Child Development & Abuse

Part One: Child Development

Normal Child Development:

- What is normal development?
  - It is what is typical for most people.
  - Normal is not one specific way that children grow, but a *range* of possibilities for an individual in an age group.

- Many things influence the range of normalcy.
  - Internal influences
    Hereditary – genes or chromosomes
  - External or Environmental Influences
    Ethnicity
    Religion
    Social Status
    Family Customs, Values, or Beliefs
    Economics
    Educational Background
    Neighborhood or Geography
    Premature Birth
    Family History (drugs/alcohol, mental health/limitations)

- Why should foster parents learn about normal development?
  - Foster parents should know the age appropriate expectations for children and stimulate children to meet their developmental tasks.
  - Foster parents should recognize the impact of abuse/neglect on the child and identify when children are not functioning normally.
  - Foster parents should be able to identify the early warming signs of mental retardation and developmental disabilities to provide the child with special services.
  - Foster parents should access the needed special services to assist children in overcoming the negative effects of abuse/neglect.
  - Foster parents should minimize the crisis for children while he/she is in care by meeting the child's developmental needs.

Understanding Developmental Domains

- *Physical Development* - consists of the development of the body structure
    - Motor Activity – dealing with the actions of the muscles
        - Gross Motor – standing, sitting, walking, running (large muscles)
        - Fine Motor – speech, vision, use of hands and fingers (small muscles)
    - Sensory Activity – dealing with the organ systems underlying the senses and perception
        - Development of vision, hearing, taste, touch, smell, and the coordination and integration of perceptual input from these systems.
- *Cognitive Development* – sometimes referred to as "intellectual" or "mental" development
- *Social Development* – includes the child's interactions with other people, and the child's involvement in social groups
- *Emotional Development* – the development of personal traits and characteristics
    - This includes identity, self-esteem, the ability to enter into reciprocal emotional relationships, and situational age-appropriate mood and affects (feelings and emotions).

Development in any domain affects (and is affected by) development in all the other domains.

Normal Child Development Throughout the Ages

Infants and Toddlers (Birth to 3 years)

- Physical Development
  - (Birth to 1 year) – control and mastery over one's own body in gross and fine motor skills – (walking- end of first year)
  - (1-2 years) – perfects the gross motor and fine motor skills by developing balance, coordination, stability, and an improved ability to manipulate objects
  - (2-3 years) – increased strength. Use motor skills to master challenges in the environment (ex: bicycles, stairs, balls, playground equipment, eating utensils, crayons, etc.) Ready to master toilet training.

- Cognitive Development
  - (Birth to 1 year) – alertness, awareness, recognition, and interest in visual, auditory, and tactile (touch) stimuli. Motor development improves, infant begins to explore and manipulate objects. Object permanence is developed.
  - (1-2 years) – symbolic thought is central to cognitive development. Result is the ability to understand and produce language. Symbolic thought is common for children to engage in through the process of pretend or make believe. Young children express symbolic thoughts by reenacting actions of parents or caregivers by using various objects the represent what they pretend them to be. An example is children playing in the dirt to make food. The children imagine themselves to be other people or animals using drawing, writing, singing, or talking.
  - (2-3 years) – perfection of language skill and the use of language to communicate with others.

- Social Development
  - (Birth to 1 year) – most important task is the development of attachment to the primary caregiver – most often the mother.
  - (1-2 years) – develops affectionate and trusting relationships with family members and other adults outside the family. Can be engaged in simple games and tasks.
  - (2-3 years) – develops relationships with other children, "parallel play" which is playing in the presence of other children rather than interacting with other children. Children can imitate social roles at this time. Toilet training represents a significant internalization of social rules and expectations.

- Emotional Development
  - (Birth to 1 year) – the development of trust, a derivative of the positive attachment between infant and caretaker. This is a cornerstone of emotional development.
  - (1-3 years) – the development of the autonomy (independence) which includes mastery and control over oneself and one's environment. They develop a basic self-concept, experiencing pride and pleasure at being "good" and embarrassment, shame, and distress at being "bad".

Preschool (3-5 years)

- Physical Development – most basic gross motor abilities have emerged. Existing skills are practiced and perfected. Masters applying motor skills to increasingly challenging and complex situations.
- Cognitive Development – language develops rapidly. Grammar and syntax are refined. Vocabulary increases. The child uses language as a communication tool. Thinking is concrete and egocentric in nature (thinking only of oneself, without regard for the feelings or desires of others; self- centered). Problem solving is illogical and magical thinking and fantasies are prevalent.
- Social Development – the child expands social relationships outside the family and develops interactive and cooperative play skills with peers. The child begins to understand, explore, imitate, and practice social roles. Learns concepts of "right" and "wrong" and begins to understand the nature of rules. They experience guilt when they have done something wrong.
- Emotional Development – the child is described as "on the make". The child is intrusive, takes charge, is very curious and continually tries new things, actively manipulate the environment, and is self-directed. Their ability to understand right and wrong leads to self-assessments and affects the development of self-esteem.

School Age (6-11 years)

- Physical Development – child practices, refines, and masters complex gross motor, fine motor, and perceptual motor skills.
- Cognitive Development – concrete operational thinking replaces ego-centric cognition. Thinking becomes more logical and rational. The child develops the ability to understand others' perspectives.
- Social Development – relationships outside the family increase in importance, including the development of friendships and participation in a peer group. The child imitates, learns and adapts age appropriate social roles, including those that are gender specific. The child develops an understanding of the rules. Rules dictate proper social behavior and govern social relationships and activities.

- Emotional Development – child is industrious, purposeful, and goal directed in activities. They are confident and self-directed. The develop a better sense of themselves as individuals, with likes and dislikes and special area of skill. They are capable of introspection – evaluating self-worth by their ability to perform. Self-esteem is largely derived from one's perceived abilities.

Adolescence (12-17 years)

- Physical Development – physiological changes at puberty promote rapid growth - the maturity of sexual organs and development of secondary sex characteristics.
- Cognitive Development – during early adolescence there is a limited ability to think hypothetically and to take multiple perspectives. During middle and late adolescence thinking is well developed.
- Social Development – in early adolescence relationships are centered in the peer group. Group values guide individual behavior. Acceptance by peers is critical to self-esteem. Most peer relationships are still same sex. They become interested in sexual relationships but most contact is through groups. Some may experiment sexually. Social roles are still largely defined by external sources. During middle and late adolescence values become individualized and internalized after careful consideration and thought. Friends are more often selected on personal characteristics and mutual interests. The peer group declines in importance, individual friendships are strengthened, and more youth date in one-on-one relationships. The youth experiments with social roles and explores options for career choice.
- Emotional Development – early adolescent is strongly identified with the peer group. Youth depend upon their peers for emotional stability, support, and to help mold the youth's emerging identity. Self-esteem is greatly affected by peers. They are emotionally labile with exaggerated affect and frequent mood swings. They are vulnerable to emotional stress. During middle and late adolescence, identity is more individualized, and sense of self develops. Their identity is separate from family and peers. Self-esteem is influenced by the youth's ability to live up to internalized standards for behavior. Self-assessment and introspection are common.

There are certain developmental tasks that must take place for the child to become a successful adult. Participation in activities in school and the community are important to the child's well-being emotionally, in terms of developing valuable life skills, and building healthy supportive relationships with peers and adults.

Part Two: Abuse

Family Dynamics in Child Maltreatment

- The Parent Predisposition to Maltreatment of His/her Children
  - History shows a high percentage of abuse and neglect in their own lives which can create a predisposition to maltreatment of their own children for the following reasons:
    - Low self-esteem
    - Cannot trust or depend on other people
    - Often isolate themselves
    - Preoccupied with meeting their own needs
    - Look to their children to validate their self esteem
    - Conflict and inconsistency in interpersonal relationships
    - Vulnerable to being hurt
    - Poor emotional control
    - Fear of authority
    - Lack of empathy and understanding
    - Distorted and unrealistic expectations for children's behavior
    - Violence is "natural".
    - Mentally ill, intellectually disabled, or emotionally disturbed

- The child is seen as "different" or "unworthy"
  - Children are more prone to abuse if they cannot meet the abusive parent's expectations for "good" or "right" behavior.

- Certain characteristics place children at a higher risk:
  - Difficult to care for
  - Child is somehow "defective"
  - Target child
  - Certain developmental periods

- Stress and crisis in the family
  - In situations of chronic abuse, there may belong periods of time between abusive events. The precipitation or an abusive event is often related to excessive stress or a family crisis.
  - Abusive parents are more vulnerable to emotional stress, resulting in a high level of frustration and self-criticism which often "trigger" abuse.
  - There is a high correlation between situational stress, lack of coping resources, and neglect of children.
- The absence of supports

- The parent's ability to trust other people, the expectation of attack and criticism, and a sense of shame about perceived failures lead to "self-imposed isolation."
- Unwillingness to reach out to other people for help.
- May be exhibited both in fear of other people, or in an attitude that "this is nobody's business, we handle our own problems in this family."
- Isolation prevents families from accessing needed sources of support to help in coping with stressful situations.

Impact of Abuse/Neglect on Development

- Legal definitions of abuse/neglect
  - Physical abuse – causes substantial pain or any impairment in the physical condition either physical or permanently
  - Emotional abuse – a psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment.
    - Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened.
    - Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks.
  - Imminent risk – a specific act or failure to act must be documented. The act or failure to act must result in risk of abuse; i.e., be supported by substantial evidence that serious physical injury would have occurred.
  - Sexual abuse – exploitation of a child under 18 years old. Aggravated indecent assault, indecent exposure, incest, involuntary deviate sexual intercourse, molestation, pornography, promoting prostitution, rape, statutory sexual assault, sexual assault.
  - Child neglect – the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision, to the degree that the child's health, safety, and well-being are being threatened with harm.

- How abuse and neglect affect development
  - Infants and Toddlers
    - Physical - Abuse: (hitting, blows to the head, shaking) can cause brain damage and/or skull fractures, and spinal cord injuries. Neglect: malnutrition and medical neglect can cause growth and permanent disabilities (hearing/vision loss). Lack of stimulation or basic neglect causes poor music tone, poor motor control, gross and fine motor delays and poor coordination.

- Cognitive - Lack of stimulation interferes with the growth and development of the brain possible causing cognitive delays or intellectual disabilities. Language delays affect the development of peer relationships. These children do not explore their environments and have a lack of curiosity.
- Social - Fail to form attachments (may go with anyone), no stranger anxiety, no play skills, or play may be immature or primitive.
- Emotional - Don't smile often, very anxious, cries a lot.

- Preschool
  - Physical – underweight, do not grow at a normal pace, sickly, prone to illness, poor motor coordination.
  - Cognitive – poor speech development, may appear to be cognitively young, short attention span, inability to concentrate.
  - Social – relationships are superficial, may not attach or may attach too easily. Socially immature with peers, play at younger levels (won't share, will hit, etc.)
  - Emotional – show no emotion, very fearful, easily traumatized, have nightmares, expect danger, poor self-esteem, very impulsive, may be emotionally disturbed.

- School Age
  - Physical – general physical delays. May appear younger than their age
  - Cognitive – thinking is typical of a younger child, speech/language delay, and poor concentration
  - Social – mistrustful of adults, play the parent role with siblings, difficulty making friends, and have an unrealistic view about family
  - Emotional – low self-esteem, unable to delay gratification, unable to cope with stress, may be anxious and/or depressed all the time. May be bossy, aggressive, and destructive because they are feeling helpless and out of control

- Adolescence
  - Physical – sickly, chronic illnesses, poor coordination, physical skills delayed, the onset of puberty may be affected by malnutrition/ serious neglect.
  - Cognitive – thinking on a younger level, academically delayed and may demonstrate poor school performance.
  - Social – difficulty maintaining relationships with peers, socially withdrawn, dependent on peers, mistrustful of adults, difficulty in sexual relationships (believe sex is love), not able to engage in appropriate social or vocational roles.

- Emotional – display a variety of emotional and behavioral problems (anxiety, depression, aggression, etc.), inability to cope with intense emotions, mood swings, poor self-image. They may fail to plan for the future, but verbalize unrealistic goals for self.

ReMoved – Part 1:
https://www.youtube.com/watch?v=lOeQUwdAjE0&index=3&list=PLh38N84Dk7n_vA1O44I4IRbP8H8nc46a-

ReMoved – Part 2:
https://www.youtube.com/watch?v=I1fGmEa6WnY&index=4&list=PLh38N84Dk7n_vA1O44I4IRbP8H8nc46a-

Desensitization

- Desensitization exercises
  - Talking about sex is very difficult, especially with children.
  - Few children have been taught the correct anatomical terms for body parts.
  - Sexually abused children, especially, use the words they have heard and have been taught.

- Terms
  - Correct terms: Penis, Vagina, Intercourse
  - Slang terms
    - Most slang terms denote aggression
    - Typically, male terms
    - Dehumanize the female and the sex act
    - Allows men to distance themselves from their partner and the act
  - Childhood terms
    - Denote playing games or animals
    - Most perpetrators use especially with young children
    - Reinforces the "play aspect" of the sexual abuse
    - Reduces the likelihood that the child will tell
  - When children talk about what happened to them
    - They will use words they know
    - These are usually slang or childhood terms

Child Sexual Development

- Sex – the “parts” or external genitals
- Sexuality
    - How individuals feel about being a man or a woman
    - How they express intimacy
    - How they dress, act, and interact
    - What roles they assume in life
- Birth to 18 months
    - The child begins to discover body parts and sensations.
    - Males are capable of erections
    - Desires and enjoys physical attention
- 18 months to 3 years
    - Toilet training creates a preoccupation with genitals and there is a lot of bathroom play
    - Children notice physical differences between sexes and become aware of sex roles
- 3 to 5 years
    - The child asks very direct questions about body variation and their curiosity may lead to “Doctor” games. The child assumes the sex roles.
- 5 to 7 years
    - Children become aware of gender differences and are very interested in where babies come from.
    - Sexual curiosity and play continue.
- 7 to 8 years
    - The child’s curiosity and interest in sex drops.
    - They are very aware of their parents’ attitudes toward sex (usually negative).
- 8 to 10 years
    - Children tend to participate in same sex activities.
    - There is not much interest in the opposite sex.
    - With increased cognitive ability, children desire exact information about sex and pregnancy and question the father’s role in conception
- 10 to 12 years
    - Puberty begins around this time.
    - Girls will mature before boys.
    - Secondary sex characteristics appear such as body hair, voice change, and breast growth.
    - There is an interest in intimate relationships.
    - Some children have discovered masturbation.

- 13 to 15 years
    - Children have reached their sexual maturity, yet they are uncomfortable with their sexuality.
    - Group dating is common and an increase in masturbation may occur.
- 16 to 19 years
    - Sexual experimentation occurs.
    - The love relationship dominates the child's social life.
    - There is a great concern with social roles and children may challenge traditional sex roles.

Sexual Abuse Facts

1. No matter how much information and warnings a child has about "stranger danger," sexual abuse can still occur whether it be from a family friend or family member.
2. People who sexually abuse children may try to get to know the child first – this is called grooming.
3. The common age when children report that they have been sexually abused is between the ages of 8 and 12.
4. It is estimated that one out of every four children will have been sexually abused by the age 18 (1/3 females and 3/5 males).
5. Children are emotionally hurt when they are sexually, rarely physically.
6. The psychological effects of sexual abuse are serious and permanent (varies by age and experience).
7. 80-85% of the children who come to need foster care have been sexually abused.
8. Children do not often lie or exaggerate about sexual abuse.
9. Children are never responsible for being sexually abused, even if they behave in a sexual way.
10. Anyone (male or female) can be a perpetrator - Increase in women over the years.
11. Lack of protection has caused an increase in males under the age of 18 to be sexually assaulted.
12. Sexually abused girls often take on the role of the "little mother" due to the mother's weakness as a caregiver.
13. The best thing a foster parent can do to help a sexually abused child is to tell the child that the subject to open to a discussion when they are ready. Don't make promises about them never seeing the offender again when you can't guarantee it.
14. Sexual abuse is a learned behavior. Although someone may have been sexually abused, they may not end up becoming an abuser themselves.
15. Throughout the child's life he/she will repress the memory of being sexually abused, but they won't ever forget.

Phases of Sexual Abuse

- Phase 1: Engagement
    - Privacy. The perpetrator needs opportunities to be alone with the child:
        - In a room, house, or secluded place outside
    - Involving the child. The perpetrator usually presents the activity in a low-key, non-forceful fashion:
        - A game, something "special", and fun
    - The perpetrator usually knows something about what children like and how to get them to join in some activity.
    - Rewards or bribes may be offered to the child.
    - Often, the opportunity to engage in an activity with a known favored adult is enough incentive for the child to participate.
    - Within the context of a violent family, implied force or the threat of force may be an important aspect of this phase, if the child fails to comply.

- Phase 2: Sexual Interaction
    - The perpetrator gradually increases physical contact with the child.
    - The typical scenario progresses from less intimate types of sexual activity, (such as nudity, exposure, and self-masturbation) to actual body contact (including kissing and fondling) to some amount of penetration.

- Phase 3: Secrecy
    - Since the perpetrator does not wish to be caught or held responsible for sexual abuse, the primary task after the sexual behavior has taken place is to impose secrecy on the child.
    - Secrecy allows the behavior to be repeated.
    - The child often keeps "the secret" because rewards are involved.
    - The child may keep the secret because he or she enjoyed the activity to some extent and wants the behavior to continue.
    - Threats may have been used to reinforce secrecy.
    - The secrecy phase often lasts for months and sometimes years.

- Phase 4: Disclosure
    - Accidental Disclosure – the secret generally is revealed accidentally because of the external circumstances. The key factor is that none of the participants decided to tell the secret; instead, it became known in one of the following ways:
        - Observation by a third party
        - Diagnosis of a sexually transmitted disease in a child
        - Pregnancy
        - Adult-like sexual activity initiated by the child

- Purposeful Disclosure – The victim decides to tell an outsider about the sexual abuse. This may occur for the following reasons:
    - The activity was so exciting or stimulating it simply must be shared with someone (more common in young children)
    - To escape or modify some situation involving pressure (more common in adolescents)
    - Fear of becoming pregnant
    - To protect other siblings
    - Anger and/or desire for revenge or protection

- Phase 5: Suppression
    - The child's immediate and extended family are likely to react by trying to suppress publicity, information, and intervention.
    - In order to discourage further intervention by outsiders, suppression may extend to denial of the harm experienced by the child victim.
    - The perpetrator can be expected to exploit his or her power by pressuring the child and any other family members who appear to be cooperating with outside authority figures.
    - Suppression may be characterized by abusive or threatening verbal pressure aimed at undermining the child's credibility and the allegation of sexual abuse. Physical force may be used.

Perpetrators

- There is no single profile of a perpetrator.
- Different patterns of characteristics exist in different areas of the country.
- Fit in all physical descriptions and can be any age.

Non-Perpetrating Parents

- Tend to be overly dependent on their partners
- Have poor self-concept
- Relationships are poor, unsatisfying, and lacking intimacy
- Isolated
- Unable to trust
- A large number have been sexually abused themselves
- Commonly protect the perpetrator
- Often blame the victim
- May know about the ongoing sexual abuse
- Fearful of new relationships

- Role boundaries are blurred
- Expect partners to take care of them
- Unable to establish and enforce limits
- Poor communication skills
- May be jealous of or blame and resent the victim

Indicators of Sexual Abuse

- Vary in children in different ways.
- Includes a wide range of behaviors and activities.
- Some leave no physical signs
- May be validated through a medical examination by a physician trained in identifying sexual abuse.

Physical Indicators

- Physical injury to the genitals
- Sexually transmitted diseases
- Suspicious stains
- Bladder or urinary tract infections
- Painful bowel movements or retention of feces
- Early, unexpected pregnancy

Behavioral

- Verbal Disclosure
- Precocious sexual knowledge and inappropriate sexual behavior
- Seductive behavior toward adults of the opposite sex
- Sexual acting out in pre-adolescent children
- Excessive masturbation
- Enticing other children into sexual play
- Involving other children in more extensive sexual behavior
- Creating and playing out sexual scenarios with toys or dolls
- Specific fears of males or females
- Adolescents fear of sex
- Extra layers of clothing
- Lack of interest in participating in normal physical activities
- Hiding clothing

Emotional

- Fears
- Aggressive behaviors
- Withdrawal from social relationships
- Poor body image
- Regression

Emotional and Behavioral Indicators of Physical Abuse

- Variables that affect the child's response to abuse, and the effect of abuse on the child's development:
    - The age of the child
    - The length of time the child has been abused
    - The frequency of the abuse
    - The nature of the child's relationship with the abuser
    - The type of abuse
    - The availability to the child of support
    - Constitutional factors

- Younger children who have been abused severely and at an early age may display pervasive indicators of developmental delays and abnormal developmental patterns
    - Remote and withdrawn
    - No expectation that they will be comforted
    - "frozen watchfulness"
    - Fear of physical contact
    - Appear to be autistic
    - Clinging dependency
    - Depressed

- Preschool aged children who have been abused may display the following characteristics:
    - Timid, easily frightened
    - Very eager to please
    - Role reversal

- Can alert a caseworker to the presence of neglect in a family where there are no clear physical indicators of illness or injury:
    - Developmentally delayed
    - Unresponsive
    - Hungry or always tired
    - "Out of control"
    - School failure

- Physical signs of stress
- Aggressive with other children

- With the school aged child, the problems with relationships and delays will be more pronounced the longer they have been maltreated:
  - "little helper"
  - Difficulty in relating
  - Chronic anxiety
  - Fear or absence of fear of the parents
  - Unnecessary clothing

- The abused adolescent may show behavior problems including:
  - Lying
  - Stealing
  - Acting out
  - Other aggressive behaviors
  - Use of alcohol or drugs
  - Truancy
  - Repeated running away
  - Refusal to go home
  - Generalized difficulty entering relationships and sustaining interpersonal relationships

Parenting the Sexually Abused Child

- Six techniques that provide a good foundation for parenting sexually abused children:
  1. Build trust
  2. Set clear boundaries
  3. Learn to talk with children about sex
  4. Educate children
  5. Learn to be a good listener
  6. Use "CAC" method in an emergency
     - Calm
     - Address
     - Correct

- In order to protect the children, teach them:
  - To feel good about themselves and know they are loved, valued, and deserve to be safe
  - The difference between safe and unsafe touches

- The proper names for all body parts, so that they will be able to communicate clearly
- The safety rules apply to all adults, not just strangers
- That their bodies belong to them and no one has the right to touch or hurt them
- That they can say no to the requests that make them feel uncomfortable – even from a closed relative or friend
- To report to you if any adult asks them to keep a secret
- That some adults have problems
- That they can rely on you to protect and believe them if they tell you about abuse
- That they are not bad or to blame for sexual abuse
- To tell a trusted adult even if they are afraid of what may happen

- Avoiding surprises in fostering sexually abused children.
  - If you find your child engaged in a sexual act with another child, count to ten and remain calm
  - Do your best not to panic, yell, or condemn as you stop the activity
  - Being calm leaves the door open for discussion

- Special precautions that may be helpful:
  - Remain calm and count to ten.
  - Don't let a foster child share a room with your biological child
  - As often as possible, put children in rooms by themselves
  - Be sure children take a bath or are in the bathroom one at a time
  - Take time to discuss sexuality issues
  - If you do suspect abuse, inform the caseworker immediately
  - Always reassure the child that it was not and is not his or her fault
  - Provide plenty of healthy, active, mind involving activities