Commentary

Emotionally maltreated: The under-current of impairment?☆

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The 11 original articles on emotional/psychological maltreatment were considered in terms of their addition to the literature base, highlighting important conceptual and definitional issues, and signaling of future directions for research. In this commentary, it is argued that epidemiological work on normative parenting behaviors across child development is needed to craft threshold parameters. Given the growing database on the contribution – including unique – of emotional abuse and emotional neglect on impairment, consistent assessment consideration needs to be given in clinical child, parenting, and family assessment situations. With further clarity from population studies, better prevention targets can be isolated. Although impairment may emerge temporally later than the maltreatment, cessation of emotional maltreatment is an imperative. Children and adolescents develop in context, and that context is primarily social and emotional. The impact of emotional maltreatment on self-care and physical health remains to be considered more fully.

Psychological maltreatment may be thought of as a unifying concept that embodies the most significant components of all forms of child maltreatment. . .a repeated pattern of caregiver behavior or extreme incident(s) that convey . . .children . . .are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another’s needs. . . . (Hart et al., 2011, pp. 125–126).

. . .how the two orphans, tried by adversity, remembered its lessons in mercy to others. . . .I have said that they were truly happy; . . .without strong affection and humanity of heart, . . ., happiness can never be attained. (Charles Dickens, Oliver Twist, p. 479).

Happiness depends on being free. . . (Thucydides, as cited by Radcliffe, 2011, p. 286).

. . .the consequences of violating the child’s basic human right to live free of abuse are often dreadful, for the child and for the larger community. (Garbarino, 2011).

While the pursuit of happiness may be an essential right of free persons, happiness is not the opposite of maltreatment, nor is it typically ever a clinical target. Clinically, we are engaged in reducing the burden of suffering, and lessening the stronghold of past adversities in the negotiation of day-to-day functioning. From a maltreatment perspective, it is a fact that, in the US, humane (normative) treatment of children post-dated legislation for the humane and ethical treatment of animals, which would include their protection from cruel and unusual (non-normative) punishment (Myers, 2011). In reviewing child maltreatment research and clinic-based evidence, the initial concentration of effort was on injuries and fatalities (Myers, 2011). The primacy of child safety, both psychological and physical, continues as a focus for child protection

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services, while health and well-being are increasingly recognized as key targets (Hart et al., 2011). Further, risk status, not only substantiation, is emerging in research as similarly toxic, recognizing that maltreatment is a living environment rather than a pattern of repeated incidents (Fallon, Troughton, & McLaughlin, 2011) where a prior, early allegation of maltreatment increases the likelihood of fatalities among young children (under age 5, Putnam-Hornstein, 2011). Finally, the impact of maltreatment is not restricted to the child welfare system. Questions as to whether the child welfare system should or would consider emotional maltreatment in their mandate is mute: some degree of emotional abuse and neglect is present wherever family dysfunctionality is a pattern in living.

Trickett, Kim, and Prindle (2011) found that Child Protective Services (CPS)–involved youths are most commonly multiply maltreated, where parental emotional maltreatment is the common thread across most maltreatment clusters or profiles of associated maltreatment experiences. Examining public sectors of care, about half or more youths reported multiple forms of maltreatment (above the moderate severity cut-off on the Childhood Trauma Questionnaire), where emotional abuse ranged from about 37% of juvenile justice youth to 54% of CPS youth, and emotional neglect was reported by 50% or more in youth across sectors (Miller, Green, Fettes, & Aarons, 2011). Using the CTQ “severe” cut-off, 30% of CPS youth report this level in one study (Weiss, Waechter, & Wekerle, 2011). Considering community population studies, around 12% of youths report psychological maltreatment (Finkelhor, Turner, O’Mrod, & Hamby, 2009).

The vulnerability of the victim, though, is not a consideration to defining maltreatment; parental actions or failures to act are sole criteria for the dichotomous decision of occurrence or non-occurrence. Garbarino (2011) advances a “dynamic” definition of psychological maltreatment, which places a strong emphasis on the epidemiology of parenting behaviors so as to be able to capture salient changes and trends in community standards and tolerance levels of non-optimal parenting choices. Herein lies a fundamental challenge to psychological maltreatment definitions. If child impairment needs to be demonstrated, then parenting norms and community standards will necessarily vary with the developmental level of the child, as well as the particular circumstances of the victim. If a child is severely developmentally impaired, does relentless belittling of the child not equal psychological maltreatment?

In one study, emotional abuse (defined as exposure to inter-parental physical violence and self-report on the CTQ) predicted distress among CPS youths scoring as borderline-to-moderate intellectual disability (Weiss et al., 2011). While all child maltreatment estimates are considered to under-estimate prevalence (e.g., for adolescent self-report versus Child Protective Services (CPS) records, see Eerson et al., 2008), as the only stand-alone form of maltreatment and perhaps the most challenging to define a cut-off or threshold level, emotional maltreatment is likely most under-known. The present knowledge base is too limited to be able to estimate the relative damage of types of emotional maltreatment, and the “reasonable range” of the components of maltreatment (e.g., spurning, isolation, level of affection) within the population of parents (by developmental level of the child).

Baker, Brassard, Schneiderman, Donnelly, and Bahl (2011) cite research to highlight that substantial self-reported emotional maltreatment, at least according to one common maltreatment history measure and suggested clinical cut-offs, in about 20% of adults. To move forward significantly in protecting children from the impairment potential of emotional maltreatment, short-term and long-term impact studies are needed. For instance, studies that consider the attributable risk of psychological maltreatment to suicidality are limited, with the foci on physical and sexual abuse backgrounds. Psychological maltreatment has been found to be a unique predictor of suicidal ideation among youth with a history of CPS involvement (Thompson et al., 2011). Rather than a long-term outcome, adolescent suicide may be considered a maltreatment fatality – and a preventable fatal injury.

Emotional/psychological maltreatment, as other forms, remains a public health, child rights, and injury prevention issue (see Garbarino, 2011; Glaser, 2011; Hart & Glaser, 2011; Tomyn, Draca, Crain, & MacMillan, 2011; Wolfe & McIsaac, 2011), as well as pertinent to civil service sectors, such as military families (Slep, Heyman, & Snarr, 2011).

As a chief context of vulnerabilities, any of the 6 types—spurning, terrorizing, exploiting or corrupting, denying emotional responsiveness, isolation and neglect—or their 18 sub-types may be experienced concurrently, simultaneously and daily (Hart et al., 2011). These may be nested within broader parental style dimensions (authoritative, authoritarian, permissive; see Wolfe & McIsaac, 2011 for an overview). Emotional maltreatment represents a set of caregiver acts towards the child, in both omission and commission domains, representing a parenting style (Glaser, 2011). Minimal care provision and adult monitoring create increases in environmental toxins—exposure to dangerous persons, situations, and substances—as well as a growing environment filled with feelings and behaviors that do not support development (i.e., family tension, distrust, chaos, and lack of routine, affection, emotional validation, achievement approval, and continuing education).

Current legislation does not always address the breadth of emotional maltreatment (e.g., gender-based violence, wherein injuries are primarily sustained by mothers; Graham-Berman, Howell, Lilly, & DeVoe, 2011). Nor are there gold standards of measurement for emotional maltreatment (for a review, see Tomyn et al., 2011). To require a causal linkage between emotional maltreatment and child developmental issues and impairment, either as a direct or indirect contributing cause of sustained harm, seems an insurmountable problem. As a practical strategy to assist in sorting the range of maltreatment information, Glaser (2011) recommends a framework of four main tiers of concern: social/environmental risks; caregiver risks; problem (harmful) parent-child dyad interactions; child functioning concerns. While Glaser suggests that the definition of maltreatment cannot rely solely on harm to the child, the definitional challenge of “contributing” cause remains because it implies some level of temporal capturing of parenting and child response/functioning. As Glaser points out, impairment may emerge later.
For instance, emotional maltreatment, as an attack on the child’s sense of self, may more clearly emerge in adolescence when the developmental task of identity formation and consolidation is reliant on a level of positive, coherent, and integrated self. Also, it would seem that definition resting solely on parenting actions require an epidemiological anchoring for behaviors that are deemed deviant (well outside the norm), irrespective of the causal linkage to demonstrable or probabilistic harm. For example, clinically, some maltreating parents are distinguished by their condemnations to the child with sexual words used in adult-to-adult interactions to denigrate one’s personhood or whole identity. High frequency swear word use towards the child (e.g., daily) commonly co-occur with this type of emotionally abusive parenting style. If such clinical observations are substantiated with data, then there would seem to be potential for demarcations where a child’s psychological safety is in need of protection. A substantial cause for concern is that any child would be maintained in a family environment where traumatization is acceptable, even when there are no physical assaults. Developmental traumatology theory advances the core causal mediator is stress, and that the human body is not organized to cope with unremitting high stress (De Bellis, 2001; De Bellis, Hooper, Woolley, & Shenk, 2010). Thus, as yet, there remains the need to re-visit the conceptualization of emotional maltreatment for consideration of child protection, social pediatrics, and other service areas.

The articles in this special issue assist in clarifying some parameters to emotional maltreatment levels and impairment, as well as the bounds of existing and developing intervention. In Canada, on-going risk is evidenced in that a higher proportion of emotional maltreatment cases, as opposed to other forms, were referred for specialized services, kept open for on-going child welfare services, led to an out of home placement, and led to an application to child welfare court (see Trocmé et al., 2011). Importantly, this welfare work indicates that: (a) emotional maltreatment substantiation decision-making is being made; (b) the key factors for on-going services in these cases, as compared to physical, sexual abuse or neglect being the primary cause of concern is unclear; and (c) verbal abuse, as in belittling, threatening, and terrorizing is by far the most common documented form.

Taking a systematic approach to definition derivation and validation, emotional aggression is distinguished from abuse on the basis of child-specific impact, indicated by clinical or sub-clinical levels of psychological symptoms, non-transient fear or anxiety, and third party determination of harm (Slep et al., 2011). A determinable child reaction is necessary for two of these indicators, and third party credibility becomes an issue as with any informant. Slep and colleagues point to the conservative nature of their approach that seems prudent in early stages of quantification. However, confidence in demonstrable impact will only be as strong as is the measurement. Approximating the population is only as good as your response rate and capturing the demographics of the population.

The Slep et al. approach is well-considered and provides much to consider. The application of this to child welfare, though, is uncertain since with CPS the definition is intended for the caregiver, not the front-line clinician. As is clear with CPS statistics, perpetrators are not the majority reporters of the maltreatment they have enacted. This is part of the logic underlying mandated reporting, with which the licensed front-line clinician is bound professionally. It is a large and distinct inquiry to gauge how well the child is served by the child welfare, mental health, education, etc. systems designed to support their safety, health and well-being.

Some of the additions to the knowledge base include the following: (1) emotional maltreatment is a concomitant form in most CPS cases, with isolating behaviors suggested as non-discriminatory among these clusters (Trickett et al., 2011); (2) stable levels of parental verbal aggression (about >30 acts/year) was linked with significant (>1 SD above mean) delinquency in school-age males and females, and self-reported depressive symptoms among girls (Donovan & Brassard, 2011); (3) higher levels of emotional maltreatment is linked with lower levels of self-compassion (Tanaka, Wekerle, Schmuck, & Paglia-Boak, 2011). Self-dysfunction is associated with emotional maltreatment, where emotion regulation may be a core, disrupted process (Garbarino, 2011; Hart & Glaser, 2011; Tanaka et al., 2011; Trickett et al., 2011).

Further research is encouraged in terms of emotional maltreatment’s role as a mediator or moderator of subsequent impairment. For example, Sachs-Ericsson, Verona, Joiner, and Preacher (2006) found that self-criticism mediated the relationship between parental verbal abuse and depression/anxiety. These findings suggest primary deficits in the relationship to self and relationship to others in close partnerships (Garbarino, 2011; Hart & Glaser, 2011; Wolfe & McIsaac, 2011), which may flow from neurocognitive alterations based on adapting to a chronically emotionally maltreating environment. Emergent evidence suggests that in situations of increased predictability and structure for foster care youth (treatment foster care), stabilization of stress seems to be achievable (i.e., change from atypical to typical cortisol pattern; Fisher, Gunnar, Dozier, Bruce, & Pears, 2006). There are no parenting programs specifically designed to target emotionally maltreating parenting. Existing universal programs target the less clinical sub-types such as spurning/belittling rather than isolating/restraining socialization (Baker et al., 2011), although spurning and terrorizing seem associated with poorer adolescent outcomes (Trickett et al., 2011).

These articles point towards potentially fruitful research directions. In terms of intervention, Baker et al. (2011) encourage component analyses that underlie parenting behavior change (i.e., alternatives to spanking, such as time out; routines, family meetings as consistency and coherence practices; parenting stress management) and query what may be specifically important to psychological maltreatment (e.g., frequent affection expression, no name-calling as a family rule). As an aside, I recall shock that approval to the child was the lowest frequency direct observation category in my dissertation work, where it was broadly defined as approval of child statements (“You are so smart!”), in addition to physical acknowledgements (tap on shoulder, tousle of hair). Parenting programs may need to consider threshold levels for psychologically positive parenting behaviors, in addition to those that are harmful (Donovan & Brassard, 2011).
In terms of understanding trajectories of impairment, the child’s perception, interpretation, and generally cognitive engagement with their maltreatment experiences continue to be important research avenues (Garbarino, 2011), with increasing attention to the interplay between the child’s propensities, level of development, and experience-dependent learning. Neuroscience studies are emergent with child welfare populations and maltreated youths and will be important for continued understanding of vulnerabilities and resilience associated with emotional/psychological maltreatment. Interactions between the child and parent (caregiver) are important in brain development and solidification of neuronal pathways (Taylor, 2003), and research integrating genetics, neuroscience and social processes point towards the critical importance of a healthful biopsychosocial environment (Cicchetti & Cohen, 2006; Cicchetti & Curtis, 2006; Hart & Glaser, 2011).

At-risk health conditions among maltreated persons appear to be the interpersonal response to unremitting high, and often unpredictable, daily stress and feelings of threat (De Bellis, 2001). The learning in this environment will have a high likelihood of being repeated, when the environment is maintained or re-encountered without intervention. Indeed, psychological maltreatment is proposed as the core mediator of risk conditions becoming risk behavior and disorder, with insufficient mid-term and long-term targets for well-being (Hart & Glaser, 2011).

Considering these articles as a whole, it is recommended that emotional maltreatment items be part of regular survey efforts, including those targeting adolescents, community parents, vulnerable families, and public care sectors, as well as querying CPS involvement. This sort of work is important for needed measurement refinement (Tonmyr et al., 2011), as well as to establish threshold or cut-off levels of maltreatment, as opposed to non-optimal parenting (Wolfe & McIsaac, 2011). It is advanced in this commentary that the only definition for emotional maltreatment that is defensible with a clear reference point is to be based on population data: above this reference point the majority of parents fall into the category of emotional aggression, and below this point the majority of parents would be considered nurturance and protection failures. A dichotomous approach that reflects community standards places maltreatment as a distinct entity, where problem levels can be seen at points along a continuum. However, at a certain level, there is an evidentiary basis whereby the child’s rights to freedom, protection from cruel and unusual punishment, minimal levels of good care, and potential for future gainful living and good health are deemed significantly and seriously infringed upon. As Slep et al. (2011) point out, cultural variation is large given the acceptability of direct and “controlled” emotional expression. This may lead to different countries having different definitions based on their community standards; however, parents outside their home country would be subjected to these different expectations for child welfare engagement. Alternatively, core consistency may be achieved with the United Nations-initiated efforts on child rights (see Hart & Glaser, 2011, for an overview). Establishing a consensus view on emotional maltreatment allows prevention and remediation work to be more focal. Clearly defined unacceptable behavior allows for clear expectations for parents and their self-monitoring in a similar vein that ignorance of the law is no excuse for unlawful behavior.

These set of papers add to the building knowledge base and coherently emphasize that the emotional or psychological nature of the maltreatment is far from benign. Children and adolescents need to be protected from environmental toxins, including their parents’ actions or inactions. There is no discussion about the relative risk of childhood adversities when the victim finds his or herself in a life not worth living. As Hart and Glaser (2011) advocate, primary prevention of child maltreatment, including emotional or psychological maltreatment, is a pre-eminent goal of just societies with a human rights orientation. There may always need to be the support system, such as child welfare, when such societies’ catchment nets to support vulnerable caregivers and families falter. Support in situations of extreme challenge is part of the social contract implicitly endorsed in just societies, and a visible part of the social fabric of a nation. Child maltreatment is far beyond a child issue, affecting the health of the public and, in so doing, the personal and national assets and wealth creation and maintenance (e.g., Wekerle, 2011). The best interests of the child, as the data seems to suggest, is concordant with the best interests of a nation.

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References


