Special Developmental Problems of Infants and Toddlers

Special Care for Severely Abused Infants

Infants who have been abused severely, and at an early age, demonstrate predictable developmental patterns and delays as follows:

- They are withdrawn, apathetic and look weak and sick.
- They allow manipulation of their bodies with no protest.
- They do not enjoy being touched or held, and do not positively respond to affectionate handling.
- They exhibit generalized passive compliance.
- They appear to enjoy nothing. They do not laugh or smile; they show no interest in objects or people. They do not take pleasure in feeding, bathing, play or other normal activities.
- They do not risk contact with people. They appear to feel best when they are left alone.
- Their movements are slow and cautious; they display limited mobility. They may stay in one place for long periods of time.
- They do not often cry. They may occasionally whimper or wail.
- They do not cling to parents or other adults in threatening situations.

Treatment Interventions

Specialized treatment methods are necessary if we are to help this child. Simply eliminating the abuse is not enough. Parents and foster caregivers must be trained to nurture this child in a predictable, measured fashion. "Too much too soon" can overwhelm the child and have the effect of further closing him off. As a result, treatment may take months.

- Move SLOWLY! Take care to approach the child slowly at all times, and do not institute too many changes at once.
- Create a calm, comfortable environment. The environment should not however, be sterile and devoid of stimulation. Stimulation must be given in measured doses. A foster home with five noisy and active children may not be the best environment for this infant.
• Read the child's cues to determine his/her needs. When the child withdraws from an approach, back off and approach again more slowly or tentatively. The child needs to become acclimated. There is a fine line between providing nurturance and overwhelming the child.

• Choose times in which to interact with the infant, and keep these times short at first.

• Talk to the child using a soft, affectionate tone of voice. QUIET and COMFORTING is the rule.

• Introduce pleasure into care giving. Any interaction with the child, including feeding, bathing and changing clothes, should be performed gently, allowing the infant to experience normal infant pleasures. Adequate time should be taken; these activities should not be rushed.

• Do not discipline the child harshly. If the child approaches a dangerous situation, he/she should be gently redirected or removed.

• The parent or caregiver must allow latitude in permitting the child to behave in ways that are developmentally more appropriate for a young infant. For example, messing with food, spitting, splashing in the bath and otherwise "making a mess" are preferable to withdrawal and immobility. After several months, set gentle limits.

• Do not force physical affection. Begin with gentle touching, patting and stroking. When holding the child, hold lightly. Cuddling is fine when the child appears to respond positively by conforming to the adult's body, or "settling in." Follow the child's cues about physical affection.

• After a period of time, the child may exhibit such behaviors as thumb sucking, clinging, other dependent behaviors, frequent crying, stranger anxiety, separation anxiety and other signs of social need. These must be viewed as PROGRESS rather than as problem behaviors.