

## **THE EFFECTS OF ABUSE AND NEGLECT ON PRESCHOOL DEVELOPMENT**

### ***Physical***

1. Abused and neglected preschool children may be small in stature, and show evidence of delayed physical growth.
2. They may be sickly and susceptible to frequent illness; particularly upper respiratory illness (colds, flu) and digestive upset.
3. They may have poor muscle tone, poor motor coordination, gross and fine motor clumsiness, awkward gait, or lack of muscle strength.
4. Gross motor play skills may be delayed or absent.

### ***Cognitive***

1. Speech may be absent, delayed, or hard to understand. The preschooler whose receptive language far exceeds expressive language may have speech delays. Some children do not talk, even though they are able to.
2. The child may not use language to solve problems (Cook, et al 2003).
3. The child may articulate and pronounce poorly, form sentences incompletely, and use words incorrectly.
4. Cognitive skills may be at the level of a younger child.
5. The child may have an unusually short attention span, a lack of interest in objects, and an inability to concentrate.
6. The child may have less flexibility and creativity in problem solving tasks (Cook, et al 2003)
7. Children who have experienced trauma may have conditioned fear responses when something in their environment (a sight, sound, and smell) is associated with a sight, sound, smell made during a violent incident. These may be subtle associations made by the child whose memory is attuned to the presence of potential danger. This is common in children who have experienced complex trauma.

## ***Social***

1. When under stress, our bodies secrete "*stress hormones*" that prepare us to fight, flee, or freeze in response to danger or threat of danger. When children are under chronic stress, such as abuse or neglect, their bodies become unable to regulate this stress reaction resulting in hyper-arousal or hyper-sensitivity to perceived danger or threat in their environment. This has significant social and interpersonal implications for children. For example, if a traumatized preschooler frequently assumes that other children intend to harm him, it is difficult for that child to form friendships and play with other children. Children who are continually poised to fight, or flee will have difficulty functioning in preschool. This is associated with complex stress.
2. The child may demonstrate insecure or disorganized attachment; attachments may be indiscriminate, superficial, or clingy. The child may show little distress, or may overreact, when separated from caregivers. The child's reaction to parent may be completely disorganized, or the child may fear an abusive or terrorizing parent. This is also common in children who have experienced complex trauma.
3. The child may appear emotionally detached, isolated, and withdrawn from both adults and peers.
4. Alternately, the child may be more dependent on others for support. (Cook, et al 2003)
5. The child may demonstrate social immaturity in peer relationships; may be unable to enter into reciprocal play relationships; may be unable to take turns, share, or negotiate with peers; or may be overly aggressive, bossy, controlling, and competitive with peers.
6. The child may prefer solitary or parallel play, or may lack age appropriate play skills with objects and materials. Imaginative and fantasy play may be absent. The child may demonstrate an absence of normal interest and curiosity, and may not actively explore and experiment.
7. The child may have lower frustration tolerance, show more anger, and be non-compliant.
8. Children may engage in specific, odd behaviors that represent their attempts to cope in their abusive or neglectful environment. Examples

include food hoarding, wearing several layers of clothing to bed (to avoid sexual abuse), or manipulateness.

### ***Emotional***

1. The child may be excessively fearful, may have night terrors, and may seem to expect danger.
2. The child may show signs of poor self esteem and a lack of confidence.
3. The child may lack impulse control and have little ability to delay gratification. The child may react to frustration with tantrums and aggression.
4. The child may have impairments in affect regulation, stress management, empathy, and pro-social concern for others. (Egeland et al, 1983 and Vonra et al, 1990, from NCTSN paper).
5. The child may have a bland, flat affect and be emotionally passive and detached.
6. The child may show an absence of healthy initiative, and often must be drawn into activities. He may emotionally withdraw and avoid activities.
7. The child may show signs of emotional disturbance including anxiety, post-traumatic stress disorder, depression, attachment problems, emotional volatility, self-stimulating behaviors such as rocking, or head banging, enuresis or encopresis, or thumb sucking, or Reactive Attachment disorder.