

AGENDA

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VOCABULARY

- **Cognitive Development (Intellectual)** - The learning and use of language; the ability to reason, problem-solve, and organize ideas; it is related to the physical growth of the brain.
- **Developmental Delays** - Disruptions in growth, including cognitive, social, emotional and physical that occur as a result of the child being unable to normally progress through the normal stages of development (also known as developmental lags).
- **Emotional Development** - Feelings and emotional responses to events; changes in understanding one's own feelings and appropriate forms of expressing them.
- **Moral Development** - The growing understanding of right and wrong, and changes in behavior caused by that understanding, sometimes called a conscience.
- **Physical Development** - The changes in size, shape and physical maturity of the body, including physical abilities and coordination.
- **Social Development** - The process of gaining the knowledge and skills needed to interact successfully with others (relationships).
- **Trauma** - an emotional and/or physical shock that may cause lasting psychological impact.

ARE YOU EXPERIENCED?

Fill in the earliest age you can remember each experience on the handout. Don't worry if you can't remember all of them. Just answer the ones you do remember.

- _____ You became settled in your choice of a career.
- _____ You were first recognized for accomplishing a task.
- _____ You became comfortable with your own sexuality.
- _____ You judged yourself a "responsible parent."
- _____ You considered others important.
- _____ You first earned income.
- _____ You became aware of being a boy or a girl.
- _____ You became aware of death.
- _____ You became aware of your body.
- _____ You became aware of others as "trustworthy."
- _____ You recall changing your behavior to avoid punishment.
- _____ You first became aware of limits imposed on your behavior.

Five Areas of Human Development

Physical Development: The changes in size, shape, and physical maturity of the body, including physical abilities and coordination

Intellectual Development (Cognitive): The learning and use of language; the ability to reason, problem-solve, and organize ideas; it is related to the physical growth of the brain.

Social Development: The process of gaining the knowledge and skills needed to interact successfully with others.

Emotional Development: Feelings and emotional responses to events; changes in understanding one's own feelings and appropriate forms of expressing them.

Moral Development: The growing understanding of right and wrong, and the change in behavior caused by that understanding; sometimes called a conscience.

Consequences of Abuse and Neglect 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. (Failure to thrive)
- 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, fail to develop and perfect basic motor skills.
- 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
- 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.

Moral

- Due to the lack of attachment, maltreated infants may not respond to parents response of “no”.
- Abused toddlers may fail to understand the difference between right and wrong, making discipline difficult.
- Abused and neglected toddlers may not respond to rewards.

Consequences of Abuse and Neglect 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, and lack of muscle strength.
- Their gross motor 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, or incorrect use of words.
- Cognitive skills may be at the 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 peer; 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.
- 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.

Moral

- The child may show signs of not being able to follow simple rules.
 - Child may not be consistent in knowing right from wrong and therefore not be able to make consistent choices.
 - Child may exhibit negative reactions in relation to what belongs to him/her.

Consequences of Abuse and Neglect School-Age Children

The following are common outcomes of abuse or 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 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 a school setting. The child may not have developed basic problem-solving 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 his/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, may withdraw from social contact, and may become a scapegoat for peers.

Emotional

- The child may experience damage to self-esteem from denigrating or punitive messages from an abusive parent or lack of positive attention in a neglectful environment.
- The child may behave impulsively, have frequent emotional outbursts, and be unable 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 options, 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 challenge.

Moral

- The child may not have respect for others belongings and therefore might misuse or take them.
- The child may not be able to develop positive values and might exhibit unacceptable behaviors.

CONSEQUENCES OF ABUSE AND NEGLECT

Adolescents

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

Physical

- The youth may be sickly or have chronic illnesses.
- Sensory, motor, 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.
- 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 reactive, 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 for himself, but may not be able to identify the steps necessary to achieve the goals. These youth often expect failure.

Moral

- Abused and neglected youth may develop a negative view of the universe, with values that reflect this; values that have little meaningful faith or trust in life and provide little security or stability; little trust or valuing of self others.
- The youth may believe that he is different, in a negative sense, from others, and is isolated and alone.
- Maltreated youths often develop no sense of oneness with others, with nature, with the world or the universe. They have an inability to feel at peace.
- Abused and neglected youth are often have an inability to see, appreciate, and share caring and beauty. They need immediate gratification and display compulsive behaviors rather than positive choices.

BEN

Ben is 13. He is short, not quite 5 feet tall, and is still growing. He is chubby and weighs about 135 pounds.

As a young child, Ben lived with his grandmother after the death of his mother. An uncle living in the home sexually abused him. Ben's mother died when he was 3 and he and his father went to live with the paternal grandmother. Ben's father is currently in jail for a robbery.

Name-calling was a frequent problem in his family of origin. He makes friends well, but tends to choose kids who are younger, mostly boys. He is protective of his younger friends and plays well, not being too rough with them.

Ben likes computer games and riding his bike. He has dreams of being a pro-football player. Ben hates school and is a C-D student. He can be argumentative and is often a "poor loser" and sometimes has tantrums. He fights with peers who show him any aggression, including girls.

Questions

1. Identify the trauma that Ben has experienced and how this has affected his development.
2. What behaviors are on target for Ben's age?
3. What behaviors are not on target for Ben's age?
4. How would you help Ben if he were in your home?

MARY

Mary is 3 years old. Her mom is rumored to be an active cocaine user and involved with the sale of other drugs to support her habit. Mary was recently placed in foster care after being found alone, in a car. Mary has been in her foster home for two weeks, her mom has not been heard from.

Mary is wetting the bed every night, but does not wet during the day. She frequently asks for a bottle at bedtime. She plays well with the older children in the foster home, but lays on the floor and cries and sucks her thumb when she is reprimanded or the older children don't want to play with her. Mary is aggressive with the younger children.

Mary enjoys playing outside and active games that include running or jumping. Mary has not asked for her mother, but has become very attached to her foster mother.

Questions

1. Identify the traumas that Mary has experienced and how this has affected her development.
2. What behaviors are on target for Mary's age?
3. What behaviors are not on target for Mary's age?
4. How would you help Mary if she were in your home?

JOHNNIE

Johnnie is an eight-year-old boy having a great deal of difficulty with his family and friends. Johnnie came into care because of documented physical abuse by his father. The mother, also a victim of abuse by Johnnie's father, did not protect him. Johnnie's younger sister is still at home and he worries about her.

Johnnie spends a lot of time alone with favorite stuffed animals. He also brings the animal along with him everywhere he goes, except at school where it is not allowed. Johnnie doesn't do well in school, he is reading at a 1st grade level. He has no friends, but many imaginary playmates.

In the foster home, he has become quite good at playing board games, especially the games, Trouble, Sorry and Clue and seems to be very fair about the rules.

Questions

1. Identify the traumas that Jonnie has experienced and how this has affected his development.
2. What behaviors are on target for Johnnie's age?
3. What behaviors are not on target for Johnnie's age?
4. How would you help Jonnie if he were in your home?

JESSE

Jesse is a 16-year-old female who has spent the last 6 months in a residential placement. Jesse's mother has mental illness and Jesse doesn't know who her dad is. Jesse's mother has had many boyfriends in the home over the years. Jesse's first placement was at age 11. At that point, her mother was hospitalized. An older brother left the home when he turned 16 and Jesse was 10.

Jesse has taken on the role of the parent after having to take care of her mother for so long. Jesse returned home at 12 ½, and at age 14 got involved with the wrong crowd. Mom had no idea what Jesse was doing. Jesse was attending school half the time, and frequently visiting the nurses office, thinking she might be pregnant. Jesse does not take good care of herself and has poor hygiene. Mom could not control Jesse.

Jesse's mother taught her how to play the guitar and they are both quite musical. Jesse thinks she'll become a famous rock singer, make a lot of money and will then have enough to allow her to take care of her mother.

Questions

1. Identify the traumas that Jesse has experienced and how this has affected her development.
2. What behaviors are on target for Jesse's age?
3. What behaviors are not on target for Jesse's age?
4. How would you help Jesse if she were in your home?