Trauma and Violence in Early Childhood: From Research to Practice, and What’s Next?

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This presentation is supported by:
Trauma & Violence in Early Childhood

Trauma Through The Life Cycle

Hebrew University
January 8 and 9, 2012
The Impact of Political Violence on Young Children in Israel

Research funded by the Bernard van Leer Foundation

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Outline of presentation

• Context and rational for the interdisciplinary study on *The Impact of Political Violence on Young Children in Israel*

• Aims, conceptual model, design, measures, and preliminary results based on a representative sample

• How research can inform practice and policy
"If we are to reach real peace in this world, and if we are to carry on a real war against war, we shall have to begin with the children."

Mahatma Gandhi
Children’s Exposure to Violence

- War
- Community Violence
- Domestic Violence
- Child Abuse

NCTSN: The National Child Traumatic Stress Network
Is young age a risk factor or a protective factor for long term effects of trauma in children?

- Young children are a particularly vulnerable population for they are helpless, voice-less, they lack verbal language skills and lack the developmental capacity to understand the complexity of what goes on around them.

- Children's experiences are a function of the contexts in which they live

(Van Horn & Lieberman, 2009)
What do we know about the relationship between parental and child distress?

- Young children instinctively rely on their caregivers for protection from danger (Bowlby, 1969)
- Traumatic experiences shatter the "protective shield" (Freud, 1920) that parents normatively provide for their children, threatening the core of the attachment relationship.
Sheeringa & Zeanah (2001) proposed the concept of RELATIONAL PTSD – the co-occurrence of PTS simultaneously in parent and child.

- When the symptomatology of one partner (usually the adult) exacerbates the symptomatology of the other (child).
Parental depression was positively correlated with PTS symptoms in their children (Meiser-Stedman et al., 2006).
Parent as a Protective Shield

- To provide a sense of safety and security
- To help the child process his experiences
- To be attuned to the child’s needs and feelings
- To effectively regulate his or her own emotions
- To provide a model for adaptive coping for the child

(Aisenberg & Ell. 2005, Cohen, 2005,)
Two sides of the violent conflict: Children caught in between

“A relative in grief in Jabalia Camp 2009

“Red Color”
School children in Sderot
Thabet, Karim, & Vostanis (2006) found children 3–6 years of age in the Gaza strip, a variety of non-specific behavioral problems in response to ongoing violence including: eating, sleeping and concentration difficulties, as well as hyperactivity, increased temper tantrums, dependency, and fears.

High exposure was associated with more severe behavioral and emotional symptoms.
OUR STUDIES
On Early Childhood Trauma
In The Context Of War And Terrorism

- 9/11 Study by Chemtob and colleagues (2001-2)
- Pilot Study – Netanya & Jerusalem (2002-3)
- Sderot Project (2004-6)
- Trauma Focused Dyadic Treatment (2004-current)
- Triple Project: Sderot-Haifa-Kiryat Shmona (2006-8)
- Window into Parenthood (2007-8)
- Parents Space in Sderot (2009-current)
- Longitudinal follow-up on Sderot children (2011-)
Ongoing Terrorism – over 10 years and counting

2nd Lebanon War – 33 days of threat with previous trauma history of attacks
The Current Study: 3 communities under fire Sderot, Haifa and Kiryat Shmona

Sample:

- **371 Toddlers & Mothers** *
  - 112 in Sderot (Exposure to ongoing Terrorism)
  - 125 in Haifa (Exposure to War)
  - 134 in Kiryat Shmona (Exposure to War with previous trauma history)

- No demographic differences were found between the three samples (socio-economic status, education level, marital status)
- No differences between the three samples were found in the trauma history (not related to war and terrorism)

* Including siblings (285 unique dyads)
Results (1):
War vs. Terrorism

– All measures of psychopathology, mothers and children from Sderot (ongoing terrorism) reported greater distress than mothers and children in Haifa and Kiryat Shmona (time-limited war)
### Results (1):
**War vs. Terrorism**

<table>
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<tr>
<th></th>
<th>Child</th>
<th>Emotional and behavioral problems</th>
<th>Mother</th>
<th>Depressive symptoms</th>
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<tr>
<td><strong>Terror</strong></td>
<td></td>
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<tr>
<td>Sderot M (SD)</td>
<td>12.92</td>
<td>59.92 (13.32)</td>
<td>20.76</td>
<td>22.54 (13.34)</td>
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<tr>
<td>K.Shmona M (SD)</td>
<td></td>
<td>4.34 (6.06)</td>
<td>11.24</td>
<td>13.60 (12.54)</td>
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<tr>
<td><strong>War</strong></td>
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<tr>
<td>K. Shmona M (SD)</td>
<td>5.12</td>
<td>51.52 (11.94)</td>
<td>11.16</td>
<td>15.74 (12.80)</td>
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<tr>
<td>Haifa M (SD)</td>
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<td>p &lt; .001</td>
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</table>

**using Tukey post hoc tests**

No significant differences found between KS and Haifa.

**Multiple comparisons**

- **Terror > War**
- **Terror > War**
- **terror > War**
- **Terror > War**

\[ \eta^2 \]
What predicts child’s distress?
Rate of Children with PTSD by Maternal psychopathology

- 18.50% No PTSD and No Depression
- 23.81% Depression and No PTSD
- 35.90% PTSD and No Depression
- 54.05% PTSD and Depression
Impact of Maternal Psychopathology on Child Behavioral and Emotional Problems: SEM for 2 Samples Exposed to Terrorism and War

Chi square=67.94(df=55), p=0.113; NFI=0.970; TLI=0.982; CFI=0.994; GFI=0.973; SRMR=0.052; RMSEA=0.036. p<0.05.

Red=Terrorism (Sderot), Orange = War (Northern Israel).
The strongest predictor of the child’s distress: Hyper-arousal of the mother

- Hyper-arousal of the mother significantly contributed to the prediction of:
  - Internalizing problems (beta = .39, p < .001)
  - General behavioral problems (beta = .38, p < .001)
  - Anxiety-depression (beta = .32, p < .001)
  - Sleep problems (beta = .30, p = .001)
  - Child’s general PTSD symptoms (beta = .28, p = .002)
  - Child’s re-experiencing symptoms (beta = .28, p = .003)
  - Externalizing problems (beta = .27, p = .004)
  - Withdrawn (beta = .23, p = .01)
  - Attention problems (beta = .23, p = .02)
  - Aggressiveness (beta = .21, p = .02)
  - Child’s hyper-arousal symptoms (beta = .18, p = .05)
Violence Is “A Virus”

- Trauma is the means of transmission

How?

• Collapse of coping mechanisms
• Affective dysregulation
• Distorted perceptions of danger
• Aggression as routine response to perceived threat

Research suggests that aggressive behavior is linked to exposure to violence and the resulting trauma
The complex relationship between exposure to violence and trauma and the consequent development of aggressive behavior needs further explication in the Israeli context with the ever-present threat or occurrence of political violence.
Data indicating that violent behavior exhibited in later childhood and adolescence has its origin in early childhood.

Conclusions drawn by Tremblay from the available longitudinal data on the development of physical aggression from birth to adulthood:

- The onset of physical aggression use generally occurs before 24 months of age.
- There is a steady decline in the frequency of physical aggression use from the preschool years to old age.
Children and Violence: WHY NOT START EARLY? Tremblay, 2006

• Most children learn alternatives to physical aggression before school entry.

• The adolescents who most often use physical aggression tend to be among those who used physical aggression most often before adolescence.

• Successful prevention of physical aggression by adolescents may be most cost-effective when targeting high risk preschool children.
“It does not make sense for interventions with school-age children to aim at “preventing” children “from learning to use physical aggression.” At best, the interventions are attempts to help learn alternatives to physical aggression for children who did not learn when they should have, i.e. during the preschool years”

Tremblay, 2006
What did we learn so far about trauma & school violence

Based on 4 samples

- Junior high & high school students:
  - After the war in the north (N=4,151, 7th to 11th grade)
  - After the war in the south (N=482 10th and 11th grade)

- Elementary school students:
  - Acre (N=468, 4th to 6th grade)
  - Rahat (N=794, 4th to 6th grade)
Main Findings

• Positive correlation between post traumatic distress and school violence perpetration
  – Students who reported more severe posttraumatic symptoms also reported more school violence.

• Positive correlation between post traumatic distress and victimization.
  – Students who reported more severe posttraumatic symptoms also reported exposure to more violence in school.
Based on 2 samples

• Young children (10 - 66 month old):
  – 256 Toddlers and their mothers in Sderot.

• Young children (7 - 79 month old):
  – 383 Toddlers and their mothers in Sderot, Haifa and Kiryat Shmona
Main Findings

• Positive correlation between maternal post traumatic distress or depression and aggressive behavior in their children

• Positive correlation between post traumatic distress in toddlers and their aggressive behavior
What do we need to learn?

- We need to learn about the impact of trauma and political violence on aggressive behavior in Israeli children in representative samples.
- We need to learn about how trauma and aggression are related (moderating and mediating factors).
- We need to focus on early childhood and early prevention.
- We need to learn about the role of mother as a protective shield.
- We need to learn how different communities can help families protect their children.
The current study: The Impact of Political Violence on Young Children in Israel

Aims:

Assess in young children and their mothers the prevalence of:

- exposure to political and other violence (i.e. community domestic and school violence) and trauma
- symptoms of posttraumatic distress and aggression (i.e., post traumatic symptoms anxiety, functional impairment, anger)
- Mother-child relationship in the context of political violence
- To identify high risk populations:
  e.g., Arabs, immigrants, ultraorthodox, highly exposed
A Conceptual Model

Exposure to political violence

Exposure to other types of violence (domestic, community or school violence)

Demographic
Parental distress
Parenting style
Parent regulatory abilities
Child regulatory abilities
Community Support Utilization of psycho-social services

Child PTS & related distress
Child aggression
Resilience