

# The developmental damage to children as a result of the violation of their rights

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## 1. INTRODUCTION

This chapter bears on the developmental damage, especially psychosocial damage, that can be caused by the violation of *Children's Rights*. Or should we say that when developmental damage is done, then, automatically, Children's Rights must have been violated. An intriguing philosophical question that addresses the strength of the Children's Rights. But that is not my field. As a psychologist I know little about juridical affairs. That sometimes is an advantage, because my view is not hampered by juridical problems.

In this chapter I will first dwell upon the general consequences of the violation of Children's Rights, especially what I will call *PTE, Pervasive Traumatic Experience* (para 2). To discuss the life long developmental damage that can result from violating Children's Rights a specific field of violation, sexual abuse, is examined (para 3). Next, two cases are presented to illustrate this developmental damage, but at the same time the cases will serve to present some of the diffuse and pervasive effects of the violation of Children's Rights to which the juridical system has yet no answers. The first example is an individual case of a girl growing up in an unhealthy situation and suffering repeatedly from sexual abuse (para 4). The second example is about a group of school children undergoing an injurious sexual education for two years (para 5). To understand general behavioural problems as a consequence of PTE, the anxiety model is presented (para 6). After discussing the psychological aspects of guilt (para 7), I will touch on the need for the juridical perspective of the victim instead of the perpetrator (para 8). Because helping children and enforcing Children's Rights depend to a large extent on effectively hearing the voice of the child, I dedicate a paragraph to the problems concerning communication with children (para 9). I close the chapter with a conclusion (para 10).

## 2. PERVASIVE TRAUMATIC EXPERIENCES

Violation of the different Children's Rights each has specific consequences. Not being allowed to speak up or lack of education, for example, have totally different consequences to being abused as a child or serving in the war as a child soldier. The first type of rights has consequences with respect to the way in which an individual child can develop his or her full potential. The second category deals with violations through which children cannot develop within a normal range of their potentials. I formulate it this way to take into account that a child with abnormalities coming from his or her disposition, still has a specific range of development that is normal to him or her. In the case of the violation of rights that affect the normal development of a child, we are dealing with an abnormal, deviant development of the child with respect to his or her own disposition.

The focus of this chapter will be on the violation of those Children's Rights which cause what I will call *Pervasive Traumatic Experience, PTE*, and the developmental damage that this engenders. By *Pervasive Traumatic Experience* I mean those traumatic experiences that have a *pervasive* influence on the development of the child. It means that the traumatic experience affects the general functioning of the child in more or less all developmental tasks (intellectual, socialemotional, physical and motor development), that the onset is in (early) childhood and that it continues during adulthood.

The problem with the consequences of traumatic experiences is that the younger the child

experiences trauma, the broader and the more long lasting its effects. When trauma is experienced during childhood, it tends to damage the developmental task the child is in process of mastering. To understand this, the terminology of Vygotsky (1994) is useful. He discerned two zones of development, the *zone of actual development* and the *zone of proximal development*. The first developmental zone, the zone of actual development, includes those (mental) functions the child can perform independently, without help from others. The second zone concerns the distance between the actual development as independent problem solving and potential development. In this zone are situated the functions that are still maturing and can only be performed with the help of others. PTE, traumatic experiences in general, will have influence on the formation of these zones of development. The zone of actual development will not increase because the potentials of the child remain immature and unused in the zone of proximal development. The transfer from the zone of proximal development to the zone of actual development occurs by practising, with help from others, and most importantly by play. The child masters the mental functions by playing, especially pretend play. Vygotsky shows a beautiful example of this when two little sisters say; *Let 's play and pretend we are two sisters*. With this play the two girls examine what the role of sister means and how to behave as a sister in real life. Children who cannot play, and we must realise that traumatic experiences tend to affect children's play, will stay behind in their development and especially in the development of their self-image, their relations and in the way they can fulfill a healthy position in society.

To give an indication of the importance of PTE during the first years of life, let us look at the developmental tasks the child has to master during those years. In the first four years of his or her life, a child will learn to master an astonishing number of *developmental tasks*, the most important of which are mentioned in outline 1.

Outline 1: *Important developmental tasks of the child from birth up to five years*

<i>Important developmental tasks of the child from birth up to five years</i>	
Autonomy	Eating independently, becoming toilettrained, being able to mobilise help
Motor	Moving freely and independently
Intellectually	Independent thinking, analysing, organising, understanding space and distance, abstract thinking
Communicativeiy	Communicating using language
Emotionally	Attaching others to oneself and making attachments

PTE during the first years of life will risk retarding the development of basic psychosocial skills. And if a human being does not learn to master skills during the period he is mature for that subject (Montessori, 1950), during the period the flexible brain is specifically mature to develop those skills (Eliot, 1999), the skill will seldom develop into a fluent mastering of the subject. An important example is mastering a language. Young children learn a language at an astonishing pace. New languages offered to the child are learned within a short time. Adults, at the contrary, take very long to master a new language and seldom can speak that language fluently. So, damage done in the period the child is developing specific skills, can have important consequences with respect to the developmental tasks the child is in process of mastering. The most pervasive mental damage, though, that can be caused to any human being is the loss of hope. If a child has lost hope, the damage is very profound. Children have an enormous strength. One of the best examples is that children invest in supporting their parents when they suffer trauma, even before getting through their own grief. Nagy (Boszormenyi-Nagy and Spark, 1973) uses the term *parentification* to indicate the activity of the child who functions as a parent to his or her parent. A child will help his or her parents, hoping they will be able to function as a parent again and in due time take care of the child. Children often suppress their own grief, in order not to torment their parents with their problems. Children possess an enormous *resilience* based on the hope that their situation will improve. They have excellent *stress management* too. Children often seem to be able to endure serious situations better than adults.

Stewart, aged five, is playing with an adult who wants to talk about a painful subject. *No, I don't want to talk about it now*, says Stewart. The adult, however, remains occupied with the subject. She says to Stewart, *When I play with you, I have to keep thinking about it*. Stewart answers: *Don't worry, just think 'table, table, table,' and then it will go away. That's what I do*.

As adults, we turn to India to learn to meditate, use the *mantra* to free the mind. This five year old child invents his own mantra to ease his mind.

We often make the mistake of thinking a child does not suffer from a trauma when it sings and smiles. But children can, however, more easily often than adults, switch from one state of mind to another. It is not enough to look at superficial behaviour in order to assess the damage done by traumatic experiences.

It is difficult to know whether a child will overcome trauma or if he or she will be damaged for life. A trauma is not necessarily always only a negative life event. Experiencing a trauma can also present a person with the opportunity to learn to master serious problems in life. A trauma as well as damaging can also engender a tremendous ambition and can be an impulse for talents to be developed. An example of this is that most French writers (75 percent) experienced the loss of a parent during their youth (Delfos, 1999). This tremendous loss seems to have pushed their literary talent to the surface and brought about an 'urge to write.' Cooper (1994) says that most important scientists, writers, business men and politicians have suffered a severe trauma and often grew up in traumatising circumstances. Their trauma for them, was beneficial as well as damaging. Cooper proposes that overcoming a serious trauma makes a person resilient to difficult situations later in life. If men or women have overcome their childhood trauma, they can more easily overcome other difficult situations. Overcoming trauma can stimulate resilience.

It is not easy to appraise the developmental damage that can be done by violating Children's Rights. The risk of a violation of rights having pervasive consequences depends not only on the gravity of the trauma itself but also, and more so, on the age at which the trauma occurred (Pynoos, Steinberg and Piacentini, 1999). From birth on, even from within the womb, the child generalises his or her experiences in order to understand the world around him or her. The baby forms an attachment system which contains the ideas about how people will react when the child needs help (Bowlby, 1984). The central meaning of attachment is not so much about loving relationships but firstly about the need for proximity of others in case one needs help. An insecure attachment formed in the early years will have long lasting consequences throughout life (Bowlby, 1986). An attachment system already formed will not be abandoned just by one contradictory example, a fundamental other idea of people will only evolve when the child experiences several fundamentally different examples in the way people react to his or her needs. Only then will a human being be able to give up the first formed idea. The example of the forming of an attachment system can be used to explain the pervasiveness of different aspects of development. When a trauma is experienced early in life, the risk of the consequences being pervasive is much larger. Early in life the experience will tend to function as a model and experiences later in life as an exception to the already established rule. So violation of rights early in life will tend to have more pervasive, diffuse and long lasting consequences than when the same trauma occurs later in life.

Let me illustrate the pervasiveness of developmental damage that is provoked by violating Children's Rights with the subject of sexual abuse.

### **3. THE DEVELOPMENTAL DAMAGE THROUGH SEXUAL ABUSE**

Sexual abuse is one of the most common traumatic experiences from childhood. Twenty percent of women have experienced sexual abuse during their childhood, a third to half as many men have undergone sexual abuse (Friedrich, 1998). Sexual abuse is best conceptualised as a traumatic experience (Finkelhor, 1995). Research on sexual abuse of children mentions the possible life long consequences of abuse. In fact no researchers deny the possible lasting effects of sexual abuse, but little interest is given to consequences specific to developmental tasks and consequences related to the ages of onset of the abuse

(Friedrich, 1998). Researchers mention that children manifest different kinds of problems at different developmental stages, and propose that adult symptomatology appears to be influenced by the developmental stage in which the abuse occurred (Cole and Putnam, 1992; Kendall-Tackett, Williams and Finkelhor, 1993; Friedrich, 1998).

Kendall-Tackett and her colleagues discuss the model developed by Finkelhor and Browne (1985), who attribute the diversity of symptoms to four mechanisms: *traumatic sexualisation, betrayal, stigmatisation* and *powerlessness*. Briere (1992) developed a model of consequences of sexual abuse with the central mechanisms: *negative self-evaluation, chronic perception of danger or injustice, powerlessness and preoccupation with control, dissociative control over awareness, impaired self-reference* and *reduction of painful internal states*.

The symptoms resulting from childhood sexual abuse are generally felt in adulthood in every day life, and are impregnated in the personality of the abused. Sexual abuse usually comes with other kinds of maltreatment (Friedrich, 1998). Therefore the specific consequences of the sexual abuse itself are not always clear.

Most research indicates that the younger the child, the more severe the consequences of sexual abuse seem to be (Zivney, Nash and Hulse, 1988, Finkelhor, 1990, 1994; Kendall-Tackett *et al*, 1993; Briere, Berliner, Bulkey and Reid, 1996). No connection is made however between age, developmental tasks and the abuse. There is also no clear-cut profile of complaints of sexually abused children (Kendall-Tackett *et al*, 1993; Friedrich, 1998). If we expect sexual abuse to have different consequences when experienced at different ages, we would in effect not expect only one profile of pathologies and complaints.

The reason why the symptoms are so invasive in personal everyday functioning is probably that sexuality is closely linked to relationships in general and the feeling of security and non-sexual intimacy specifically. For that reason one has to investigate the development of intimacy to evaluate the impact of sexual abuse on the development of children and their psychological health as an adult.

In my developmental and life stage model of the development of intimacy I discern thirteen stages of intimacy, from birth till death. The quality of intimacy in each stage depends on the fulfillment of the previous stages. Next to this model of intimacy I indicate the possible consequences of sexual abuse related to the different stages (Delfos, submitted). In outline 2 the central themes for the development of intimacy and the consequences of abuse during that phase are brought together.

*Outline 2: A developmental model of intimacy together with a model of the consequences of sexual abuse*

<i>Phase model of the development of intimacy with a model of the consequences of sexual abuse according to age</i>		
Age	Central theme intimacy	Central theme sexual abuse
Birth until 1 'A years	Resolving helplessness	Lack of clarity about right to privacy about <del>one's body</del>
1 'Vi until 2'/2 years	Developing tenderness	Damage to developing ten- <del>derness</del>
2/4 until 4 years	Consolation and tenderness	Tendency to withdraw in isolation
4 until 8 years	Developing emotional contact	Provocative or prudish instead of normal behaviour in emotional contact
8-11 years (female) 8-13 years (male)	Paradoxical intimacy	Powerlessness, anxiety

11-14 years (female) 13-16 years (male), (pre)puberty	Delimitation	Severe feelings of guilt, risk of not really being able to distinguish abuse from healthy sexual contact
14-18 years (female) 16-18 years (male), puberty-adolescence	Discovering sexuality	From this age on, the reaction depends highly upon the experience with sexuality preceding the abuse
18 to 25 years	Realisation sexual intimacy	
25 to 35 years	Insecurity about coherence of intimacy and love	
35 to 45 years	Accomplishing true	
45 to 65 years	Renewed interest for sexuality and deepening intimacy	
65 to 75 years	Safety and security	
75 years until death	Physical helplessness	

In this brief summary of the model through this outline I propose that in the early years important developmental intimacy tasks can be disturbed by sexual abuse. This disturbance has a penetrating influence on the creation of relations during life. The model offers an explanatory system for the symptoms of sexual abuse we mentioned above. The consequences of abuse we mentioned are on a psychological level. Mind and body cannot, however, be dissociated. Damasio (1994) speaks of a *neural self*, where both the biological and the neurological self are integrated. Effects that take place on a psychological level have a counterpart on a physical level. Research shows that the stress of long lasting trauma during childhood can result in a deformation of the brain and of brain activity. The stress reaction (HPA: hypothalamic-pituitary-adrenocortical system) can be brought to a structural heightened reaction (Kendall-Tackett, 2000). The result is a diffuse general state of anxiety and a strong hormonal and emotional reaction to a relatively small stressor. Persons who have experienced traumatic events are often 'primed' to overreact to subsequent stressors, making them more vulnerable to these events (Kendall-Tackett, 2000). Another example of physical consequences of PTE is that sexually abused boys show elevated levels of growth hormone (Jensen *et al*, 1991). This probably is connected to the fact that stress furthers the production of testosterone which in turns furthers the production of the growth hormone (Delfos, in preparation). Trickett and Putnam (1993) suggest that sexual abuse is related to early puberty in girls. So, it is right to mention also physical effects as a result of PTE.

Let us now consider the effects of the violation of Children's Rights on an individual level.

#### 4. THE CASE OF THE STRUCTURAL AND CUMULATIVE VIOLATION OF RIGHTS

A girl was born to a mother with psychiatric problems. The mother had long lasting psychotic episodes. The father left the mother when she was pregnant. The little girl grew up with her mother with very little support from neighbours or family. When she was seven years old, the mother was pregnant again and a baby brother was born. From that time on, the girl had to take care of her baby brother. Her mother was regularly in a psychotic state. After psychotic episodes the mother became depressive and could not get out of her bed. Her family knew about the situation the children grew up in, but they did not take any action. The mother became drug addicted and she held bizarre, occult sessions all by herself in the middle of the night. The little girl witnessed these frightening scenes.

The girl was sexually abused by her male neighbour when she was seven years old. He threatened to kill her mother and her baby brother if she opened her mouth. She chose to protect her family and kept her secret for many years. At the age of twelve, the little girl, too many times physically abused and frightened by her mother's behaviour, took up a search for her father. She asked people around her from her neighbourhood if they knew anything about him. It turned

out that he lived quite nearby all the time, only some streets away from where she grew up, but she had never seen him. When she found his address she ran away to him. She told the story of the abuse to a friend who encouraged her to tell her father. Her father believed her, but no juridical action was undertaken because the girl, now twelve years old, was too afraid the neighbour might hurt her mother and her brother. But the situation at her father's was far from ideal too. Her father was an alcoholic. And moreover she felt guilty leaving her five year old brother behind in the frightening situation at his mother's. She went back to her mother and finally went to the police. At her instigation the two children were taken out of their home. Of course she could not take her belongings, everything had to be done secretly. The girl and her brother were placed in a temporary foster family, but they were considered so damaged by their upbringing that they could not be placed in a permanent foster family. The girl had a tendency to externalise her problems. She was a little bit of a 'wild cat.' She did not tolerate anybody touching her, and did not feel secure in the temporary foster family. So it was decided she would be placed in a children's home where she would be treated.

At last she was saved, wasn't she? She was brought to a children's home. She was a wild child, too autonomous. She was sexually provocative towards men. Nevertheless, it was in the children's home that the story of her life became a true nightmare. One male group leader became her mentor. He was the leader of the team working in the group where the girl lived. Slowly he turned all other group leaders away from her. Through a process of *grooming* he prepared her for years for an intensive, horrifying sexual abuse.

His position as a team leader was so clear, so firm, that he could really mould her sexuality to his need. He bonded her, blindfolded her. He penetrated her, not using condoms, because why should he: he was her sole master. He sodomised her. In the end she caught two venereal diseases. At the age of eighteen, the girl is terrified she will not be able to have children as a result of the abuse. She is determined to undergo painful physical examinations to know whether she can still have children.

The other group leaders felt there was something wrong, but the team leader denied having intimate relations with the girl, and the girl too denied that the group leader had a sexual affair with her. She was too afraid to open up. Moreover she didn't have secure relations with the other group leaders because the team leader had prevented this.

Years later, she was now seventeen years old, the girl opened up to a girlfriend the moment she was moved to another part of the institution out of the daily sight of the team leader. This girlfriend urged her to tell her story to the head of the institution. At first they would not believe her. She was the wild cat, the inapproachable. She was the one who was sexually provocative. Finally she got therapy, almost a year later, eleven years after the first sexual abuse. Her therapist was the first official person who really believed her. For her it was the first time she was really believed, without reticence. She told a friend: I came to my therapist, and she simply believed me and the sky opened up.

Sexual abuse very often is expressed to a peer who tells the abused child to confide in an adult. The importance of peers is widely underestimated by adults (Harris, 1998). Most of the time children have to fight to be heard by an adult when they speak about sexual abuse.

This girl has undergone abuse: physical, mental as well as sexual abuse from birth till eighteen years old. There was a structural violation of her rights throughout her youth. The violation of rights during her early years, in the sense of an insecure environment due to the care of a psychiatric mother and a neglecting family and community, prepared her to undergo sexual abuse when only seven years old and not daring to tell anyone. Her acute sense of responsibility towards her mother and her younger brother made her keep her secret to her own detriment. Eighteen years old, she still does not dare to accuse her

former neighbour. She was unable to live in a family, to attach herself to people. She had to live in childrens' homes for six years, never learned to live in a normal family. Her ideas about family life are distorted. She held everyone far from her in the childrens' home. But when one group leader continued to approach her, tame her in fact, she was severely sexually abused by him. She gave him her first trust in an adult and he violated this trust. The sexual abuse in the childrens' home does not stand on its own, it is only a link in a chain of violations. One violation of rights facilitates the occurring of another violation. In the case of the young girl, her externalising reaction meant that she could not relate easily with the people around her. As her reaction to the sexual abuse is identification with the aggressor, and sexually provocative behaviour, she acts according to the age she underwent the first sexual abuse at seven years old (see outline 2). This abuse was a risk factor in the renewed violation of her rights. A child being sexually provocative does not want sexual contact, however. The girl in our example only tries to explore the boundaries in her new environment in the childrens' home, to discover if the people around her were safe from a sexual point of view. Friedrich and colleagues (2001) show in their extensive survey that sexually abused children exhibit a greater frequency of sexual behaviours than a normative sample and psychiatric outpatients.

Sexual abuse is often preceded by physical abuse (Friedrich, 1998). This causes the will of the child to be broken and his or her self confidence to be severely damaged. To stand up against sexual abuse is therefore more difficult for children who have undergone physical abuse before the sexual abuse. The girl in our example has been physically abused by her mother and was threatened to be killed. Her mother did hold a knife in her hand, threatening to kill her and her baby brother more than once.

How can this child ever repair the damage done to her. A case against the perpetrator who abused her from her twelve years on, wouldn't do her justice, because the consequences of the abuse will only become clear throughout life. She will feel the consequences of the abuse during each life stage: forming a relationship, becoming a mother or not being able to become a mother, her child reaching the age she was abused and so on. If a juridical action is undertaken it should do justice to this fact.

Her resilience in overcoming these structural traumas and forming another idea of the world, will depend on the balance between the risk factors we mentioned and the protective factors. In this case, the girl in question has a strong personality and an acute sense of humour as important protective factors. She kept her true self to herself. So, inside her is a diffuse awareness of what is good and what is wrong. It is her most important protective factor. That is the part that will be explored and developed in psychotherapy.

The second case is of a more diffuse nature. The violation of Children's Rights takes place in a group of school children by their teacher.

## **5. MENTAL SEXUAL ABUSE IN THE CLASSROOM: SEXUAL BRAINWASHING**

A group of children had the same teacher for three years. It became clear that he misused the fact that he was their teacher to indulge his own sexual desires.

A schoolteacher has an important impact on children's development. Parents trust their children to the teacher, who is not only supposed to teach their children but is also supposed to have a personality that will be beneficial for children. A teacher can be an important model. Children at primary school are very susceptible to the influence of the teacher. One of the reasons is, that the teacher rules the class. In the perspective of the child the teacher is very wise, he knows so much the child does not know. More so even than his or her parents, at least in the eyes of the child. The child is in a very powerless position, physically as well as mentally. Until a certain age the adult will easily win a physical fight.

The teacher in my example has a sexuality problem. Of course this is clear when we are talking about sexual abuse of the children he is trusted with. But sexual abuse is not the only possible damage in the field of sexuality. This teacher has the same children under

his care for three years. Their age ranges from nine till twelve years old. The teacher uses the fact that the children are under his care to give them sexual education. He tells them sexual anecdotes every day. The content is often overly pornographic and aberrant. At nine years the children in his class were confronted with necrophilia, and sex with animals. He told them the story of a little kitten that died when it was pushed into the vagina of a woman. When confronted with the story, the teacher only said he wanted the children to know about these practises as a preventive measure. He wanted to tell how hurtful sexual desires of adults can be for animals, as children of that age are very susceptible to the welfare of animals. The teacher sexualised their education, even arithmetic was not free from sexual insinuations. In order to explain fractions he said: fractions are like human beings, you can do what you want above the belt, but not under the belt.

As sexuality is quite a difficult subject, and children have a feeler for their parents' anxiety and rejection, it took very long before the children told anything to their parents. The code the teacher implanted in them was 'not to be prudish,' and to 'have an open mind towards sexuality.' The way the teacher went about, in fact brainwashing the children, can be seen as a violation of several Children's Rights. This antiprudish code was rigidly followed among the children. Sometimes a child would break the code and let slip a remark heard at school to his or her parents. Afterwards, when the investigation took place, several signals could be detected. The juridical process took some time and the result was that the class was divided into three groups: the two children who had dared to bring out the story, and the children who were loyal to their teacher and said they wanted him back. A third group of children tried to evolve, who wanted to say they detested the sexual stories of the teacher, but the group code was fierce. Strong pressure was exerted by some children to sign a petition to ask the teacher to come back

The investigation took months. The parents took up the same code as their children. Fear to be called prudish made some parents take action against the teacher being suspended from school. There were barely any solid juridical facts that could support a conviction of sexual abuse, harassment or intimidation. The only fact left was the Internet session the teacher held with some young boys, showing them pornographic Internet sites. The educational purpose the teacher mentioned, was that he wanted to show children that the 'child lock' against pornographic sites on Internet was not hackerproof. He mentioned the name of several pornographic Internet sites in the classroom

During the investigation the teacher said he handled the learning material in an associative way, not using the books available, and that very often the discussion went in the direction of sex, because this was a very sexualised class of children. He seemed not to understand he had sexualised the children for three years on a daily basis.

The developmental damage these children have undergone is not easy to appraise. The image these children have about sex has been seriously distorted and they have been impregnated with very aberrant images and stories about sex. Some children said they tried to shut out the voice of the teacher when he told those terrible stories. One of the girls said she was appalled by sex and found it a real pity you needed sex in order to have babies.

The Children's Rights are clearly being violated. Not only by the teacher, but also by the school which did not take rapid action and whose actions took the perspective of the perpetrator more into account than the perspective of the victims. They needed proof and all the time, several months, the children were not helped, waiting what would happen. But not only the teacher is to blame, the authorities are also to blame and the state too, because this teacher already had a history of problematic behaviour at previous schools, before he was engaged as a teacher at this school. It is not easy however, to name what rights have been violated. The impact of the abuse is so pervasive that several Children's Rights are being violated. Their psychological integrity is being violated, the children underwent a thorough brainwashing but also a formation about sexuality during the years they were especially susceptible to sexual education. Important developmental damage is done. The influence, however, is so diffuse through its pervasive nature that it is not easily recognisable. The problem in the first case is rather the cumulative, structural aspect of the violation, the problem in the second case is the diffuse, spreading effect of the sexual intimidation.



Before discussing a psychological component of the juridical concept of guilt, let us look at the general effects of trauma at a behavioural and hormonal level. In order to do so, I present the anxiety model I developed. I refer to my books for the scientific foundations of the model and a more elaborate explanation (Delfos, 2004; Delfos 2001a; in press), because otherwise it would involve lengthy references that are not directly the concern of this chapter.

## 6. THE ANXIETY MODEL: EXTERNALISING AND INTERNALISING BEHAVIOURAL PROBLEMS

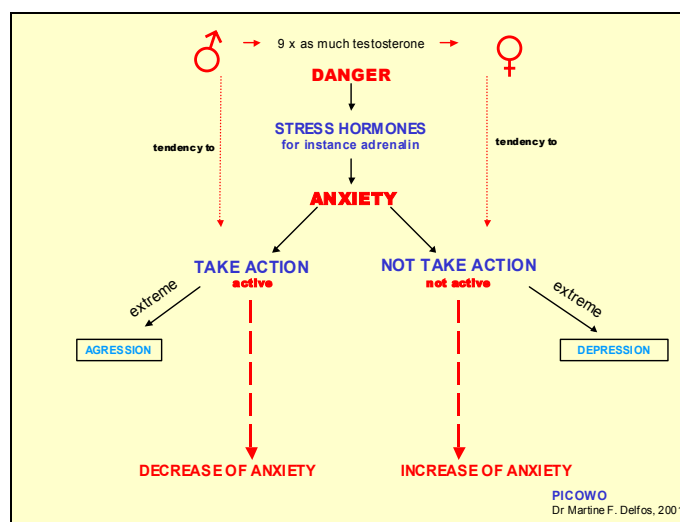
The violations of Children's Rights, when it comes to PTE, always engender anxiety in the child, often an acute sense of danger but also a diffuse sense of danger. The danger can be a direct physical threat but also a thought like: *Will my father hurt me tonight?* In outline 3 different types of danger are brought together (Delfos, 2000b).

Outline 3: *Types of danger*

<i>Types of danger</i>	
Type	Example
External direct physical danger External indirect physical danger Internal direct physical danger	Somebody who is going to beat us A fire that breaks out A sudden pain in our body
External direct psychological danger External indirect psychological danger Internal direct psychological danger	Intimidation or stress exerted by others Spider phobia A negative thought that comes up

Anxiety is a signal that warns us about a threatening danger and tells us that we must do something to remove the danger. 'Danger' can be someone who is about to smack you, or that an accident is going to happen - but also in the thoughts of a child: *Will my father come to my room tonight?* Danger is signalled through the brain which in turn starts up a system of hormonal and emotional reactions. See outline 4 for the schematic reproduction of the anxiety model.

Outline 4: *The anxiety model (DELFO)*



The body's reaction to danger (stress) is the production of hormones (adrenalin, amongst others), which enable us to deal with a situation and become active, so that the danger can be avoided or abated. The reaction to these hormones is a feeling of anxiety. A person has as much anxiety as he or she produces hormones. The more hormones we produce the more anxious we become. Some people are anxious when confronted with minor dangers and other people are barely anxious even when faced with great dangers. Removing the danger can mean running away from it as fast as possible, or fighting it. This is called the *fight-or-flight response*, which can also be a thought suppressing the danger, for example: *Mummy is home, so he won't come to my room.*

If however the thoughts are not constructive, but 'dangerous,' such as: *Perhaps mummy will go to aunt Mary again and then daddy will do those terrible things again,* the hormones production begins anew and the anxiety increases.

Not everyone produces the same amount of hormones, neither does everyone experience the same dangers; there are also differences in tendencies. For example men are generally aware of danger and anger before women are. However, on average, the reaction to danger in a woman remains active longer than in men. People tend either to have a 'calm' or a 'fierce' reaction. Therefore emotional 'anxiety' differs from person to person. A person is not over reacting if he or she has a strong reaction to anxiety; neither is a person 'cool' or 'strong' if he or she has no reaction at all. The body causes the reaction and this is, for the greater part, determined by disposition and by experiences. Habit-forming is also possible. Someone who has experienced a lengthy period of stress, will have developed a higher reaction level. It will take a very long period of feeling safe before the body is able to break the habit and adapt to the new circumstances with a lower level.

A person may have a tendency to react fiercely to danger; as a result there will always be strong emotions. If nothing is done to deal with the danger or no activity follows, then the anxiety will increase and may even lead to depression. Dealing with it (even undertaking something physical, just pacing the floor for example, or having a constructive thought that takes away the danger) *always* helps to reduce the anxiety. This will not always solve the problem at hand, but even vacuum cleaning may help to temporarily reduce the anxiety. Externalising behaviour, like fighting, has the same effect in reducing anxiety. The best solution, of course, is undertaking something with regard to the danger at hand. Men are inclined to take action. This is because they have nine times more testosterone hormones in their bodies than women. They know what anxiety is, just like women, but they are often more effective in finding a solution because they take action. There is a risk, however, that they take their action too far and become aggressive. On average, women are less inclined to take action against danger and therefore suffer more from increasing anxieties and in the long run from depression.

Children who have experienced trauma have undergone stress and feelings of threat. Depending on the child's disposition and experience he or she will react in an active way (externalising) or inactive (internalising), risking respectively to become aggressive or depressive. Boys generally (because of the testosterone level and socialisation) have a tendency to externalise. They are over active and become restless when they have to sit still. Beneath the (over) activity lays anxiety. Even though they appear to be dare-devils they are in fact very anxious children. If we force them to sit still the anxiety may be exposed. This is not anxiety for something in particular, but emotional anxiety in reaction to the amount of hormones their bodies have produced in reaction to the PTE. Girls, generally, tend to react in a more internalising way. For them, mobilising help is often easier. Boys have the bad luck that the way they signal they have a problem by their active, aggressive behaviour, is annoying to the persons around them. Adults tend to want to stop the aggressive behaviour and then think the problem is over. However, underneath, the problem continues. Behavioural problems can be seen as smoke-signals to indicate that there is something the matter, even if the child cannot put this into words. Internalising on the other hand has the important problem that the hormones are not being 'used' in action. The result is a toxic quantity of hormones like adrenaline and cortisol. At the behavioural level we can see a depressive mood, at the physical level illnesses arise. Children experiencing PTE often have stomach ache for example.

The developmental damage resulting from violating Children's Rights is far more farreaching than can be overseen easily. It is effectively because we are dealing with children that violation of rights can have pervasive, farreaching consequences.

Let us be clear: the developmental damage done by violating Children's Rights is not anywhere near to being translated into juridical consequences. I therefore propose a different perspective, the one of the victim instead of the perpetrator. One is innocent as long as not proven guilty. A sound and fair juridical point of view. The strange side effect of this, nevertheless, is that one is not a victim unless the perpetrator is proven guilty. Once again, the victim depends totally on the perpetrator. An unhealthy position. An underdog position and it is extremely difficult for a victim to take up his or her life without a juridical confirmation. In many societies the juridical confirmation stands for approval by the society. Of course it is not so much a juridical answer that is sought by the victim but a societal recognition of the fact that he or she should not have suffered the misdeed and can be considered a victim. The victim wants respect for the fact that he or she has to carry an extra burden.

## 7. TRAUMA AND GUILT

When we speak about victims and perpetrators, and developmental damage, that is life long damage, we are dealing with *trauma*. One of the aspects of trauma is that it overcomes one suddenly, unexpectedly, and that it is always very difficult to understand. The result is, that one has the urge to try to understand what has happened, and why it should have happened to oneself. This urge to understand, is, among others, in fact a way to try to prevent the traumatic event from happening again. The *fear of repetition* is one of the most persisting consequences that comes with experiencing a trauma, and perhaps one of the most invalidating aspects. For example, a child who has been abused by her father, for fear of repetition, runs the risk of developing a fear of male persons. As a consequence the child will feel uncomfortable with men. She will avoid contact with men in order to prevent, often subconsciously, the abuse to happen again. She avoids intimate relationships and as a result cannot enter a loving, intimate relationship with a man. This consequence is of a pervasive nature. It penetrates several important aspects of growing up, of living.

The fear of repetition normally engenders a profound feeling of guilt. How aggravating guilt might be, it offers the person the opportunity of escape from the fear of repetition. Guilt is a very bitter way to try to prevent the trauma from happening again. Because if the trauma is caused by oneself the victim can think he or she can prevent the trauma from happening again by changing his or her behaviour. One can only depart from the feeling of guilt if one begins to grasp the trauma and the circumstances that made it happen. For example the sexually abused child is very persisting in blaming her- or himself. Even when facing the most exculpating arguments, the child continues his or her feeling he or she is to be blamed. If one yields to this instead of contradicting this by saying the child is not guilty, the child will start to examine the situation by him- or herself. The child will readily discover the abuse took place under certain conditions, when the father had been drinking, or when the mother was shopping for example. Slowly the child will begin to understand how he or she can protect him- or herself against the abuse, and as a result the child will be able to loosen the feeling of guilt. If this process is hastened by the adult who wants to help the child and seizes the opportunity to clear the child from guilt, the child will not be able to examine the situation for him- or herself and will cling to his or her guilt.

At the same time the child needs that the perpetrator be found guilty and that he or she be found innocent.

So, guilt is a difficult concept in the process of overcoming traumatic experiences. The guilt of the perpetrator clears the child from guilt. A juridical process where the perpetrator is not found guilty of the deed, can further the feeling of guilt inside the victim. So a juridical process can interfere with the process of healing. By this I do not mean to say that if the perpetrator is found guilty that the person's own sense of guilt is washed away, but that the personal guilt can be analysed from the moment that an impartial judge, someone who does not know the victim personally, has found the perpetrator guilty. The

juridical process can be a luxating element in the healing process.

## **8. THE PERSPECTIVE OF THE VICTIM**

What is beneficial to innocent people, the perspective of the perpetrator in which someone is innocent until proven guilty, can be harmful for victims. A remedy could be to separate the juridical process of the perpetrator and the victim. That means to have a juridical process decide whether a person is a victim without necessarily considering the source of the problem. The juridical pathway from the perspective of the victim would mean that a child is truly judged to be develop-mentally damaged without knowing the source of the damage. This means that the development of a child is taken seriously. If we judge a development damaged by the violation of Children's Rights it follows that the child has a right to be helped, without knowing who or what caused the damage. It would mean a general responsibility of the state towards children. As we are dealing with developmental damage this would mean the problems continuing in adulthood and sometimes only becoming evident during adulthood.

A separation of the juridical pathways of the victim and the perpetrator, gives the opportunity for the child to truly assess the damage done, without keeping in touch with the technicalities of the perpetrator's perspective. The judgement would not be hampered by the narrow perspective of the perpetrator, all attention would be directed to the victim. It is then no longer necessary to decide whether one person could have caused all the damage. The damage being of a developmental nature, the juridical answer would have to be according to that. This means that the child can still claim help as an adult for the developmental damage done in an earlier phase. Of course this would mean that assessment of developmental damage needs to be precise and assessment should be developed in this direction.

As the perpetrator cannot always be processed juridically, the consequences of this decision about the victim should be borne by the state. We could say that those who are undoubtedly victimised, without a person who can be named, could attain free therapeutic help and get this by priority as long as the developmental damage is active. This is a fundamentally different perspective from the civil juridical pathway, where the victim still depends upon the perpetrator and specific effects from actions of a definite perpetrator have to be proved.

The perspective of the victim can be viewed at an individual level (is this person a victim, is this person a perpetrator); at a state level (is this person a victim and is the state responsible when the perpetrator cannot be found or cannot be found guilty); and finally at an international level (is this child a victim and is his or her country unable to help the child). These three levels of responsibility towards the child will enable the child who is a victim to get the help he or she needs. The perspective of the victim can have farreaching consequences in the help of children, both on the individual level, the state level and the international level. It would mean we take our responsibility towards children more seriously and transform an individual responsibility into a state responsibility. No longer can we hide behind a 'spread of responsibility' (Latané, 1970), i.e. the idea that one hides behind the idea that other people will take the responsibility to help someone in need. In this case the 'spread of responsibility' effect is thinking solely from the perspective of the perpetrator and considering the perpetrator as the only person responsible for the developmental damage done. The result of this perspective is that no responsibility is felt nor taken when there is no perpetrator or when the perpetrator cannot be found guilty.

The shift from personal responsibility towards responsibility of the state joins the ideas of a shift from protection towards provision and participation (Willems, 1998, and chapter 4 of this book). If we take Children's Rights seriously, we should feel responsible as a civilised society towards violations of Children's Rights and not only protect children but provide help and participate in a respectful education of the child.

Growing up in a stressful situation has its effects on the psychological and social development of the child. We cannot see the damage done in the brain, we cannot see children's sorrow when they are playing, but we suddenly take people seriously when they

tell us as adults how painful their youth was. For adults the problem is often to take the child seriously.

## 9. THE VOICE OF THE CHILD IN THE SYSTEM OF CARE

At the core of the system of care is the child. Since the existence of the Children's Rights Convention the challenge is how to make that core a living beating heart. We need to find a way to have children participate in the process of decision making about their future. The way to do this is to take communication with children seriously (Delfos, 2001b). How do we communicate with children in order to give them the help they need? Talking to children is a daily activity for almost everyone at some stage in one's life. Nevertheless we learn little about it in training and we have to draw our knowledge mainly from our own experience and that of the people around us.

The younger the child, the more awkward adults seem to feel when talking to him or her. Especially when it concerns difficult or painful subjects. How can we make them talk about what is on their mind? Should you talk and play at the same time? Which questioning techniques are fit for what age? Are there cultural obstacles in this area? For their voice to be heard we should be able to really communicate with children. In order to do this we have to adopt an attitude of respect and modesty towards the child: *the most powerful weapon in empowering the child is adult modesty*. We need a listening attitude.

Whereas adults possess more knowledge, children seem to have a more lively intelligence. We already mentioned that the child discovers the grammatical rules of a language all by him- or herself. Today the computer is yet one more example that shows us the enormous capacity of children to learn.

The child is an extraordinary intelligent information processor. The flexible brains of young children have infinitely more possibilities than those of adults (Eliot, 1999). As adults, a little more modesty towards children would therefore be more appropriate. Miller (1995) pleads in her book to show respect for the child, who approaches the world with so many gifts and in fact so often is oppressed by the adult. Miller even speaks of the 'drama of the gifted child' who senses exactly what his or her parents want and adjusts accordingly to them.

Korczak (1979) shows that the adult should realise his or her limitations: *We know a lot that children do not know, but they know how they think and feel*.

Children know things without always being able to put them into words. They have an inner wisdom but we as adults are inclined not to take their utterances seriously. Wilkins (1940; Gray, 1999) presents an impressive example of the 'wisdom of the body.'

A boy showed a great craving for salt. He licked the salt off crackers. When he was three and one-half years old, he was placed in a children's hospital for medical treatment. There he was restricted to the routine diet. Seven days after admission, he died. A post-mortem examination revealed a tissue deficiency in the cortex of the adrenal glands. This caused his craving for salt. The boy had, through a 'wisdom of the body' kept himself alive for three and one-half years by eating large quantities of salt. It was the 'lack of wisdom' of the medical authorities that caused his premature death.

Another example of the lively intelligence of children is their enormous capacity to generate philosophical questions (Matthews, 1994). Feuerstein (1981), who worked lifelong with refugee children, bases his method of education on 'learning how to think' on this ability of children to philosophise. Young children especially have a strong philosophical tendency. They are especially open and susceptible and want to understand the world around them. They do not take this world for granted like adults do. On the contrary, every time they observe things questions are raised in their minds. No matter how young they are, children make their own psychological analyses and form schemes about how they think the world is made up. A child who grew up in a variety of living conditions often has a more profound insight into the way people live together than many psychologists.

We often degrade communication with children saying they cannot tell fantasy from reality

and that they are very suggestible. But children can tell the difference between fantasy and reality (Delfos, 2001b; Harris, 2000). The problem is they tend not to communicate their knowledge to adults, partly because adults seem not really interested in the subjects children have on their mind (Kiili, 1999). Suggestibility of children proves to play a part particularly in reaction to adults, and it is not so much a matter of impressionability in itself or a poor memory function but more the sphere of influence of the adult. The research by Ceci, Ross and Toglia (1987) showed that the influence was significantly smaller when a suggestible question was put by a seven-year old child than when it was the adult who was misleading. The fact that they are substantially less susceptible to suggestion when they talk about a stressful event in which they were involved themselves, makes one think that children do make the distinction between 'true' and 'false' and their impressionable behaviour is mainly *social adaptation* (Delfos, 2001b). Studies about the reliability of children regarding sexual abuse show for example that children are generally good witnesses (Garbarino, Stott and the Faculty of the Erikson Institute, 1992).

The conditions for communicating with children must be taken into consideration. Interview techniques, meta-communication conditions, verbal and non-verbal aspects should be adapted to the (mental) age of the child (Delfos, 2001b). So, a renewed interest in communicating with children is necessary but also possible. Adults have to abandon some prejudices in order to give a child the opportunity to really communicate with them. And then, children will be heard sooner when their rights are being violated.

## 10. CONCLUSION

If we look at the violation of Children's Rights from a psychological point of view, it becomes clear that we are dealing with pervasive effects. The violation of Children's Rights when they engender PTE, Pervasive Traumatic Experience, has consequences for the total development of children. We can no longer deny that trauma has not only psychological but also physical consequences. From a developmental perspective this means that the violation of Children's Rights can provoke not only a less than optimal, but also a subminimal and psychopathological development (Willems, 1998). Also we must take into account that boys are at most risk of being suppressed in their way of expressing their problems, because boys more than girls tend to externalise their problems and show annoying and aggressive behaviour.

The juridical system has yet no answer to the pervasive effect of the violation of Children's Rights. The state, having ratified the Children's Rights Convention, should take responsibility for the victim. Just as no one looks for a responsible person when someone has a physical problem like a disease, and health care is provided, children undergoing developmental damage as a consequence of violation of Children's Rights should be provided with psychological care, independently of a known or unknown perpetrator. But this care should not be restricted to their youth, as the pervasive effect can, and often will, intrude into their adulthood.

In order to make it possible to 'repair' developmental damage, the juridical system should direct its attention to the victim, independent of perpetrators, independent of the source of the problem the child shows. A child whose rights have been violated should be enabled to get the status of psychological victim and be provided with the necessary help.

In order to prevent violation, to really assess the damage done, to know if help is indicated and what help would be appropriate, the voice of the child should be heard. The child should be taken seriously before he or she reaches adulthood.

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