Intervening with Severely and Chronically Neglected Children and their Families: The Contribution of Trauma-Informed Approaches

Many clinicians and researchers have proposed considering child abuse and neglect from a traumatic stress perspective to better understand how they so profoundly impact child development. According to this perspective, child maltreatment (both child abuse and neglect) is viewed as a chronic interpersonal trauma which may severely interfere with normal developmental processes, often resulting in long-lasting behavioural, emotional and psychophysiological dysregulations. In this paper, we summarise theoretical and empirical literature addressing the traumatic nature of child neglect, with a specific focus on short-term consequences of neglect in childhood. We then give an overview of some key intervention elements stemming from trauma-informed approaches with traumatised children and their families. Copyright © 2015 John Wiley & Sons, Ltd.

KEY PRACTITIONER MESSAGES:

- Child neglect is viewed as a chronic interpersonal trauma which may severely interfere with normal developmental processes, often resulting in long-lasting behavioural, emotional and psychophysiological dysregulations.
- Key intervention guidelines stemming from trauma-informed approaches include:
  - A detailed assessment of the child’s trauma history and characteristics
  - Providing a safe environment for the child
  - Helping the child build feelings of emotional security
  - Improving parental sensitivity
  - Developing child emotional self-regulation
  - Offering emotional therapeutic support to the parent.

KEY WORDS: neglected children; trauma symptoms; complex trauma; trauma-informed approaches

This paper addresses the potential contribution of using a trauma-informed approach when intervening with chronically and severely neglected children and their families. In the last decades, many clinicians and researchers...
have proposed considering child abuse and neglect from a traumatic stress perspective to better understand how they so profoundly impact child development (e.g. Briere, 2002; Cook et al., 2005; De Bellis, 2005; Ford and Courtois, 2009; van der Kolk et al., 2009). According to this perspective, child maltreatment (both child abuse and neglect) is viewed as a chronic interpersonal trauma which may severely interfere with normal developmental processes, often resulting in long-lasting behavioural, emotional and psychophysiological dysregulations. However, to date, few empirical studies have addressed the specific relation between child neglect and trauma symptomatology, most studies having focused on violence and sexual abuse. In this paper, we summarise theoretical and empirical literature addressing the traumatic nature of child neglect, with a specific focus on short-term consequences of neglect in childhood. We then give an overview of clinical guidelines stemming from trauma-informed interventions with traumatised children and their families.

**Child Neglect and Posttraumatic Stress Disorder (PTSD) Symptoms**

Child neglect is a ‘failure to provide minimum standards of care as well as adequate supervision’ (Cicchetti and Valentino, 2006, p. 132). It is the most common type of child maltreatment, with estimated prevalence rates of 163/1000 for physical neglect and 184/1000 for emotional neglect (Stoltenborgh et al., 2013). Surprisingly, very few empirical studies have specifically examined the relation between child neglect and trauma symptomatology. One of the first studies to document the link between child neglect and trauma symptoms is Widom’s (1999) prospective study, in which she assessed the risk of developing adult PTSD after having been exposed to childhood maltreatment experiences (including physical abuse, sexual abuse and neglect). Results of this study showed that 31 per cent of participants victim of child neglect met lifetime PTSD diagnosis. There was also a significant relationship the link between childhood neglect and the number of PTSD symptoms was only marginally significant. However, when controlling for the effect of eight other factors (e.g. having a parent who was arrested or had alcohol or drug problems), the link between childhood neglect and a lifetime PTSD diagnosis and the number of symptoms was only marginally significant. Since Widom’s pioneer work, other studies conducted with neglected children and adolescents have shown that child neglect, alone or in combination with other forms of maltreatment or risk factors, is associated with increased risk of developing trauma-related symptoms (dissociation and posttraumatic intrusion/avoidance/hyperarousal) as early as the preschool years. In a study conducted with neglected and non-neglected/non-maltreated preschoolers, Milot et al. (2010a) reported that neglected children show higher levels of both PTSD and dissociative symptoms than non-neglected/non-maltreated ones. In another study conducted with maltreated preschoolers in foster care, Hulette et al. (2008) found no significant difference in the levels of PTSD and dissociative symptoms between children who had only experienced neglect (without other forms of maltreatment) and children who had been physically or sexually abused (with or without neglect). Also, in a study assessing the effects of multiple forms of child maltreatment in a sample of adolescent inpatients, Sullivan et al. (2006) observed relationships between childhood
experiences of physical and emotional neglect and PTSD symptoms in adolescence. However, in this study, when the presence of other forms of child maltreatment was taken into account, the relationships between emotional and physical neglect and PTSD were no longer significant. In the next paragraphs, we address two potential mechanisms that may underlie the traumatic nature of neglect: (1) the key role of parent-child relations; and (2) child neglect as a risk factor for other forms of traumas.

The Key Role of the Parent-Child Affective Relationship

Children, in particular very young children, rely mostly on their caregivers for physiological, emotional and behavioural regulation. Especially in stressful situations, mothers and fathers may serve as external regulators of children’s overwhelming feelings. Without this external support, it might be very challenging for a child to get back to homeostasis. Unfortunately, neglected children often rely on unavailable, unreliable or unpredictable caregivers who may fail to offer the necessary support when needed. Literature on parent-child relationships in neglectful families suggests that parents show many difficulties when interacting with their children. For example, Edwards et al. (2005) observed that neglectful mothers are generally less interactive than non-neglectful mothers. Neglectful mothers also provide less support in response to their child’s emotional displays (Bousha and Twentyman, 1984) and are less accurate at labelling infant’s emotions (Hildyard and Wolfe, 2007). Consequently, neglected children may be at risk of experiencing long-lasting stressful psychological states, even when dealing with normative challenging situations.

In order to test the hypothesis that an unavailable caregiver may be a risk factor for developing PTSD symptomatology in childhood, Milot et al. (2010a) examined the links between child neglect, the affective quality of mother-child communication (as a proxy of mother’s availability) and a child’s PTSD symptomatology in a sample of 33 neglected and 72 non-neglected children (mean age: 60 months). PTSD symptoms and dissociation – a related feature of trauma symptomatology – were measured using preschool teacher reports, whereas the affective quality of mother-child communication was assessed during an unstructured observational context. Teachers reported more dissociative and PTSD symptoms in neglected children than in non-neglected ones. Moreover, consistent with other studies, results showed a lower quality of mother-child affective communication in neglectful dyads when compared to non-neglectful dyads. Further analyses revealed that the quality of mother-child communication is an important factor contributing both to dissociative and PTSD symptoms in neglected children, even after having controlled for child neglect status. These findings lend further support to the assumption that child neglect is associated with higher risks of developing trauma symptomatology. They also suggest that the ability to express and share emotions (both positive and negative) with an attachment figure is a key factor for the development of emotional self-regulation, thus supporting the role of a deficient parent-child affective relationship as a mechanism linking child neglect and the development of trauma symptomatology.

Child Neglect as a Risk Factor for Other Forms of Trauma

Besides the intrinsic traumatic nature of parent-child relationships in neglectful families, another way in which being neglected may be a
traumatic experience relies on the fact that children who are neglected by their caregivers are also more at risk of being exposed to other forms of trauma. First, neglected children are at risk of experiencing other forms of maltreatment, such as physical abuse, domestic violence, etc. (Armour et al., 2014). In their analysis of child welfare case records of an urban, ethnically diverse sample of youths, Mennen et al. (2010) reported that 95 per cent of the neglect cases were accompanied by other types of maltreatment. Moreover, several studies have shown that experiencing multiple forms of trauma is associated with greater difficulties (e.g. Cloitre et al., 2009; Finkelhor et al., 2007; Hodges et al., 2013). Also, many neglected children do not receive appropriate supervision, which may increase the risks of being exposed to trauma and violence. In a prospective study conducted over a five-year period, Manly et al. (2013) examined the interrelations between severity of child neglect at age four, level of neighbourhood crime from age four to six and teachers’ evaluation of externalising problems at age nine. They observed an association between severity of neglect and neighbourhood crime, with severely neglected children living in the neighbourhoods with the highest number of violent crimes. Interestingly, although severity of child neglect was related with a later level of externalising problems, this relation was mediated by the level of neighbourhood crime.

PTSD Symptoms as a Path to Other Difficulties

Many studies conducted with victims of child abuse and neglect have shown that PTSD symptomatology may be considered as a psychological mechanism linking child maltreatment to psychosocial maladjustment. In a recent study conducted with maltreated and non-maltreated children, Milot et al. (2010b) observed that trauma symptomatology was a significant predictor of both internalising and externalising behaviours. In another study conducted with 1317 adolescents, Wolfe et al. (2004) found that trauma-related symptoms mediated the relation between experiences of childhood maltreatment and dating violence. Another study conducted with victims of child maltreatment showed that trauma symptomatology was a predictor of non-suicidal self-injury in adolescence (Shenk et al., 2010). Another study conducted with women who were sexually assaulted in adolescence indicated that posttraumatic stress symptoms partially mediated the relation between sexual assault severity and health outcomes (Eadie et al., 2008). Finally, a study conducted with a community sample showed that posttraumatic symptoms (as well as affect dysregulation) mediate the relation between accumulated exposure to several types of interpersonal trauma and dysfunctional avoidance behaviours (Briere et al., 2010).

Trauma-Related Symptomatology: Broadening the Scope

Although the construct of PTSD has been quite helpful in studying difficulties related to child abuse and neglect, several authors have called for a broader conceptualisation of trauma, which is usually referred to as complex trauma.
or developmental trauma disorder (Cook et al., 2005; Ford and Courtois, 2009; van der Kolk et al., 2009). According to these authors, PTSD symptomatology only accounts for a subset of the numerous difficulties generally observed in neglected and abused children. PTSD diagnosis mainly relies upon three clusters of symptoms (now 4 clusters in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorder, American Psychiatric Association, 2013), namely, the re-experiencing, avoidance and hyper arousal clusters. However, evidence from both clinical experience and the scientific literature indicates that neglected children – as well as abused children – are at risk of presenting a much wider range of developmental difficulties, such as severe and persistent emotional and behavioural dysregulation (Dubowitz et al., 2002; Erickson and Egeland, 2002), social isolation and withdrawal (Horwath, 2007), and dissociation (Hulette et al., 2008; Macfie et al., 2001; Milot et al., 2010a).

The construct of complex trauma, which first appeared in the early 1990s, has been increasingly called upon in recent years to better describe and understand the widespread diversity and great severity of developmental sequelae associated with child abuse and neglect. The label ‘complex’ was first used by Judith L. Herman (1992) in her work with patients who were repeatedly abused during their childhood. In her work, Herman referred to complex PTSD (CPTSD) to describe the complexity of clinical symptoms presented by these patients, including alterations in relationships, identity disturbance and alterations in systems of meaning. Herman argued that response to trauma is best understood as a spectrum of conditions (in opposition with a single disorder), and emphasised the importance of interpreting patient’s complex symptomatology in the light of past (or present) disturbed relationships. A few years before Herman’s formulation of CPTSD, Finkelhor and Browne (1985) stated that the PTSD concept was insufficient to explain the numerous consequences resulting from sexual abuse. Among other things, they argued that PTSD symptoms did not account for the variety of symptoms observed in victims of sexual abuse. They also argued that the strict use of the PTSD concept for understanding the consequences of sexual abuse may cause prejudice among victims who did not meet criteria for PTSD diagnosis, thus leading to erroneously concluding that they were less traumatised. To better account for the range and variety of symptoms found in victims of sexual abuse, they proposed a more complex model – the Traumagenic Dynamics Model. In 1991, another clinician and theorist, Leonor C. Terr, emphasised the importance of distinguishing between two types of trauma in childhood. The first type of trauma (to which she referred to as type I traumas) results from a single unexpected event (e.g. accident), and generally leads to the conditioning of behavioural and physiological responses related to this specific event. On the other hand, the type II traumas result from multiple, long-lasting or repeated exposure to extreme events, such as child maltreatment, and have a more negative effect on the development of emotional and behavioural self-regulation skills, including psychic numbing, rage, dissociation, somatisation and changes in the perception of self and others.

Ford and Courtois (2009) define complex trauma as: (1) involving repeated or prolonged exposure to traumatic agents; (2) involving direct harm, abandonment or neglect from caregivers or responsible adults; (3) occurring during key stages of development; and (4) posing a severe threat that may seriously jeopardise the development of the child. Complex trauma covers
situations in which children grow up in chaotic, scary and unpredictable environments, requiring constant adaptation in order to cope with the threats. Given the number of people who may be involved (parents, siblings, etc.) and the great vulnerability of children, the consequences of complex trauma are numerous and they may persist throughout life. Complex trauma is considered a developmental trauma in that normal development is severely altered, many developmental areas being affected (van der Kolk et al., 2009). Children growing up in a violent and neglectful environment must devote most of their resources to survival. These particularly stressful events provoke a series of neurobiological reactions, including the activation of the various systems involved in dealing with stress (e.g. the limbic system and the neuroendocrine system). These systems predispose the body to efficiently react to various stressors. They are adaptive and they allow for the individual’s survival. However, exposure to chronic stress – as might be the case for a neglected child – may alter the normal functioning of these systems and profoundly impact a child’s development (see de Bellis, 2005, for a review of the impacts of child neglect on brain development). According to Briere’s (2002) Self-Trauma Model, the deficits in self-capacities often observed in maltreated children – such as deficits in affect regulation – impede the normal processing of both conditioned emotional responses and distorted cognitions resulting from trauma. As Briere notes, the survivor of extreme abuse and neglect may have to deal with both the triggering of sudden abuse-related stimuli and the absence of effective emotional regulation skills. This may put the child at risk of experiencing a prolonged overwhelmed emotional state, which may lead to the use of massive avoidance strategies and a chronic dissociative state.

Clinical Guidelines Stemming From Trauma-Informed Interventions

For many clinicians and researchers, the construct of complex trauma has proven helpful for a better understanding of the consequences of child abuse and neglect as well as informative for the development of trauma-informed interventions. Theoretical and clinical literature on the traumatic nature of child maltreatment is burgeoning and several evidence-based intervention programmes for traumatised children and adolescents have emerged such as Trauma-Focused – Cognitive-Behavioral Therapy (Cohen et al., 2006), Integrative Treatment of Complex Trauma for Adolescents (Briere and Lanktree, 2012), Attachment, Self-Regulation and Competency (Blaustein and Kinniburgh, 2010), Attachment and Biobehavioral Catch-up Intervention (Dozier et al., 2005), Child-Parent Psychotherapy (Lieberman, 2004) and Être (Éthier, 2010). The positive effects of these different programmes on the functioning of traumatised children and adolescents have been empirically supported (Bernard et al., 2012; Cohen et al., 2012; Éthier, 2010; Ghosh Ippen et al., 2011; Hodgdon et al., 2013; Lanktree et al., 2012). These programmes all include a coherent and specific set of intervention strategies. Despite the fact that these programmes may vary in terms of a targeted population (e.g. age group, individual child vs parent-child dyad) and intervention goals (e.g. reducing trauma symptoms, improving child adaptation), it is possible to identify a number of
intervention guidelines that may be considered when working with severely neglected children and their families. In the following sections, we give an overview of these guidelines.

Assessing Trauma Experiences and Sequelae

An important step of a trauma-informed intervention is to conduct an exhaustive assessment of the characteristics of traumas experienced by the child (e.g. type of trauma, age of onset, duration, etc.) and the strengths and weaknesses within both the child and the child’s environment. There is an abundant literature addressing the multiple consequences of child neglect, suggesting that child victims of neglect are at risk of developing difficulties in several domains. However, although complex trauma is hypothesised to impact several developmental spheres, specific complex traumatic responses may vary from one child to another. As noted by Briere and Spinazzola (2009, p. 117), a:

‘one-size-fits-all diagnosis often is untenable. […] the clinician should consider the entire range of posttraumatic responses potentially attributable to a given client’s history and risk factors.’

Carefully and properly assessing a child’s environment and trauma history and his/her current level of functioning will help tailor the intervention to the child’s needs as well as identify resiliency domains that can serve as building blocks for recovery.

Providing a Safe Environment

Creating a sense of safety for the child should be one of the first objectives of the intervention (Lieberman, 2004). For neglected children whose daily life is characterised by a lack of structure and routines and the occurrence of unpredictable potentially traumatic events, it appears particularly important to focus on establishing an environment that is safe for the child. In a more predictable environment, the child will be better able to develop adequate physiological monitoring and start learning from new experiences. This first phase of the intervention, to develop a safer environment at home, should be done in collaboration with youth protection services. The safety of the living environment must be maintained throughout the interventions with the child and parent.

Building a Feeling of Emotional Security

Neglected children are particularly at risk of developing an insecure attachment to the parent, including a disorganised attachment (e.g. Cicchetti et al., 2006; Moss et al., 2011). Yet, it is through the attachment relationship with their caregivers that children learn to regulate their emotions and behaviours and form their identity (Bowlby, 1988). The sense of emotional security that stems from a healthy parent-child relationship allows children to effectively explore their inner world and to experience emotions without being overwhelmed by them. It is also through this relationship that children gradually develop the capacity to face diverse stressful situations which can vary in intensity, and that
they acquire the self-regulatory skills necessary to cope with the challenges they encounter. According to Bowlby (1988), a secure base is a crucial element for the success of psychotherapy. Intervention with neglected children who show insecure attachment should aim at restoring a feeling of affective security. In order to do so, it is important to create a stable emotional environment for the child. If the child lives with his/her biological parents, it is often necessary to offer support to the parents and give them tools that will help them provide a more secure and predictable environment.

**Improving Parental Sensitivity**

Traumatised neglected children sometimes have reactions that may seem excessive, uncontrolled and unjustified. It might be particularly difficult for parents to identify and understand the underlying causes and the real nature of these behaviours or reactions. Understanding the reactions of the child is much easier when the parent is aware of his/her own feelings when facing the child’s behaviours. Parents of neglected children have often been maltreated in their childhood (Milot et al., 2014) and the child’s manifestations of stress might evoke in them powerful negative feelings that are related to their own past traumatic experiences. Consequently, they may feel rejected, attacked or humiliated by their child and respond accordingly. Furthermore, even though the parent might eventually understand the underlying causes of the child’s extreme reactions (and link them with trauma experienced by the child), it can be quite challenging for any adult to face a child in crisis, who appears terrified or displays aggressive behaviour. The child’s behaviours might trigger feelings of anger, hostility or helplessness in parents. Parents who develop good emotional regulation skills can support their child more effectively in difficult situations. In the context of child protection services, offering group or individual counselling to parents in order to support parenting and improve sensitivity to the child’s needs and signals is often necessary. Recent studies with maltreating families have shown that attachment-based intervention programmes are particularly efficient at increasing parental sensitivity and fostering child attachment security (Cicchetti et al., 2006; Moss et al., 2011).

**Developing Child Emotional Self-Regulation**

A major deficit quite common among maltreated children is the lack of adequate emotional self-regulation (Dubowitz et al., 2002; Kim-Spoon et al., 2013; Shields and Cicchetti, 2001). Self-regulatory skills are a necessary building block towards healthy social and emotional adjustment. They become even more critical as a tool to promote resilience or recovery following trauma exposure. Therefore, intervention with neglected children, and especially severely neglected ones, should favour the acquisition of emotional self-regulatory skills. Many neglected children have difficulty using words to describe their internal world and their subjective experience (Beeghly and Cicchetti, 1996), and they also lack the ability to relate their feelings with external or internal stimuli (i.e. to understand the reasons [causes] underlying their feelings). Traumatised children may also fail to differentiate between positive and negative feelings, which leaves them with no clear comprehension.
of what they are experiencing. Thus, a key step of the intervention should be to help them identify and understand their emotions and feelings, as well as learn to modulate and express them adequately. This can be done using various intervention strategies, such as the identification of emotions from images, stories, puppets, or from verbalisations uttered by the child.

**Offering Emotional Therapeutic Support to the Parent**

Neglected children often come from families where the parents themselves have been traumatised. In a study conducted with mothers from neglectful families, Milot et al. (2014) observed that a majority had experienced trauma during their childhood, and that, for many, traumatic psychological processes related to these experiences were still active in adulthood. It is likely that these past traumas interfere with the exercise of their parental role. According to the attachment literature, parents with unresolved traumas are more at risk of adopting atypical parental behaviours (Lyons-Ruth et al., 2005) and frightened/frightening behaviours (Main and Hesse, 1990) which, in turn, are associated with increased risk for the child to develop a disorganised attachment. Therefore, intervention should incorporate strategies which include offering emotional therapeutic support, not only to the child, but also to the parent. According to Moran and colleagues (2008), this therapeutic emotional support should include an acknowledgment of the parents’ trauma history and helping them realise how these past experiences might exert an influence on their capacity to engage and interact with significant others, in particular with their own child. One important aspect of the intervention should be to:

‘assist parents in reflecting on how past experiences trigger defensive processes that materialise within the mother-child relationship, so that they can use this insight to change their responses’ (Moran et al., 2008, p. 390)

Therapeutic efforts should also be devoted to increasing parents’ coping skills such as emotional and behavioural regulation, distress tolerance and self-reflectiveness. Finally, great caution must be observed when working with traumatised parents who may be particularly fragile and not yet psychologically ready to ‘work through’ their traumas (Moran et al., 2008).

**Conclusion**

The theoretical, clinical and empirical developments in the last two decades concerning the importance of trauma sequelae among victims of maltreatment have alerted clinicians and researchers to the wide range of developmental spheres that are negatively impacted by severe and chronic neglect. A growing number of studies have highlighted the relationship between child neglect and trauma symptomatology (e.g. Hulette et al., 2008). However, whether this relationship is direct, indirect or confounded by other variables still needs to be clarified. Recent findings have shown that a low quality of mother-child affective communication may contribute to this relation (Milot et al., 2010a), suggesting that improving parental sensitivity to the child’s emotional needs might constitute a key factor in improving neglected children’s functioning.
The central role of sensitive and supporting caregivers surrounding or following traumatic experiences is also highlighted in another study which revealed that supportive parenting during childhood is associated with improved psychological adjustment in adult survivors of childhood sexual abuse (Godbout et al., 2014). In addition, other studies (e.g. Sullivan et al., 2006; Widom, 1999) have shown that the presence of certain risk factors, such as being exposed to other forms of abuse and parental difficulties, may contribute to the development of trauma symptomatology in victims of child neglect. These findings highlight the necessity to conduct a proper assessment of the child’s family environment as well as his/her trauma history prior to intervention in order to ensure that the intervention is well suited to the child’s specific needs.

Finally, considering neglect from a traumatic stress perspective underlines the complexity of how best to intervene with neglected children and their families, and suggests that several targets of intervention might be considered for better results: the child, the parent, the parent-child relationship and the overall family environment. In the last decade, a number of innovative intervention programmes have been developed for traumatised maltreated children and adolescents. Based on these different programmes, it is possible to identify some key intervention guidelines: providing a safe environment for the child, building the child’s feeling of emotional security, developing his/her emotional self-regulation, improving parental sensitivity and offering emotional therapeutic support to the parent. Yet, in order to foster intervention strategies specifically designed for neglected children, further research should address questions such as how do trauma symptoms develop and evolve in neglected children, are there moderating and mediating factors associated with trauma symptomatology in neglected children, and are some trauma-informed approaches more effective than others with severally neglected children?

References


