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RESEARCH ARTICLE

IMPACT OF VIOLENCE ON CHILD GROWTH AND YOUTH DEVELOPMENT: NEWARK NEW JERSEY STUDY

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ABSTRACT

It is undeniable that violence has a huge impact on the mental and behavioral aspect of the general growth and development of a child into adulthood. Considering the high level of violence in Newark, New Jersey in 2012, we decided to understand the level of childhood exposure to violence and its role to present day violence. Using a sample of youths who has had exposure to some form of violent acts, we conducted a study to depict if there was any form of violence exposure during their childhood formative years. This was achieved using a survey analysis completed by participants and the survey contained questions on different forms of violence and their roles in the act. We concluded that early exposure of a child to any form of violence is contributory to the general attributes and behavior of the child as a youth/ teenager/ adult.

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INTRODUCTION

Could most of the crime incidence of violent act in America be looked upon as a Public Health menace? What could have been achieved by now with respect to child exposure to violence? Edleson and his colleagues have estimated that up to 10 million children are exposed to incidents of domestic violence each year (Edleson *et al.*, 2007). A lot of studies and research have been geared towards the effects of violence on child growth and development from a public health perspective. A number of national studies have also shown that exposure to domestic violence likewise direct abuse of a child has a substantive detrimental effect on their general well-being in the long run. These effects will manifest with a variant range of responses mostly geared towards mental health malign

(Finkelhor *et al.*, 2006; Finkelhor *et al.*, 2009; Finkelhor *et al.*, 2009; Fantuzzo and Mohr, 1999). There is no doubt about the direct relationship between child exposure to violence and delinquencies but the question that comes to fore bears on the availability of evidential statistics to support the obvious. Important public policy documents such as the yearbook of the report of the U.S. Attorney General's Task Force on Domestic Violence, Children's Defense Fund and the National Crime Victimization Survey conducted by the National Institute of Justice did not discuss the state of knowledge concerning the impact of domestic violence on minors (Finkelhor *et al.*, 2009; Administration on Children, Youth and Families, 2004; Baum, 2005; Finkelhor *et al.*, 2008; Kilpatrick *et al.*, 2003; Rand, 2008). These children have been anonymous making it almost impossible to know the extent of the problem. This may be attributed to the absence of meaningful data concerning the nature and scope of the problem. Domestic or family violence is said to be detrimental if a child is a witness to such occurrence or experienced it directly. Although, some parents assume that by protecting their children from spousal violence

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lessen their risk of exposure; some studies have shown that they are still exposed to 40% to 80% of it either by seeing or hearing (Grych, 1998; Fergusson and Horwood, 1998; Hurt *et al.*, 2001). As a result, there is an equal impact of family violence on children either by being a witness or being directly abused. In other words, a child who witnesses any type of violence is experiencing a form of child abuse in the long term.

Burden of violence on teenagers

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) created the Safe Start Initiative in 1999 and the aim of this initiative was to prevent and reduce the impact of children's exposure to violence in the United States. As part of this initiative, the National Survey of Children's Exposure to Violence (NatSCEV) was launched as the first nationwide program to examine extensively the nature of children's exposure to violence across all ages and settings. The study provided detailed estimates of children's exposure to a wide variety of violence, crime and abuse. NatSCEV based its estimates from a large, nationally representative sample of more than 4,500 children aged ≤ 17 years. Interviews were conducted and taken from caregivers of children aged ≤ 9 years and ≥ 10 years in relation to various forms of violence, abuse and victimization that they had managed in the past year and over the course of their lifetime. Aggregating all of the direct and indirect exposures to different types of violence assessed in the study, the findings revealed that more than three in five children (61 percent) had at least exposure to violence, crime, or abuse, direct or witnessed, during the previous year. Researchers learned that nearly 1 in 10 children witnessed an assault in their family over the course of a year and that 1 in 10 had a violence-related injury in the past year. In addition, 6 percent of children and youth were victimized sexually in the past year, and 10 percent were maltreated by a caregiver in the past year (Finkelhor *et al.*, 2009; Finkelhor *et al.*, 2009; Finkelhor, 2008; Finkelhor *et al.*, 2005; Finkelhor *et al.*, 2009).

The transition from childhood to adolescence is a very formative stage in the human development cycle. Children are exposed to various forms of violence which can be domestic, gang, sexual, peer and/or street. Life experiences of children of abusive parents commonly include regular mauling for flimsy issues and living in constant fear, not knowing whether their actions were right or wrong. This leads to a life of disbelief amongst themselves, which further leads to the confusion and distraction with regards to their personality. The frequency of exposure to this violence goes a long way in deforming a child's perception to everyday life which manifests in their behavior (Kruttschnitt and Dormfeld, 1992; Gladstein *et al.*, 1992; Centers for Disease Control and Prevention, 2006; Fitzpatrick and Boldizar, 1993). They become afraid to express their own ideas, stand up for themselves and defend their point of view because life had taught them that all outcomes end in being punished. Consequently, their academics suffer which may lead to extra mauling by their parents/guardians and at that point they may be classified as having a learning disability. With this 'somewhat false' classification, intervention for these children is less impactful because focus is channeled on getting the child on track academically rather than exploring the

emotional, mental and psychological aspect of their lives. Lack of attention to these aspects of their lives may persist into pubertal and teenage years and thus they continue to experience difficulties preventing them from achieving academic excellence. They reach a breaking point during their teenage years due to lack of confidence, belief and doubt with the feeling of being a failure which may be compounded by guilt. These sequelae of events may lead them to ultimately quit their education and try to make it on the streets. While on the streets, they get involved with their peers who thrive on different illegal dangerous acts for survival like proliferation of arms, drug distribution, blackmail, and acts of arson because it is a 'cool way' to make ends meet (Finkelhor *et al.*, 2005; Finkelhor *et al.*, 2009; Suglia *et al.*, 2010). Also, continuing violence across generations occurs among these individuals because most of them were abused. Thus, most of their kids do grow up with the mindset of violence being a norm and would probably replicate same as parents (Baum, 2005; Fergusson *et al.*, 2008). Apart from the emotional, physical and psychological disconnect existing among abused children; there are some factors which reinforce the issue of violence among these children as being a huge problem. They include:

- (1) Individual Risk Factors: History of violent victimization, attention deficits, hyperactivity or learning disorders, early aggressive behavior, involvement with substance abuse, alcohol or tobacco abuse, low IQ, poor behavioral control, social cognitive inabilities, high emotional distress, history of treatment for emotional problems, antisocial beliefs, and attitudes and violence exposure in the family.
- (2) Family Risk Factors: Poor emotional 'affect' on the children from their parents, endemic substance abuse within the family, poor vicious disciplinary action practices, dysfunctional family state, poor economic status and poor literacy status.
- (3) Social Risk Factors: Poor academic performance in school, issues of social stigma or rejection, wrong introduction with delinquent peers or a gang, antisocial attitude, and low commitment to academic activities.
- (4) Community based Factors: Socially disorganized neighborhoods, poor employment opportunities, cross sectional poor literacy level, high concentrations of poor residents, and low levels of community participation.

Many school aged children have been classified as having Attention Deficit Hyperactivity Disorder (ADHD) at an early age, and it can be argued that most of these classifications are inaccurate as most of them are violent inclined behavior. One of the major clues that a child's home environment is not safe is "misbehavior" or the constant call for attention through misbehavior and they also seek attention from their insensitive parents by getting into trouble frequently. Most children in unsafe communities are rarely allowed to mingle and play with their peers, creating a window of opportunity for possible depressive or antisocial attitude (Osofsky, 1999).

METHODOLOGY

We conducted a study on the young adults of Youth Build Newark New Jersey who are mainly of African American decent in order to ascertain the effect of their childhood

exposure to violence and its impact to their mental state. A total of 26 participants were recruited for the survey but 24 participated (14males and 10 females) aged between 16 – 24 years. All participants had a good command of English language so the survey was administered in English. A two staged survey process was utilized; stage I survey was instructional and asked about real life scenarios of sexual abuse, domestic violence, physical abuse by a parent, emotional torture by a parent and a life partner. The stage II contained questions on demographics, child maltreatment, peer/sibling victimization, sexual violence/victimization, witness/indirect physical victimization (community and domestic variance) and participants in any conventional crime. Several questions which could provide answers to children and adolescent behavior were asked. This includes- Does the child have an abusive parent or relative who beats them? Is a family member or role model figure in a gang? How many times have they been threatened of being harmed? How many times have they witnessed one person being violent toward another? The study was pre-approved by the Institution Review board of Rutgers School of Public Health and the project manager of the Youth Build Newark site.

RESULTS

Of the 24 respondents, the analyses revealed that 3 males had missing covariate information on their age. The mean age of participants is 20.57 ± 2 (2.315) yrs. A female participant reported being married, 11 reported being single parents. Level of education analysis revealed they were all high school drop outs. Twenty respondents provided reasons for school neglect which includes: being kicked out of school due to “poor conduct”; did not care so much about school, involvement in fighting and a case of rape, jail time, dropped out due family issues and miscellaneous (Figure 1). 1 in 2 (47%) confirmed to being managed for antisocial personality while 3 in 5 (56%) ascribes to anger problem which tends to deviate them into violent act.

All participants responded that they did not feel safe at home while growing up due to different forms of violence in the environment. 55% of participants both male and female have been brutally beaten as a child on multiple occasions and majority of the act was perpetrated by their mothers; 30% felt lack of care and neglect from their parents and care givers. The peer and sibling victimization survey revealed that 95% of the young adults felt safe at school during the time of the survey. However, 36% had been deliberately hit on their genitals by someone while growing up either as a form of bully or otherwise; 29% confirmed that they were bully victims as kids and 59% had enjoyed being the bully in the past. 15 in 22 (68.1%) have been involved with physical harm to other people while 13 in 24 (54.2%) witnessed other student who bring guns or other form of weapon to school as a child; on the other hand, 7 participants (29.1%) had taken a gun to school in the past (6 male and 1 female). Use of offensive words and languages was common amongst them while growing up as 67% confirms that they experienced such as children and even from their life partners. About 4 in 10 females (40%) had experienced or had been coerced into a form of sexual act against their will in the

past and the perpetrators ranges from their relatives, strangers and even building janitors (Figure 2).

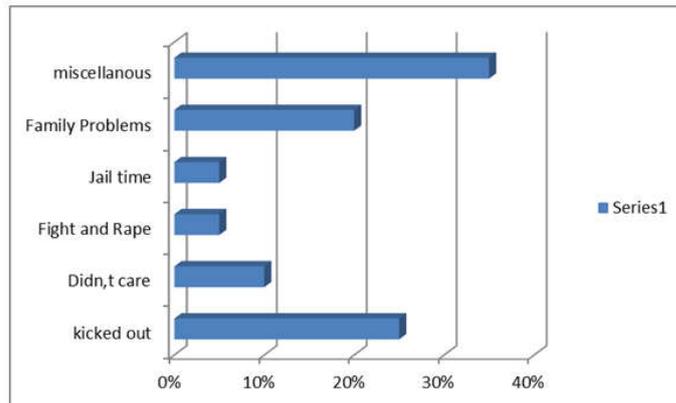


Figure 1. Bar chart: Reasons for school drop out

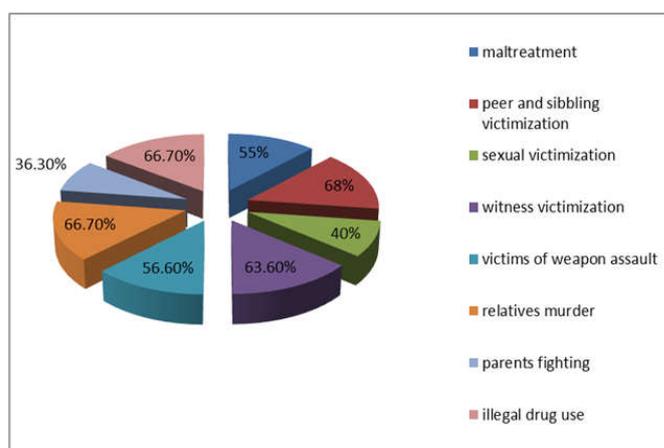


Figure 2. Pie chart depicting the percentage distribution of violent exposure

For the Community variance of witnessing and indirect victimization, 14 out of 22 (63.6%) and 16 out of 22 (72.7%) affirmed being witness to an act of violence attack on a random person with or without weapon in the community respectively. 13 in 23 (56.5%) have been weapon- assault victims in the past and 9 participants (37.5%) have witnessed the murder of a friend or a family relative in the past. Furthermore, the study also revealed that 16 in 24 (66.7%) had a relative, neighbor or friend who died from murder. 1 in 2 (50%) had been a witness or participant in community street violence and shootings while 15 in 23 (65.2%) has a relative whose life have been threatened with a weapon of harm. The domestic variance of the study revealed that 8 in 22 (36.4%) had witnessed their parents physically abuse each other with or without a weapon when growing up. 7 (31.8%) observed and witnessed multiple verbal and physical threats between their parents as a child and 50% have witnessed and were victims to mauling of their sibling by an uncle or aunt. 16 participants (66.7%) were at some point in their lives addicted to hard illegal substances (like marijuana, cocaine) and excessive alcoholic beverages. 7 (29%) have participated in a robbery act or some form of arson in the community. About 17 in 24 (71%) have a history of previous sending of violent attack threat messages to random/ specific people and 10 in 17 (58.8%) completed the intent of attack with

a weapon. Using the Fisher's Exact Test, the study revealed a significant relationship in the comparison of children exposed or who are witnesses to regular fighting between parents and their subsequent transformation into violent angry teens who get involved with assaults ($p < 0.05$). There was a positive relationship between illicit substance abuse with the level of witnessed assault and street violence revealed in the study as well. However, the relationship between regular mauling of respondents as kids to their subsequent use of illicit substances as teenagers was not significant.

DISCUSSION

In this study, we have presented the possible impact of violence on the mental state of a developing child using an identified sample in Newark New Jersey. Though the population size of our survey was small due the fact that most of the participants had graduated from their rehabilitation center prior to the study, this sample is a good representative of the general Newark population exposed to daily violence. There is no doubt about the existence of violence in Newark and its effect on children as all participants reported feeling unsafe at home as a child, and its concurrent effect on their physical and mental health well-being.

A promising approach to Data Collection, sponsored by the National Institute of Justice Spousal Assault Replication Program (SARP) which provides data on the children exposed to family violence was utilized for analogy from the carefully selected domestic violence investigation in several cities in United States. These investigations done by law enforcement and university researchers in partnership collected information about the violent incidents, persons present in the household at the same time, person who called the police and other people who were assaulted. Data on risk factors of domestic violence such as substance abuse and poverty was also collected. Further analysis of the SARP database was done to obtain information related to children's exposure to domestic violence. The questions addressed in this analysis were as follows:

- (1) Are children disproportionately represented in households with substantiated cases of adult female abuse?
- (2) Are younger children disproportionately present in households in which domestic violence occurs?
- (3) Do other factors that pose developmental risks to children occur disproportionately in these households?
- (4) To what degree are children who live in households with domestic violence involved, in some way in these incidents of violence?

Findings revealed that in all the five cities studied, children were present in the households of domestic violence group more than twice the rate they were present in comparable households. This result supports our study which also revealed that a lot of the participants were exposed as children on a frequent basis to violence. For example, in Milwaukee, 81% of the domestic violence group household had children compared to only 32% for the general population. Furthermore, children under the age of five were more likely to be present in domestic violence group household. 48% of the household, in Milwaukee, had children under the age of five compared to only 31% of the other households with children. It was also

found that the children under the age of five were more likely than other children to be exposed to domestic violence and parental substance abuse. In Charlotte, 42% of the children ages five and under had been through multiple incidents of domestic violence, as compared to 27% of children between ages 6 and 11, and 21% of the children ages 12 through 18. 14% of children five years or younger had experienced parental substance abuse in Omaha, compared to 10% of children ages 6 through 11, and 6% of the children ages 12 through 18. Poverty and low educational level primary care provider was also common in homes where domestic violence occurred. 79% of the children in Atlanta were living in poverty as compared to only 16% in other families. These homes were mostly run by a female who was a single-parent. 51% of the SARP households were run by females only compared to 24% of the comparison families. Thus, these data suggest that children who are dependent on others are more prone to domestic violence. Other findings which also support the results from our study indicate that many of the children in households with domestic violence not only witnessed the violence but were also part of it. It also showed that children influenced violence in 20% of the households, has been found to place 10% of the 911 calls for violence report and 6% of the domestic violence incidents were linked to child abuse.

According to Princeton University's Journal Issue on Domestic Violence and children in 1999, the study compared children exposed to domestic violence to those who were not exposed with respect to child functioning using externalizing behaviors like aggression, internalizing behaviors like depression, intellectual and academic functioning, social development and physical health. There was significant impact of violence on children who were exposed (Rand, 2008). Children exposed to domestic violence demonstrated more externalizing and internalizing behaviors than those who are belong to non-violent homes. Study also showed that the children exposed to violence exhibited aggressive behaviors especially in their schools leading to fights. Internalizing behavior problems included depression, suicidal behaviors, fears, phobia, anxiety, insomnia bed-wetting, tics and low self-esteem.

They were also noticed to have impaired ability to concentrate, difficulty completing their school work, and had lower scores on measures of verbal, motor and cognitive skills (Hashima and Finkelhor, 1999). This further buttressed the fact that there is an underlying mental impact violence has on a growing child and their development into adulthood which is also supports our study. Co-occurrence of child maltreatment and exposure to domestic violence was also included in the 1980 review of same journal. The fourth review not only applied a developmental epidemiological aspect in its analysis but also revealed important principles for future empirical work in the field. Research suggests that exposure to violence adversely affects child functioning, increased the risk for child abuse and was also linked with poverty and parental substance overuse (Felitti *et al.*, 1998). In addition, studies in this review indicated that between 45% and 70% of children witnesses to domestic violence were also victims of physical abuse; and that as many as 40% of child victims of physical abuse were also exposed to domestic violence which was also described in our study. Children in households prone to domestic violence were

also found to be at higher risk for sexual abuse than children in nonviolent households (Gilbert *et al.*, 2009).

Conclusion

Our study corroborates the outcomes of the SARP studies with regards to childhood exposure to domestic violence. Concurrently, the Children's Defense Fund's in 2012 national conference featured experts who looked at the present precarious situation as a Public Health problem. One of the experts revealed that most young adults recuperating from knife and gunshot wounds are under tremendous stress. This information supports our study as some of the participants revealed that they are under different forms of life stressors. He also noticed that many of them displayed the same symptoms of Post-Traumatic Stress Disorder as seen in soldiers returning from war that needs some form of psychotherapy to fit in to the society (Marian Wright Edelman's Childwatch Column, 2013).

In summary, health and criminal justice experts believes that there is a need to create ways to counteract devaluation instead of the default mode of solitary punishment by the justice system which tends to worsen the devalue state. 'Successful' approaches have been suggested, one of those is the 'Healthy Communities Initiative' of the "California Endowment" which allows young adults to tell their stories in a safe supportive space. Conclusively, the importance of the mental aspect of Public Health services cannot be over emphasized in the management of violence related crime amongst our young adult. Hence, more research and specialization is required for mental health to ensure that our young adults stay out of crime, Jail and reduce mortalities from violence related murder; furthermore, reducing the public health scourge.

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Compliance with ethical Standard

The authors declare no conflict of interest. All authors had full access to the study survey and take responsibility for the integrity of the data and accuracy of its interpretation.

Implication and Contribution

Several homes are faced with different forms of violence, in which parents or guardians don't take cognizance of its effect on children. This study contributes to existing literature by exploring and exposing the negative behavioral impact of violence on adolescent development especially those confronted with its domestic variant during childhood in New Jersey.

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