

E.

The Effects of Maltreatment on Adolescents

Conceptual Framework

Because adolescence is a period of extremely rapid change, and because it covers approximately eight years of a child's life, adolescence is usually sub-divided into stages referred to as early, middle, and late adolescence. Individual and cultural differences may determine the exact age at which each child experiences particular changes; however, the sequence of stages is fairly consistent in normally developing adolescents.

Early adolescence refers to the period from about age 12 to 14. In this country, the 13-year-old eighth grader often epitomizes this group of children. Middle adolescence includes youth between the ages of 14 to 17. Most American high school students, grades 9 through 12, fall into this category. Late adolescence refers to youth between the ages of 18 and 21, and represents the final developmental step into adulthood. Recently graduated high school students and college students would be included in this category. Most adolescents served by child welfare agencies are 18 years old or younger. They may also be developmentally younger than is expected for their chronological age. We will, therefore, focus discussion on early and middle adolescence.

Adolescence as a Transition

Adolescence is an important transitional stage in human development. The adolescent period marks the end of childhood and the beginning of the transition into adulthood. There are abrupt and often dramatic changes in expectations for the child's behavior. Behaviors that were previously permitted or otherwise positively reinforced are no longer considered appropriate. "Stop that; you're too old to do that," is a common admonition from parents. What was once cute is now considered silly. Clothes that were once comfortable are now too revealing. Behaviors that were once prohibited are not only permitted, but are expected. In

order to adopt new behaviors, old behaviors must be changed or relinquished. This is not an easy passage for youth.

When we compare the typical expected characteristics of children to the comparable characteristics normally expected of adults, it is easy to understand the magnitude of the expected changes. Children, for example, are understood to often be selfish and self-centered in thought and action. Adults, by comparison, are expected to be unselfish and thoughtful of others. Children are typically dependent upon adults for their survival; they are not expected to assume sole responsibility for themselves. Adults must not only be able to care for themselves, but must be responsible, dependable, and able to care for others.

There are other significant differences. Children's primary identity is with their family of origin, and what is considered right and wrong is generally dictated by the family values. An adult's identity and values may or may not diverge from those of his or her parents, but they are perceived as personal and independent.

Children are oblivious of problems and issues outside their immediate physical and social environments; they are not expected to make important decisions. Adults must be able to cope with family, community, and even world problems, and make important decisions on a daily basis. Finally, children are essentially nonsexual in interpersonal relationships. Adults are expected to be sexually competent and responsible.

In short, adolescence is a process wherein a generally self-centered, dependent, irresponsible child is expected to become a cooperative, dependable, independent, responsible, mature adult. In order to successfully transition into this new role, the adolescent must grapple with several key developmental issues, which represent the milestones of the adolescent period. Successful achievement of these milestones results in competence as an adult; failure to achieve them leaves the adult extremely vulnerable to social and emotional dysfunction.

Physical Development of Adolescents

The hormonal changes of puberty promote development in two critical areas. First, there is rapid physical growth of bones, muscles, and other body tissues. Much of physical growth takes place during a growth spurt, wherein the adolescent adds several inches in height, and gains considerable weight in a relatively short period of time. Girls mature physically, on average, two years earlier than boys. Most girls experience a growth spurt between the ages of 11 and 14, boys between 13 and 17. There is a wide normal range of puberty in both sexes.

Hormonal changes also lead to the development of the sex organs and secondary sex characteristics. Hormonal changes in girls promote breast development, growth of pubic hair, maturation of the uterus and ovaries, and menstruation. The average age range for the onset of menstruation is between 11 and 14. Hormonal changes in boys lead to increased size of the genitals, and the production of semen by the testicles. Erections, which first occur in the infant, become more frequent, and ejaculations are now possible. Secondary sex characteristics include the development of pubic and body hair, facial hair, and changes in the tone and quality of the voice. The onset of puberty in boys ranges from about age 12 to 15.

Emotional responses to puberty are variable. Many adolescents are ambivalent about the physical changes. They may be concurrently proud or pleased, embarrassed and self-conscious, and at times, worried whether they are normal.

A girl's attitude about menstruation is largely determined by the attitude of family and friends. It may be experienced with pride and considered a rite of passage. It may also be perceived as an annoyance at best, and unpleasant and painful at worst. The onset of menstruation can be very traumatic for girls who have not been properly prepared and who neither expect, nor understand, the

changes in their bodies. The bleeding may be felt to be a sign of internal injury or damage. It is particularly traumatic for a girl who has been sexually abused and who, as a result, is likely to believe that she has been physically harmed.

Unexpected and unexplained erections in adolescent boys can be the source of extreme embarrassment. To be called on in class to go to the board or stand up and recite at the time of an erection is a typical fear of many adolescent boys.

An adolescent's body image is rarely objective. Most teens exhibit anxiety about their physical appearance, and are likely to be very self-conscious of the changes. Minor physical features assume enormous significance, and considerable emotional energy is spent in scrutiny in the mirror, and trying to hide, or otherwise change, perceived flaws. This self-consciousness can lead to behaviors adults consider illogical and oppositional. Adults usually cannot see the perceived flaws, much less consider them worth worrying about.

It takes time to reacclimate to the rapid changes in body size and appearance. Boys who grow several inches in as many months are often awkward and clumsy until their physical coordination catches up with their physical growth. The changing voice is unpredictable for a period of time; the youth sounds like someone else to himself.

An early or late onset of puberty can have emotional and social significance for some youth. Research suggests that boys who mature early tend to be more self-confident and socially appropriate in their behavior than boys who mature late; late maturing boys are found to be less poised, and often perceive themselves to be less adequate. Differences in girls may be similar, but less marked. The following examples illustrate the effects on some youth of early or late puberty.

During junior high school, Bill had been a popular, active, and verbal student. He had many friends. He was 15 when he entered high school, and he was still very thin and very short. His voice had just begun to change, and it cracked with some regularity. Many of the other boys in his class were tall, strong, muscular,

and in Bill's eyes, considerably more attractive than he. They were athletic; Bill was repeatedly "bowled over" by heavier boys during football practice in gym class. Many boys were shaving; Bill had only the barest beginnings of fine hairs growing on his upper lip. He was interested in girls, but he felt that they weren't that interested in him. Other boys seemed to talk to girls with ease; he was very embarrassed. He felt inadequate and unpopular.

Marjorie was an extremely pretty child. She was 11 years old when she began her menstrual periods, and she had fully developed breasts and body curves by the time she was 13. She began to attract considerable attention both in and out of school; boys flocked around her in the lunchroom and in the halls. Truck drivers and construction crews whistled at her as she walked by, and men often stopped on the street to stare at her. High school boys, and even a few college students, asked her for dates. Marjorie was initially thrilled by all the attention, and pleased that she was so popular. She begged her mother to let her date one of the high school boys, and then became very frightened when she was alone with him in the car and he tried to kiss and fondle her. She also became increasingly embarrassed by all the attention she received from adult men, and felt increasingly alienated from her girlfriends, who did not receive such attention, and who appeared to be jealous and resentful of her. She eventually began to wear sloppy sweatshirts and baggy jeans to hide her body.

In both situations, a gap existed between the child's emotional and physical development. Bill, at age 15, is emotionally ready for more mature relationships, but his body is still that of a preadolescent. Marjorie, at age 13, is psychologically a very young adolescent with a body of an adult woman. The greater the discrepancy between physical and emotional maturity, the more conflict the youth experiences.

Generally, youth are most self-conscious about their bodies during early adolescence. By middle to late adolescence, physical and emotional development have usually caught up, and youths become more comfortable with

their physical self. However, while less extreme, some degree of self-consciousness is still the norm in late adolescence.

The adolescent's body image can also be affected by emotional factors, including emotional responses to maltreatment. Youth, most often girls, who have high or perfectionist expectations for themselves, may perceive themselves as fat and unattractive, even when they are very normal in build. Eating disorders in adolescents, such as anorexia and bulimia, indicate serious psychological problems.

Sexual abuse can have a pervasive negative effect on a youth's body image. Sexually abused adolescents are commonly embarrassed and ashamed of their bodies, and are certain that they have been permanently physically damaged. They often describe themselves in derogatory terms such as "fat," "ugly," and "ruined."

Youth who have sustained permanent physical injuries from abuse, including scarring and physical malformation, are also likely to have low self-esteem, and be ashamed and embarrassed by their physical deficits.

Cognitive Development of Adolescents

Piaget refers to the stage of cognition that emerges during adolescence as formal operations. Not everyone achieves formal operational thinking. A combination of factors, including level of education, the presence of emotional problems, cultural influences, and innate ability may affect the emergence, and the ultimate degree of sophistication, of these cognitive skills. It is believed that while the ability for formal operational thought has a maturational component, these cognitive skills can be greatly improved and perfected by the formal education found in a college or advanced technical school setting. Therefore, these highly developed cognitive abilities are greatly affected by environment and culture.

Formal operational cognition includes several new abilities. The youth can think hypothetically. This means being able to consider and calculate the consequences of thoughts, actions, events, or behaviors without ever actually performing them. Hypothetical reasoning is often referred to as "if-then" reasoning; for example, "If I were to do X, then Y would probably happen." It allows the youth to consider a large number of possibilities and plan behavior accordingly. The youth with formal operational cognition is better able to think in logical terms, and can use logic in abstract thought. This means the youth can identify and reject hypotheses or possible outcomes based upon their logic.

The youth is now able to think about thought. Preoccupation with thought itself, and especially with thoughts about oneself, is characteristic of adolescent cognition. Introspection and self-analysis are common.

Perspective taking assumes its most advanced form during late adolescence. The youth is able to understand and consider not only the perspectives and views of other people, but the collective perspectives of entire social systems (such as the attitude of conservationists about environmental pollution.) The youth has developed insight, and is now able to consider and understand his or her own and other people's feelings and motivations, as well as how personal behaviors affect other people, and how their behaviors affect the youth.

The ability to cognitively manipulate abstract concepts, to hypothesize possible outcomes, and to understand logical relationships greatly facilitates planning and problem solving. The youth can now attack a problem and think about it in detail, weighing all information and possibilities in order to choose the best solution. The youth can also evaluate the success or failure of a solution, and make adaptations as needed.

Social Development of Adolescents

Adolescent social development does not occur independently of cognitive and emotional development. The youth's improved insight and perspective-taking ability lead to changed expectations for interpersonal relationships, and an increased ability for self-disclosure and intimacy. The development of identity and independence have strong influences on how youth relate to other people. Young adolescents (age 12 to 14) are very different from older adolescents (age 16 to 18) in their social interests, the nature and quality of their social interactions, and their level of interpersonal skill.

Adolescent social development occurs in a progression of steps. The first step for a youth in the development of an independent self is often to psychologically distance himself or herself from family, and particularly from parents. In early adolescence, parents' attitudes are often summarily rejected, and parents are accused of being out of touch, old fashioned, and of not understanding (in whatever colloquialisms are "in" for describing parents who are "out.")

Concurrently, the youth establishes a strong identification with peers. The peer group provides teens with strong support and clear standards of behavior. Young adolescents form many kinds of peer groups, usually composed of same-sex youth. Members conform to the group's standards of conduct, dress, language, and demeanor. Acceptance by the group depends upon adopting the group's norms. Standards are explicit and often unforgiving.

Social status is largely related to group membership. Youth who belong to groups with high social status are popular, and may be envied by youth who are not part of the group. Youth who are highly visible, and who have "desirable" attributes usually comprise these groups. What is considered "desirable" varies between settings and cultures, but the standards are fairly rigidly applied within a group. Youth who view themselves as less adequate or popular may try to emulate the values and standards of the "in" group.

Social acceptance in young adolescents depends upon conformity to observable traits or to roles that group members value. The social worth of other people is rarely based upon an insightful assessment of their personal attributes. In this regard, young adolescents may be fickle and hypocritical. They may greatly alter their behavior, compromise their beliefs, and even reject childhood friends to gain acceptance into the clique or group that provides them the most social status.

The young adolescent's need to be independent from parents is generalized to adults outside the family, particularly adults in authority positions. Teachers, police, and the parents of friends are commonly the target of criticism. Yet, these same youth may develop "crushes" on adults or older youth, and they may try to emulate these adults' mannerisms, dress, or behavior. This role modeling is superficial; rarely are these adults personally well known or understood by the youth.

Young adolescents are typically ambivalent about sexual relationships. They are often very shy, embarrassed, and self-conscious. Early sexual relationships usually involve group dating and activities, or just "hanging out." In this manner, the youth can test out their social skills within the security and support of their same-sex peer group.

During middle adolescence, youths continue to associate with their peer groups; however, one-on-one friendships with same and opposite sex peers become increasingly important. These relationships are often based upon criteria that were absent from their previous relationships, including mutual understanding, loyalty, and intimacy. Increased insight and perspective-taking ability enable youth to understand that others have feelings and experiences both similar to and different from their own. The recognition of similarities promotes mutual understanding and support. The recognition of differences provides opportunities for self-assessment and to try out different styles of thinking and

acting. Middle adolescents commonly talk to each other with great intensity and conviction about very personal feelings and issues.

Self-revelation is a first step toward the development of interpersonal intimacy. Intimacy requires self-understanding and the communication of feelings and thoughts to others. The development of intimacy is a difficult and gradual process, and is partly dependent upon the youth's experiences with intimacy within the family. Youth who are raised in families where intimacy is absent, or in which interpersonal relationships are distorted, may have considerable difficulty learning and becoming comfortable with self-disclosure and self-expression.

Intimacy has its risks. As a result, youth develop expectations for loyalty, confidence, and trust in their close relationships. Good friends are expected not to disclose personal information to others, and to remain loyal and understanding, regardless of the information that is shared.

During this time, youth develop similar expectations for relationships with adults. The middle to late adolescent is less likely to think that no adult can be trusted. The youth is able to discriminate individual differences, which allows the youth to consciously choose adults that he or she likes and wants to know better. During middle adolescence, many youth are intensely curious about how adults feel, think, and perceive the world. They see adults as possibly having answers to some of their questions and concerns. If adults, including parents, can share their thoughts openly without lecturing or behaving in an authoritarian manner, youth will often listen and will consider their opinions.

Youth who are capable of self-disclosure also expect the same from adults. They respect people who are honest and straightforward. They are also quick to point out hypocrisy and dishonesty in adults.

During middle adolescence, many youth become sexually active. However, there are significant differences between individual youth in the expression of

sexual behavior, depending upon several factors, among them personal readiness, family values and standards, peer pressure, cultural or religious affiliation, internalized moral standards, and opportunity.

Early expressions of sexuality are largely exploratory, and may involve considerable experimentation, including self-exploration and masturbation. Motivation to engage in sexual behavior may include biological and hormonal pressure, curiosity, practice, a desire for social acceptance, and an attempt to increase self-esteem. Being pushed into sexual activity before an adolescent is emotionally ready, either by peer pressure or a need for acceptance, can contribute to significant emotional distress.

Sexual development in adolescence for both boys and girls is almost universally negatively affected by sexual abuse. Porter, Blick, and Sgroi [1985] describe the tendency for sexually abused youth to view themselves as "damaged goods," that is, mysteriously altered and somehow permanently damaged physically and socially from their sexual experiences. The authors suggest that other people's emotional responses to a child they perceive to now be "sexually experienced" can also contribute to the child's negative self-perception and a poor sexual self-image. The authors cite cases in which sexually abused girls are propositioned by both adolescent and adult males who believe that because of their backgrounds, they are desirous of, capable of, and a proper focus of sexual activity. Intense guilt, shame, poor body image, lack of self-esteem, and lack of trust in sexual relationships are frequent developmental outcomes of sexual abuse. All these can pose serious barriers to a youth's ability to enter into mutually satisfying and intimate interpersonal and sexual relationships as adults.

Moral Development of Adolescents

Moral development is a component of social development that deserves special attention in any discussion of adolescence. Lawrence Kohlberg has conducted

much of the research that has identified predictable stages of moral development in youth [Damon 1977; Gardner 1978].

The moral development of most children under the age of 11 is at the preconventional level. Preconventional morality is largely "rules driven." For most preschool children, morality is based upon a "punishment/ obedience" perspective. The child recognizes the superior power of an authority, and conforms to rules (is obedient) simply to avoid punishment. Later in childhood, children begin to understand that rules can be useful in promoting "self-interested exchanges." Specifically, children obey the rules in order to get what they want.

Significant changes in moral thought are brought about by advancements in abstract thinking, perspective taking and insight. Adolescents are often able to understand that moral principles have social utility; rules exist for the betterment of society and the benefit of its members. This perspective is called conventional morality. There are two stages in conventional moral thought. The first is epitomized by the Golden Rule – ethical behavior is behaving in ways that benefit, and do not harm, other people; the reciprocal being that others will also behave so as not to harm or take advantage of you. A second level of conventional morality is called the "law and order" perspective, which holds that rules exist for the good of society, and citizens must uphold the law because the system could not function without considerable conformity and cooperation.

The standards of conventional morality, whether interpersonal or legalistic in origin, are internalized. The person does not need a strong external authority present at all times to enforce the rules. Youth who have developed to the conventional level experience shame, guilt, and other self-blame when they fail to live up to internalized moral standards or the expectations of important others.

In assessing the moral development of youth, it is important to differentiate between moral thought and moral behavior. Young adolescents, particularly,

may espouse certain moral principles but behave in ways that are in direct contradiction to their expressed values. Lack of self-control or lack of strong positive reinforcement are powerful stimuli to act in ways that are not consistent with espoused values. By middle to late adolescence, most youth are better able to control their own behavior to coincide with internalized values and beliefs.

Emotional Development of Adolescents

The principal task of emotional development during adolescence is the development of an individual identity. This is not a task that is easily achieved. In actuality, identity formation may continue well into early adulthood. Life-span developmental psychologists also believe that while certain components of identity are established during the adolescent years and remain relatively stable, identity continues to be redefined throughout the life cycle, with intermittent "life crises" that promote a self-reassessment and a reformulation of values and directions. Adolescence, however, is the first time in the life cycle that the development of identity is of central importance and a key developmental task.

A primary impetus for identity formation is the need for youth to psychologically, and often physically separate from their parents and to prepare themselves to live independently. To do this, they must develop an internalized set of standards, values, beliefs, and rules that can provide them with the structure and guidance previously provided by the family.

Prior to adolescence, the child's attitudes and behaviors are largely determined by the values and expectations of the family and culture in which the child is raised. The adolescent's transition from being a member of a family to being on his or her own in the larger society challenges the youth to develop a sense of self that is more individualized, and to redefine one's relationship with one's family of origin.

Blatant rejections of parental standards by young adolescents can be seen as primitive attempts at independence and individuality. Individuality is expressed by adopting attitudes and values that at least, on the surface, appear to be in contradiction to those of parents. Conflicts between early adolescents and their parents generally occur in arenas where the expression of values is very concrete, such as hair style, manner of dress, friends, lifestyle choices, preferences in music, and doing homework versus going out. Youth at this age lack both the cognitive ability and the experience to evaluate parental values and standards on their own merit.

Young adolescents may substitute the structure of the peer group for the structure of the family. Youth often consider themselves to be independent simply because they are behaving differently from their families. However, they often fail to recognize that their excessive conformity to group standards does not reflect greater independence; it simply reflects dependence on a different group of people to provide self-definition. The peer group does serve a function, however. It encourages youth to try out different ideas and behaviors in a generally accepting and supportive setting. It is a first step in validating the development of independent ideas.

Early adolescence can be an emotionally chaotic period, and the young adolescent is often more emotionally labile than at any other time during development. The early adolescent period is inherently stressful because of rapid changes and difficult challenges. Youth are more aware of their feelings and emotional states, and they recognize their feelings to be an inherent part of themselves. The degree to which they experience feelings is new, and they are open to examination and experimentation.

Young adolescents often engage in activities that promote intense emotional experience. Listening to loud music, attending concerts and other group activities where emotions are at a peak, going to horror movies, riding amusement park rides, and reading about intimate interpersonal or sexual experiences all serve to activate intense and new feelings. Young adolescents

typically lack the ability or experience to modulate or control their intense emotions. For some youth, experimentation with drugs and alcohol are attempts to magnify emotional experiences, as are driving at excessive speeds, performing "dare devil" stunts, or otherwise taking risks. However, the combination of volatile emotion, experiential innocence, lack of judgement, and dangerous activity can have devastating and even life-threatening consequences.

Negative parental reactions to the youth's volatility and mood swings may promote explosive behavior, pouting, withdrawal, or intense arguments. Probing questions by the parent such as, "Why are you acting this way?" only increase the youth's confusion, since the youth is generally not able to answer the question. The young adolescent is truly at the mercy of his or her emotions.

Perspective-taking ability during middle adolescence enables the youth to recognize differences in people's values and beliefs, which stimulates more intensive examination of other people's values. Youth begin to wonder about the validity of teachings that were previously accepted without question, and they are also more introspective, often questioning their own values. This awareness of inconsistencies in values creates ambiguity, and may be very threatening.

Formulation and definition of a personal identity is the focal point of middle adolescent emotional development. According to Erik Erikson [1959, 1967] identity formation includes both cognitive and affective (feeling) components. "Self" is an abstract cognitive concept. The ability to objectively view the elements of "self" requires perspective-taking ability and insight. The development of identity includes organizing perceptions about personal attitudes, values, behaviors, and beliefs into a coherent whole. Personal identity, or conception of self, remains generally stable and consistent across changing environmental conditions.

The affective component of self refers to feelings of self-worth and self-esteem. A positive self-image is a person's belief that he or she has inherent value, and that the person is acceptable to himself or herself and to others. Healthy self-esteem

helps people to be objectively critical of their own shortcomings, and gives them the confidence to attempt changes.

Identity confusion, according to Erikson, is the negative outcome of failure to develop a positive identity. He suggests that identity-related psycho-pathology is the most common clinical disturbance in the first two decades of life. Some degree of identity confusion is a normal developmental problem, and should be expected. For most individuals, however, the confusion is generally resolved by late adolescence or early adulthood.

According to Erikson, identity confusion can manifest itself in a number of ways, and can be affected by a lack of resolution of earlier developmental tasks. Failure to achieve basic trust in childhood has the most severe consequences on the development of identity in adolescents. These youth exhibit what Erikson calls an almost "catatonic immobility." They fail to understand that changes in their lives are possible, much less understand their own role in promoting these changes. These youth cannot tolerate momentary delays in gratification; they have no confidence that the passage of time will provide a remedy, or that their needs will eventually be met. They feel impotent to change things, and cannot look with any confidence toward the future. They are truly lost. Typical expressions by these youth include, "I don't know," "I give up," and "I quit," all of which may reflect serious depression and despair.

Similarly, failure to achieve autonomy, initiative, and industry during earlier developmental stages can affect the adolescent's ability to develop a stable, positive identity. Youth who have not positively resolved the earlier stages may exhibit feelings of self-doubt and shame, pervasive guilt, self-criticism, poor perceptions of self-worth, overly rigid expectations for their own behavior, and a sense of inadequacy concerning task-related competence, which reflects futility and feelings of inferiority.

Youth may try to deal with these negative outcomes by overcompensating, including becoming narcissistic and unrealistically self-complimentary; or

harboring grandiose ideas of their capability, and having high expectations for their performance in the future. They can also give up and behave in self-defeating ways, or fail to even try to master the challenges of developing an independent self. These youth appear to be lost and directionless, without the motivation to try.

The failure to achieve identity can interfere with development in the next of Erikson's stages, the development of mature intimacy. According to Erikson, to be comfortable in intimate relationships, the individual must have a well-developed and positive sense of self. The experience of emotional and sexual intimacy can be threatening to persons without a strong identity. Erikson suggests that during the development of identity, adolescents may avoid intimacy out of fear of "losing themselves in the other person." At its most pathological, adults without a firm sense of identity avoid all intimate relationships and maintain a state of personal isolation, or are dependent upon other people to define who and what they are.

By the end of middle adolescence, most youth have developed a concept of themselves that offers enough structure and stability to allow them to pursue new activities, such as entering the work force, continuing their education, or starting their own families. Their ability to function in the world will continue to improve as they grow and their identity becomes more stable.

Application

Most adolescents who are served by child welfare agencies have a history of maltreatment, or have been raised in dysfunctional families. The developmental outcomes of maltreatment in adolescents may vary considerably, depending upon a variety of factors. These factors include:

The age of onset of the maltreatment

Since the effects of maltreatment are cumulative, the earlier in the child's life the maltreatment began, the more pervasive the developmental problems are likely to be. Residual effects of early maltreatment on subsequent development are common, especially if proper intervention is not provided. The failure to master early tasks makes the mastery of later tasks all the more difficult. The normal stresses and challenges that confront the child at adolescence may be overwhelming and insurmountable, if the youth has not mastered critical early coping skills.

The frequency of the maltreatment

Generally, the more frequently the child has been maltreated, the more pervasive will be the detrimental effects. An adolescent who has been chronically maltreated is likely to have more developmental problems than a child who was maltreated only sporadically, with generally good care provided otherwise.

The severity of the maltreatment

The more severe, painful, and debilitating the maltreatment, the more severe and extensive the developmental problems are likely to be.

The nature of the child's relationship to the maltreating adult

Maltreatment by parents is very traumatic, and is likely to result in more serious long-term problems for the child. Maltreatment by strangers is also traumatic. However, supportive and nurturing parents can help a child cope with the trauma of maltreatment that is perpetrated by someone outside the immediate family. This can help to minimize the likelihood of serious developmental consequences.

Constitutional factors of the child

Some children are inherently more resilient, and others are more sensitive and vulnerable. This does not suggest that resilient children are invulnerable to the effects of maltreatment. However, it does suggest that the same degree of maltreatment may affect different children in different ways.

The family context of maltreatment

Maltreatment is "situational" when it is precipitated in a generally functional family by excessive and unusual family stress. Situational maltreatment in a family that normally provides adequate care will generally not be as traumatic for the child as chronic maltreatment in a seriously dysfunctional family. Disturbed family interactions can, by themselves, create developmental problems for a child.

At times, child welfare workers will encounter youth who have been maltreated for the first time during adolescence. The normal stresses of adolescence can create crisis situations for some families that were previously capable of more appropriate management. An adolescent's rebelliousness, thrust for independence, critical and judgmental attitudes toward parents, and emerging sexuality can be difficult to manage and very threatening to some parents. Also, changes in family composition, including changing family structures subsequent to divorce, remarriage, or death of a parent, may alter the family dynamics, precipitating an excessive response by parents to an adolescent's behavior.

Youth who are maltreated for the first time during adolescence typically display very different developmental outcomes than do children who have been subjected to maltreatment for most of their lives. They are often "healthier" and more accessible to short-term services or crisis intervention counseling. However, their behavior may at first glance appear to be as dysfunctional as that of a chronically maltreated child. It is therefore critical that the caseworker make

a thorough and accurate assessment of the child's developmental level and strengths before formulating a treatment plan. For some adolescents, the problematic or acting-out behaviors are an adaptive response, designed to protect themselves from very dysfunctional family situations.

A significant percentage of both boys and girls, who become truant, or who develop unruly or acting out behaviors, are reacting to sexual abuse. For this reason, the presence of sexual abuse should always be considered and carefully assessed for every adolescent served. Truancy and acting-out behavior, combined with depression, are common responses to sexual abuse in the family.

It is important to consider the implications of chronic maltreatment for adolescents, since many adolescents served by the child welfare agency typically have long histories of abuse and neglect. Maltreatment potentially affects development at all the stages in Erikson's typology. Maltreatment in infancy promotes insecure attachment, which interferes with the development of basic trust; maltreatment of toddlers can interfere with the healthy development of autonomy and can create pervasive feelings of shame and doubt; maltreatment of preschool-age children interferes with the development of initiative and generates guilt; and finally, school-age children who have been maltreated are subject to pervasive feelings of inferiority, and are often unable to compete in the performance of even basic skills and abilities. Identity diffusion in adolescents, and its accompanying cognitive, emotional, and social problems, can be considered one of the most distressing and serious long-term consequences of maltreatment in children.

We can use case examples to illustrate differences in the developmental levels of adolescents who have been chronically and seriously maltreated, and those for whom maltreatment has been more recent or less serious.

Case Examples

The following case examples illustrate some of the potential outcomes of maltreatment on adolescent development. Francie and Shawn, the two children who were most severely and chronically maltreated, exhibit the most pervasive developmental and emotional problems. Lee, who was primarily neglected, shows some significant developmental delays, but he is not emotionally disturbed. Leslie demonstrates the responses of a generally healthy youth to an acute situation of maltreatment.

Francie Woods, age 16

History

Francie lives with her mother and two younger sisters, ages 10 and 12, in a poorly maintained apartment in a low-income neighborhood. Francie's mother has never had a stable marital relationship; she has lived with several different men since Francie's birth, and has been occasionally battered by them. She has also been arrested for prostitution. The family has lived on public assistance since Francie's birth. All three girls have different fathers, and Francie never knew her father. Ms. Woods abandoned the children and moved to California with a man she met in a bar when Francie was five, and then returned a year later. The children were placed in foster care for the year she was gone. Ms. Woods has frequently left the children in the care of neighbors and relatives for short periods. Francie's early years were characterized by profound neglect, family disorganization, and emotional deprivation. One of her mother's boyfriends was suspected of sexually fondling Francie when she was 10, but there was never any proof, and the boyfriend disappeared shortly after the allegation was made. Francie has been chronically truant from school.

Developmental Assessment

Francie's emotional and cognitive development are egocentric, typical of a preschool child. She has no awareness of other people's perspectives. There is only one perspective from which to assess any event: her own simplistic view. Her ability to understand the world is, therefore, grossly deficient. She has no awareness of cause and effect in her environment or in relationships, and she is largely unaware that she has any control over her circumstances. Things happen "out there" arbitrarily and at whim. In her own mind, she's always a victim of unpredictable circumstance.

Francie has not progressed developmentally to understanding rules, so there is no consistent structure in her world. She is not mentally retarded, although her measured I.Q. on a standardized test would probably be depressed due to social and environmental deprivation. Her social perception is extremely deficient, as are her social skills. Her behavior is focused on meeting her own needs, and as such, she is generally perceived by others as selfish and inconsiderate. This perception is valid, as Francie views people only as resources to meet her needs, in much the same manner as would a very young child.

Francie's emotional development is very disturbed. She has no reciprocal attachments. She exhibits a kind of "bottomless pit" dependency, and a pervasive lack of trust, and she has significant deficiencies in autonomy, initiative, and industry. Concepts of "self" or "identity" are meaningless to her.

Francie is very impulsive; she takes what she wants, fights when she's mad, runs away when she's afraid, and has a tantrum when she's cornered. She has no frustration tolerance, no ability to delay gratification, and she is easily thwarted and upset. She has not developed the ability to use language or other more mature coping skills to manage stressful situations. She goes immediately to "emotional overload" in even minimally stressful situations.

Her relationships with people are very shallow and entirely lacking in continuity. Her "best friend" could be someone she met three days (or three hours) earlier. As long as people are nice to her, they are "friends." If they withhold what she wants, they are "mean." It is very possible for Francie to like a person one minute and hate them 30 seconds later, depending upon whether they have been nice or mean to her. If people are mean enough she'll abandon them... until they're nice to her again. She is oblivious to other people's perspectives, and she is unaware that other people have feelings, much less an understanding of what those feelings are. Therefore, she interprets other peoples' actions in a very concrete and egocentric fashion. Francie also uses relationships for gratification of her immediate needs, and she behaves in transparently insincere and clumsy ways in an attempt to flatter or please other people in order to get what she wants. She exhibits no evidence of recognizing other people as human beings with intrinsic worth.

Francie only superficially understands how her behavior affects other people, or what happens to her. When unpleasant or painful things happen, she blames others or general bad luck. She is genuinely baffled, and feels unfairly attacked when others try to assign part of the responsibility to her. Without awareness of rules or structure to relationships, she interprets the actions of other people as totally arbitrary. If things go her way, she feels good. If things don't go her way, she gets mad. The sum total of life revolves around how she feels, what she wants, her concerns and needs.

Because she has no awareness either of social rules or the feelings of others, she doesn't understand what other people expect of her, unless it is spelled out in crystal clear, concrete, behavioral terms. "Please be considerate" is meaningless to her. "Pick up your clothes and put them in the basket" is understood.

Francie has no ability to think about or plan for the future. Her life exists in the present moment and is dominated by getting her own immediate needs met. She feels other people should take care of her. In spite of feeling a victim, she has

grandiose ideas about how wonderful things will be when she's 18 and "on her own." She has no conception of how this will happen, however.

Treatment Recommendations

Francie's pervasive personality disorganization is likely the result of her very chaotic and disorganized early environment. Because of the scope of Francie's developmental deficiencies, treatment would need to be structured at a very basic level. Insight therapy or verbal counseling are not appropriate. Francie doesn't have the ability to begin to understand her own or other peoples' feelings, or to understand the dynamics of her behavior.

Francie must be provided with opportunities to learn, at a very basic level, that she can have an effect on what happens to her. Her environment must be highly structured and concrete, with positive reinforcement liberally given for very specific tasks. She must be taught that she has the power to get what she wants by performing specific behaviors. This will take a lot of time. A very highly structured treatment foster home or group placement is probably the best placement resource for her. Caregivers should have no expectation of reciprocal attachment or emotional response from Francie. She will be impulsive and emotionally volatile. Caregivers will need to respond to Francie in a constant, consistent, warm and nurturing manner, while setting easily understandable, firm, and consistent limits. Continuity in caregivers is also essential to help Francie learn trust and reciprocal attachment. The prognosis for change is limited.

*Lee Thomas, age 15*History

Lee was the fourth of six children born and raised on a farm. A seventh child was stillborn. Lee lived with his parents, three brothers, two sisters, his grandmother, an elderly aunt, and a cousin. His father was 50 when Lee was born, his mother 22. His family had enough money to get by, but they rarely had extra. Lee's father was alcoholic and often drank to a stupor. He would occasionally be verbally abusive toward his wife and the children, but there was no evidence of physical abuse. Lee's grandmother and his aunt provided some nurturance and attention, although not much structure or direction. Lee's mother had great difficulty coping with the farm and six children, and while basic needs were generally met, the children were often left to fend for themselves. Two years ago, Lee's father died of alcohol-related illness. Lee's mother couldn't manage the farm, and moved with Lee and two younger siblings into the city. She survives on public assistance payments.

Developmental Assessment

Lee is a quiet, generally cooperative youth. He is easy to get along with, almost to the point of overcompliance and passivity. He readily agrees with others, and conforms quickly to their demands, particularly when he views them to be in power. He typically overestimates other people's power, and sees himself as having almost none. He has very poor self-esteem, and he feels entirely inadequate in comparison to people around him. To adults, he appears helpless and in need of protection.

Lee is dependent on others to meet his needs. He craves social approval and acceptance. He yields quickly to peer group pressure when with peers, and to adult authority when with adults. He will comply with whomever is in control at the moment, in order to be accepted and viewed in a positive light.

His cognitive development is to the level of concrete operations; he views the world in simplistic, "black and white" terms. He has limited perspective-taking ability. He knows that people are different, but has no insight into other people's feelings or behaviors. He describes differences in concrete, observable terms. For example, he views his mother as "nice, she cooks good meals." His father "was a drunk and worked a farm." He describes himself as "friendly, not so good in school."

His lack of awareness of other people's needs and feelings, and his low self-esteem contribute to deficiencies in social skills. His peer relationships are poor. More socially competent peers see him as inept, and do not include him in their activities. He is not given equal status. This makes him vulnerable to develop exaggerated attachments to anyone who relates to him in a marginally positive way. For example, he really likes to be with a 20-year-old friend he met once while "hanging out" in town. He says, "Tom is cool – he has his own car and rents a neat apartment."

Lee's moral development is at a preconventional level, with unquestioning compliance to rules, if they are backed by authority. Lee thinks it's wrong to skip school, and it's good to go to church and sit quietly. He believes he shouldn't fail in school, and he should get a good job when he grows up. He believes it's wrong to hurt other people, and important to be nice. He doesn't like "being in trouble" at all.

Lee also understands his own feelings in concrete terms. He knows he gets mad, and that sometimes he's happy, sometimes he's sad. He doesn't think it bothers anyone when he gets mad. He is impulsive. He knows he shouldn't run away, that he should be in school, and that he should get better grades. But none of this changes his behavior. He follows other youth, and he models their behavior without consideration of the consequences. He is viewed by peers as a "tag along," and is often used by peers. He will do whatever he's told, because he

craves social acceptance. He is only marginally accepted, however, and at times is scapegoated.

Lee understands that there is a system to getting along in the world. However, he believes this system exists outside of himself. His success is determined by aligning with the right people – adults or peers who have power and therefore, have the "key to success."

His emotional development has been thwarted, but his general trust is intact. It is this same overall trust that makes him vulnerable to being helped, or exploited, by others. He lacks autonomy and exhibits little self-direction. His opinions and actions are determined by whoever is in proximity and is perceived as having power and authority. He lacks insight into himself and others, and he cannot describe what makes him different from other people. He would have considerable difficulty establishing a stable sense of identity.

Treatment

Treatment goals are to develop Lee's self-esteem, and his awareness of himself as a capable, important individual. To do this, he will need to learn how his behavior affects others, learn to recognize his own feelings and what generates them, and begin to think about his likes, dislikes, and wants, apart from the opinions of other people.

Lee has potentially good relationship ability. He looks to others for help, and would not be difficult to engage. He would not participate as an equal member of a relationship, but would behave much as a younger child would with an esteemed adult. Positive, consistent, and nurturant relationships with caring adults in therapeutic roles can be very effective treatment strategies. The caseworker or therapist should work with Lee individually, perhaps using activities as a focus, to promote social and emotional development.

A structured, therapeutic peer-group would be useful in teaching social skills, and helping Lee assert himself in a group setting. This would also provide Lee with an opportunity to identify with accepting, competent peers. If Lee needs placement, a treatment-oriented foster home is recommended. He should not be placed in a group or residential treatment setting.

Lee would not benefit from insight-oriented therapy. Reality therapy, positive reinforcement for appropriate behaviors, and the use of positive relationships to model appropriate behaviors would be recommended. Differential reinforcement is preferred to punishment. Natural and logical consequences should be used as discipline to reinforce the concept that his behavior affects what happens to him. Adult attention should be made contingent upon desirable behaviors. This child should not be lectured for hours about what he did wrong.

Leslie Johnson, age 16

History

Leslie is 16 years old. She lives with her mother, her two younger brothers, and her mother's new husband, Jerry. Leslie's early years were relatively uneventful. She was an average student and showed no serious problems. Her parents both worked blue collar jobs and made a good living. The children were well cared for. When Leslie was 12, her father had his first heart attack; he died six months later from another heart attack. Leslie's mother had been able to hold the family together with help from Leslie's grandmother, who lived with them, during the rough time. About a year after her husband's death, Leslie's mother met Jerry. They were married six months later, and Jerry moved in with the family.

Leslie liked Jerry at first, but after a few months, she began telling her friends that he was "weird," and "wouldn't leave her alone." Leslie confided to her best friend's mother that Jerry "felt me up," "pinched my butt," and "came into my

room at night and put his hands all over me." Leslie expressed interest in living with her friend's family. The friend's mother called Leslie's mother, who ordered Leslie home, and forbade Leslie from seeing her girlfriend again. Her mother threatened to file charges against Leslie for lying and grounded her for a month. Shortly after, Leslie's truant behavior began.

Leslie definitely feels that what Jerry was doing to her was wrong. She says he is her mother's husband, and he shouldn't be messing with other women, especially his own daughter, even though she is only a stepdaughter. She had told him she didn't like it and wanted him to stop, and was mad because he just laughed at her. She said she felt as if "what I felt and wanted didn't matter to him at all! He's a selfish jerk. I really like – liked – my mom. But I think she's gone nuts. Something must have happened to her when Dad died."

In the past several months, Leslie's school work has deteriorated, and she has been chronically truant. She has stopped seeing her old friends; they think she's changed. She's been hanging out with a group from another school, and has been living with the emancipated 18-year-old sister of one of her new friends in a one-bedroom apartment above a store. Leslie has been sleeping on the floor. She says she tried drugs, but quit because they scare her. She does drink. She thinks that drinking too much is wrong, but all the other kids were doing it, and it kind of felt good. When she's drunk she doesn't have to think about home. She doesn't like "being in trouble," and feels bad that she can't live a "normal life." "I wish things were different," she says. She's afraid of embarrassing her mother, although she's not sure that she wants to ever see her mother again.

Developmental Assessment

Leslie's maltreatment is of fairly recent origin. Her early development, in a healthy family, was normal. As a result, her current dysfunction is less pervasive than is usually seen in many maltreated children. Her healthy personality development will be a strength in helping her cope with the current situation.

Leslie is a fairly typical adolescent with normal development in all domains. She has achieved formal operational cognition. She is capable of hypothetical and abstract reasoning. She has also developed insight into other people's feelings and needs, and is capable of abstract problem solving.

Her social skills appear to be appropriate for her age. She evaluates people as individuals based upon their personal characteristics, and she chooses relationships with people she likes and respects. She sees herself as a moral person, and she has well-developed values. Her moral development is at the conventional level.

Leslie is appropriately trusting, and she exhibits normal autonomy and initiative. She has a prior history of productivity, both in school and in other activities. She appears to be developing an independent identity, with no more than the usual amount of adolescent conflict and uncertainty. She has adequate self-esteem, considering the typical adolescent "ups and downs" in self-perception. She is likely to suffer some esteem problems directly as a result of her recent treatment by her stepfather and her mother.

Leslie's emotional and behavioral problems are reactions to anxiety and depression directly related to her current situation, rather than resulting from any developmental delays or internalized personality problems. Her truancy is a rational attempt to cope with an untenable home situation. At 16, however, she does not have the ability to fully manage her own life without the help of adults she can trust.

Treatment

Involving Leslie and her family in therapy is very important. Leslie's mother and siblings should be helped to believe the abuse occurred, to support Leslie, and to develop strategies to protect her from further abuse. Therapy can also help the family cope with the consequences of the abuse, including the likely disruption in the parents' relationship. An alternative placement should be considered for

Leslie, if her mother cannot, or will not, prevent Jerry from having access to Leslie. If Leslie cannot be returned home, placement in a relative's or friend's home should be considered.

Leslie could also benefit from individual counseling and crisis intervention. She will be easily engaged into a therapeutic relationship by a warm, supportive, and accepting adult. She has the capacity to participate in problem solving, and to continue to develop coping skills. Her insight can help her explore and differentiate her problems from those of her family.

She should also be helped to identify her feelings of anxiety and depression related to the sexual abuse, the rejection by her mother, and her recent behavior. Supportive and clarifying interventions can help her to resolve the issues around the sexual abuse, and promote a healthy striving toward independence.

Whether, and when, Leslie's stepfather should be included in therapy with the family should be based upon his diagnosis, his motivation to pursue treatment, and the prognosis for reuniting the family. (See Chapter X, Sexual Abuse, for more detailed discussion of treatment interventions for family members in situations of sexual abuse.)

Shawn Atherton, age 13 – Psychological Assessment

Referral

Shawn was referred for psychological evaluation by his social worker, who was concerned about possible emotional problems. Shawn was exhibiting both academic and behavioral problems in school. He and his three sisters were removed from their home by the Department of Human Services subsequent to physical and sexual abuse and neglect.

History

Shawn is the second of four Atherton children. The family has been known to the Children's Service agency for several years, during which time they received intensive in-home protective and supportive services from the agency. The family has a history of chronic family dysfunction, of domestic violence, and of neglect and abuse of the children. Mrs. Atherton is reported to have been mentally ill for many years and has been hospitalized several times. She was most recently hospitalized approximately two years ago in a psychiatric facility, and she remains there currently. About four months ago, the oldest child, Patricia, disclosed having been sexually abused by her stepfather, Mr. Atherton, who is the biological father of Shawn and his two younger sisters. All four children have been in the care of relatives since Mr. Atherton's conviction and incarceration for this offense.

According to the social worker, Shawn was believed to have been physically abused by his father. In addition, Mr. Atherton was reported to often be away from the home, leaving the care of the younger children to Patricia. The agency noted that the home was very poorly maintained, and that food was not always present for the children.

Shawn has a history of considerable absenteeism from school as a result of many alleged acute illnesses. The social worker states that his absenteeism may have been the result of Shawn's parents not sending him to school for reasons other than illness.

Present Assessment

Bender Visual Motor Gestalt Test (Bender); Draw-A-Person (DAP); Peabody Individual Achievement Test (PIAT); Wechsler Intelligence Scale for Children-Revised (WISC-R); Thematic Aperception Test (TAT).

Shawn scored in the low-average range on the WISC-R with a full scale I.Q. of 84. Shawn's subtest performance would suggest he has a possible learning disability, including visual mode short-term memory deficits, general attention deficit, or visual-motor coordination problems. His achievement test scores indicate an overall grade percentile rank of 18%. He exhibited his highest achievement in General Information at the 36th percentile rank. All other scores were between the 20th and 30th percentiles. His PIAT performance was very consistent across the subtests, and consistent with his performance on the WISC-R.

Shawn's Bender performance indicated significant problems in distortion of shape, integration, and spatial interrelations. Tests suggest that he has visual-motor coordination difficulties. Shawn's Bender performance also showed several indicators of emotional distress, including confused order, distortion of size, dot substitution, and wavy and overworked lines.

Shawn's Draw-A-Person performance was developmentally immature with indicators of low self-esteem, feelings of victimization, and overconcern with self-image.

There were significant recurrent themes and needs reflected in Shawn's TAT performance. Recurrent themes were of battles and confrontations in various social and physical settings, ultimately ending in the "hero's" morbid demise by losing, succumbing, or dying. Shawn's responses indicated strong and recurrent needs for control and dominance, and a perception of the environment as fraught with physical danger, capricious, and unpredictable.

General Impressions

Shawn's present cognitive performance is in the low-average range of intelligence. His achievement is consistent with his present ability. He has visual-motor coordination problems, which will interfere with certain school activities that require copying or drawing. There is some indication of attention

problems, which do not appear to be a result of an attention deficit disorder, but rather from his emotional problems. His cognitive potential probably exceeds his present abilities and performance. If Shawn's social environment becomes more nurturing, consistent, and stimulating, and facilitates normal emotional growth, it could be expected that his WISC-R and academic performance would also improve.

Shawn's projective test performance indicates possibly serious emotional problems, the developmental outcomes of which would likely be a personality disorder rather than psychosis or neurosis. Shawn may be at a "watershed" point in his emotional development. With the immediate establishment of a nurturing, consistent, stable and permanent family environment, Shawn's prognosis for normal emotional development is good. Without such a supportive milieu, his prognosis is very guarded.

Recommendations

- 1) Shawn immediately needs a consistent, stable, predictable, nurturing family environment.
- 2) As much as possible, Shawn should be mainstreamed in his academic activities. Any academic programming should consider strategies to enhance his self-esteem, and to avoid programming which he or his peers could construe to be punitive, or an indication of his inadequacy. At the same time, he would benefit from general remedial education programming, which includes tutoring. Remedial programming may be inherently difficult, especially if negative or esteem-threatening connotations are to be avoided, but every attempt should be made to provide these activities.
- 3) Shawn should receive regular individual counseling therapy with a skilled therapist.

Discussion

Shawn displays evidence of developmental problems in all domains. His poor cognitive and academic performances are likely the result of multiple school absences, complicated by an inability to concentrate or attend to task because of emotional factors. The negative effects of long-standing maltreatment on his emotional development are pervasive. His perception is that the world is a dangerous, hostile place where a selfish and preemptive approach is a necessity for survival. There is an inherent despair and hopelessness communicated by this world view that will affect healthy autonomy and self-direction. Shawn needs both a consistent, nurturing family, and regular therapy, but he will probably be difficult to reach. He has strong needs for control and dominance, probably as self-protection, and these will likely promote considerable testing in any relationship with an adult. He is also an early adolescent, and typical adolescent testing and emotional volatility can be expected, which will complicate the picture. He can potentially be expected to be ambivalent about living in a family at a time when his developmental need is to begin to emancipate and develop independence, particularly because he is threatened by intimacy. A family will have to be consistently firm and nurturing, without expecting any immediate reciprocal emotional involvement. A treatment-oriented adoptive or permanent foster family would be a good placement option for Shawn.

Epilogue

Shawn was adopted shortly after this assessment was completed. A flexible and supportive family placement was developed for him, and he was placed in regular individual counseling. His adoptive family also attended counseling to help in their adjustment and to learn how to best help Shawn. Shawn adjusted well to his new home, and while he exhibited considerable testing, he eventually became an integral part of the family. His placement continues to be stable.