

SIGNS OF STRESS AND CHILD DISCOMFORT

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



Co-funded by the
Erasmus+ Programme
of the European Union



UAB
Universitat Autònoma de Barcelona



Index

1. INTRODUCTION
2. FACTORS THAT INFLUENCE THE TRAUMA: FROM CHILD TO ADULT
3. CONSEQUENCES AT SCHOOL LEVEL
4. WAYS OF COPING

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



Co-funded by the
Erasmus+ Programme
of the European Union



UAB
Universitat Autònoma de Barcelona



1. INTRODUCTION

In the 1990s, an American author, Felitti and his research staff, introduced into the complex debate on ill-treatment and abuse in infancy the notion of unfavorable infantile experiences (ESI) to indicate that all of the situations experienced in childhood, which have a significant impact on attachment processes and can be defined as “accidents on pathway” more or less chronic, as opposed to the ideal evolutionary pathway, both on a personal and relational level. They include all forms of childhood abuse, in a direct form (sexual abuse, psychological abuse, physical, neglect) and in an indirect form, which make the family environment unpredictable and misleading. Among the forms of indirect maltreatment we find parental alcoholism or drug addiction, psychiatric illnesses and, above all, witnessed violence, which is the involvement of the child, active and/or passive, in acts of violence on reference figures, which are hugely significant for the child.

Many children, who witness violence, often learn that violence is a secret to keep within the family and they do not talk to anyone. They also learn that adults are allowed to use violence as a means of getting what they want. In many families there is no mention of violence, despite the fact that all family members live and experience it, the parents are indifferent or actively neglect violence. As a result, the children hide their memories and dare not even believe in what they have experienced.

Children who have witnessed violence, live in constant fear and insecurity. They often feel responsible for the violence, they try to prevent new episodes and protect, comfort and support their mothers. Violence becomes the centre of their lives, the definition of the condition of their childhood. The children feel that something is wrong in their family and they are ashamed. Often they justify the actions of their parents and the possible explanations are endless: << *Maybe mom and dad argue for me* >> or << *maybe Dad is tired because I woke up when I had a nightmare* >>.

Domestic violence can damage the evolutionary development of children and the problems may persist into adulthood and contribute to a cycle of violence. Many children develop symptoms requiring neuropsychiatric treatment. The age and developmental level can make a difference for the expression of symptoms, the base of which there are feelings of dread, fear of death and the fear of losing their mother.

Among the short-term outcomes, the literature agrees to report psychopathological frameworks related to internalizing and outsourcing issues (anxiety, depression, difficulties in modulation and emotional regulation, poor pulse modulation, auto-heterodyne aggression, cognitive impairment) as well as somatoform symptoms. Those that suffer which such symptoms are

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

unlikely to gain access to the services available because they are seldom diagnosable. Many authors report the complex clinical signs seen in children exposed to violence, especially intra-family, to traumatic developments not always attributable to the diagnostic categories of Post-Traumatic Stress Disorder, but nevertheless the expression of a cumulative and chronic psychological trauma. All childhood traumas, which are natural effects of outside influences, and cannot be born solely in the child's mind, cause a number of changes in the mode of psychological functioning. We can divide it into two types of trauma with different characteristics: the first type, which is the consequence of a single and sudden event, and the second type, which is instead a result of prolonged and repeated abuse. While in the traumas of the first type there is a tendency to return to the memory, usually complete, detailed and well-written, to attempt a retrospective remodeling and a cognitive re-evaluation, in the second type of trauma the victim is more likely to resorts to denial and psychological paralysis. Compared to long-term outcomes however, there is a strong and proportional correlation between these experiences and early recruitment of unhealthy lifestyles (obesity, risk-taking behavior) as well as the consumption of psychoactive substances (tobacco, alcohol, drugs). Among the victims of witnessed violence, there are "orphans of femicide": children and teenagers who suddenly lose their mother in the most terrible way, the murderer being, more often than not, their own father. They are victims who have to deal with the trauma of violence and pain associated with the loss of both parents simultaneously because one has deliberately killed the other, with the destabilization and insecurity of where and with whom they will live, and often with huge internal conflicts.

2. FACTORS THAT INFLUENCE THE TRAUMA: FROM CHILD TO ADULT

Some factors that can cause traumatic effects on children are:

- The proximity of the child to violence;
- The personality of the child;
- The age of the child who is experiencing violence;
- The degree of violence;
- The frequency of the violence;
- The presence of adults who can protect and support the child.

The age of the child at the time he / she experiences violence is an important variable when we need to study the developmental damage.

- Pregnancy: Many children are born in violent contexts, as it is common that the violence against the mother begins before or during pregnancy. The violence against the mother may also have an impact on the fetus, for example through physical trauma to the abdomen, becoming a

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

risk to the mother's and child's health. During pregnancy there is an even greater opportunity to detect violence against women through more frequent meetings with health care providers.

0 - 3 years: The promotion of the development of inter-subjectivity, that is, the ability that allows the newborn and his parents to perform protodialogic exchanges during which they are able to tune into each other, is one of the first tasks of the adult. When the newborn smiles, it initially activates a reflexive answer meaningless and unintentional (intuitive reflection), and then the responses of adults will influence his/her sense of meaning in such events. They therefore take particular account of the effects that the infant's behavior and emotions exert on others and the way adults attribute meaning to the signals he/she emits. In this way the child (within the 9th-10th month of life) acquires the ability to discriminate between facial traits and to distinguish the expressions of joy, sadness and anger by responding to the mother appropriately, for example with a smile to Joyful stimuli, with signs of uneasiness in cases of sadness and with immobility or frowning on the expressions of anger. Later on, during the second year of life, thanks to the expansion of space and activities accessible to the child (social reference, etc.), what are termed social emotions, such as shyness, embarrassment, shame, guilt and empathy. These important mechanisms for adjusting and acquiring emotional skills are impaired if the child, from the first relationships, lives in contact with a neglecting or abusive parent, or even with a parent who is subject to violence. If bonds are instead a source of negative and traumatic experiences, it results in an inadequate child development process that can find expression in all areas of cognitive and emotional functioning.

At the neurobiological level, studies on the outcomes of violence have allowed us to highlight some effects: at the cerebral level (reduction of callous body, hippocampus volume, amygdala and a reduction in brain connectivity) at the level of the autonomic nervous system (alterations (Wilson, Hansen, Li, 2011, Fagundes, Glaser, Kiecolt-Glaser, 2013), and in the treatment of cardiovascular disease, heart rate, sleep watch rhythm, blood pressure, endocrine system (changes in cortisol levels) and in the immune system (Wilson, Hansen, Li, 2011; Fagundes, Glaser, Kiecolt-Glaser, 2013).

Schore introduced the concept of early relational trauma, typical in the first two years of life, which refers to particular interactions between child and caregiver, characterized by a constant and unconscious expression of fear by the latter, which is internalized by the Child, resulting in a series of implications, among which the main is the disorganization of attachment (Liotti and Farina, 2011): the caregiver simultaneously represents both the figure from which to escape, and the figure to which, in an innate way, to refer for care and protection.

- 3-10 years: Studies have shown that child victims of witnessed violence tend to be more aggressive and have more behavioral problems at school. Other possible effects include

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

depression, suicidal behavior, anxiety, fear, phobias, sleep disturbances, tics, enuresis, low self-esteem, and schooling difficulties. Errors in information processing, difficulty concentrating, difficulty in school and lower scores for language testing, motor skills and abilities of thought have emerged in some studies. Some children are severely traumatized and develop a PTSD that requires a psychotherapeutic treatment. They are unable to integrate their experience of violence and remove the feelings and thoughts that awaken memories. The treatment for post-traumatic stress syndrome should give children an opportunity to express and describe in detail the violence. They need to integrate their experience of violence with the understanding of themselves and the world around them. The stressful event can produce an alteration of cortisol, the stress hormone, and this may be the cause of Attention Deficit Hyperactivity Disorder (ADHD) and/or poor social skills. So the child acts aggressively and in antisocial and opposing ways. Among scholastic difficulties, difficulties or cognitive deficits, lack of creativity and problem solving in particular are observed. In the case of witnessed sexual violence, some children exhibit outsourced behavior and inappropriate sexual behaviours.

- Adolescent: Throughout the growth paths, children whom have witnessed violence internalize an educational model permeated by gender stereotypes, learning a devaluation of the maternal figure and / or contempt for female figures or the weaker people. At an adolescent stage, boys can take two types of behaviors: on the one hand, violent behavior increases towards mother and siblings, in turn directly victimized, since they put into effect some sort of reckless behaviors in substitution for the father figure. They progressively turn into offenders for the pre-transmission of dysfunctional affective and relational models. Emotional and behavioral disorders appear as a result of the assimilation of the transmitted patterns. Research finds a higher incidence of deviant and delinquent behaviors in adolescents who have witnessed domestic violence: consequences can be running away from home, bullying, violence in peer relationships, poor school performance to dispersal. On the other hand, adolescents who witness family violence may have little self-esteem, which determines the development of a passive, withdrawn and/or excessively responsive interactive style. Consequences in adolescents can also consist of the following behaviors: alcohol and/or drug abuse; Search for love (and acceptance) in the wrong contexts: failures with bad friends, trying to have sex with intimacy and closeness, trying to get pregnant as a teenager. At the school level there is a worsening of the difficulties that already existed in the previous evolutionary period, as well as an aggravation of relational difficulties in structured contexts.

- Adulthood: Consequences of family-witnessed violence persist even in adulthood, if the person has not received good support and help. There may be internalized and outsourced behavior, aggressive and anti-social attitudes, with depressive and anxious symptoms. While on the one hand there may be disturbances in behavior (hyperactivity, impulsivity), on the other hand, isolation and social retreat can be observed, with the inability to interact with each other,

particularly with the difficulty of having a parental role. Cognitive deficits can be profound. You experience a deep sense of solitude, failing to use social support.

3. CONSEQUENCES AT SCHOOL LEVEL

Many people suffering from unfavourable childhood experiences, although not having serious psychopathological symptoms, encounter equally difficult experiences in different social and interpersonal areas which, being less visible to the outside world, are often underestimated and not taken into account. From observations in educational and training contexts, child victims of witnessed violence experience frequent failures in their growth paths and failures at school and relational level, and then find themselves in the adult world devoid of those cognitive, social and relational skills that are fundamental to face the difficulties of life and adapt to them. Numerous studies, in fact, show that children living with domestic violence have poorer performance levels than those who are not ill-treated; In particular they are often described by parents and teachers as lacking in intrinsic motivation, unlikely to learn and unable to adequately estimate their abilities. School and behavioral disadvantage increases the risk of academic abandonment and long-term social and professional failures. The numerous educational failures experienced by children, who are victims of unfavorable childhood experiences, are mainly due to a situation of dystonia unpredictability, family violence, not allowing an adequate acquisition of scholastic, social and resilience skills that enable them to engage and address the tasks that are being proposed. Often, children with maltreatment experiences, either direct or witnessed, have major difficulties in social interaction with their peers and are rejected by classmates. This rejection is an experience that children who are victims of violence begin to experience very early, since their first interactions, and which, in most cases, will be repeated throughout their schooling and later in their adult interactions.

Many studies reveal gender differences in relation to the consequences of maltreatment; It seems that males and females react differently to infantile experiences. In general, there is a better adaptation and functioning for the female gender; The only exception is in the emotional area where males appear more controlled than females. Males are more likely to experience outsourced behavior problems, while girls in internalized behavior problems (eg. feelings of shame in the face of school failures).

4. WAYS OF COPING

Children who witness violence and maltreatment develop a number of different ways of coping in times of stress or crisis. If those rules are used as a general response to stress, they may create new problems. Also, if the cause of the problem - violence and maltreatment - remains, the social intervention probably fails.

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Examples of coping strategies that are commonly observed in children and/or adolescents who witness violence in the family are:

- Mental or emotional disconnection block: paralyzing emotions and thoughts, learning to feel, imagining being somewhere else;
- Development of the imagination: planning revenge fantasies of a better life, of being born in another family, in the hope of being rescued by someone else;
- The inadequacy of taking charge: to be protective with brothers and sisters, taking parenting roles, taking care of their own mother;
- Asking for help: talking to a teacher, a friend or a neighbour to call the police but also suicidal gestures, self-harm or violent behaviours with others;
- Try to predict, prepare, prevent or control the behaviour of the perpetrator: try to be a perfect child, to cover evil deeds, and try to organize / justify violence (eg. "Mom made a mistake" or "I was bad").

In order to maintain positive and reciprocal social relations, it is necessary to be able to interpret social signals, to assert themselves and to find people who do not exploit and abuse others. These abilities are significantly influenced by unfavourable infant experiences, which often lead to subsequent exploitation or victimization, isolation from others, dissatisfaction with ongoing relationships. Adults who have experienced domestic violence may adopt one of the following two interpersonal styles: evasive or intrusive. People with an evasive style have little interpersonal relationships and few friends, they are less inclined to be involved in relationships with others and get married. People with an intrusive style need extreme closeness. Re-victimization is also relatively common among adults who have experienced unfavourable childhood experiences. For example, women who have been children of victims of witnessed violence are more likely to be subjected to ill-treatment or adult violence.

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.