

Effects of Abuse and Neglect on Development

Infants and Toddlers

The following are typical consequences of abuse and neglect on the development of infants and toddlers.

Physical

- Chronic malnutrition of infants and toddlers results in growth retardation, brain damage, and potentially, mental retardation.
- Head injury can result in severe brain damage, including brain stem compression and herniation, blindness, deafness, mental retardation, epilepsy, cerebral palsy, skull fracture, paralysis, and coma or death.
- Injury to the hypothalamus and pituitary glands in the brain can result in growth impairment and inadequate sexual development.
- Less severe but repeated blows to the head can also result in equally serious brain damage. This type of injury may be detectable only with a CT scan, and, in the absence of obvious signs of external trauma, may go unnoticed.
- Blows or slaps to the side of the head over the ear can injure the inner ear mechanism and cause partial or complete hearing loss.
- Shaking can result in brain injury equal to that caused by a direct blow to the head, and spinal cord injuries with subsequent paralysis.
- Internal injuries can lead to permanent physical disability or death.
- Medical neglect, as in withholding treatment for treatable conditions, can lead to permanent physical disability, such as hearing loss from untreated ear infections, vision problems from untreated strabismus (crossing of the eyes), respiratory damage from pneumonia or chronic bronchitis, etc.
- Neglected infants and toddlers have poor muscle tone, poor motor control, exhibit delays in gross and fine motor development and coordination, and fail to develop and perfect basic motor skills.

Cognitive

- Absence of stimulation interferes with the growth and development of the brain. Generalized cognitive delay or mental retardation can result.
- Brain damage from injury or malnutrition can lead to mental retardation.

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- Abused and neglected toddlers typically exhibit language and speech delays. They fail to use language to communicate with others, and some do not talk at all. This represents a cognitive delay which can also affect social development, including the development of peer relationships.

- Maltreated infants are often apathetic and listless, placid, or immobile. They often do not manipulate objects, or do so in repetitive, primitive ways. They are often inactive, lack curiosity, and do not explore their environments. This lack of interactive experience often restricts the opportunities for learning. Maltreated infants may not master even basic concepts such as object permanence, and may not develop basic problem-solving skills.

Social

- Maltreated infants may fail to form attachments to primary caregivers.

- Maltreated infants often do not appear to notice separation from the parent and may not develop separation or stranger anxiety. A lack of discrimination of significant people is one of the most striking characteristics of abused and neglected children.

- Maltreated infants are often passive, apathetic, and unresponsive to others. They may not maintain eye contact with others, may not become excited when talked to or approached, and often cannot be engaged into vocalizing (cooing or babbling) with an adult.

- Abused or neglected toddlers may not develop play skills, and often cannot be engaged into reciprocal, interactive play. Their play skills may be very immature and primitive.

Emotional

- Abused and neglected infants often fail to develop basic trust, which can impair the development of healthy relationships.

- Maltreated infants are often withdrawn, listless, apathetic, depressed, and unresponsive to the environment.

- Abused infants often exhibit a state of "frozen watchfulness," that is, remaining passive and immobile, but intently observant of the environment. This appears to be a protective strategy in response to a fear of attack.

- Abused toddlers may feel that they are "bad children." This has a pervasive effect on the development of self-esteem.

- Punishment (abuse) in response to normal exploratory or autonomous behavior can interfere with the development of healthy personality. Children may become chronically dependent, subversive, or openly rebellious.

- Abused and neglected toddlers may be fearful and anxious, or depressed and withdrawn. They may also become aggressive and hurt others.

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Preschool Children

The following are common outcomes of abuse and neglect in preschool children.

Physical

- They may be small in stature, and show delayed physical growth.
- They may be sickly, and susceptible to frequent illness; particularly upper respiratory illness (colds, flu) and digestive upset.
- They may have poor muscle tone, poor motor coordination, gross and fine motor clumsiness, awkward gait, lack of muscle strength.
- Gross motor play skills may be delayed or absent.

Cognitive

- Speech may be absent, delayed, or hard to understand. The preschooler whose receptive language far exceeds expressive language may have speech delays. Some children do not talk, even though they are able.
- The child may have poor articulation and pronunciation, incomplete formation of sentences, incorrect use of words.
- Cognitive skills may be at a level of a younger child.
- The child may have an unusually short attention span, a lack of interest in objects, and an inability to concentrate.

Social

- The child may demonstrate insecure or absent attachment; attachments may be indiscriminate, superficial, or clingy. Child may show little distress, or may overreact, when separated from caregivers.
- The child may appear emotionally detached, isolated, and withdrawn from both adults and peers.
- The child may demonstrate social immaturity in peer relationships; may be unable to enter into reciprocal play relationships; may be unable to take turns, share, or negotiate with peers; may be overly aggressive, bossy, and competitive with peers.
- The child may prefer solitary or parallel play, or may lack age appropriate play skills with objects and materials. Imaginative and fantasy play may be absent. The child may demonstrate an absence of normal interest and curiosity, and may not actively explore and experiment.

Emotional

- The child may be excessively fearful, easily traumatized, may have night terrors, and may seem to expect danger.

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- The child may show signs of poor self esteem and a lack of confidence.
- The child may lack impulse control and have little ability to delay gratification. The child may react to frustration with tantrums, aggression.
- The child may have bland, flat affect and be emotionally passive and detached.
- The child may show an absence of healthy initiative, and often must be drawn into activities; may emotionally withdraw and avoid activities.
- The child may show signs of emotional disturbance, including anxiety, depression, emotional volatility, self-stimulating behaviors such as rocking, or head banging, enuresis or encopresis, or thumb sucking.

School Age

The following are common outcomes of abuse and neglect in school age children.

Physical

- The child may show generalized physical developmental delays; may lack the skills and coordination for activities that require perceptual-motor coordination. The child may be sickly or chronically ill.

Cognitive

- The child may display thinking patterns that are typical of a younger child, including egocentric perspectives, lack of problem solving ability, and inability to organize and structure his thoughts.
- Speech and language may be delayed or inappropriate.
- The child may be unable to concentrate on school work, and may not be able to conform to the structure of the school setting. The child may not have developed basic problem solving or "attack" skills and may have considerable difficulty in academics.

Social

- The child may be suspicious and mistrustful of adults; or, overly solicitous, agreeable, and manipulative, and may not turn to adults for comfort and help when in need.
- The child may talk in unrealistically glowing terms about her family; may exhibit "role reversal" and assume a "parenting" role with the parent.
- The child may not respond to positive praise and attention; or, may excessively seek adult approval and attention.
- The child may feel inferior, incapable, and unworthy around other children; may have difficulty making friends, feel overwhelmed by peer expectations for performance, and may withdraw from social contact; may be made the scapegoat by peers.

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Emotional

- The child may experience severe damage to self-esteem from the denigrating and punitive messages received from the abusive parent, or the lack of positive attention in a neglectful environment.
- The child may behave impulsively, may have frequent emotional outbursts, and may not be able to delay gratification.
- The child may not develop coping strategies to effectively manage stressful situations and master the environment.
- The child may exhibit generalized anxiety, depression, and behavioral signs of emotional distress; may act out feelings of helplessness and lack of control by being bossy, aggressive, destructive, or by trying to control or manipulate other people.
- The child who is punished for autonomous behavior may learn that self-assertion is dangerous and may assume a more dependent posture. He may exhibit few opinions, show no strong likes or dislikes, may not be engaged into productive, goal-directed activity. The child may lack initiative, give up quickly, and withdraw from challenges.

Adolescents

The following are common outcomes of abuse and neglect in adolescents.

Physical

- The youth may be sickly or have chronic illnesses.
- Sensory, motor, and perceptual motor skills may be delayed and coordination may be poor.
- The onset of puberty may be affected by malnutrition and other consequences of serious neglect.

Cognitive

- The youth may not develop formal operational thinking; may show deficiencies in the ability to think hypothetically or logically and to systematically problem solve.
- The youth's thinking processes may be typical of much younger children; the youth may lack insight and the ability to understand other people's perspectives.
- The youth may be academically delayed and may have significant problems keeping up with the demands of school. School performance may be poor.

Social

- The youth may have difficulty maintaining relationships with peers; they may withdraw from social interactions, display a generalized dependency on peers, adopt group norms or behaviors in order to gain acceptance, or demonstrate ambivalence about relationships.

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- The youth is likely to mistrust adults and may avoid entering into relationships with adults.
- Maltreated youth, particularly those who have been sexually abused, often have considerable difficulty in sexual relationships. Intense guilt, shame, poor body image, lack of self esteem, and a lack of trust can pose serious barriers to a youth's ability to enter into mutually satisfying and intimate sexual relationships.
- Youth may display limited concern for other people, may not conform to socially acceptable norms, and may otherwise demonstrate delayed moral development.
- Maltreated youth may not be able to engage in appropriate social or vocational roles. They may have difficulty conforming to social rules.

Emotional

- Maltreated youth may display a variety of emotional and behavioral problems, including anxiety, depression, withdrawal, aggression, impulsive behavior, antisocial behavior, and conduct disorders.
- Maltreated adolescents may lack the internal coping abilities to deal with intense emotions, and may be excessively labile, with frequent and sometimes volatile mood swings.
- Abused and neglected youth may demonstrate considerable problems in formulating a positive identity. Identity confusion and poor self-image are common. The youth may appear to be without direction and immobilized.
- The youth may have no trust in the future and may fail to plan for the future. The youth may verbalize grandiose and unrealistic goals, but may not be able to identify the steps necessary to achieve the goals. These youth often expect failure.