TRANSFORMATION OF CHILDHOOD TRAUMATIC EXPERIENCES TO VIOLENCE

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ABSTRACT

Although there are several genetic, social, cultural, and evolutionary explanations for violence, this article will only be based on a psychological aspect with a special focus on trauma theory. Traumatic events in childhood including witnessing family violence and experiencing abuse, neglect, loss and abandonment can cause long term emotional pain and distress. Particularly, trauma becomes more severe when children are victims of family violence and parents who are supposed to love, protect, and reassure children become violent and threatening. Traumatic events leave children with overwhelming feelings of fear, anger, and vulnerability. Many authors emphasized the link between childhood traumatic experiences and aggressive behaviors, and they consider trauma and violence inseparable. However, there is little research focusing on the developmental aspects of this relation. Bowlby's attachment theory suggests that traumatic experiences interrupt a child's secure attachment and they generate attachment injuries that interfere with obtaining healthy relationships. Ferenczi's identification with the aggressor theory claims that traumatic experience teaches children both roles: victim role and the abuser role. Trauma in children and youth, differently than trauma in adults, affects underdeveloped personalities and it has a significant role in building the immature personality of children. This article focuses on explaining how childhood traumatic experiences turn into violence in light of Bowlby and Ferenczi's theories.

Key Words
Trauma, Child Abuse, Family Violence, Adverse Childhood Experiences, Attachment

ÇOCUKLUK ÇAĞI TRAVMATİK DENEYİMLERİNİN ŞİDDETE DÖNÜŞÜMÜ

ÖZ

Şiddetle ilgili genetik, sosyal, kültürel ve evrimsel açıklamalar olmasına rağmen, bu makale sadece travma teorisine odaklanan psikolojik bir bakış açısını temel alacaktır. Çocukluktaki istismar, ihmal, aile içi şiddete tanık olma, kayıp yaşama ve terk edilme gibi travmatik olaylar uzun süreli duygusal acı ve strese neden olabilmektedir. Çocuklar özellikle aile içi şiddet mağduru olduklarında, kendilerini sevmeleri, korumaları ve güven vermeleri gereken ebeveynler kendilerine şiddet ve tehdit oluşturmakta ve travma daha şiddetli hale gelmektedir. Travmatik olaylar çocukları yoğun korku, öfke ve kırılganlık hisleri ile başbaşa bırakmaktadır. Birçok araştırmacı, çocukluk çağı travmatik deneyimleri ile saldırgan davranışlar arasındaki bağlantıyı vurgulayarak, travma ve şiddeti birbirinden ayrılmaz olarak görmüşlerdir. Ancak, çok az çalışma travma ile şiddet arasındaki ilişkinin gelişimsel yönüne odaklanmıştır. Bowlby'nin bağlanma teorisi, travmatik deneyimlerin çocuğun güvenli bağlanmasını ve sağlıklı ilişkiler kurmalarını engelleyen önemli bağlanma yaralanmalarına yol açtığını öne sürmektedir. Ferenczi'nin saldırganla özdeşleşme kuramı travmatik deneyimin çocuklara mağdur rolü ve istismarcı rolü olmak üzere her iki rolü de öğrettiğini ileri sürmektedir. Çocuklarda ve gençlerdeki travmanın, yetişkinlerdeki travmadan farklı olarak olgunlaşmamış ya da az gelişmiş kişilikleri etkilediğini ve kişilik gelişiminde önemli bir rol oynadığını iddia etmektedir. Bu makale, Bowlby ve Ferenczi'nin teorileri ışığında çocukluk travmatik deneyimlerinin nasıl şiddete dönüştüğü açıklanmasına odaklanmaktadır.

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Introduction

According to World Health Organization statistics, each year, over one and half million people lose their lives due to violence ("WHO Violence and Injury", 2019) and millions of people suffer violence-related injuries ("WHO Violence Prevention", 2019). Desiring to prevent violence led many theoreticians to focus on reasons for violence from various perspectives to provide effective solutions. Although there are several genetic, social, cultural, and evolutionary aspects of violence, this article will only concentrate on the psychological approach with a special focus on trauma theory.

Traumatic events in childhood including witnessing family violence, experiencing abuse, neglect, loss and abandonment can cause long term emotional pain and distress (Felitti et al., 1998; "What is child", 2019). Recent studies have established a strong link between childhood traumatic experiences and violent behaviors (as cited in Ethier, Lemelin, & Lacharite, 2004; Bosqui et al., 2014; Dyer et al., 2013; Shaffer, Huston, & Egeland, 2008). Research to date (such as Spitzer et al., 2006; Day et al., 2013) suggests that deleterious childhood exposures are underlying reasons for juvenile delinquency. In particular, being a victim of physical abuse and family violence are found the most consistent predictors of youth violence (Gilbert et al., 2009; Maas et al., 2008). Abused children are considered at increased risk of demonstrating aggressive and violent behaviors in adolescence and inflicting pain on others (Gilbert et al., 2009; Haapasalo & Pokela, 1999; Maas, Herrenkohl, & Sousa, 2008; Trickett et al., 2011). This convincing explanation also is consistent with the finding that many adults who committed a violent crime have reported suffering adverse childhood experiences.

Although many studies on behavior problems of maltreated children established a link between adverse childhood experience and behavioral and emotional problems, there is a lack of studies that concentrated on the developmental aspects of this relation. Therefore, the present study seeks to clarify how the complexity of childhood trauma transforms into violence. Attachment theory provides a remarkable approach to demonstrate how healthy child development is interrupted by a traumatic experience which ultimately leads children to struggle with severe psychological distress.

Attachment theory

Bowlby (1969), a developer of attachment theory, describes attachment as the nature of the child's tie to his/her mother. During his work, Bowlby (1969) focused on the unique relationship between a mother and a child and stated that this interaction determines a child's attachment, which is an innate need for every human from the beginning to the end of life (Bowlby, 1969). Attachment theory emphasizes that infants' earliest experiences with caregivers, or attachment figures, are crucial for them to develop self-images and learn how to maintain proximity with others (Bowlby, 1969). In other words, early caregiving relationships help children build psychological representations of self, others, and self in relation to others. Due to this early interaction, children learn that they are worthy of love which has a powerful influence on children's obtaining a positive sense of self and forming healthy relationships.

Bowlby (1988) states that the accessibility and responsiveness of caregivers is key to building secure bonds between mothers and children. If caregivers are available and responsive to children's needs, this enables children to feel secure. Having this secure feeling provides a sense of trust and safety for children and also encourages them to value and continue the relationship. However, if the attachment figure is inaccessible or absent this can create anger and anxiety for the child. Attachment theory first explained anger as a response to separation (Bowlby, 1973). Bowlby (1973) emphasized that threats and fears of abandonment and/or separation from the attachment figure bring distress to children. Early studies illustrated that, during the separation period with their attachment figures, children demonstrated distinct aggressive and destructive behaviors. Bowlby (1973) views trauma of separation and loss as a threat to secure bond and reason of anger arousal in children. Experiencing

repeated separations and feeling threatened with abandonment are considered the origin of severe attachment injuries and hostile emotions for the child (Bowlby, 1973).

According to Bowlby (1988) feeling fear, threatened, or distress activates attachment needs. If children are exposed to unmanageable distress, they depend on their caregivers and the attachment bonds for survival (Bowlby, 1969). During separation, children seek their mothers for reassurance. When children reunite with the attachment figure, their mothers function as a safe haven for them to give comfort. When they find comfort, this allows them to tolerate separation. On the other hand, if the mother is absent or the child does not maintain contact from the attachment figure, this can lead to anger and despair (Bowlby, 1973). The secure attachment bond between the mother and child provides the foundation of a child's developmental competencies, in particular distress tolerance (Van der Kolk, 2005). When caregivers do not mitigate the pain or they are too distant, too occupied, or too distressed to respond, children will not be able to relieve and modulate their experiences (Van der Kolk, 2005). Accordingly, even if the attachment figure is physically available, being emotionally unavailable, and not responsive to the child's needs, it also leads to extreme distress and anger for the child (Bowlby, 1973). Bowlby (1973) clarified this anger as dysfunctional to protest a weakened bond of attachment and alienated caregiver.

Childhood trauma and its effects

Childhood trauma predominantly addresses being exposed to physical, sexual, emotional abuse, and/or physical, emotional neglect during childhood. In addition to abuse and neglect, divorce, loss of a parent, experiencing household dysfunction such as violence, substance abuse, incarceration, or mental health issues in the family are other common forms of traumatic childhood experiences (Felitti et al., 1998). Previous studies suggested that childhood traumatic experiences are major events for children that interfere with secure attachment (Van der Kolk, 2005). When children are exposed to trauma in their family relationships, the majority of them maintain insecure attachment patterns (Van der Kolk, 2005). Being hurt or witnessing other family members being deliberately hurt damages the safety of humans and the world (Webb, 2015), and children can lose their sense of safety and security. The mother becomes a source of danger instead of the primary source of safety, comfort and protection (Cyr et al., 2010; Hildyard & Wolf, 2002). Without feeling safe and secure and feeling supported by a caregiver, distressed children cannot trust others, which causes repeated experiences of anxiety or anger (Streeck-Fischer & Van der Kolk, 2000).

When children are exposed to traumatic events, they usually experience via the senses and this imprints on their memory and children carry this disturbance all the time (Hordvick, 1999, p.25). After traumatic experiences, children can be overwhelmed with feelings of fear, anger, vulnerability, and confusion (Howell, 2014). Many times, fear of violence, an overwhelming sense of helplessness, self-contempt, feeling shame and guilt follow those emotions (Herman, 1992, p.98). As a result of trauma, the child remains with overwhelming feelings such as terror and rage (Howell, 2014). Being overwhelmed with stress creates a vulnerable state for children which leads to very minor stress to be perceived as intolerable. Traumatized children can be easily disrupted by their intense emotions or environmental circumstances. That distress intolerance may cause intense aggressive emotions which cause children to act violently (Webb, 2015). For this reason, abused children can be rageful and aggressive. Moreover, when there is repeated traumatic stress, this generates more complex feelings.

Pynoos and Eth (1985) asserted that children who are victims of violence or witness of extreme acts of violence strongly incline of developing anxiety, conduct, depressive, and post-traumatic stress disorders (Webb, 2015; Pynoos and Eth, 1985, p.19). Being exposed to childhood trauma also can lead complex trauma characterized with emotional dysregulation, somatization, and various forms of aggressive behavior (Webb, 2015). As stated above, trauma can lead to malfunctioning of emotions, cognition, and behavior and it can generate cognitive, social, and emotional

impairment, disrupted neurodevelopment, exhibiting health-risk behaviors such as drug usage and behavioral problems in children (Felitti et al., 1998). Moreover, findings demonstrated that after traumatic experiences many children demonstrate behavioral problems such as running from the house, acting out, physical violence, verbal violence, anger tantrums, self-injury, and withdrawal (Webb, 2015).

Insecure attachment patterns cause a detrimental effect on children's ability to communicate and interact with others (Bacon & Richardson, 2001). These children desperately continue to seek someone to depend upon, find a way to trust in untrustworthy people, feel safe in a unsafe situation, and find power during helplessness (Herman, 1992, p.96). A child's formation of an attachment to the mother is a crucial task that influences a child's representations of self and others (Dozier, Stovall-McClough & Albus, 2008). Attachment-related events like abuse lead to alterations in children's inner representations and affect how they process their thoughts and feelings (Dozier, Stovall-McClough & Albus, 2008). Abused children might use defenses to preserve their attachment with their abusive caretakers such as repressing the memory to unconscious like it never happened, or rationalizing like it was not abuse (Herman, 1992, p.102), or altering this experience through dissociation. (Herman, 1992, p.102). Sometimes, if defenses are inadequate, children can try to justify the experience by self-blame such as their innate badness caused the abuse. In this situation abused children try to be extremely good and try to change themselves to avoid deserving abuse (Herman, 1992, p.103).

Identification with the aggressor

Repeated trauma in childhood forms and deforms the personality which is different from experiencing trauma in adulthood (Herman, 1992, p.96). Trauma in children and youth, differently than trauma in adults, affects underdeveloped personalities and it plays a significant role in building the immature personality of children. In trauma theory, Ferenczi's term of "identification with the aggressor" suggests that traumatic experience teaches children both roles: victim role and the abuser role (Frankel, 2002). According to this theory, while minors are dealing with this painful experience to survive, they dissociate from their own feelings and perceptions (Howell, 2014). During this unpleasant moment, children capture an image of the abuser into their own head. This way, the bad object in other words the aggressor is internalized by children. By doing that children split of from their experience and their emotions, thoughts, and behaviors transform into the abuser's. Thus, children start imitating the aggressors' behaviors (Frankel, 2002), and children's passive traumatic sexual abuse memory as a victim is converted to active abusive behavior (Howell, 2014; Bridge & Duman, 2018).

Identification with the aggressor is a process that addresses psyche splitting. During the traumatic moment, children usually feel confused and terrified to process the memory. They can be overwhelmed by danger and trauma can break apart their organization and shatter their sense of continuity (Howell, 2014). After a traumatic event, the personality can be stuck in its development and can remain undeveloped (Ferenczi, 1933, p. 162-3; Howell, 2014). The overpowering force and authority of the aggressor conquer the child, annihilate his senses, and leave him dumb. According to Herman (1992) children take the evil of the abuser inside, load themselves with the aggressor and develop a contaminated identity (Herman, 1992, p.105). With this new identity abused children turn to an aggressor to deal with their trauma.

Conclusion

Traumatic experiences violate personal safety and cause a great deal of distress. During the traumatic moment, children depend on their caretakers for protection and security (Webb, 2015). However, inadequate intervention to alleviate children's suffering by the attachment figure leads to both physical and emotional pain in children. Studies underline that the family environment in which children are raised in is the most basic structure in the emergence of aggressive behavior. If parents were the ones who traumatize the kids or the family was abusive this situation generate detrimental effects for children. When children are victims of family violence, they experience unresolvable conflicts, because the very people who need to love and

protect them from a threat become violent and threatening (Dozier, Stovall-McClough & Albus, 2008). Suffering from violence in their family also leads to feelings of being trapped in the hazardous environment of child abuse (Howell, 2014; Van der Kolk, 2005). In this hazardous environment, children are obliged to find a way to build a sense of trust and form primary attachments to dangerous, harmful, untrustworthy, or negligent caretakers (Herman, 1992, p.101).

Abused children are considered at increased risk of demonstrating aggressive and violent behaviors in adolescence and inflicting pain on others (Haapasalo & Pokela, 1999; Trickett et al., 2011; Maas, Herrenkohl, & Sousa, 2008; Gilbert et al., 2009;). Some of those traumatized kids demonstrate pathological self-soothing behaviors, aggression toward others, substance abuse, sleep disturbances, poor modulation of impulses, difficulty with understanding and following rules and eating disorders (Cook et al., 2005). Changes of the brain due to the toxic stress can have detrimental effects on decision-making, impulsive behavior, emotion, and stress reaction (Shonkoff et al., 2012). Recent research emphasized that self-mutilating behavior, compulsive sexual behavior, purging and vomiting, compulsive risk-taking or exposure to danger, and the use of psychoactive drugs can be an attempt to regulate intense emotions for abused children (Herman, 1992, p.109) who are in a high risk group for crime and violence. (Duke et al., 2010; Fox et al., 2015).

Dealing with the effects of early traumatic experiences and alleviating suffering are many times a lifelong process. Processing these intolerable experiences and obtaining a healthy identity can be excessively challenging for children without adequate internal or external support. When children and youth are exposed to traumas, inevitably their families and communities also should be involved for support (Webb, 2015). Repressing the overwhelming feelings of fear, anger, vulnerability, and confusion requires a lot of energy for children (Hordvick, 1999, p.26); therefore, working on those feelings help to relieve tension. Creating and increasing awareness on effects of childhood traumas and promoting help and support are essential to protect children from adverse consequences. Also, for mental health community, providing extensive assessment, treatment and follow-up for traumatized children are crucial to combat violence.

While this paper focused on explaining how early traumatic experience leads to later violence of children, it should be underlined that not all children who had deleterious childhood exposures demonstrate these negative consequences. Herman (1992, p.113) states that the majority of childhood trauma survivors do not become aggressors. Children's age, developmental stage, temperamental characteristics, and family and/or community's support can be protective factors for children in high-risk situations (Webb, 2015). This support can help them to cope with traumatic memory and be resilient which bolsters the ability to recover from adversity and capability to demonstrate high adaptation in situations of chronic stress, severe trauma, or a high-risk status. Therefore, building family and community support systems to reinforce resilience is imperative to strengthen the violence prevention.

References

Bacon, H., & Richardson, S. (2001). Attachment theory and child abuse: An overview of the literature for practitioners. *Child Abuse Review*, *10*(6), 377-397.

Bosqui, T.J., Shannon, C., Tiernan, B., Beattie, N., Ferguson, J., & Mulholland, C. (2014). Childhood trauma and the risk of violence in adulthood in a population with a psychotic illness. *Journal of Psychiatric Research, 54*, 121-125.

Bowlby, J. (1969). *Attachment and loss: Volume 1: Attachment.* New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Volume 2: Separation: Anxiety and anger.* New York: Basic Books.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development.* New York: Basic Books.

Bridge, E.N., & Duman, N. (2018). Identifying pedophile. *Life Skills Journal of Psychology, 2*(4), 215-222.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., . . . & Van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals, 35*(5), 390-398.

Cyr, C., Euser, E.M., Bakermans-Kranenburg, M.J., & Van Ijzendoorn, M.H. (2010). Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and Psychopathology, 22*(1), 87-108.

Day, D.M., Hart, T.A., Wanklyn, S.G., McCay, E., Macpherson, A., & Burnier, N. (2013). Potential mediators between child abuse and both violence and victimization in juvenile offenders. *Psychol Serv, 10*(1), 1-11.

Dozier, M., Stovall-McClough, K.C., & Albus, K.E. (2008). *Attachment and psychopathology in adulthood.* In J. Cassidy & P.R. Shaver (Eds.), Handbook of attachment: Theory, research, and clinical applications (p. 718-744). The Guilford Press.

Duke, N.N., Pettingell, S.L., McMorris, B.J., & Borowsky, I.W. (2010). Adolescent violence perpetration: Associations with multiple types of adverse childhood experiences. *Pediatrics*, *125*(4), 778-786.

Dyer, K.F.W., Dorahy, M. J., Shannon, M., & Corry, M. (2013). Trauma typology as a risk factor for aggression and self-harm in a complex PTSD population: The mediating role of alterations in self-perception. *J Trauma Dissociation, 14*(1), 56-68.

Ethier, L.S., Lemelin, J.P., & Lacharité, C. (2004). A longitudinal study of the effects of chronic maltreatment on children's behavioral and emotional problems. *Child Abuse & Neglect, 28*(12), 1265-1278.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245-258.

Ferenczi, S. (1933). *Confusion of tongues between adults and the child. The language of tenderness and of passion. In Final contributions to the problems and methods of psycho-analysis* (pp. 156-167). London: Karnac Books, 1980. Also see: Confusion of the tongues between the adults and the child (The language of tenderness and of passion). *International Journal of Psycho-Analysis*, 1949, 30, 225-231.

Frankel, J. (2002). Exploring Ferenczi's concept of identification with the aggressor: Its role in trauma, everyday life, and the therapeutic relationship. *Psychoanalytic Dialogues*, *12*(1), 101-139.

Fox, B.H., Perez, N., Cass, E., Baglivio, M.T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child Abuse & Neglect, 46,* 163-173.

Gilbert, R., Spatz Widom, C., Browne, K., Fergusson, D., Webb, E., & Janson, J. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet,* 373(9657), 68-81.

Haapasalo, J., & Pokela, E. (1999). Child-rearing and child abuse antecedents of criminality. *Aggression and Violent Behavior, 4*(1), 107-127.

Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.

Hildyard, K. L., & Wolf, D. A. (2002). Child neglect: Developmental issues and outcomes. *Child Abuse & Neglect*, *26*(6-7), 679-695.

Hordvick, E. (1999). *What is psychological trauma? Methods of treatment.* in Childhood and Trauma: Separation, Abuse, War. (Ullmann, E., & Hilweg, W., Eds.). Routledge.

Howell, E.F. (2014). Ferenczi's concept of identification with the aggressor: Understanding dissociative structure with interacting victim and abuser self-states. *The American Journal of Psychoanalysis, 74*(1), 48-59.

Maas, C., Herrenkohl, T., & Sousa, C. (2008). Review of research on child maltreatment and violence in youth. *Trauma, Violence & Abuse, 9(1),* 56-67.

Mills, C. (2004). *Problems at home, problems at school: The effects of maltreatment in the home on children's functioning at school. An overview of recent research.* London: National Society for the Prevention of Cruelty to Children.

Pynoos, R. S., & Eth, S. (1985). *Children traumatized by witnessing of personal violence*. In: Posttraumatic Stress Disorder in Children, Chap. 2, ed. S. Eth & R. Pynoos. Washington, D.C.: American Psychiatric Press.

Shaffer, A., Huston, L., & Egeland, B. (2008). Identification of child maltreatment using prospective and self-report methodologies: A comparison of maltreatment incidence and relation to later psychopathology. *Child Abuse & Neglect, 32*(7), 682-692.

Shonkoff, J.P., & Garner, A.S. (2012). Committee on psychosocial aspects of child and family health committee on early childhood, adoption, and dependent care section on developmental and behavioral pediatrics the lifelong effects of early childhood adversity and toxic stress. *Pediatrics, 129*(1), 232-246.

Spitzer, C., Chevalier, C., Gillner, M., Freyberger, H. J., & Barnow, S. (2006). Complex posttraumatic stress disorder and child maltreatment in forensic inpatients. *The Journal of Forensic Psychiatry & Psychology, 17*(2), 204-216.

Streeck-Fischer, A., & van der Kolk, B. A. (2000). Down will come baby, cradle and all: Diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry*, *34*(6), 903-918.

Trickett, P.K., Negriff, S., Ji, J., & Peckins, M. (2011). Child maltreatment and adolescent development. *Journal of Research on Adolescence*, *21*(1), 3-20.

Van der Kolk, B.A. (2017). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals, 35*(5), 401-408.

Webb, N.B. (Ed.). (2015). *Clinical practice with children, adolescents, and families. Play therapy with children and adolescents in crisis (4th ed.).* New York, NY, US: The Guilford Press.

What is child trauma? National Child Traumatic Stress Network. (2019). Retrieved from nctsn.org/what-is-child-trauma/about-child-trauma.

WHO Violence and Injury Prevention. (2019). Retrieved from who.int/violence _injury_prevention/en/.

WHO Violence Prevention. (2019). Retrieved from who.int/violence_injury_ prevention/violence/en/.