



## The role of child care in supporting the emotion regulatory needs of maltreated infants and toddlers



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### ABSTRACT

Infants and toddlers who experience physical abuse and/or neglect are at a severe risk for disruptions to emotion regulation. Recent prevention and treatment efforts have highlighted center-based child care as an important setting for providing support to the needs of these children, as child care centers are already an existing point of entry for reaching high-risk families. Guided by ecological theory, this review draws on the maltreatment and child care literatures to consider the opportunity for child care centers, specifically teacher-child interactions within the classroom, to support the unique regulatory needs of maltreated infants and toddlers. Existing research on the effects of child care for children facing other types of risk, as well as research with maltreated preschool children, provides a foundation for considering the role child care may play for infants and toddlers, whose emotion regulation skills are just emerging. More research is needed regarding teachers' roles in facilitating effective emotional experiences in the classroom that meet the unique needs of maltreated children. Additionally, early childhood teacher training that focuses on infant/toddler mental health and a trauma-informed perspective of care, as well as structuring child care centers as communities of support for high risk families, all may aid child care centers in better serving this vulnerable population.

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The maltreatment of young children by their parents represents the ultimate failure of the environment to provide children with the caregiving experiences necessary to promote healthy emotional development (Cicchetti, Toth, & Maughan, 2000). Maltreatment at any age can have a lasting impact on emotional wellbeing, however, the deleterious effect of abusive and neglectful parenting behaviors experienced during infancy and toddlerhood are particularly strong. Children who are victimized under the age of 5 show increased emotion dysregulation, externalizing and internalizing problems, increased anxiety and depression symptomology, and increased rates of academic failure as compared to children who are victimized later in childhood (Fantuzzo, Perlman, & Dobbins, 2011; Kaplow & Widom, 2007; Keiley, Howe, Dodge, Bates, & Pettit, 2001; Kim & Cicchetti, 2010). Unfortunately, infants and toddlers are at highest risk for maltreatment compared to any other age group (U.S. Department of Health and Human Services [DHHS], 2015). To address the needs of victimized infants and toddlers, it is important to consider other caregiving relationships and settings that may provide support for the unique emotion regulatory difficulties these children may experience.

Recent prevention and treatment efforts have focused on center-based child care as one important setting for supporting the needs of maltreated children (e.g., Dinehart, Katz, Manfra, & Ullery, 2012). Center-based child care is an existing delivery system of services for many families, representing an “opportune point of entry” for providing support to this population (Daro & Dodge, 2009; Osofsky & Lieberman, 2011). Of infants and toddlers involved in the child welfare system (any level of investigation by child protective services), approximately 26–30% participate in center-based child care (Ward et al., 2009). Under the federal Child Care and Development Block Grant, which provides state funding for increased access to child care services for low income families, the majority of states offer child care subsidies to families investigated by child protective services and foster care families, often with less strict eligibility requirements (Minton, Durham, & Giannarelli, 2011), ensuring that an element of caregiving stability remains in these children's lives (Meloy & Phillips, 2012a). Early care and education programs such as Early Head Start (EHS), also give priority enrollment to children living in foster care, regardless of other eligibility requirements (U.S. DHHS, 1992). Such policies aim to increase victimized children's access to the stable environment child care offers; however, publicly-funded child care and welfare systems stem from different funding streams, leaving systems siloed and many high risk children in need of access to publicly-funded child care programs fail to receive services (Osofsky & Lieberman, 2011). This is unfortunate

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considering that the developmental goals of child care programs better align with the needs of maltreated infants and toddlers than some social services funded through child welfare systems (for a full review, see Meloy & Phillips, 2012b).

Given the plethora of evidence that supports quality child care as significant in promoting the socioemotional wellbeing of infants and toddlers in the general population (Burchinal et al., 2008; Love et al., 2003; Love et al., 2005; Peisner-Feinberg et al., 2001; Phillips & Lowenstein, 2011; Vandell, Belsky, Burchinal, Steinberg, Vandergrift, & NICHD Early Child Care Research Network, 2010; Vogel, Xue, Moiduddin, Carlson, & Kisker, 2010), with especially strong effects seen for those facing higher socioeconomic, demographic, and temperamental risk (Pluess & Belsky, 2009; Votruba-Drzal, Coley, Maldonado-Carreño, Li-Grining, & Chase-Lansdale, 2010; Watamura, Phillips, Morrissey, McCartney, & Bub, 2011), it stands to reason that quality child care is positioned to serve as a developmental asset for maltreated children. Recent research has started to examine this potential link (e.g., Dinehart, Katz et al., 2012; Dinehart, Manfra, Katz, & Hartman, 2012; Kovan, Mishra, Susman-Stillman, Piescher, & Laliberte, 2014; Lipscomb, Pratt, Schmitt, Pears, & Kim, 2013; Lipscomb, Schmitt, Pratt, Acock, & Pears, 2014; Meloy & Phillips, 2012b), primarily focusing on preschool-age children. Given the unique emotion regulatory needs of infants and toddlers, and the exacerbated effects of maltreatment for this age group, it is important to examine the role child care may play in the emotional development of the youngest victimized children. Within this, it is critical to examine teacher caregiving quality as the mechanism that facilitates emotional development in child care (for a full review see Mortensen & Barnett, 2015), as well as how the caregiving needs of maltreated infants and toddlers may differ from the general population (e.g., Lipscomb et al., 2014).

To address these issues, this review presents a framework for conceptualizing teacher caregiving quality within center-based child care as a developmental asset for the unique emotion regulatory needs of maltreated infants and toddlers. Guided by ecological theory (e.g. Bronfenbrenner & Morris, 2006; Cicchetti et al., 2000), this review focuses on the process by which maltreatment undermines the emotion regulatory capabilities of infants and toddlers and how teacher caregiving may play a buffering role. This review also examines child care centers creating more effective caregiving environments for maltreated infants and toddlers with more specific teacher training, a trauma-informed perspective of care, and a community of caregiving support for parents. This review concludes with new directions for research that will further elucidate the developmental processes facilitating the emotional wellbeing of maltreated infants and toddlers in child care.

## 1. The scope of infant/toddler maltreatment

Legal definitions of maltreatment vary by state, but the federal Child Abuse Prevention and Treatment Act (CAPTA), as amended by the CAPTA Reauthorization Act of 2010, defines maltreatment at a minimum as, “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm,” including neglect, physical abuse, psychological maltreatment, and sexual abuse (U.S. DHHS, 2010). Annual data from the National Child Abuse and Neglect Data System (NCANDS), which collects state-level data on all children investigated by child protective services, suggests that infants and toddlers fare much worse than older children (U.S. DHHS, 2015). In 2013, children under age 3 had the highest rates of victimization, over a quarter of maltreatment victims were younger than 3, and approximately 21% percent of children living in foster care arrangements were under the age of 3 (U.S. DHHS, 2014, 2015). The estimated rate of victimization for children younger than 12 months is 23.1 per 1000, and approximately 11 per 1000 for toddlers ages 12 to 36 months (U.S. DHHS, 2015). Other alarming trends indicate that infants and toddlers experience the

highest rates of recurrent maltreatment and, due to their physical size and high dependence on caregivers, suffer the highest rates of serious injury and abuse-related fatalities (Klein & Jones Harden, 2011). In 2013, 73.9% of all maltreatment related fatalities were children under age 3 (U.S. DHHS, 2015). Maltreatment is assumed to be vastly underreported (Sedlak & Ellis, 2014), thus the actual population of maltreated infants and toddlers is likely much larger than what is represented in official statistics. Research samples of victimized children are typically comprised of children involved in child welfare (i.e., any level of investigation by child protective services), or children who have been removed from their biological homes and placed in non-parental or foster care.

A variety of parent, child, family, and contextual risk factors are associated with maltreatment; however, these variables are often interrelated, making it difficult to infer causality. Smoking during pregnancy, having multiple children in the home, young maternal age (<20 years), unmarried marital status, low birth weight, and positive toxicology at birth are all risk factors for infant maltreatment (Williams, Tonmyr, Jack, Fallon, & MacMillan, 2011; Wu et al., 2004; Zhou, Hallisey, & Freymann, 2006). Parental anger/hyperactivity and family conflict are strong predictors of physical abuse, and factors such as poor parent-child relationships, parental stress, parental self-esteem, and parental anger/hyperactivity are strong predictors of neglect (Stith et al., 2009). Parental cognitive appraisal of challenging caregiving experiences stemming from infant characteristics (e.g., low Apgar scores, low birth weight, or prolonged crying) is also a risk for maltreatment (Bugental & Happaney, 2004; Reijneveld, Van der Wal, Brugman, Sing, & Verloove-Vanhorick, 2004), as is parental perception that the child is a problem (Stith et al., 2009). Maltreatment has high comorbidity with other stressful family issues such as domestic violence, parental drug or alcohol abuse, and economic hardship (U.S. DHHS, 2015; Slack et al., 2011; Williams et al., 2011; Wu et al., 2004; Zhou et al., 2006). Although associated, it is challenging to disentangle the direction of effect between socioeconomic disadvantage and maltreatment, as the risk factors associated with both are often interrelated (Drake & Jonson-Reid, 2014); importantly however, this means that many families at risk for maltreatment may also be eligible for or participating in existing public programs for socioeconomically disadvantaged families, including child care subsidies, EHS, or other early care and education programs.

## 2. Theoretical framework

Ecological models of human development (e.g. Bronfenbrenner & Morris, 2006; Cicchetti et al., 2000) provide a theoretical foundation for understanding the role of multiple caregivers in the development of infant/toddler emotion regulation, the deleterious effect of maltreatment, and the potential buffering impact of teacher caregiving in child care. Ecological models position children at the center of a series of nested systems, conceptualizing development as driven via children's regular interactions (i.e., proximal processes) within each system (Bronfenbrenner & Morris, 2006). From this perspective, parent-child proximal processes within the home *microsystem* (i.e., a proximal setting the child has direct contact with) shape the development of emotion regulation, with sensitive-responsive and synchronous parent-infant interactions associated with increased regulatory capabilities in toddlerhood (Bocknek, Brophy-Herb, & Banerjee, 2009; Kim & Kochanska, 2012). Given this perspective, maltreatment represents the failure of the environment to provide children with the types of proximal processes necessary for healthy development (Cicchetti et al., 2000). Instead, the dysfunctional parent-child proximal processes involved in abusive and neglectful caregiving environments facilitate dysregulated patterns of emotional responses and regulation (Cummings, Hennessy, Rabideau, & Cicchetti, 1994; Kim-Spoon, Cicchetti, & Rogosch, 2013; Maughan & Cicchetti, 2002).

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