

Hearing the Silence: Children's Voices on Violence

Kathryn S. Collins

Abstract: *Each year more than five million children in the United States are exposed to traumatizing events in their communities. This paper presents a discussion of multiple areas in violence and victimization research that needs to be continued as well as provides suggestions on how to un-silence child survivors through bridging the gaps between research and practice. It reviews the overarching problem of violence in the U.S. at the domestic and global levels and the effects of victimization. Suggestions on how to study possible mediators and moderators of victimization and individual and family adjustment, including: 1) The ecological perspective; 2) Court process and verdict; and 3) Utilization of victim services, are explored. Finally, a rationale and examples of combining qualitative and quantitative methods in future research that uses children's attributions of violence as a mediator are presented.*

Keywords: *Children, victimization, community violence, court process, victim services*

Each year more than five million children and adolescents in the United States are exposed to traumatizing events in their communities and they represent one-quarter of American crime victims. Further, the Children's Defense Fund (2001) indicates that in 1999 more children and teens died from gunfire than from cancer, pneumonia, influenza, asthma, and HIV/AIDS combined. Violence endured in children's homes, neighborhoods, and communities must continue to be considered one of the most alarming public health concerns in our society.

This paper presents a discussion of multiple areas in the research that needs to be continued and provides suggestions on how to un-silence child survivors by bridging gaps between research and practice. It reviews the overarching problem of violence in the U.S. at the domestic and global levels and the effects of victimization. Suggestions on how to study possible mediators and moderators of victimization and individual and family adjustment including: 1) The ecological perspective; 2) Court process and verdict; and 3) Utilization of victim services are explored. Finally, a rationale and examples of combining qualitative and quantitative methods in future research that uses children's attributions of violence as a mediator are presented.

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LITERATURE REVIEW

Prevalence of Victimization

The U.S. is a culture with an interwoven thread of violence from its birth in revolution to recent violent episodes at the World Trade Center, Pentagon, and Shanksville, Pennsylvania. Violence is the foundation of many revered ideals and institutions and a common and defining characteristic of American society (Cicchetti & Lynch, 1993; Van Soest & Bryant, 1995). However, even as the evidence of violent events appears to be decreasing in the U.S., its presence in the lives of children is still a signal for alarm. Violence figures significantly into the lives of children and families, and researchers and social scientists often underestimate its effects (Bell & Jenkins, 1993; Gibbs, 1988; Osofsky, 1995; Richters & Martinez, 1993a). An abundance of literature recognizes the impact of violence on children; however, there is little to direct researchers and practitioners in developing effective victimization services to address the long-lasting effects of such violence. Furthermore, research on the mediators and moderators of the effects of violence is still in its infancy (NIMH, 2002).

Children are exposed to violence through direct victimization or by witnessing violent episodes. They also hear about accounts of community and domestic violence from parents, friends, relatives, neighbors, and the media. Children who witness violence experience co-victimization or secondary trauma. The line of demarcation between direct victims and those who witness or hear about violence is obscure because of the similar reactions and effects produced by each (Figley & Klebeer, 1995; Shakoor & Chalmers, 1991).

Jordan (2002) examined the complexities of the impact of domestic violence on the child survivor. Primary care physicians and mental health practitioners claim that children are the silent victims in their work with mothers who are survivors of domestic abuse (Zuckerman, Augustyn, Groves & Parker, 1995). Research indicates that children are present in 80% of the homes where there is violence against a woman (U.S. Department of Justice, 1999). The relationship between spousal abuse and the physical or sexual abuse of children in the home is now documented to reach 30% to 70% (Bowker, Arbitell & McFerron, 1988; Stark & Flitcraft, 1988; Suh & Abel, 1990).

Several studies from metropolitan areas have addressed frequency and prevalence and the extent and nature of adolescents' exposure to violence (Bell & Jenkins, 1993; Fitzpatrick & Boldizar, 1993; Hill & Madhere, 1996; Osofsky, Wewers, Hann & Flick, 1993; Pynoos & Nader, 1990; Richters & Martinez, 1993b; Shakoor & Chalmers, 1991). The number of gun-related deaths and injuries to children are on a decline in the U.S.; however, nearly 12 children, approximately one every 100 minutes, die each day from gunfire in their homes, schools, and neighborhoods, which is the equivalent to a classroom of children dying every two days in the U.S. (Children's Defense Fund, 2001). According to the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (1997), the rate of firearms deaths among children under age 15 is almost 12 times higher in the U.S. than in 25 other industrialized countries combined.

Trauma Symptomatology and Exposure

A variety of trauma symptoms follow violence exposure. Children who are victims and witnesses to violence experience increased levels of fear, anxiety, and depression as well as psychopathological disorders such as post-traumatic stress disorder, physical injury, and sometimes death (Bell & Jenkins, 1993; Fitzpatrick & Boldizar, 1993; Garbarino, 1986; Pynoos, Frederick, Nader, Arroyo, Steinberg, Eth, Nunez & Fairbanks, 1987; Richters & Martinez, 1993b). Symptoms of post-traumatic stress disorder include emotional and physiological hyper-arousal, intrusive and frightening thoughts, feelings, and images of the trauma, and the numbing of emotional responses. Some children exposed to violence demonstrate a sense of futurelessness characterized by a belief that they will not reach adulthood, along with a sense of anomie associated with feelings of hopelessness and low self-esteem (Freeman, Mokros & Poznanski, 1993; Terr, 1989). These reactions may be accompanied by feelings of vulnerability, self-blame, and retaliation (Finkelhor, 1980; Saunders, 1996).

The clinical effects of children who witness parental violence are characteristic of trauma, with dissociation and defensive projections against recall and resolution, which can be pathological (Silvern & Kaersvang, 1989). The child who endures family violence, such as parental homicide, has to cope with the trauma of the terrifying event; the grief associated with the loss of both parents (offender and victim) simultaneously; dislocation and insecurity regarding where and with whom they will live; and stigma, secrecy, and conflicts of loyalty (Black & Kaplan, 1988; Burman & Allen-Meares, 1994). Dyson (1990) states that the damage caused to African-American children from exposure to homicide perpetrated by a family member or an acquaintance reflects in post-traumatic stress disorder, behavior problems, and poor school performance. Furthermore, children who witness domestic violence are subject to cognitive and social developmental delays, a potential increase in violent and aggressive behavior, and a limited ability to establish trusting and empathic relationships (Coffee & Coffee, 1996). Nationally, children in preschool, elementary school, and high school who experience frequent verbal aggression and severe physical violence from parents exhibit the highest rates of aggression, delinquency, and interpersonal problems within the student population (Salzinger, Feldman, Hammer & Rosario, 1993; Vissing, Strauss, Gelles & Harrop, 1991; Wolfe & Jaffe, 1991).

Some researchers have focused on exposure to violence as a cause of later perpetration of violence (Prouts, Shopler & Henley, 1982; Widom, 1989). Studies indicate that prolonged exposure to violence may constitute a form of early childhood socialization toward violence. Perry, Perry and Boldizar (1990) suggest in a theoretical framework that environments of community violence: 1) provide aggressive models, 2) reinforce aggression, and 3) frustrate and victimize the child who is exposed. All of these factors may contribute to the development of aggressive tendencies in children. Some adolescents and children cope with their feelings of helplessness and being out of control by identifying with individuals who frighten them and deny their vulnerability (Safyer, 1994). Osofsky, Wewers, Hann and Flick (1993) found a direct correlation between exposure to violence and violent behavior. For example, children and adolescents who have been exposed

exhibit higher incidences of fighting with peers compared to adolescents who have not been exposed. These individuals put themselves at risk for further harm by associating with gang members or aggressive individuals and by participating in activities such as assaults, robberies, rape, and murder (Bell & Jenkins, 1993; Herman, 1992; Shakoor & Chalmers, 1991).

The degree of children's victimization and exposure to violence correlates with distress symptoms. However, Richters and Martinez (1993a) caution against overinterpreting children's psychological distress symptoms as indices of maladjustment. Just as fear, anxiety, and depression can cause long-term negative consequences, they may also serve as adaptive functions in dangerous environments. The distress may signal increased vigilance and normal, healthy reactions to loss and pain. Richters and Martinez (1993a) further assert "It remains an important task for researchers to develop strategies and criteria for discriminating between adaptive and maladaptive responses to violence exposure" (p. 6).

Mediators and Moderators of Effects

Considerable variation exists in the amount, type, and severity of violence children experience. Because of distinct worldviews, coping strategies, self-concepts, and constructed ideas of violence, adolescents respond and endure exposure to violence differently. Very little is known about the mediators between the stressor of victimization and the exposure and effects of symptomatology in children. Information developed through qualitative and quantitative research can be used to increase understanding of the mechanism and etiology of trauma symptomatology in child survivors of violent crime. Examining individual and aggregate factors of the ecological perspective, attributions, court process and verdict, and service provision and utilization associated with individual and family adjustment will provide data for research and development of interventions to reduce trauma and stress.

Ecological Perspective

The ecological perspective enables one to simultaneously focus on person and environment and their reciprocal relationship. According to Germain and Glitterman (1995), "Instead of valuing prediction of maladaptive exchanges based on simplistic cause and effect, ecological thinking embraces indeterminacy in complex human phenomena" (p. 817). Therefore, it is necessary to examine adjustment of child survivors and their families from an ecological perspective. Specifically, researchers and practitioners must take into consideration the child's individual and family characteristics, such as race, gender, coping styles, socioeconomic status, health and mental status, social support, history of violence exposure, and neighborhood and school supports, resources, and history of service utilization.

Research literature recognizes application of the ecological perspective to the impact of violence. One such study by Richters and Martinez (1993b) argued that the mere accumulation of environmental adversities such as community violence does not lead to adaptational failure of children living in violent environments. Rather, the odds of their adaptational failure increase only when community violence contaminates or erodes stability or safety levels of the children's

homes. Their study concluded that the erosion of quality of the child's microsystem and macrosystem is not an inevitable process (Richters & Martinez, 1993b). Elbedour, ten Bensele and Bastien (1993) and Walton, Nuttall and Nuttall (1997) proposed that the amount of failure and suffering of children exposed to different levels of war violence is ecologically conceptualized with their interaction among five factors: intensity and duration of exposure to violence, the individual, the family (microsystem), the community (exosystem), and the culture (macrosystem).

The level of influence of the person-community ecosystem in which the person experiences trauma, copes, and makes meaning out of violent events depends on the child's individual characteristics and her/his relationship with other individuals involved, the child's perceptions of the events experienced, and her/his description of the larger environment (Harvey, 1996). Research also suggests that abuse is more common in families where economic hardship and unemployment are issues (Meiselman, 1978; Straus, Gelles & Steinmetz, 1980; Jordan, 2002); in families where the decision-making process is hierarchical, in which the male figure has significant power and control, instead of a more cohesive and collaborative relationship structure (Finkelhor, 1980; Gelles, 1974); and where there is little to no social support from the community, extended family, friends, and agency and institutional affiliations (Finkelhor, 1980; Garbino & Gillian, 1980; Gelles, 1974).

Garbarino (1995) asserted that children are often capable of coping with one or two major risk factors in their lives, though the risk of developmental damage increases substantially when the experience of violence occurs in combination with other factors. Many children in such conditions are poor, live in father-absent homes, contend with parents who cope with depression or substance abuse problems, have parents with little education or employment prospects, and are exposed to domestic violence.

Family adjustment and functioning relates to how family members of child survivors perform necessary roles and tasks, adapt to problems, and communicate with one another in such a way that promotes family health and well being (Fobair & Zabora, 1995). The relationship between family adjustment and functioning and a child's individual adjustment is a transactional process—the family system both affecting and being affected by the behavior of individual family members (Freisen & Koroloff, 1990). Furthermore, social support is an important factor in the ecological perspective which prevents child symptomatology. Individual family members' social support is the experience of intimacy, acceptance, companionship, and tenderness from peers and other family members. Research has shown that social support is a protective factor for children and families enduring stress (Wasserstein & La Greca, 1996).

The school environment is a variable in the ecological perspective. "Nowhere has this nation's educational system failed more dramatically than in inner-city schools serving predominantly poor African-American populations," stated Gerdes and Benson in their 1995 needs assessment of inner city school children. (p. 139) In many Eastern urban schools, the drop-out rate for African-American youth living in areas of poverty and community violence is almost 40% (U.S. Bureau of the Census, 1993). Schools fail to accommodate the variance of abilities, interests, learning styles, and individual needs such as poverty, parental illit-

eracy, poor health, and community violence of inner-city children and youth (Gerdes & Benson, 1995).

Safyer (1994) indicated that many children and adolescents living in areas where violence is prevalent face considerable academic distress. She cited examples of adolescents not sleeping soundly at night as a result of not feeling safe in their home environments. As a result, these students find it difficult to concentrate in the classroom, causing some teachers to erroneously believe that these students are disinterested or lack academic motivation and the ability to succeed (Safyer, 1994).

Pynoos and colleagues (1987) found significant relationships between proximity to violence and the type and number of post-traumatic stress disorder symptoms in their study of 159 elementary school children sampled after a sniper attack on their school premises. Richters and Martinez (1993b) discovered in their study of children in the Washington, D.C. area that 22% of the victimization, according to the children's reports, occurred in school, and another 30% stated victimization took place near their school.

Court Process and Verdict

Although not all accounts of experiences with violence are reported or end up in the court process, one must consider the difficult challenges that court processes pose for children and families who are survivors of violent crime. Designed with short-term, narrow interventions without adequate follow-up, they need to be considered as part of the research, practitioner, and legal system agenda; the judicial system is a harsh environment that is not child-centric. Children often feel intimidated by the criminal justice process and "re-live" the abuse and victimization, particularly in the courtroom. This is predominantly true of younger children. This "re-living" of the abuse may intensify the victim's trauma, thereby, causing the child to be a poor witness and provide weak testimony that poses additional barriers to successful investigation and prosecution (U.S. Department of Justice, Office for Victims of Crime, 1999). Children involved in court situations rely on professionals across several disciplines and viewpoints (e.g., law, mental health, policy, advocates, victim services, batterer programs, etc.) to help them through the lengthy process of navigating the justice system that can affect the child's psychological development in significant and long-term ways (Rossman, Hughs & Rosenberg, 2000).

The U.S. Department of Justice, Office for Victims of Crime (1999) and Lipovsky and Stern (1997) report a number of court-related factors that have been identified as stressful for child victims and witnesses: (1) Multiple interviews and not using developmentally appropriate language; (2) Delays and continuances; (3) Testifying more than once; (4) Lack of communication among professionals; (4) Fear of public exposure; (5) Lack of understanding of complex legal procedures; (6) Face-to-face contact with the defendant; (7) Practices that are insensitive to developmental needs; (8) Harsh cross-examination; (9) Lack of adequate support and victims services; (10) Sequestration of witnesses who may be supportive to the child; (11) Placement that exposes the child to intimidation, pressure, or continued abuse; (12) Inadequate preparation for testifying; and (13) Lack of evidence other than the testimony of the child. However, there is paucity in the

research and practice literature regarding the impact of court related factors on long-term individual and family adjustment.

The Office for Victims of Crime (1999) reports that some researchers and practitioners have found that testifying is not necessarily harmful to children, as long as they are adequately prepared (Goodman, Taub, Jones & England, 1992; Oates, Gray, Schweitzer, Kempe, et al., 1995). Having a trusted person, such as a victim-witness advocate, helps to reduce the anxiety and traumatic stress symptomatology of the child (Henry, 1997). Research further indicates that by reducing the number of interviews from lawyers, court officials, medical examiners, and police officers regarding the victimization can help to minimize psychological harm to child victims (Tedesco & Schnell, 1987).

Victimization Services

Child survivors and their families do not choose to be victims. Therefore, it is necessary for survivors to choose and utilize a wide range of services that help them maneuver the criminal justice system and promote healing from victimization and trauma. For many children and families, violence is an unavoidable part of their lives (Noguera, 1995). Children need safe havens and people to help them overcome their experiences of vulnerability and ambivalence. Early interventions and services for child survivors and their families are essential for their health and well being (U.S. Department of Justice, Office for Victims of Crime, 1999).

In the U.S. and other countries, there has been a phenomenal growth in victim service programs. Roberts (1990) reports that there were only 23 victim programs in 1975 but more than 600 such programs by 1986. Likewise, there were only seven emergency shelters for women survivors of domestic violence and four police-based crisis intervention programs in 1974. By 1987, however, there were more than 1,250 emergency shelters and crisis programs for women survivors of domestic violence and their children. During 1982 the President's Task Force on Victims of Crime identified the American justice system as "appallingly out of balance" and made 68 recommendations for how rights and services for crime victims in this nation could be substantially improved. These accomplishments include the Victims of Crime Act in 1984, the landmark Crime Act of 1994, and the countless state statutes that strengthen victims' rights and provide effective community-based victim services. However, there is still a lack of comprehensive services for victims of crime in every community, resulting in part from inadequate funding (U.S. Department of Justice, Office of Crime Victims, 1998; Lippert, 1999; National Victims Assistance Academy, 1999; Jordan, 2002).

Research indicates that the participation of victim services, such as interventions provided by victim-witness advocates in child cases, appears to increase the percentage of guilty verdicts and promotes coping and adjustment for child survivors (U.S. Department of Justice, Office of Victims of Crime, 1999). Dible and Teske (1993) found the conviction rate for child sexual abuse cases almost doubled (38% to 72%) after a district attorney in Collin County, Texas implemented child victim-witness advocacy programs. The proportion of offenders receiving prison sentences also almost doubled from 25% to 48%. Over the same period, prison sentences increased from 9.24 years to 16.48 years.

There is a need to create individualized interventions and services for children and families who are survivors of violent crime. Child advocates and researchers are becoming more aware of the unique effects of a myriad of violence and abuse situations. Intervention efforts should be tailored to what is needed by families at a particular point in time, with careful analysis focusing on the context of the violence, specific incidents, patterns, and psychological reactions (National Victim's Assistance Academy, 1999). Access to a continuum of ecologically-based services for families and children rather than short-term, narrow interventions without adequate follow-up need to be considered part of the research, practitioner, and legal system agenda (U.S. Department of Justice, Office for Victims of Crime, 1999; Rossman, Hughes & Rosenberg, 2000; Jordan, 2002).

BRIDGING FUTURE RESEARCH AND PRACTICE

In our society, children represent a population whose voices are often ignored and silenced. As stated previously, psychology, social work, public health, sociology, and medicine have begun to study the effects of children's exposure to chronic community violence. However, little research has been done to both quantitatively and qualitatively examine children's perceptions of the violence they are experiencing. For example, a study that was initially designed to rely only on quantitative methods to gather frequency and perceived severity data of children's exposure to violence as part of a larger study on perceptions of safety (Collins, 2001) turned into a more valuable and comprehensive study, because the researchers found that the children wanted to tell their stories of violence.

Children's Perceptions

Hill and Madhere (1996) confirmed in their study that "the saliency of children's perceptions of violence in their communities, the nature of their exposure to it, and what meaning they attach to it all become critical in understanding how they interpret the stressor of violence and how it affects them" (p. 26). Considerable variation exists in the amount, type, and severity of violence children experience. Because of distinct worldviews, coping strategies, self-concepts, and constructed ideas of violence, children respond and endure exposure to violence differently.

Garbarino (1995) stated that the most crucial feature of child development is the child's emerging capacity to form and maintain social maps. He suggested that social maps represent the world, reflect the simple cognitive competence of the child, and indicate the child's moral and affective inclinations. Children's social maps include experiences in the larger environment in counterpoint with the child's inner life, both rational cognitive forces and the unconscious impetus (Garbarino, 1995). Through these social maps, children may develop a framework within which to understand danger and safety. Simpson (1996) stated, "Perceptions of safety and danger are 'intersubjective' products of social construction, collective agreement, and socialization" (p. 549). She insisted that while objective danger and violence exist, perceptions do not derive directly from observation of the empirical world. Instead, the objective environment provides only discrepant and ambiguous information about danger and violence, providing room for socially constructed beliefs.

Children's Voices

Children are placed in a subordinate role and are not relied upon as resources for understanding concepts related to their well-being. As LeCompte (1993) described it, those in subordinate roles are those who are oppressed, silenced, and "have been deprived of voice without their consent" (p. 10). It must be the researcher's goal to make the voices of the children heard. The role of the researcher in this type of comprehensive study is to be the mediator between those who are powerless, the children, and those in power who do not have the ability or do not choose to hear children's voices. Being a mediator between the powerful and the powerless has been described as the traditional perspective of feminist researchers (Kerlin, 1997). For example, the U.S. Department of Education and the U.S. Department of Justice (2001) suggest that their data indicate that children are safer at school and most harm and violence occurs within the home or en route to and from school. Yet, Collins (2001) has discovered through using a combined qualitative and quantitative research design that none of the children (high or low exposure) indicated that they felt safe at school. To many children violence is more than the number of incidents reported or the number of weapons children are "caught with" and safety is more than having structured rules, wire fences, or metal detectors.

LeCompte (1993) described silence as occurring at two levels during the research process. The first level of silence occurs among the overall population of children. The second level of silence is within each individual child. Using the research role and providing a safe, warm environment of trust can be created between the children and the researcher so that children feel empowered to tell their stories and break the silence.

Attributions

An example of breaking the silence is qualitatively and quantitatively studying children's attributions of violence. Attributions are the suspected or inferred causes of an event, situation, or behavior. The research on abuse-specific attribution style is important to understanding the sequelae of childhood victimization (Brown & Kolko, 1999; Cohen & Mannariono, 1996; Spaccarelli, 1994; Wolfe, Gentile & Wolfe, 1989).

Attributions are possible mediators of the response children undergo who have been sexually abused (Celano, 1992; Janoff-Bulman, 1979; Mannarino & Cohen, 1996; Wolfe, Gentile & Wolfe, 1989), physically abused (Brown & Kolko, 1999), or exposed to natural disasters (Joseph, Williams & Yule, 1993). Attributions have been demonstrated to be positively correlated with psychological and behavior problems. However, research has not examined the relationships among children's attributions regarding the causes of violent crime, court process and verdict, and service utilization in children. Finkelhor and Browne (1985) suggest that specific attributions may be associated with specific trauma symptomatology. Children who perceived less blame and felt more empowered also reported a more positive adjustment and less trauma symptomatology. Another attribution, personal vulnerability, reflects adolescents' beliefs that abuse happens often to adolescents, that it could happen again, and that adolescents are not able to prevent bad things from happening. Youth also may have a dangerous worldview—

children will be victimized in society and adults cannot be trusted for protection. The issues of self-blame/guilt, responsibility, and power/control have been found to mediate symptoms associated with child sexual abuse (Gold, 1986; Wyatt & Newcomb, 1990; Cohen & Mannarino, 1996).

Children who are psychologically manipulated tend to blame themselves, take on responsibility for the abuse occurring, feel extreme amounts of guilt and shame, and have a sense of isolation from their peers and other family members. The perpetuation of abuse under these circumstances is common, therefore, increasing the likelihood of child survivors having low self-esteem, depression, suicidal tendencies, an inability to trust, and difficulty developing interpersonal relationships (Herman & Hirschman, 1977; Walker, 1979; Jordan, 2002).

CONCLUSIONS

A paradigm shift from traditional methods of violence research to more comprehensive and revealing research that includes the voices of children would continue to advance the knowledge and skills of child advocates in the areas of practice, policy, and research. Delineating the factors in the individual and her/his social environment, which could be addressed in interventions, may also provide support for more effective victim services and treatment programs.

Research on the impact the court process and verdict have on child survivors' adjustment in relation to the victim services provided to children and families is an area of research that has been afforded little attention, yet has promising policy implications. To effectively pursue and prosecute offenders in cases involving child survivors, the investigators, prosecutors, and judges must adjust their practices to meet the needs of these children in an age-appropriate and responsive manner. Reducing trauma to the child increases the child's participation, leading to an increased chance of a successful outcome to the investigation and prosecution. This research also contributes to the children's mental health and health services research literature.

Few, if any, studies examine access and barriers to services for child survivors and their families. Victimization is an incident in one's life that demands a response; however, few families are prepared to deal with this crisis. The child and family are forced to make decisions regarding reporting and services. The decision to report or obtain additional services is based not only on the coping and functioning of the survivor and family, but also on the interaction of the survivor with institutional, community, and social support systems. It is critical to explore the decision-making process of survivors and their families in light of the environmental and system factors encountered in their healing process. Exploring these concepts will provide significant information on the obstacles to services that will be beneficial to service providers and policymakers.

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