

# [Case studies on childhood neglect](https://assignbuster.com/case-studies-on-childhood-neglect/)

## Introduction

Neglect and abuse are difficult concepts to define because they are not homogeneous terms and can include diverse experiences ranging from extreme deprivation to less extreme forms of abuse/neglect which may be short- or long-term (Skuse, 1989). The UK Government’s inter-agency document Working Together to Safeguard Children defines neglect as a ‘ persistent failure to meet a child’s basic physical and or psychological needs’ (Department for Education, DfE, 2015, p. 93). Neglect is defined as a parent/carer not providing a child with adequate food, clothing, shelter or adequate supervision, not protecting them from physical or emotional harm or providing them with medical care when necessary (DfE, 2015).   Abuse can be both physical and emotional. Physical abuse involves such actions as the child being burnt, scalded, poisoned or suffocated, other aspects of abuse include child sexual exploitation, female genital mutilation and radicalisation (DfE, 2015). Emotional abuse can occur independently, and is defined as including the persistent ridicule of the child by others and/or being told they are worthless, unwanted and unloved. Children may also suffer emotional abuse from bullying and cyber bulling (DfE, 2015). The aim of the following essay is to evaluate the effects of childhood neglect and abuse on the developing child, and whether there are long-term effects.

### Case Studies of Deprivation

Many of the early studies that investigated the effects of neglect and abuse were undertaken with one or two children as case studies. For example, Curtiss (1989) documented the case of Genie who experience extreme neglect and physical and emotional abuse until she was 131/2. Genie was kept in isolation and had very limited exposure to language and was beaten if she made any sounds. Curtiss (1989) reports that Genie was never able to fully develop her language or social skills. However, Genie’s history in terms of her cognitive ability was not known, and it is possible she suffered from a learning disability and may never have developed language regardless of the deprivation she endured.

A study reported by KoluchovÃ¡ (1976) looked at twins who spent 5 years until the age of 7 locked in a cellar, enduring severe neglect and abuse. When they were found they appeared to be severely cognitively deficient, although it quickly became apparent that this was a result of deprivation. However, it is suggested by KoluchovÃ¡ (1976) that because they formed an attachment with each other and had also experienced 18 months of relatively adequate care in a children’s home before the abuse began they were protected against permanent damage. There was no evidence of long-term cognitive damage after their removal and their language developed normally. Because both examples are case studies, they are difficult to generalise to other abused or neglected children because the circumstances of Genie and the twins are so unique. The details of their childhood abuse and neglect were retrospective and may result in slight inaccuracies or omissions. However, it would of course be unethical to undertake studies of children experiencing such severe neglect and abuse until after the event has occurred and the children removed from the situation.

Bowlby (1977) argued that early experience from birth and forming an attachment, predominately with the mother, was a powerful factor in determining typical development of a child. Attachment involves the formation of strong affection bonds to others during a critical period of development (up until about the age of three), and enables the child to deal with stressors and emotional distress. This would appear to be supported by KoluchovÃ¡ (1976), as the twins formed an attachment with each other whereas Genie, who did not develop age appropriate skills had no-one with whom she could form an attachment (Curtiss, 1989). However, Werner (2000) found in her longitudinal study of children who were born and raised in adverse circumstances that there were a number of protective factors that helped the child develop resilience. One positive factor was the formation of an attachment with a caring supportive other (such as a grandparent or teacher). Werner, in part, supports Bowlby’s assertion of the importance of attachment, although the bond does not necessarily have to be the mother, it can be any other suitable person, which is also suggested by KoluchovÃ¡ (1976) in her study of the twins.

### Studies of Groups of Children

A group who suffered extreme neglect and abuse were children incarcerated in concentration camps during the 2nd World War. Child survivors were interviewed 40 years after the camp was liberated with the focus on how they had adjusted to life after the war (Krell, 1985). Only one survivor from a total of 24 survivors was a patient at a psychiatric hospital. However, 40 years after the war, the child survivors were characterised by a desperate need to be perceived as ‘ normal’, to belong and to cope, so they were not perceived as being different (Krell, 1985, p. 379). The age of the child survivor was also important as adult survivors had memories of pre-war life, whereas many of the children had very few. The child survivors as a group were also characterised by ‘ their affirmation of life’ and their ‘ active compassion for others’ (Krell, 1985, p. 379).

Robinson and Hemmendinger (1982, cited in Krell, 1985 p. 379) report on 14 children liberated from Buchenwald camp. Communication with the children was difficult immediately after their liberation as they were hostile and were completely apathetic and indifferent to everything around them, and were described as ‘ psychotic or psychopathic’ (Krell, 1985, p. 379). 30 years later the child survivors reported psychological problems such as depression, insomnia and nightmares about their past. Both groups of child survivors emphasise the importance of their families. A further characteristic of the child survivors of the holocaust is that although the trauma the children experienced continued to have a pervasive negative influence in their lives, it existed simultaneously with a strong desire to survive, which Valent (1998) terms resilience in the face of enormous adversity. Another factor which helped the children survive, particularly very young children, was the development of an attachment with another person. The child survivors were able to adapt very quickly and suppress their emotions and after the camps were liberated the children also suppressed their memories and focused on their future lives (Valent, 1998).

Beckett et al. (2006) investigated the long-term effects of 131 Romanian adoptees compared to UK adoptees who were not institutionalised. The Romanian children ranged in age between less than 6 months to 42 months, and had experienced severe neglect in the institutions. The main findings were that deprivation had implications for the physical and psychological development of the Romanian children. Adverse effects remained present at age 11-years for those children who were over 6 months old when adopted although the outcomes for the children were diverse.

The children were tested on a range of cognitive abilities at age 6- and 11-years. The children who had not experienced institutionalise care had higher scores than those children from institutions, even after a number of years in a nurturing environment with their adoptive parents. The authors conclude that severe deprivation at a young age of 6 months can persist for a number of years, up to age 11. The children who showed cognitive impairment at age 6 showed substantial impairment at 11, which indicates that cognitive impairment is persistent (Beckett et al. 2006). This is supported by neuroimaging techniques which show distinct changes in the brain of children who were institutionalised at an early age. It is suggested by Beckett et al. (2006) that the results of their study are viewed with caution, as it is unique, and, fortunately, there are not many cases where large numbers of very young children experience severe neglect to make comparisons.

KoÄ? ovskÃ¡ et al. (2012) also studied adopted children who had experienced severe maltreatment and found that many of the children had a range of psychiatric disorders such as post-traumatic stress disorder, as well as disorganised patterns of attachment and indiscriminate friendliness, which is often found in maltreated children (KoÄ? ovskÃ¡ et al. 2012; KoluchovÃ¡ (1976). Kumsta et al. (2010) state that whilst there is a well-defined pattern of four specific symptoms displayed by institutionalised children there is not similar patterns shown by children who have experienced other types of neglect or abuse (e. g. sexual abuse). Therefore, it is not possible to predict what type of psychopathy will occur for other types of abuse or neglect (Kumsta, et al. 2010).

Thompson and Tabone (2010) investigated the effects of early childhood neglect when the child was younger than 4-years old. The study involved 242 children, 154 had a history of maltreatment (mainly neglect) and 88 children did not. The children were assessed at age 10-years on a range of behavioural measures including anxiety, depression, aggression and attention. It was shown that over time, the children who had experienced abuse showed a greater incidence of depression and anxiety as well as attention seeking behaviour although these behaviours were not evident when the child was younger. The finding suggests that young children experiencing abuse or neglect should be assessed throughout childhood for long-term effects (Thompson and Tabone, 2010).

### Risk Factors for Negative Outcomes

According to Appleyard, Egeland, van Dulmen, and Sroufe (2005) there is a relationship between a high number of risk factors and the later adverse effects on the child, which can manifest, for example, as disruptive behaviour in adolescence. It is argued that there are five cumulative risk factors involved, which include; child abuse, high levels of parental stress, domestic violence between parents (that may involve children), dysfunctional family life and low socioeconomic status, and these factors present the greatest risk in early and middle childhood (Appleyard, et al. 2005). The factors are supported by Boyd and Bee, (2012) who suggest that there is a strong relationship between poverty, neglect and abuse as the children typically live in situations that are chaotic causing the child considerable stress, particularly if they have limited social or psychological support. In a longitudinal study, Peruzzi (2013) found that children from deprived backgrounds in the UK were rarely able to break the cycle of poverty and frequently displayed deviant behaviour as adolescents, had poor educational attainment and were socially excluded as adults.

Another longitudinal study which investigated risk factors for abuse and neglect as well as coping strategies involved 9-12 year-old boys in the Isle of Wight and also a group of children in London whose parents had mental health disorders (Rutter, Tizard, and Whitmore, 1970). It was found that if a child was exposed to at least four risk factors this could contribute to later maladjustment. The risk factors included; discord in the marriage, a low socioeconomic status, a large family, criminal activity by the father, the mental health of the mother and whether the child was placed in foster care (Rutter et al. 1979).

## Conclusion

The evidence presented indicates that early childhood abuse and neglect, which is also referred to as deprivation, typically has a long-term detrimental effect on the cognitive, emotional and behavioural development of children. Thompson and Tabone (2010) suggest that the effects of deprivation may not be immediately apparent, and therefore assessments of abused and neglected children should be undertaken through childhood and adolescence. There were adverse effects reported by the child survivors of the holocaust, although they survived by suppressing their memories and emotions and focusing on their futures (Krell, 1985; Valent, 1998). There are difficulties with the methodology used in investigating the effects of childhood neglect and abuse. Firstly, some studies are case studies of one or two children which means the findings are difficult to generalise. Secondly, the information obtained is retrospective as it would be ethically unacceptable to study children in a situation where they were being neglected or abused. This means that information may be unintentionally distorted or over-exaggerated. A third issue is the wide diversity of situations in which abuse or neglect occurs and the individual differences of the children involved (Skuse, 1989). For some children there are many risk factors, such as poverty, which can exacerbate the effects of the neglect or abuse (Appleyard, et al. 2005; Boyd and Bee, 2012; Peruzzi 2013), or other factors such as a positive attachment figure who can mediate the effects of deprivation (Bowlby, 1977; Werner 2000).

## References

Appleyard, K., Egeland, B., van Dulmen, M. and Sroufe, L. A. (2005). When more is not better: The role of cumulative risk in child behaviour outcomes. Journal of Child Psychology and Psychiatry 46, 235-245.

Beckett, C., Maughan, B., Rutter, M., Castle, J., Colvert, E., Groothues, C., Kreppner, J., Stevens, S., O’Connor, T. G. and Sonuga-Barke, E. J. S. (2006). Do the effects of early severe deprivation on cognition persist into early adolescence? Findings from the English and Romanian adoptees study. Child Development, 77(3), 696-711.

Bowlby, J. (1977). The making and breaking of affectional bonds. 1. Aetiology and psychopathology in light of attachment theory. British Journal of Psychiatry, 130, 201âˆ’210.

Boyd. D. and Bee, H. (2012). Lifespan Development, (6th edition). New Jersey: Pearson Education

Curtiss (1977). Genie: A Linguistic Study of a Modern Day Wild Child. New York Academic Press.

Department for Education (2015). Working Together to Safeguard Children. London: Crown Publications

KoÄ? ovskÃ¡, E., Puckering, C., Follan, M., Smillie, M. and Gorski, C., Barnes, J., Wilson, P. Young, D., Lidstone, E., Pritchett, R., Hockaday, H. and Minnis, H.   (2012). Neurodevelopmental problems in maltreated children referred with indiscriminate friendliness. Research in Developmental Disabilities, 33, 1560-1565

Krell, R. (1985). Child survivors of the Holocaust: 40 years later. Journal of the American Academy of Child Psychiatry, 24(4), 378-380.

KoluchovÃ¡, J. (1976). The further development of twins after severe and prolonged deprivation: a second report. Journal of Child Psychology and Psychiatry and Allied Disciplines, 17, 181-188.

Kumsta, R., Kreppner, J., Rutter, M., Beckett, C. Castle, J., Stevens, S. and Sonuga-Barke, E. J. (2010). Deprivation-specific psychological patterns. Monographs of the Society for Research in Child Development, 75(1), 48-78.

Peruzzi, A. (2013). From Childhood Deprivation to Adult Social Exclusion. Evidence from the 1970 British Cohort Study. Institute of Education University of London: Centre for Longitudinal Studies

Rutter, M., Tizard, J. and Whitmore, K. (1970). Education, Health and Behaviour. Ithaca, NY: Longman

Skuse, D. (1989). Emotional abuse and neglect. BMJ, 298, 1692-1694

Thompson, R. and Tabone, J. K. (2010). The impact of early alleged maltreatment on behavioral trajectories. Child Abuse and Neglect, 34, 907-916

Valent, P. (1998). Resilience in child survivors of the Holocaust: Towards the concept of Resilience. The Psychoanalytic Review, 85(4), 535

Werner, E. E., (2000). Protective factors and individual resilience In Handbook of Early Childhood Intervention, 2nd edition, Chapter 6, pp. 115-132. Cambridge: Cambridge University Press.