Emotional Maltreatment

Christine Wekerle, PhD
McMaster University, Canada
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Introduction

Emotional maltreatment reflects a caregiver’s failure to provide a developmentally-appropriate and supportive environment, including persistent, pervasive or patterned acts such as frequent name-calling (emotional abuse; act of commission) and lack of affection (emotional neglect; act of omission). Six types of emotional maltreatment are recognized: (1) rejecting (e.g., constant criticism, belittling); (2) isolating (e.g., keeping family and friends from child); (3) ignoring (e.g., non-responding to child attentional bids, achievements etc.); (4) terrorizing (e.g., threatening abandonment or harm), (5) corrupting (e.g., child involvement in criminal activities); (6) exploiting (e.g., assigning caregiver role to child for parent or other children, expecting child to maintain family finances). Further, other forms of maltreatment – sexual and physical abuse, and physical neglect – are considered to have emotional maltreatment components. Thus, emotional maltreatment may be a stand-alone form of abuse or neglect, as well as a frequently co-occurring form.

Some consider exposure to adult intimate partner violence (IPV) as a form of emotional maltreatment (i.e., exposure to violence against a parent), while others view it as a separate category. For example, the 2008 Canadian Incidence Study documented 34% of substantiated cases as exposure to IPV, and an additional 9% of substantiated cases as emotional abuse (with verbal aggression being the most common form). A review of foster care children found a wide range in the proportion of cases reported for emotional maltreatment (8% to 77%). One U.S. study of child welfare-involved cases, in coding maltreatment experiences with a standard framework, found that over 50% of youth had emotional abuse (chiefly terrorizing), and that the majority of these also experienced physical abuse and neglect.

Subject

In order to develop into persons who can function well on a day-to-day basis, it is important to grow in an emotionally- and physically-safe and nurturing environment. When determining exposure to emotional maltreatment, it is important to assess the interactional patterns in the home (parent-to-parent; parent-to-child;
among siblings). Emotional abuse may occur as acute events (e.g., emotionally-abusive tirade), or as chronic patterns (e.g., failures to acknowledge child in school accomplishments, chronic school lateness or absences; uncelebrated birthdays etc., also known as an “invalidating environment”). Parents who direct intense negative emotions towards the child (rage, fear, disgust) risk further disabling, overwhelming the child’s cognitive capacities with parental “emergency” emotions (panic, rage etc.). Research has shown that, in such interactions, parents who perceive themselves as powerless, have higher emotional reactivity, and hostile views about the child and child behaviour, tend to select power assertive and controlling actions towards the child (hostility, rejection, attack). If social isolation is part of the family interactional style, the child has few opportunities to understand what is “normal” behavioural sequences and “normal” behaviour responding.

Beyond the “fight or flight” response to acute stress, children exposed to emotional maltreatment can experience chronic stress that leads to physical and/or emotional impairment. Furthermore, good stress management is not modeled in the home. Impairment can include many elements of risk behaviours (i.e., cigarette smoking, overweight, alcohol abuse, among others) in addition to early and persistent psychiatric disorders. Beyond a stand-alone form, emotional maltreatment co-occurs with sexual abuse, physical abuse and neglect, given the harmful aspects of these other types (e.g., feeling betrayed by the caregiver).

Problems

1. As with all types of abuse and neglect, the prevalence of emotional maltreatment is unknown and likely substantially underestimated, as it is a frequent co-occurring form.

2. About one third to one half of reported cases has an indicator of emotional harm.

3. While there is emerging consensus on (a) patterned caregiver behaviour and (b) including acts of omission and commission, there is no agreement as to how to operationalize emotional maltreatment for practical use by child protection systems; protection needs to be provided when caregiver acts fall below community standards for reasonable parenting, and not the reaction of the child.

4. Existing parenting programs have some content relevant to emotionally maltreating caregiving (e.g., planned attention, positive time or time-in); prevention of emotional maltreatment has not yet been a focus in child welfare or public health. The prevention of IPV and children’s exposure to violence remains a global priority.

5. With other forms of maltreatment established, child welfare authorities may not fully assess emotional maltreatment, since the former can be sufficient for case-opening and service provision; however, as disclosure is a process, full assessment for all maltreatment types is needed and assessment may need to be revisited.

6. Males may be more negatively impacted by emotional maltreatment than females among those in the child welfare system, in the areas of mood, delinquency and attachment to parents and peers.

Research Context

Most information on emotional maltreatment, as it relates to youths receiving services from child welfare authorities, comes from countries with formal child protection systems. This research does not look at the experience of the parents’ expressed emotion in range, appropriateness and intensity of negative affect (rage,
fear, hostility, helplessness). When a case of emotional maltreatment is substantiated, it means the child welfare authorities investigated the allegation and deemed it to be of sufficient seriousness. The services provided could range from investigation only to child counseling to out-of-home placement for alternate caregiving.

When emotional maltreatment research is conducted with community samples, it is reliant on the use of self-report questionnaires. Finally, most research does not isolate the unique impact of emotional maltreatment, recognizing that, especially for child welfare populations, and other public service sectors, more than one type of maltreatment is common.

**Key Research Questions**

1. What unique type of impairment is associated with exposure to emotional maltreatment?
2. How does emotional maltreatment combine or interact with the other forms of maltreatment in leading to impairment or resilient outcomes?
3. Are there emotional maltreatment indicators, or red flags, that signal greater impairment potential? Are there certain parental psychiatric disorders that show a strong association with a child’s exposure to emotional maltreatment and impairment in their health and development?
4. Do programs designed to prevent child injuries and physical and/or sexual abuse substantiations, also yield secondary gains in reducing emotional maltreatment levels?

**Recent Research Results**

The most recent focus of attention has been the cognitive functioning and development of maltreated children and its association with problems (impairment) and positives (resilience) in functioning, despite the experience of adversity (maltreatment). For example, among foster children (out-of-home care), a history of neglect or emotional abuse was negatively correlated with height-for-age, visual-spatial processing, memory, language and executive function. Early intervention that targets the cognitive-emotional components that underlie emotional maltreatment shows promise in yielding better child cognitive outcomes (e.g., memory) that seem to be mediated by the child’s stress response hormones. The ultimate goal is to consider the contexts for mind-body impairments, as well as those for resilient functioning, integrating streams of biological, clinical and epidemiological research.

**Research Gaps**
Emotional maltreatment is difficult to document by the child protective services (CPS), as it may not be identifiable as an event, or have clearly identifiable, causal links to the victim’s impaired functioning. Legal and medical definitions to guide CPS thresholds for intervention vary across states and regions. Presently, there is no “gold standard” approach to determine exposure to emotional maltreatment. Better prevalence estimates of emotional maltreatment are needed that utilize a common definition in population studies of child welfare-involved youths, community surveys of adolescents, as well as studies of groups known to have higher rates of maltreatment backgrounds, such as those in public care sectors (i.e., juvenile detention, substance abuse treatment, special needs in education, mental health services).

More research is needed to understand the processes whereby “critical events” impact development and health. For example, positive emotion dominance (i.e., much more positivity shown in interactions) is advanced as a key aspect of resilience in that it may translate into maintaining an “approach” (versus “avoidance’) stance with others, and a positive attributional style towards the behaviour of others.

**Conclusions and Implications for Parents, Practice and Policy**

Emotional maltreatment, being less visible in its impact, can be underestimated in its impact. The implications for parents, practice and policy is: (1) a consideration of the home emotional climate, emotional literacy and the provision of experiences where there is a dominance of positive over negative emotions; (2) to prevent the occurrence of both child maltreatment and exposure to adult IPV; (3) to adequately address perpetration to promote the safety, well-being and rights of children and vulnerable caregivers; (4) to prevent or dampen maltreatment-related impairment; and (5) to promote coping and resilience in unknown or unavoidable contexts of adversity. Evidence-based prevention programs exist, and it is severely costly to not implement these from a public health perspective.

A chaotic, violent home life may be psychologically maltreating in a persistent way for children. Transition from the home, such as quality preschool experiences, formal school entry, and increasing autonomy in adolescence provide opportunities to realign the expected emotional encounters and the learned (or over-learned) emotion-based coping towards greater health, financial and quality-of-life expectations for the future. Better life outcomes occur when violence in the personal and home environment ceases. A predominance of enjoyment, discovery and positive engagement would seem to be a fundamental birthright.

**References**


