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How Does Child Maltreatment Impact Social Emotional Development in Children Under Five?

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Abstract

Research examined in this paper found that children under the age of five years old who are victims of child maltreatment, can display hindered development in social emotional behavioral domains. Being that the brain develops so rapidly and is fragile during this age, there is a plethora of developmental, mental struggles, personal struggles, and complications that children can face during the remaining years of childhood, adolescence, and adulthood as a result (Campbell, Walker, & Egede, 2016; Kahr Nilsson, Landorph, Houmann, Olsen & Skovgaard, 2019; & McKelvey, Edge, Mesman, Whiteside-Mansell & Bradley, 2018). Effects can range from short term to long term and include attachment struggles, taking initiative, self-help skills, sexual exploitation, anxiety, depression, substance abuse, eating disorders, suicide, and lack of socialization ability (Fusco and Cahalane, 2013; Srivastav, Strompolis, Moseley, & Daniels, 2019). Much of the research obtained on child maltreatment is based on parent and caregiver reports, interviews, and questionnaires, due to the fact that many children between the ages of birth to five are nonverbal or just beginning to develop vocabulary. When trauma is recognized, specific methods can be implemented to help children cope and begin to heal from past or current maltreatment. When children are placed in a safe, secure environment with loving, strong relationships, the negative impacts of maltreatment begin to be replaced with positive progress in social emotional abilities and result in better adult life outcomes (Bath, 2012; Srivastav, et al., 2019). In additional healing from child maltreatment, research conducted by Golding (2015) explained the benefits and successes for children through preventative care and early detection.

Keywords: early childhood education (ECE), child maltreatment, social emotional, development, healing

Chapter One: Introduction

Social and emotional development can be influenced by various factors including developmental context and development experiences (Hambrick, Brawner, Perry, Brandt, Hofmeister & Collins, 2018). When appropriately developed, children have shown better school readiness, have a higher graduation rate, higher paying jobs, and a more positive social life as an adult. These skills include cooperative play, prosocial behavior, self-regulation, independence, and self-help skills (Hambrick, et al., 2018). Although many factors can contribute to negative impacts on social emotional development, the aim of this capstone paper is to analyze research conducted on child maltreatment in connection to social emotional development. The research reviewed specifically focused on children who have experienced trauma from child maltreatment between the ages of birth and five years of age. Children of this age have higher needs and reliance on adults, and research has shown this age group is more likely to be a victim of child maltreatment than older children (Campbell, Roberts, Synder, Papp, Strambler, & Crusto, 2016).

Young children who have previously experienced or are currently experiencing child maltreatment can display an abundance of different behaviors. Depending on if the child expresses these behaviors internally or externally impacts the response from the educator or caregiver. Children who externalize behaviors may display defiance, behavior outbursts, aggression and/or violence (Campbell, Roberts, et al., 2016). Oppositely, children who internalize behaviors might be withdrawn, fearful, anxious, and/or shy (Campbell, Roberts, et al., 2016). Children, who externalize behaviors, tend to attract more attention from the teacher or caregiver, whereas children who internalize behaviors may go unnoticed for periods of time. Depending on the experience and knowledge that the educator or caregivers have will impact the response given to maltreated children. Often, external behaviors are reprimanded which can

result in the child getting punished, removed from the classroom, or even expelled from the program. When behaviors are responded to in a harsh manner, it can inadvertently create a sense of distress and pain for the child (Bath, 2012). Children who exhibit internal behaviors tend to fall behind in development and academics. Research found when early childhood (EC) professionals are aware of child maltreatment, teachers and caregivers can better individualize for the situation. Findings showed educators who are aware of potential behaviors expressed by traumatized children, can seek assistance with child behavior, show more empathy and begin to unpack the trauma behind the behaviors.

In addition to the short-term impacts on the children's social emotional development, detrimental effects into adolescence and adulthood can occur as well. Research conducted by Karatekin (2017) showed that college aged adults, exposed to trauma at a young age, experienced anxiety, depression, and a likelihood of attempting suicide when compared to college students not exposed. Adults who have experienced child maltreatment have a higher likelihood of partaking in high risk behaviors, such as substance abuse and unprotected sexual encounters. These same adults can also suffer from multiple medical conditions and diseases, such as diabetes, obesity, heart disease, stroke, and chronic obstructive pulmonary disease (Campbell, Walker, & Egede, 2016). Child maltreatment has a dose-response relationship between the experienced trauma and the outcomes (Kia-Keating, Barnett, Liu, Sims & Ruth, 2019). This means that the longer the maltreatment occurs for and/or the more types of trauma that are experienced by an individual increases the severity and likelihood of the long term negative impacts of child maltreatment in adults (Campbell, Roberts, et al., 2016).

Permanent brain impairments can occur when trauma or toxic stress take place during the brain's vulnerable period (Anda, Felitti, Bremner, Walker, Whitfield, Perry, Dube & Giles,

2005). Altered brain structure can often negatively impact the remaining years of a person's life. Several parts of the brain, including the amygdala, prefrontal cortex, hippocampus, and hypothalamic-pituitary-adrenal (HPA) axis can be negatively altered when infants, toddlers and young children are exposed to child maltreatment (Anda, et al., 2005). The amygdala controls the body's fear responses and the HPA axis regulates the body's stress response (Anda, et al., 2005). The prefrontal cortex and the hippocampus work together with the bodies limbic system to release inhibitors such as serotonin and cortisol, which are responsible for controlling feelings, emotions, moods, and stress response (Anda, et al., 2005). The social attachment and mood regulation are negatively impacted when serotonin is not at the proper levels (Anda, et al., 2005). Long term neurological impairments that occur due to early child maltreatment can lead to substance abuse, depressive disorders, obesity, memory retrieval, sleep struggles, anxiety, and higher suicide attempts (Anda, et al., 2005)

With child maltreatment being labeled as a public health emergency, research has been conducted on both preventative care and early intervention (Kahr Nilsson, et al., 2019). Preventative care tends to take place in the pediatric or therapeutic setting with expecting mothers or mothers of infants (Kia-Keating, Barnett, Liu, Sims & Ruth, 2019). These mothers have either reported that previous or current events have occurred that might put the health and safety of the child at risk. Preventative care includes giving parents information about proper infant nutrition, stimulation, and developmental milestones. Preventative care can also include getting the mother the psychological support needed (Kia-Keating, et al., 2019). With early intervention, these children had a higher chance of improved social emotional outcomes, fewer developmental delays, and cognitive development that was more on-track (Mendelsohn et al., as cited in Kia-Keating, et al., 2019).

Children who had previously been or are currently victims of child maltreatment do have the potential to decrease the detrimental impacts with proper care. Intervention strategies that consist of positive, trusting relationships with peers and adults, beneficial development of social emotional skills and safe, protective, and consistent environments have shown success in traumatized children (Srivastav, Strompolis, Moseley & Daniels, 2020). Bath (2012) found similarities using the steps of safety, connections, and coping to help children heal from the trauma that was encountered. Research concluded building up children and teaching trust and rebuilding relationships will set children up for more positive adolescence and adulthood.

Conclusion

Research found young children who displayed behavior problems due to being traumatized were linked to a concern about unresponsive or rejection from adult figures (Bath, 2012). How does child maltreatment impact social emotional development in children under five? Aggressive, defiant, shy, or withdrawn behavior (among others) can be displayed when maltreated children feel unsafe in the environment (Bath, 2012). If left untreated, the negative impacts can follow the child into adolescence all the way through adulthood (Campbell, Walker, et al., 2016 and Manly, et al., as cited in Hambrick, et al., 2018). With preventative measures and early intervention children who were victims or are currently experiencing child maltreatment can positively progress in social emotional abilities. The remaining chapters will further statistically analyze research conducted on short- and long-term impacts of child maltreatment, preventative care, and interventions. This will be followed by a discussion around limitations and how to further the research on this topic.

Chapter Two: Literature Review

Adverse childhood experiences (ACEs), such as child maltreatment, has been deemed a public health emergency (Kahr Nilsson, et al., 2019). The sources analyzed for this literature review aimed to research the different impacts that can occur when children have early exposure to child maltreatment. More specifically, how does child maltreatment impact social emotional development in children under five? There is more growth taking place between the ages of birth to five than any other time span of human life. Detrimental impacts during these years can therefore have traumatizing, long lasting effects on children (McKelvey, Whiteside-Mansell, Conners-Burrow, Swindle, & Fitzgerald, 2016). Child maltreatment will include children who have experienced physical abuse, emotional abuse, sexual abuse, and/or neglect. The research reviewed synthesizes the social emotional (SE) short- and long-term impacts of child maltreatment, potential preventative care, healing mechanisms, and the early childhood (EC) professional's role of supporting social emotional development.

Short Term Impacts

Over three million children under the age of five have been reported to have experienced some form of child maltreatment (National Child Traumatic Stress Network, as cited in Campbell, Roberts, et al., 2016). Campbell, Roberts, et al (2016) stated the children who experience early exposure to trauma face a bigger deficit with development when compared to children not exposed to traumatic events. Child maltreatment, specifically, has unique traits that could possibly place children at a greater risk of experiencing post-traumatic stress (PTS) symptoms (Fusco and Cahalane, 2013). As noted in the Fusco and Cahalane (2013) article there are six different areas that could potentially be impaired when children under the age of five experience child maltreatment: struggles with affect regulation, struggles with information

processing, developing self-concept, impulsive behavior, difficulty with interpersonal relationships, and biological processes. Five of the six impairments are linked to successful social emotional development. Fusco and Cahalane (2013) assessed the social-emotional and behavioral data from over 350 mothers with children ages three-five who entered the welfare system in a northeastern state. The majority of child participants in the study were white boys with teenage mothers, 75% of the parents had high school diplomas and 26% worked full-time. To account for the trauma symptomology, the Trauma Symptom Checklist for Young Children (TSCYC) was used to gather information on 750 children (Fusco & Cahalane, 2013). The TSCYC gave a collective score on intrusion, avoidance and arousal which reflects the PTS symptoms of re-experiencing, avoiding, and being hyper aroused.

The results of the Fusco and Cahalane (2013) study indicated that bi-racial children, who experienced neglect, where more likely to experience PTS symptoms. Neglect overall was the primary type of child maltreatment that was associated with PTS symptoms. Fusco and Cahalane (2013) stated that children who are neglected can suffer from attachment disorders, self-regulation, social struggles, and display negative behaviors. Another result discovered was children who had parents that experienced the welfare system as children, were less likely to have symptoms of PTS (Fusco & Cahalane, 2013). A limitation of the Fusco and Cahalane (2013) study was the information reported to the welfare system was primarily received from the mother. Depending on who maltreated the child(ren) in question speaks to the accuracy of the report.

Researchers McKelvey, et al (2016) assessed children using the Ages and Stages: Social Emotional questionnaire and found that children exposed to four or more adverse experiences, before the age of three, were six times more likely to score in the at-risk category. Research

found children who score at-risk tend to lack social emotional skills and display more difficult behaviors (McKelvey, et al., 2016).

Understanding the short-term impacts of child maltreatment that occurs before the age of five may also lead to more accurate predictions of negative outcomes in adults (Cook, et al, as cited in Campbell, Roberts, et al., 2016). The aim of Campbell, Roberts, et al's (2016) study was to investigate if a social emotional profile could be put together when previous trauma was analyzed. The study concluded that children who experienced in-home maltreatment expressed more behavior concerns than children who experienced maltreatment out of the home (Campbell, Roberts, et al., 2016). Limitations noted when assessing short-term, social emotional impacts of child maltreatment, was the severity of the maltreatment that occurred as well as who is reporting the information (Campbell, Roberts, et al., 2016). To collect the data on the SE health of children for the Campbell, Roberts, et al (2016) study, the Child Behavior Checklist (CBCL) and the Devereux Early Childhood Assessment (DECA) were utilized. The Traumatic Events Screening Inventory-Parent Report Revised-Long Version (TERI-PRR) was utilized to collect the number of adverse experiences the child has been exposed to (Campbell, Roberts, et al., 2016). The information to complete the three assessments was collected from the children's parents.

Infancy and Toddlerhood

Research conducted by Hambrick, et al (2018) noted the importance of an experienced rich, stimulating environment during the first year of an infant's life. Parents or caregivers who are attentive, provide beneficial stimulation, and tend to the needs and desires of infants promote a positive beginning to cognitive and social emotional skills. Contrary, Hambrick, et al (2018) note that infants who are exposed to maltreatment, including high stress environments, showed a

detrimental impact in affect, cognitive, social, and emotional domains later in development. Kahr Nilsson, et al (2019) stated adverse experiences that occur during the sensitive period can deeply hinder later development.

Child development for the research conducted by Kahr Nilsson, et al (2019) was measured with the Bayley Scales of Infant and Toddler Development – Second Edition (BSIDII). The BSIDII assessed three areas of development, two of which include social emotional aspects. The Mental Developmental Index (MDI) assessed areas around knowledge, language, problem solving, and memory and the Behavioral Rating Scale (BRS) assessed self-regulation, attention span, and social engagement (Kahr Nilsson, et al., 2019). The participants of the Kahr Nilsson, et al (2019) study included 210 children and parents from the general population. The only notable difference of the Kahr Nilsson, et al (2019) participant demographics was in parental education. The parents of children who were exposed to child maltreatment tended to have less of a formal education than parents of children not exposed to maltreatment.

Results from Kahr Nilsson, et al (2019) study showed 40% of the 210 children were exposed to consistent stressors by the age of 18 months of age. Participants exposed showed greater attention problems, depression symptoms, anxiety, and poorer behavioral development in comparison to the participants not exposed (Kahr Nilsson, et al., 2019). Data from the 3,523 participants in the Hambrick, et al (2019) study was taken from the ChildTrauma Academy. Hambrick and researchers (2019) studied four periods of early childhood, birth to two months (perinatal), two to twelve months (infancy), thirteen months to four years (early childhood), and four to eleven years (childhood). Similar results were found in the Hambrick, et al (2019) study where children who experienced early stressors, such as child maltreatment, were behind in typical functioning, in comparison to children not exposed.

Hambrick, et al (2019) stated that once a child's development is hindered, the negative impacts continue to grow, setting the child further and further off typical age development. Hambrick, et al (2019) refer to this as a "development echo" (p. 244). Additionally, Hambrick and researchers (2019) found the strength of relational health in the first two months of life had a greater impact on development than maltreatment. Positive rational health consists of the healthy attachment and nurturing relationship that children experience during the first year of life (Hambrick, et al., 2019). Conceding the first two months of life, maltreatment plays a more significant role in developmental impacts. Overall, research conducted showed a connection between poor social emotional health and early child maltreatment, which resulted in detrimental short-term impacts on children.

Behaviors

Children with poor social emotional health tend to show a range of different behaviors due to the maltreatment experienced. The *behavioral outcomes* section of Liming and Grube's (2018) research is notable for the short-term effects of early exposure to trauma. Liming and Grube's (2018) research measured two types of behaviors in traumatized children. Internalizing behaviors which include childhood depression and anxiety and externalizing behaviors that included delinquent and aggressive behaviors. Both internal and external behaviors had negative effects on children's social emotional development.

To obtain the quantitative data used for Liming and Grube's (2018) empirical research, 18 articles were analyzed. The five adversities that the 18 articles had in common were physical abuse, sexual abuse, emotional abuse, caregiver impairment or substance use and domestic violence (Liming & Grube, 2018). Participants of each study ranged from 912 to 3,485 and included children of infancy through the age of six years of age all of which were from the

United States. Caregivers, educators, or caseworkers reported the information about the children that was measured on the CBCL and a version of Conflict Tactics Scale (CTS) (Liming & Grube, 2018).

The results of Liming and Grube's (2018) research stated children who were exposed to at least four types of trauma, such as, emotional abuse, physical abuse, domestic violence, and neglect, were four times more likely to show external behaviors and five times more likely to display internal behaviors when compared to children who were exposed to zero ACEs. Children who expressed behavioral concerns were also linked to lower academic standings in Kindergarten and showed attention issues and social delays. Researchers, Liming and Grube (2018) found that children between the ages of 36-71 months are more negatively impacted with coping skills, interpersonal relationships and play than children between the months of 18-35 months. This data helped to prove how detrimental child maltreatment can be to children under the age of five.

Similar to Liming and Grube (2018), McKelvey Selig & Whiteside-Mansell (2017) also made a connection between the amount of maltreatment that occurred and the severity of expressed behavior. The participants in the McKelvey, et al (2017) were divided into classrooms based on the number of maltreatments experienced. Children were grouped in a "consistently high" classroom when four to five adverse experiences were noted during the annual assessments at ages one, two, and three. McKelvey, et al (2017) found that children in the consistently high classroom struggled more with self-regulation and were consistently more aggressive in comparison to the other groups in the study. The next section discusses the idea that when child maltreatment occurred during the first five years of a child's life, there are detrimental long-term impacts in addition to the short-term impacts already explored.

Long Term Impacts

Roughly, 52% of adults reported experiencing at least one adverse childhood experience during childhood (Anda, et al, as cited in McKelvey, et al., 2018). The next section will analyze research conducted that explored the connection between early child maltreatment and potential long-term impacts. For the purpose of this paper, long-term impacts will be defined as detrimental behaviors, health, and social emotional development that is still present in children age ten through adulthood who experienced child maltreatment during the first five years of life.

Adolescence

The aim of the study conducted by McKelvey, et al (2018) was to explore if children exposed to child maltreatment during infancy and toddlerhood expressed negative behavioral and academic outcomes during middle childhood. The behaviors analyzed were internal behaviors, external behaviors, and attention. Academic outcomes analyzed where individualized education plans and grade retention. Data for this study was collected from 2,250 participants at ages one, two and three, and from 1,632 (of the 2,250) participants at age eleven (McKelvey, et al., 2018). To obtain needed data, McKelvey and researchers (2018) used recorded observations of parent-child interactions, assessor conducted assessments, and interviews. During infancy and toddlerhood assessments the Home Observation for Measurement of the Environment (HOME) was used to assess the emotional abuse, physical abuse, or neglect was being experienced by the child. Parent's behavior was then rated on a seven-point scale (McKelvey, et al., 2018). Adverse experiences were measured at ages one and three, by structured interviews and a stressful life events checklist. To assess the potential long-term impacts of early trauma, McKelvey and researchers (2018) used the Child Behavior Checklist (CBCL) on the eleven-year-old participants.

Results of the McKelvey, et al (2018) study concluded there was a connection between the occurrence of child maltreatment during the first three years of life and aggressive behavior as well as poor self-regulation in middle childhood. Findings also indicated that infants and toddlers who experienced child maltreatment are more likely to have an Individualized Education Plan (IEP) after kindergarten as well as be retained a grade in comparison to children who have not experienced early child maltreatment (McKelvey, et al., 2018). The McKelvey, et al (2018) study would benefit from expanding the demographics of the participants. The participants involved in the study were from an Early Head Start program, which puts these families at a low socio-economic status. Another limitation was the measure utilized to collect information on maltreatment experienced did not account for severity or differentiate the outcome for individual type of maltreatment experiences.

Adulthood

In 2011, a Behavioral Risk Factor Surveillance System survey (BRFSS) was conducted on 48,526 adults from five different states in hopes to conclude associations between detrimental behaviors, diseases, and/or health concerns in adults linked to early child maltreatment. Campbell, Walker, et al (2016) aimed to validate and replicate these findings as well as investigate potential links between individual adverse experiences and specific health or behavioral concerns in adults. The 2011 study was originally conducted by the Center for Disease Control (CDC) and state health departments and included 48,526 participants. Data was collected via random digit dialing (Campbell, Walker, et al., 2016).

It was concluded that the results from the 2011 data was validated by Campbell and research team (2016). Similar to results indicated in the short-term section of this paper, a dose-response relationship was supported with long-term effects as well, meaning the more traumatic

events that occurred in the early years, the more severe and damaging the long-term impacts were in adults. The Campbell, Walker, et al (2016) study investigated which individual child maltreatment act resulted in specific adult behavior. It was found when physical abuse was present in early childhood (EC), there was a higher chance adults would need the assistance of some sort of medical equipment (due to a disability), and verbal abuse in EC had a higher connection with binge drinking in adulthood. Campbell, Walker, et al., (2016) also discovered when sexual and verbal abuse were both experienced in EC, adults were more likely to be smokers, partake in risky HIV behavior, experience obesity, diabetes, coronary heart disease, depression, or have a disability due to poor health. Two notable limitations to this study is the reliability of the data being self-reported and only five states were included in the study. More states would need to be included to give a better perspective of data across the United States (Campbell, Walker, et al., 2016).

Neurological Impacts

In order to research relevant neurological impacts of child maltreatment, Anda and researchers (2006) reviewed the data from the Health Appraisal Center and the Center for Disease Control and Prevention. This included 17,337 adult participants, 54% women and 46% men, who were victims of early child maltreatment (Anda, et al., 2006). Participants completed a questionnaire on a Likert-scale of one-five responses. Question topics related around child abuse, sexual abuse, emotional abuse, violent in-home parents, observed substance abuse, divorce, and exposure to mental illness (Anda, et al., 2006). This study used a test-retest reliability for all adverse experiences noted by participants. Brain structure was analyzed using results from magnetic resonance imaging (MRI) (Anda, et al., 2006).

The results of the research conducted by Anda, et al (2006) showed confirmation of the dose-response relationship. Which is defined as the more adverse experiences the participants were exposed to at an early age, the greater the severity and number of impacts as an adult. Anda and colleagues (2006) showed a dysfunction in the amygdala, hippocampus, and prefrontal cortex in adults that experienced early child maltreatment. When these areas of the brain are negatively impacted, behaviors such as, anxiety, risky sexual behaviors, aggressive behaviors, low self-regulation, and memory impairments can be displayed in adults (Anda, et al., 2006). Additional results of the Anda, et al (2006) study showed the serotonin transporter can be negatively impacted by early child maltreatment, resulting in depression. An altered dopamine release can also be negatively impacted which increased the potential of substance abuse in victims of child maltreatment.

Preventative Care

Kahr Nilsson et al (2019) state that early detection of child maltreatment can help to minimize negative, long-term impacts. One challenge noted was infants are adult-reliant and cannot act as informants due to the lack of language, parents or caregivers relayed the experiences of infants (Kahr Nilsson, et al., 2019). To properly prevent parents or care givers from potentially abusing or neglecting children, adult behavior and characteristics need to be assessed. Researchers McKelvey, et al (2016) utilized two tools to identify the strengths and struggles of families to create the most beneficial prevention plan. The Family Map Inventories (FMI) was broken up into three different assessment areas: family climate/context, parental characteristics, and physical/social conditions that children directly experience (McKelvey, et al., 2016). The second measure utilized was the Adult-Adolescent Parenting Inventory (AAPI-2). The AAPI-2 measured five areas of parenting behavior that tend to be common in parents who

have been guilty of abusing or neglecting young children (McKelvey, et al., 2016). By pin-pointing specific parent struggles, home visitors can focus attention on the areas most in need.

The results of the FMI and AAPI-2 assessments were compared to the children's exposure to child maltreatment to see if trends existed in the data. Analyzed data showed parents who lacked empathy, believed in using corporal punishment, and had inappropriate child rearing expectations had children who were exposed to four or more adverse experiences before the age of three (McKelvey, et al., 2016). Children exposed to four or more adverse experiences, before age three, were also eight times more likely to have parents who demonstrated emotional neglect (McKelvey, et al., 2016). Being able to successfully recognize parent or caregiver characteristics or parental beliefs could proactively prevent child maltreatment from occurring as frequently.

Environmental Adjustments

An empowerment action model was created by Srivastav, Strompolis, Moseley and Daniels (2019) which incorporated public policy, community, organization, interpersonal (family), and individual (child) categories. The action model provided steps for each of the five categories to take to best prevent child maltreatment and other adversities from occurring as frequently. If implemented, Srivastav, et al (2019) stated that resiliency could be built in children, and protective factors could be implemented by adults. Children who have improved resiliency tended to have less severe impacts to adversities that occur. Protective factors would be most effective if implemented throughout all ages of life to create overall improved well-being and health (Srivastav, et al., 2019).

To create the empowerment action model, researchers Srivastav, et al (2019) analyzed three years of child adversity data, conducted a literature review on gaps within preventative care and finally a focus group was utilized to provide critique and feedback throughout the duration

of the creation period. The empowerment action model has potential to create a cross-sector collaboration within communities to influence a shift in "social norms" around child maltreatment and other ACEs (Srivastav, et al., 2019, p. 532). The data to support the effectiveness of the empowerment action plan does not exist yet. With the action model giving preventative steps for such large, in-depth areas (community, organizational, and family improvements), there will be an abundance of differentiating variables that need to be accounted for in order to successfully improve living conditions for children.

Pediatrics

Infants and toddlers are seen for regularly scheduled well-baby checks, the pediatric office provided an auspicious chance at collecting data on child maltreatment and other adversities (Kia-Keating, et al, 2019). Within this setting, parents or caregivers often feel at ease to share information, allowing doctors/nurses to collect needed data, and refer to appropriate preventative services. Kia-Keating and researchers (2019) aimed to examine both the accountability and feasibility of screening infants and toddlers in the medical setting. Early detection and preventive measures taken specifically during infancy could potentially prevent child maltreatment from occurring all together, as well as strengthening protective factors withing the family (Kia-Keating, et al., 2019).

The Kia-Keating, et al (2019) study, conducted in a low-income, primarily LatinX community, included 151 infants between the ages of four-twelve months. The ACEs questionnaire utilized included screening the parent and infant, ten of the questions related around abuse, neglect, and household dysfunction. Families were referred for preventative and intervention services when infants experienced at least one adversity and parents had experienced two or more (Kia-Keating, et al., 2019). The results found 47% of the screened

families met criteria to be referred for preventative services. Of the referred families, 77.4% accepted and consented to receive the needed prevention services (Kia-Keating, et al., 2019). Screening families for maltreatment during pediatric visits proved to be an acceptable and feasible method holding multiple benefits which include improved quality of care by the doctor, prevented potential child maltreatment, parents were provided child rearing advice, and collected needed data to assist in combating a public health emergency (Kia-Keating, et al., 2019). Limitations to the Kia-Keating, et al (2019) study included a small sample size and a close nit community where data was collected. A larger study would be needed to expand data and to see if results were the same. Preventative care of any kind is beneficial for children but will not stop all maltreatment from occurring. The next section explores strategies on how children can heal from maltreatment once experienced.

Healing

The focus of Bath's (2012) article put the power of change and healing directly to the caregivers, coaches and educators involved in the lives of children who have experienced child maltreatment. Bath (2012) discussed three steps that all revolved around building strong, positive, trusting relationships with children. The three pillars that are described were *safety, connection, and coping*, each one being imperative to the foundational relationship that was built with children who experienced trauma (Bath, 2012). Step one of the author's method was to establish safety within the environment of the child(ren) at hand. This basic need of safety was a key fundamental need which allowed the child to feel calm, secure and at peace. Step two involved the adult caring for the child. This is intended to create a strong, meaningful, trusting relationship which enabled the child and parent to form a connection. Step three focused on the coping of struggles that victims of child maltreatment experienced. The third step commenced

the management of regulation of negative emotional urges the child was internalizing (Bath, 2012).

The strategies and information provided in Bath's (2012) journal are beneficial for EC professionals working with children exposed to early trauma in attempt to develop appropriate social emotional skills. Bath (2012) tried to stray away from therapists and psychotherapy, and educate the adults in the children's lives to build trustworthy relationships with traumatized children. Educators who developed the proper skills and techniques to positively impact children who were victims of maltreatment, have potential to give life-long social, behavioral, and health success. Once the three pillars are implemented consistently and children began the healing process, Bath (2012) stated dedication and consistency are mandatory by the positive adult figure. Limitations with the Bath (2012) journal is that data is lacking to support the coping and healing model presented.

Severed Attachment

Once a child experiences maltreatment at the hands of a parent, the attachment within the parent-child relationship is compromised (Golding, 2015). Children who were victims of child maltreatment respond differently to direction and discipline than non-maltreated children. Golding (2015) stated that maltreated children often respond with fear when given boundaries or discipline. These children also tend to predispose rejection and hurt from parental figures instead of expecting love, nurturing and empathy. In Golding's (2015) *Connection before Correction*, a parenting approach is presented that identified four challenges with attempting to parent children who have experienced complex trauma, such as child maltreatment. The challenges parents, or parental figures face were, the development of mistrust, avoidance of an intersubjective relationship, overwhelmed by shame, and miscuing parent about attachment needs.

Mistrust was developed when an infant is placed in a cold, unloving environment with a lack of parent/caregiver protection (Golding, 2015). Impacts of a developed mistrust included a negative sense of self, unregulated shame, and children become hyper-sensitive to danger. Mistrust also impacts the social monitoring system of the brain which in turn activated the social defiance system and deactivated the social engagement system (Golding, 2015). If the mistrust is not corrected and healed, Golding (2015) stated that children can begin resisting parental authority because the feeling of control takes over. These children want to be in control of the safety and security lacked in early childhood. For parental figures to assist children in healing and correcting the developed mistrust, a strong, unconditional love and relationship must be built that has a balance of structure and boundaries (Golding, 2015).

Children who experienced neglect during infancy and toddlerhood can develop an avoidance of intersubjective relationships (Golding, 2015). This means the infant or toddler experience an unmatched affect. For example, a toddler falls while learning to walk. The parent or caregiver may pick the toddler up but does not give the toddler the comfort and care needed for the toddler to feel safe and cared for. The more the parent does not meet the needed feelings the infant or toddler require, the more disconnected the relationship becomes. Golding (2015) stated children avoided building relationships in order to have better control on the outcome of personal feelings. Healing children who avoid relationships due to being neglected takes maintaining a constant connection with the parent/caregiver and child (Golding, 2015). This will assist in building resilience and potentially allowing for a future positive relationship.

In hopes to mend the severed attachment struggles that maltreated children can experience, Golding (2015) described a parenting approach that involved mind-mindedness and PACE (playfulness, acceptance, curiosity, and empathy). Young children who experience

maltreatment struggle to make sense of the surrounding environment and world, parental figures can help develop a child's regulation by supporting the development of mind-mindfulness. This allows the child to understand and put words to the feelings and experiences taking place (Golding, 2015). Additional attributes described by Golding (2015) that assisted parents and caregivers in healing children who experienced maltreatment were optimistic, playful attitudes, accepted all internalized and externalized behaviors, curiosity to learn and reflect on displayed behaviors, and being empathetic towards the child. An emotional parent-child connection led to coping with the maltreatment and correction of the maltreatment that occurred when the child was confident in the love and nurturing being provided by the parental figure (Golding, 2015).

Educator Qualities that Support Child Maltreatment

The research conducted by Ornaghi, Agliati, Pepe, & Gabola (2020), took place in Italy and aimed to increase the understanding and importance of emotion socialization styles present in EC professionals. Ornaghi and researchers (2020) explored the potential correlation between the level of educator's mind-mindedness, personal beliefs about emotion, and the emotional socialization style observed in the teaching and interactions in children. The level of mind-mindedness (MM) depended on the ability to "tune in" to the child and understand the individual wants, needs, desires, and interests. Mind-mindedness is also knowing and acknowledging that children have independent "mental worlds" and emotions separate from adults (Ornaghi, et al., 2020 p. 50).

The data collected for the study was self-reported by 60 early childhood teachers, across 35 centers, who had experience ranging from six months to 40 years of teaching (Ornaghi, et al., 2020). The EC teachers completed different questionnaires that assessed beliefs about emotions, emotional socialization, self-efficacy, and a narrative piece that assisted in analyzing different

levels of mind-mindedness. The results of the study gave descriptive words to EC professionals. Ornaghi, et al's (2020) research concluded that teachers who had a "coaching emotion socialization style" the self-efficacy and mind-mindedness of the teacher tended to be higher (p. 58). These educators placed value on teaching children to express emotions properly and how to properly manage emotions. This category of EC teachers place value on children's individual emotions, desires, interests, wants and needs, resulting in appropriately supported social emotional development. Similar limitations exist in the Ornaghi, et al (2020) study as with others analyzed in this paper, where the data collected was self-reported from teachers. This can put the validity of the data in question.

Conclusion

Anytime children between the ages of birth to three experienced maltreatment, it can be linked to negative impacts on social emotional health (McKelvey, et al., 2017). However, negative impacts of child maltreatment do not have to be as severe or permanent. A common finding in the researched analyzed for this paper supports the dose-response relationship of child maltreatment. Meaning the more often children under the age of five experienced maltreatment, the more severe the detrimental short-term, long-term, and neurological impacts are. If maltreatment does occur to a child, parents, care givers, and educators who are aware of how traumatized behavior is displayed can begin to implement healing mechanisms. Healing children who have past or present maltreatment can be a process involving consistent and unconditional love, affection, trust, and nurturing (Golding, 2015). The proactiveness of early detection and early invention programs has the potential to decrease the likelihood of children being maltreated. Additionally, interventions have the potential to cease the reoccurring cycle of child maltreatment. Parents and caregivers who are taught appropriate, positive coping and self-

regulation strategies are more likely to provide safe, nurturing relationships to children, therefore leading to higher resiliency to adversities (O'Daugherty, et al, as cited in Kia-Keating, et al., 2019). The final chapter will incorporate insights on how the analyzed research can enhance the field of early childhood education, expose gaps in the research, and determine what future research could investigate.

Chapter Three: Discussion and Application

Results discovered during conducted research is only as effective as the proceeding steps. Real change occurs when the results of a study are reviewed, analyzed, modified for professional development, or expanded further. The 15 studies analyzed in chapter two sought to answer the research question, "how does child maltreatment impact social emotional development in children under five?" Investigating this question is relevant to current practices in the field because of the severity in short-term, long-term, and neurological detriments that the impacted lives can have. Also, knowing that in the correct environment child maltreatment has potential to be prevented and healed is encouraging. The concluding chapter will sum up insights gained from the studies analyzed throughout this capstone paper as well as discuss potential improvements to the field of early childhood. Next, the limitations and gaps of the integrated research were explored, closing with noted future studies on how the research can be expanded.

Improvement to the Field of Early Childhood

Behavior is communication. Children who cannot properly verbalize the feelings and/or emotions taking place inside will initiate a coping behavior. These behaviors can be displayed through either internal or external behaviors (Liming and Grube, 2018). Without proper knowledge about the meaning of these behaviors can often be viewed as defiance, misbehavior, inability to socialize/communicate, or lacking emotions by early childhood (EC) professionals. Contrary, if EC professionals had proper professional development around child maltreatment, trauma, and/or adverse childhood experiences (ACEs), proactive steps could be taken in the classroom that would better the child's social emotional (SE) competence.

EC professionals include anyone who is qualified to care for young children. All EC professionals are required to take some sort of mandated reporter training; each states

requirement slightly differs. Wisconsin daycare licensing, for example, requires the child abuse and neglect training bi-annually (Department of Children and Families, 2020). This is a free online, interactive training with a certificate provided at the end. An analogous course created would allow for a professional development opportunity for EC professionals to obtain the needed information around the detriments of early child maltreatment. It would make it efficient and effective, without putting a financial burden of preschools, daycares, and other EC programs.

Once this knowledge is acquired, educators should be more aware of different underlying possibilities communicated through behavior, such as child maltreatment. Educators can also adapt more of a coaching teaching style where children feel supported, heard, and safe when expressing behaviors and feelings, both positive and negative. Teachers can take advantage of the displayed behavior and use it as a teachable moment rather than disciplinary action or shame. Once educators are more aware of the developmental disadvantage victims of child maltreatment face, more empathy may be applied in teaching and relationship building. Research found not only will modifications in teaching and relationships benefit all children in the classroom, but it will also begin the healing process for the children who experienced past or present child maltreatment before the age of five. Golding (2015) and Bath's (2012) research discussed in the healing section of chapter two noted the necessity of strong, nurturing, safe relationships with adults for maltreated children to begin showing signs of recovery.

Limitations

Chapter two, the literature review, explored fifteen different articles or journals investigating different areas of child maltreatment. All integrated research were connected to the research question, "how does child maltreatment impact social emotional development in children under five?" Research around this topic poses several challenges. First, children under

five cannot successfully comprehend the extent of child maltreatment if it is occurring. These children will feel various emotions as well as begin to display different (often more difficult behaviors) but the brain at this age does not have the capacity to understand fully.

Secondly, it is not until around two to two and a half years of age that children begin to start forming short sentences. This means that children under five have a highly limited ability to express exactly what is happening in the lived environment. Therefore, unless the child has displayed behaviors or has markings related to child maltreatment, it is often left undocumented. Thirdly, even if child maltreatment is reported, due to the limited vocabulary details of the incident, such as severity or frequency, tend to be omitted unless the maltreatment was observed by someone else. Accounting for the severity and the frequency of the child maltreatment data was a common trend within the included research. Several researchers used measures that only gave a reported number of maltreatment experiences. This greatly limited the extent of the detrimental impacts seen in the short- and long-term development of the child.

Finally, the most common limitation of the research analyzed was the subjectivity involved in the measures used to collect the data. Any time the data relied on a parent or parental figure to report any child maltreatment experienced, there was potential for the parent to falsify the answers or choose not to report the maltreatment. This can lead to skewed data that misrepresents the number of maltreated children and the impacts on development. Unreported maltreatment would cease any preventative care resources that could be proposed.

Gaps

The notable gap within the integrated research were the demographics of the participants used. Many studies conducted research from a specific limited population. For example, Kia-Keating, et al (2019) focused on a medical clinic serving a high population of LatinX, low-

income patients, McKelvey, et al (2017) gathered data from Early Head Start parents who have to be low-income to qualify for the program, Campbell, Roberts, et al (2016) collected data from mostly black and Hispanic, low-income families, and McKelvey, et al (2016) focused on participants from one state's home visiting program, who were 100% at the income poverty line or below. The integrated data showed that populations with income at or below the poverty line, and of minority ethnicities have higher rates of child maltreatment. Cost and time are variables that tend to limit the size of a study, but having data collected amongst the general population might be beneficial to expand research.

Future Studies

Taking into consideration the limitations noted above gives ideas on where future research can be expanded. Using or creating different measures is a suggestion on how to account for the severity or frequency of the occurred child maltreatment. For example, the Home Observation for Measurement of the Environment (HOME) inventory tool utilized in the McKelvey, et al (2018) study asked questions where the participant would give close-ended, yes or no, answers. Questions of this sort gather information on linking a specific type of maltreatment to short-term, long-term, and/or neurological impacts. If a measure was utilized that included more open-ended questions it might give more clarity and detail to the frequency and severity of the experienced maltreatment.

Another limitation to problem-solve is the subjectivity of the parents or parental figures providing the information on the child. When data is collected solely by one person's opinion or answers provides an opportunity for subjectivity to be included. Although this may not be able to be avoided altogether, it could be limited. Interviewing multiple adults involved in the child's life may be a way to obtain greater reliability in the data. Researchers would first use the

measures to collect data on the parents, just as done in the analyzed studies for this paper. Proceeding, would come interviews or questionaries conducted with the child's EC teachers, babysitters, close family members, or doctors. The questions would revolve around what has been witnessed with the child, displayed behaviors, specific actions observed by parents or caregivers, etc. The data collected from both the parent and other adults in the child's life would be compared and evaluated for trends and outliers. All data collected would be confidential for the purposes of research, and be a timely process, but has potential to minimize parental subjectivity or falsified information pertaining to the child maltreatment.

Lastly, gathering data on more of the general population has the potential to significantly further research about the social emotional impacts of child maltreatment for children under five. For this to be successful this research would have several layers and be a timely process. First, going state by state and number randomizer could be utilized, similar to the one referenced in the Campbell, Walker, et al (2016) study. In addition to reaching out via phone, paper questionnaires would also be sent using randomized addresses. To increase a completion success rate of the questionnaires, a five-dollar incentive could be offered once completed. After a sample is collected from each state, parents should be reached out to via email. This would be accomplished with an email randomizer and the questionnaire would be completed online with an incentive of a five-dollar gift card emailed after completion. Ideally, this would be able to reach a sampling of various ethnicities, income levels, genders, education levels and geographics.

Conclusion

Children born into this world did not ask to be abused. The Center for Disease Control and Prevention (CDC) stated that in 2015 one in seven children were victims of child

maltreatment in the last year, and neglect and abuse alone costed the United States upwards of $428 billion (www.cdc.gov). These facts resulted in child maltreatment being deemed a public health emergency. Research examined concluded informing EC professionals and parents about the research pertaining to negative developmental impacts, both short- and long-term, of child maltreatment may give hope of numbers decreasing. Parents can be referred to preventative care treatments while educators can adapt teaching and build relationships with children allowing the coping and healing process to commence. For educators, understanding the severity of the dose-response relationship between child maltreatment and developmental detriments should give a sense of urgency to intervene with maltreatment as early as possible. The earlier preventative care begins the greater likelihood of recovery and decreased severity of long-term impacts.

References

Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., Dube, S. R., Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. European Archives of Psychiatry and Clinical Neuroscience, *256*(3), 174–186. https://doi.org/10.1-007/s00406-005-0624-4

Bath, H. (2015). The three pillars of traumawise care: Healing in the other 23 hours1. *Reclaiming Children and Youth*, *23*(4), 5-11.

Brinamen, C., & Page, F. (2012). Using relationships to heal trauma: Reflective practice creates a therapeutic preschool. *YC Young Children, 67*(5), 40-48. Retrieved from http://www.jstor.-org/stable/42730894

Campbell, C., Roberts, Y., Synder, F., Papp, J., Strambler, M., & Crustro, C. (2016). The Assessment of early trauma exposure on social-emotional health of young children. *Children and Youth Services Review*, *71*, 308–314. https://doi.org/10.1016/j.childyouth.-2016.11.004

Campbell, J. A., Walker, R. J., & Egede, L. E. (2016). Associations Between Adverse Childhood Experiences, High-Risk Behaviors, and Morbidity in Adulthood. *American Journal of Preventive Medicine*, *50*(3), 344–352. https://doi.org/10.1016/j.amepre.2015.07.022

Center for Disease Control and Prevention. (2020). “Preventing Child Abuse & Neglect.” *Centers for Disease Control and Prevention,* National Center for Injury Prevention and Control, Division of Violence Prevention. www.cdc.gov/violenceprevention/childabus-eandneglect/fastfact.html.

Department of Children and Families. (2020). Licensing Rules for Group Child Care Centers and Child Care Programs Established or Contracted for School Boards. (DCF 251). *Division of Early Care and Education.* Retrieved from https://dcf.wisconsin.gov/files/publications/pdf/205.pdf

Golding, K. (2015). Connection before correction: Supporting parents to meet the challenges of parenting children who have been traumatised within their early parenting environments. *Children Australia*, *40*(2), 152–159. https://doi.org/10.1017/cha.2015.9

Kahr Nilsson, K., Landorph, S., Houmann, T., Olsen, E. M., & Skovgaard, A. M. (2019). Developmental and mental health characteristics of children exposed to psychosocial adversity and stressors at the age of 18-months: Findings from a population-based cohort study. *Infant Behavior & Development*, 57, 101319–. https://doi.org/10.1016/j.infbeh.2019.04.001

Karatekin, C. (2018). Adverse Childhood Experiences (ACEs), Stress and Mental Health in College Students. *Stress and Health*, *34*(1), 36–45. https://doi.org/10.1002/smi.2761

Kia-Keating, M., Barnett, M. L., Liu, A. R., Sima. G. M., & Ruth, A. B. (2019). Trauma-responsive care in a pediatric setting: Feasibility and acceptability of screening for adverse childhood experiences. *American Journal of Community Psychology*, 64(3-4), 286–297. https://doi.org/10.1002/ajcp.12366

Hambrick, E. P., Brawner, T. W., Perry, B. D., Brandt, K., Hofmeister, C., & Collins, J. O. (2019). Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children.

Archives of Psychiatric Nursing, *33*(3), 238–247. https://doi.org/10.1016/j.apnu.2018.11.001

Liming, K. W., & Grube, W. A. (2018). Wellbeing outcomes for children exposed to multiple adverse experiences in early childhood: A systematic review. *Child & Adolescent Social Work Journal, 35*(4), 317-335. https://doi.org/10.1007/s10560-018-0532-x

McKelvey, L. M., Edge, N. C., Mesman, G. R., Whiteside-Mansell, L., & Bradley, R. (2018). Adverse experiences in infancy and toddlerhood: Relations to adaptive behavior and academic status in middle childhood. *Child Abuse & Neglect*. *82*, 168-177. https://doi.org/10.1016/j.chiabu.2018.05.026.

McKelvey, L. M., Selig, J. P., & Whiteside-Mansell, L. (2017). Foundations for screening adverse childhood experiences: Exploring patterns of exposure through infancy and toddlerhood. *Child Abuse & Neglect*, 70, 112–121. https://doi.org/10.1016/j.chiabu.2017.06.002

McKelvey, L. M., Whiteside-Mansell, L., Conners-Burrow, N. A., Swindle, T., & Fitzgerald, S. (2016). Assessing adverse experiences from infancy through early childhood in home visiting programs. *Child Abuse & Neglect*, 51, 295–302. https://doi.org/10.1016/j.chiabu.2015.09.008

Ornaghi, V., Agliati, A., Pepe, A., & Gabola, P. (2020). Patterns of Association between Early Childhood Teachers' Emotion Socialization Styles, Emotion Beliefs and Mind-Mindedness. *Early Education and Development*, *31*(1), 47–65.

Srivastav, A., Strompolis, M., Moseley, A., & Daniels, K. (2019). The empower action model: A framework for preventing adverse childhood experiences by promoting health, equity,

and well-being across the life span. *Health Promotion Practice*, *21*(4), 152483991-988935–534. https://doi.org/10.1177/1524839919889355