



Assessing Emotional Neglect in Infants¹

Evelyn Wotherspoon and Pamela Gough

The aim of this information sheet is to describe the importance of assessing emotional neglect in infants, defined as children between birth and two who are not yet able to talk.

Why is infancy a critical time for emotional development?

The brain has an important “growth spurt” between the third trimester of pregnancy and age two, during which it grows more quickly than at any other time of life. The quality of care during these years has a central role in the child’s emerging ability to manage stress, arousal, and emotions. This is known as “affect regulation.” The ability to regulate affect is considered by some experts to be the central organizing principle of human development. During the first two years of life, children are very dependant on caregivers to help them manage periods of distress (called states of negative arousal). When caregivers are extraordinarily inconsistent in their responses to the infant, or are violent, intrusive, or neglectful, infants and toddlers are likely to be intolerably distressed.² Infants and young children who are chronically stressed can show evidence of impaired brain development, compromised immune systems, higher mortality rates throughout the lifespan, and behaviour problems.

What are the emotional needs of infants?

Infants have complex emotional needs. An infant who is hurt, ill, very upset, fearful, or lonely needs a caregiver who can interpret his or her cues and respond in a sensitive or caring way. Nurturing responses help infants regulate their state of arousal so that it is

manageable. When an infant is repeatedly distressed for long periods without comforting, even if physical care is adequate, a cascade of events occur in the brain that trigger the release of cortisol, a stress hormone. Continually high levels of cortisol are known to cause cell death in key structures within the brain.³

Although caregivers do not necessarily have to be emotionally available to their infant at all times, they do need to be available to respond to their infant’s distress *most of the time*. There are times when babies must be allowed to cry, such as when they are learning to settle themselves to sleep. A moderate and manageable amount of stress will not harm small children if it is accompanied by responsive and nurturing caregiving most of the time. It is when stress is unmanageable, and the stressful conditions reoccur regularly without comforting, that children may suffer significant harm.

Infants also need the opportunity to engage in playful interactions at least some of the time in order to increase language and cultivate other skills (these are called states of positive arousal). Infants depend on predictable, repetitive, and nurturing interactions from at least one caregiver for brain development to occur properly.

How is emotional neglect defined?

Most infant mental health experts consider an infant to be emotionally neglected if he or she does not have a relationship with at least one caregiver who can accurately read and interpret the infant’s cues and respond in a sensitive or caring way most of the time, especially when the baby is hurt, ill, very upset, frightened, or lonely.

What effect does emotional neglect have on infants?

Research is beginning to emerge to suggest that emotional neglect is more damaging psychologically than any other form of maltreatment. Neglect occurring early in life is especially harmful to later development.⁴ Children who are emotionally neglected in infancy can have some or all of the following problems:

- cognitive and academic delays;
- social withdrawal and limited peer interactions; and
- internalizing problems such as depression or anxiety disorders.

Some adults who have been neglected early in life as children report more serious physical and psychological symptoms than adults who have had a childhood history of physical or sexual abuse.⁵

What are the signs of emotional neglect in infants?

It can be difficult to detect the signs of emotional neglect in children who are not yet able to talk. The following symptoms might point toward emotional neglect, but can be caused by other medical problems. Children should always be checked by a physician or nurse if their behaviour is characterized by:

- inconsolable crying or excessive tantrums that can't be explained by colic or illness;
- unusual passivity or listlessness, such as lack of eye contact or interest (paradoxically, babies who have been emotionally neglected are sometimes described by caregivers as very "good" babies);
- altered sleep patterns, such as excessive sleeping for the child's age, or failure to establish a developmentally expected sleep/wake pattern;
- feeding or digestion problems; and/or
- self-soothing behaviour such as rocking, chewing, head banging, or other odd or repetitive behaviour.

What factors indicate risk of emotional neglect in infants?

Problems in child development as a result of emotional neglect seem to be related to the co-occurrence of a large number of risk factors in the child's family and environment, rather than exposure to one or two specific risks. Studies have shown that children exposed to seven or eight risk factors have had IQ scores that are, on average,

30 points lower than same-aged peers. In contrast, children who have been exposed to two or fewer risk factors have had IQ scores that are not significantly different from their peers.⁶ Risk factors for emotional neglect can be organized into four domains:

1. **Social environmental risks**, such as social isolation, poverty, or a high-risk community.
2. **Problems with the caregiver/infant attachment:** Parents who have a negative or bizarre view of their baby, who cannot empathize with their baby, or who cannot recognize the baby's cues and respond appropriately, are at considerable risk for emotionally neglecting their infant.
3. **Parental competence:** Parents who are depressed, mentally ill, cognitively delayed, dealing with substance abuse, or who lack basic child care skills, can pose a risk to the healthy development of their children. Parents who have a history of trauma or unresolved loss (including a childhood history of multiple foster care placements) may experience particular difficulties when they are raising children of their own.
4. **Child characteristics:** Children who are vulnerable because of prenatal exposure to substances such as alcohol, low birth weight, premature birth, difficult temperament, or medical fragility, are at risk for problems in healthy development.

Children referred to mental health services are 34 times more likely to have risks in all four of these domains than are children who have risks in two or fewer domains.⁷

How is parenting capacity assessed in cases of suspected infant neglect?

Effective parents are able to accurately recognize, label, and interpret their children's emotions and behaviours. An assessment of parenting capacity in light of suspected emotional abuse should examine the parent-infant interactions to see if there are problems in this area. A comprehensive assessment will address the risk domains mentioned above and should answer the following questions:

- Does the parent respond appropriately when the child is hurt, ill, or upset?
- Does the parent engage in spontaneous play or other positive interactions such as cuddling, cooing, or babbling to the infant?
- Does the parent make negative comments about the baby, blame or criticize the baby, or make negative attributions about the baby's behaviour?

- Does the parent have inappropriate expectations of the child?
- When prompted to interact differently, does the parent take advice well? Does the parent generalize suggestions to other interactions with the infant?
- Does the parent seem frightened of the child or engage in behaviours that frighten the child (e.g., highly intrusive, rough physically, excessively withdrawn)?
- Is the parent able to make use of helping services and work cooperatively to make observable changes?

What interventions might be effective in cases of neglect?

- Some studies have shown that home visits, when offered by qualified and well-trained professionals, can improve outcomes for children and families. Home visitation programs are more effective when they are combined with high quality preschool programs.
- Interventions should target disturbed parent-infant interactions and help the parent to accurately read and interpret, and sensitively respond to, the baby's cues. Parents who become very distressed by a crying or fussy baby may need strategies for gaining control of their own emotions before they can learn to comfort their baby.
- Behaviour management training programs for parents can be effective as long as parents have a self-reflective capacity, that is, the ability to understand how their behaviour is linked to their internal mental states, which have been shaped by their own experiences during childhood.

The most effective parent education, in-home support, and counselling programs directly target the relationship between the parent and child, include both the parent and the child in the intervention, and employ strategies to increase a healthy attachment relationship between parent and child.

If parents have had a traumatic past or unresolved loss and grief, interventions will be more effective when they have had an opportunity to come to terms with these problems.

Tips for caseworkers

- All neglected children should be screened for health, developmental and social-emotional problems.
- Intervention plans should include behaviourally specific outcome measures along with timelines.
- Emotional neglect is a very serious problem that needs immediate attention. If emotional neglect is suspected, workers should increase the sense of urgency among those involved in providing services or making decisions.

Look for opportunities to expose the infant to enriched care-giving experiences, such as high quality preschool programs, higher functioning extended family members, or respite services. Targeting even one risk factor (such as enrolling a child in a good child care facility or finding affordable housing) can improve the prospects of a successful life for a neglected infant.

- 1 This information sheet is based on: Wotherspoon, E., Vellet, S., Pirie, J., O'Neill-Laberge, M., Cook-Stanhope, L., & Wilson, D. (in press). Neglected infants in family court. *Family Court Review*.
- 2 Streeck-Fischer, A., van der Kolk, B. A., (2000). Down will come baby, cradle and all: Diagnostic and therapeutic implications of chronic trauma on child development, *Australian and New Zealand Journal of Psychiatry*, 34, 903–918.
- 3 Lee, A. L., Ogle, W. O., & Sapolsky, R. M. (2002). Stress and depression: Possible links to neuron death in the hippocampus. *Bipolar Disorders*, 4, 117–128.
- 4 Hildyard, K. L. & Wolfe, D. A. (2002). Child neglect: developmental issues and outcomes. *Child Abuse and Neglect*, 26(6–7), 679–695.
- 5 Gauthier, L., Stollak, G., Messe, L., & Aronoff, J. (1996). Recall of childhood neglect and physical abuse as differential predictors of current psychological functioning. *Child Abuse and Neglect*, 20, 549–559.
- 6 Sameroff, A. J., Seifer, R., Barocas, R., Zax, M., & Greenspan, S. (1987). Intelligence quotient scores of 4-year-old children: Social-environmental risk factors. *Pediatric*, 79, 343–350.
- 7 Greenberg, M. (1999). Attachment and psychopathology in childhood. In J. Cassidy & P. R. Shaver (Eds.). *Handbook of Attachment: Theory, research, and clinical applications*, (pp. 469–496). New York: The Guilford Press.

Additional Resources

- Alberta Centre for Child, Family and Community Research publications. Retrieved July 9, 2008 from: <http://www.research4children.com/admin/contentx/default.cfm?PageId=827>
- Appleyard, K. & Berlin, L. (2008). Supporting healthy relationships between young children and their parents. Retrieved July 9, 2008 from the Center for Child and Family Policy, Duke University website: <http://www.childandfamilypolicy.duke.edu/eca/Attachment/index.htm#lessons>
- Calgary Health Region Infant Mental Health Pamphlets. Retrieved July 9, 2008 from: <http://www.calgaryhealthregion.ca/mh/collaborative.htm>
- Hospital for Sick Children, Toronto, Ontario. Infant Mental Health Promotion publications. Retrieved July 9, 2008 from: <http://www.sickkids.ca/imp/>
- Michigan Association of Infant Mental Health (2008). Guidelines for the assessment of infants and their parents in the child welfare system. Available for purchase from the Michigan Association of Infant Mental Health: <http://www.mi-aimh.org/>
- Zero To Three. Retrieved July 9, 2008 from: <http://www.zerotothree.org/site/PageServer>

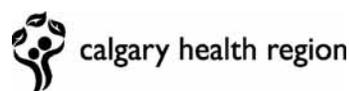
About the Authors: *Evelyn Wotherspoon* is a mental health consultant with the Calgary Health Region, specializing in infant maltreatment. She has spent over 25 years working with high risk families as a child welfare investigator, supervisor and clinician. *Pamela Gough* is a Senior Communications Officer with the Centre of Excellence for Child Welfare.

Suggested citation: Wotherspoon, E., & Gough, P. (2008). *Assessing emotional neglect in infants*. CECW Information Sheet #59E. Toronto, ON: University of Toronto, Faculty of Social Work.

CECW information sheets are produced and distributed by the Centre of Excellence for Child Welfare to provide timely access to Canadian child welfare research.

The Centre of Excellence for Child Welfare (CECW) is one of the Centres of Excellence for Children's Well-Being funded by the Public Health Agency of Canada. The views expressed herein do not necessarily represent the official policy of the CECW's funders.

This information sheet can be downloaded from: www.cecw-cepb.ca/infosheets



CENTRES OF EXCELLENCE FOR CHILDREN'S WELL-BEING

Child Welfare