

The most important property of humankind is the capacity to form and maintain relationships. These relationships are absolutely necessary for any of us to survive, learn, work, love, and procreate.

The ability and desire to form emotional relationships is related to the organization and functioning of specific parts of the human brain—systems that develop during infancy and the first years of life. Experiences during this early vulnerable period affect a child’s core attachment capabilities. A child’s ability to feel empathy, be caring, inhibit aggression, love, and acquire other characteristics typical of a healthy, happy, and productive person are tied to the child’s care at the beginning of life.

How Early Neglect and Abuse Affect Attachment
Impaired childhood bonding affects people differently. Severe emotional neglect in early childhood can have devastating consequences. Children without touch, stimulation, and nurturing can literally lose the capacity to form meaningful relationships. Fortunately, most children do not suffer this degree of neglect, but millions do experience some degree of impaired bonding and attachment during early childhood. Resulting problems can range from mild interpersonal discomfort to profound social and emotional problems. In general, the level of impairment is related to how early in life the emotional neglect began as well as its severity and duration.

With help, neglected children can learn to navigate normal relationships. Clinical experiences and a number of studies suggest, though, that the path to improvement is a long, difficult, and frustrating process for families and children.

How Abuse Affects Brain Development
During childhood, the human brain matures and brain-related capabilities develop in a sequential fashion. With optimal experiences, the brain develops healthy, flexible, and diverse capabilities.

Disruptions in the timing, intensity, quality, or quantity of normal development, however, can adversely affect neurodevelopment and function. Traumatic experiences trigger a state of fear-related activation in abused and neglected children’s brains. Chronic activation of the adaptive fear response can cause a persistent fear state that in turn causes hyper-vigilance, increased muscle tone, a focus on threat-related cues, anxiety, and behavioral impulsivity. These attributes are helpful during a threatening event but counter-productive when the threat has passed.

The very process of proper adaptive neural response during a threat underlies the neural pathology that causes so much distress and pain through the child’s life.

Chronically traumatized children will develop a host of physical signs (altered cardiovascular regulation) and symptoms (attention, sleep, and mood problems) that make life more difficult.

There is hope. The brain is very plastic and can change in response to experiences, especially those that are repetitive and patterned.

Specific Problems in Maltreated Children with Attachment Problems

Specific problems vary depending upon the nature, intensity, duration, and timing of neglect and abuse. Some children will have profound and obvious problems; others will have very subtle problems that do not seem to relate to early life neglect. Below are some clues that experienced clinicians consider when working with maltreated children.

- **Developmental delays:** The bond between a young child and her caregivers provides the major vehicle for physical, emotional, and cognitive development. Lack of consistent and enriched experiences in early childhood can cause delays in motor, language, social, and cognitive development.
- **Eating:** Odd eating behaviors are common, especially in children with severe neglect and attachment problems. They will hoard and hide food, or eat as if the food will disappear any moment. They may fail to thrive, ruminate (throw up food), and have swallowing problems.
- **Soothing behavior:** These children may use primitive and bizarre soothing behaviors, especially when stressed. They may bang their heads, rock, chant, scratch, or bite/cut themselves.
- **Emotional functioning:** A range of emotional issues—including depression and anxiety—is common in maltreated children. Another common trait is “indiscriminate attachment,” affectionate behaviors with relatively unknown people to secure safety rather than develop an emotional bond.
- **Inappropriate modeling:** Children model adult behavior. Maltreated children who learn that abusive behavior is the “right” way to interact with others have problems in social situations. Children who have been sexually abused are at-risk of being further victimized or perpetrating on younger children.
- **Aggression:** Childhood aggression and cruelty often result from a lack of empathy and poor impulse control. These children really do not understand or feel what it is like for others when they do or say something hurtful.



Helping Maltreated Children

Responsive adults—parents, teachers, and other caregivers—make all the difference for children. They can:

Nurture these children. They need to be held, rocked, and cuddled. But be aware that, for many children, touch has been associated with pain, torture, or sexual abuse. Observe how your child responds to nurturing and act accordingly. In many ways, you are providing experiences that should have taken place during infancy.

Try to understand the behaviors before punishing. The more you can learn about attachment problems, bonding, and development, the more you will be able to develop useful interventions. If your child hoards food, for example, do not accuse him of stealing. A punitive approach may increase the child's sense of insecurity and need to hoard food.

Interact with children at their emotional age. Abused and neglected children are often emotionally and socially delayed. When they are frustrated or fearful, they will regress, and as much as you want the children to “act their age,” they simply cannot. Interact at their emotional level. If they are tearful, frustrated, or overwhelmed (emotionally age two), use soothing non-verbal interactions. Hold them. Rock them. Sing quietly.

Be consistent, predictable, and repetitive. Maltreated children with attachment problems are very sensitive to new situations. Social events (parties, sleepovers, trips) can overwhelm them, even if they are pleasant. Efforts to make life consistent, predictable, and repetitive are very important. When children feel safe, they can benefit from the nurturing and enriching experiences you provide.

Model and teach appropriate social behaviors. Many abused and neglected children do not know how to interact with others. To teach them, model behaviors and narrate for the child what you are doing and why: “I am going to the sink to wash my hands before dinner because...” or “I take the soap and put it on my hands like this....”

You can even coach maltreated children as they play with other children. Use play-by-play: “Well, when you take that from someone, they probably feel pretty upset; so if you want them to have fun when you play this game, then you should try....” Over time, success with other children will make the child less socially awkward and aggressive.

Maltreated children can have problems modulating physical contact. They don't know when to hug, how close to stand, when to make/break eye contact, or at what times they can wipe their nose, touch their genitals, or do grooming tasks. Do not lecture the child about “appropriate behavior;” gently suggest how she can interact differently with adults and children (“Why don't you sit over here?”). Make lessons clear using as few words as possible, and explain in a way that will not make the child feel bad or guilty.

Listen to and talk with your children. Whenever you can, sit, listen, and play with your children. When you are quiet and interactive with them, they often will begin to show and tell you what is really inside them. Practice this—slow down, quit worrying about the next task, and really relax into the moment with a child.

At these moments, teach children about their feelings. Use these principles: (1) All feelings (sad, glad, mad, etc.) are okay to feel; (2) Children should know healthy ways to act when sad, glad, or mad; (3) Other people feel and show feelings—“How do you think Bobby feels when you push him?” (4) When you sense that the child is clearly happy, sad, or mad, ask them how they are feeling.

Have realistic expectations. Abused and neglected children have a lot to overcome. We cannot predict potential, but we do know how to measure a child's emotional, behavioral, social, and physical strengths and weaknesses. Skilled clinicians can help to define a child's skill areas and areas where progress will be slower.

Be patient with the child's progress and with yourself. Progress will be slow and frustrating. Many adults, especially adoptive parents, will feel inadequate because all the love, time, and effort they exert on their child's behalf may not seem to work. But it does. It just takes time.

Take care of yourself. Caring for maltreated children can be exhausting and demoralizing. Adults cannot provide the consistent, predictable, enriching, and nurturing care these children need if they are depleted; they must get rest and support. Respite care can be crucial for parents, who should also rely on friends, family, and community resources.

Investigate other resources. Many communities have support groups for adoptive or foster families. Professionals who specialize in attachment problems can also help. Remember, the earlier and more aggressive the interventions, the better children will be able to heal and thrive.

ADDITIONAL TIPS

- Don't be afraid to talk about traumatic events. When the child brings something up, listen, answer questions, and provide comfort and support.
- Provide consistent, predictable patterns each day. When the pattern changes, tell the child beforehand and explain why the pattern is different.
- Discuss your expectations for behavior and your style of discipline. Make sure the child understands the rules.
- Watch for signs of re-enactment (in play, behaviors), avoidance (being withdrawn, avoiding other children), and physiological hyper-activity (anxiety, sleep problems, behavioral impulsivity).
- Protect the child. Do not hesitate to cut short or stop activities that are upsetting or re-traumatizing for the child.
- Give the child choices and a sense of control. When a child chooses an activity, he will feel safer and be able to feel, think, and act more maturely.
- *Ask for help when you need it!*

