

# Impact of Abuse and Neglect on Development

Mellicent Blythe, LCSW
Laura Phipps, MSW
Family and Children's Resource Program
Jordan Institute for Families
UNC-Chapel Hill School of Social Work
mblythe@email.unc.edu
lgphipps@email.unc.edu

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- What you need to know:
  - Trauma basics
  - Effect of trauma on brain development
  - Effect of trauma on attachment
  - Psychological safety and trauma triggers
- Creating a trauma-informed court system:
  - Psychologically safe courtrooms
  - Trauma-informed treatment
  - Family visitation and services

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**Trauma Basics** 

#### **Trauma**

#### What is Trauma?



Events that threaten the life or physical integrity of the child or of someone critically important to the child, such as a parent or sibling.

#### What is Child Traumatic Stress?



The **physical** and **emotional** responses of a child to traumatic events.

NCTSN, 2008

#### Degree of Trauma

- Age/developmental level
- Temperament
- Understanding of danger
- Previous traumas
- One time or chronic
- Adversities faced following the trauma
- Availability of adults who can help, reassure, protect

Brown, 1999; Widom, 2000

# Types of Trauma

#### Acute Trauma:

- Single event
- Natural disaster
- Serious accident
- Sudden or violent loss of loved one
- Physical or sexual assault
- Community violence

#### Chronic Trauma:

- Same trauma repeated or
- multiple different trauma

#### Complex Trauma:

Repeated traumatic events, often caused by the child's caregiver

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## Is Neglect Trauma?

- Threats to psychological well-being lead to same responses in the brain as other forms of trauma
- Neglected children develop symptoms of PTSD at similar rates
- Neglect puts children at risk for other forms of trauma

NCTSN, 2008; DeBellis, 2005; Milot et al., 2010

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## Video

Center on the Developing Child 😈 HARVARD UNIVERSITY

InBrief: The Science of Neglect

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## Trauma and Behavior

- Children who have experienced trauma often exhibit extremely challenging behaviors and reactions.
- Labeling behaviors as "good" or "bad" overlooks the fact that they developed to help the child survive in an unsafe and unpredictable world
- The same behaviors that allowed them to survive abusive or neglectful caregivers now work against them

(NCTSN, 2008)

# Behaviors Associated with Overwhelming Emotions

- Aggression
- Oppositional defiant behavior
- Sexual acting out
- Self-harm/suicidality
- Anxiety
- Substance abuse

"Even in a new "safe" setting, traumatized children may exhibit behaviors that evoke in their new caregivers some of the same reactions they experienced with other adults (e.g., anger, threats, violence)...These 'reenactment behaviors' can cause the new adults in their lives to feel negative and hopeless about the child."

- NCTSN, 2008

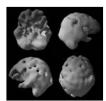
## Three Areas of Concern

- 1. Brain development
- 2. Attachment
- 3. Psychological safety and trauma triggers

Effect of Trauma on Brain Development

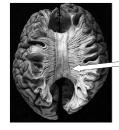
# Childhood trauma affects the brain in 3 ways

- 1. Causes structural changes
- 2. Changes stress response system
- 3. Creates deficits in normal learning



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1. Structural Changes in the Brain



- Head injuries
- Corpus callosum
- Smaller brain volume (equals lower IQ)

Block, 2009; DeBellis, 2002; Teicher, 2000

Perry& Pollard. 1997

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# Normal Development Severe Neglect Child kept in cage for three years

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#### 2. Stress Response System



- Extreme fear = "fight or flight"
  - cascade of stress hormones
  - temporary, emergency response
- When continuously exposed to situations hormones stay "on" - result in damage to brain
- Brain "hardwired" for danger; body "on alert"
- Can permanently alter brain chemistry; resulting in anxiety, impulsivity, depression, aggression

DeBellis, 2002

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#### 3. Deficits in normal learning

- Not just what happened to them, it's what didn't happen
- Repeated experiences of pain, anxiety, fear, neglect - taking place of normal play, exploration, socialization
- Development "holes" in language, social skills, and reasoning
- Stimulation years later cannot make up for this deprivation; some ability is lost
- Over-arousal of the body's stress system can block cognitive processing, even years later

Ziegler, 2002

#### Video

Rage of Innocents: Stress and Maltreatment



Effect of Trauma on Attachment	
Lifect of frauma off Attachment	
Secure Attachment	
<ul> <li>Reciprocal relationship between child and caregiver</li> <li>Secure attachment</li> </ul>	
develops based on consistently available, responsive, nurturing care giving	
Caregiver serves as "secure base"	
Groundwork for all future relationships	
(Bowlby, 1988) <sub>20</sub>	
Out	]
Outcomes of Secure Attachment: Childhood	
Learn reciprocity in relationships	
Learn to trust others	
Develop healthy identity and self-worth	
Strengthens development of:	
✓ Empathy	
✓ Language and cognitive skills	
✓ Emotional regulation	

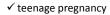
(Benoit, 2004 ) <u>21</u>

✓ Positive world view

# Outcomes of Secure Attachment:

#### Teens

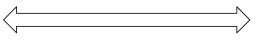
- Less likely to:
  - √ drink alcohol
  - ✓ use drugs
  - √ engage in risky sexual behavior
- Fewer mental health problems
- More constructive coping skills
- Girls have fewer:
  - √ weight related concerns





(Moretti & Peled, 2004)

# **Quality of Attachment**



Secure









"Attachment develops even in the face of maltreatment and severe punishment. It is the quality of the attachment relationship that is compromised in these circumstances, not the presence or strength of the attachment"

Carlson et al., 2003

# Outcomes of Insecure Attachment: Childhood

- Lack of trust
- Developmental delays in language and social skills
- Inability to regulate and self-soothe
- More negative view of oneself and the world



(Moullin et al., 2014)

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# Outcomes of Insecure Attachment: School Age & Teens

Externalizing behaviors (aggression)

Internalizing behaviors (depression, anxiety

Associated with

- ✓ School failure
- √ Suicidality
- ✓ Drug use
- ✓ Delinquent behavior



(Moretti & Peled, 2004)

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## **Promoting Secure Attachment**

- 1. Responsive, consistent, nurturing primary caretaker
- 2. Support/treatment for caregiver to address their own trauma and attachment history
- 3. Opportunities to build or maintain positive connections outside the family

(Moretti & Peled, 2004; NCTSN, 2012)

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# Psychological Safety and Trauma Triggers

## **Psychological Safety**

- Physical safety and psychological safety are different
- Psychological safety: the experience of feeling safe, secure, and protected from danger and harm
- Children and caregivers often have different perceptions of safety
- Components of psychological safety:
  - 1. Protection from harm
  - 2. Capable
  - 3. Lovable



# Threats to Psychological Safety: Trauma Triggers

- Reminders of traumatic events: sights, smells, sounds, touches, people, places or things
- Child becomes overwhelmed by physical and emotional reactions
- Seems to come "out of the blue"
- Hyper vigilance, social isolation, refusal to comply with requests can all be attempts to avoid trauma trigger



#### **Traumatic Memory Imprinting**

# Memory early in life stored in limbic system

- Good: helps survive trauma without reasoning
- Bad: Not stored in neocortex where reasoning can have impact - stored in limbic system. Means not available for cognitive processing; deeply embedded physiologically.

Younger the child is, more extensive the trauma, becomes "hard-wired"; less likely to change significantly without intervention

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## Psychological Safety and Development

- Without psychological safety, stress responses continue to disrupt normal development
- Psychological safety
  - Allows children can engage in activities that support healthy development
  - Supports relationships that can counter negative internal messages
  - Prevents re-traumatization

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Creating a Trauma-Informed Court System

# Trauma-Informed System of Care

Effort to ensure that all responders to traumatized children are operating with a trauma-informed lens

- Training across systems from top-down
- Reducing potential re-traumatization
  - ❖Agency environments
  - ❖Placement disruptions
  - Court and juvenile justice involvement
- Availability of trauma-informed treatment

❖NC Effort: Project Broadcast



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# **Psychologically Safe Courtrooms**

- Communication
- Environment
- Procedures



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#### **Trauma-Informed Treatment**

- Evidence-based treatments for attachment and trauma
- 2. NCTSN Judicial Bench Cards

#### **Placement Considerations**

- Maintaining child's existing attachments should be a critical consideration in initial placement and subsequent moves
- Ask that the quality of parent-child attachment be included in mental health assessments/evaluations to guide decisionmaking
- Provide as much time as possible for planning and transition from one placement to another

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#### Visitation

- Maintaining child's attachments should also be critical consideration in determining visitation
- Younger children need shorter, more frequent visits
- Beware of reducing visits as a consequence of "bad" behavior; instead increase pre- and post-visit support
- Visits should be used as an opportunity for parents to practice and demonstrate new skills and knowledge
- Ensure safe, child-friendly, natural visitation sites
- Cast a wide net: explore visits with fictive and legal kin, previous foster parents, friends, etc.

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#### **Other Services**

- Maintain school, neighborhood, activities as much as possible
- Address parents' trauma history
- Select effective parenting programs

# Video Clip

"Trauma, Brain and Relationship: Helping Children Heal"

Section 5: You Make the Difference

