Over the past two decades, research has shown that maltreatment can disrupt a child’s ability to recognize and understand the emotions of others. These difficulties can lead to problems as children attempt to navigate their interpersonal relationships. Child welfare workers can better help children that have experienced abuse and neglect read emotional cues and build successful relationships if they are aware of how maltreatment can impact emotion-processing.
Child Maltreatment and Emotional Learning

The success of our face-to-face exchanges with others depends on our ability to accurately interpret how someone else is feeling and, consequently, how we choose to respond. Given our social natures as humans, it is not surprising that we begin to develop this skill early in life. Typically-developing children begin telling apart happy, angry, scared, sad, and surprised faces as infants. By pre-school age, most children have mastered the ability to identify emotion from faces, continuing to refine these abilities through adolescence. Unfortunately, some children have trouble developing emotion-recognition skills and these deficits can negatively affect several aspects of a child’s socio-emotional functioning, including parent-child attachment relationships, emotion regulation, and peer relations.

RESEARCH HAS SHOWN CONSISTENTLY THAT CHILDREN WHO HAVE EXPERIENCED MALTREATMENT HAVE A HARDER TIME RECOGNIZING EMOTIONS THAN NON-MALTREATED CHILDREN, ABOVE AND BEYOND THE EFFECTS OF COGNITIVE ABILITY.*

Maltreatment is a major contributor to the atypical development of socio-emotional functioning in children. Whereas children raised in generally healthful environments (low-risk), are exposed to a rich and complex array of predominantly positive emotional experiences from birth, maltreated (high-risk) children experience disordered environments. Researchers have found that, in abusive households, parents express fewer positive and more negative emotions. Also, family members show high rates of verbally and physically aggressive interactions amongst themselves. In cases of child neglect, high levels of family conflict, domestic violence, and negative emotions are also found.

Research has shown consistently that children who have experienced maltreatment have a harder time recognizing emotions than non-maltreated children, above and beyond the effects of cognitive ability. In fact, despite generally poor performance on emotion-recognition tasks, abused children show a selective bias, or hyper-sensitivity, toward faces that depict anger. Also, children who have experienced abuse are more likely than non-abused peers to interpret an ambiguous face as being angry. Notably, more recent work by Curtis and Cicchetti (2011) shows that these emotion-processing difficulties are reflected in brain activity differences. Young maltreated children from low socioeconomic status backgrounds were hyper-responsive to angry facial expressions. For children that have endured physical abuse an adult showing anger may be the greatest predictor of danger in their environment. Essentially, children who have been abused may hone their abilities to detect anger in order to prepare for or avoid threat. Children who have been neglected, on the other hand, have demonstrated even more difficulty recognizing emotion in faces than children who have been physically abused, as well as more trouble telling the difference between different emotions. Neglected children may have fewer emotional learning opportunities because they have been deprived of healthy social interactions with adults.

Practice Considerations

As practitioners in child welfare we work closely with children who have experienced maltreatment, their families, and a network of other professionals. In our work, we are often able to see, in concrete ways, the impact that maltreatment can have on children in their daily lives. When children who have experienced
maltreatment misread facial expressions and emotional cues it can lead to additional stress, trauma, behavioral challenges and bonding issues. How children that have experienced maltreatment perceive and respond to emotions can significantly impact experiences in school settings, interactions with peers, and in contact with other professionals. Relationships and attachment with birth family members, resource families, kinship families, and other caregivers can also be affected. In our role as child welfare professionals, we work to ensure that children are safe and stable. Part of this includes observing and gathering information about how children are interacting and engaging with others. We note if they are connecting positively with their peers and caring adults and if they are making and sustaining friendships and ongoing relationships with caregivers.

In light of the research that has been presented in this issue of Practice Notes, let’s consider our role and how we might apply this knowledge to our work with families and children who have experienced maltreatment.

» In working with children and families on your caseload, maintain a higher level of awareness about [maltreated] children’s potential for misperception of emotional cues and corresponding behaviors

» Share this information with resource and kinship families to help them understand what might be underlying a child’s challenges in misperception

» Support children and their families during times of high stress (e.g. out of home placements, visits with siblings and parents, transitions in reunification) as these could be times of increased misperceptions

» Work with key school personnel and mental health providers to increase their understanding about challenges in reading emotional cues for children who have been maltreated.

**CASE EXAMPLE**

Approximately two weeks ago a 5 year old girl named Sarah was taken into foster care due to physical abuse by her biological mother. During the investigation, it was discovered that Sarah’s mom had been physically disciplining her since she was two years old. Today, a voicemail message was on your office phone left by Sarah’s foster mother. In the voice mail, the foster mother reported that she received a call from Sarah’s preschool teacher stating that Sarah had been physically and verbally aggressive with one of her peers in her classroom. This is the 2nd incident in Sarah’s new preschool in which she has physically lashed out and hurt another child in the classroom.

The preschool teacher reported to the foster mother that when she spoke with Sarah after the incident, Sarah said “that girl is always looking at me. She doesn’t like me and was going to hit me.” The teacher reported that what she observed at the time of the incident was that the other child walked over to Sarah when she was sitting on a beanbag chair (a popular item in the classroom). As the other child approached the chair, Sarah yelled “Hey, I was here first.”, then jumped up, called the child a swear word and scratched her on the arm. The teacher noted that there hasn’t appeared to be anything challenging between these two girls in the past and that it happened “out of the blue”. The teacher shared that Sarah seems guarded and “on edge” much of the time when she is at school. The teacher requested a meeting as soon as possible to discuss Sarah’s behaviors and strategize solutions. The foster family is calling you for assistance.

» What are some possible reasons for Sarah’s behavior?

» What are some questions you might ask the foster family to gather additional information?

» How might the research you’ve read about in this issue of Practice Notes apply to this situation?

» How would you help the foster family explore whether or not Sarah is misreading facial emotional cues and/or being hyper-attuned to angry facial expressions?

» What would your next steps be in working with Sarah, the preschool and the foster family? Depending on your answer, what services may be beneficial for helping Sarah thrive?

» How might you talk with Sarah about her experiences in preschool during your next visit?

In the case scenario above, we have a child who is more easily noticed due to her aggressive, disruptive behavior; however, often we are working with children that may not stand out as easily. Due to neglect, these children may not have a lot of experience with different kinds of facial affect, but it may be impacting them in more subtle ways. How might we think about our work with these children and the practice implications?
Summary

Research has helped our field of child welfare understand more clearly how maltreatment can negatively impact children’s ability to interpret emotion in others accurately. We know that deficits in this skill can have long reaching implications on the ability to navigate interpersonal relationships and thrive in home, school and community environments. In our work with children and families, we have the opportunity to intervene with children, their caregivers and other professionals. As practitioners, we can take the research knowledge found in this issue of Practice Notes and share it with others we work with, integrate it into our own practice with children and families, and look for creative solutions for assisting children in their relationships and environments. Below, please find some questions for reflection as you take this research knowledge into your daily child welfare practice.

Reflection Questions

1. How can you bring this research/information to your work team(s) or into supervision?

2. What are some examples you’ve seen in your work that might be explained by children misreading facial emotional cues?

3. What impact does this research have for your specific work with families and children who have experienced maltreatment?

4. What could you do to share this information with the collaborative professionals working with the children on your case-load (school social worker, children’s mental health worker, resource family, kinship family, guardian ad litem, etc.?)

References


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Spotlight on our Practice Notes partner:

The Institute for Translational Research in Children’s Mental Health (ITR) advances quality research, evidence-based clinical training, and information dissemination focused on children’s mental health and development ages 0 to 18. For more information, visit http://www.cehd.umn.edu/ITR/default.html