

Overview of children more vulnerable to anxiety



Many children with anxiety suffer from other co-existing conditions. There is often no single cause.

Causes may include:

Anxious family member

Evidence suggests that anxiety may be inherited or originate within families.

- **Anxious children often come from anxious families.**¹ Children of parents with an anxiety disorder up to seven times more likely to develop an anxiety disorder.²
- **Children who have a family member with a history of high levels of anxiety** are more likely to be anxious.

Stressful or traumatic home life (and other events)

- **Children who are exposed to one or more stressful or traumatic life events are more likely to have high levels of anxiety.** This is because these events threaten their perceived or actual safety (and the safety of those close to them) and challenge their coping resources. Examples of possible stressful or traumatic events include major illness, experiencing a natural or man-made disaster, abuse, bullying, and family breakdown or dysfunction. Note that the child does not have to personally experience the traumatic event; they may be affected by seeing distressing images on the news; viewing mature audience, films, videos or games; or hearing adults discussing a disturbing event.

Some examples of stressful and traumatic life events children may experience within the home:

- **More than 20 per cent of Australian children live with a parent who has a mental illness.**³ It is estimated between one-third and two-thirds of children of parents known to adult mental health services experience difficulties coping.⁴
- **Approximately 33 per cent of all Australian marriages end in divorce.**⁵ In addition, a significant number of other family relationships involve separations. About two-thirds of children from separated families will exhibit changes in behavior and/or heightened levels of anxiety at school.⁶

¹ Rapee, R.M., Wignall, A., Hudson, J.L., and Schniering, C.A., (2000) Treating anxious children and adolescents: An evidence-based approach. New Harbinger Publications, Oakland, USA

² Vignando, Y., (2012) How parents with anxiety can help their children. See,

<http://www.happychild.com.au/articles/how-parents-with-anxiety-can-help-their-children>

³ Maybery D, Reupert A. (2005) VicHealth Research Report on Children at Risk in Families affected by Parental

Mental Illness. Melbourne: Victorian Health Promotion Foundation, cited in Position Statement 56, Children of parents with a mental illness, The Royal Australian & New Zealand College of Psychiatrists, October 20009.

See, https://www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/ps56-pdf.aspx

⁴ Australian Infant C, Adolescent and Family Mental Health Association Ltd (AICAFMHA). Information retrieved from the website www.copmi.net.au. The Children of Parents with a Mental Illness National Resource Centre: Facts and Figures, cited in in Position Statement 56, Children of parents with a mental illness, The Royal Australian & New Zealand College of Psychiatrists, October 20009.

See, https://www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/ps56-pdf.aspx

⁵ 4102.0 - Australian Social Trends, 2007. Australian Bureau of Statistics (2007). Accessed 14 January 2010 at

<http://www.abs.gov.au/Ausstats/ABS@.nsf/0/26D94B4C9A4769E6CA25732C00207644?opendocument#DIVORCE>

⁶ Evely, M. & Ganim, Z., (2011) Working with children of divorced or separated parents with conflict issues, Melbourne, Australia: Psych4Schools (<http://www.psych4schools.com.au/free-resources/wwc>).

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- **Up to one-quarter of young people in Australia** have witnessed an incident of physical domestic violence against their mother or stepmother.⁷ Children are often embroiled in these incidents. Children's exposure to domestic violence is a form of child abuse, with about two-thirds of children traumatised by the exposure.⁸

Parenting style

- **Children who have overprotective parents** may not be given the opportunity to learn to solve problems and cope with risks or failure. They may subsequently experience increased levels of anxiety and poor self-efficacy when facing a challenge on their own. Children with high levels of self-assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided or shied away from.⁹
- **Parents who are poorly attached to their children**, critical or harsh, set high unrealistic expectations, or poorly attend to or fail to 'tune in' with their children may increase their child's anxiety levels, especially if the child feels they cannot meet their parent's expectations.

Children with a particular temperament

Children with particular temperament types have been found to be more at risk of high levels of anxiety.

- **Children, who are inherently shy, fearful or inhibited** are more likely to have high levels of anxiety, as they tend to be more cautious, take fewer risks and avoid challenging situations, thus experiencing fewer opportunities to learn to cope. Avoidance and self-doubt are the seeds of anxiety. Inhibited children are also at greater risk of separation anxiety.
- **Some children with difficult or impulsive temperaments** externalize their feelings, may fail to take sufficient emotional responsibility and blame others for circumstances of their own making, leading to 'challenging' and aggressive behaviours. This type of angry, aggressive or oppositional behavior can mask underlying anxiety.

Children whose basic needs are not met

- **Children who do not get enough sleep, lack a healthy balanced diet, or who live in a stressful home or residential environment** may also be prone to anxiety. Many primary and junior secondary students do not enjoy sufficient uninterrupted sleep.¹⁰ Poor sleep quality has a negative impact on wellbeing and can lead to a greater predisposition to anxiety.

⁷ Indermaur, D., (2001), Young Australians and Domestic Violence, No.195, Australian Institute of Criminology. Trends & issues in crime and criminal justice, Canberra ACT Australia. See, <http://www.aic.gov.au/documents/C/8/B/%7BC8BCD19C-D6D0-4268-984F-B6AF9505E5EA%7Dt195.pdf>

⁸ Richards, K., (2011) Trends & issues in crime and criminal justice. Australian Government, Australian institute of Criminology. No. 419. See, <http://www.aic.gov.au/publications/current%20series/tandi/401-420/tandi419.html>

⁹ Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], *Encyclopedia of mental health*. San Diego: Academic Press, 1998) See,

<http://www.uky.edu/~eushe2/Bandura/BanEncy.html>

¹⁰ Ganim, Z., (2013) Better sleep = Better learning. Psych4Schools Blog, see http://www.psych4schools.com.au/_blog/Psych4Schools/post/sleeplearn/

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Thinking styles and emotional intelligence

- **Children who are prone to perfectionist thinking, 'awfulising', catastrophic thinking,** or seeing the world as a 'glass half empty' as opposed to a 'glass half full' are more likely to experience high levels of anxiety. Those who lack the courage or confidence and emotional intelligence to handle a developmentally appropriate perceived threat, or who are overly concerned with how others see them are also more likely to experience high levels of anxiety.
- **High levels of emotional intelligence have been linked with reduced levels of anxiety.**¹¹ The skills of emotional intelligence such as recognizing and clearly understanding different feelings in yourself and others, and the ability to regulate emotional responses are beneficial in managing anxiety.

Diagnosed and undiagnosed conditions

Facilitating children diagnosed and with undiagnosed conditions to cope effectively with anxiety is a powerful determinant of life success.¹²

- **Many children with a disability experience higher levels of anxiety than peers.** The Disability Discrimination Act 1992 describes 'disability' as referring to disability with bodily or mental functioning, disease or illness, learning, and conditions that result in disturbed behavior. Reducing the anxiety associated with such conditions, and making 'reasonable' adjustments are important steps in assisting these children to optimise their learning capabilities and potential.

Medical and paramedical conditions

- **Children who suffer from certain medical conditions** may be more likely to suffer from anxious symptoms, such as anaphylaxis, asthma, diabetes, cancer, hypoglycemia, thyroid problems, and inner ear problems.
- **Children who are prone to anxiety may have an imbalance of certain chemicals** in the brain that control calming emotions. These imbalances may be causal or precipitate anxiety. While doctors might treat these conditions with medications, appropriate exposure to sunlight, outdoor exercise and physical activity, optimistic thinking and relaxation techniques may also help children to address such imbalances and reduce symptoms of anxiety.

Stressful or traumatic school situation

- **Children who are anxious can feel overwhelmed by the vastness of the playground** and their fear of getting hurt by those running or involved in fast moving games or competitive play.
- **Bullied children are up to three times more likely to suffer from anxiety and depression than their peers.**¹³ They also have higher rates of worry, self-harm and suicidal

¹¹ Extremera, N. & Pizarro, D. (2006). The role of emotional intelligence in anxiety and depression among adolescents. *Individual differences research*, 4, p.16-27. Retrieved 5 April 2014.
<https://static1.squarespace.com/static/4ff4905c84aee104c1f4f2c2/t/5084d8ade4b02e0cbd1f6bcb/1350883501345/Fernandez-Berrocal+Alcaide+Extremer+Pizarro+2006.pdf>

¹² Firth, N. & Frydenberg, E. (2011). *Success and Dyslexia: Sessions for coping in the upper primary years*. ACER Press: Victoria, Australia. <https://shop.acer.edu.au/acer-shop/product/A5216BK>

¹³ Rigby, K. (1998). *The relationship between reported health and involvement in bully/victim problems among male and female secondary school students*. *Journal of Health Psychology*, 3(4), 465 - 476.

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thoughts, poor physical health, impaired academic performance and greater school non-attendance.

- **One in five girls from 10 years of age feel so self-conscious about their appearance** that they will not put up their hand in the classroom to participate in discussions or answer teacher questions.¹⁴
- **Peers can identify children with anxiety disorders** who are less well-liked than other children. As a result, children with anxiety disorders may be rejected, teased, bullied and socially isolated. It could be argued that a range of attributes associated with early disruptions in social functioning, anxious presentation, social anxiety, poor self confidence and negativity, lower self-efficacy and poor play skills may underlie peer identification and rejection.

Typical psychosocial stressors associated with school

The psychosocial and educational demands of school can be stressful for children who are anxious or predisposed to anxiety. A range of factors, such as the child's temperament, lack of persistence, poor social skills, social isolation, difficulty regulating thoughts and emotions, or different values and priorities, may lead them to either internalise or externalise their anxious feelings and behaviour. Their response may, in turn, result in aggression, peer rejection, substance abuse, associations with dysfunctional peer groups and higher levels of anxiety.

- **33% of children experience test anxiety.**¹⁵ Pressures and expectations imposed by schools, the community or government, and by parents as a result of national testing or regular school based tests and exams provoke anxiety in many children.
- **Many students feel anxious about mathematics.**¹⁶ Of all the subjects studied in mid-primary to mid-secondary school, more students experience anxiety about mathematics than any other subject.¹⁷ Mathematics difficulties are as common as reading difficulties but they often go undetected or undiagnosed by teachers and psychologists. Some mathematical learning difficulties go undetected because adults believe the child simply does not have a mathematical aptitude, or is not sufficiently 'brainy'¹⁸ for mathematics.¹⁹
- **Some primary teachers experience anxiety about teaching mathematics**²⁰ and, at times, secondary teachers are required to teach mathematics when the subject is beyond the scope of their professional training. Teachers need to be careful about inadvertently projecting any personal anxiety about mathematics in the classroom, and refrain from avoiding the teaching of mathematics as their own means of dealing with anxiety. Similarly, parents should also avoid expressing negative attitudes about mathematics, and provide support and encouragement with a focus on the child achieving their personal best.

¹⁴ Stockwell, A., (2014) One in five school girls won't put her hand up in class. The reason why is devastating. Mamamia Women's Network. <http://linkis.com/www.mamamia.com.au/s/BrhO8>

¹⁵ Gamble, A., (n.d.) Anxiety and Education. Impact, Recognition & Management Strategies. Centre for Emotional Health, Macquarie University, Sydney. Power Point presentation. See, http://www.cheri.com.au/CHERIAnxandEd_final.pdf.pdf

¹⁶ Boyd, W., Foster, A., Smith, J., & Boyd, W. E. (2014). Feeling Good about Teaching Mathematics: Addressing Anxiety amongst Pre-Service Teachers. *Creative Education*, 5, 207-217. <http://dx.doi.org/10.4236/ce.2014.54030/ce.2014.54030>

¹⁷ Blazer, C. (Sept. 2011) 'Strategies for reducing maths anxiety' access here <http://files.eric.ed.gov/fulltext/ED536509.pdf>

¹⁸ Williams, A., (2013). "A teacher's perspective of dyscalculia: Who counts? An interdisciplinary overview." *Australian Journal of Learning Difficulties*, 18(1), 1–16, <http://dx.doi.org/10.1080/19404158.2012.727840>

¹⁹ Evely, M. & Ganim, Z., (2014) Working with children with dyscalculia (mathematics disability), Melbourne, Australia: Psych4Schools (<http://www.psych4schools.com.au/free-resources/wwc>).

²⁰ Boyd, W., Foster, A., Smith, J., & Boyd, W. E. (2014). Feeling Good about Teaching Mathematics: Addressing Anxiety amongst Pre-Service Teachers. *Creative Education*, 5, 207-217. <http://www.scirp.org/journal/ce> <http://dx.doi.org/10.4236/ce.2014.54030>

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- **Classroom management strategies and practices** such as requiring students to correct their peers' work may confront and undermine an anxious child.
- **The typical demands of the classroom are that students will speak out, share and ask for help when it is necessary.** However, these apparently reasonable expectations may prove difficult for anxious children. More than one in five girls aged 10 years and above will not put their hands up to speak.²¹ One third of boys referred because of challenging behavior have previously undiagnosed oral language difficulties.²² An acceptance that many children and adolescents are reluctant to seek help in the classroom necessitates an investment in values-based, child-centered learning opportunities that build confidence, persistence and success, and encourage students to strive to focus on achieving their personal best.

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²¹ Halliwell, E., Diedrichs, P. C. and Orbach, S. (2014) Costing the invisible: A review of the evidence examining the links between body image, aspirations, education and workplace confidence. Discussion Paper. Centre for Appearance Research, University of the West of England, Bristol. Available from: <http://eprints.uwe.ac.uk/24438>

²² Cohen, N., Davine, M., Horodezky, N., Lipsett, L. & Isaacson, L. (1993). Unsuspected language impairment in psychiatrically disturbed children: Prevalence and language and behavioral characteristics. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32, 595-603.