Brainwave™
early years last forever
whakamana i te tamaiti

why should we care?

The abuse and neglect of children in New Zealand

By Hilary Nobilo, MMH (Perinatal and Infant), PGDipChAd, PGCComChH

"Society reaps what it sows in nurturing its children. Whether abuse of a child is physical, psychological, or sexual, it sets off a ripple of hormonal changes that wire the child's brain to cope with a malevolent world. It predisposes the child to have a biological basis for fear, though he may act and pretend otherwise."[1]

At the time of writing this article, a young child had recently been killed by his caregivers. By now, there may be more who have died. These deaths prompt a wave of response from many New Zealanders who are concerned for our unacceptably high numbers of child abuse and neglect victims. We do need to care about these children. We need to care about the loss of those who die, of course. But there are many more children who are maltreated and survive. The consequences for their lives can be huge. And the cost to our communities is incalculable.

We do need to care about these children.

The figures

Our rates of child abuse are among the highest in well-off countries. On average, one NZ child dies as a result of abuse every five weeks. Most of these children are under five years and the largest group is under one year.[2] In the year to June 2016, there were 13,598 children for whom reports of abuse and neglect were substantiated (from reports of concern for 37,093 children which required further investigation). However, there are possibly many more children who are being harmed. Some experts believe that these figures are just the tip of the iceberg and that many cases of abuse and neglect are not reported or are difficult to prove.[2] For some children, there may be a silent period of several years before the effects of the harm appear.

Who is harming the children?

Most abuse happens within a family. Usually the person abusing a child is a parent or another person living in the home; someone a child is depending on for their care.[3] Adults who abuse children are often experiencing a number of risks themselves.

Adults who abuse children are often experiencing a number of risks themselves.

[1] Teicher, 2016
[2] Child Matters, 2016
[3] Schechter & Willheim, 2009

Some were victims of abuse and neglect in their own childhood and have not had the support they need to resolve their early trauma.[4] Depression, substance abuse, mental health issues, poverty, poor parenting skills, difficulties in managing anger and lack of support are all risks that may be a part of a parent becoming abusive or neglectful.[5] As families experience more adversities, they become more vulnerable, increasing the chance of parents and caregivers harming their children. Effective support for any of these challenges reduces the risk.

The list of ways in which children are harmed is long; physical, emotional and sexual abuse, harsh discipline and punishment, emotional, physical, educational and medical neglect and witnessing family violence. Often, child victims will experience more than one of these types of harm.[6]

Often, child victims will experience more than one of these types of harm.

Neglect

Neglect is different from abuse. Abuse involves actions that are harmful and hurtful. Neglect involves a lack of action, a failure to act. Neglect of babies and children may happen more often than abuse but can be harder to notice.[7]

There are different types of neglect. Emotional or psychological neglect is the failure to meet a child's emotional and social needs. This type of neglect is thought to have more serious and long-lasting consequences than physical neglect, though many children experience both.[8]

While we often associate neglect with an impoverished family environment, there is also "opulent neglect".

Children who are physically neglected may not have adequate food, clothing, shelter, hygiene or supervision and may not live in a safe environment. A number of children who experience physical neglect through poverty may still receive very loving care from their parents.

Educational neglect is the failure to send a child to school regularly or to provide alternative schooling that meets their educational needs. A child who experiences medical neglect is not given appropriate treatment for an identified health condition.

It is thought that about a third to a half of neglected children also witness family violence.[9]

While we often associate neglect with an impoverished family environment, there is also "opulent neglect."[10] These children may have all the toys, clothes and gadgets they desire, but not have enough time with or responsive, loving attention from their parents to meet their needs.

4 Howe, 2005
5 Butchart & Phinney-Harvey, 2006
6 Gilbert et al., 2009
7 National Scientific Council on the Developing Child, 2012
8 Strathearn, 2010
9 De Bellis, 2001
10 Strathearn, 2010

First published in Brainwave Review, Issue 24, Spring 2016

Physical abuse

Physically abused children can be harmed in a number of ways, either deliberately or from unintentional anger. The physical effects of this abuse range from leaving no physical mark on a child to permanent disfiguration, disability or even death. Although hospital admissions and deaths from abuse represent only about 5% of identified abuse cases,[11] these are the ones we hear most about in the media; the ones that provoke a public outcry. But we also need to care about the other 95% of babies and children who aren't brought to our attention and for whom, perhaps, the abuse continues.

Physical discipline

Although physical discipline may bring about immediate compliance from a child, it is shown to be harmful to children and is associated with a range of negative outcomes.[12] While physical discipline against children is illegal in NZ, this is still happening. A number of cultures and countries consider this an acceptable form of punishment.[13]

> Emotional (also known as psychological) abuse can be devastating for a child's development; possibly more so than physical abuse.

Emotional abuse

Emotional (also known as psychological) abuse can be devastating for a child's development; possibly more so than physical abuse.[14]

These children are criticised, degraded, ignored and/or terrorised. Witnessing family violence is also recognised as a form of emotional abuse.[15] These types of abuse often go under the radar and are reported less often.

Sexual abuse

Most parents are very aware of 'stranger danger'. However, a child is more likely to be sexually abused by a family member or some other person they know and trust than by a stranger.[16]

Sexual abuse is reported more often among early adolescent children than for younger children[17], with girls at greater risk than boys.[18] Large scale use of the internet by children and young people has seen a rise in the incidence of sexual harassment and abuse via the internet.[19]

> A child is more likely to be sexually abused by a family member or some other person they know and trust than by a stranger.

Some children are at greater risk

While children are always the victims of abuse and are never to blame, some children are more at risk of being abused or neglected than others. Children with disabilities are the victims of twice as many violent incidents and three times as many sexual abuse incidents as children without disabilities.[20]

Babies who are born with a high level of needs such as premature babies, those who are chronically ill and babies who constantly cry and are difficult to soothe are at greater risk for harm.[21] Young boys are more likely to die from abuse than young girls.[22] Characteristics of a child that a parent may find difficult, such as impulsivity and hyperactivity, also increase the risk that a child will be abused.[23]

This vulnerability of some babies and children brings to mind the proverb "it takes a village to raise a child." A number of families where abuse and neglect take place are socially isolated and have few supports. It is widely recognised that safer and stronger communities have a part to play in reducing the number of children who experience abuse or neglect.[24]

> It is widely recognised that safer and stronger communities have a part to play in reducing the number of children who experience abuse or neglect.

[11] Duncanson et al., 2009
[12] Smith, 2006
[13] Pinheiro, 2006
[14] Egeland, 2009
[15] Gilbert et al., 2009
[16] Child Matters, 2016
[17] Kaplow & Spatz-Widom, 2007
[18] Gilbert et al., 2009
[19] University of Zurich, 2013
[20] Skarbek et al., 2009
[21] Butchart & Phinney-Harvey, 2006
[22] Teicher, 2016
[23] Butchart & Phinney-Harvey, 2006
[24] Center for Disease Control and Prevention, 2014

What happens to these children over time?

Each child's experience of abuse and neglect is different; so too are their outcomes. There is always a complex interplay of a number of factors. These include the child's age and characteristics, their prenatal experience, the duration and nature of the trauma, the severity, the relationships the child has with family and others in the community and the type of neighbourhood they live in. These will each play a part in how the child grows. While some of these factors may increase a child's risk, there may also be factors that are protective.

Without consistent, loving support to calm down, babies are unlikely to develop a healthy capacity to manage their feelings as they grow.

Although children's experiences of abuse and neglect are all individual, most live with heightened stress as a result of their trauma-filled lives.[25] Babies who experience care that is abusive or neglectful are unlikely to get the help they need to calm down when they're upset and may often be in a highly stressed state because of the traumatic environment.[26] Without consistent, loving support to calm down, babies are unlikely to develop a healthy capacity to manage their feelings as they grow.

These children can become stuck in a highly vigilant state as they keep a constant eye out for threat.[27] Even when there is no threat around them, their brains and bodies still react as if they were in a threatening environment. They may be distressed and fearful, have little capacity to calm themselves and may struggle to ever feel safe and calm.[28]

The least little stress can overwhelm them. The coping strategies they develop help them to survive in dangerous or neglectful environments but may appear dysfunctional in safer environments[29] including school. They may be agitated and reactive, hyperactive, impulsive, sometimes intimidating or aggressive in response to a perceived threat[30] or they may withdraw and shut down as they disconnect emotionally. It can be difficult for them to concentrate and focus on learning.

Consequences can be seen across many areas of a child's functioning.

When babies are frightened of their parents or feel rejected by them, they develop a belief that they're not lovable and that they can't trust the people around them for comfort or support.[31] This model of relationships may be carried into the future, reducing the likelihood of a child developing healthy relationships with family, friends, partners and ultimately, their own children.[32]

Effects on children's functioning

Consequences can be seen across many areas of a child's functioning. They're at greater risk for gastrointestinal problems, irritable bowel syndrome, migraine headaches, painful gynaecological problems, arthritis and musculature pain.[33] They have higher rates of anxiety, depression, substance abuse, eating disorders, psychiatric disorders and suicidal behaviours.[34] Almost every psychiatric condition is exacerbated by childhood abuse.[35]

Childhood neglect may place children at greater risk for poor outcomes than abuse. These children exhibit more cognitive impairment, more language problems, more difficulty with peer friendships and more withdrawn behaviour than children who are physically abused.[36] In later years, they are more likely to suffer from anxiety, depression and personality disorders.[37]

Victims of childhood sexual abuse are at greater risk for bladder problems, chronic fatigue, asthma and heart problems.[38] Both physical and sexual abuse victims are more likely to experience chronic pain that interferes with activities, disability due to physical health problems and frequent visits to emergency departments and health professionals.[39]

Childhood neglect may place children at greater risk for poor outcomes than abuse.

[25] De Bellis, 2001
[26] Schore, 2005
[27] Twardosz, & Lutzker, 2010
[28] Newman, 2012
[29] Teicher & Samson, 2016
[30] Barlow & Schrader-McMillan, 2009
[31] Howe, 2005
[32] Schore, 2012
[33] Goodwin et al., 2003
[34] Teicher & Samson, 2013, cited by Teicher & Samson, 2016
[35] Teicher, 2016
[36] Toth et al., 1997
[37] Waldinger et al., 2001
[38] Dong, Giles, et al., 2004
[39] Chartier et al., 2007

First published in Brainwave Review, Issue 24, Spring 2016

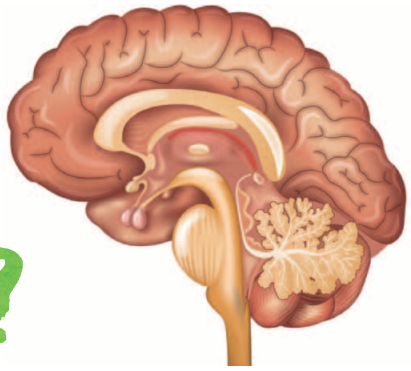
Witnessing violence between parents is linked with emotional, psychological, behavioural, social and academic problems.[40] Witnessing violence towards a sibling appears to have an even greater detrimental effect on later psychiatric symptoms.[41]

Children who are physically disciplined are more likely to become aggressive and display anti-social behaviours than children who are not physically disciplined.[42] They are likely to have poorer relationships with their parents and are at greater risk for mental health problems such as depression as they grow.[43] Children may also suffer serious injuries as a result of physical discipline.

Some adolescents and adults become involved in harmful behaviours such as alcohol and substance abuse, smoking and eating disorders as a way of coping with the emotional pain. These behaviours may help explain the increased incidence of cancer, chronic lung disease, liver disease, and obesity in victims of child abuse.[44]

While it is important to remember that most children who are abused do not become violent themselves, nevertheless they are at greater risk of doing so. This is particularly true for boys. Boys who are abused are more likely to become aggressive and commit domestic violence and other criminal acts than boys who are not abused.[45]

what happens to the brain?



Experiences of abuse and neglect are linked with changes to the structure, function and networks of the brain.

Experiences of abuse and neglect are linked with changes to the structure, function and networks of the brain. Both the type and timing of the trauma make a difference to how the brain responds. Pathways and areas of the brain that change are involved with key components of the circuit that detects and responds to threat; the 'fear' circuit.[46] These changes are thought to be adaptive, enabling a child to detect and recognise fearful situations which may help them survive in a traumatic environment.

The different components of the 'fear' circuit each have a unique sensitive period when they are more vulnerable to the effects of trauma.[47] This means that neglect and abuse at different ages, will target this circuit in different ways. While a large body of research has shown the vulnerability of the early years, it is now emerging that sensitive periods continue through into early adulthood.[48]

Different types of abuse appear to target the sensory systems and pathways that are involved with processing the abuse.[49] For example, young adults who were exposed to emotionally abusive language in childhood, show alterations in brain regions involved in processing language and speech.[50] Young adults who experienced ongoing, harsh physical punishment during their early years show alterations to the cortical pathways involved with pain.[51]

These specific alterations to the brain in response to different types of abuse and neglect are associated with risk for different forms of psychiatric disorder.[52]
There are gender differences in how brains respond to early trauma. Reduced corpus callosum size (the area that connects the two hemispheres of the brain) in victims of child abuse and neglect is one of the most significant anatomical changes in the brain.[53]

Males are affected more than females, particularly males who have experienced neglect.[54] The corpus callosum of females is more vulnerable to the effects of sexual abuse.[55] The hippocampus, the area of the brain involved with the formation and retrieval of memories, is highly susceptible to damage from the effects of early abuse and neglect[56] with greater effects (reduced volume) found in the male brain.[57]

[40] Teicher et al., 2006 cited by Teicher & Vitaliano, 2011
[41] Teicher & Vitaliano, 2011
[42] Smith, 2006
[43] Smith, 2006
[44] Dong, Anda, et al., 2004; Dube et al., 2005
[45] Polonko, 2006
[46] Teicher, 2016
[47] Teicher, 2016
[48] Teicher & Samson, 2016
[49] Teicher & Samson, 2016
[50] Tomoda et al., 2011
[51] Tomoda et al., 2009
[52] Teicher & Samson, 2016
[53] Teicher et al., 2004
[54] De Bellis & Keshavan, 2003
[55] Teicher et al., 2004
[56] Twardosz & Lutzker, 2010
[57] Teicher & Samson, 2016

First published in Brainwave Review, Issue 24, Spring 2016

For this reason, it can never be assumed that a child victim is 'okay'.

The silent period

While some children who have experienced abuse and neglect appear to be unscathed by the experiences, recent research has identified a silent period between the time of exposure and the appearance of observable brain differences and psychiatric symptoms.[58] One example is that on average, there is a nine year delay between a child's first exposure to sexual abuse and the emergence of depression and post-traumatic stress disorder.[59] For this reason, it can never be assumed that a child victim is 'okay'.

Continuing the cycle

The knowledge that so many children in New Zealand are being harmed is distressing to many of us. But what happens when the children who survive become adults who abuse or neglect their own children? How do we feel about them then? A number of these adults were once the children that we care so much about. While most abused children do not grow to become abusive adults, they are more likely to.[60] The intergenerational cycle of abuse highlights the critical need for intervention while children are young.

Society pays a price

In addition to the human tragedy of children being harmed, the economic impact on our communities and society is huge. One report has estimated the cost of child abuse and neglect in NZ to be about $2 billion a year.[61]

Child protection services, out-of-home care and therapeutic services may be involved throughout childhood and adolescence. There are on-going health costs for victims who need medical and therapeutic support for chronic mental and/or physical health problems.

The impact of abusive and neglectful experiences during childhood can interfere with healthy brain and body development with devastating consequences that may follow a child into adulthood and sometimes continue into the next generation.

Some children are unable to progress successfully through school and end up in low paying jobs or become unemployed, dependent on benefits and unable to contribute to taxes. There are heavy costs to our judicial system with greater risk for juvenile delinquency and later criminal offending by victims, court costs and sometimes incarceration of people who abuse and neglect children.[62]

How can we care?

The impact of abusive and neglectful experiences during childhood can interfere with healthy brain and body development with devastating consequences that may follow a child into adulthood and sometimes continue into the next generation. Every child needs at least one loving adult in their life who values them and treats them in such a way that they feel special. When parents can't provide this sort of care, other adults such as extended family, teachers, neighbours and friends can work towards building a meaningful relationship with the child.

An understanding of trauma-based behaviour may help adults see a child's needs behind what may appear to be confusing and challenging behaviours. While this is by no means the only ingredient for a child's recovery, it is a start.

We all need to speak up for children. The Child Matters website lists signs and behaviours that may help you recognise that a child needs help. If you believe a child or family needs help, the site lists a number of agencies that you can contact. http://www.childmatters.org.nz/file/Files-for-Download/speak-up-brochure.pdf

[58] Teicher & Samson, 2016
[59] Teicher, 2016
[60] National Scientific Council on the Developing Child, 2012
[62] Infometrics Ltd, 2008

If you enjoyed this article, here are some others that may be of interest

Love & Limits
http://www.brainwave.org.nz/love-and-limits/

The experience of poverty
http://www.brainwave.org.nz/the-experience-of-poverty-for-infants-and-young-children/

Wiring the Brain
http://www.brainwave.org.nz/wiring-the-brain-2/

References

Barlow, J., & Schrader-McMillan, A. (2009). Emotional maltreatment - what works? *Research Gate*. Retrieved from http://www.researchgate.net/profile/Jane_Barlow2/publication/266093514_EMOTIONAL_MALTREATMENT__WHAT_WORKS/links/54b7ce140cf269d8cbf54181.pdf

Butchart, A., & Phinney-Harvey, A. (2006). Preventing child maltreatment: A guide to taking action and generating evidence: World Health Organisation and International Society for the Prevention of Child Abuse and Neglect.

Byers, G. (2006). *Police response to family violence.* Paper presented at the LexisNexis Professional Development Child and Youth Welfare Advisers' Forum, Wellington.

Center for Disease Control and Prevention. (2014). Essentials for childhood. Steps to create safe, stable, nurturing relationships and environments.

Chartier, M. J., Walker, J. R., & Naimark, B. (2007). Childhood abuse, adult health, and health care utilization: Results from a representative community sample. *American Journal of Epidemiology, 165,* 1031-1038.

Child Matters. (2016). Learn about abuse. *Child Matters* Retrieved from http://www.childmatters.org.nz/55/learn-about-child-abuse/facts

Child Youth and Family. (2016). Findings. http://www.cyf.govt.nz/about-us/key-statistics/findings.html

De Bellis, M. (2001). Developmental traumatology: The psychobiological development of maltreated children and its implications for research, tratment and policy. *Development and Psychopathology, 13,* 539-564.

De Bellis, M., & Keshavan, M. S. (2003). Sex differences in brain maturation in maltreatment-related pediatric post traumatic stress disorder. *Neuroscience and Biobehavioral Reviews, 27,* 305-309.

Dong, M. X., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., . . . Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect and household dysfunction. *Child Abuse and Neglect, 28,* 771-784.

Dong, M. X., Giles, W. H., Felitti, V. J., Dube, S. R., Williams, J. E., Chapman, D. P., & Anda, R. F. (2004). Insights into causal pathways for ischemic heart disease: Adverse Childhood Experiences Study. *Circulation, 110,* 1761-1766.

Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M. X., & Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine, 28*(5), 430-438.

Duncanson, M. J., Smith, D. A., & Davies, E. (2009). Death and serious injury from assault of children aged under five years in Aotearoa New Zealand: A review of international literature and recent findings. Wellington: Office of the Children's Commissioner.

Egeland, B. (2009). Taking stock:Childhood emotional maltreatment and developmental psychopathology. *Child Abuse and Neglect, 33,* 22-26.

Gilbert, R., Spatz-Widom, C., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet, 373,* 68-81.

Goodwin, R. D., Hoven, C. W., Murison, R., & Hotopf, M. (2003). Association between childhood physical abuse and gastrointestinal disorders and migraine in adulthood. *American Journal of Public Health, 93,* 1065-1067.

Howe, D. (2005). *Child abuse and neglect. Attachment, development and intervention.* New York: Palgrave and McMillan.

Infometrics Ltd. (2008). The nature and economic costs from child abuse and neglect in New Zealand. New Zealand: Infometrics Ltd.

Kaplow, J. B., & Spatz-Widom, C. (2007). Age of onset of child maltreatment predicts long-term mental health outcomes. *Journal of Abnormal Psychology, 116*(1), 176-187.

National Scientific Council on the Developing Child. (2012). The science of neglect: The persistent absence of responsive care disrupts the developing brain. Working Paper 12: Harvard University.

Newman, L. (2012). Interventions for vulnerable parents and infants In L. Newman & S. Mares (Eds.), *Contemporary approaches to infant and child mental health* (pp. 92-102). Victoria: IP Communications.

Pinheiro, P. S. (2006). World Report on Violence Against Children. Geneva.

Polonko, K. A. (2006). Exploring assumptions about child neglect in relation to the broader field of maltreatment. *Journal of Health and Human Services Administration, 29*(3), 260-284.

Schechter, D. S., & Willheim, E. (2009). The effects of violent experiences on infants and young children. In C. H. Zeanah (Ed.), *Handbook of Infant Mental Health* (3rd ed., pp. 197-213). New York: The Guilford Press.

Schore, A. N. (2005). Attachment, affect regulation and the developing right brain: linking developmental neuroscience to pediatrics. *Pediatrics in Review, 26*(6), 204-217.

Schore, A. N. (2012). *The science of the art of psychotherapy.* New York: W. W. Norton & Company Inc.

Skarbek, D., Hahn, K., & Parrish, P. (2009). Stop sexual abuse in special education: An ecological model of prevention and intervention strategies for sexual abuse in special education. *Sexuality and Disabilities, 27,*155-164.

Smith, A. (2006). *The state of research on the effects of physical punishment.* Wellington.

Strathearn, L. (2010). *Emotional neglect: A disorder of mother-infant attachment.* Paper presented at the What About the Children Conference Cambridge.

Teicher, M. H. (2016). *Childhood abuse, brain development and psychopathology.* Paper presented at the 2nd Biennial International Child Trauma Conference, Melbourne.

Teicher, M. H., Dumont, N. L., Ito, Y., Vaituzis, C., Giedd, J. N., & Anderson, S. L. (2004). Childhood neglect is associated with reduced corpus collosum area. *Biological Psychiatry, 56,* 80-85.

Teicher, M. H., & Samson, J. A. (2016). Annual research review: Enduring neurobiological effects of childhood abuse and negelct. *Journal of Child Psychology and Psychiatry, 57*(3), 241-266.

Teicher, M. H., & Vitaliano, G. D. (2011). Witnessing violence towards siblings: An understudied but potent form of early adversity. *PLoS ONE, 6*(12).

Tomoda, A., Sheu, Y. S., Rabi, K., Suzuki, H., Navalta, C. P., Polcari, A., & Teicher, M. H. (2011). Exposure to parental verbal abuse is associated with increased gray matter volume in superior temporal gyrus. Neuroimage, S280-S286.

Tomoda, A., Suzuki, H., Rabi, K., Sheu, Y. S., Polcari, A., & Teicher, M. H. (2009). Reduced prefrontal cortical gray matter volume in young adults exposed to harsh corporal punishment. *Neuroimage, 47*(2), T66 - T71. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2896871/pdf/nihms210713.pdf

Toth, S. L.,Cicchetti, D., Macfie, J., & Emde, R. N. (1997). Representations of self and others in the narratives of neglected, physically abused and sexually abused pre-schoolers. *Development and Psychopathology, 9*(4), 781-796.

Twardosz, S., & Lutzker, J. R. (2010). Child maltreatment and the developing brain: A review of neuroscience perspectives. *Aggression and Violent Behaviour, 15,* 59-68.

University of Zurich. (2013). Child sexual abuse via the internet is on the rise. Retrieved from Science Daily website: https://www.sciencedaily.com/releases/2013/10/131029090511.htm

Waldinger, R. J., Toth, S. L., & Gerber, A. (2001). Maltreatment and internal representations of relationships: Core relationship themes in the narratives of abused and neglected preschoolers. *Social Development, 10,* 41-58