

Child Development and Abuse: What Every L-GAL Must Know

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Development Happens

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Except when it doesn't

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- A tour of physical and cognitive development
- How development is affected by abuse and neglect
- How does an LGAL get at this information?
- Evaluations that may be useful

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First year development

- First month...
 - Reflexive sucking and grasping (no reaching)
 - Hands generally closed. Uncontrolled extremities
 - Raises head slightly when lying on stomach
 - Needs head support, but holds up for short periods
 - Brief object watching and following
 - Gurgling vocalizations
 - Gradually stays awake more
 - Sleep pattern not established, not trainable
 - Looks at face briefly; may quiet to human voice
 - Cries initially undifferentiated; gradually changes
 - Evidence indicates particular responses to parents

- By two months...
 - Can hold head up when body held in sitting position; head bobs
 - Tracks people with eyes
 - Responds to smile with occasional smile
 - Holding head up a bit better when on stomach
 - More vocalizations; might be cooing by end of month two

- By three months...
 - Lifts head and chest when on stomach
 - Body movements get quite vigorous, yet more controlled.
 - Grasps objects briefly; hands starting to open
 - May suck hands; pull to midline
 - Head control improved
 - Recognizes bottle or breast for feeding
 - Coos and occasionally babbles, squeals
 - More smiley, responsive, chuckles or giggles

- By four months...

- Good head control
- Rolls from side to side; stomach to back
- Will take an object given to them
- Some reaching is possible
- Follows moving object when held in sitting position or when on back
- Laughs, enjoys playful activity
- Babbling increased
- Some tastes of solid foods

- By six months...

- Sits with a little help. No head lag when pulled to sit
- Sleep pattern can be trained
- Bears more weight when held upright
- Rolls back to stomach
- Transfers objects between hands and from hand to mouth. Reaches for objects, faces
- Babbles with more than two sounds. Some syllables
- Smiles at self in mirror
- Can eat more solid foods
- *Enters prime attachment time*
- Stranger anxiety may start to be evident

- By nine months...

- Sits alone. Reach and lean while sitting without falling
- Creeping, likely crawling
- Imitating speech sounds. May well use "mama" and maybe "dada"
- Understands simple commands!
- Plays with two objects simultaneously
- Might walk with support. Might pull self up to stand
- Might drink independently from sippy cup
- *Attachment*
- Stranger anxiety

- By 12 months...
 - Pulls to standing, may start walking. Steps with support
 - Pincer grasp refined
 - Stacks two blocks
 - Gives toy upon request
 - May say a few words. Understands much more
 - May understand "no"
 - Overgeneralization of words
 - Follows simple directions; gestures help this
 - Affectionate
 - *Attachment* & stranger anxiety

Second year development

- By 15 months...
 - Walks: stiff gait but improving
 - More conversational tone of voice
 - A few more words; more gestures
 - Receptive language skyrocketing
 - Better with self feeding; many use spoon with some success
 - Palmar grasp of crayon: scribbling
 - Sense of "me," "mine"
 - *Attachment* & stranger anxiety

- By 18 months...
 - Runs stiffly. Walking more fluid. Walks backward
 - Starting to climb stairs; climbs furniture
 - Likes being read to, may do some page turning
 - Improving vocabulary, 10+ words
 - Gestures and words used together
 - Waves bye-bye or at least understands it
 - "Mine!" "No!"
 - Likes routines
 - May show some defiance
 - *Attachment*

- By 24 months...
 - Runs (still stiff), kicks, throws, walks up and down stairs holding on
 - Turns pages of books
 - Can help with some household tasks; imitates them
 - Vocabulary growing a lot; mostly nouns
 - Puts 2-3 words together
 - Points to body parts on command
 - Can copy vertical line
 - Completely conscious of family group; differentiates between self and others

By age three...

- Safer on stairs; alternate feet
- Stands briefly on one foot
- Rides a trike
- May be potty trained
- Imitates horizontal line
- Much larger vocabulary (1000 words)
- Knows who's who in family; roles
- Sentences
- Curious, inquisitive

By age four...

- Hops, throws overhead, catches bounced ball
- Toilet trained
- Copies a circle
- Points to several basic colors
- Knows own sex, age, last name
- Plays with, as opposed to next to, other children
- Some counting
- More complex, grammatical sentences
- Draws more objects, more complex people
- Takes turns, more conforming to rules

By age five...

- Recognizes printed name; may write it
- Much more accomplished gross motor skills: balancing on one foot, hopping, galloping or perhaps skipping
- Understands opposites, many comparisons
- Lots of "why" and "how" questions
- Basically independent dressing
- Knows the rules; dogmatic; some arguing
- Beginning sense of time, such as yesterday, tomorrow, and how long an hour is
- Imaginative

6-11 years: middle childhood

- Elementary school (and start of middle school)
- Increasing mastery of complex skills, physically and cognitively
- Less ego-centric. Increasing understanding of others' perspectives
- Rather concrete thinking, though more abstract toward age 11
- Logic and rationality increase
- Greater investment in friendships, communities
- Involved in household tasks
- Reading by age 8

12-17 years

- Adolescence; physical maturation of adult sex characteristics
- Rapid growth
- Early on, limited ability to think hypothetically and take multiple perspectives. These abilities increase considerably
- Peers are really important; peer pressure
- Individuation *and* fitting in; experimentation (figuring out who he/she is); testing boundaries
- Wants to have a say; privacy concerns

Developmental effects of abuse/neglect

- No such thing as “mere neglect”
- First year
 - Failure to meet milestones (developmental delay); failure to thrive
 - Attachment problems
 - Lack of stranger anxiety
 - Sleep problems; hard to create pattern
 - Odd emotional responses (flat, restricted, not very responsive, over-reactive, labile)

- Toddler/preschool years
 - Ongoing sleep disturbance
 - Difficulty forming attachments; may show lack of stranger anxiety or shyness; may be extremely shy
 - Severe (or occasionally absent) separation distress
 - Excessive tantrums; hard to soothe
 - Behavioral problems, aggression
 - Speech delay; frustration
 - Hyperactivity/agitation
 - Persistent, severe fears
 - Problems with toilet training

- School years
 - Anxiety, moodiness, anger
 - Self-blame, poor self-esteem
 - Difficulties forming, maintaining friendships
 - Serious behavior problems, acting out; increasingly destructive
 - Poor school achievement; serious risk for failure, beginning delinquent behaviors
 - Mistrustful of adults; wary; testing of boundaries
 - Sees world as negative, unsafe

- Adolescence
 - Ongoing behavioral problems; increasing delinquency risk
 - Running away, drug use, unsafe sexual behaviors
 - Problems in forming, maintaining relationships
 - Risk for interpersonal violence
 - School failure
 - Difficulty setting, meeting goals. Adrift
 - May be in contact with family, even if ordered otherwise
 - Sensitive about being different; shame

LGALs are in a uniquely powerful position

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Use it well!

Keep the child front and center like no one else can.
Remember the standard is adequate parenting, safety.
Not perfect or ideal.

What's a LGAL to do?

- Avoid removals/placement changes if possible
 - If a child can be maintained safely in the home, do it
 - Rapid reunification if possible
 - Minimize placement changes
- Maintain family and community connections
- Permanency is a state of mind
 - Physical vs./and developmental safety
- Keep your client informed
 - Developmentally appropriate language, but don't hide substance of what's going on

- Get on kid's level. Play with younger kids. Spend time talking with older ones
- Make contact with teachers, service providers, case workers, foster parents, parents if possible
 - They can provide needed info about the child in various contexts
- Frequent, caring (but not overbearing) contact with teen clients
 - They often lack a trusted, supportive adult
- Evaluate whether concrete needs are being met: food, shelter, clothing, education

Evaluations

- Infant mental health through CMH
- Early On
- Head Start
- Psychologists
- Neuropsychologists
- Behavioral pediatricians
- Speech/language, physical, and occupational therapists
- Psychiatrists
- School psychologists and teacher consultants
- *Trauma-informed assessment and treatment*

Questions?
