

Speech and language impairment

A neglected issue for abused and neglected children

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Speech and language impairment in the context of children who have experienced abuse and neglect is not well documented, with only a handful of controlled studies and research reviews on the relationships between maltreatment and children's communication development. More prevalent in the literature are reports on the deleterious effects of child abuse and neglect on overall childhood development, purporting effects on cognitive, affective, social and neurological development. However, the growth of communication skills is integral to a child's early development and is closely related to cognitive and social-emotional development. The experience of abuse and/or neglect has profound implications for a child's developing communication, supporting the inclusion of speech pathology in approaches to working with children and families in abusive and neglectful environments. This article reviews the literature on the relationship between communication development and childhood abuse and neglect. Data collected during the course of speech pathology intervention for abused and neglected children attending the Abused Child Trust's (Queensland) counselling service is also presented in order to highlight the need for the inclusion of this therapeutic modality in managing the developmental needs of this population of children.

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SETTING THE SCENE: CHILD ABUSE AND NEGLECT

Child abuse and neglect is a pervasive societal problem with one in every 170 Australian children under nine years of age a substantiated victim of abuse and neglect (Broadbent & Bentley, 1997). Physical abuse (28%), emotional abuse (31%) and neglect (24%) have been found to be the most prevalent types of substantiated abuse in Australia (Broadbent & Bentley, 1997). The majority of childhood abuse and neglect occurs in family contexts, with 63.8% of children being harmed by their natural parent (Australian Institute of Health & Welfare, 2001). Significant risk factors associated with child maltreatment include factors such as a parental history of childhood maltreatment, substance abuse, marital dysfunction, anger management difficulties, poor financial resources and poor parent-child relationship (Cicchetti & Toth, 1995; Peterson & Brown, 1994; Tomison, 1996).

DEVELOPMENTAL OUTCOMES OF CHILD ABUSE AND NEGLECT

Short-term impact

The developmental outcomes for children who have experienced abuse and/or neglect are often devastating. Maltreated children have been reported to have:

- impaired physical and cognitive development (Cahill, Kaminer & Johnson, 1999; Hoffman-Plotkin & Twentyman, 1984; Oates, Gray, Schweitzer, Kempe & Harmon, 1995; Vondra, Barnett & Cicchetti, 1990);
- overall developmental delay (Oates et al, 1995; Prino & Peyrot, 1994);
- lower social maturity and social behaviour difficulties (Bousha & Twentyman, 1984; Darwish, Esquivel, Houtz & Alfonso, 2001; Herrenkohl & Herrenkohl, 1981; Hoffman-Plotkin & Twentyman, 1984);
- greater incidence of withdrawn behaviour (Herrenkohl & Herrenkohl, 1981; Hoffman-Plotkin & Twentyman, 1984);
- poor language development (Oates, 1986).

Current literature also reports on the neurological impact of abuse and neglect on children's brain development,

particularly in response to stress (McCain & Mustard, 1999; Perry, 1997; Shonkoff & Phillips, 2000).

Long-term consequences

The experience of abuse and/or neglect may also have a profound long-term effect on psychosocial functioning. The consequences for children may include:

- an increased likelihood of psychiatric disorder such as depression, suicide and self-destructive behaviour (Burdekin, 1993; Read, 1997);
- psychopathology (Cicchetti & Toth, 1995);
- conduct disorder and delinquency (Kaufman, 1991);
- diminished life coping skills (Farber & Egeland, 1987);
- an inability to form meaningful relationships (Burdekin, 1993).

It has also been reported that children who have been abused and neglected have a much greater chance of engaging in violent and aggressive behaviour (Perry, 1997; Tomison, 1996), and juvenile delinquency and violent crime in adulthood (National Crime Prevention, 1999; Widom, 1992). The experience of childhood abuse and neglect may also increase the likelihood of adults abusing their own children (Finkelhor, 1984; 1986), and engaging in substance abuse (Morrison Dore, Doris & Wright, 1995).

THE ROLE OF COMMUNICATION IN EARLY CHILDHOOD DEVELOPMENT

The establishment of competent communication skills is an integral component of a child's growth and development, indeed a 'critical functional domain' (Coster & Cicchetti, 1993) that plays a pivotal role in the development of human personality and behaviour. The process of acquiring language and communication skills is enmeshed with a child's social-emotional and cognitive development (Coster & Cicchetti, 1993; Prizant & Wetherby, 1990). Communication serves the important functions of self-regulation and regulating the behaviour of others (Prizant & Wetherby, 1990). Language is fundamental in the establishment of a sense of self as separate from others, and allows the child to make sense of the world around them (Halliday, 1975). Its appropriate development is therefore critical in the establishment of identity, and in the fostering of attachment relationships.

THE DEVELOPMENT OF COMPETENT COMMUNICATION SKILLS

A transactional process

Young children acquire language in the context of social communicative exchanges with significant others (Gallagher, 1993). This process is inherently transactional and thus influenced by the actions of the child, their caregiver and aspects of the environment (Sameroff &

Fiese, 1990). Engaging in social exchanges and social interaction with a child's caregivers fosters the mastery of language (Culp, Watkins, Lawrence, Letts, Kelly & Rice, 1991), with these early years crucial to a child's understanding of the reciprocal nature of communication, and the cause-and-effect relations between vocalisations and responses from their caregiver (Coster & Cicchetti, 1993). Young children develop the knowledge that their vocalisations, and later developing words, have an instrumental role, and that they are able to communicate their intent, and regulate interactions with others (Prizant, Wetherby & Roberts, 1997).

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The importance of the primary attachment relationship

A child's caregiving environment has a significant role to play in shaping communication development (Coster & Cicchetti, 1993), with it generally accepted that characteristics of caregiver-child interactions shape the child's development of linguistic skills (Culp et al, 1991). The optimal qualities of this interaction for early development include consistency, warmth, sensitivity and contingency (Clarke-Stewart, VanderStoep & Killian, 1979). It is widely established that the development of a secure attachment relationship facilitates a child's emotional, social and cognitive development (Bowlby, 1988). It is suggested that a child's first communicative model is particularly significant, as expectations are set relating to a child's feelings of comfort, anxiety, efficacy or inefficacy which the child then relates to communicative interactions with others (Coster & Cicchetti, 1993).

Parental communication

A caregiver's interaction style and level of verbal stimulation have an important influence on a child's developing communication (Chapman, 2000; Gallaway & Richards, 1994). Hampson and Nelson (1993) describe a conversational style conducive to language development that involves the parent expanding the child's utterances, following the child's lead, commenting on the child's actions, and recasting the child's utterances. It has been shown that children exposed to greater amounts of verbal stimulation at a young age fare better in terms of language development at 3 years of age, which is maintained until 9 years of age (Hart & Risley, 1995). Parental communication that is more positive in affect also facilitates normal

communication development (Chapman, 2000; Hart & Risley, 1995).

COMMUNICATION DEVELOPMENT IN THE PRESENCE OF ABUSE AND NEGLECT

Interactions with the primary caregiver

The nature of parent-child interactions in abusive families is often not conducive to supporting the acquisition of competent communication skills (Allen & Wasserman, 1985). Children who are maltreated are often exposed to lower rates of verbal stimulation, and negative maternal communication incorporating rejection and a lack of warmth, consistency, sensitivity and contingency (Coster & Cicchetti, 1993). These factors have a significant impact on the child's developing communication. Culp et al. (1991) suggest that the lack of socially mediated language experiences, crucial to supporting adequate communication development, is detrimental to a child's developing language skills. Given the transactional nature of communication development, reinforcing negative spirals may develop between caregivers and their children, contributing to poor language and communication skills (Law & Conway, 1992).

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The detrimental effect of neglect

Several studies have reported on the detrimental effect of early childhood neglect, these children being at greater risk for communication difficulties (Allen & Oliver, 1982; Culp et al, 1991; Fox, Long & Langlois, 1988). Researchers discuss the significance of consistent verbal stimulation in the development of communication, which is clearly absent in neglectful families. Coster and Cicchetti (1993) suggest that neglecting, unresponsive parents fail to provide the child with an appropriate understanding of the cause and effect connections between social cues and environmental responsiveness, which forms the basis of communication. It has also been noted that children experiencing difficulties in communication development may be more at risk for maltreatment (Knutson & Sullivan, 1993) than normally developing children. Recent research indicates that children with communication impairments have up to five times the risk of being neglected or physically abused, up to three times the risk of being sexually abused, and up to seven times the risk of experiencing emotional maltreatment (Sullivan & Knutson, 2000).

Implications for developing speech and language skills

Children who have been abused or neglected have been observed to have significant delays in receptive and expressive language skills (Hammond, Nobel-Gould & Brooks, 1989). These difficulties tend to be characterised by delayed vocabulary development, grammatical difficulties, difficulties sustaining conversation, and use of shorter, less complex utterances than non-abused children (Coster, Gersten, Beeghly & Cicchetti, 1989). Hansen (1999) found that high-level language difficulties were present amongst school-aged children who had experienced neglect in their first three years of life. These children evidenced difficulties in areas such as verbal problem solving and reasoning, suggesting that developmental difficulties may persist and impact on communication functioning throughout a child's life.

Implications for social-affective communication

The use of language to perform social functions, known as pragmatic skills, is often affected in children who have experienced maltreatment. Abused children have been observed to be less initiative and less responsive conversational partners, who avert their gaze during interactions (Law & Conway, 1992). Maltreated children have been reported to exhibit diminished productive language related to internal states and feelings about the self and others (Beeghly & Cicchetti, 1994). Children who have been physically abused have been noted to use language primarily to achieve basic needs from their caregivers, the use of language for the purpose of emotional regulation and interaction significantly diminished (Coster & Cicchetti, 1993).

THE SOCIAL, EMOTIONAL AND BEHAVIOURAL IMPACT OF COMMUNICATION DIFFICULTIES

Language is fundamental in establishing and maintaining social relationships, it assists in organising behaviour and is central to the successful acquisition of many cognitive and academic skills. It is an integral component of the development of the inter and intra personal individual (Warr-Leeper, Wright & Mack, 1994; p. 160).

Communication difficulties are among the most prevalent disabilities experienced in early childhood (Prizant, Wetherby & Roberts, 1997). The consequences of delays in communication development may be widespread and have an effect on cognitive, affective and social domains (Coster & Cicchetti, 1993; Paul & Rubin, 1999; Warr-Leeper, Wright & Mack, 1994).

Implications for learning

Expressive and receptive language difficulties impact on a child's ability to integrate information for learning during

the school years (Aram & Nation, 1980; Paul, 1995). There are links between language competence and phonological development, and the emergence of skills essential for literacy (Catts & Kamhi, 1986; Coster & Cicchetti, 1993; Hummel & Feinstein, 1997). Indeed, there is a strong association between early language problems and later learning difficulties (Hummel & Feinstein, 1997; Prizant, et al, 1997), with almost 80% of learning difficulties being speech and language based (Wiig & Semel, 1984). The high co-occurrence of disruptive behaviour disorders and language difficulties may also be a contributing factor to school-related problems (Cohen, 1996; Hummel & Feinstein, 1997). Given the increased likelihood of social-behavioural manifestations amongst children who have experienced abuse and/or neglect, the additional burden of language-related difficulties may further exacerbate a child's potential learning problems.

Implications for social development

Communication is an essential interpersonal skill, and the child with speech and language problems often has difficulty participating effectively in social situations. This has the potential to affect the establishment of peer relations, and relationships with a child's caregivers and other family members (Coster & Cicchetti, 1993; Hummel & Feinstein, 1997; Prizant, et al, 1997). Language also serves an important role in developing self-control and emotional regulation, particularly as children are required to understand, organise and access verbal rules regarding behaviour (Beitchman, Brownlie, & Wilson, 1996; Gallagher, 1999). It follows that behavioural manifestations of these difficulties may be apparent for children with language impairment. The expectations set by interactions with a child's primary caregiver also exert a strong influence on the way a child engages with others (Coster & Cicchetti, 1993). A child with language difficulties may develop emotional responses to adverse interactions with a caregiver, which the child may then relate to interactions with others. If a child's primary communication model is a parent who responds in a harsh, negative manner, a child may learn to approach other communicative interactions with caution, or indeed avoid them, expecting a similarly negative interaction.

Implications for emotional development

Language serves as an important tool for a child's ability to label and integrate their own experiences (Gallagher, 1993). A child's emotional development may subsequently be affected by the presence of speech and language impairment (Dale, 1996; Prizant & Wetherby, 1990), given the associated difficulties in identifying and labelling emotional states. Research suggests that there is a high co-occurrence of communication difficulties and emotional and behavioural disorders such as ADHD, conduct disorder and anxiety disorders (Cantwell & Baker, 1987; Cohen, 1996;

Kotsopoulos & Boodoosingh, 1987; Prizant, et al, 1997; Toppleberg & Shapiro, 2000). Researchers continue to examine the nature of the relationship between communication difficulties and emotional and behavioural disorders. Research also suggests that communication disorders are a chronic condition (Baker & Cantwell, 1987; Hummel & Feinstein, 1997; Paul, 1996). The risks to a child's social-emotional development as a result of the chronic nature of language impairment should not be understated.

Intervention for these children may serve not only to remediate existing difficulties and assist in skill acquisition, but also to prevent more protracted difficulties ...

INTERVENTION FOR ABUSED AND NEGLECTED CHILDREN WITH COMMUNICATION DIFFICULTIES

Early intervention

Early intervention for the child experiencing delays in speech and language development is therefore of utmost importance (Baker & Cantwell, 1987; Paul, 1995; Prizant, et al, 1997). A child's early years are the most sensitive in terms of language development, necessitating intervention within a child's first few years (Law & Conway, 1992; Shonkoff & Phillips, 2000). The value in assessing communication skills and providing intervention for maltreated children has been reported in the literature regarding child maltreatment (Cahill, Kaminer & Johnson, 1999; Cicchetti, Toth & Hennessy, 1989; Coster & Cicchetti, 1993; Knutson & Sullivan, 1993; Law & Conway, 1992). An understanding of the impact of communication difficulties on a child's social, emotional and cognitive functions is crucial, lending support to multi-disciplinary approaches to assessment and intervention (Cicchetti, et al, 1989; Coster & Cicchetti, 1993). Intervention for these children may serve not only to remediate existing difficulties and assist in skill acquisition, but also to prevent more protracted difficulties (Gallagher, 1999). Given the chronic nature of communication difficulties, intervention in the form of speech and language therapy has been considered a preventive measure against the development of behavioural and emotional problems in children (Baker & Cantwell, 1987; Cicchetti, et al, 1989; Wetherby & Prizant, 1997). Additionally, speech and language intervention has the potential to assist in improving a child's current behaviour and helping in the resolution of emotional difficulties that may already be

present (Gualtieri, Koriath, Van Bourgondien & Saleeby, 1983).

Influencing attachment behaviours within the parent-child relationship

The nature of the attachment relationship is an important factor in intervention (Law & Conway, 1992), particularly as many abused and neglected children exhibit insecure primary attachments (Carlson, Cicchetti, Barnett & Braunwald, 1989; Cicchetti & Barnett, 1991; Crittenden, 1985). Given the transactional nature of communication development, it follows that influencing the quality of parent-child interactions and the associated communication patterns will have a positive impact for the child (Law & Conway, 1992; Paul, 1995). Communication patterns that may be a focus for intervention may include improving the contingency of verbal responses of parents to their child's communication, and assistance in interpreting a child's verbal and non-verbal cues related to communication. Altering these communication patterns may assist in reducing negative attributions towards a child, and in avoiding misinterpretation of a child's behaviour.

Fostering communicative competence in young children

For young children, the development of greater communicative competence is considered an essential component of the establishment of a sense of self and autonomy (Prizant & Wetherby, 1990). With the development of improved communicative competence a child has the experience of more successful social interactions and relationships (Hummel & Feinstein, 1997), an improved ability to participate in learning environments, and a greater ability to make sense of the world and integrate personal experiences using language. It is generally accepted that these factors play a part in the development of an adaptive response, or resilience, in children exposed to adverse life conditions (Heller, Larriau, D'Imperio & Boris, 1999). It follows that assisting a child to develop communicative competence may contribute to this process of the building of resiliency.

Facilitating effective social-emotional communication

For abused and neglected children experiencing difficulties with social interaction, it can be beneficial to help children develop skills in successfully initiating interactions with their peers (Darwish et al, 2001). For these children experiencing communication difficulties, the task of social interaction becomes more problematic. Children develop expectations regarding how others may respond to them, based on their own early experiences (Coster & Cicchetti, 1993). Of importance therefore is providing these children with adult interactions that are consistent, sensitive, and congruent to the child's needs. Children may also require

modelling and scaffolding in the teaching of key phrases to use in their interactions with other children (Prizant & Meyer, 1993). Providing strategies for these children to express functions such as protestation, rejection and anger with verbal means may also assist in ameliorating the potential for social-emotional manifestations of behaviour (Prizant & Meyer, 1993).

In order to highlight the prevalence of speech and language problems in children where there has been abuse and neglect, a case study will be utilised. The data has been collected over a 6 month period, in working with children in a specialised early childhood setting.

CASE STUDY

Contact House is a counselling agency, operated by the Abused Child Trust, for children and their families where there has been harm, or risk of harm, to the children. The agency receives referrals from the statutory child protection authority, education, medical staff and the general public. The service is multi-disciplinary in nature, and operates with a child focus utilising a strengths-based approach. The speech pathologist works as a member of the multi-disciplinary team providing counselling and support services to these children and their families.

A unique component of the Contact House program is the specialised early childhood centre, providing learning opportunities for small groups of children aged between 3 and 6 years who are experiencing social, emotional and developmental difficulties as a result of their early experiences. The speech pathologist works within this centre, alongside a teacher, teacher's aide and an occupational therapist.

Data were collected from a sample of ten children attending the Early Childhood Program during a school term.

- The average age of these children was 4 years, 11 months;
- the ratio of males to females was 9:1;
- 70% of these children were resident with their birth parents at the time of data collection;
- statutory child protection services had been involved with 9 out of 10 of these children's families;
- all children in the sample had experienced multiple forms of abuse, the primary form of abuse ranging from neglect (30%), and physical abuse (30%), to emotional abuse (20%), and sexual abuse (20%).

The data collected is contained in Table 1. This displays the performance of these children on a number of standardised tests and observational rating scales in the area of communication skills. Measures included standardised tests to assess receptive language skills (language

comprehension) and expressive language skills, a test of phonological (speech) skills, rating scales on language and social-emotional functioning during their attendance at the program, and an overall rating of communication impairment.

Some of the critical findings from this data include:

- ninety per cent of these children experienced some degree of overall communication impairment;
- of those children with communication impairment, two-thirds experienced a moderate or severe degree of impairment;
- fifty per cent of children evidenced delays in receptive language skills (comprehension);
- sixty per cent of children evidenced delays in expressive language skills;
- sixty per cent of children evidenced moderate to severe delays in their phonological (speech) skills;
- the average teacher rating for language skills was 2.74 out of 5, which is commensurate with the teacher rating for social-emotional functioning which was 2.38 out of 5;
- for seven out of ten children, communication issues formed the majority of the Individual Education Plan goals to be used as a focus during the child's time in the program.

The Early Childhood Program provides these children with the opportunity to experience a range of developmental activities, and focuses on children's social and emotional development. Communication skills are crucial for children

in establishing working peer relationships and in expressing wants and needs, and a variety of emotional states. The prevalence of speech and language difficulties within this population of children necessitates the inclusion of a speech pathologist, in targeting intervention for these children in the area of communication skills.

Although the nature of therapeutic intervention for these children is not the focus of this article, the following strategies are provided to inform the reader as to the basis of adult therapeutic interactions with these children:

- providing consistent communication models for these children;
- fostering the development of language comprehension and expression;
- facilitating social interactions between children using language;
- providing children with new templates for communicative interactions and behaviours;
- labelling children's emotional states;
- encouraging emotional expression;
- facilitating early literacy skills development.

The use of strategies such as these is crucial in interacting with children who have been abused and/or neglected. Underpinning the implementation of such therapeutic interactions is the understanding that children learn communication through their interactions with others in their world, which thereby shape their ability to communicate with other people in the future. The strong association between language and social-emotional

Table 1 Measures of communication skills

Child	Age	Receptive Language (standard score)	Expressive Language (standard score)	Speech (rating)	Teacher rating - language	Teacher rating - social emotional	% of IEP goals involving communication skills	Overall communication impairment
1	6:1	73	73	Severe	3.7	2.6	75	Severe
2	3:10	79	76	Moderate	1.9	1.3	75	Moderate-severe
3	5:2	97	96	Age appropriate	2.7	3.0	60	Mild
4	5:5	83	79	Severe	2.1	2.2	75	Moderate
5	5	88	92	Age Appropriate	3.1	3.0	Nil	Nil
6	3:5	92	89	Mild	2.4	1.7	75	Mild
7	4:11	75	79	Moderate	3.0	1.6	75	Moderate
8	3:10	83	79	Mild	2.4	2.5	n/a	Mild
9	5:7	95	84	Moderate	3.6	2.9	40	Moderate
10	4:2	-	-	Severe	2.5	3.0	75	Moderate-severe

(Shaded areas indicate standard scores that fall within the clinically significant range)

development also necessitates the importance of building social-emotional communication skills for these children.

CONCLUSION

Communication skills are fundamental for a child's developing sense of self, and their role in interactions and experiences with their external world. Children with delayed communication development subsequently experience difficulties across a range of associated developmental tasks. For those children exposed to abuse and neglect in their early years, developmental delays are quite often an unfortunate outcome. Speech and language skills appear to be particularly sensitive to such adverse experiences. Communication difficulties place these children at heightened risk of literacy and learning difficulties, and social-emotional difficulties. Early intervention for these children is therefore of paramount importance, with speech pathologists able to fulfil a crucial role in multi-disciplinary management approaches. This paper demonstrates the centrality of speech pathology as both a legitimate and vitally important intervention for abused and neglected children. A child's ability to communicate and interact with others in their world is far too critical to be neglected by those responsible for their care and wellbeing. □

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