



The impact of abuse and neglect on children

Information for professionals

This resource has been written to provide you with some information on the impact of childhood trauma, especially the impact of child abuse and neglect.

A helpful way to think about trauma is in terms of Type 1 trauma and Type 2 trauma (Terr, LC 1991). Type 1 traumas are those one off traumatic events such as car accidents, natural disasters, acts of terrorism and physical injuries. Type 2 traumas, or interpersonal traumas, are traumatic experiences such as child sexual abuse, physical abuse, neglect and domestic violence. These traumas are believed to be more damaging over the long term to the child, with many feeling the impact of this trauma through childhood, adolescence and into adulthood. Type 2 traumas also frequently occur in the context of other adversities in the family, such as parental substance abuse, separation and divorce and witnessing community violence, which places increasing levels of stress on the child and increases the chance of long term impact.

For the purposes of this resource, when we talk about child abuse we are referring collectively to physical abuse, emotional abuse, neglect, exposure to violence and sexual abuse.

The impact of child abuse

The impact of child abuse is different for every child and is dependent on a range of factors including:

- » The nature of the abuse; e.g. emotional, physical, sexual.
- » The timing of the abuse; the age of the child when the abuse occurred and how long it lasted.
- » The severity of the abuse.
- » The reaction of family and loved ones to the disclosure/discovery of abuse.
- » The resources available to support the child fol-

lowing the disclosure/discovery of abuse.

- » The child's own internal resources and resilience.

Research over the past decades in the fields of neuroscience and psychiatry has provided some helpful frameworks in which to understand the impact of child abuse on children's development and mental health. In particular, Dr Bruce Perry's approach, the Neurosequential Model of Therapeutics (NMT), can be useful for understanding how a child's traumatic and adverse experiences can impact on them in the short to longer term.

The NMT model draws on what we know regarding the sequential nature of brain development and brain plasticity and applies this knowledge to assist in developing treatment plans for children who have experienced child abuse.

A way of applying this in practice is to map a child's experiences of abuse against normal developmental milestones; this can give an indication of what behaviours or capabilities may be compromised in the child.

For example, Peter is a 10 year old child referred for treatment due to behaviour difficulties including aggressive behaviour at home and with his peers. His mother reveals in the assessment that Peter was exposed to domestic violence and emotional abuse between the ages of 2 and 4 years. Whilst Peter and his mother have been safe from this environment for 6 years the impact of this early exposure is still being felt.

When children are living in violent and abusive environments their focus and attention is on staying safe and not on refining developmental goals. They spend much of their time in a hypervigilant state, a state where we know learning does not occur. In conjunction with this, Peter's primary carer, his mother, was also in this hypervigilant state, focused on keeping her son and herself safe as possible.



The impact of abuse and neglect on children

As a result many of the more subtle and complex skills that children learn between 2-4 years were not given as much attention or focus as is ideal for development. This is likely to have impacted on key skills such as emotional regulation, the ability to self soothe, to reason, and the beginnings of emotions such as empathy. For children such as Peter there is often a significant gap between the chronological age and their developmental age. In short, Peter is a 10 year old boy with the coping strategies and emotional development of a 4 year old.

Peter will be able to develop these skills, but they will take time and concerted effort. However, acknowledgement of his developmental age can help set expectations and goals for him that he is more able to achieve, giving both him and his mother the opportunity for success and hope. Parents are the experts in their child's behaviour and can often identify how 'old' they believe their child is acting. Using their expertise they can then adapt their parenting to this age group. As a result, frustration often reduces, relationships are less strained and progress is made.

When there are multiple traumas or adversities

If a child experiences chronic or multiple forms of trauma and adversity this is often referred to as complex or developmental trauma. The impact of this type of trauma is multi-faceted and covers all domains of development. For these children many of the daily demands placed on them are a strain. These children may have particular difficulties with:

- » Organisation tasks;
- » Managing change;
- » Negotiating relationships.

Often these difficulties will cause the child to experience problems in the school settings where they need to complete tasks, engage in relationships with others and get through the school day.

The impact of complex trauma:

Some of the common areas of difficulty for children who have experienced complex trauma include:

Attachment and relationships

Children form a view of themselves and of others by how their primary carers treat them. If those that are meant to protect us hurt us emotionally, physically or sexually, our view of our own worth and the trustworthiness of others is likely to be compromised.

Children who have suffered abuse often struggle to negotiate appropriate relationships with adults and their peers. Common patterns include:

- » Struggles with boundaries; they may be overly friendly with strangers; they may have limited awareness of other's personal space.
- » Distrust and suspiciousness of others.
- » Difficulties maintaining friendships due to aloofness or excessive 'neediness'.
- » Difficulty reading or attuning to other's emotional states.
- » View of themselves as unlovable or fundamentally 'bad'.

Emotional Expression and Regulation

Children who have suffered abuse often:

- » Have difficulty identifying and labelling the emotions they are experiencing beyond 'mad, sad, bad'.
- » Have difficulties managing their emotions, particularly de-escalating from distress.
- » Have difficulty expressing their emotions in appropriate ways, e.g. fear or anxiety expressed as aggressive outbursts.
- » Fear speaking about or even showing their emotions. Their life experiences may have taught them it is unsafe to do so e.g. they may have been told by a parent / carer when upset 'I'll give you something to cry about'.



The impact of abuse and neglect on children

Struggle with change

Changes to routine, transitions and uncertainty often trigger behavioural outbursts in children who have experienced trauma. Challenging situations may include:

- » Changes at school; new or relief teachers; transition to high school or a new school.
- » Moving home or people moving in or out of the home.
- » Changes of parent/carer availability; parent returning to work, move to foster care.

Flashbacks and Re-experiencing

Children who experienced abuse have experienced a complete lack of control over their own circumstances. Children can be triggered into reliving these overwhelming experiences by any number of sensory cues; smell of cologne, tone of voice, a type of touch. Reactions to triggers can be unpredictable and difficult to manage. Common reactions may include:

- » Aggressive outbursts or verbal or physical aggression towards self or others.
- » Fleeing the situation.
- » Withdrawal and dissociation.

Where to start?

For people who are working with a child who has experienced trauma it can often feel overwhelming, and it can be difficult to determine where to start therapeutically.

You may find these guiding principles can be helpful in your own practice.

1. It is not necessary to discuss the detail of traumatic events if the client does not wish to do so. Children can benefit from therapy even if they are not ready or willing to discuss their abuse directly. This benefit can be from the trusting, secure relationship that they are able to develop with the therapist.
2. Most children will benefit from learning skills relating to emotional literacy, learning to identify and name their feelings as well as how to express them safely can be extremely helpful.
3. Most children can also benefit from learning adaptive ways to de-escalate their emotions and self-soothe.
4. Modelling appropriate child-adult relationships based on respect and boundaries is beneficial in and of itself.
5. The experience of safety and trust that can exist in a therapeutic environment can be very powerful for children.
6. Always be vigilant regarding maintaining appropriate boundaries with these vulnerable children.
7. Seek support and supervision, and maintain self care practices when working in this challenging area.



The impact of abuse and neglect on children

Further resources and information:

While we do not advocate or promote the use of one particular therapy over another, we have included some therapies that have a good evidence base for working with children who have experienced abuse. These include:

- » Dyadic Developmental Psychotherapy (DDP), Dan Hughes
- » Neurosequential Model of Therapeutics (NMT), Bruce Perry
- » Trauma Focused Cognitive Behaviour Therapy (Tf-CBT), Judith Cohen, A. P. Mannarino & E. Deblinger

You can also find an overview of Bruce Perry's NMT as Evidence Based Practice on the Child Trauma website:

<http://childtrauma.org/nmt-model/references/>

References:

Terr, LC; 1991. Childhood traumas: an outline and overview. *American Journal of Psychiatry*, 148 (1).

This tipsheet has been written by Nicola Palfrey and Amanda Harris

Nicola Palfrey is a Psychologist who has worked with children, young people and adults who have experienced abuse and neglect.

Amanda Harris is a Psychologist and the Director of the Australian Child & Adolescent Trauma, Loss & Grief Network.

For more information visit:

[Australian Child and Adolescent Trauma, Loss and Grief Network \(ACATLGN\)](#)

www.earlytraumagrief.anu.edu.au