Wisconsin Foundation Training for Foster Parents

# Participant Handouts

## Module 5: Impact of Maltreatment on Child Development

Wisconsin Child Welfare Professional Development System
SCHOOL OF SOCIAL WORK
UNIVERSITY OF WISCONSIN–MADISON

Milwaukee Child Welfare Partnership
Dedicated to professional development

# Module 5: Impact of Maltreatment on Child Development

## Learning Objectives

1. The parent or caregiver can outline the primary stages and milestones of normal physical, cognitive, social, sexual, and emotional development of children and youth, including the impact of genetics on development.
2. The parent or caregiver can describe the indicators of developmental delays or problems associated with the effects of physical, sexual, and emotional abuse and neglect.
3. The parent or caregiver can identify resources to appropriately address children's developmental delays or problems.
4. The parent or caregiver can articulate that children who were victims of physical abuse, sexual abuse, or neglect, because of varying degrees of resiliency, will experience differences in the degree of traumatization.
5. The parent or caregiver can explain what types of life skills can be taught to children who have experienced development delays or problems as a result of physical abuse, sexual abuse, or neglect.

## Agenda

I. Introduction
II. What Is Development?
III. The Five Developmental Domains
IV. Typical Development by Age Group
V. The Impact of Maltreatment on Child Development

## Handouts*:*

- Development Quiz
- Ages and Stages of Development
- Age-Related Reactions to a Traumatic Event (NCTSN)
- Developmental Milestones Summary
- Effects of Maltreatment on Development
- Case Scenarios


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## At what age would the following developmental milestones typically be achieved by a child?

| <u>Developmental Activity</u> | <u>Age (On Average)</u> |
|---|---|
| 1. Child is charged with physical energy and likes to do things on his/her own terms. Likes to pretend a lot and enjoys scribbling on everything. | ________ |
| 2. Child likes to talk about issues in the adult world, and is quite self-conscious | ________ |
| 3. Child is conscious of his/her schoolwork and is beginning to compare his/her work and self with others. | ________ |
| 4. Child can roll over and sit with support, and can hold his/her own toys. | ________ |
| 5. Child loves to question “Why?” and “How?” | ________ |
| 6. Child is interested in doing group activities, sharing things and his/her feelings. | ________ |
| 7. Child may be able to pull his/her self up and side step around furniture, and may begin walking. | ________ |
| 8. Child may follow you around the house just to find out how you (the adult) feel and think, especially about him or herself. | ________ |
| 9. Child feels powerful and independent, can think for his or her self, and is eager to become an adult. | ________ |
| 10. Child likes to be part of the decision-making and still needs help and encouragement in doing his/her homework. | ________ |
| 11. Child is slowing a little in growth, has good motor control, and his/her play has direction. | ________ |
| 12. Child can one day be as responsible and cooperative as an adult, and the next be more like a 6-year-old. | ________ |
| 13. Child likes to be with older children more than with younger ones, and often will have a close friend, and together will sometimes exclude a third child. | ________ |

Based on “Ages and Stages of Development
Care About Quality.” Published by the California Department of Education in 2000.
http://www.cde.ca.gov/sp/cd/re/caqdevelopment.asp, Retrieved9/23/16.

Wisconsin Child Welfare Professional Development System: University of Wisconsin Madison.
Wisconsin Foster Parent Foundation Training, Developed: 01/2008 Revised 9/2016
Adapted from Institute for Human Services; Preplacement: Partners in Alternate Care Education (2001).
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# Ages and Stages of Development

## Birth to eighteen months: an overview

In the first eighteen months after birth, an infant makes miraculous progress. In this relatively short time span, an infant sees her world through her senses. Babies gather information through touch, taste, smell, sight, and sound. To help infants mature and learn, the caregiver should stimulate but not overwhelm them. The overall goal is not to "teach" your baby but to interact and explore her world with her. Older infants are on the move. They take great pleasure in discovering what they can do with their voice, hands, feet, and toes. Soon they practice rolling skills, crawling, walking, and other great physical adventures. Through "the eyes of a child," here is what you might expect during the first eighteen months.

### One month

**What I'm Like**: I can't support my own head and I'm awake about one hour in every ten (though it may seem more).

**What I Need**: I need milk, a smoke-free environment, a warm place to sleep, hugs and kisses, and to hear your loving voice. It's not too early to sing or read to me. The more you talk and introduce different things to me, the more I learn.

### Three months

**What I'm Like**: My hands and feet fascinate me. I'll laugh and coo at them and you. I'm alert for 15 minutes, maybe longer, at a time. I love to listen to you talk and read to me.

**What I Need**: Talk to me, feed me, and sing to me. My favorite songs are lullabies. Cuddle me. I need fresh air, a ride in a stroller. Give me things to pull and teethe on.

### Five months

**What I'm Like**: I may be able to roll over and sit with support. I can hold my own toys. I babble and am alert for two hours at a time. I can eat most baby food. Put toys just out of my reach and I will try to reach them. I like to see what I look like and what I am doing.

**What I Need**: Make sure I'm safe as I'm learning to crawl. I need happy sounds, and I like to be near you. Dance with me, tickle me, and tell me about the world you see.

### Nine months

**What I'm Like**: I'm busy! I like to explore everything! I crawl, sit, pull on furniture, grasp objects, and understand simple commands. I like to be with other babies and I react to their happiness and sadness.

**What I Need**: I need locks on cabinets with medicines, household cleaners, or other dangerous things. Put away small sharp objects. I need touches, nutritious food, and educational toys to keep me busy.

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## Twelve months

**What I'm Like**: I may be able to pull myself up and sidestep around furniture. I may begin walking. I make lots of sounds and say "Mama" and "Dada." I'm curious about flowers, ants, grass, stones, bugs, and dirt. I like to get messy, 'cause that's how I learn. My fingers want to touch everything. I like to play near others close to my age but not always with them. If I'm walking, please walk at my pace.

**What I Need**: I need lots of cuddling and encouragement. I need a safe place to move around as I will be getting into anything I can get my hands on. Read to me again and again. Sing our favorite songs. Give me freedom to do most things—until I need help. So please stay near.

## Twelve to eighteen months

**What I'm Like**: I like to eat with a spoon, even if I spill. And I will spill, spill, spill. I will explore everything high and low, so please keep me safe. I may have temper tantrums because I have no other way of expressing my feelings or frustrations. Sometimes I'm fearful and cling to you. I like to have evening routines: music, story, and bath time. I like balls, blocks, pull toys, push toys, take apart toys, put together toys, and cuddles. Sometimes I say "No" and mean it. By eighteen months I can walk well by myself, although I fall a lot. I may jump. I say lots of words, especially the word "mine"—because everything is mine! I like it when we play outside or go to a park. I like being with other children. I try to take off my shoes and socks. I like to build with blocks.

**What I Need**: Let me touch things. Let me try new things with your help, if I need it. I need firm limits and consistency. Please give me praise. The more you talk with me, the earlier I will tell you how I feel and what I need. I need you to observe me and to understand why I'm upset or mad. I need your understanding and patience. I want a routine. I need you to not mind the mess I sometimes make. I need you to say I'm sorry if you made a mistake. And please read to me over and over again!

**The Toddler's Creed**

If I want it, it's mine. If I give it to you and change my mind later, it's mine. If I take it away from you, it's mine. If it's mine it will never belong to anybody else, no matter what. If we are building something together, all the pieces are mine. If it looks just like mine, it's mine.

## Eighteen months through two years: an overview

During the next stage of life, your child is beginning to define himself. Look for child care activities that spur his imagination and vocabulary. During the toddler years, children get into everything, so do your best to keep your child safe from a potential accident. Yet, realize accidents do happen even to the most careful parents and children.

**When looking for quality care for your toddler, consider:**

- Is the child care setting safe and does it provide small group sizes and adult-to-child ratios?
- Are there enough toys and activities so sharing isn't a problem?
- Are there a lot of toys for building which can be put together?
- Is there a dress-up area?
- Do art activities allow the children the freedom to make their own art or do all crafts look the same?
- And last, what are the toilet training and discipline practices of the provider?

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## Two years

**What I'm Like**: I am loving, affectionate, and responsive to others. I feel sorry or sad when others my age are upset. I may even like to please you. I don't need you so close for protection, but please don't go too far away. I may do the exact opposite of what you want. I may be rigid, not willing to wait or give in. I may even be bossy. "Me" is one of my favorite words. I may have fears, especially of sounds, separation, moving household objects, or that big dog.

**What I Need**: I need to continue exploring the world, down the block, the parks, library, and stores, etc. I like my routines. If you have to change them, do so slowly. I need you to notice what I do well and PRAISE me. Give me two OK choices to distract me when I begin to say "No." I need you to be in control and make decisions when I'm unable to do so. I do better when you plan ahead. Be FIRM with me about the rules, but CALM when I forget or disagree. And please be patient because I am doing my best to please you, even though I may not act that way.

## Three through five years: an overview

During the preschool years, your child will be incredibly busy. Cutting, pasting, painting, and singing are all daily activities. When your child starts kindergarten around age five, make sure home and child care activities include learning numbers, letters, and simple directions. Most public school kindergarten programs are usually only a few hours a day. You may need care before and after school. It is never too early to begin your search.

**When looking for quality care for your preschooler, consider:**

- Are there other children the same age or close in age to your child?
- Is there space for climbing, running, and jumping?
- Are there books and learning activities to prepare your child for school?
- Is television and movie watching selective?
- Are learning materials and teaching styles age-appropriate and respectful of children's cultural and ethnic heritage?
- Are caregivers experienced and trained in early childhood development?
- Are children given choices to do and learn things for themselves?
- Are children rushed to complete activities or tasks?
- Or are they given enough time to work at their own pace?

## Three years

**What I'm Like**: Watch out! I am charged with physical energy. I do things on my own terms. My mind is a sponge. Reading and socializing are essential in getting me ready for school. I like to pretend a lot and enjoy scribbling on everything. I am full of questions, many of which are
"Why?" I become fairly reliable about using the potty. I may stay dry at night and may not. Playing and trying new things out are how I learn. Sometimes I like to share. I begin to listen more and begin to understand how to solve problems for myself.

**What I Need**: I want to know about everything and understand words, and when encouraged, I will use words instead of grabbing, crying, or pushing. Play with me, sing to me, and let's pretend!

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## Four years

**What I'm Like**: I'm in an active stage, running, hopping, jumping, and climbing. I love to question "Why?" and "How?" I'm interested in numbers and the world around me. I enjoy playing with my friends. I like to be creative with my drawings, and I may like my pictures to be different from everyone else's. I'm curious about "sleepovers" but am not sure if I'm ready yet. I may want to be just like my older sister or brother. I am proud that I am so BIG now!

**What I Need**: I need to explore, to try out, and to test limits. Giving me room to grow doesn't mean letting me do everything. I need reasonable limits set for my own protection and for others. Let me know clearly what is or isn't to be expected. I need to learn to give and take and play well with others. I need to be read to, talked to, and listened to. I need to be given choices and to learn things in my own way. Label objects and describe what's happening to me so I can learn new words and things.

## Five years

**What I'm Like**: I'm slowing a little in growth. I have good motor control, but my small muscles aren't as developed as my large muscles for jumping. My activity level is high and my play has direction. I like writing my name, drawing pictures, making projects, and going to the library. I'm more interested now in doing group activities, sharing things and my feelings. I like quiet time away from the other kids from time to time. I may be anxious to begin kindergarten.

**What I Need**: I need the opportunity for plenty of active play. I need to do things for myself. I like to have choices in how I learn new things. But most of all, I need your love and assurance that I'm important. I need time, patience, understanding, and genuine attention. I am learning about who I am and how I fit in with others. I need to know how I am doing in a positive way. I understand more about things and how they work, so you can give me a more detailed answer. I have a big imagination and pretend a lot. Although I'm becoming taller, your lap is still one of my favorite places.

## Six through eight years: an overview

Children at this age have busy days filled with recess, homework, and tear-jerking fights with their friends. They begin to think and plan ahead. They have a thousand questions. This age group has good and bad days just like adults. Get ready, because it's only the beginning!

**When looking for quality care for your school-age child, consider:**

- Is the staff or provider trained to work with school-age children?
- Is there space for sports activities, climbing, running, and jumping?
- Are there materials that will interest your child?
- Is television and movie watching selective?
- Is there a quiet place to do homework or read?
- Is transportation available?

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## Six years

**What I'm Like**: Affectionate and excited over school, I go eagerly most of the time. I am self-centered and can be quite demanding. I think of myself as a big kid now. I can be impatient, wanting my demands to be met NOW. Yet I may take forever to do ordinary things. I like to be with older children more than with younger ones. I often have one close friend, and sometimes we will exclude a third child.

**What I Need**: This might be my first year in real school. Although it's fun, it's also scary. I need you to provide a safe place for me. Routines and consistency are important. Don't accept my behavior one day and correct me for the same behavior tomorrow. Set up and explain rules about daily routines like playtime and bedtime. I need your praise for what I am doing well. Since I may go to before-and after-school care, help me get organized the night before. Make sure I have everything ready for school.

## Seven years

**What I'm Like**: I am often more quiet and sensitive to others than I was at six. Sometimes I can be mean to others my age and younger. I may hurt their feelings, but I really don't mean to. I tend to be more polite and agreeable to adult suggestions. By now I am conscious of my schoolwork and am beginning to compare my work and myself with others. I want my schoolwork to look "right." If I make mistakes, I can easily become frustrated.

**What I Need**: I need to tell you about my experiences, and I need the attention of other adult listeners. I really want you to listen to me and understand my feelings. Please don't put me down or tell me I can't do it—help me to learn in a positive way. Please check my homework and reading assignments. Let me go over to my friends and play when possible. I still need hugs, kisses, and a bedtime story.

## Eight years

**What I'm Like**: My curiosity and eagerness to explore new things continues to grow. Friends are more important. I enjoy playing and being with peers. Recess may be my favorite "subject" in school. I may follow you around the house just to find out how you feel and think, especially about me. I am also beginning to be aware of adults as individuals and am curious about what they do at work. Around the house or at child care, I can be quite helpful.

**What I Need**: My concept of an independent self has been developing. I assert my individuality, and there are bound to be conflicts. I am expected to learn and read and to get along with others. I need support in my efforts so that I will have a desire for achievement. Your expectations will have a big impact on me. If I am not doing well in school, explain to me that everyone learns at a different pace, and that tiny improvements make a difference. Tell me that the most important thing is to do my best. You can ask my teachers for ways to help me at home. Problems in reading and writing should be handled now to avoid more trouble later. And busy eight-year-olds are usually hungry!

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## Nine through eleven years: an overview

Children from nine to eleven are like the socks they buy, with a great range of stretch. Some are still "little kids" and others are quite mature. Some are already entering puberty, with body emotions, and attitude changes during this stage. Parents need to take these changes into account when they are choosing child care for this age group. These children begin to think logically and like to work on real tasks, such as mowing lawns or baking. They have a lot of natural curiosity about living things and enjoy having pets.

**What I'm Like**: I have lots of energy, and physical activities are important to me. I like to take part in sports and group activities. I like clothes, music, and my friends. I'm invited to sleepovers and to friends' houses often. I want my hair cut a certain way. I'm not as sure about school as I am about my social life. Those of us who are girls are often taller and heavier than the boys. Some girls may be beginning to show signs of puberty, and we may be self-conscious about that. I feel powerful and independent, as though I know what to do and how to do it. I can think for myself and want to be independent. I may be eager to become an adult.

**What I Need**: I need you to keep communication lines open by setting rules and giving reasons for them, by being a good listener, and by planning ahead for changes in the schedule. Remember, I am still a child so don't expect me to act like an adult. Know that I like to be an active member of my household, to help plan activities, and to be a part of the decision-making. Once I am eleven or older, I may be ready to take care of myself from time to time rather than go to child care. I still need adult help and encouragement in doing my homework.

As children enter adolescence, they want their independence. Yet they still want to be children and need your guidance. As your child grows, it's easier to leave him at home for longer periods of time and also ask him to care for younger children. Trust your instincts and watch your child to make sure you are not placing too much responsibility on him at one time. Talk to him. Keep the door open. Make sure he is comfortable with a new role of caregiver and is still able to finish his school work and other projects.

## Eleven through fourteen years: an overview

Your child is changing so fast—in body, mind, and emotions—that you hardly know her anymore. One day she's as responsible and cooperative as an adult; the next day she's more like a six-year-old. Planning beyond today's baseball game or slumber party is hard. One minute she's sunny and enthusiastic. The next she's gloomy and silent. Keep cool. These children are in process; they're becoming more self-sufficient. It's Independence Day!

**What I'm Like**: I'm more independent than I used to be, but I'm quite self-conscious. I think more like an adult, but there's no simple answer. I like to talk about issues in the adult world. I like to think for myself, and though I often feel confused, my opinions are important to me, and I want others to respect them. I seem to be moving away from my family. Friends are more important than ever. To have them like me, I sometimes act in ways that adults disapprove of. But I still need reasonable rules set by adults. However, I'm more understanding and cooperative. I want nothing to do with babysitters—in fact, if I'm mature enough I can often be by myself or watch others.

**What I Need**: I need to know my family is behind me no matter how I may stumble in my attempts to grow up. This growing up is serious business, and I need to laugh and play a lot to lighten up and keep my balance. I need you to understand that I'm doing my best and to encourage me to see my mistakes as learning experiences. Please don't tease me about my clothes, hair, boy/girl friends. I also need privacy with my own space and things.

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# Age-Related Reactions to a Traumatic Event

A fundamental goal of parenting is to help children grow and thrive to the best of their potential. Parents anticipate protecting their children from danger whenever possible, but sometimes serious danger threatens, whether it is manmade, such as a school shooting or domestic violence, or natural, such as a flood or earthquake. And when a danger is life-threatening or poses a threat of serious injury, it becomes a potentially traumatic event for children.

By understanding how children experience traumatic events and how these children express their lingering distress over the experience, parents, physicians, communities, and schools can respond to their children and help them through this challenging time. The goal is to restore balance to these children's lives and the lives of their families.

## How Children May React

How children experience traumatic events and how they express their lingering distress depends, in large part, on the children's age and level of development.

*Preschool and young school-age children* exposed to a traumatic event may experience a feeling of helplessness, uncertainty about whether there is continued danger, a general fear that extends beyond the traumatic event and into other aspects of their lives, and difficulty describing in words what is bothering them or what they are experiencing emotionally.

This feeling of helplessness and anxiety is often expressed as a loss of previously acquired developmental skills. Children who experience traumatic events might not be able to fall asleep on their own or might not be able to separate from parents at school. Children who might have ventured out to play in the yard prior to a traumatic event now might not be willing to play in the absence of a family member. Often, children lose some speech and toileting skills, or their sleep is disturbed by nightmares, night terrors, or fear of going to sleep. In many cases, children may engage in traumatic play—a repetitive and less imaginative form of play that may represent children's continued focus on the traumatic event or an attempt to change a negative outcome of a traumatic event.

*For school-age children,* a traumatic experience may elicit feelings of persistent concern over their own safety and the safety of others in their school or family. These children may be preoccupied with their own actions during the event. Often they experience guilt or shame over what they did or did not do during a traumatic event. School-age children might engage in constant retelling of the traumatic event, or they may describe being overwhelmed by their feelings of fear or sadness.

A traumatic experience may compromise the developmental tasks of school-age children as well. Children of this age may display sleep disturbances, which might include difficulty falling asleep, fear of sleeping alone, or frequent nightmares. Teachers often comment that these children are having

greater difficulties concentrating and learning at school. Children of this age, following a traumatic event, may complain of headaches and stomach aches without obvious cause, and some children engage in unusually reckless or aggressive behavior.

*Adolescents* exposed to a traumatic event feel self-conscious about their emotional responses to the event. Feelings of fear, vulnerability, and concern over being labeled “abnormal” or different from their peers may cause adolescents to withdraw from family and friends. Adolescents often experience feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution. A traumatic event for adolescents may foster a radical shift in the way these children think about the world. Some adolescents engage in self-destructive or accident-prone behaviors.

## How to Help

The involvement of family, physicians, school, and community is critical in supporting children through the emotional and physical challenges they face after exposure to a traumatic event.

*For young children,* parents can offer invaluable support, by providing comfort, rest, and an opportunity to play or draw. Parents can be available to provide reassurance that the traumatic event is over and that the children are safe. It is helpful for parents, family, and teachers to help children verbalize their feelings so that they don’t feel alone with their emotions. Providing consistent caretaking by ensuring that children are picked up from school at the anticipated time and by informing children of parents’ whereabouts can provide a sense of security for children who have recently experienced a traumatic event. Parents, family, caregivers, and teachers may need to tolerate regression in developmental tasks for a period of time following a traumatic event.

*Older children* will also need encouragement to express fears, sadness, and anger in the supportive environment of the family. These school-age children may need to be encouraged to discuss their worries with family members. It is important to acknowledge the normality of their feelings and to correct any distortions of the traumatic events that they express. Parents can be invaluable in supporting their children in reporting to teachers when their thoughts and feelings are getting in the way of their concentrating and learning.

*For adolescents* who have experienced a traumatic event, the family can encourage discussion of the event and feelings about it and expectations of what could have been done to prevent the event. Parents can discuss the expectable strain on relationships with family and peers, and offer support in these challenges. It may be important to help adolescents understand “acting out” behavior as an effort to voice anger about traumatic events. It may also be important to discuss thoughts of revenge following an act of violence, address realistic consequences of actions, and help formulate constructive alternatives that lessen the sense of helplessness the adolescents may be experiencing. When children experience a traumatic event, the entire family is affected. Often, family members have different experiences around the event and different emotional responses to the traumatic event. Recognizing each others’ experience of the event, and helping each other cope with possible feelings of fear, helplessness, anger, or even guilt in not being able to protect children from a traumatic experience, is an important component of a family’s emotional recovery.

*For more information about child traumatic stress and the National Child Traumatic Stress Network, visit www.NCTSN.org or e-mail info@NCTSN.org.*


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# Developmental Milestones Summary

## *Understanding Developmental Domains*

Developmental tasks are typically divided into five primary categories, referred to as *domains*. The five primary domains are ***physical, cognitive, social, emotional,*** *and* ***sexual.***

- ***Physical development*** consists of the development of the body structure, including muscles, bones, and organ systems. Physical development generally consists of ***sensory*** development, dealing with the organ systems underlying the senses and perception; ***motor*** development, dealing with the actions of the muscles; and the nervous system's coordination of both perception and movement.

  Motor activity depends upon muscle strength and coordination. ***Gross motor*** activities, such as standing, sitting, walking, and running, involve the large muscles of the body. ***Fine motor*** activities, including speech, vision, and the use of hands and fingers, involve the small muscles of the body. Both large and small muscle activities are controlled and coordinated by the central nervous system.

- ***Sensory development*** includes the development of vision, hearing, taste, touch, and smell, and the coordination and integration of perceptual input from these systems by the central nervous system.

  Note that vision has both motor and sensory components. Muscles regulate the physical structures of the eye to permit focusing; neurological pathways transmit visual input to the brain.

- ***Cognitive*** development is sometimes referred to as intellectual or mental development. Cognitive is the proper term. Cognitive activities include thinking, perception, memory, reasoning, concept development, problem-solving ability, and abstract thinking. Language, with its requirements of symbolization and memory, is one of the most important and complicated cognitive activities.

  It is important to differentiate language and speech. Understanding and formulating language is a complex cognitive activity. Speaking, however, is a motor activity. Language and speech are controlled by different parts of the brain.

- ***Social development*** includes the child's interactions with other people and the child's involvement in social groups. The earliest social task is *attachment*. The development of relationships with adults and peers, the assumption of social roles, the adoption of group values and norms, adoption of a moral system, and eventually assuming a productive role in society are all social tasks.


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- ***Emotional development*** includes the development of personal traits and characteristics, including a personal identity, self-esteem, the ability to enter into reciprocal emotional relationships, and mood and affect (presentation of feelings and emotions) that are appropriate for one's age and for the situation.

- ***Sexual*** development is the gradual process of reaching sexual maturity. Sexual development involves physical and emotional growth and is affected by a combination of biological, genetic, environmental, social, psychological and cultural factors. The process of sexual development begins before birth and continues throughout the life of an individual.

While each of these five developmental domains can be examined individually, it is misleading to suggest that development occurs separately in each of the five domains. ***Development in any domain affects, and is affected by, development in all of the other domains.***

## Summary of Normal Developmental Milestones

### *Infancy and Toddler (Birth to 3 Years)*

#### *Physical development*

*Birth - 1 year* - The development of control and mastery over one's own body in both gross and fine motor skills is the infant's primary physical task, culminating toward the end of the first year in walking .

*Age 1-2 years* - The infant perfects the gross and fine motor skills that emerged during the first year by developing balance, coordination, stability, and an improved ability to manipulate objects.

*Age 2-3 years* - The child develops increased strength and uses motor skills to master challenges in the environment, such as bicycles, stairs, balls, playground equipment, eating utensils, crayons, and other objects. The child is developmentally ready to master toilet training.

#### *Cognitive development*

*Birth - l year* - Cognition begins with alertness, awareness, recognition, and interest in visual, auditory, and tactile (touch) stimuli. As motor development improves, the infant begins to explore and manipulate objects and develops a rudimentary understanding of their properties. Infants develop ***object permanence*** toward the end of the first year.

*Age 1-2 years* - The emergence of symbolic thought is central to cognitive development. This 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 are the principal cognitive tasks.

***Social development***

*Birth - l year* - The most important social task is the development of attachment to the primary caretaker, most often the child's mother.

*Age 1-2 years* - The child develops affectionate and trusting relationships with other family members and with adults outside the family. The child can also be engaged in simple games and play.

*Age 2-3 years* - The child develops rudimentary relationships with other children. These relationships are usually characterized by “parallel play," that is, play in the presence of, rather than in interaction with, other children. Children also begin to imitate social roles at this time. Toilet training represents a significant internalization of social rules and expectations.

***Emotional development***

*Birth - l year* - The development of basic trust, a derivative of the positive attachment between the infant and the primary caretaker, occurs during the first year. This is a cornerstone of emotional development.

*Age 1-3* - The primary developmental task involves the development of autonomy, which includes 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."

***Sexual development***

*Birth – 3 year* - The child is learning that touch and physical expression of affection is good. Initial contact with others is sensory/tactile and primary gratification come from sucking, being held, stroked, and handled. Randomly grabbing own genitals as an early infant, exploratory play with genitals common in boys 6-7 months and in girls at 10-11 months. You can also find reflexive erections to be common in boys, vaginal lubrication in girls, and rhythmic rocking (in bed) for genital stimulation in infants. Children will

learn about difference between boy’s and girl’s and being awareness of gender identity and role differences. During toilet training, interested in and talk about eliminative/sexual body parts and are curious about male/female anatomical differences.

### *Preschool (3-5 Years)*

#### *Physical development*

Most basic gross motor abilities have emerged. Existing skills are practiced and perfected, and the child develops mastery in applying motor skills to increasingly challenging and complex situations.

#### *Cognitive development*

Language develops rapidly. Grammar and syntax are refined, and vocabulary increases geometrically. The child uses language as a communication tool.
Thinking is concrete and egocentric in nature. Problem solving is illogical and magical thinking and fantasy 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.

The child learns concepts of "right" and "wrong" and begins to understand the nature of rules. He experiences guilt when he has done 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. The child is intrusive, takes charge, curious, continually tries new things, actively manipulates the environment, and is self-directed in many activities.

The child's ability to understand "right" and "wrong" leads to self-assessments and affects the development of self-esteem.

***Sexual development***

The child will have a continued interest in the anatomical differences between male and female. The child will have heightened interest in bathroom/dressing activities. They will engage in mutual games between other children involving showing each other body parts. Children may engage in mutual exploration of body parts between children. This can involve stroking, kissing, and touching genitals; this behavior is not usually planned, it is opportunistic. Conscious masturbation for pleasurable feelings, usually without penetration by fingers or objects. The child will have many questions regarding urination, pregnancy, and delivery.

**School Age (6-11 Years)**

***Physical development***

The child practices, refines, and masters complex gross and fine motor and perceptual-motor skills.

***Cognitive development***

Concrete operational thinking replaces egocentric cognition.

The child's 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 adopts age-appropriate social roles, including those that are gender-specific.

The child develops an understanding of rules. Rules are relied upon to dictate proper social behavior and to govern social relationships and activities.

***Emotional development***

The child is industrious, purposeful, demonstrates goal-directed activities and is confident and self-directed.

The child is developing a better sense of herself as an individual, with likes and dislikes and special areas of skill. She is capable of introspection.

The child evaluates her worth by her ability to perform. Self-esteem is largely derived from one's perceived abilities.

***Sexual Development***

*Age 6-9* – The child will practice social roles through play activities, children play school, store, and family. Increased questions regarding pregnancy, birth, and intercourse. Competitive games involve urination and sexual activity contests, such as truth/dare and stripping for club initiation. You may find interactive touching like stroking/rubbing, open-mouthed kissing, re-enacting intercourse without penetration and only with clothes on. Child will experiment with sexual swearing and look for nude pictures in books, magazines, and catalogues, and engage in private masturbation.

*Age 10-12* – The child is learning about the mechanical and emotional aspects of sexuality and understanding how to behave around children of the opposite sex. Some children will begin puberty (including menstruation and wet dreams.) Child begins to focus on their own body development and compares self to same gender peers and can feel awkward, concerned, and embarrassed about physical changes. Interest in reading information about sex, intense interest in viewing other's bodies, and discreet masturbation. Boy-girl social relationship begin through flirting, kissing, hand holding, and spending time together.

## Adolescence (12-17 Years)

***Physical development***

Physiological changes at puberty promote rapid growth, the maturity of sexual organs, and development of secondary sex characteristics. The youth must 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 hold 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 through groups. Some youth may begin to experiment with sexual behavior, but many early adolescents are not sexually active with partners.

Social roles are still largely defined by external sources.

During late adolescence, values become individualized and internalized after careful consideration and independent thought. The middle adolescence period is a transitional period which can be very difficult for a child to move from the peer pressure stage to being comfortable being an individual.

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***

The early adolescent is strongly identified with the peer group. Youth depend upon their peers for emotional stability and support and to help mold the youth's emerging identity. Self-esteem is greatly affected by acceptance by peers.

Early adolescents are emotionally labile with exaggerated affect and frequent mood swings. They are very vulnerable to emotional stress.

During middle and late adolescence, identity is moving towards the importance of their feelings and emotions and away from the peer group, and a sense of who they are develops and becomes more stabilized. This sense of self is separate from either family or peer group.

The self-esteem that has been developed is now influenced by the youth's ability to live up to an internalized standard(s) of behavior. Self-assessment and introspection are common at this stage.


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***Sexual development***

The adolescent is learning about social and emotional implications of dating, choosing a mate, sexual intimacy and sexual identity. They will engage in appropriate flirting, courting, and dating behavior. Co-ed focus in social activities. Females are usually attracted to males who are slightly older and males are usually attracted to females slightly younger. Adolescent will have interest in viewing bodies of opposite sex, discreet masturbation, mutual masturbation, foreplay, and intercourse mostly commonly in a stable dating relationship.

# Effects of Maltreatment on Development

## Infants and toddlers

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

### *Physical*

- Chronic malnutrition of infants and toddlers results in growth retardation, brain damage and, potentially, mental retardation.
- Head injury can result in severe brain damage, including brain stem compression and hernia ion, 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 may go unnoticed if there are no obvious signs of external trauma.
- 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 similar to that caused by a direct blow to the head, or spinal cord injuries with subsequent paralysis.
- Physical injuries, both internal and external, can lead to permanent physical disability or death.
- Medical neglect, as in withholding necessary 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), or respiratory damage from pneumonia or chronic bronchitis.
- Neglected infants and toddlers have poor muscle tone, poor motor control, exhibit delays in gross and fine motor development and coordination, and fail to develop and perfect basic motor skills.

***Cognitive***

- Absence of stimulation interferes with the growth and development of the brain. Generalized cognitive delay or mental retardation can result.

- Brain damage from injury or malnutrition can lead to mental retardation.

- 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 between 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 in vocalizing (cooing or babbling) with an adult.

- Abused or neglected toddlers may not develop play skills, and often cannot be engaged in 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 a 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.

**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, or lack of muscle strength.

- Gross motor play skills may be delayed or absent.

***Cognitive***

- Speech may be absent, delayed, or hard to understand. The preschooler whose receptive language far exceeds expressive language may have speech delays. Some children do not talk, even though they are able (elective mutism).

- The child may have poor articulation and pronunciation, incomplete formation of sentences, incorrect use of words.

- Cognitive skills may be at a level of a younger child.

- The child may have an unusually short attention span, a lack of interest in objects, and an inability to concentrate.

***Social***

- The child may demonstrate insecure or absent attachment. Attachments may be indiscriminate, superficial, or clingy. Child may show little distress, or may overreact when separated from caregivers.

- The child may appear emotionally detached, isolated, and withdrawn from both adults and peers.

- The child may demonstrate social immaturity in peer relationships; may be unable to enter into reciprocal play relationships; may be unable to take turns, share, or negotiate with peers; or 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 or aggression.

- The child may have a 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 withdraw emotionally 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 or thumb sucking.
- The child may show signs of enuresis or encopresis which may be indicators of sexual abuse

## School-age

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

### *Physical*

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

### *Cognitive*

- The child may display thinking patterns that are typical of a younger child, including egocentric perspectives, lack of problem-solving ability, and inability to organize and structure his thoughts.

- Speech and language may be delayed or inappropriate.

- The child may be unable to concentrate on school work and may not be able to conform to the structure of the school setting. Some children may not have developed basic problem-solving or "attack" skills and may have considerable difficulty in academics. Others may have developed survival skills that have served them well but are not successful in the school setting.

### *Social*

- The child may be suspicious and mistrustful of adults or overly solicitous, agreeable, and manipulative, and may not turn to adults for comfort and help when in need.

- The child may talk in unrealistically glowing terms about her family and 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 be scapegoated by peers.

***Emotional***

- The child may experience severe damage to self-esteem from the denigrating and punitive messages received from the abusive parent, or the lack of positive attention in a neglectful environment.
- The child may behave impulsively, may have frequent emotional outbursts, and may not be able to delay gratification.
- The child may not develop coping strategies to effectively manage stressful situations and master the environment.
- The child may exhibit generalized anxiety, depression, and behavioral signs of emotional distress; may act out feelings of helplessness and lack of control by being bossy, aggressive or 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 share few opinions, show no strong likes or dislikes and may not be engaged in productive, goal-directed activity. The child may lack initiative, give up quickly, and withdraw from challenges.

**Adolescents**

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

***Physical***

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

***Cognitive***

- The youth may not develop formal operational thinking; may show deficiencies in the ability to think hypothetically, logically, or problem solve systematically.
- The youth's thought 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 demonstrate caregiver skills because of the circumstances in their family but they will be missing many developmental skills that they were not exposed to.

- The youth may be academically delayed and may have significant problems keeping up with the demands of school.

***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 labile, with frequent and sometimes volatile mood swings.

- Abused and neglected youth may demonstrate considerable problems in formulating a positive identity. Identity confusion and poor self-image are common. The youth may appear to be without direction or 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.


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## Case Scenarios

***Infants and toddlers: Sarah***

Sarah is 13 months old. She was severely neglected by her mother and is believed to have been physically abused. She was diagnosed as "failure to thrive" at two months old, but went home under protective supervision. She was again placed in foster care at 11 months, when her mother was hospitalized for heroin addiction.

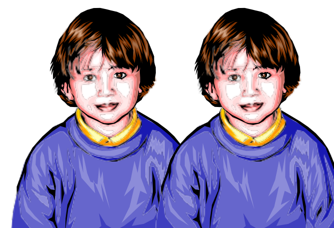
Sarah is very quiet most of the time. She does not coo or babble. She seems to prefer to be left alone. When she does cry, she is very difficult to comfort. When placed in her crib she often will rock herself to sleep. She bangs her head on the mattress.

Sarah cannot stand, even if supported. Her legs are not strong enough to bear her weight. She began to crawl at 12 months, but does so with great difficulty, and does not move around a room very much. If placed in a sitting position, she will often remain there, immobile, for up to an hour at a time.

Sarah does not look into people's eyes. She appears to be uninterested in her surroundings. She does not hold toys in her hands or appear interested in playing with toys.

Sarah can finger-feed herself Cheerios and can take sips of milk from a cup. She has frequent digestive upsets and vomits almost every day.

***Preschool children: Larry and Jonathan***



Larry and Jonathan are four-year-old twins. They were both severely abused by their stepfather. Larry has burn marks on his feet and legs that look like socks. He requires special medical care for these burns and may need skin grafts in the future. He was dunked in a bathtub of scalding hot water.

Jonathan is toilet trained during the day but still wears diapers at night. Larry is not toilet trained and at times will smear feces on himself and the surroundings.

The boys speak in two-word phrases.

Larry withdraws from his surroundings and prefers to play by himself. Jonathan likes to play with others, but hits and bites other children, including his brother.

Both children scatter toys randomly and appear not to know how to play with them. For instance, instead of building a farm with the farm set, the children bang the animals together and throw them at the wall. This occurs regardless of the toys involved.

Jonathan sleeps well but will only eat hot dogs and crackers. Larry eats just about everything, but periodically gorges and throws up after meals. Larry also wakes frequently, up to five times per night, and wanders into the adults' room.

Both children refuse to use utensils and appear to have difficulty picking up small food items with their fingers.

***School-age children: Abbie***

Abbie is a nine-year-old who came into care as a result of abuse and neglect. Abbie is three feet nine inches tall and weighs 52 pounds. She stands in a pigeon-toed fashion and often trips over her feet.

As a nine-year-old Abbie should be in the third grade. She tests at the first grade level in both math and reading. Abbie is in the second grade, having spent two years in first grade. Her teacher reports that Abbie has a difficult time sitting still and complains of frequent, nondescript body aches and pains. Abbie prefers to play with the younger children on the playground. Many of her classmates make fun of her, according to the guidance counselor.

At home, Abbie cries frequently and refuses to participate in household routines including chores and fun activities, saying, "I can't do it." Abbie takes things that do not belong to her, and seems surprised when confronted. She denies taking the items and dissolves into tears if pushed to admit it. Abbie has broken many items in the home, including two lamps, the TV remote control, and the dishwasher. Despite clear evidence that she was at fault, she steadfastly denied it and told her caseworker that she didn't like her very much.

Abbie often wanders downstairs at night and is found eating. Also, there have been several occasions where food was found hidden in her room, including under her mattress.

***Adolescents:* Matt**

Matt is a 15 year-old who came into care as a result of physical abuse perpetrated by his father. He is of average height, weight, and intellectual functioning, but has anger outbursts which include him swearing at his caregivers and breaking household items. His anger outbursts appeared to be geared towards his foster father when Matt is given a directive he does not like.

Recently, Matt's caregivers have smelled alcohol on Matt's breath. Matt adamantly denies that he has been drinking, and storms up to his room and slams his door when confronted. In school Matt's grades have begun to decline; he was receiving grades of "C" or better and now his grades are "C" at best. Matt's teachers have informed his caregivers that he appears tired and disinterested in class.