

Neglect, stress and trauma in childhood

In India, poverty is declining although slowly. Unemployment is widespread especially in the rural and urban slums. Fetal growth restriction, prematurity and low birth weight are common. India has a very large number of stunted and undernourished children. Large numbers of women are not empowered. Food security, economic insecurity and social problems relating to gender differentiation are fairly widespread and daily hassles contribute to stress and tension. Lower female literacy rates and unsatisfactory educational attainments are likely to affect adversely, the health of females and impact adequacy of child rearing. Changing life styles contribute to time pressures at work and home. All these adversities are likely to lead to poor health, development of children and contribute to intergenerational ill effects. While communicable diseases are declining, a paradigm shift in disease burden is taking place rapidly with increase in non-communicable diseases, accidents and injuries, natural disasters, substance abuse, violence and delinquency. The numerous adverse environmental factors are also likely to affect negatively survival, growth and development of children. This does not mean that there are no positives. In fact, positives outnumber the negative influences. These positives should be fully utilized by the families and support should be provided to the families to be able to provide the best possible environment and nurturing for the rapidly growing and developing children in the first 1000 days of life (270 prenatal and 730 post-natal days).

Early childhood abuse, neglect, trauma and stress have important negative effects on rapid brain growth and development prenatally and after birth during the first few years of life. These can have immediate and long lasting adverse impact. Brain development is very rapid early in life and this continues well into adulthood though at a slower pace. Brain development occurs under the combined influence of nature, nurture and experience (environment and genes).

Stress, neglect and trauma are all related to each other and start impacting negatively during very early life. Their effects depend on the number of negative influences, their severity and duration. However, the relationship to negative impact is by no way absolute. The protection is provided by resilience. This means that even those children who are exposed to stress and neglect early in life may not always be affected adversely. One more important principle to articulate is that the impact of low levels of neglect, trauma and stress may not be discernible immediately. It can show up much later in life.

Human brain growth and development is special since it begins in utero and continues at a very rapid pace throughout pregnancy. At birth, brain development is still work in progress and brain growth continues throughout life. The chief executive officer of the body is the brain. Neglect, stress and trauma have overlapping negative impact. These can occur in singular or overlapping situations. (Stress is predominantly psychological while neglect is mainly physical and trauma can be physical, mental or sexual). Stress, neglect and trauma affects negatively, the care giver as well as the child. The negative effects of stress, neglect and trauma are more pronounced in children as compared to the caregivers. There is a lot of evidence that the negative effects of stress, trauma and neglect can be countered by timely actions by the care givers, family and support provided by different stakeholders and the state.

Stress

We all experience different types of stress throughout our lives. There are different kinds of stress; it can be harmful (what we call “toxic”), tolerable, or beneficial (positive). The effect of stress depends on the severity of stress, frequency of stress and duration of stress. The National Scientific Council on the

Developing Child (2014) outlines three classifications of stress: The effect of stress is determined by the ability of the individual to respond to stress.

A Positive stress is moderate, brief, and generally a normal part of life. Learning to adjust to this type of stress is an essential component of healthy development. It contributes to resilience.

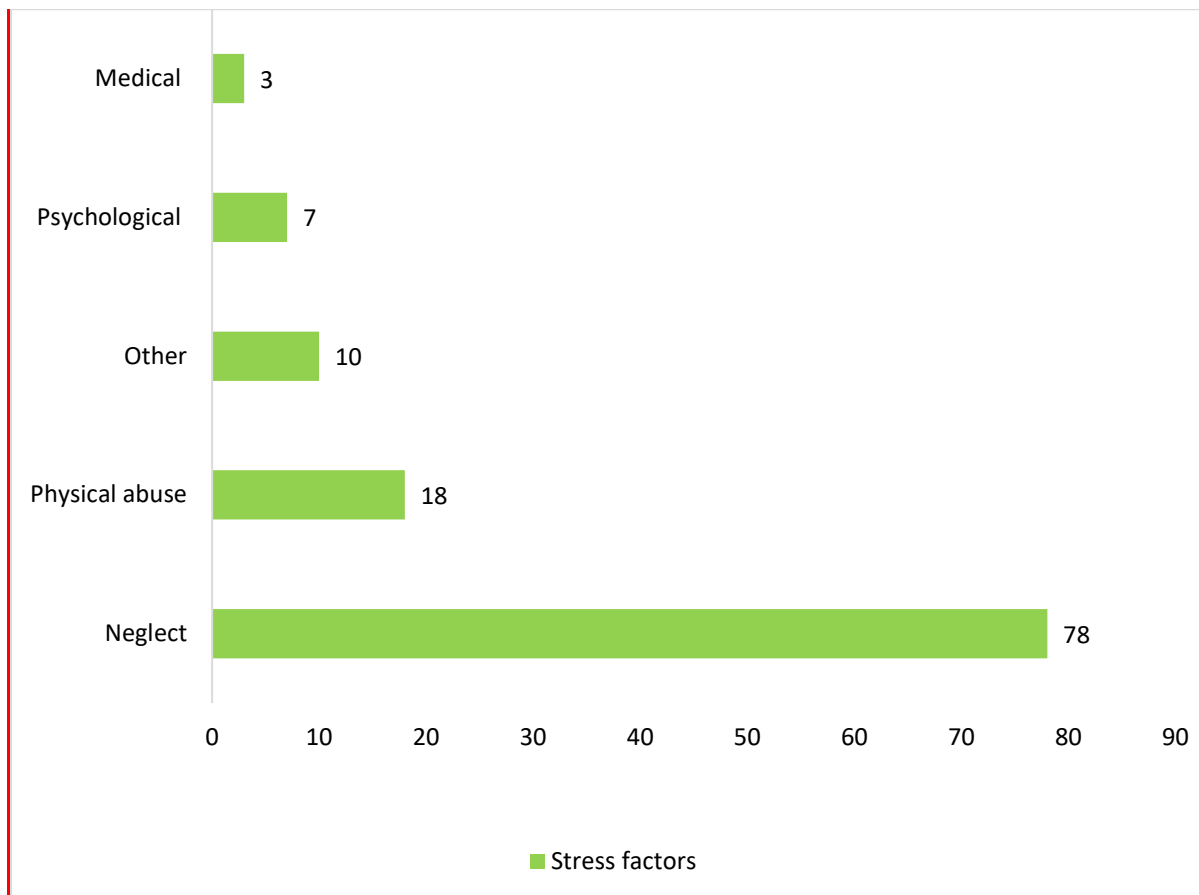
B. Tolerable stress includes events that have the potential to alter the developing brain negatively, but which occur infrequently and give the brain time to recover (e.g., the death of a loved one, serious or chronic illness in a family member or one of the parents, or repeated parental stress).

C. Toxic stress includes strong, frequent, and prolonged or persistent negative influences (e.g. domestic violence, alcoholic father, severe mental illness in the mother etc.). This leads to activation of the body's stress response system (e.g., chronic neglect).

Stress factors can occur in pregnancy and throughout our lives but they have maximum negative impact on the developing child when stress occurs during pregnancy and first 2 years of life since at this time there is maximal physical and brain growth.

Extensive research over the last 30 years or more has shown that healthy development can be threatened, by bad things that happen to children (e.g., physical abuse, sexual exploitation). It can also occur by the absence of good things (e.g., responsive caregiving, positive experiences).

Illustration: Stress and neglect factors in early life that influence brain and physical development



*(Source: Data source: U.S. Department of Health and Human Services.
<http://developingchild.harvard.edu>.)*

Neglect

Like stress, neglect can also be temporary or short lived or it can be frequent, severe and persistent. Neglect and stress are likely to have similar negative impact on brain development if it occurs during the first 1000 days in child's development. Neglect and stress can occur if the child suffers from severe illness early in life and is exposed to multiple invasive procedures (for investigations or treatment) that are traumatic. The earliest studies of neglect were of children who experienced extreme deprivation in state-run institutions in Romania, China, and other countries. Children can be exposed to neglect for prolonged periods in situations of deprivation like emergencies and disasters, civil unrest, drought etc. Neglect is by far the most prevalent form of child maltreatment, yet it receives far less attention than physical or sexual abuse or neglect in health care (by the family members, health care providers or health facilities).

Deprivation or neglect can damage a young child's development more than physical abuse. Neglect refers to the "absence of sufficient attention, responsiveness, and protection that are appropriate to the age and needs of a child".

Occasional inattention. Loving and responsive parents who do not always respond in a timely fashion to the needs of young children are not a need for concern. Many times it can be beneficial when parents occasionally do not respond immediately because it helps build a child's independence and capacity for self-care and problem solving. The child learns to cope and becomes resilient.

Chronic under-stimulation. When caregivers fail to provide attention to children on an ongoing basis, it can be harmful to children. Examples include caregivers who do not engage children in active conversation and who leave young children unattended for long periods of time often. Newborn and young infants when exposed to prolonged hospitalization and multiple procedures is another situation when under stimulation is likely to occur. If persistent, it can cause long term negative impact. Caregiver unresponsiveness (e.g., mother's depression, illness, poverty, discrimination for any reason, social or geographic isolation) are widespread problems in India though these problems remain unidentified. In contrast to these negative factors, good parent education, quality care and frequent engagement with the child can produce strong returns on relatively simple, daily voluntary interventions.

Severe neglect in a family context- When a child's basic needs for nutrition, timely and appropriate medical attention, and care (play and communication) are unmet and when young children are left alone or ignored for hours or days and weeks, a child's very survival or physical growth are threatened. This can lead to failure to thrive, lifelong problems in learning, behavior, and health. Therefore immediate attention to counter neglect effectively is crucial. In children who are neglected, the child's basic needs for food, shelter, and medical care may no doubt be met, but often no reliable and responsive relationships with caring adults are established. Young infants and children can be ignored for most of their waking hours, and infants may be cared for by many different people. This makes it difficult for the young infant to develop meaningful relationships and attachment with any single caregiver.

Severe neglect in an institutional setting. Institutions that care for large numbers of infants and young children by poorly paid, inadequately skilled and poorly motivated staff are examples of deprivation. Staff typically have little or no training in caring for young children. There is growing evidence that some residential care facilities can be even harmful to infants and toddlers, and are not a good substitute for adoption or high-quality foster care. Science can help policymakers determine when it is best to intervene. The key features of four types of unresponsive care are summarized in the table

Table: Four different types of unresponsive care resulting from stress and neglect

	Occasional inattention	Chronic under stimulation	Severe or persistent stress or neglect in family situation	Severe or persistent neglect or stress in institutional setting
Features	The environment is generally positive but there may be poor attention sometimes	Care giver's engagement is low child is left alone for long periods of time.	Basic needs are ignored. Parents are not responsive with little interaction and play.	Routines and discipline in institutions with focus on medical, surgical procedures or routine physical activities This can happen in orphanages, hospitals. There is little or no opportunity for 'serve and return' or sensitive responsive care. The services provided may be technically correct
Effects	Generally positive with good physical growth and satisfactory motor, social and cognitive development and lower risk for adult onset chronic diseases, less delinquency and substance abuse	Some developmental delays or behavioural problems, some adverse impact on physical growth	Compromised physical growth, frequent illnesses or slow recovery from illnesses and even greater risk of serious problems in brain development and functioning	Survival may be intact but there may be failure to thrive. Physically the child may be intact but severe impairments in cognitive, physical, and psychosocial development
Actions	No intervention needed. Continue with the care of the child as before	Meet the needs of the care givers and provide quality guidance to include 'serve and return' as	Immediate corrective action required. Support from the state and available facilities	Staff should be trained and motivated to focus on providing 'sensitive,

		well as 'sensitivity and responsiveness' in daily interactions	to help meet the basic needs by coaching and mentoring of caregivers is needed.	responsive' care as well as 'serve and return' in addition to routine and technical interventions during illnesses or after procedures
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(Source Graphic courtesy of the Center on the Developing Child at Harvard University. <http://developingchild.harvard.edu>) quoted by Patt Levitt. Toxic stress and its impact on early learning and-Purdue University https://www.purdue.edu/hhs/hdfs/fii/wp..../s_wifis32cO2.accessed 1.12.16)

Risk factors for neglect (physical and emotional)

Risk factors for neglect can be organized into four major domains:

1. **Social or environmental risks** includes poverty, illiteracy or low levels of literacy of the caregivers, children raised in poor living conditions and social isolation.
2. **Problems with the caregiver/infant attachment:** Parents who have a negative or bizarre view of their baby, based on sex of the baby, presence of a birth defect, low birth weight or premature baby or a baby who has been hospitalized for a long time or a newborn who does not meet the expectations of the family based on its looks. It also includes parents who cannot empathize with their baby, or who cannot recognize the baby's cues and respond appropriately. Such caregivers are at considerable risk for emotionally neglecting their infant. Care givers may themselves be in poor health and consequently do not have the capacity to provide care to the child.
3. **Parental competence:** Parents who are depressed, mentally ill, cognitively delayed, engaged in substance abuse, or lack basic child care skills, can pose a risk to the healthy development of their children. Parents who have a history of trauma or unresolved loss, a stillborn baby, death of newborn baby or repeated abortions may experience difficulties when they are raising children of their own.
4. **Child characteristics:** Children who are vulnerable because of low birth weight, premature birth, children born with visible birth defects, difficult temperament, prolonged hospitalization, undernutrition or frequent medical illness, are at risk for problems in healthy development. In many parts of India and in many social groups, parents may have negative responses to the birth of female children.

Negative effects of neglect

Research is beginning to emerge to suggest that emotional neglect is more damaging psychologically than any other form of maltreatment. Neglect occurring early in life is especially harmful to later development. Children who are emotionally neglected in infancy can have some or all of the following problems:

1. stunting, undernutrition,
2. failure to thrive
3. frequent infections and illnesses

4. cognitive and academic delays;
5. poor vocabulary or low attainments in mathematics;
6. social withdrawal and limited peer interactions;
7. internalizing problems such as depression or anxiety disorders.

Some adults who have been neglected early in life as children often report more serious physical and psychological symptoms and chronic diseases as compared to adults who have received good caring during early childhood. It should be stressed that these effects are not seen in all because of the protective effect of body coping mechanisms and resilience.

Signs of neglect in early life

It can be difficult to detect the signs of emotional neglect in children who are not yet able to talk. The following symptoms in early life might be indicative of neglect during infancy and early childhood, but these problems can also be caused by other medical problems.

1. feeding or digestion problems;
2. sleep problems like difficulty in going to sleep, interrupted sleep or an odd sleep pattern;
3. inconsolable crying or excessive tantrums that can't be explained by colic or illness or injury;
4. unusually passive babies, poor eye contact or interest in the surroundings (sometimes parents of these children feel that their babies are very well behaved);
5. pica, enuresis, head banging, crying spells in which the baby becomes blue and even stops breathing for a while, rumination, self-rocking, nail biting etc.

Adverse childhood events

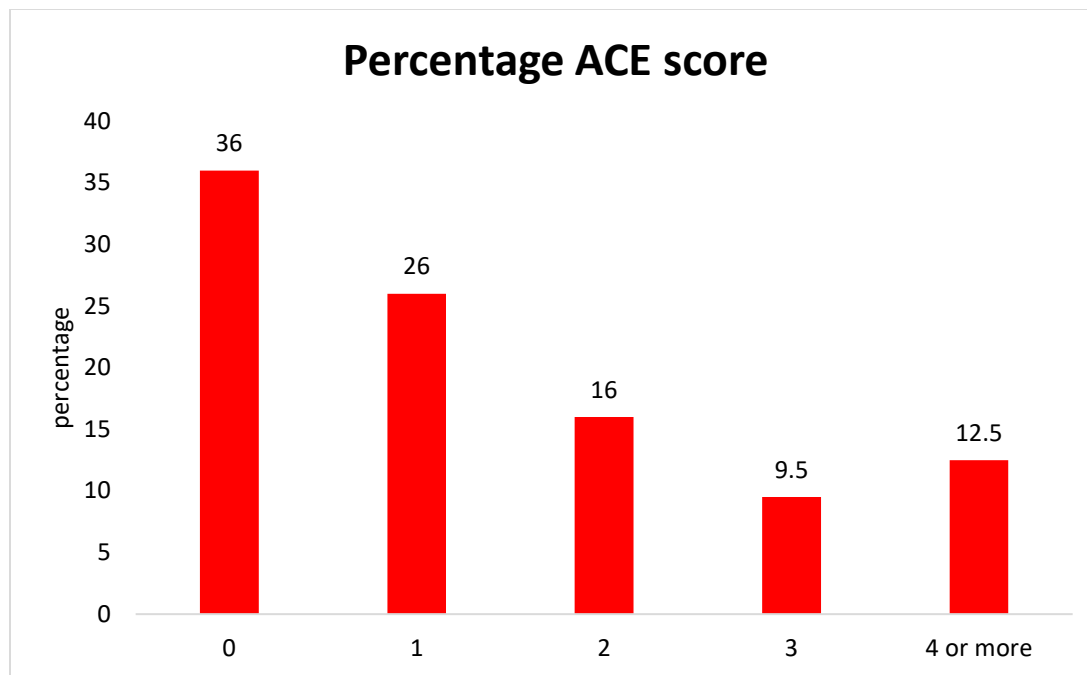
In the context of stress and neglect, the presence of more than one risk factor and persistence of exposure to neglect or stress have a damaging effect. While the presence of one or more factors may not be very harmful the presence of 4 or more factors can have serious negative impact. Chronic exposure to even one or two negative factors can also lead to serious adverse effects.

Adverse childhood experiences include the following:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Emotional neglect
- Physical neglect
- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

(Source: Adverse Childhood Experiences and the Lifelong Consequences of Trauma, American Academy of Pediatrics website 2014)

Adverse childhood events score



Percentage score of adverse childhood events (USA)

(Adapted from V.J. Felitti and Anda RF et al., 2006. *Eur Arch Psychiatry Clin Neurosci* 256: 174-186.)

Adverse childhood events can result from abuse which can be (1) physical, sexual or emotional (2) neglect that may be physical or emotional and (3) due to household dysfunction resulting from mental illness, incarceration in the family, mother treated violently or substance abuse or substance abuse. Besides above adversities in India, poverty, gender discrimination and other disparities may contribute to adverse childhood events.

There are immediate and long term effects of adverse childhood events. These may be behavioural that include lack of physical activity, smoking, alcoholism, drug use, missed work. There is relationship to physical and mental illnesses that include obesity, diabetes, depression, suicide attempts, STIs heart disease, cancer, stroke, chronic obstructive pulmonary disease, broken bones

Assessing parenting capacity

How is parenting capacity assessed in cases of suspected infant neglect? Effective parents can accurately recognize, label, and interpret their children's emotions and behaviors. An assessment of parenting capacity in light of suspected emotional abuse should examine the parent-infant interactions to see if there are problems in this area. A comprehensive assessment should answer the following questions:

1. Is the care giver child engagement present in the form of spontaneous play or positive interactions e.g. cuddling, cooing, babbling or copying the child response?

2. When the child is ill or hurt or upset is the caregiver response appropriate and supportive? Is the care giver receptive to the idea of engaging the child in play and communication when the child is sick?
3. Is the interaction between the caregiver and the child fun when the child is being fed?
4. Does the care giver spend time to detect the cues from the child early in life in order to be able to respond appropriately?
5. During the interaction with caregiver and while observing it are there indications that the care giver has negative attributes towards the baby's behavior?
6. Are the expectations of the care giver from their child inappropriate or too low for the age of the child?
7. Is the care giver receptive to bring about change through implementation of ideas and suggestions provided.
8. Is the caregiver overconfident of feeding playing and communication with the child and feels that the caregiver already knows what to do and is already doing all that needs to be done?
9. Is the care giver using any harsh methods to control inappropriate behavior of the child or to discipline the child?
10. Is the care giver scared of handling the child or for reasons appears to be frightened or not confident to handle the child?
11. Does the care giver consider counselling and advice rendered in a positive way and is the care giver interested in trying out what was agreed with the counsellor or is it considered to be too much work or an additional burden?

Interventions that might be effective

Studies have demonstrated that when home visits are done by qualified, motivated professionals these can improve the outcomes in children and families. Home visitations should be done by motivated workers. It is important to help parents understand and interpret the cues of their infants. The parents should be encouraged to respond to the infants needs in a sensitive and responsive manner and be able to participate in serve and return interaction as often as possible. During the home visitation, to enhance the parent's capacity to be able to take a better control of their own emotions as well as of their child when the child is fussy or disturbed. They should make an effort to encourage interactive play and communication and refrain from harsh treatment to the child. It is important to build the resilience skills of the care givers so that they can manage the adversities well.

Prevention efforts

Prevention efforts for at-risk families should focus on strengthening the family physically and emotionally. The positive attributes of the caregivers should be identified and reinforced through counselling. Recent prevention resource guides from the HHS Children's Bureau encourage professionals to promote six "protective factors" that can strengthen families, help prevent abuse and neglect, and promote healthy brain development:

- Nurturing and attachment
- Basic knowledge of parenting and of child development
- Parental resilience
- Social connections

- Concrete supports for parents
- Social and emotional competence for children

Early Interventions

Intensive, early interventions when the brain is most plastic are much more effective than reactive services as the child ages. In recognition of this fact, develop referral procedures for children ages 0–36 months who are involved in a substantiated case of child abuse or neglect. Once a child is identified, provide intervention services. Because brain functioning is altered by repeated experiences that strengthen and sensitize neuronal pathways, interventions should not be limited to weekly therapy appointments. Interventions should address the totality of the child’s life, providing frequent, consistent replacement experiences so that the child’s brain can begin to incorporate a new environment—one that is safe, predictable, and nurturing.

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