Copyright American Psychological Association

1

Maltreatment From a Developmental Psychopathology Perspective

Child maltreatment is at once a medical, public health, developmental, mental health, and criminal problem. Because of the diligent work of researchers, clinicians, and other professionals from all of these fields over recent decades, we as a society are better equipped to prevent child abuse and intervene to help abused and neglected children. Today, more than ever, children are protected by child protective services, have access to multidisciplinary evaluations through child advocacy centers, and are helped with evidence-based trauma-focused mental health care and even trauma-sensitive schools (J. A. Cohen, Mannarino, & Deblinger, 2012; S. F. Cole, Eisner, Gregory, & Ristuccia, 2013; Cross et al., 2008).

Still, fundamental questions remain. Amid some success, the rate of child abuse and neglect remains stubbornly high overall (Finkelhor, Turner, Ormrod, & Hamby, 2010). The various definitions of child maltreatment used by clinicians, researchers, and the civil and criminal

http://dx.doi.org/10.1037/14898-001
Child Maltreatment: A Developmental Psychopathology Approach, by K. Becker-Blease and P. K. Kerig
Copyright © 2016 by the American Psychological Association. All rights reserved.

Copyright American Psychological Association

legal systems impede progress toward better prevention and intervention (Becker-Blease & Freyd, 2005; Finkelhor, Ormrod, & Turner, 2007). We lack a robust, coherent model of the developmental effects of maltreatment. As an example, the following two quotes, both by scientists, sum up what is known about trauma and resilience for a general audience:

> Even if an abused person comes to terms with the traumatic memories and chooses (for the sake of sanity) to forgive the perpetrator, this will not reverse the neurobiological abnormalities. (Teicher, 2000, p. 66)

> A recent study showing how major life traumas affect people suggests that, if it happened over three months ago, with only a few exceptions, it has no impact whatsoever on your happiness. . . . We are wired to be resilient. We're wired to find what's good in the current situation. (D. Gilbert, 2007)

How can two prominent scientists come to seemingly opposite conclusions? The devil really is in the details. These conclusions are not necessarily inconsistent. An abused person conceivably might have a brain that is permanently damaged by maltreatment and yet is plastic enough to change in adaptive ways. Further, an abused person might report the same level of happiness after a major trauma as he or she did before it. Finding out whether either of these suppositions is true, for whom, and how is among the work cut out for developmental psychopathologists.

DEVELOPMENTAL PSYCHOPATHOLOGY TACKLES COMPLEX QUESTIONS ABOUT MALTREATMENT

In this book, our goal is to explain, summarize, and translate the science of developmental psychopathology and the closely related fields of developmental traumatology (De Bellis, 2001) and developmental victimology (Finkelhor & Kendall-Tackett, 1997) for clinicians and other professionals who work with maltreated children and those at risk for maltreatment.

Copyright American Psychological Association

In this chapter, we begin by summarizing the basics of a developmental psychopathology approach. Such an approach requires attention to

1. developmental context—how human development affects the dynamics of child maltreatment;
2. ecological context—the family, community, and society in which child maltreatment occurs;
3. process—the mechanisms through which maltreatment affects people;
4. developmental trajectories—both adaptation and maladaptation over time, in both continuous and discontinuous ways. The same factor may lead to one outcome for one child and a different outcome for another (multifinality), and the same outcome may arise from different factors in different children (equifinality); and
5. how biological, genetic, and environmental factors, including prior development, combine to influence development.

Developmental Context

Developmental psychopathology can be defined as "normal development gone awry" (Kerig, Ludlow, & Wenar, 2012, p. 1). Only by understanding normative development can we understand problems that arise in development. Neglect, for example, is the absence of expected care necessary for children, taking the child's culture, maturity, and environmental risks into account. Normatively, in most of the United States today, children are supervised at least through age 10 and are gradually taught the skills necessary to care for themselves first for short periods and then longer periods until they are capable of independence in late adolescence. However, in the real world, adequately supervising children requires a more nuanced understanding of risk and development. At what age is it safe for the adult responsible to leave a sleeping child alone to run across the street to help a neighbor for a few minutes? To leave a preschooler in the bath to answer the phone? To leave a child who has developmental delay alone? Developmental psychopathologists argue that there is no way to define neglect, or maltreatment in general, without first understanding normative development.

Copyright American Psychological Association

Ecological Context

A developmental psychopathology perspective requires a focus on context. Child maltreatment affects people on so many levels: as societies, communities, families, and individuals. On a societal level, maltreatment is tremendously expensive. One estimate puts the lifetime cost, including health care, child welfare, criminal justice, special education, and loss of productivity costs, per substantiated maltreatment case at $210,012 per nonfatal case, and $1,272,900 per fatal case. That translates to a cost to society of $124 billion for a year's worth of 579,000 new substantiated child abuse cases (Fang, Brown, Florence, & Mercy, 2012). These costs are on par with some of the most expensive physical health conditions, such as stroke and Type 2 diabetes (Centers for Disease Control and Prevention, 2012; see Figure 1.1). This estimate takes into account only those cases that came to the attention of child protection workers, were found to be meet the legal definition of child maltreatment, and in which the child did not die. If we were to take into account the cost of all maltreatment—substantiated and hidden—the cost would go much higher.

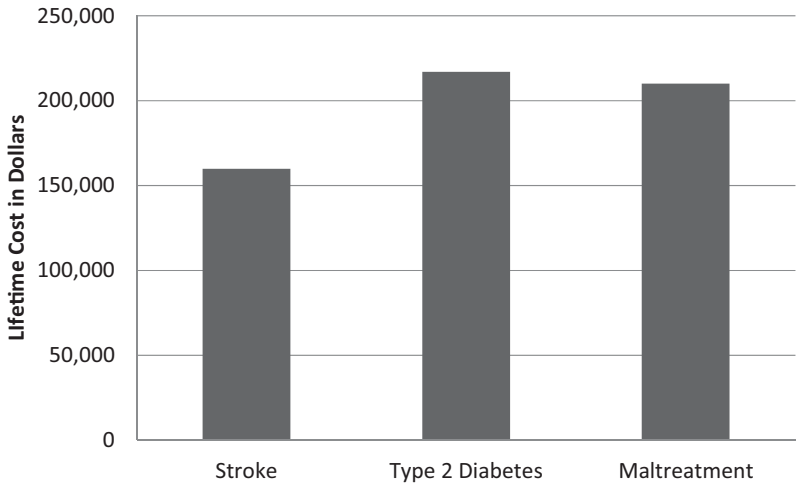


Figure 1.1

The lifetime cost of maltreatment is as costly as other major public health problems. Data from Centers for Disease Control and Prevention (2012).

Copyright American Psychological Association

Society and Communities

The effects of individual cases of maltreatment ripple out in society in ways that are largely hidden. Take, for example, the community's responsibility to protect children from sexual abuse. Schools, churches, camps, day-care facilities, and other youth-serving organizations today—thanks to a combination of best practices, institutional policies, insurance mandates, and laws—recognize the risk of sexual abuse and the requirement to protect children (Gregg & Hansen-Stamp, 2012; Saul & Audage, 2007). Among churches, a cottage industry offers child abuse prevention and response services and training (see, e.g., http://www.reducingtherisk.com and http://www.safechurch.com). For camps, the American Camp Association (ACA) advises:

> Teach your staff to be ever vigilant and question what they see. If just one person had approached Jerry Sandusky[1] when they saw something they thought was inappropriate, his serial child molesting could quite possibly have been stopped much sooner. (ACA Camp Crisis Hotline, 2012)

This vigilance is necessary. Children depend on adults to keep them safe. At the same time, this vigilance takes a toll. It takes time and money to train staff to do this work. It also demands cognitive and emotional resources. It requires not only watching and observing, but also the ability to interpret ambiguous situations and make difficult decisions. In a safer environment, resources can be reallocated, leading to better experiences for children.

Prevention efforts extend to children, and they, too, are affected by the need to be vigilant against potential sex offenders. For example, media coverage of child kidnappings may make children, especially school-age girls, worry about being victims themselves (Becker-Blease, Finkelhor, & Turner, 2008). The same is true of some sexual abuse prevention programs

[1] Sandusky is the Pennsylvania State University assistant football coach who was convicted of 45 counts of sexual abuse of boys.

Copyright American Psychological Association

in schools (Finkelhor & Dziuba-Leatherman, 1995; National Sexual Violence Resource Center, 2011). Although some of this worry may be irrational, the fact remains that, given the prevalence of child sexual abuse and imperfect prevention strategies, it is reasonable to be at least somewhat concerned (Finkelhor & Dziuba-Leatherman, 1995). We cannot simply deny the risk. Ultimately, we must reduce the prevalence of abuse in society so that children and those who care for them are able to live freer lives.

Prevention efforts are just one area in which the community as a whole is affected by maltreatment. Maltreatment affects children's development across physical, social/emotional, and cognitive domains. As a result, any organization that works with youth, from day care to college age, will encounter individuals who show signs of child maltreatment that affect their ability to participate and learn, meet behavioral expectations, and relate with other children and staff (S. F. Cole, Greenwald O'Brien, Gadd, Ristuccia, Wallace, & Gregory, 2005; Duncan, 2000).

Family

Families, generally, are organized to protect and nurture their vulnerable members. For this reason, families take on most of the burden of protecting children from maltreatment and caring for children who have been maltreated. The exact functions a family member takes on vary, and it is interesting to consider the breadth of these tasks. Virtually all families take steps to care for their children, although their efforts may be limited, ineffective, or misguided. For example, all but the most neglectful parents spend some effort to ensure their children are not kidnapped, neglected, or abused by other adults. In some families, these activities extend much further to researching the practices of potential children's programs, creating child ID kits for police in the case of abduction, and monitoring children's Internet and cell phone communications, for example. In many communities, these activities seem as common as putting on sunscreen and seatbelts, but the need for this work would plummet if we were able to reduce the threat of maltreatment in the first place.

When children are abused, families are often profoundly affected. When a child is abused by non–family members, the abuse affects the

Copyright American Psychological Association

entire family. Family members must come to terms with their own feelings of anger, guilt, and sadness and decide whether and how to navigate the civil and criminal justice systems, as well as how to heal. In other cases, the perpetrator is a family member. When children disclose abuse at the hands of a parent, nonoffending parents report having to move homes, loss of income, loss of support from friends and family, and employment problems (Massat & Lundy, 1998). Sometimes, no parents are able to care for children, and extended family step in to become primary caregivers. More than 2.5 million grandparents are caring for children whose parents are unable to care for them (AARP, n.d.). This experience varies widely, with grandparents reporting exposure to drug-related crime, financial and legal problems, stress and mental health problems, and difficulty finding time to take care of their own health, as well as some benefits stemming from their closer relationships with their grandchildren and living a more active lifestyle (Bailey, Haynes, & Letiecq, 2013; Grinstead, Leder, Jensen, & Bond, 2003; Hayslip & Smith, 2013).

Later in life, young people face the challenge of finding partners and creating new families. A history of maltreatment affects interpersonal relationships as this process unfolds. A history of child maltreatment is associated with later perpetration and victimization in adolescent bullying, gender-based harassment, and dating violence (Wolfe, Crooks, Chiodo, & Jaffe, 2009). The high prevalence of child abuse means that many young adults date, marry, and eventually parent with a partner who experienced maltreatment. These relationships are often difficult (Davis & Petretic-Jackson, 2000).

Developmental and Psychological Processes

Understanding the complexity and systemic nature of child maltreatment is useful for considering the process through which maltreatment affects individuals. Too often, the media focus on individual stories of triumph or tragedy, but the process through which the resilience grows into triumph or unfortunate events compound into tragedy over time is

Copyright American Psychological Association

left underexplored. Here is one extended case example that many readers will recognize. Dave Pelzer is the internationally best-selling author of a series of books about his abusive childhood and lifelong recovery. The books are sometimes billed as the story of how a person with unusual traits individually overcame horrific abuse. In keeping with the popular theme of emphasizing an immutable quality of successful individuals, the back cover of one highlights Dave Pelzer's "ultimate act of self-reliance" (Pelzer, 2010). Further, the official Dave Pelzer website headline reads "a living testament of a self-made man" (http://www.davepelzer.com). It is a story of independence, without doubt, in part. But it is also a story of interdependence. The back cover features a quotation from a review of the book by John Bradshaw, who notes the "unique love and dedication that social services and foster families provide for our children in peril." Pelzer (2010) dedicated the book to his wife, "the lady who gave her all to make me the man I am today," and his son, who has "changed my life for the better." The individual narrative only goes so far. In addition, we must consider the social, interpersonal, and developmental processes, unfolding over time and in a variety of contexts that gave rise to the resilient person we see today. On talk shows, made-for-TV movies, and popular books, but also in professional books and journal articles, we wonder: What is different about those who do and do not possess the capacity for success, between those who are resilient or are not resilient? This is a fine question, and one developmental psychopathologists expand to include another: What is it about families, communities, and societies that allow for such incredible personal growth in some individuals who have experienced maltreatment?

We do not yet have the full answer, but we do know that resilience is not just a capacity that someone possesses (or does not possess). Resilience is a complex *process* that evolves over time in different contexts. Recovery is not so much crossing a finish line into a life without symptoms. It is more lifelong growth in the capacity of survivors to meet their own needs and the needs of those who depend on them. Child maltreatment survivors and those who work with them have recognized this complexity. In fact, Dave Pelzer's newest book directly addresses this complexity in defining resilience over the lifespan. The publisher summarizes his latest

Copyright American Psychological Association

book, *Too Close to Me: The Middle-Aged Consequences of Revealing a Child Called "It"* (Pelzer, 2014) this way:

> As a child, Pelzer was beaten, starved, and abused both emotionally and physically by his alcoholic and mentally unstable mother. As a man, Pelzer went on to have love, happiness, a fulfilling career, and his own family. To many, Pelzer seemed to have found his happy ending. But for a child abuse survivor, living a normal adult life carries challenges and complications above and beyond those faced by most people. This book, the fifth in Pelzer's nonfiction series, provides an honest and courageous look at the difficulties inherent in marriage, parenthood, work, and life from the perspective of someone who survived horrific physical and emotional terrors as a child—and who seeks to meet the responsibilities and complications of adult life with love, strength, and an open heart.

In it, readers learn that despite success by many measures, life as a middle-aged abuse survivor is still marked by difficulty trusting others, fear, shame, and guilt. Achieving a relative lack of symptoms or relative professional or individual success does not mean that "recovered" abuse survivors are left unchanged. The story is more complex.

Developmental psychopathology offers some useful concepts for helping scientists and practitioners make sense of the complexity inherent in all cases of child maltreatment.

Developmental Trajectories

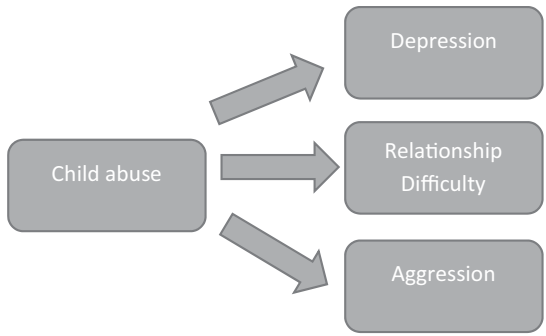
Maltreatment is associated with an increased risk of mental health problems, violence and criminality, drug addiction, and among other problems, but there is a high degree of variability in outcomes (Finkelhor & Kendall-Tackett, 1997). Child maltreatment survivors, their families, and professionals who work with them often ask themselves to what extent maltreatment led to a given problem and why one person experiences a problem that other child maltreatment survivors do not.

An emphasis on the process through which risk and protective factors work leads to the study of *developmental trajectories. Multifinality*

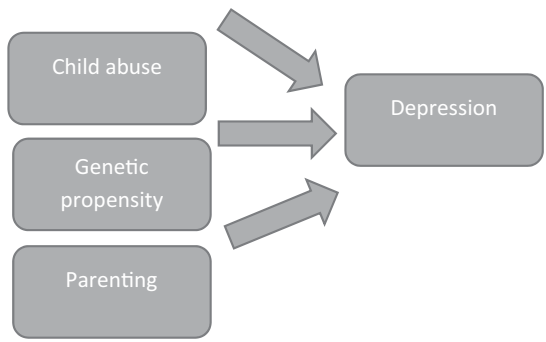
Copyright American Psychological Association

(Figure 1.2a) refers to the fact that maltreatment can lead to many different outcomes; *equifinality* (Figure 1.2b) refers to the fact that many pathways can lead to a common maltreatment outcome.

Understanding the process through which sexual abuse leads to sexual offending is crucial for effectively understanding, preventing, and intervening in the area of sexual abuse. It is certain that some basic problem



(a)



(b)

Figure 1.2

(a) Child abuse leads to many different outcomes, an example of *multifinality.* (b) Many different factors, including child abuse, lead to an outcome of depression, an example of *equifinality.*

Copyright American Psychological Association

in sexual functioning is involved in much sexual abuse. Around adolescence, rather than becoming aroused by mutually satisfying sexual activity with peers, some people associate sexual arousal with prepubescent bodies or control and violence. Once this association is made, it can be difficult to extinguish, and treatment is difficult (L. J. Cohen & Galynker, 2002). However, a basic sexual arousal to prepubescent bodies is not the only problem that can result in sexual abuse. In fact, the problem may lie not in sexual arousal per se but in social skills. Specifically, some child sex perpetrators are aroused by and desire mutually satisfying relationships with other adults but find it difficult to relate to adult partners (Freund & Blanchard, 1986). If there is some problem with interpersonal skills or social development that makes it difficult for people to engage in relationships with peers, they sometimes target adolescent or younger children because their relative immaturity makes them easier to relate to and manipulate. In this case, sexual development is not the primary problem; the problem lies with social development. Prevention and intervention efforts might need to include at least two approaches: one targeting basic problems with the sexual system and a separate approach targeting relationship skills.

Crucially, developmental psychopathology is concerned with both patterns of maladaption and adaption (Toth & Cicchetti, 2013). Several developmental pathways relevant to child maltreatment have been identified, as shown in Figure 1.3.

Emerging Perspectives

Our understanding of developmental processes that contribute to risk for and response to maltreatment is developing rapidly. Here, we mention a few of the most relevant recent perspectives.

Gene–Environment Interactions

Part of the reason two people can go through similar experiences and come out with different outcomes is that people have genetic propensities that cause them to react to the same situation differently. For example,

Copyright American Psychological Association

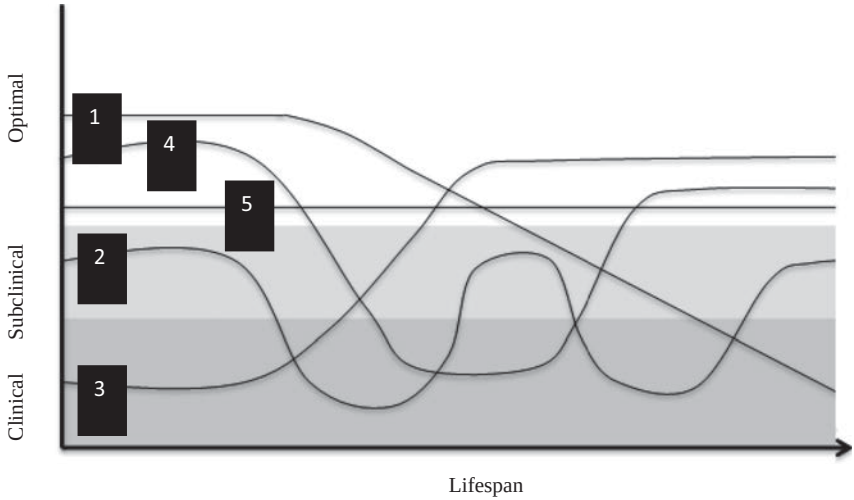


Figure 1.3

After maltreatment, many developmental pathways are possible. (1) Through developmental cascades, a person begins on a path of maladaptation, failing to develop skills in one stage, which leads to further failure in subsequent stages. (2) Although the individual exhibits generally adequate functioning, periods of decreased functioning occur when facing developmental or environmental challenges (e.g., transition to middle school or birth of first child). (3) Generally poor functioning improves when adopted from institutional care or moved from maltreating home to an adoptive home. (4) Generally adequate functioning takes a dip then rebounds (e.g., onset of abuse, then disclosure and support from family or move to foster care). (5) There is generally adequate functioning regardless of environmental stress.

maltreated children with one kind of *MAOA* genotype are more likely to develop mental health problems than are maltreated children with a different *MAOA* genotype (Kim-Cohen et al., 2006).

Epigenetics

Experience can directly affect the expression of genes, so that even identical twins who share the same genes can have very different outcomes depending on environmental experience (Raabe & Spengler, 2013). Environmental factors can lead to changes not in the genome itself but to the

Copyright American Psychological Association

epigenome through the presence of tags that affect how genes are replicated and expressed. In several studies, child maltreatment has been shown to alter the epigenome. In one study, people with both posttraumatic stress disorder (PTSD) and a history of maltreatment showed different and more epigenetic changes than did people with PTSD and a history of trauma unrelated to maltreatment (Mehta et al., 2013).

Differential Susceptibility and Biological Sensitivity to Context

Gene–environment interactions may be even more complex that was first thought. It turns out that some genes may be associated with negative outcomes in adverse environments and be associated with positive outcomes in less risky environments (Belsky & Pluess, 2009; Ellis & Boyce, 2008). For example, one genotype is associated with neuroticism among people who were maltreated as children but is associated with openness among people who were not (Grazioplene, DeYoung, Rogosch, & Cicchetti, 2013). In fact, through an epigenetic process, it is possible that some people become more or less influenced by the environment depending on how risky it is. It makes sense that we have both evolved a set of genes that generally promotes survival, and a mechanism to adjust the expression of that genome depending on current conditions. The potential implications of these theories for the study of risk and resilience and ultimately more targeted prevention and intervention strategies for maltreated children are striking.

Experiential Canonalization

Expanding on the gene–environment, epigenetic, and differential susceptibility processes, experiential canonalization is a model that explains how genes and environments jointly influence developmental pathways. In this model, the emphasis is not on deficits in the environment leading to a more or less advantageous outcome. Rather, the emphasis is on how environments and genes work together to influence biology, behavior, cognition, and social relationships in ways that promote adaptation to

Copyright American Psychological Association

the environment, with both costs and advantages. Blair and Raver (2012) recently proposed a model explaining how poverty interacts with the stress response system to cause a variety of outcomes. A similar model may explain how some types of maltreatment cause harm.

PLAN OF THE BOOK

The questions before us are important and complex. Answering them requires equally complex scientific models. The good news is that the science of developmental psychopathology can be translated into answers that have a meaningful impact in our communities and families. In this book, we summarize this research and explain how it translates to practice. The Appendix at the end of this book provides an overview of studies that support these findings from a developmental psychopathology perspective.

In the following chapters, we follow a chronological format. In Chapter 2, we look at the maltreatment of infants and toddlers, discussing the long-lasting effects of maltreatment and the difficulties that child protective and public health workers face in evaluating and addressing maltreatment in this highly vulnerable group. In Chapter 3, we focus on preschool children, who have different needs than younger and older children. In Chapter 4, we examine middle childhood, a period in which maltreatment can affect important academic functioning and peer relationships. In Chapter 5, we address the often overlooked problem of maltreatment during adolescence, a period marked by less vulnerability in some ways and greater vulnerability in others. In Chapter 6, we follow major modern developmental psychology textbooks and extend our discussion of maltreatment to effects during emerging adulthood, a period that increasingly requires a variety of supports from families.

At the conclusion of each chapter, a Common Misconceptions section is presented to help dispel some of the myths that are prevalent in the field. We also provide further recommended resources, divided into two categories. More technical resources include scientific journal articles, professional books, and the like for those interested in primary sources. Less technical resources present similar information in forms that are more accessible and tailored for applied settings, such as schools.

Copyright American Psychological Association

RECOMMENDED RESOURCES

Less Technical

Center on the Developing Child, Harvard University. (n.d.). *Interactive features.* Retrieved from http://developingchild.harvard.edu/resources/multimedia/interactive_features

These succinct interactive presentations clearly demonstrate core principles about child development, risk, and resilience.

National Child Traumatic Stress Network. (n.d.). Retrieved from http://www.nctsn.org

This comprehensive site has extensive resources on all aspects of children and trauma for clinicians, researchers, and the community.

Siegel, D., & Hartzell, M. (2003). *Parenting from the inside out: How a deeper self-understanding can help you raise children who thrive.* New York, NY: Penguin.

This accessible book helps parents understand neurobiology, attachment, and how they can parent differently from how they were parented.

More Technical

Goldstein, S., & Brookes, R. B. (Eds.). (2012). *Handbook of resilience in children.* New York, NY: Springer.

This book includes a comprehensive discussion of resilience in general, with specific chapters on maltreatment and trauma.

Lewis, M. & Rudolph, K. D. (Eds.). (2014). *Handbook of developmental psychopathology.* New York, NY: Springer.

This extensive reference book includes a section on trauma disorders and specific chapters on maltreatment, and attachment, posttraumatic stress, and dissociative disorders (Bush & Boyce, 2014).

Siegel, D. J. (2012). *The developing mind: How relationships and the brain interact to shape who we are.* New York, NY: Guilford Press.

This book includes a solid explanation of how brains develop in an interpersonal context over time, how this process can go awry, and how therapeutic interventions help.