THE FRUSTRATION-REACTIONS AND PSYCHOPATHOLOGY IN THE CHILDREN OF VICTIMS OF VIOLENCE

Harprit Kaur,* LokRaj** and Jojanjit***

ABSTRACT

Children do not start violence yet they are vulnerable to its deadly effects. They rarely grasp the complex causes of violence yet are all too often forced to flee the homes, witness atrocities. They are not responsible for violence, yet it robs them of their healthy childhood. The study tries to explore the indirect impact of violence on frustration-reactions and psychopathology in children of victims of violence. The results are discussed in the paper.

Key Words: Frustration Reaction, Violence Aggression

Children may be victimized by violence; whether directly or indirectly. If they are not killed or injured, they may be orphaned or abducted. Either way they are left with psychological and psychosocial distress from direct exposure to violence or indirectly through, dislocation, poverty or the loss of loved ones. Those who may survive, often find themselves enveloped in a battle for survival against disease and physical needs on one hand, and an emotional turmoil on other hand.

The impact of violence on children may be varied but is intense. Fantuzzo et al., (1991) indicated that children who witnessed parental violence were more likely to exhibit behavioral problems at home, school and in the community; they tended to be more aggressive (e.g. fights with siblings or other children) than children from non-violent homes; exhibit internalized symptoms and post traumatic

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symptoms such as depression, suicidal ideation, specific fears, phobias, tics, enuresis and insomnia.

Researches also indicate that violence not only leads to behavioral problems but can also precipitate the behavioral problems and affect the development of child. Victimized child may regress to thumb sucking and bed wetting, and they may develop separation anxiety, engage in play that compulsively reenacts the violence. Researches have supported that adolescents who are exposed to any violence have impaired self-esteem & body image, learning disabilities, acting out, or risk taking behaviors such as running away. Sometimes effect of violence is overpowering and can also cause conduct problems like taking drugs or alcohol, suicide attempts, and inappropriate sexual activities.

Impact of violence is inevitable on children, but support of family members, friends, neighbors and some authority figures like teachers; all act as buffer or shock absorber to help child to cope with stress (Gibson, 1989). The national center of Addiction and substance abuse at Colombia University, (2005) found teenagers who frequently had dinner with their families were at lower risk for substance abuse.

Parents are the most influential socializing agents in child development. Researchers show that family environment and child rearing practices significantly affect the child’s thinking, feelings and behavior. The whole personality of child can be molded by parental interactions. They would then be the best buffer to stress. Similarly any disturbance in this all vital relationship would have widespread impact.

Way back in 1953, Sears et al., found a positive relationship between child practices and aggressiveness among children. Recently Youngmin (2003) supported the view point that children raised in intact families have an appropriate achievement, better emotional health and fewer behavioral problems. Family support, love, care and parenting style plays a vital role in child development and when this support is pulled away from a child it leads to deep emotional scars and psychosocial trauma which are not easily healed but make them more vulnerable to psychological problems. Hague et al., (1996) listed the most common difficulties experienced by children whose fathers were killed or murdered are as follows: aggression/tantrums (40%), introversion and withdrawal (37%), disruption of routine (29%), fear / insecurity (21%), acceptance of violence (10%), missing father (7%). They also reported particular health problems such as bed wetting, nightmares, headaches, stomach upset, delayed development, lack of concentration, poor performance, self–harm and eating disorders.

Hence children are negatively affected even when their parents are being victimized. Low self-esteem, low levels of social competencies, are common among the children of victims of violence (Foy & Goguen 1998, Mc Gee et al., 1997) suggests that some children fluctuate between extreme passivity and sudden outbursts of aggression; others express the feelings of severe anxiety,
powerlessness and guilt at not contacting police or neighbor or at their inability to prevent assaults at their parents. Hughes (1988) also found that many school-age children for the sake of social desirability belied their inner experience related to their victimization by putting on a “brave face”. However, when interviewed, they quickly revealed their profound emotional distress about the same.

Researches also indicate that violence not only leads to behavioral problems but can also precipitate the behavioral problems and affect the development of child. Victimized child may regress to thumb sucking and bed wetting, and they may develop separation anxiety engage in play that compulsively re-enacts the violence.

The effect of violence on person’s life cannot be denied but the consequences are more severe when a person is exposed to violence in sensitive stages of life, like childhood or adolescence period.

The current study has been planned to study the indirect impact of violence on children. The children of violence affected fathers would be studied for psychopathology and their frustration management.

**Aim**

To assess the frustration-reactions and psychopathology in the children of victims of violence

**Hypotheses**

- It is expected that children of victims of violence will differ in reactions to frustration as compared to control group.
- It is expected that children of victims of violence will be higher on psychopathology as compared to control group.

**METHOD**

**Sample**

The study was conducted on 20 boys, 10 males were drawn from orphanages whose fathers were victims of violence. Control group comprised of 10 males drawn from different schools whose families were intact. Age range of sample was 10-19 years.

**Tools**

Indian adaptation of the Rosenzweig picture frustration study for children (Pareek and Rosenweig, 1959). It comprises of 6 subscales:

**Direction of Aggression**

- **Extrapunitiveness**: Aggression turned on to environment.
- **Intropunitiveness**: Aggression turned on self.
c) **Impunitiveness:** Aggression is evaded in an attempt to gloss over the frustration.

**Type of Reaction**

a) **Obstacle Dominance:** In which the barrier occasioning the frustration stands out in the responses.

b) **Ego-Defence:** In which the ego of the subject predominates

c) **Need Persistence:** In which solution of the frustrating problem is emphasized.

Developmental psychopathology checklist for children (Kapur ,M.). It comprises of 7 subscales.

a) **Hyper kinesis** (poor attention, distractibility, restless, Impulsive).

b) **Conduct** (stubbornness, disobedience, disruptiveness, and quarrelsome, aggressive, temper tantrums, truancy, lying and stealing).

c) **Learning Disabilities** (school refusal, poor school performance, reading difficulty, writing difficulty, arithmetic difficulty, forgetfulness).

b) **Emotion** (Day dreaming, withdrawal, little talks, worrying, Anxious, Shyness, fearfulness, clinging, cries easily).

e) **Obsessive Compulsive disorders** (OCD).

f) **Somatic** (dizziness, aches and pains, fits, tiredness, stomach ache, fainting, pulling sensation, physical illness).

g) **Psychoses** (hallucinations, catatonic features, delusions, talking to self, poor appetite, poor sleep, incontinence, loss of interest, depression, pressure of ideas, irritable behavior).

**Draw a person** test which is one of the most common expressive techniques effectively used in cases of children to interpret their needs, feelings, emotions and motives etc. It was also utilized as a medium for developing rapport.

**RESULTS**

The results have been described in a tabular form. Group A is children of victims of violence and Group B is control group.

**Table 1** show the result on Rosenweig P F study where the difference between extra-punitiveness is significant at 0.05 levels. And the differences of Intro-punitiveness and impunitiveness are significant at 0.01 levels. There is non significant difference between the two groups on the different types of reactions.

**Table 2** shows the results of psychopathology of the two groups. The difference on conduct disorders, emotional problems and somatic problems are significant at 0.01 levels; the difference of hyperkinesis, learning disability, obsessive compulsive disorder and psychopathology are non-significant.

There were significant differences on the drawing of Draw-A-Person test. It was evaluated qualitatively.
TABLE 1
Results of Rosenzweig P F study

(a) Direction of Aggression

<table>
<thead>
<tr>
<th></th>
<th>Extra-punitiveness</th>
<th>Intro-punitiveness</th>
<th>Impunitiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A (N-10)</td>
<td>5.4</td>
<td>3.3</td>
<td>6.7</td>
</tr>
<tr>
<td>Group B (N-10)</td>
<td>6</td>
<td>4.5</td>
<td>4.4</td>
</tr>
<tr>
<td>t-ratio</td>
<td>214*</td>
<td>3.07**</td>
<td>5.8**</td>
</tr>
</tbody>
</table>

(b) Type of Reaction

<table>
<thead>
<tr>
<th></th>
<th>Need Persistence</th>
<th>Obstacle Dominance</th>
<th>Ego Defense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A (N-10)</td>
<td>8.6</td>
<td>0.22</td>
<td>0</td>
</tr>
<tr>
<td>Group B (N-10)</td>
<td>8.3</td>
<td>0.3</td>
<td>0.9</td>
</tr>
<tr>
<td>t-ratio</td>
<td>1.57</td>
<td>1.05</td>
<td></td>
</tr>
</tbody>
</table>

TABLE 2
Results of psychopathology checklist

<table>
<thead>
<tr>
<th></th>
<th>Hyper kinesis</th>
<th>Conduct</th>
<th>Learning</th>
<th>Disability</th>
<th>Emotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A (N-10)</td>
<td>0.8</td>
<td>4.1</td>
<td>1.7</td>
<td>3.5</td>
<td></td>
</tr>
<tr>
<td>Group B (N-10)</td>
<td>0.6</td>
<td>0.8</td>
<td>0.8</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>t-ratio</td>
<td>7.47**</td>
<td>1.69</td>
<td>3.71**</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Obsessive Compulsive Disorder</th>
<th>Somatic Complaints</th>
<th>Psychosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A (N-10)</td>
<td>0</td>
<td>4.5</td>
<td>0.1</td>
</tr>
<tr>
<td>Group B (N-10)</td>
<td>0</td>
<td>0.6</td>
<td>0.4</td>
</tr>
<tr>
<td>t-ratio</td>
<td>2.99**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**: Significant at 0.01 level of significance
*: Significant at 0.05 level of significance
DISCUSSION

Results of present study support the hypothesis that children of victims of violence differ in their reactions to frustration as measured by PF study. The aggression was significantly higher, irrespective of the fact whether it was inwardly or outwardly directed; or whether effort was made to evade it. There were significant differences in extra-punitiveness which implies that the frustration lead to aggression on environment in children of victims of violence. The researches show that children who witness violence, may feel world as unpredictable, hostile, threatening and hence become vulnerable to developing short and long term problems (Fantuzzo & Mohr, 1996). For adolescents, particularly those who have experienced violence exposure in their lives, have high levels of aggression and its acting out is commonly accompanied by anxiety, behavior problems, school problems, truancy, and revenge seeking (Gibson, et al., 1991)

Results of intro-punitiveness as a mode of expressing aggression also showed significant difference which implies that school-age children who witness violence often show a greater frequency of externalizing (aggressive, conduct disorders) and internalizing (withdrawn, anxious) behavior problems in comparison to children who have not witnessed any violence (Bell, Atnafo, Jenkins & Margolin, 1995). Overall functioning, attitudes, social competence, and school performance are often affected negatively (Jaffe, Wolfe, Wilson, & Zak, 1986).

The difference between the two groups is also significant in impunitiveness which shows the denial of problems and adopting a fatalistic attitude towards life, which makes children more isolated and timid in introspections and analysis of problems. As the researches suggest that children living without their family are not able to cope up with the situation and rather develop emotional problems.

Present study also supports the other hypothesis that children of victims of violence will be higher on psychopathology which is evident on psychopathology checklist used in study and the results indicate that internalizing aggression is leading to several problems such as conduct, emotional and somatic. Fantuzzo & Lindquist (1989) have also supported the view that children who witness violence are generally more likely to exhibit external behavioral problems at home, school and also in community and they tend to be more aggressive (e.g. fights with siblings or other children). Shakoor and Chalmers (1991) have also viewed that children who have witness violence often become more vulnerable to internalized symptoms such as depression, suicidal ideation, specific fears and phobias, tics, enuresis and insomnia and low self esteem as well as low levels of social competencies, impaired concentration spans, difficulties with school work and significantly lower than average scores of verbal, motor and cognitive abilities than children those who were not exposed to violence in any way.

Therefore, it has been supported by many studies that children who witness violence tend to show lower self esteem and poorer social competence; shame,
guilt, fear, sadness, helplessness, isolation, maladaptive behaviors including sleep disturbance, aggression, disobedience, lying, bullying and an inability to concentrate.

The results of draw a person test show the difference between the drawings of group A and group B. As drawings of group A are revealing frustration which is shown on the faces of drawing which subjects of group A have made and their wishes reveal that they are more preoccupied with religious thoughts whereas drawings of control group shows the action orientation which was missing in drawings of children of group A. The other important difference observed was the buttons which were made by maximum subjects of group A, which was indicating dependency in these children. It has also been proved by studies that drawings of children can be used as method of interpretation of their needs, feelings and emotions, motives, etc. As one study conducted during the township wars, by Gibson, Mogale, and Friedlander, (1991) in which the drawings of children living in Alexandra, South Africa were full of guns, blood and police and some of the drawings also show a flower filled villages, possibly indicating a desire to escape the conditions in the townships.

To conclude the frustration felt and expressed is overall and not specific in type. The latter may be dependant on other factors than witnessing violence. They are higher on psychopathology although neurotic in nature. There is a dire need to provide psychological help to these children. The study needs to be elaborated on a larger sample.

REFERENCES


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