



**Illinois Safe From the Start**

**Overview of**  
**Children's Exposure**  
**to**  
**Violence**



# CEV CORE COMPONENTS

- **Understanding CEV**
  - Prevalence
  - Risk Factors
  - Protective Factors
  - Impacts on Brain Development
  - Impacts on Very Young Children
  - Impacts on future functioning



## EXPOSURE TO VIOLENCE

**Children are exposed to violence through family and community acts.**

“Exposure to violence” means being a victim of abuse, neglect, or maltreatment or a witness to domestic violence, or other violent crimes.



## SIGNS OF EXPOSURE

- **S** Sudden changes in sleep habits
- **C** Crying or whining frequently
- **A** Afraid of things he or she never feared
- **R** Refuses activities once enjoyed
- **E** Easily startled
- **D** Displays disruptive behavior



## UNDERSTAND CEV

Violence is a complex issue

- Children get mixed messages about the place of violence in their lives
  - What are some of the contradictions?



## PREVALENCE

- 3-5 children in every classroom have witnessed a woman being abused (Bell & Jenkins)
- One Chicago study of 500 children, 25% had witnessed a shooting, over 30% had seen a stabbing (Bell & Jenkins)
- 3.3 million children annually at risk for observing domestic violence (Groves & Marins)
- 3 million children are diagnosed annually with post traumatic stress disorder (Goodman & Gurian)



## **PREVALENCE**

### **ABUSE & NEGLECT**

- **2006 Scott Co. – 1,668 reports (41.82 per 1000)**
- **2008 Rock Island Co.– 1,804 reports (50.4 per 1000)**

### **VIOLENT CRIME**

- **2007 Illinois Domestic Violent Crimes – 115,006**
- **2007 Illinois Child Crime Victims – 34,092**
  - **Of which 3,368 were under 5yrs of age.**



## MAJOR INFLUENCES

What makes a  
difference?



## RISK FACTORS

**Broader Culture** transmits messages of tolerance for violence...

**Distressed Community** dynamics

- presence of violence, substance abuse, health impairment, and or economic concerns
- lack of access to trained care givers

**Distressed Family** life

- presence of isolation, violence, substance abuse, health impairment, and or economic concerns
- interrupted opportunities and capacities to bond with the child



## PROTECTIVE FACTORS

**Culture**—multiple caregivers,  
extended family, religious support

**Community**—schools, libraries,  
community services

**Family**—loving, consistent care  
giving; economic stability



# PREDICTING RESPONSES TO EXPOSURE

Individual factors that affect children's responses to exposure to violence include:

**Age**  
**Gender**  
**Familiarity**  
**Frequency**  
**Severity**  
**Proximity**



## **EFFECTS OF CEV**

# **Effects on the Brain**



## OVERVIEW OF BRAIN DEVELOPMENT

The major working unit of the brain is neurons.

**Neurons** form into networks.

**Networks** become systems which mediate various functions.



## EFFECTS ON BRAIN DEVELOPMENT

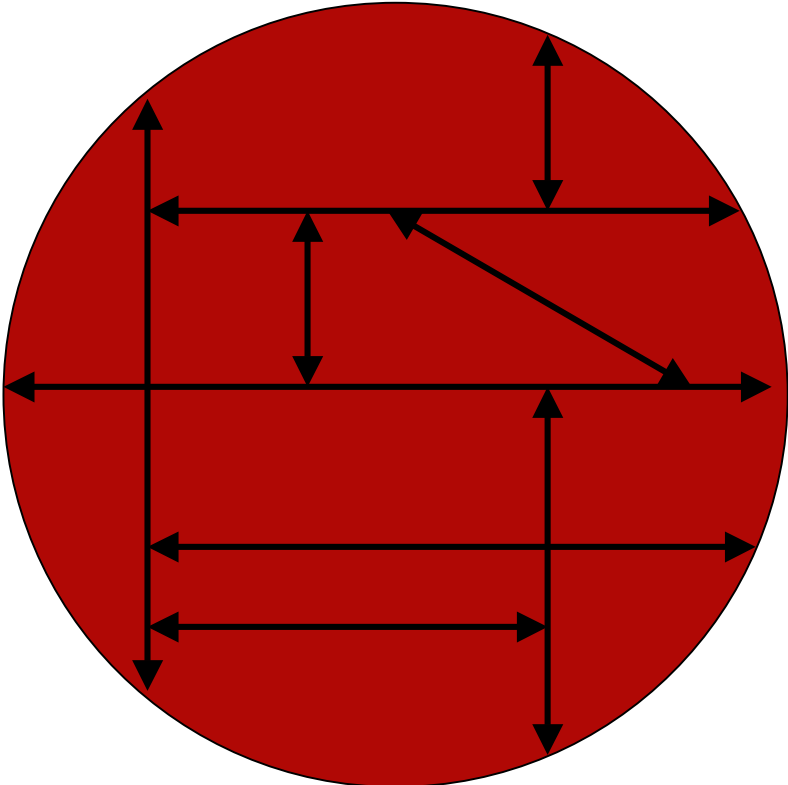
Threatening environments in early infancy can trigger imbalances of brain chemicals.

This can affect how genes are expressed.

Early experiences + genes = **biochemical foundation** for a lifetime of intellectual, emotional and social functioning.



# NORMAL BRAIN DEVELOPMENT





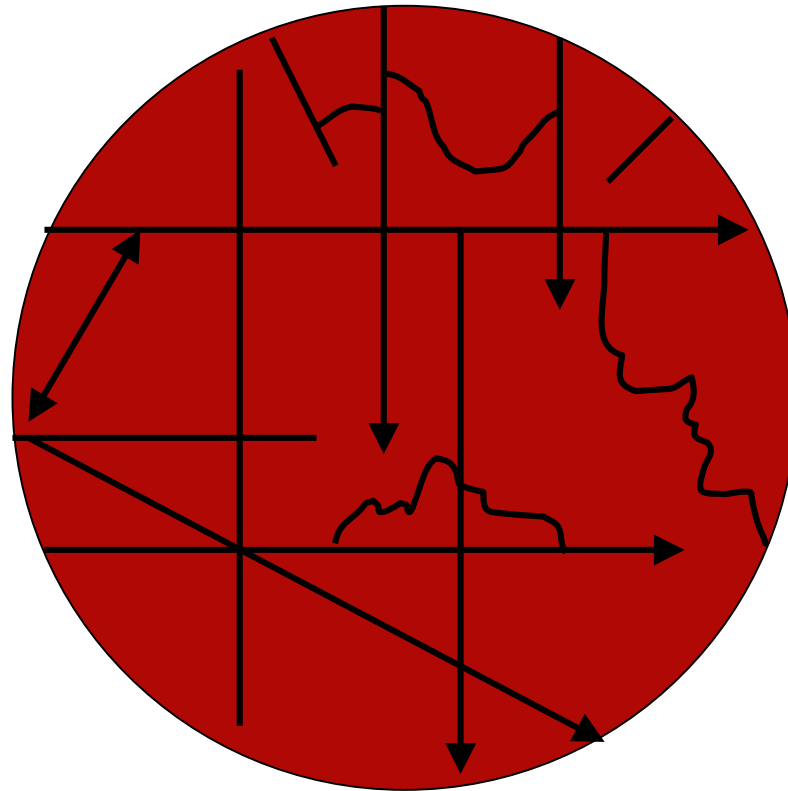
## EFFECTS ON BRAIN DEVELOPMENT

Excessive stresses like those caused by abuse, neglect, or sensory deprivation, can actually affect genes.

They can switch genes on or off at the wrong times, focusing them to **build abnormal networks** of brain cell connections.



# ABNORMAL BRAIN DEVELOPMENT





## IMPORTANT QUESTIONS

What did the child see?

What did the child hear?

What does the child know?



## IMPACTS ON VERY YOUNG CHILDREN

Children learn at an early age that the world is a **dangerous** and **unpredictable** place which effects their natural curiosity about exploring and moving out into the world is affected.

(Osofsky, J.).



## IMPACTS ON VERY YOUNG CHILDREN

- **Behavioral Effects**
  - Increased aggression
  - Acting out, withdrawal
  - Hyperactivity
  - Bedwetting
  - Sleep difficulties
  - Unable to set limits or follow directions



## IMPACTS ON VERY YOUNG CHILDREN

- **Emotional Effects**
  - Depression, helplessness, powerlessness
  - Confusion, conflicting feelings towards parents
  - Guilt
  - Fear of abandonment
  - Low self-esteem
  - Anxiety
  - Regression
  - Emotional constriction
  - Anger



## IMPACTS ON VERY YOUNG CHILDREN

- **Social Competence Effects**
  - Impaired school performance
  - Isolation from friends
  - Difficulty trusting people
  - May bully peers
  - Inappropriate social interaction
  - Fewer interests or activities



## IMPACTS ON VERY YOUNG CHILDREN

- **Physical/Somatic Symptoms**
  - Headaches, stomach aches
  - Frequently ill or tired
  - Nervous or anxious
  - Short attention span
  - Self-abuse, desensitization to pain



## IMPACTS ON VERY YOUNG CHILDREN

- **Family-Interpersonal Effects**
  - Separation anxiety
  - Mistrust/anger
  - Role reversal; parentification of child
  - Enforced family secrets
  - Inappropriate attempts to mediate conflict



## IMPACTS ON VERY YOUNG CHILDREN

- **Cognitive Effects**
  - Blame others
  - Believe it is acceptable to hit people to get needs met
  - Believe that feeling angry is bad
  - Hold rigid stereotypes about gender, age roles



## IMPACTS ON VERY YOUNG CHILDREN

- **Future Functioning**
  - May see adults as unable to protect them
  - Sense of overwhelming powerlessness in the face of trauma
  - May turn to aggression and hostility
  - Strong risk factor for engaging in violent behavior later in life
  - Lack of efficacy – “can do”



## ADVERSE CHILDHOOD EXPERIENCE STUDY

- **Major finding:**
  - Childhood abuse and household dysfunction lead to the development of chronic diseases decades later in life
  - There is a powerful relationship between emotional experiences as children and later physical and mental health



## ADVERSE CHILDHOOD EXPERIENCE STUDY

- **Adverse Childhood Experiences** (before age 18):
  - Recurrent physical abuse
  - Recurrent emotional abuse
  - Sexual abuse
  - An alcohol or drug abuser in the home
  - An incarcerated household member



## **ADVERSE CHILDHOOD EXPERIENCE STUDY**

- Someone who is chronically depressed, suicidal, institutionalized or mentally ill in the home
- Mother being treated violently
- One or no parents
- Emotional or physical neglect



## ADVERSE CHILDHOOD EXPERIENCE STUDY

- **An ACE Score of 4**
  - 450% more likely to be depressed than a person with an ACE score of 0
  - 390% more likely to have Chronic Obstructive Pulmonary Disease (COPD) than a person with an ACE score of 0



## **ADVERSE CHILDHOOD EXPERIENCE STUDY**

- A male child with an ACE score of 6 has a 4600% increase in the likelihood of later using intravenous drugs than a person with an ACE score of 0



## WHAT TO DO

- **ADDRESS THE CHILD'S NEEDS**
  - Engage Therapeutic Services
  - Pursue Comprehensive Assessment (Developmental, Cognitive, Behavioral)
- **ADDRESS THE FAMILY'S NEEDS**
  - Engage Familial Therapeutic Involvement
  - Address "**ROOT**" cause of Violence Exposure
- Strengthen **PROTECTIVE FACTORS**



## RESOURCES

### Answering a Question with a Question

- What **caused** the **Violence Exposure**?????

The “ROOT” cause needs to be addressed to ensure safety and stability for both child and family.



## RESOURCES

- Answering a Question with a Question
- What are the RISK & PROTECTIVE FACTORS