



The Effects of Abuse and Neglect on Child Development.

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The Four Child Development Domains

Child development is the expected growth of a child in response to the parent effectively fulfilling the four basic tasks of parenting.

The rate and progress of a child's development must be evaluated individually for each developmental domain. The term "normal" refers to the trait, not the child, and describes what is typical for the majority of children in that age group.

Physical Development

- Physiological or actual body growth
- Height, weight, body hair, breasts, hips, etc.
- Development of the body structure, including muscles, bones, and organ systems

Cognitive/Intellectual Development

- Development of thought, judgment and perception what a child knows, understands, and memory
- The way a child processes information, solves problems, and thinks abstractly.
- The intellectual capacity to comprehend data - often referred to as intelligence.

Social Development

Interactions with other people and social groups. Personality is impacted by society, history, and culture. The earliest social task is attachment.

Examples of social tasks:

- Developing relationships with adults and peers;
- Assuming social roles;
- Adopting group values and norms;
- Adopting a moral system; and
- Eventually assuming a productive role in society.
- Recognizes the impact of society, history, and culture on personality.

Emotional Development

- Developing personal traits and characteristics, including:
- A personal identity;
- Self-esteem;
- The ability to enter into reciprocal emotional relationships, and;
- Mood and affect (feelings and emotions) that are suitable for one's age and the situation.
- Feeling of well-being and contentment (Longstreet, 1968)
- attachment history
- Ability to trust
- Ability to establish independence and self-motivation

Environmental Influences

There are multiple environments that influence the course of development.

Prenatal Environment

- The chemical balance of the mother's body and any conditions or potentially toxic substances that can alter the developmental process.
- The prenatal environment is negatively affected by the mother's use of drugs and alcohol, viral or bacterial diseases or direct traumatic injury to the fetus.

Physical Environment

- Includes the air the child breathes, the nutritional value of the food he eats, and exposure to conditions that can lead to disease, accident or injury, including maltreatment.
- Lack of food, exposure or access to crack or meth, hazardous conditions, or lack of supervision are all examples of how the physical environment can have a negative impact on children.

Social Environment

- Norms, values, belief systems and morals, as well as standards of behavior that regulate life within the cultural group in which the child is raised.
- One example of how the social environment could negatively impact a child is if the parents expose the child to illegal behavior as normal, and force their child to commit crimes for them.

Learning Environment

Degree and type of stimulation available to the child. Sensory input promotes and shapes cognitive development.

- Stimulation promotes the establishment of neural pathways in the brain.
- When children are left in their cribs for long periods of time, or locked in closets, or when they have minimal interaction with their parents their cognitive development can be negatively affected.

Emotional Environment

- The nature of the child's interpersonal relationships.
- The degree of nurturance available to the child.
- Domestic violence or mental injury are examples of how a child's emotional environment can be negatively impacted.

Normal Developmental Milestones Infants and Toddlers (Birth to 3 Years)

Physical Development

- (Birth - 1 year) - Primary physical task: develop control and mastery over own body in both gross and fine motor skills; culminating toward the end of the first year in walking.
- (Age 1-2 years) – Develops balance, coordination, stability, and improved ability to manipulate objects.
- (Age 2-3 years) - Develops increased strength and uses motor skills to master challenges in the environment, such as:
 - bicycles and stairs
 - balls and playground equipment eating utensils, toilet training crayons

Cognitive Development

- (Birth - 1 year) - Cognition begins with alertness, awareness, recognition, and interest in visual, auditory, and tactile (touch) stimuli.
- Infant begins to explore and manipulate objects and develops a rudimentary understanding of their properties.
- Object permanence is developed toward the end of the first year. (Age 1-2 years) - The emergence of symbolic thought
- Results in the ability to understand and produce language
- (Age 2-3 years) - Perfection of language skills and the use of language to communicate with others

Social Development

- (Birth - 1 year) - Most important social task is the development of attachment to the primary caretaker, most often the child's mother.
- (Age 1-2 years) - Develops affectionate and trusting relationships with other family members and with adults outside the family; also engages in simple games and play. (Age 2-3 years) - Develops rudimentary relationships with other children, which are usually characterized by "parallel play," (in the presence of, rather than in interaction with, other children).
- Begin to imitate social roles at this time.
- Toilet training represents a significant internalization of social rules and expectations.

Emotional Development

- (Birth - 1 year) - Development of basic trust, a derivative of the positive attachment between the infant and the primary caretaker
- (Age 1-3 years) - Development of autonomy, including mastery and control over oneself and one's environment.
- Children develop a rudimentary self-concept, experiencing pride and pleasure at being "good" and embarrassment, shame, and distress at being "bad."

Developmental Stages - Infants and Toddlers		
Physical	Socio-Emotional	Intellectual
0-3 months		
Exhibits birth reflexes – sucking, grasping Lifts head when held at shoulder Moves arms and legs Growing ability to follow objects and to focus	Is concerned with satisfaction of needs Smiles spontaneously and responsively Likes movement – wants to be held and rocked	Vocalizes sounds (coos) Smiles when faces evoke memories of pleasure
3-6 months		
Rolls over Holds head up when held in sitting position Lifts knees, makes crawling motions Reaches for objects	Smiles responsively Laughs aloud Socializes with anyone but know mother and other primary caregivers Responds to tickling	Recognizes primary caregivers Uses both hands to grasp objects Exhibits visual interests
6-9 months		
Sits unaided, spends more time in upright position Learns to crawl Climbs stairs Develops eye-hand coordination	Indicates preference for primary caregivers May cry when strangers approach Shows signs of separation anxiety	Is curious – puts everything in mouth Shows first sign of problem solving Will move obstacles aside to reach object Transfers objects from hand to hand Responds to changes in environment and is able to repeat action that caused it – i.e., sound of rattle Drops objects repeatedly Is fascinated with small objects Begins to respond selectively to words
9-14 months		
Achieves mobility – shows strong urge to climb, crawl Stands and walks Learns to walk on his or her own Learns to grasp with thumb and finger Shows interest in self-feeding	Extends attachment for primary caregivers to the world; seems in love with the world and wants to explore everything Recognizes object permanence (helps child deal with separation anxiety); knows parents exist and will return Is typically friendly and affectionate with caregivers, less so with new acquaintances	Begins to show intentional behavior, initiates actions Shows hunger for sensory experiences, explores for everything, has to touch and mouth every object Curious about everything around Understands object permanence – will look for objects when out of sight Exhibits staring behavior; information through vision Shows interest in/understanding of words Says words like “mama,” “dada”

Physical	Socio-Emotional	Intellectual
14-24 months		
<p>Walks and runs</p> <p>Drinks from a cup alone</p> <p>Turns pages of books</p> <p>Scribbles spontaneously</p> <p>Walks backward</p> <p>Loves to practice new skills</p> <p>Uses fingers with increasing skill</p> <p>Shows increasing interest in gymnastics and climbing and descending slides</p> <p>Stacks two to three blocks</p>	<p>Exhibits negativism – “no” stage</p> <p>Becomes aware he or she is an independent entity and starts to assert independence</p> <p>Engages in testing behavior</p> <p>Shows that the concept of “I” has emerged</p> <p>Is fearful of injury – the “Band Aid” stage</p> <p>Wants everything – “I wanna” stage and is possessive (“mine”)</p> <p>Takes special interest in dominant caregiver</p> <p>Tends to stay near mother and make regular overtures to her – seeks approval, asks for help</p>	<p>Uses language to serve immediate needs – “mine,” “cookie”</p> <p>Imitates words readily and understands a lot more than he or she can say</p> <p>Shows growth in thinking ability – is able to do actions in head – can return images, shows memory improvements, understand cause and effect – experiments to see what will happen</p> <p>Learns to use new means to achieve end – i.e., can tilt objects to get them through bars in crib</p> <p>Demonstrates intense interest in exploring world – can spend long periods of time exploring a single subject and practicing skill on it</p> <p>Especially loves to play with balls</p>
2-3 years		
<p>Has developed sufficient muscle control for toilet training</p> <p>Is highly mobile – skills are refined</p> <p>Uses spoon to feed self</p> <p>Throws and kicks a ball</p> <p>Disassembles simple objects and puts them back together</p> <p>Has refined eye- hand coordination- can do simple puzzles, string beads, stack blocks</p>	<p>Has great difficulty sharing</p> <p>Has strong urges and desires, but is developing ability to exert self-control</p> <p>Wants to please parents but sometimes has difficulty containing impulses</p> <p>Displays affection – especially for caregiver</p> <p>Initiates own play activity and occupies self</p> <p>Is able to communicate and converse</p> <p>Begins to show interest in peers</p>	<p>Is capable of thinking before acting</p> <p>Explores language ability – becomes very verbal</p> <p>Enjoys talking to self and others</p> <p>Loves to pretend and to imitate people around him or her</p> <p>Enjoys creative activities – i.e., block play, art</p> <p>Thinks through and solves problems in head before acting (has moved beyond action-bound stage)</p>

Effects of Maltreatment on Child Development

Infants and Toddlers

The following are typical consequences of maltreatment on the development of infants and toddlers:

Physical Development

Chronic Malnutrition

Chronic malnutrition of infants and toddlers results in:

- Growth retardation brain damage and potentially, mental retardation

Head Injury

Head injury can result in severe brain damage, including:

- Brain stem compression and herniation blindness or deafness
- Mental retardation epilepsy or cerebral palsy skull fracture
- Paralysis
- Coma or death

Injury to the Hypothalamus and Pituitary Glands

Injury to the hypothalamus and pituitary glands in the brain can result in:

- Growth impairment
- Inadequate sexual development

Repeated Blows to the Head

Less severe, but repeated blows to the head, can also result in equally serious brain damage:

- May be detectable only with a CT scan, and,
- In the absence of obvious signs of external trauma may go unnoticed.

Injuries to the Inner Ear

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

Physical Development

Injuries that Result in Death or Disability

Shaking can result in:

- Brain injury equal to that caused by a direct blow to the head
- Spinal cord injuries with subsequent paralysis

- Internal injuries can cause: permanent physical disability or death

Medical Neglect

Medical neglect, as in withholding treatment for treatable conditions, can lead to permanent physical disabilities 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

Neglected infants and toddlers:

- Have poor muscle tone have poor motor control
- Exhibit delays in gross and fine motor development and coordination fail to develop and perfect basic motor skills

Cognitive Development

Absence of Stimulation

Interferes with the growth and development of the brain and can result in:

- Generalized cognitive delay or mental retardation

Language and Speech Delays

Abused and neglected toddlers typically exhibit language and speech delays.

- They fail to use language to communicate with others.
- Some do not talk at all.

This cognitive delay can also affect social development, including the development of peer relationships

Characteristics of Maltreated Infants

Maltreated infants often:

- Are apathetic and listless are placid or immobile
- Do not manipulate objects, or do so in repetitive, primitive ways are inactive
- Lack curiosity, and do not explore their environments which restricts opportunities for learning
- lack mastery of object permanence
- lack development of basic problem-solving skills

Social Development

Maltreated Infants

- Maltreated infants may fail to form attachments to primary caregivers and do not appear to notice separation from the parent
- May not develop separation or stranger anxiety
- Are passive, apathetic, and unresponsive to others may not maintain eye contact with others
- May not become excited when talked to or approached
- Cannot often be engaged into vocalizing (cooing or babbling) with an adult

Abused or Neglected Toddlers

Abused or neglected toddlers

- May not develop play skills, and
- Cannot often be engaged into reciprocal, interactive play

Emotional Development

Abused and Neglected Infants

Maltreated infants often fail to develop basic trust, which can impair the development of healthy relationships.

- Maltreated infants are often: withdrawn or listless apathetic or depressed
- Unresponsive to the environment
- Passive and immobile, but intently observant

Abused and Neglected Toddlers

Abused toddlers may feel that they are "bad children" affecting the development of self- esteem; they may become:

- Fearful and anxious depressed and withdrawn aggressive and physically hurt others
- Punishment (abuse) in response to normal exploratory or autonomous behavior can interfere with the development of a healthy personality, and
- Children may become chronically dependent, subversive, or openly rebellious

Normal Developmental Milestones

Preschool (3-5 Years) Physical Development

- Most basic gross motor abilities have emerged.
- Existing skills are practiced and perfected.
- Develops mastery in applying motor skills to increasingly challenging and complex situations.

Cognitive Development

- Language develops rapidly.
- Grammar and syntax are refined. Vocabulary increases dramatically.
- Uses language as a communication tool. Thinking is concrete and egocentric in nature.
- Problem solving is illogical, and magical thinking and fantasies are prevalent.

Social Development

- Expands social relationships outside the family and develops interactive and cooperative play skills with peers.
- Begins to understand, explore, imitate, and practice social roles.
- Learns concepts of "right" and "wrong" and begins to understand the nature of rules;
- Experiences guilt when does something wrong.

Emotional Development

- The preschool child has been described as "on the make."
- Erikson refers to the child's primary mode of operation during this stage as initiative.
- Intrusive, takes charge, is very curious, and continually tries new things.
- Actively manipulates the environment is self-directed in many activities
- Ability to understand "right" and "wrong" leads to self-assessments and affects the development of self-esteem.

Developmental Stages - Preschool Children

Physical	Socio-Emotional	Intellectual
3-4 years		
<p>Jumps in place</p> <p>Walks down stairs</p> <p>Balances on one foot</p> <p>Uses toilet consistently</p> <p>Is beginning to dress self</p> <p>Builds with blocks and construction toys</p> <p>Develops fine muscle control</p> <p>Has boundless energy</p>	<p>Knows name, sex, age, and sees self as part of family unit</p> <p>Has difficulty sharing</p> <p>Plays alongside other children and begins to interact with them</p> <p>Helps with small household tasks</p> <p>Likes to be “big” and to achieve new skills</p>	<p>Asks “why” questions – believes there is a reason for everything and he or she wants to know it</p> <p>Engages actively in symbolic play – has strong fantasy life, loves to imitate and role-play</p> <p>Understands some number concepts</p> <p>Converses and reasons</p> <p>Is interested in letters</p> <p>Scribbles in a more controlled way – is able to draw circles, recognizable objects</p>
4-5 years		
<p>Has refined muscle development and is better coordinated, so that he or she can learn new skills</p> <p>Has improved finger dexterity – is able to hold and use pencil, cut with scissors, catch a ball, use a fork and spoon, brush teeth</p> <p>Climbs, hops, skips, and likes to do stunts</p>	<p>Plays cooperatively with peers</p> <p>Develops capacity to share and take turns</p> <p>Recognizes ethnic and sexual identification</p> <p>Displays independence</p> <p>Protects self and stands up for rights</p> <p>Identifies with parents and likes to imitate them</p> <p>Often has “best friends”</p> <p>Likes to show adults what he or she can do</p> <p>Continually forming new images of self based on how others view him or her</p>	<p>Is developing longer attention span</p> <p>Understands cause and effect relationships</p> <p>Engages in more dramatic play and is closer to reality, pays attention to details</p> <p>Is developing increasingly more complex and versatile language skills</p> <p>Expresses ideas, asks questions, engages in discussions</p> <p>Speaks clearly</p> <p>Is able to draw representative pictures</p> <p>Knows and can name members of family and friends</p>

Effects of Maltreatment on Child Development

Preschool Children

The following are typical consequences of maltreatment on the development of preschool children.

Physical

- Small in stature, and show evidence of delayed physical growth.
- Sickly, and susceptible to frequent illness; particularly upper respiratory illness (colds, flu) and digestive upset.
- Poor muscle tone, poor motor coordination, gross and fine motor clumsiness, an awkward gait, lack of muscle strength.
- Delayed or absent gross motor play skills

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, although they are able.
- Poor articulation/pronunciation, incomplete formation of sentences, incorrect use of words.
- Cognitive skills may be at a level of a younger child.
- Unusually short attention span, lack of interest in objects, and an inability to concentrate.

Social

- Demonstrate insecure or absent attachment; attachments may be indiscriminate, superficial, or clingy. The child may show little distress, or may overreact, when separated from caregivers.
- Appear emotionally detached, isolated, and withdrawn from both adults and peers. 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.
- 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

- Excessively fearful, easily traumatized, have night terrors, and seem to expect danger. Show signs of poor self-esteem and a lack of confidence.
- Lack impulse control and have little ability to delay gratification; may react to frustration with tantrums, aggression.
- Have bland, flat affect and be emotionally passive and detached.
- Show an absence of healthy initiative, and must often be drawn into activities; may emotionally withdraw and avoid activities.
- Show signs of emotional disturbance: anxiety, depression, emotional volatility, or exhibit self-stimulating behaviors such as rocking, or head banging, enuresis or encopresis.

Normal Developmental Milestones

School Age (6-11 Years)

Physical Development

- Practices, refines, and masters complex gross and fine motor and perceptual-motor skills.

Cognitive Development

- Concrete operational thinking replaces egocentric cognition. Thinking becomes more logical and rational.
- 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.
- Imitates, learns, and adopts age appropriate social roles, including those that are gender-specific.
- Develops an understanding of rules. Rules are relied upon to dictate proper social behavior and to govern social relationships and activities.

Emotional Development

- Industrious, purposeful, and goal directed in activities; confident and self-directed. Developing a better sense of himself/herself as an individual, with likes and dislikes and
- Special areas of skill.
- The school-age child is capable of introspection.
- Evaluates self-worth by the ability to perform. Self-esteem is largely derived from one's perceived abilities.

Developmental Stages - School Age Children

Physical	Socio-Emotional	Intellectual
6-12 years		
<p>Places emphasis on development of skills – gross and fine motor skills</p> <p>Places emphasis on achieving in sports</p> <p>Is energetic and tends to have large appetite</p> <p>Makes relatively steady physical changes – increases in height and weight about the same each year</p> <p>Has increased coordination and strength</p> <p>Has body proportions similar to adult</p>	<p>Emerges as unique individual as personality becomes defined</p> <p>Can be very independent and self-assured and, at times, childish and silly</p> <p>Enjoys working/playing with others and alone</p> <p>Degree of success at school has strong influence on how he or she views self- competence, is important</p> <p>Feels that peer and group identity is very important – increasingly judges self by how peers view him or her</p> <p>Plays almost exclusively with same sex</p> <p>Begins to feel conflicted between parents' values and those of peers</p> <p>Has strong sense of fairness and fair play</p> <p>Believes rules are very important and must be followed</p> <p>Likes affection from adults (especially true of girls); is increasingly independent but still emotionally dependent on adults – wants them to be there to help</p> <p>Is able to assume responsibility for self and may care for younger siblings</p>	<p>Is task oriented – enjoys projects like sewing, cooking, woodwork</p> <p>Has learned highly verbal basic structure; enjoys jokes and puns, uses language creatively</p> <p>Asks fact-oriented questions – wants to know how, why, and when</p> <p>Likes to make up stories, plays, and puppet shows</p> <p>Is able to deal with abstract ideas</p> <p>Feels that success depends on ability to learn to read, write, and do arithmetic</p>

Effects of Maltreatment on Child Development

School Age Children

The following are common outcomes of maltreatment in school age children.

Physical

- May show generalised physical developmental delays; lack the skills and coordination for activities that require perceptual-motor coordination; sickly or chronically ill.

Cognitive

- 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.
- Unable to concentrate on school work, and may not be able to conform to the structure of the school setting; may not have developed basic problem solving or "attack" skills and have considerable difficulty in academics.

Social

- 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.
- Talk in unrealistically glowing terms about her family; may exhibit "role reversal" and assume a "parenting" role.
- May not respond to positive praise and attention; or, may excessively seek adult approval and attention.
- 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 scapegoat by peers.

Emotional

- 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.
- Behave impulsively, may have frequent emotional outbursts, and may not be able to delay gratification.
- May not develop coping strategies to effectively manage stressful situations and master the environment.
- Exhibit generalised anxiety, depression, and behavioral signs of emotional distress; act out feelings of helplessness and lack of control by being bossy, aggressive, destructive, or by trying to control or manipulate other people.
- If punished for autonomous behavior may learn that self-assertion is dangerous and may assume a more dependent posture; may exhibit few opinions, show no strong likes or dislikes, not be engaged in productive, goal-directed activity; lack initiative, give up quickly, and withdraw from challenges.

Normal Developmental Milestones Adolescents (12-18 Years)

Physical Development

- Physiological changes at puberty promote rapid growth
- Maturity of sexual organs,
- Development of secondary sex characteristics
- Become accustomed to the changes in his or her body and adapt behavior accordingly.

Cognitive Development

- During early adolescence, precursors to formal operational thinking appear, including a limited ability to think hypothetically and to consider multiple perspectives
- During middle and late adolescence formal operational thinking becomes well developed and integrated in a significant percentage of adolescents.

Social Development

- Social relationships in early adolescence 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.
- Young adolescents become interested in sexual relationships, but most contact is via groups.
- Some youth may begin to experiment with sexual behavior, but
- Many early adolescents are not sexually active with other youth. Social roles are still largely defined by external sources.
- During middle and late adolescence, values become individualized and internalized after careful consideration and independent thought.
- Friends are more often selected by 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

- The early adolescent is strongly identified with the peer group.
- Youth depend upon peers for emotional stability/support and to help mold emerging identity.
- Self-esteem is greatly affected by acceptance of peers.
- Early adolescents are emotionally unstable with exaggerated affect and frequent mood swings. They are very vulnerable to emotional stress.
- During middle and late adolescence, identity is more individualized, and a sense of self develops and stabilizes that is separate from either family or peer group.
- Self-esteem is influenced by the youth's ability to live up to internalized standards for behavior.
- Self-assessment and introspection are common.

Developmental Stages - Adolescence

Physical	Socio-Emotional	Intellectual
13-18 years		
<p>Experiences growth spurt and changes in body proportions. For boys, growth in height and weight takes place between 12th and 14th years; for girls, growth spurt tends to take place between 10th and 12th years</p> <p>Needs good nutrition especially during this period</p> <p>With physical changes, may feel anxiety over early maturation, may worry about deviation from "ideals"</p> <p>Begins sexual maturity-experiences increased sexual drives</p>	<p>Need help in dealing with most changes taking place so he or she can retain a strong sense of identity and values</p> <p>Expresses emotions after extreme strong mood swings – often doesn't know how to express anger</p> <p>Enjoys social activities at school</p> <p>Relies heavily on peers – struggles to be independent of parents</p> <p>May let the behavior dictated by peer groups influence behavior</p> <p>Develops close friendships and emotional involvements</p> <p>Is concerned with meaningful interpersonal relationships and developing personal morality code</p>	<p>Shows increased interest in school if doing well; tends to lose interest in academic studies if not doing well</p> <p>Makes impressive changes in cognitive development</p> <p>Is able to reason, to generate hypotheses, and to test them out against evidence</p> <p>Is capable of introspection and of perceiving differences between how things are and how they might be</p> <p>May make or at least consider vocational choices</p> <p>Is interested in making money – part-time jobs</p>

Effects of Maltreatment on Child Development

Adolescents

The following are common outcomes of maltreatment in adolescents:

Physical

- 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

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

Social

- Difficulty maintaining relationships with peers; they may withdraw from social interactions, display a generalized dependence on peers, adopt group norms or behaviors to gain acceptance, or demonstrate ambivalence about relationships.
- 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.
- Limited concern for other people, may not conform to socially acceptable norms, and may otherwise demonstrate delayed moral development.
- Unable to engage in appropriate social or vocational roles. They may have difficulty conforming to social rules.

Emotional

- Emotional and behavioral problems, including anxiety, depression, withdrawal, aggression, impulsive behavior, antisocial behavior, and conduct disorders.
- Lack the internal coping abilities to deal with intense emotions, and may be excessively labile, with frequent and sometimes volatile mood swings.
- Considerable problems in formulating a positive identity. Identity confusion and poor self- image are common; may appear to be without direction and immobilized.
- No trust in the future and may fail to plan for the future; verbalize grandiose and unrealistic goals, but unable to identify steps necessary to achieve goals; often expect failure.

Child Development and Signs of Loss, Abuse, or Neglect

This chart can help you to identify developmental delays. Look for the age group nearest to your child's age and decide if the child is able to accomplish the healthy child development tasks in that age range. If a child cannot, look over the indicators of loss, abuse, and neglect. Observe the child for those signs. You must consult with a physician or other professional about the child's development if you have any concerns/questions. This chart is not a rigid timetable. Each child is different - some may perform tasks earlier or later than this chart indicates. Note any significant delays in development.

SIGNS OF HEALTHY CHILD DEVELOPMENT	SIGNS OF LOSS, ABUSE, OR NEGLECT
BIRTH TO 3 MONTHS Posture and movement Supports himself on his forearms when in a lying position When lying on his stomach, lifts his head steadily; does not bob and weave Use of fingers and hands Hands are usually open at rest Pulls at his clothing Sounds/language Laughs or makes happy noises Turns his head to sounds Social skills Smiles at you Reaches for familiar people or objects Awareness Stares at or reaches out to touch items (such as faces, patterns) Looks at his hands or feet for at least five seconds	Does not cry or cries very weakly Cries at a very high pitch Screams all the time Does not react to pain, noise, lights or attention Has trouble breathing (noisy, raspy, gurgling sounds) Has a hard time sucking, eating, swallowing Vomits frequently and has a hard time keeping food down Has eyes that are often red or watery Does not lie in different positions at six months

SIGNS OF HEALTHY CHILD DEVELOPMENT	SIGNS OF LOSS, ABUSE, OR NEGLECT
<p>3-6 MONTHS</p> <p>Posture and movement Lifts his head while lying on his back Rolls from back to front</p> <p>Use of fingers and hands Transfers a toy from one hand to the other Picks up small objects</p> <p>Sounds/language “Babbles,” repeats sounds together (for example, mum-mum-mum) Frightened by angry noises</p> <p>Social skills Stretches arms out to be picked up Shows likes and dislikes</p> <p>Awareness Recognizes a bottle by reaching, smiling, babbling or ceasing to cry Shakes a toy or object to make a sound</p>	<p>Rocks constantly in corner, playpen or crib</p> <p>Does not smile when familiar people approach</p> <p>Bumps head on pillow while trying to get to sleep</p> <p>Always bumps into things</p> <p>Squints to see things, holds objects close to the eyes or doesn't try to reach for objects</p> <p>Rocks back and forth for long periods of time, waving fingers in front of eyes</p> <p>Sleeps for a very long time</p> <p>At six months of age, is still cross-eyed, rolls the eyes around or does not follow things with both eyes</p>
<p>6-9 MONTHS</p> <p>Posture and movement Sits for long periods of time without support Pulls up on furniture</p> <p>Use of fingers and hands Picks up objects with thumb and one finger Can finger-feed any foods</p> <p>Sounds/language Understands “no-no” and “bye-bye” Imitates any sounds or words if you make them first</p> <p>Social Skills Hold own bottle Plays simple games such as “peek-a-boo” and bye-bye</p> <p>Awareness A. Dumps objects out of a box B. Looks for and uncovers a toy he has hidden</p>	<p>Does not turn toward sounds</p> <p>Has earaches and shows this by crying or putting hand near the ear (there may be a runny fluid coming from the ear)</p> <p>Cannot focus on caretaker's eyes or face</p> <p>Often has a high temperature</p> <p>Has skin rashes often</p> <p>At six months does not hold head steady when supported</p> <p>At nine months of age, cannot:</p> <p>balance head</p> <p>sit alone when placed in a sitting position</p> <p>pick up small objects vocalize with expression</p>

SIGNS OF HEALTHY CHILD DEVELOPMENT	SIGNS OF LOSS, ABUSE, OR NEGLECT
<p>9-12 MONTHS</p> <p>Posture and movement Takes steps when you hold his hands Turns around while sitting</p> <p>Use of fingers and hands Throws toys or objects Gives you objects (lets go) easily</p> <p>Speech/language Has at least one meaning-word other than “mama” or “dada” Shakes his head for “no”</p> <p>Social Skills Helps you dress him by holding up his feet when you put on his socks or by lifting his arms when you put on his top Comes when called</p> <p>Awareness Interested in looking at pictures Recognizes familiar faces</p>	<p>At 9-months of age, cannot balance head sit alone when placed in a sitting position pick up small objects vocalize with expression</p> <p>At one year of age, never points to anything or responds to people or toys.</p>
<p>12-18 MONTHS</p> <p>Posture and Movement Climbs stairs with help Walks alone</p> <p>Use of fingers and hands Turns book pages 2-3 at a time Fills a spoon and feeds himself</p> <p>Speech/language Has at least 6 real words besides baby talk Points at what he wants</p> <p>Social Skills Copies you in routine tasks (sweeping, etc.) Shows likes and dislikes</p> <p>Awareness Uses his tip-toes to touch objects out of reach Points to body parts on a doll when asked “show me” eyes, nose, mouth, etc.</p>	<p>Has trouble controlling arms and legs Falls often, walks poorly or can’t walk at all by 22 months of age Holds one hand at side and never uses it for picking up or holding toys Has stiff arms, legs or neck Drools all the time May sleep often during the day Shows signs of seizures - often faints, wets and soils pants even though toilet trained, lies on the floor with arms and legs stiff, then jerks arms and legs around with back arched, then sleeps dreamily Has many skin rashes, lumps or sores</p>

SIGNS OF HEALTHY CHILD DEVELOPMENT	SIGNS OF LOSS, ABUSE, OR NEGLECT
<p>18-24 MONTHS</p> <p>Posture and movement Runs without falling Walks up and down a step alone</p> <p>Use of fingers and hands Turns book pages one at a time Child pulls up and down his pants or takes off his shoes</p> <p>Speech/language Talks in short (two-or three-word) sentences Uses “me”, “you”, or “mine” when referring to himself or you</p> <p>Social skills Makes simple requests such as asking for juice or to play certain games. Plays in the company of other children</p> <p>Awareness Counts to three Follows simple two-part instructions (“bring me your...and your...”)</p>	<p>Refuses to eat for three or more days Coughs constantly Has continual diarrhea Is unusually pale and skin is cold Suddenly becomes dizzy, vomits, sleeps, wets or has a headache Squints or holds objects close to see them Rolls eyes around, is cross-eyed or doesn’t use both eyes to follow objects Doesn’t point to, wave back to or imitate others Doesn’t look at colorful, eye-catching objects Often waves fingers in front of eyes Does not react to sudden loud sounds</p>
<p>2 TO 2 AND A HALF YEARS</p> <p>Posture and movement Jumps with both feet off the floor Throws a ball</p> <p>Use of fingers and hands Moves and places small objects, such as unbuttoning buttons Marks with a pencil or crayon</p> <p>Speech/Language Uses plural or past tense Uses “I,” or “me” when talking about himself</p> <p>Social skills Gives his name or nickname if asked Drinks from a cup without help</p> <p>Awareness Stacks items on top of each other Names five familiar objects</p>	<p>Complains of itching or burning eyes or of seeing double Frequently complains of headaches or dizziness Has many earaches or has a runny fluid coming from the ear Has little voice control Bumps head on pillow in bed to go to sleep Does not walk or talk by three years of age Has trouble understanding or remembering simple directions Does not respond to simple questions or directions</p>

SIGNS OF HEALTHY CHILD DEVELOPMENT	SIGNS OF LOSS, ABUSE, OR NEGLECT
<p>2 - 2 AND A HALF TO 3 YEARS</p> <p>Posture and movement Hops on one foot for two or more hops Stands on one foot for about two seconds</p> <p>Use of fingers and hands Puts on and takes off his shoes if the shoes do not have shoelaces Takes off his clothes if he is wearing a simple outfit (one without buttons or zippers)</p> <p>Speech/Language Tells little stories about something he has done or somewhere he has been Tells you that he or she is a boy or a girl</p> <p>Social skills Likes to give orders Plays well with one other child</p> <p>Awareness Points to the girl in a picture of boy and girl Asks questions frequently</p>	<p>Has trouble doing many skills which require eye-hand coordination, such as scribbling on paper with a crayon</p> <p>Does not seem to enjoy being held or touched</p> <p>Does not know body parts</p> <p>Often hurts own self by hitting or biting</p> <p>Rocks back and forth for long periods of time</p> <p>Does the same movement over and over, such as waving arms and legs</p> <p>Says the same thing over and over, or only repeats words after hearing them from another person</p>
<p>3-4 YEARS</p> <p>Posture and movement Attempts to hop or skip Kicks a ball</p> <p>Use of hands and fingers Picks up small objects easily Throws large ball without losing balance</p> <p>Speech/Language Says a song or poem from memory Names three colors</p> <p>Social skills Tells tales or shows off Beginning to learn to take turns during games</p> <p>Awareness Recognizes differences in size, shape and color Beginning to understand the difference between yesterday, today and tomorrow</p>	<p>At three or four years of age, does not play with other children and prefers to be alone in the corner or in bed</p> <p>At three or four years of age, cannot throw or kick a ball.</p> <p>At three or four years of age, cannot run, jump or balance on one foot</p>

SIGNS OF HEALTHY CHILD DEVELOPMENT	SIGNS OF LOSS, ABUSE, OR NEGLECT
<p>4-5 YEARS</p> <p>Posture and movement Hops on one foot for four to six hops Favors his hands over his arms when catching a small ball</p> <p>Use of fingers and hands Draws a picture of a person with a head, body, arms and legs Uses blunt-nosed scissors</p> <p>Speech/Language Enjoys jokes, silly or funny books and silly language Asks why, when and how questions</p> <p>Social skills Has an imaginary playmate or friend Loves to whisper and has secrets</p> <p>Awareness Matches and names four of these colors: red, orange, yellow, green, blue or purple Picks out the biggest and the longest of three objects</p>	<p>Cannot hop on one foot for several hops</p> <p>Cannot draw a picture of a person with the head, body, arms and legs</p> <p>Does not ask questions</p> <p>Cannot match and/or name basic colors</p>
<p>School-aged children who show any of the same warning signs as infants, toddlers, preschoolers, or kindergartners may need special attention. Other signs of possible problems for school-aged children are:</p>	
<p>5-6 YEARS</p> <p>Posture and movement Alternates feet when skipping Bends and touches toes without bending knees</p> <p>Use of fingers and hands Copies a circle or a square Favors one hand over the other (right- handed or left-handed)</p> <p>Speech/Language Recites or sings rhymes, jingles or television commercials Interested in learning new words and constantly asking what words mean</p> <p>Social skills Shows an interest in making friends with other children Does activities (other than watch TV) by himself for up to 30 minutes</p> <p>Awareness Developing a sense of time (days, months, minutes, bedtime, etc.) Understands the use of "space" words such as back, front, over, under, in, on, up, etc.</p>	<p>Is overweight or underweight</p> <p>Has consistent bad breath and a severe sore throat</p> <p>Has an injury that leads to dizziness, vomiting, headache or sleepiness</p> <p>Is not able to see objects or books clearly</p> <p>Complains of frequent headaches or dizziness</p> <p>Has frequent sties or other eye irritations</p> <p>Complains of eyes that burn, itch, swell or water</p> <p>Squints and rubs eyes often</p> <p>Is easily distracted</p> <p>Asks for words to be repeated or stays near you and frequently watches your lips when you speak</p> <p>Speaks very little and uses only a few words</p> <p>Has frequent earaches</p>

SIGNS OF HEALTHY CHILD DEVELOPMENT	SIGNS OF LOSS, ABUSE, OR NEGLECT
<p>6-7 YEARS</p> <p>Posture and movement Descends stairs, alternating feet Moves rhythmically to music</p> <p>Use of fingers and hands Draws a recognizable picture of a house with windows, door(s) and a roof Holds his pencil or crayon in an adult fashion (between thumb and first finger)</p> <p>Speech/Language Explains the rules of a simple game such as tag or kickball Gives his full name and age</p> <p>Social skills Follows through on promises and does things for others Demonstrates a sense of humor</p> <p>Awareness Beginning to understand words that indicate quantity and size, such as half- whole big-little more-less and shortest- tallest Matches 10 colors</p>	<p>Leans toward a sound or requires voices or music to be louder than normal</p> <p>Does not come when called or does not follow directions</p> <p>Appears confused or frustrated when asked to try something new</p> <p>By age six, cannot dress self</p> <p>By age six, cannot identify shapes or colors</p> <p>By age six, cannot follow simple rules or directions</p> <p>By age seven, cannot print own name</p> <p>By age seven, cannot count from one to 100</p> <p>Needs to have new ideas repeated often and in many different ways</p> <p>Fights often with other children</p> <p>Is unusually shy or withdrawn</p> <p>Fears new experiences and people</p> <p>Is unable to handle changes</p> <p>Is often depressed and unhappy</p> <p>Is unable to receive or show affection Refuses to eat for a long period of time Lies, cheats, or steals frequently</p> <p>Is constantly negative about self, school, day care or home</p>

Vulnerable Groups

Any child can suffer from neglect, those more vulnerable include; Children who maybe in care

- Children and young people who suffer from a mental or physical disability.
- Unaccompanied asylum seeking children and young people
- Those who live with parents or carers who have problems with drugs, alcohol and other addictions such as gambling, suffer from mental health problems or being a domestically violent relationship.

Disabilities

- Disabled children are at (about 3-4 times) higher risk of being abused and neglected (Sullivan & Knutson, 2000). Of course disabled children are not a homogenous group and careful assessment of their unique circumstances is required. However some of the increased risk factors for disabled children are:
- They have a prolonged and heightened dependence upon their carers which may make them more susceptible to neglect and for example may be isolated.
- The caring responsibilities for parents may increase stress levels and lower their capacity to parent effectively.
- Disabled children may be less likely to be able to protect themselves or be less able to speak out about their experience of being parented.
- Professionals relate the signs and indicators of distress or harm to the disability and not necessarily Professionals can accept a different or lower standard of parenting of a disabled child than of a non-disabled child (Brandon et al, 2012)

Community Care have published some research and learning for managers and social workers working with children with disabilities, it can be found [here](#).

Culture

There are many differences in patterns and methods of parenting across cultures. However there isn't any culture that accepts abuse and neglect of children.

Parents may explain their approach to parenting in terms of cultural factors and it is important to explore and seek to understand the perspective of parents. However caution is required in placing too much emphasis on cultural factors – the main focus has to be about the impact on the child's health and development.