

# Child maltreatment during infancy: atypical parent–infant relationships

Jane Barlow

Angela Underdown

## Abstract

Infants under one account for up to 13% of child protection registrations in the UK with neglect (55%) and emotional abuse (17%) accounting for nearly two-thirds of these. Infants are highly dependent on their caregivers to enable them to optimise their rapidly developing nervous system, and also to promote their ability for affect regulation via the attachment relationship. As a result, maltreatment that occurs during this period has a disproportionate effect on the child's development.

This paper examines the importance of the parent–infant relationship for later infant development, and the impact of 'atypical' or anomalous parent–infant interaction occurring during this period. A number of innovative and evidence-based methods of assessing and supporting parents, who are experiencing a range of problems that place them at high risk of poor parent–infant interaction during this period, are examined. The research strongly points to the need for prevention through assessment and intervention that begins in pregnancy and continues throughout the first postnatal year.

**Keywords** atypical parent–infant interaction; maltreatment; prevention

## Introduction

A number of recent high profile cases have drawn attention to the need for paediatricians to be alert to the possibility of the maltreatment of infants. This age-group are over-represented in terms of the overall numbers of maltreated children, and have a higher than average risk of being the victims of homicide. Recent research suggests that infants identified as being at significant risk of maltreatment, are not given adequate protection within a timeframe that is consistent with their developmental needs.

The focus of this paper is on maltreatment that occurs during the first two years of a child's life. The evidence suggests that this is a significant period in terms of the child's developing nervous system and their emotional development, and that parent–infant interaction plays a key role in facilitating these aspects of development. It will be argued that particular types of severely

compromised or 'atypical' parent–infant interaction comprise maltreatment during the first year of life.

The first part of this paper examines the specific aspects of the parent–infant interaction that facilitate normal infant development, and the factors that characterize severely compromised interaction referred to here as 'atypical' or 'anomalous'. It highlights the problems that interfere with a parent's ability to provide sensitive, attuned interaction, and the long-term impact on the child of severely compromised parent–infant interaction. The second part of the paper examines the role of the paediatrician in assessing and identifying such parent–infant interaction, alongside the evidence regarding the most appropriate management and treatment approaches.

## Definition

The WHO (1999) definition of maltreatment refers not only to acts toward the child that 'have a high probability of causing harm to their health or to any aspect of their development (physical, emotional or social)', but also 'the failure to provide a developmentally appropriate and supportive environment in which the child can develop the full range of emotional and social competencies commensurate with her or his personal potential'.

The failure to provide a developmentally appropriate and supportive environment is particularly significant when it occurs during the first and second year of life because infants in most Western countries are highly dependent on a limited number of caregivers, and because their interaction with these primary caregivers plays a significant role in their later development (see below for a detailed discussion). It is suggested that a key aspect of a developmentally appropriate environment in the first year of life is sensitive and attuned parent–infant interaction, and that severely compromised interaction therefore may constitute emotional maltreatment and neglect.

## The prevalence early abuse

Recent estimates show that severely suboptimal parenting of infants is a major public health problem. Infants under one account for up to 10% of child protection registrations in the UK. Neglect (54%) and emotional abuse (18%) account for nearly two-thirds of these, but infants also face four times the average risk of child homicide, the risk being greatest in the first three months and the perpetrators being the parents in most cases. Non-accidental head injuries are also high in this age group and result in up to 30% mortality and significant neurological impairment in around half of the survivors. Rates of abuse of very young children in the general population may be up to 25% higher than indicated by official estimates.

Concerns about possible abuse of infants has increased over the past few years, and recent estimates by the Association of Directors of Children's Services of a large sample of Local Authorities found a 63.3% increase in children under the age of 1 with a child protection plan.

Child death review statistics suggest that 1% of deaths in the 0–27 days age group were preventable; 8% were potentially preventable, and that in the 28–364 days age range, 2% were preventable and 22% were potentially preventable.

---

**Jane Barlow** *DPHil FFPH (hon)* is Professor of Evidence-Based Intervention and Policy Evaluation in the Department of Evidence-based Intervention and Policy Evaluation at the University of Oxford, Oxford, UK. Conflict of interest: none.

**Angela Underdown** *PhD* is an Independent Consultant and Health Visitor. Conflict of interest: none.

## Parent–infant interaction

### The impact of the environment

The first two years of a child's life are now recognised as being particularly important for later development, primarily because of the impact of the early environment on the infant's developing neurological system. Research from a range of disciplines (e.g. neuroscience, physiology, developmental psychology, infant mental health, and genetics) has converged in terms of a recognition that the child's neurodevelopment is highly dependent on and influenced by the child's environment, and that the most significant aspect of the environment during the first year of life is the interaction that takes place with the primary caretaker.

In addition, infants are born unable to regulate their emotional states and the capacity for such affect regulation is a function of the parent–infant interaction and the attachment relationship, which begins during the first year of life. The attachment system is now recognised to be a significant bio-behavioural feedback mechanism with a key role in the dyadic regulation of emotion. During the early months of life babies adapt to the patterns of interaction that they have with key caretakers, and develop strategies to keep themselves safe. Around two-thirds of infants have a 'secure' attachment, with the remaining children being 'insecurely' attached (i.e. either 'avoidant' in which they over-regulate their emotions or 'resistant' in which they under-regulate them or 'disorganised' in which the pattern breaks down at times of stress). The precursors of a 'secure' attachment relationship are maternal sensitivity and attunement, which enables the child to trust their parent to provide comfort at time of distress, and in which the parent begins to function as a 'secure base', which enables the infant to begin to explore the world around them with confidence. Around 82% of children who have been abused, have a 'disorganised' attachment – an organised strategy that breaks down at times of stressful interaction. 'Disorganised' attachment is associated with severely compromised development.

Observing the babies' different responses to their caregivers response to their distress, is used to assess the security of their attachment (a test that is known as the 'Strange Situation Procedure'). Securely attached infants are able to respond positively to the care provided and to be comforted; insecure-avoidant infants are not able to demonstrate their distress and appear to be strangely calm; insecure-ambivalent infants continue to be distressed both clinging to the parent but also being angry; and disorganized infants show strange patterns of inconsistent behaviour in an attempt to both approach and avoid the parent sometimes showing signs of complete physical collapse.

### Which aspects of parent–infant interaction are important for infant development?

Infants have a range of self-organising neurobehavioral capacities but are on the whole highly dependent on their caregiver to help them to regulate their internal states. It is now recognised that this is done through *reciprocal* interactions with attachment figures, and that this is a key developmental task in the first year of life. Early research in the field of developmental psychology has identified that mother–infant interaction is bi-directional, synchronous and coordinated such that infants communicate to the parents their regulatory state (i.e. being distressed), and

sensitive parents are able to respond to the meaning of such communication. Infant mental health researcher have used a range of microanalytic observations of parent–infant interaction, and the 'still-face paradigm', to demonstrate the impact on infants of perturbations to normal interactional exchanges. This research highlighted the importance of moment-to-moment interactions, in which parents observe infant cues and respond contingently to them.

Parenting that is sensitive and attuned is an important part of such 'contingent' interaction, in terms of enabling infants to become securely attached to their primary caregiver. However, other aspects of parenting have also been identified as being important. For example, the term 'reflective function' refers to a parents' capacity to treat their infant as an intentional being with their own underlying feeling states. This understanding enables a parent to closely connect with their baby because they try to interpret cues and signals while reflecting on his or her unique characteristics. Similarly, the term 'mind-minded' refers to a mother's ability to treat her infant as an individual with a mind. Parental mind-minded comments during interaction with 6-month-old infants have been significantly correlated with behavioural and interactive synchrony, and are a better predictor of attachment security at 1 year than is maternal behavioural sensitivity.

Research has also highlighted the importance of 'midrange' interaction, which is characterised by parent interaction that is neither too intrusive, nor too passive (i.e. optimally in the mid-range). Dyadic interaction that is consistently outside the mid-range is associated with insecure and 'disorganised' attachment.

### What characterises severely suboptimal parent–infant interaction?

In addition to what is now known about the type of interaction that is necessary for optimal development, a number of aspects of parent–infant interaction have been identified as playing a significant role in derailing the development of children, particularly in terms of their attachment organization. 'Fr-behaviour' refers to parent–infant interaction that is both frightened and frightening. Such behaviours can be subtle (for example, periods of being dazed and unresponsive) or more overt (deliberately frightening children). Research suggests that Fr-behaviours are distinct from neglect and express a distorted image of the child, and is often a result of the parents' unresolved trauma and losses.

More recent research has suggested that such Fr-behaviours are part of a broader context of disrupted affective communication between parent and infant. This research highlights the importance of 'atypical' or 'anomalous' parenting behaviours that consist of parental withdrawing responses (i.e. maternal behaviours that are rejecting of the infant); negative-intrusive responses (i.e. where the parent is mocking or pulls at part of the infant's body); role-confused responses (i.e. where the mother seeks attention from their infant to meet her own emotional needs); disoriented responses (i.e. the mother adopts a frightened expression or has a sudden complete loss of affect), and affective communication errors (i.e. in which the mother might be positive while the infant is distressed).

There is a strong association between such 'atypical' or 'anomalous' parent–infant interactions at 12–18 months and

Download English Version:

<https://daneshyari.com/en/article/8813116>

Download Persian Version:

<https://daneshyari.com/article/8813116>

[Daneshyari.com](https://daneshyari.com)