the late twentieth century in which highly sophisticated populations have both been exposed to war and accessible to Western-style research (Garbarino & Kostelny, 1996).

One such application of developmental research concerns models developed in the United States for understanding the impact of stressful life events on the development of competence in childhood. This research offers the hypothesis that most children are capable of coping with low levels of risk but that once the accumulation moves beyond this low level there must be a major concentration of opportunity factors to prevent the precipitation of harm. A study by Sameroff and his colleagues (Sameroff et al., 1987) illustrates this point.

Sameroff explored the impact of risk accumulation on intellectual development—*itself* a major salutogenic factor for children facing developmental challenges. This

approach is made even more relevant by the work of Perry and his colleagues (1995) documenting the impact of early trauma (particularly neglect and abuse) on brain development. Put simply, this research documents the risk that such trauma can produce deficient development of the brain's cortex (the site of higher faculties such as abstract reasoning, moral development, and impulse control). The processes involved in the link between war and brain development appear to be both direct (by stimulating a stress-related hormone—cortisol—that impedes brain growth) and indirect (by disrupting normal care giving, with the result being neglect and abuse). For children in urban war zones the issues are similar.

Using a pool of eight risk factors that included indicators of maternal dysfunction (e.g., mental illness, substance abuse, low educational attainment), family structure (e.g., absent father, large number of siblings) and social status (e.g., low income), Sameroff and his colleagues found that one or two major risk factors in the lives of the children studied produced little damage (i.e., IQ scores remained within, even above the normal range). But when risk accumulated—the addition of a third and fourth risk factor—there was a precipitation of developmental damage, and IQ scores dropped significantly below average (Sameroff et al., 1987).

Dunst and his colleagues (1992) augmented Sameroff's approach by including in the developmental equations counterpart measures of opportunity (e.g., a present and highly involved father as the "opportunity" counterpart to the risk factor of "absent father" and a flexible and highly supportive parent as the counterpart to a "rigid and punitive" parent). Such a simultaneous assessment of both risk and opportunity is essential to understand the total picture in assessing the long term effects of early developmental experience, because it more accurately captures the realities of the child's experiences, i.e., the fact that in the real world of children, risk factors usually do not exist without some compensatory impulse in the social environment of family, school, neighborhood and society. Indeed, one of the worst features of living in an urban war zone may be the dismantling of the compensatory, salutogenic infrastructure of the community.

This developmental model is particularly relevant to understanding the impact of community violence on children. It predicts that the children and youth most at risk for negative consequences associated with community violence are those who already live in the context of accumulated risk—e.g., the socially marginal, those with fractured families, those with mentally impaired or substance addicted caregivers. In contrast, children who approach their community violence experiences from a position of strength—i.e., with the salutogenic resources of social support, intact and functional families, and parents who model social competence—can accept better the developmental challenges posed by community violence and deal with them more positively in the long run (even if they show short term disturbance). This model applies to actual war zones as well as urban war zones (Garbarino & Kostelny, 1996).

There is little systematic evidence about the demography and sociology of children in actual war zones (e.g., the social class correlates of exposure to war trauma). Nonetheless, most observers note that the pre-war social class system continues to operate in most war zones, most of the time. In general, the families at the bottom of the social ladder are most likely to be affected directly (Garbarino, Kostelny, & Dubrow, 1991). In the urban war zones of the United States, social class is a critical correlate of exposure.

The experience of community violence takes place within a larger context of risk for most children. They often are poor, live in father-absent families, contend with

parental incapacity due to depression or substance abuse, are raised by parents with little education or employment prospects, and are exposed to domestic violence (Garbarino, Kostelny, & Dubrow, 1991). Approximately 20% of American children live with major accumulation of risk, and in situations characterized by community violence. Thus the problem of violence is clearly a major problem with far reaching implications for child development (Osofsky, 1995).

Students of resilience (e.g., Garmezy & Masten, 1986; Losel & Bliesener, 1990) believe that the under adverse circumstances about 80% of children will "bounce back" from developmental challenges (particularly if they have had adequate care during the first two years of life). However, under conditions of extreme risk accumulation, resilience may be diminished drastically. The magnitude of risk accumulation as a pathogenic influence and the corresponding limits of resilience are illustrated by research conducted by Tolan and his colleagues (1996) in Chicago. Tolan points out that in some environments virtually all youth demonstrate negative effects resulting from highly stressful and threatening environments. In his Chicago data, for example, *none* of the minority adolescent males facing the combination of highly dangerous and threatening low income neighborhoods coupled with low resource/high stress families evidence resilience at age 15 when measured by *either* being more than one grade level behind in school *or* scoring in the "clinical range" on the Achenbach Child Behavior Checklist for a two year period. The concept of resilience is useful, but should not be taken as an absolute.

This finding parallels work done on the impact of chronic combat experience on adults. Studies from World War II (Wank & Marchand, 1946) indicate that if soldiers are exposed to chronic combat conditions for 60 days, 98% of them eventually end up as "psychiatric casualties." Only those classified as "aggressive psychopathic personality" are able to function without becoming symptomatic. Why? Grossman and Siddle (2000) conclude chillingly, that the psychopaths are so stress resistant because they did not have the same issues of arousal in the face of threat and did not face the stress of violating moral prohibitions about killing human beings by virtue of being "cold blooded killers."

The possible implications of this finding for child development in the urban war zone are equally chilling. We might expect that the youth best able to survive *functionally* are those who have the least to lose morally and psychologically. The authors' interviews with youth incarcerated for murder and other acts of severe violence tend to confirm this. In James Gilligan's terms (1996) they are already dead and thus experience no fear or inhibition. They view the world as having neither emotional barriers nor moral terrain.

### **THE SOCIAL MAPS OF CHILDREN IN URBAN WAR ZONES**

Certainly one of the most important features of child development is the child's emerging capacity to form and maintain "social maps" (Garbarino, 1995; Garbarino & Associates, 1992). These representations of the world reflect the simple cognitive competence of the child (knowing the world in the scientific sense of objective, empirical fact), to be sure. But they also indicate the child's moral and affective inclination, not just where the child has been, but how the child views pathways to the future. These "pathways" are crucial in mediating the experience of risk in later developmental outcomes (Rutter, 1989).

In considering children facing community violence we are concerned with the conclusions about the world contained in the child's social maps. Which will it be? "adults are powerless and unreliable," versus "adults are to be trusted because they know what they are doing," "you can never be too careful in dealing with people," versus "people will generally treat you well and meet your needs," "the only safe place is at home" versus "school is a safe place." Interviews with children and youth conducted by the author and his colleagues confirm the reality of these as alternative maps among children and youth exposed to community violence and war (Garbarino, 1995; Garbarino & Bedard, 1999; Garbarino, Dubrow, Kostelny, & Pardo, 1992; Garbarino, Kostelny, & Dubrow, 1991). The forces shaping these maps are the child's social experiences in counterpoint with the child's inner life—both cognitive competence and the working of unconscious forces.

Young children must contend with dangers that derive from two sources not so relevant to adults. First, their physical immaturity crease vulnerability by placing them at risk for injury from trauma that would not hurt adults because they are larger and more powerful. But there is a potentially compensating force at work here. This is evident in research highlighting the power of parents and teachers to buffer very young children from traumatic encounters. Consider, for example, this observation from World War II London during the height of the German bombing: "Children measure the danger that threatens them chiefly by the reactions of those around them, especially trusted parents and teachers . . ." (Papanek, 1972).

Second, young children tend to believe in the reality of threats from what most adults would define as "the fantasy" world. This increases their vulnerability to perceiving themselves as being "in danger." These dangers include monsters under the bed, wolves in the basement, and invisible creatures that lurk in the dark corners of bedrooms. But here too there is a salutogenic opportunity present in this characteristic as well. Children are more likely than adults to believe in ghosts, angels, and other supernatural beings who can serve in supportive roles during times of crisis (Barreto & Bermann, 1992). Their social maps may contain psychologically relevant features that are not present in the maps of most adults.

Security is vitally important for a child's well-being, and thus his or her social map. When children feel safe, they relax. When they relax they start to explore the environment. This is clear with infants and other very young children. When a parent or other familiar person is around, a child treats the adult as a secure base from which to explore the nearby space. If frightened—perhaps by a loud sound or by the approach of a stranger—the child will quickly retreat to the familiar person.

This pattern is part of the normal development of children. It is so common that it is used to assess the quality of children's attachment relations. Children who do not use their parents this way—showing anxiety when separated and relief when reunited—are thought to have a less than adequate attachment relationship (they are "insecure" or "ambivalent" or "avoidant"). Thus, for very young children, the question of security is relatively simple. As children get older, their security needs are transformed, and their social maps change accordingly. Soon they are getting on school buses and visiting friends' houses by themselves. Eventually they are on the streets at night on their own. But security remains a constant theme for them. "Am I safe here? Will I be safe if I go there? Would I be safe then?"

Many children do not feel safe. In interviews conducted by the author in an urban war zone, a six-year-old girl reported that her job was to find her two-year-old sister whenever the shooting started and get her to safety in the bathtub of their apartment.

"The bathroom is the safest place," she told me. Being responsible for the safety of another, younger child is a rather large responsibility for a six-year-old girl (Garbarino, 1995).

For other children, the basis for their sense of insecurity is not life in the urban war zone but just life. A national survey conducted by *Newsweek* and the Children's Defense Fund in 1992 found that only a minority of children nationwide said they felt "very safe" once they walked out the door—most said they only felt "somewhat safe," and about 12% said they felt "unsafe." Other surveys report similar results. For example, a Harris (1994) poll of 6th to 12th graders revealed that 35% worried they would not live to old age because they would be shot.

Many children in the United States are experiencing a growing sense of insecurity about the world inside and outside the boundaries of their families. For one thing, they are preoccupied with kidnapping. Teachers report that if they ask students what they worry about, kidnapping looms large for most. One study (Price & Desmond, 1987) reported that 43% of the elementary school children studied thought it was likely that they would be kidnapped. Having been bombarded with messages of threat via the news and more informal sources (such as worried parents and other well-meaning adults) kids have drawn the logical conclusion: "if the adults are so scared, I should be too."

Television and movies present a world full of threat. In general, the more television an individual watches, the more paranoid that individual's view of the community. U.S. kids watch a lot of television—most of it adult television. It is not surprising that they come away from that experience with a sense that the world is a hostile and threatening place. The level of predatory behavior on television and in the movies is very high: maniacs, killers, and thieves abound.

Whether it's real life or television imagery, it does not take much violence and terror to set a tone of threat in a child's social map. Even in the worst war zones—Sarajevo, for example—shooting and killing is intermittent. In the worst high-crime neighborhood, it only takes shots fired a few times per month and homicides a few times a year to create a year-round climate of danger, to establish insecurity as people's dominant psychological reality. Memory of the emotions of trauma does not decay; it remains fresh (Apfel & Simon, 1996). Once the feeling of danger takes hold, it takes very little new threat to sustain it.

American children are little anthropologists as they watch and listen to what goes on around them. What are they learning from the news, from their favorite television programs, from the latest action movie, from cartoons, from current events lessons at school, from watching and listening to their parents and aunts and uncles and grandparents? What are they learning about the world? More and more they are learning that the world is a very dangerous place. But for some children the level of their fright exceeds the actual dangers they face. For others, the fact of the matter is that they *are* surrounded by violence. The world *is* a dangerous place. They experience trauma.

### **THE CONCEPT OF TRAUMA AS A PSYCHOLOGICAL WOUND**

Community violence and its consequences can make children prime candidates for involvement in social groups that augment or replace families, and offer a sense of affiliation and security (and perhaps revenge). In many urban war zones this means gangs. Based upon our interviews with incarcerated youth it is clear that the

violent and illicit economy that often exists in an urban war zone offers a sense of belonging and solidarity as well as cash income for kids who have few pro-social alternatives for either. These peer alliances offer some sense of security in a hostile world. If these children do not develop a sense of confidence that adults are committed to providing a safe zone, their willingness and ability to take advantage of developmental opportunities will decrease and this will adversely affect their future.

One important process that translates “war” into directly pathogenic experiences for children is the *social* disruption of families that often accompanies it (e.g., Garbarino, Kostelny, & Dubrow, 1991). In actual war zones this disruption may be the explicit tactical and strategic goal of combatants. One evidence of the fact that war disrupts families is to be found in the fact that globally one of the major consequences of modern war is the creation of refugees and other displaced persons—the majority of whom are mothers and children.

How does this process affect children? Consider refugee camps as contexts for parenting and child development, and then consider their parallels in the urban war zone, particularly low-income public housing projects around the United States which are often focal points for the urban war zone. This analysis derives from the author’s site visits to such camps in Thailand, Hong Kong, Sudan, the former Yugoslavia, and the Middle East conducted during the period 1985–1994.

### ***The Arms Race***

*Refugee Camps.* There is a proliferation of violence—sometimes a kind of “arms race”—which exacerbates the effects of conflict. It is common for young people—particularly males—to be heavily involved in this violence, and even to be engaged in armed attacks and reprisals. Substantial numbers of “bystander” injuries are observed.

*Public Housing Projects.* Violence is endemic, and gun possession—particularly by youths—in also extraordinarily high, and violent crime rates are typically many times the average for the rest of the city.

### ***Gangs***

*Refugee Camps.* Representatives of “mainstream” society have only partial control over what happens. International relief workers leave the camps at the end of the working day.

*Public Housing Projects.* The projects are under the control of the local gangs at night. Therefore, no action during the day can succeed unless it is acceptable to the gangs that rule the community at night. Gangs may establish curfews on their own initiative and make the decision about whether or not someone who commits a crime against residents will be identified and punished.

### ***The Role of Mothers***

*Refugee Camps.* Women—particularly mothers—are in a desperate situation. They are under enormous stress, often are the target of domestic violence, and have few economic or educational resources and prospects. Men often play a marginal role in the enduring life of families—having lost access to economically productive roles, and being absent for reasons that include participating in the fighting, fleeing to escape

enemies, being injured or killed. Largely as a result, there is a major problem of maternal depression. Studies in these settings have reported 50% of the women being seriously depressed.

*Public Housing Projects.* Survey research in public housing projects confirms similarly difficult conditions for mothers, including depression at rates comparable to the refugee camps (Osofsky, 1995). This in turn is related to problems with early attachment relationships between mothers and children. One consequence of maternal depression is neglect of children. This connection is well established in research (Osofsky, 1995). This neglect leads to elevated levels of "accidental injuries" to children as well as a more generalized lack of psychological availability.

Trauma arises when the child cannot give meaning to dangerous experiences. This orientation is contained in the American Psychiatric Association's definition of Post-Traumatic Stress Disorder, which refers to threatening experiences outside the realm of normal experience. Trauma has two principal components: overwhelming arousal and overwhelming negative cognition. The former component is especially relevant to young children who have not developed fully functioning systems to modulate arousal (e.g., brain stem maturation that is not complete until age 8). Trauma involves an inability to handle effectively the physiological responses of stress in situations of threat.

The second component of trauma—overwhelming cognition—is captured in Herman's (1992) formulation that to experience trauma is "to come face to face with human vulnerability in the natural world and with the capacity for evil in human nature." This is the human core of the term "overwhelming negative cognition" and it illuminates the traumatic nature of living in an urban war zone for children and youth.

Experiences which are cognitively overwhelming may stimulate conditions in which the process required to "understand" these experiences itself has pathogenic side effects. That is, in coping with traumatic events, the child may be forced into patterns of behavior, thought, and feelings that are themselves "abnormal" when contrasted with that of the untraumatized healthy child. Children—especially elementary school age children who are too old to profit from the parental buffering that can insulate young children—may be particularly vulnerable to the trauma caused by threat and fear. So it is that one study of *non-war* trauma reported that those exposed to trauma before age 10 were three times more likely to exhibit PTSD than those exposed after age 12 (Davidson & Smith, 1990).

Children and youth exposed to acute danger may require processing over a period of months (Pynoos & Nadar, 1988). Some children in urban war zones experience the psychological symptoms of Post-Traumatic Stress Disorder, symptoms which include sleep disturbances, day dreaming, recreating trauma in play, extreme startle responses, emotional numbing, diminished expectations for the future, and even biochemical changes in their brains that impair social and academic behavior (Osofsky, 1995). This trauma can produce significant psychological problems that interfere with learning and appropriate social behavior in school and that interfere with normal parent-child relationships. And, if the traumatic stress is intense enough, it may leave some permanent "psychic scars" (Terr, 1990). This is particularly the case for children made vulnerable because of disruptions in their primary relationships (most notably with parents). These effects include excessive sensitivity to stimuli associated with the trauma and diminished expectations for the future (Terr, 1990). But by and large, most

children will respond positively to the return of the pre-traumatic state of reality by themselves returning to normal functioning.

The above is acute traumatic danger, but the more common variety in urban war zones and the specific focus of this chapter is chronic danger. Chronic traumatic danger imposes a requirement for *developmental* adjustment. In the terminology of developmental psychology coined by Jean Piaget (1952) these developmental adjustments result from the inability of the child to *assimilate* these experiences into existing conceptual frameworks (“Schemas” to use the Piagetian term). Rather, these experiences require the child to alter existing concepts to permit the new experiential information to be known, and this involves what Piaget termed *accommodation*.

What are these accommodations? They are likely to include persistent Post-Traumatic Stress Syndrome, alterations of personality, and major changes in patterns of behavior or articulation of ideological interpretations of the world that provide a framework for making sense of ongoing danger (Garbarino, Dubrow, Kostelny, & Pardo, 1992). Chronic traumatic danger rewrites the child’s story, redraws the child’s social map, and redirects behavior. This is particularly true when that danger comes from violent overthrow of day-to-day social reality, as is the case where communities are altered substantially, where displacement occurs, or where the child experiences the death of an important member of the child’s family or social network. In the case of children exposed to the chronic horrors of Pol Pot’s Khmer Rouge regime in Cambodia in the 1970’s 50% of the kids exhibited persistent symptoms of PTSD eight years after exposure (Kinzie et al., 1986).

Trauma inflicts philosophical wounds by challenging the very meaningfulness of life. Bessel van der Kolk (1998) asks incoming psychiatric patients, “Have you given up all hope of finding meaning in your life?” Among those who experienced major trauma *prior to age five*, 74% answer “yes.” Among those who experienced major trauma after age 20 the figure is “only” 10%. Posing this question informally to thousands of professionals, students, and other adults reveals an overall incidence of about 1% (asking people to respond anonymously, but in a public setting).

What do we make of this? It reflects the fact that trauma represents an enormous challenge to any individual’s understanding of the meaning and purpose of life, the metaphysical and spiritual dimensions, and that this crisis is particularly difficult for children. Further, if the crisis of meaning and purpose cannot be acknowledged and mastered, it can result in psychological and physiological symptoms that can become debilitating (to the point of requiring psychiatric care).

These data suggest that there may be a developmental context for this experience. Just as there are “critical periods” in the development of many other human attributes (e.g., vision) the initial structures of meaning are most efficiently and effectively established in early childhood. Trauma is a challenge to meaningfulness, and the enormity of this challenge is greatest for the youngest victims. They have less well-developed cognitive skills to be employed in making sense of the world, and they have not had the time to build a solid framework of meaning. Their social maps are as vulnerable to trauma at age eight as their central nervous systems were at age one.

What is more, we can readily acknowledge that a child’s world view is more fluid than an adult’s, in the sense that their experience of reality is less constricted by social conventions regarding what is real and what is not. Thus, for example, children are generally more ready to believe that there are spirits everywhere around them (as opposed to most adults who have been trained to make clear distinctions between the culturally “acceptable” spirit world of religion and the “unacceptable” world of “fan-

tasy"). Silverman and Worden (1992) offer documentation of this in a study of children whose parent had died. Some 57% reported speaking to the dead parent; 43% of those children felt they received an answer; 81% believed their dead parents were watching them. In contrast, Kalish and Reynolds (1973) reported that 12% of adults reported such direct contact with the dead.

Where spirituality and religion rely on an intrinsic belief in a higher, all benevolent power, trauma can temporarily or permanently shatter this belief. It can challenge children's understanding of themselves as spiritual beings having a physical experience because it brings about a perceived threat to or even a severance from their spiritual connection—between them and the Higher Power which they believe exists to protect them. Trauma creates a profound cut which separates the child from a place within where he or she believed in a higher spiritual power, whether referred to as Allah, God, Buddha, Jehovah, the Creator, or whatever language used to reflect their relationship with the larger spiritual dimension of existence. This is a profound form of "cognitive dissonance," perhaps better termed "spiritual dissonance."

That is why we will often hear trauma victims—children, youth, and adults—say "If there is a God, how could He/She allow such atrocities?" (Kozaric-Kovacic, Folnegovic-Smalc, Skrinjharic, Szajnberg, & Marusic, 1995). Of course, the spiritual dissonance engendered by confronting "the problem of evil" is itself a fundamental religious issue. Even trauma inflicted upon others may trigger this kind of questioning. For example, our interviews with teenagers involved in acts of severe violence (e.g., shooting) suggest the possible traumatic dimensions of *committing* assault (Garbarino, 1995). Research on combat indicates that one of the principal sources of trauma for soldiers is the violation of the basic moral precept "thou shalt not kill" (Grossman & Siddle, 2000).

Those who deal with the most heinous of killers (e.g., sadistic serial killers) outline the nihilism that pervades their metaphysical universe (e.g., Douglas & Olshaker, 1995). Their thinking seems to be thus: "How could God permit a monster like me to exist?" Gilligan (1996) confirms this insight in his exploration of profound shame as the unifying factor among men incarcerated or hospitalized for the most severe violence, these individuals who face daily the prospect of psychic annihilation. Robert Coles puts it this way: "Children try to understand not only what is happening to them but why; and in doing that, they call upon the religious life they have experienced, the spiritual values they have received, as well as other sources of potential explanation." (Coles, 1990).

Speaking about children traumatized from having become suddenly crippled due to illness, psychoanalyst Erich Lindemann (cited in Coles, 1990) makes the following observation: "These are young people who suddenly have become quite a bit older; they are facing possible death, or serious limitation of their lives; It would be a mistake . . . to emphasize unduly a psychiatric point of view . . . if those children want to cry with you, and be disappointed with you, and wonder with you where their God is, then you can be there for them." (Coles, 1990).

If adults imagine the Higher Power as a caring, protective, all benevolent figure—in short as the ideal parental figure—then it makes sense that children's imagery of a higher power also include a sense of the protective, ideal parent figure. What children may add to this concept of spirituality is that in their cases, God's persona would be magnified by the child's need for care, protection, and love.

When this need is absolutely violated, some children will seek out a negative universe on the grounds that anything is better than nothing. This is one of the

origins of extreme negative behavior later in life such as exhibited by serial killers—brutal child abuse that leads to a descent into evil to provide *some* structure of meaning for the child (Douglas & Olshaker, 1995). It also has implications for identity in the sense that when faced with the prospect of psychic annihilation, human beings will opt for even negative identities (Gilligan, 1996). A convicted killer once put it this way to a colleague of the author, “I’d rather be wanted for murder than not be wanted at all.”

Magical thinking is an important feature of early childhood. It forms the basis for fantasy play, which itself is an important resource for children in developing and working through alternative scenarios as solutions for day-to-day issues and problems in their lives. When trauma overwhelms the child’s play and constricts it in repetitive unproductive patterns that play may be said to be “captured” (Garbarino & Manley, 1996). Captured play is often linked to traumatic experiences. In captured play children seek unsuccessfully to find a meaningful solution to the crisis of meaning imposed by the shattered assumptions they experience in the wake of trauma. They are often literally looking for God in a world in which God has disappeared.

The origins of these shattered assumptions in the urban war zone experience of the child may be domestic (e.g., child abuse in the family) or community (e.g., living in a war zone or being a street child subject to sexual exploitation and punitive violence). Whatever the specific origins, there are common issues to be found in the challenge to meaningfulness. This rendering of trauma as a spiritual challenge finds expression in the work of many thinkers and helpers in the helping tradition who begin their work in the “psychological” domain, but find their impulse to understand and to help leads them inevitably to the spiritual. We see this evident in the path taken by Carl Jung (1933), Thomas Moore (1992), and Robert Coles (1990), among others. Frankl (1963) followed this path through the Nazi concentration camps to conclude, “It is this spiritual freedom—which cannot be taken away—that makes life meaningful and purposeful.” (Frankl, 1963, p. 106).

Janoff puts it this way based upon her work with trauma survivors: “It may seem remarkable, yet it is not unusual for survivors, over time, to wholly reevaluate their traumatic experience by altering the positive value and meaningfulness of the event itself. The victimization certainly would not have been chosen, but it is ultimately seen by many as a powerful, even to some extent worthwhile, teacher of life’s most important lessons.” (Janoff-Bulman, 1992). This is essential to the process of understanding the *long term* salutogenic impact of violent trauma. When trauma engenders the search for meaning in the context of a social environment that nurtures and supports that search it *can* move children and youth from short term pathogenic effects to long term salutogenic influences.

The task of dealing with the effects of community violence as a developmental conspiracy falls to the people who teach the children of that society—their parents and other relatives, teachers, and counselors. Adults are crucial resources for children attempting to cope with the chronic danger and stress of living in a war zone. Generations of studies focusing on the experience of children living in war zones testify to the importance of adult responses to danger as mediators of psychological responses in children exposed to war (Garbarino, Kostelny, & Dubrow, 1991). So long as adults take charge of themselves and present children with a role model of calm, positive determination, most children can cope with a great deal of acute war-related violence. They may indeed be traumatized by their experiences, but the adults around them will be able to serve as a resource and support the child in rehabilitative efforts to cope

with long term consequences and perhaps even stimulate salutogenic experiences (Apfel & Simon, 1996).

However, once adults begin to deteriorate, to decompensate, to panic, children suffer in the short term (and perhaps in the long run as well). This is not surprising, given the importance of the images of adults contained in the child's social maps. Traumatized children need help to recover from their experiences (Apfel & Simon, 1996). Emotionally disabled or immobilized adults are unlikely to offer the children what they need. Such adults are inclined to engage in denial, to be emotionally inaccessible, and are prone to misinterpret the child's signals. Messages of safety are particularly important in establishing adults as sources of protection and authority for children living in conditions of threat and violence. But these adults take on this task facing enormous challenges of their own. Human service professionals and educators working in war zones are themselves traumatized by their exposure to violence (Danieli, 1996).

In the long run—i.e., in the process of *accommodating* to the war experience—children depend upon adults as teachers. Thus, we must understand the teaching process as it relates to trauma. This leads us to the interactional model of development proposed by Lev Vygotsky. In Vygotsky's approach (1986), child development is fundamentally social; cognitive development proceeds at its best through the process of interactive teaching. He focuses on the Zone of Proximal Development: the difference between what the child can accomplish alone versus what the child can accomplish with the guidance of the teacher. How is this relevant to the child's ability to cope with war trauma?

In the case of isolated acute trauma in a setting of peace (a single horrible incident that violates the normal reality of the child's world) the child needs help believing that "things are back to normal." This is a relatively easy teaching task, this therapy of reassurance. But the child who lives with chronic trauma (e.g., the urban war zone) needs something more. This child needs to be taught how to redefine the world in moral and structural terms.

One major risk is an extreme loss of future orientation. This "terminal thinking" grows out of chronically traumatic situations in which youngsters come to believe that violent death is an inevitable fact of their lives, and respond accordingly—i.e., with fatalistic violence, depression, and anti-social behavior (Garbarino, 1995). Children in urban war zones need teaching that matches their developmental and experiential needs to move beyond the "default option" of terminal thinking and revenge-oriented morality. Vygotsky refers to this kind of teaching to the child's specific needs as teaching in "the zone of proximal development."

Families can do much to provide the emotional context for the necessary "processing" to make positive moral sense of danger (Garbarino & Kostelny, 1996), but it takes help from outside the home. If school teachers and other adult representatives of the community are unwilling or unable to demonstrate and teach higher order moral reasoning, or are intimidated if they try to do so, then the process of moral truncation that is "natural" to situations of violent conflict will proceed unimpeded.

In Northern Ireland, for example, both Protestant and Catholic teachers in some communities learned that if they tried to engage their students in dialogue that could promote higher-order moral reasoning they would be silenced by extremist elements (Conroy, 1987). This is a common situation under conditions of war in which narrow concepts of loyalty and the exigencies of the immediate tactical situation may lead to the suppression of teaching dialogue. While this danger is greatest in societies that

were totalitarian prior to the war situation, it may be an issue even in otherwise democratic societies. The prosocial forces in a community that are committed to moral development must remain in control of the schools, churches, and neighborhood clubs for this healing process to operate for children.

The problem of chronic gang and militia violence under conditions of war (and the related displacements of communities that it engenders) poses a threat to youngsters that parallels other situations in which there is a dramatic and overwhelming destruction of the foundations of daily life. Erikson's (1976) study of an Appalachian community devastated by flood speaks to what happens when a community loses faith with itself, when parents, teachers, and other adults are demoralized and powerless: "The major problem, for adults and children alike, is that the fears haunting them are prompted not only by the memory of past terrors but by a wholly realistic assessment of present dangers." (Erikson, 1976, p. 215).

## CONCLUSION

Perhaps I can close with a few narrative examples in which I was directly involved as an interviewer to help illuminate the effects of violence on the experience of childhood. In Detroit, a young boy whose idolized teenage brother was killed in a gang-related attack was asked, "If you could have anything in the whole world, what would it be?" His answer: "A gun so I could blow away the person that killed my brother," he answered (Marin, 1988). In California, when a nine-year-old boy living in a neighborhood characterized by declining security was asked, "what would it take to make you feel safer here?" he replied simply, "If I had a gun of my own." (Garbarino, 1995). In a middle class suburb of Chicago, a classroom of eight-year-olds were asked, "If you needed a gun could you get one?" A third of the children were able to describe in detail how they would get one. In a prison in North Carolina, when three incarcerated teenagers were asked about why they had done the shooting that had landed them in prison, all three replied, "what else was I supposed to do?" (Garbarino, 1995).

To understand the urban war zone we must understand the gun culture infusing the minds and hearts of American children and youth (and adults as well, for about one half of U.S. households contain at least one gun). Of course, most children and youth who are drawn to guns, who know how to get guns, and who say that having a gun would make them feel safer will not actually end up using a gun. That parallels adult gun ownership, and even most armed police are likely to go through an entire career without actually firing their weapon in the line of duty. Whether or not a child's integration into the gun culture results in actually shooting someone depends upon the particular circumstances of that child, most particularly whether they experience an accumulation of social and psychological risk factors in the absence of compensatory opportunity factors.

One further example illustrates this point. It comes from a study conducted by the author and his colleagues (Garbarino & Bedard, 1997) in which youth incarcerated for homicide or other crimes of severe violence are interviewed intensively over a period of months. Allan's story reveals the interplay of traumatic experience and guns in experience of the urban war zone.

Allan is a basketball star and a student of philosophy. He reads voraciously about religion—a recent favorite is *Ambivalent Zen*. At 17, he has recently completed requirements for his Graduation Equivalency Degree (GED). At 5'11" he worries that he

won't grow the additional inches needed to make him competitive in the world of big time basketball. And he is serving five years for manslaughter (plea-bargained from murder, 2nd degree). As he talks, the words flow in intriguing circles. He is eloquent, paying close attention to his choice of words because of his constant effort to "elevate" his language. Suddenly, his language returns to the street as he talks about the scariest thing that ever happened to him.

"I was twelve. That was a big thing. That was a big thing for me. One time a kid was gonna shoot me because four people had spent a night at his house. He has guns there, and he was selling drugs, but they had a party, so we was too drunk and too high to go home. And we left, and he said somebody stole one of his guns, you know. So, he dealt with accusation on me and the rest of us, but nobody stole his gun. So, they had a party the next week, and I came. So, when I came to the party, he was like, "Yo." He's in my face, and he goes, "Yo. Where my gun at? Where my gun at? Where my gun at? Yo, you was there that night. You spent the night. I asked everybody else where my gun at—" and I was the youngest out of them four. I was twelve years old. What was I gonna do with a gun? Even, even though I had a potential skill in me, I never thought as such. He's like, "Yo" and he pulled out a 44 caliber, a 44 bull dog. This big. It's like the same size as a Desert Eagle. And he was like, "Yo, what's up? I better have my gun. If I hear that you got my gun, I'm gonna shoot you." And, he just point the gun down at me with this anguish in his eyes that made me break down. And, I was crying. I was, like, I couldn't believe I got threatened like that, because I never had the intentions of stealing somebody's gun. And, that shocked me. And, I was like, I was like, Yasheem, my man, the one that got shot, that was his cousin. I was like, "Yasheem, why he do that? Why he threaten me like that? Why would I take his gun when I'm cool with him, you know what I mean. I see him as my peoples." And then that made me disconnect from him, because it was like, if he felt that I took his gun, he would think many other things of me. So, and then any other little thing that he thought that I did would trigger him, for killing me. So, I stayed away from him, because he was much older than me, much older than me. I took heat when he threatened me. Because of the fact that it put me on point. And when I mean point, this means I was aware of things. He had the capability of killing me. That turned me around—to deal with the killer instinct. Because at first I never thought that I could wrong nobody. I never thought about it, and the potential of killing anybody. I never had that heart. But, when that man put the gun on me, when he pointed that gun at me and told me that he was gonna kill me and told me that I better protect myself and do the killing before somebody else kill me. From then, I was in the way of being cannibalistic. I became a shark eating the little fishes. I've been through a lot—in my seventeen years of breathing. I've been through a lot."

Having told the story of how it felt to be a frightened child in the urban war zone—a little fish—Allan told of how he became an armed predator—a shark, a cannibal—never leaving home without a gun or two in his back pack in the year and a half that followed this incident. His story culminated in the tale of the shooting that placed him in the youth prison system at age 13. The day after an argument and an exchange of gunfire on the street, he and a friend walked out the front door of their apartment building only to find themselves confronting three armed kids bent on finishing the earlier conflict. As he recounted the event his language changed from that of the scholar to that of the street shark. His body hardened to the task, his face tough and wrinkled with intensity, his hands chopping the air as he laid it out step by step. He seemed to be reliving every instant. Seeing the intruders he and his friend

both pulled out their own guns—two each, one in each hand—and started shooting. Nine shots; he slammed the table nine times. All three of the enemy died.

After the final word of his story, he put his thumb in his mouth and sucked, as though completely oblivious to the fact that he was not alone, that there was someone there looking at him and listening. For two minutes he who had dazzled with his words sat in this most eloquent of silences. Then with weariness in his voice he admitted what he had told no one else, that he goes to bed every night thinking about when he is going to die. He's afraid of dying before he has a chance to live his life and he is afraid of what happens after death. And he cries in bed every night thinking about that.

Boys like Allan reveal the powerful accumulation of traumatic experiences in the lives of kids in the urban war zone. For him, traumatic exposure occurs in the larger context of poverty, racism, father absence, and a host of other socially toxic factors (Garbarino, 1995). This accumulation of risk model is crucial both for assessing exposure to violence and for understanding its effects.

One focus of international initiatives (such as the UN Convention on the Rights of the Child) is to create “zones of peace” for children, and generally to encourage combatants to institute and respect protected areas for children. Underlying all such efforts is an attempt to communicate a message of safety to children, to stimulate a redrawing of their social maps (Osofsky, 1995). We might go further to suggest that these zones of peace also include the freedom to engage in free play and in moral teaching in Vygotsky's zone of proximal development so that the long term process of accommodation fosters salutogenic influences for children and youth.

International action does bring change for living in actual war zones. For example, the signing of a peace accord has meant that repatriation has come to the Khmer, and they are returning to Cambodia to take up a more genuine community life. However, without efforts to achieve reconciliation, social justice, and a major peace-keeping force in highly conflicted areas, many of the children in urban war zones will get stuck there psychologically. We might consider the following programmatic actions to translate the concept of “teaching in the zone of proximal development” into strategies to increase the likelihood of salutogenic influences of the children of the urban war zones.

*Programmatic Efforts to Alter the “Legitimization of Aggression” among Children and Youth.* These efforts should include programs that start early—in the early childhood classroom and in the elementary school—to simultaneously stimulate cognitive restructuring and behavioral rehearsal of non-violence responses to conflict, anger, frustration, injustice, and threat (e.g., Garbarino, 1993).

*Respond to Trauma in Early Childhood.* These efforts should help train and support early childhood educators recognize and respond to traumatic experiences in the lives of young children in their care—and perhaps serve as a focal point for mental health services aimed at the parents of these children (Garbarino, Dubrow, Kostelny, & Pardo, 1992).

*Mobilize Pro-social Adult and Youth Members of the Community to “Take Charge.”* The greatest threat to young children comes when positive adults are defeated by the anti-social forces of community violence. Thus, efforts to mobilize adults and pro-social youth to have a visible presence and thus convey a clear message of strength and responsibility

is crucial for redrawing the social maps of children living in violent communities (Garbarino, 1995).

*Recognize the Critical Importance of "Moral" Rehabilitation.* Our efforts to understand the impact of war-related violence on children and youth around the world highlights several concerns—unmet medical needs, the corrosive effects of the co-experiencing of poverty and violence on personality and on academic achievement, etc. But from our perspective, the most important of these is that the experience of trauma distorts the values of kids. Unless we reach them with healing experiences and offer them a moral and political framework within which to process their experiences, traumatized kids are likely to be drawn to groups and ideologies that legitimize and reward their rage, their fear, and their hateful cynicism. This is an environment in which gangs flourish and community institutions deteriorate, a "socially toxic" environment (Garbarino & Bedard, 1997).

*Focus on Issues of Trust.* At the heart of this downward spiral is declining trust in adults on the part of children and youth in war zone communities. As one youth living in a small city experiencing a proliferation of gangs put it to us: "If I join a gang I will be 50% safe, but if I don't I will be 0% safe." He does not put his trust and faith in adults. That is what he is telling us if we are prepared to listen. There are self-serving, anti-social individuals and groups in any society prepared to mobilize and exploit the anger, fear, alienation, and hostility that many kids feel growing up in a war zone. They are the competition for programs designed to build peace in place of the cycle of violence.

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Start studying Lecture 2 Ecological perspective in parent-child relationships. Learn vocabulary, terms and more with flashcards, games and other study tools. Freud: sexual development (interaction of id and super-ego on ego) Erikson: how children socialise and how this affect their sense of self ( culture and society on the ego). What stages of development in Freud's theory of development? birth (traumatic beginning), oral stage, anal stage, genital stage, latency stage, mature-genital period. Children witnessing domestic violence is when children are living in a home where one of their parents are abusing the other parent. Domestic violence not only affects its adult victims, but it also plays a tremendous role on the well-being and developmental growth of children witnessing the violence. In 2009, it was estimated that as many as 7 to 14 million children are exposed to domestic violence, falling victim to its effects in the United States. [1] Many children who witness domestic violence in the home believe that they are to blame, and live in a constant state of fear. These children This study integrates an ecological perspective and trauma theory in proposing a model of the effects of domestic violence on women's parenting and children's adjustment. One hundred and twenty women and their children between the ages of 7 and 12 participated. Results supported an ecological model of the impact of domestic violence on women and children. The model predicted 40% of the variance in children's adjustment, 8% of parenting style, 43% of maternal psychological functioning, and 23% of marital satisfaction, using environmental factors such as social support, negative life events, and

The ecological perspective provides a conceptual framework within which to investigate more complex interactions between persons and environments, however. Three notions are especially important in this regard. Within the ecological perspective, therefore, an important focus of inquiry is on the ways in which, and the extent to which, different settings are linked, and the impact of these links on individual behavior. Parents interact with their children differently in poor neighborhoods than they do in more affluent ones, for example, and, as a consequence, child development may vary across neighborhood contexts. Handout A: Effects of Gender-Based Violence. Handout B: Social Responses to Gender-Based Violence. An ecological approach to gender-based violence argues that no one factor alone "causes" violence but rather that a number of factors combine to raise the likelihood that a particular man in a particular setting may act violently toward a woman. Gender violence threatens family structures; children suffer emotional damage when they watch their mothers and sisters being battered; two-parent homes may break up, leaving the new female heads of household to struggle against increased poverty and negative social repercussions. Psychological scars often impede the establishment of healthy and rewarding relationships in the future. The effects of domestic violence on children play a tremendous role on the well-being and developmental growth of children witnessing the event. Children who witness domestic violence in the home often believe that they are to blame, live in a constant state of fear, and are 15 times more likely to be victims of child abuse. Close observation during an interaction can alert providers to the need for further investigation and intervention, such as dysfunctions in the physical, behavioral, emotional Impact of Domestic Violence on Young Children, Children, and Young People. Domestic violence occurs at all ages. Sterne and Poole (2010) point out that the duration of children's encounters with domestic abuse has a greater bearing on their stress levels than the severity of the abuse. Harm caused by domestic violence can be physical, emotional, behavioral, cognitive, and social, and effects are usually overlapping and interrelated. The effects of domestic violence can be felt in early childhood. Research shows that psychosocial development is more problematical among toddlers exposed to IPV who additionally experience physical abuse (Harper et al., 2018). In some cases domestic violence during early childhood leads to emotional problems.