

### Children 0 to 3 Years of Age

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Neglect consistently accounts for over half of all substantiated cases of maltreatment in the United States (USDHHS, 2001; 2000), and the highest rate of victimization is in the 0 to 3 age group (USDHHS, 2001). Yet, neglect has continued to receive less definitional and research attention than child physical and sexual abuse (Zuravin, 1999).

Child neglect affects children of all ages, but children 3 years of age and younger are the most vulnerable and suffer the most devastating consequences. Only 10% of child deaths occur to children over 4 years. Most death victims are under the age of 2, and 41 % are under the age of 1 (McClain, et al. 1993; Levine, et al. 1995). Overall, child fatality due to neglect ranges from 32% (Delambre & Wood, 1997) to 48% (Wang & Daro, 1998; Baumann, et al., 1998) of all reported child death cases. Although children between 0 and 5 comprise 35% of all children in the United States, they account for 85% of child maltreatment-related fatalities (Petit & Curtis, 1997).

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Many young children who survive near fatalities due to child abuse and neglect forever suffer the consequences. NCCAN (1991) indicates that 141,700 children have suffered serious injury because of near-fatal abuse and neglect. Ten times as many children survive severe abuse and neglect as die from it, and a staggering 9.5% to 28% of all disabled persons in the United States may have been rendered thus by child abuse and neglect (Baladerian, 1991).

Given the scope of neglect and its perilous consequences, it is imperative that more attention be directed in this area. During the formative years, a child's development impacts the rest of her or his life. The achievement of developmental milestones and tasks during these years is paramount to adult development. This alone mandates that the youngest victims of neglect be assessed properly to improve and facilitate healthy development.

The main focus of this article is the presentation and discussion of child neglect assessment guidelines for children 0 to 3 years grounded in the theoretical context of attachment. Current risk and safety assessment instruments have "age of the child" as a risk category but do not lead practitioners to observable conditions that can inform decision making. Neglect is also one of the more difficult areas of maltreatment to as-

sess, particularly during the first years of a child's life because practitioners must completely rely on observable indicators, and often an absence of behavior further complicates the assessment. Therefore, using attachment theory as the framework for assessing neglected children provides a comprehensive lens to view the child, caregiver, and social interaction.

It is beyond the scope of this article to discuss the conceptual and definitional issues present in the literature, which can be found elsewhere (Dubowitz, et al, 1998; Giovannoni, 1989, Wolock & Horowitz, 1984; NCCAN, 1988, Zuravin, 1999, Berrick, 1997). However, for the purposes of this article, neglect will be reviewed from both the perspective of parental behavior and the perspective of consequences to the child. Focusing on the first years requires this dual perspective because outcomes for the child may not be observable for years. Additionally, viewed from the attachment framework, the transactions between the caregiver and the child are essential in assessing quality of the relationship.

#### Attachment Theory and Neglect

Attachment theory has informed child maltreatment practice and research for the past two decades, and it is well established in the empirical literature that the quality of early caregiver-child interaction has important implications for child development. The attachment relationship between the primary caregiver and the child is critical to the survival and development of the child (Ainsworth, 1989; Bowlby, 1969). While the neglect assessment focuses primarily on normal and abnormal child behavior, parental behavior is assessed through the attachment relationship.

Attachment begins at birth and occurs naturally during the first 3 years of life; it is hypothesized to be dyadic and reciprocal. The infant relies totally on the primary caregiver and, in the context of this primary dependence, the caregiver's response to the dependence is how the attachment relationship is established (Perry, 2000). In order to form and maintain quality attachment relationships, primary caregivers need to provide continuous, sensitive, and responsive care to the infant. In doing so, the primary caregiver establishes a quality bond with the infant.

The reciprocal nature of attachment is important to understand in relation to assessment. Many factors may interfere with the attachment experience, and problem areas to explore may be related to the infant, the primary caregiver, the environment, or the fit between the infant and caregiver.

**Infant:** The fussy, nonaffectionate child or the passive one who does not react does not reinforce the parent's responsiveness, and the attachment may then be impeded. The same may be true for mentally or physically handicapped infants who do not respond in ways that are gratifying to the parent.

**Primary Caregiver:** The caregiver may be insensitive and unresponsive to the child because of substance abuse, depression, maltreatment history of parent, or overwhelming problems that interfere with the ability to be nurturing to the child.

**Environment:** Overcrowding and violence in neighborhoods may lead to distress and inability to engage in a supportive relationship. The exposure to domestic violence and child maltreatment may lead to fear in the child that causes attachment problems.

**The Fit Between the Infant and Caregiver:** The temperament of the child may be antithetical to the parents. The child may be active and the caregiver passive. The infant may remind the primary caregiver of the father who is no longer in the home and thus bring negative feelings to the caregiver. These circumstances could lead to problems in attachment.

The consequences of an impaired attachment relationship in early childhood ranges from the most severe loss of the capacity to form any meaningful relationships, to mild interpersonal, social, or emotional problems. When lack of bonding occurs between the primary caregiver and the infant, attachment can be categorized into four categories and observed through a process to measure the nature of a child's attachment—the stranger situation procedure. The categories of attachment are as follows: (Ainsworth, Blehar, Waters, & Wall, 1978):

**Securely Attached:** The child will explore while the primary caregiver is in the room; is upset with separation; gives warm greeting upon return; seeks physical touch and comfort upon reunion.

**Insecure, Avoidant:** The child will ignore the primary caregiver when present; shows little distress on separation; actively turns away from caregiver upon reunion.

**Insecure, Resistant:** The child will demonstrate little exploration with the primary caregiver in the room; stays close to caregiver; is very distressed upon separation; is ambivalent or angry and resists physical contact upon reunion with the caregiver.

**Insecure, Disorganized Disoriented:** Child demonstrates confusion about approaching or avoiding the primary caregiver; is most distressed by separation; upon reunion acts confused and dazed.

The child who experiences neglect in the first 3 years of life will experience problems with attachment that have developmental consequences spanning the range of physical, emotional, behavioral, cognitive, and social functioning. As discussed in this article, parental behavior affects attachment, which then affects child behavior. When parents fail to nurture and bond with their child, the child's behavior is altered. This cycle is signified by poor attachment, ultimately increasing the possibility of neglect and children at risk of harm.

Knowledge of normal and appropriate child development is essential to understanding any abnormal or delay in child development. If neglect is present in a child's home, then awareness of normal child behavior provides the practitioner a heightened understanding of the child's developmental level, whether normal or abnormal. It is also necessary to break down the age of the child into six-month increments for the first 2 years. Children learn much during the first 2 years of their lives, with entry into the world at birth to exploration of it at 2 years by walking and talking. During the child's third year, development begins to slow and observable changes are less drastic than in the first 2 years. Thus, the 24-36 month age group is not divided into 6-month increments.

### Neglect Assessment

Grounding this discussion in attachment theory and viewing the child from the four developmental domains provides a comprehensive view of the progress that is normal for children. It is imperative to note that the tasks and behaviors focus on what is known of normal development; they do not pertain to instances where a child is born with a disability or delay. Therefore, assessing the first days and months of a child's life, including prenatal and perinatal care, is essential to making an accurate assessment of what is normal development for that particular child. Each developmental time period is divided by 6-month categories. During these intervals, an assessment must depend upon where the child begins developmentally, and therefore, cognitions and behaviors may not be exactly what the assessment dictates, but approximations. More importantly, the attachment relationship should be assessed in relation to the child's developmental and physical capabilities. In assessing the child when the behaviors and tasks are not present, then an increased concern for the child's well-being and risk of neglect is present.

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### 0-6 months

During the first months of life, a child's survival is dependent upon his or her inherent vulnerability and reliance upon a caregiver. The primary task evolves from sucking for nutrition to more sophisticated behaviors, such as showing basic emotions and communicating through babbling. Infants also experience rapid physical growth and sensitivity toward the caregiver, being able to differentiate her or his primary caregiver's voice from others. The attachment figure is paramount to the survival and appropriate growth of the child. If poor attachment results in a lack of the child's nutritional needs being met or a lack of attention and stimulation, the child is vulnerable to neglect, thereby affecting future development if not noticed quickly. Those assessing children during these ages need to be aware of the manifestations of neglect including nonorganic failure to thrive, inadequate weight gain of the child since birth, as well as socioemotional developmental factors.

#### 0-6 months

##### Cognitive-Behavioral

- Does the child imitate adult's facial expressions?
- Does the child repeat chance behaviors that produce pleasure for the child?
- Can the child recognize people and places?
- Does attention become more flexible with age?
- Does the child babble by the end of this period?

##### Socioemotional

- Does the child show a range of emotions including happiness, sadness, fear?
- Does social smiling and laughing emerge?
- Can the child imitate adult emotional expression during interactions?
- Does the infant begin to distinguish self from others (the emergence of an "I")?

##### Physical

- Does the child have rapid height and weight gain?
- Can the child hold her or his head up, roll over and reach for objects?
- Can the child hear sounds, with increasing sensitivity to sounds of own speech with age?
- Does the child begin to habituate toward fixed stimuli?
- Is the child sensitive towards motion?

### 6-12 months

As the child proceeds through the first year, rapid physical growth and increased learning occur. A child experiencing normal development should be able to navigate one's environment, either by crawling or walking, and should be able to exhibit goal-directed behavior. Additionally, the child should be able to recognize a primary caregiver and be able to differentiate between other caregivers. When these primary tasks are not achieved, an assessment of the environment and caregiver-infant's attachment is necessary. If the caregiver is

emotionally unavailable to the child, the child is not being provided the necessary environmental stimulation in order to develop appropriately. By an absence of the indicators below, the child is delayed, possibly due to maltreatment.

#### 6-12 months

##### Cognitive-Behavioral

- Does the child have goal-directed and intentional behavior?
- Can the child find hidden objects?
- Can the child imitate adults' actions?
- Can the child combine sensory and motor activities?
- Does the child babble including sounds in the child's spoken language?
- Does the child show preverbal gestures, such as pointing?

##### Socioemotional

- Does the child show stranger and separation anxiety?
- Does the child use the caregiver as a secure base?
- Can the child engage in social referencing?
- Does the child show definite attachment to caregivers?

##### Physical

- Can the child sit alone, crawl and walk?
- Can the child organize stimuli into meaningful patterns?

### 12-18 months

During this time, the child becomes increasingly more cognitively and socially capable while physical growth declines from its rapidity during the first year of the infant's life. The child gradually learns language and improves communication. During this time, the child's play also changes from being more individual during the first year to being more interactive. Thus, the skills acquired during 12-18 months shapes a child's schema for future cooperative activities, including peer relationships and emotional regulation. Neglected children may not be able to use words, may have an extremely short attention span, and may have difficulty interacting with other children.

#### 12-18 months

##### Cognitive-Behavioral

- Does the child sort objects into categories?
- Can the child find hidden objects by looking in more than one place?
- Does the child show trial and error learning in play?
- Does the child have an improved attention span?
- Can the child talk, at least saying first words?
- Does the child use overextension and underextension of known words?
- Can the child take turns when playing interactive games?

##### Socioemotional

- Can the child recognize an image of oneself?
- Can the child play with siblings and familiar adults?
- Does the child show signs of empathy?
- Can the child engage in turn-taking behaviors when playing?
- Can the child understand and comply with simple directives?

## Physical

Does the child continue to grow, but less rapidly than during the first year?  
Can the child walk better with more coordination?  
Can the child manipulate and play with small objects improving coordination?

## **18-24 months**

Children during this age period increasingly use their imaginations for play and have increased memory skills for objects, places, and people. Children should be talking, using phrases, and have the ability to demonstrate individual emotional regulation. Physical development is slowed, but becomes increasingly refined, with the ability to jump and climb. During these ages, children can assert autonomy verbally and physically. If a child has been neglected for some time, she or he may be delayed at the age-appropriate tasks indicated below. The neglected child may exhibit delays in language development, being unable to combine words, and may also be delayed in the socioemotional tasks that become increasingly important as the child grows. If the child is unable to express self-conscious emotions (i.e., shame, embarrassment) and lacks emotional self-regulation, the immediate behaviors and consequences will be apparent if properly assessed.

## 18-24 months

### Cognitive-Behavioral

Can the child find objects that are out of sight?  
Does the child try to fully imitate adults' actions?  
Does the child engage in make-believe play?  
Can the child move objects into categories during play?  
Can the child recall people, places or object better than before?  
Does the child have a vocabulary of approximately 200 words?  
Can the child combine two words?

### Socioemotional

Does the child express self-conscious emotions, such as shame and embarrassment?  
Does the child have a vocabulary that includes emotional terms?  
Does the child use vocabulary in order to emotionally regulate oneself?  
Can the child increasingly tolerate the absence of caregiver?  
Can the child categorize self and other based on dichotomies, such as gender, age, good/bad?  
Does the child use own name as labeled image of oneself?

### Physical

Can the child jump, run and climb?  
Can the child manipulate small objects with good coordination?

## **24-36 months**

A child becomes increasingly independent during between 24 and 36 months of age. The child should be able to use a spoon and fork and dress oneself. The child is able to navigate and gain greater control of her or his environment. A

child is able to know that there are consequences to behaviors, and can distinguish between intentional and unintentional activities. Language becomes even more expansive, with the ability to utilize grammatical rules and acquire a more complex vocabulary. When neglect is present in the home, the child may not be able to display conversational skills, or may lack an age-appropriate vocabulary. A neglected child may not be able to use a spoon or fork, throw objects, run and hop; and she or he may not be able to move beyond the more self-centered play during previous stages to the more complex and cooperative play that distinguished this time period.

## 24-36 months

### Cognitive-Behavioral

Is make-believe play less self-centered and more complex?  
Does the child have a well developed memory recognition?  
Is the child aware of inner cognitive events versus outer physical events?  
Does the child increasingly acquire a more developed vocabulary?  
Can the child use sentences with increased usage of grammar?  
Does the child display conversational skills?

### Socioemotional

Can the child distinguish one's intentional and unintentional actions?  
Can the child understand causes and consequences of behaviors?  
Does the child exhibit gender stereotypes, behavior and beliefs?  
Does the child exhibit cooperative or aggressive behaviors?

### Physical

Does the child's appetite decline?  
Can the child get dressed or undressed partly by herself or himself?  
Can the child use a spoon or fork?  
Can the child run, jump, hop and throw objects?  
Does the child gain weight and height but less so than during the first 2 years?

Neglect is presented through a comprehensive assessment by looking at both the parental behavior through a discussion of attachment theory, and child behavior through a discussion of child development. The overall purpose of this assessment is to provide a framework for assessing neglect with the goal of reducing child death. Neglect is more likely to result in fatality than any other form of child maltreatment (USDHHS, 1999; Petit & Curtis, 1997), and the highest rate of child fatality due to maltreatment is between the ages of 0 and 5 (Gustavsson & Seval, 1994; Petit & Curtis, 1997; USDHHS, 1999). In response to these statistics, it is imperative that assessing children of neglect be awarded more attention. By identifying neglect promptly, children will be safe from future harm and neglect's most devastating consequence: child fatality.