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PSYCHOLOGICAL CONSEQUENCES IN ABUSED AND NEGLECTED SCHOOL CHILDREN EXPOSED TO FAMILY VIOLENCE

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SUMMARY

Although family should be the basis for the development and formation of a child's personality, violence is mostly done in the family, and remains undiscovered for a long time. The real number of abused children is much more than that displayed in the registered cases. The secrecy of the problem is an important feature of this phenomenon. Families in which abuse takes place are mostly isolated. Social isolation does not come about by chance; secrecy is usually encouraged by an abuser to control over famoly members. In most cases, social reaction to violence is late, inadequate and focused on the consequences, but not on the causes. "Abuse implies an act of execution that directly inflicts damage, while neglect implies an act of non-fulfillment of something that is necessary for the well-being of a child".

The most common forms of domestic violence are physical, emotional abuse in the presence of violence against the mother, and in a lesser extent sexual abuse. In addition, there is physical, emotional, educational and medical neglect. The presence of violence against the mother and the feeling of impotence leave the same consequences as the endured violence. It is considered that children living in violent families are likely to live under cumulative stress. Traumatic responses include a wide range of conditions from acute stress reactions through post-traumatic stress disorder to complex long-lasting, repeated trauma syndrome. All children will not react to this kind of experience in the same way, with the protective and risk factors in developmental psychopathology having a significant role to play. Because of their developmental vulnerability and dependency, children are at greater risk of violence than adults.

Researches point to the need for a multidisciplinary approach to treatment and prevention of child abuse, with greater interaction between health institutions, relevant centers for social work, police, court, government and non-governmental sector, and the existence of adequate family and criminal laws.

Key words: *abuse – children - PTSD*

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INTRODUCTION

Abuse is a form of psychological trauma, which leaves serious consequences on psychological development of children and it can precipitate very serious psychiatric disorders. Although family should be the basis for the development and formation of a child's personality, violence is mostly done in the family, and remains undiscovered for a long time. The real number of abused children are much more than registered cases. The hiddenness of the problem is an important feature of this phenomenon. Families in which abuse takes place are mostly isolated. Social isolation does not come about by chance, secrecy is usually encouraged by an abuser to keep control over its members. In most cases, social reaction to violence is late, inadequate and focused on the consequences, but not on the causes. "Abuse implies an act of execution that directly inflicts damage, while neglect implies an act of non-fulfillment of something that is necessary for the well-being of a child" (Rutter 1994). The most common forms of domestic violence are physical, emotional abuse in the presence of violence against the mother, and in a lesser extent sexual abuse. In addition, there is physical, emotional, educational and medical neglect. The presence of violence against the mother and the feeling of impotence leaves the same consequences as the endured violence. Barnett et al. (1997) consider that children living in violent families are likely to live under cumulative stress. Traumatic responses include a wide range of conditions from acute stress reactions through post-traumatic stress disorder to complex long-lasting, repeated trauma syndrome. All children will not react to this kind of experience in the same way, with the protective and risk factors in developmental psychopathology having a significant role to play. Because of their developmental vulnerability and dependency, children are at greater risk of violence than adults (Daneš 2003).

Symptoms of PTSD that most commonly occur in children are:

- *Re - experiencing:* imposition of thought, nightmares, repetitive play;
- *Stiffness and avoidance:* active avoidance of thoughts, feelings, places of events or situations related to the trauma, reduced interest in common activities, a smaller range of emotional experiences, loss of already acquired skills, regressive behavior, a feeling of deprivation of the future;
- *Increased excitement of the organism:* sleep disorder, irritability and anger, disturbance of concentration and attention, and overreaction of the autonomic nervous system (Havelka 1998).

Chronic abuse of children occurs in a family where family relationships are deeply disturbed, the rules are

inconsistent and unstable, and the roles are mixed. It is dominated by terror and absolute control, which is sustained by means such as violence, punishment, threats, isolation and secrecy (Mullender & Morley 2002). Children, except for the fear of violence, report an overwhelming sense of helplessness, an unpredictable nature of violence, and the inability to stave off violence, they accept the position of complete surrender. Adaptation to the possibility of sudden danger requires a state of continuous alertness. Children in such an environment develop an unusual ability to recognize signs that warn of the danger. They learn to recognize barely noticeable changes in the expression of face, voice, speech, and signs of anger, and this nonverbal communication becomes automated over time. When children notice signs of danger, they try to prevent it from avoiding, or by calming down a person who abuses them. Many children try, in various ways, to be inconspicuous and avoid violence by swaggering, huddling or holding a non-expressive face. Although in a state of constant, increased excitement, they must at the same time be quiet and immobile, and avoid any physical movements that would express their inner tension. The result is a specific state of "frozen alertness". Another way to try to avoid violence is automatic obedience. In situations where they can not escape or affect the content of an unbearable reality, the child uses various defense mechanisms and, through them, tries to minimize, rationalize, justify, or deny abuse by deliberately suppressing thoughts and dissociation. In the harshest conditions of chronic and long-term abuse, children form separate parts of personality and dissociation, thus becoming not only a defensive mechanism, but also the principle of personality organization. Self-blaming is another way of defending, because the child thinks if it's bad, that the parents are good and in this way, it becomes easier to tolerate reality. In an effort to preserve faith in his parents, the child develops a highly idealized image of at least one parent. Sometimes they tries to preserve a relationship with an nonabusing parent and often justify their behavior with the inability to protect both themselves and the child. Male children often idealize parental abusers and move their aggressiveness to a "positive parent". Abused children are easier to relate to foreigners, but at the same time they stay with their parent who abuse them. A chronically abused child exhibits various emotional states of anxiety, through mixed states of anxiety and dysphoria to the most extreme conditions of extreme panic, anger, and despair. A large number of children develop chronic anxiety and depression that can last a lifetime. Some of the children try to reduce their tension by self-mutilation, because they tolerate physical pain esier than emotional (Vulić-Prtorić 2004). Some abused children try to cope with their inner emotions by vomiting, compulsive sexual behavior, deliberate exposure to danger, or the abuse of psychoactive substances. In this way, children use one of the three most common defense mechanisms: dissociation, fragmentation or pathological regulation of emotional states trying to survive under chronic abuse conditions. Often, in abused children, normal biological cycles of sleep, nutrition and elimination are disturbed or controlled at any time. Thus, at the time of going to sleep, the intensity of abuse often reaches its culmination, and the time provided for the meal can be a time of extreme tension. Due to the inability to establish basic biological functions in a safe way, chronic sleep and food intake, disturbances occur. Psychosomatic symptoms are rarely associated with abuse. The long-term consequences of trauma include the following disorders in children: chronic posttraumatic stress disorder, anxiety disorders, developmental disorders, disorders in the development of emotional relationships, symptomatic symptom, psychotic disorders, and others depending on the disposition, trauma characteristics, method and effectiveness of the treatment applied (Werner 2003). Many abused children hope that growing up will bring freedom and cessation of abuse, but a person formed from the earliest childhood under conditions of chronic abuse in most cases is not prepared for adequate life in adulthood. They continue to live in problems of basic distrust, lack of autonomy and initiative. In adulthood, trying to start a new life and escaping from their childhood, they again face a trauma (Geffner1997). In an attempt to maintain control over the constant fear that they will be abused again, they sometimes idealize the persons they are related to, and in this way they are again exposed to an increased risk of re-abuse. In adulthood, men often shift their aggression to others, while women are more often victimized by others, hurting themselves and unconsciously exposing themselves to risky situations (Herman 1997). Adults, victims of childhood abuse in the most severe cases can develop symptomatology that can correspond to any mental disorder. Violence against children leaves unfavorable, multiple and long-lasting consequences on the child's development, future life as well as relationships with other people. In the most severe cases of abuse there is an intergenerational transmission of abuse.

The aim of this study is the research of psychological consequences in abused and neglected of school children exposed to family violence.

SUBJECTS AND METHODS

Subjects

The sample was consisted of 45 abused children (23 male and 22 female) aged 7-11 years and mothers from the "Shelter for abused women and children" in Sarajevo. Respondents were children of the aforementioned age, both gender from a mixed urban and rural environment, from multi-ethnic families from all over BiH and the region, and most of them from Kanton Sarajevo.

Methods

Data collection was done on the basis of interviews with mothers and children, two original survey questionnaires and the observation of the symptoms of abused children.

RESULTS

Based on the content of interviews with mothers and children, completed questionnaires, clinical observations of behavior, contents of drawings, and collected data from competent services (centers for social work, health institutions, police) for each child, psychological and physical indicators of traumatization have been determined.

Of the 45 abused and neglected children ageded 7-11 years 9% of children did not have any problems, 22% had acute PTSD and 70% chronic PTSD. In the clinical picture of PTSD, in addition to the typical symptoms of PTSD (re-traumatic trauma through the imposition of thoughts, traumatic dreams, repetitive play, active avoidance of thoughts, feelings, places of events or situations related to the trauma, interest in normal activities has been reduced, loss of already acquired skills, overrepresented reaction of the autonomic nervous system), the following symptoms also dominated: anxiety 93% (fearfulness or anxiety, nausea, fears, compulsive compulsive actions), emotional disorders of 84% (sudden mood changes, depression, apathy), behavioral disorders of 76% (aggression, conflicts with children, fights, swearing), ADHD (60%), weaker school success (53%), sleep disorders (53%) and, to a lesser extent, night urination, tics and auditory hallucinations.

Most children were exposed to multiple abuse and neglect. 44 children were witnesses of violence between parents. Forty one children were exposed to emotional abuse, 36 children were physically abused and one male child was sexually abused. Most children were emotionally neglected 33, medical 31, physically 27, and then educated 24 children. Regarding the frequency of abuse, the largest number of children were often exposed to emotional abuse (25), sometimes physical (14) and one child sometimes sexually abused. Six children (11%) were emotionally abused and there were witnesses of violence among parents, 34 children (76%) were emotionally and physically abused and a witness of violence among parents, 4 children (9%) witnessed violence among parents, one child (1%) was emotionally and physically abused, one child was emotionally, physically, sexually abused, and witnessed violence between parents.

Most children had written proof of abuse. Twenty children had police reports, 18 children medical certificates, 27 children opinion of CSW. Criminal charges were filed by 4 mothers. It turned out that the abuser in most of the children was a father (87%), and in less of a mother, a brother, a stepfather, a relative and an unknown person.

DISCUSSION

Children with mothers came to the shelter, deeply traumatized, overwhelmed with anxiety, insecurity and fear of re-abuse with the physical and psychological signs of long-lasting abuse. Inside the family, children were exposed to all forms of abuse: physical, emotional, less sexual abuse, and witnessed violence between parents and all forms of neglect: physical, emotional, educational, and medical. Children were often exposed to long-term and multiple abuse. Within the family, the father was usually the most abusive who simultaneously abused both the wife and the child. In the smaller number of emotional and physically abused children, the mother also appears as an abuser. When it comes to sexual abuse of children, the abuser was usually a cousin. Neglect was most often present by both parents. Most often emotional reactions of children to the exposure of violence between parents were: fear, anger, worry, helplessness and apathy. Boys were more likely to manifest behavioral disorders, hyperactivity and weaker school success, and girls were more likely to manifest emotional disturbances, attention and concentration deficit and physical disturbances. In the drawings, children often left out the figure of a father or drew the character of a father that was oversized in relation to the mother, over the mother's drawings, bold in black. Dark colors mostly dominated, and the father was often drawn as if he was leaving or a policeman's figure along with his father was drawn. Characters of family members often could not be undifferentiated, without hands or hands, at a lower level than the age of the child and reflected the current emotional state of the child, i.e. the deep feeling of pain, fear and emotional deprivation by both parents. The most common forms of emotional abuse of children in our research are depreciation, limiting (forbidding outs and games with peers) and threats. The most common forms of physical abuse are slapping, beating with a belt and electric cord, and expelling from home. The most common forms of sexual abuse are touching in an inadequate way in one male child. Anyone who suspects that any child is abused must report suspicion, i.e. inform the competent center for social work and police. Contemporary prevention includes three levels of action. Primary prevention means that abuse and neglect is completely prevented through parents' education in schools and kindergartens, future parents before birth, high-risk parents, and the initiation of legal regulation. Secondary prevention refers to work with parents who have already abused children and to prevent future violent episodes. Under tertiary prevention we mean working with parents who were themselves victims of abuse and who are believed to be at special risk of abuse of their children (Rutter 1994).

CONCLUSION

Abuse is a form of psychological trauma that leaves serious consequences to the psychological development of children. The research has shown that most abused children have a clinical picture of a chronic PTSD, in which besides the typical symptoms of PTSD, the dominant behavioral, emotional and physical disorders dominated.

Based on these results, the signs and symptoms of child abuse will be more easily recognized and more appropriate treatment and preventive measures will be taken to prevent violence against children. The obtained results simultaneously point to the need for a multidisciplinary approach to treatment and prevention of child abuse, with greater interaction between health institutions, relevant centers for social work, police, court, government and non-governmental sector, and the existence of adequate family and criminal laws.

The goal of studying and treating abused children is the development of prevention strategies. An emphasis should be placed on primary prevention in order to prevent abuse and neglect, and not on secondary and tertiary prevention and retroactive programs when abuse has already occurred. Contemporary prevention includes three levels of action: primary, secondary and tertiary prevention.

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