

# More than Words

## The Emotional Maltreatment of Children

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### KEYWORDS

- Emotional maltreatment • Child abuse • Child maltreatment • Psychological abuse
- Domestic violence • Emotional abuse

### KEY POINTS

- Children who experience emotional maltreatment in the first few years of life seem to be at the greatest risk of suffering the most negative and damaging outcomes.
- Emotional maltreatment can cause permanent damage to a child's developing brain and often leads to a wide range of damaging social, cognitive, and behavioral symptoms.
- Medical professionals can identify children at risk of emotional maltreatment by noting difficult or inappropriate caregiver-child interactions, paying attention to the facial expressions and language used by the caregiver when describing his or her child, and by being aware of specific risk factors for emotional maltreatment that may be present in the family's social history.
- A wide range of factors, including domestic violence, caregiver mental health concerns, and caregiver history of abuse put a child at an increased risk of being emotionally maltreated.
- Prevention/intervention techniques must focus on improving life circumstances of the child and caregivers.

### INTRODUCTION

Emotional maltreatment, although often overlooked and underappreciated, may be the most complex, prevalent, and damaging form of child abuse or neglect. Difficulties in understanding and defining emotional maltreatment have resulted, in part, from varying terminology used to refer to this form of maltreatment over the last 30 years: psychological abuse, emotional abuse, psychological maltreatment, and emotional neglect are terms that have been used interchangeably but inconsistently. The purpose of this article is to focus on what is known about emotional maltreatment.

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Disclosures: None.

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Emotional maltreatment likely affects, either directly or indirectly, a large portion of the population, and its victims often suffer from a constellation of damaging cognitive, emotional, and behavioral symptoms. If these symptoms remain untreated, childhood victims of emotional maltreatment become adults with a wide range of behavioral and emotional difficulties that often put their own children at risk of emotional maltreatment. Medical professionals are in a unique position to identify children who may be at risk of emotional maltreatment and direct the child and his or her family to community programs and social service providers that can work to improve the quality of life for the family.

### WHAT IS EMOTIONAL MALTREATMENT?

Emotional maltreatment may include a single traumatic event or a repeated pattern of behavior that harms a child's emotional, developmental, or psychological well-being.<sup>1</sup> It includes acts of omission or commission and can be verbal or nonverbal, active or passive, and perpetrated with or without actual intent to harm the child. This harm can be manifested as emotional distress or maladaptive behavior in the child resulting from the impact on cognitive, social, emotional or physical development. Emotional maltreatment (encompassing both emotional abuse and emotional neglect) requires no physical contact and occurs within the interactions between the perpetrator and child. These negative interactions characterize the relationship<sup>2</sup> and may leave the child feeling deficient, unimportant, or unloved.<sup>3</sup>

Emotional maltreatment can take several forms, including spurning; terrorizing; exploiting/corrupting; denying emotional responsiveness; isolating; and mental health, medical, and educational neglect (**Fig. 1**)—all negative and potentially degrading

Spurning	• Belittling, demeaning, ridiculing for showing normal emotions, or singling out/humiliating in public
Terrorizing	• Placing in unpredictable or chaotic circumstances, having rigid/unrealistic expectations accompanied by threats if not met, or threatening violence against child, child's loved ones or objects
Exploiting/Corrupting	• Modeling, permitting, or encouraging antisocial or developmentally inappropriate behavior
Denying Emotional Responsiveness	• Being detached or uninvolved, providing little or no warmth, lack of nurturing or praise during any developmental period in childhood
Isolating	• Confining within environment, restricting social interactions, or failing to provide socialization and learning
Mental Health/Medical/Educ. Neglect	• Limiting a child's access to necessary health care for reasons other than inadequate resources or refusing to provide for serious emotional/behavioral, physical health, or educational needs

**Fig. 1.** Forms of emotional maltreatment. (Data from Hart SN, Brassard MR, Binggeli NJ, et al. Psychological maltreatment. In: Myers JE, Berliner L, Briere J, editors. The APSAC handbook on child maltreatment. 2nd edition. Thousand Oaks (CA): Sage Publications; 2002. p. 79–104.)

interactions.<sup>1,3</sup> Single incidents may, but do not necessarily, constitute maltreatment; repeated caregiver behaviors in these categories undermine development and socialization and are clearly harmful. Mental, medical, and educational neglect may become emotional maltreatment when the omission of such care and nurturance makes the child feel unworthy and not deserving. Differentiating suboptimal parenting from emotional maltreatment is often difficult because of a lack of societal consensus. Key in the determination of maltreatment is the harm to the child.

Emotional maltreatment can stand alone as the sole form of maltreatment experienced by the victim or coexist with any of the other forms of child abuse or neglect.<sup>4</sup> Many of the lasting and most damaging effects of physical abuse, sexual abuse, and neglect are psychological in nature and may be a manifestation of the underlying emotional maltreatment. The broken bone can heal, the sexually transmitted infection can be treated, but the fear, uncertainty, and emotional component of not knowing when or if it may happen again often has a longer-lasting, damaging effect on the child. The overlapping nature of the various types of child maltreatment make it imperative to consider all other forms whenever any one of them is suspected, as failure to do so could lead to an inadequate intervention plan.<sup>5</sup> Emotional maltreatment is often the greatest predictor of potential psychological problems later in the victim's life.<sup>6,7</sup>

## HOW EMOTIONAL MALTREATMENT AFFECTS CHILDREN

Emotional maltreatment comprises the most damaging and consequential components of child abuse and neglect<sup>1</sup> and is often the most substantive threat to the victim's mental health.<sup>8</sup> Emotional maltreatment affects a child's mental and physical development and may lead to deficits in academic performance, IQ, memory, learning capacity, and brain volume.<sup>9</sup> Children who are victims of emotional maltreatment also suffer from a wide range of social and behavior difficulties including depression, personality disorders, anxiety, and aggression.<sup>10</sup>

Emotional maltreatment can begin to negatively affect children from the earliest stages of infancy. The human brain possesses a great deal of adaptability after birth, allowing for the growth and development of the areas of the brain most used by the child during the early years of life.<sup>11,12</sup> This important process enables the brain to adapt itself to best suit the environment of the child. With attuned, responsive parenting and healthy and appropriate stimulation, the child's developing brain can flourish in an environment that promotes growth and stability.<sup>13,14</sup> However, when a child does not receive this healthy stimulus, which is often the case in an abusive or neglectful home environment, development of specific areas of the brain, for example those responsible for caring behavior and cognitive abilities, are damaged in a manner that becomes increasingly irreversible with age.<sup>12</sup>

The elevated levels of stress, often experienced by victims of emotional maltreatment, can also put the child's developing brain at an increased risk of structural changes.<sup>15,16</sup> When a child experiences stress, his or her body's physiologic response kicks in. Designed to be simply a temporary response, these changes (eg, elevated blood pressure, increased heart rate) are regulated by cortisol, a hormone released from the adrenal cortex to contain the effects of the body's stress response and restore equilibrium.<sup>17</sup> Chronic elevations of cortisol, which result from regular exposure to high-stress situations, can cause great harm to a child's developing brain and lead to an alteration in the body's stress response for future events.<sup>18,19</sup>

When children live in an abusive or neglectful environment, they begin to internalize the concept that the world is a dangerous and unstable place. The development of emotional and social skills, often dependent on the strength and quality of the child's

interactions within his or her early relationships, suffer, and the child may experience an overwhelming sense of helplessness. The child becomes more likely to overestimate danger and adversity, experience a decreased sense of self-worth, suffer from anxiety and depression, and experience emotional numbing or hyperarousal (symptoms of posttraumatic stress disorder).<sup>18,20–23</sup>

Perhaps the most complete examination of the overall emotional, behavioral, and social effects of abuse and neglect on a child's functioning is the work of Egeland and his colleagues<sup>24</sup> with the Minnesota Mother-Child Interaction Project. This longitudinal study followed the development of 267 children born to first-time mothers who were identified as being at risk of parenting problems based on several factors including age, lack of education, low income, lack of support, and instability. The study examined several different forms of child maltreatment, but the children who were identified as having experienced emotional neglect or "psychologically unavailable parenting" suffered the most dramatic consequences. Many of these children experienced a wide range of negative symptoms that were present throughout their childhood and extended into their teen years (Fig. 2). Participants who suffered from maltreatment in the first 2 years of life seemed to exhibit more negative outcomes than those who were victimized after they had reached the age of 2 years.<sup>25</sup>

### THE LINGERING EFFECTS OF EMOTIONAL MALTREATMENT

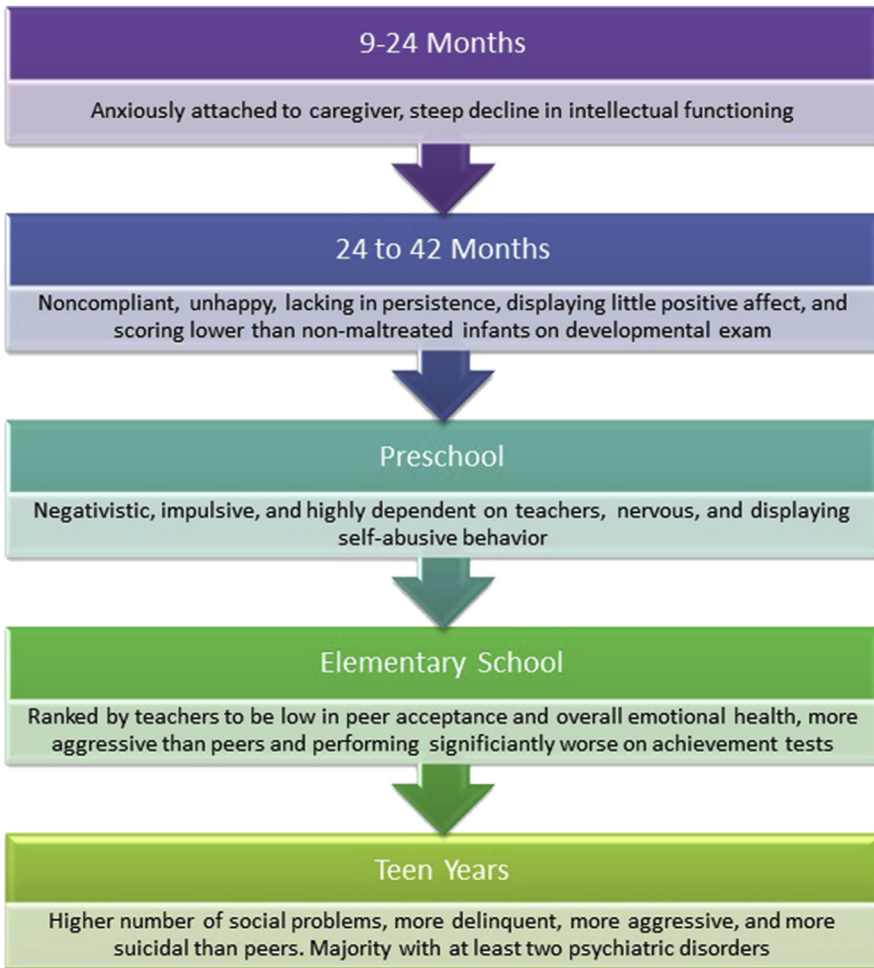
Children who are victims of emotional maltreatment often grow up to be adults with several psychological, social, and behavioral difficulties. Research suggests they are often at increased risk for both mental and physical illness, including eating disorders, deficits in psychological functioning, depression, and low self-esteem.<sup>1</sup> They may be unable to appropriately cope with stress or anxiety, more likely to exhibit violent or aggressive behavior, and more likely to abuse alcohol or drugs<sup>1</sup>—all characteristics often identified as risk factors for perpetrating emotional maltreatment.

The negative effects of emotional maltreatment are not simply limited to the victim; everyone connected to the victim may also be affected in some way. The negative behavioral and social symptoms often experienced by victims of emotional maltreatment may make forming strong and healthy relationships with those around them difficult (Fig. 3). If victims of emotional maltreatment become parents, they are less likely to be able to provide the kind of stable and supportive relationships that their own children need. Without sufficient care and attention, these children are placed in an environment that puts them at an increased risk of child maltreatment, often leading to a continuation of the damaging cycle of emotional maltreatment.<sup>26–28</sup>

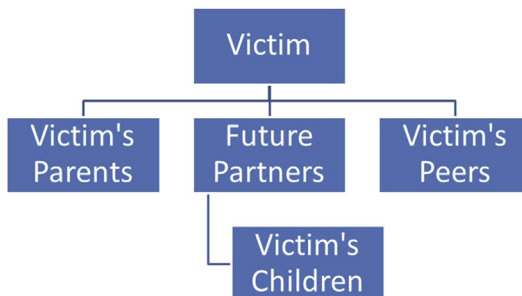
### PREVALENCE

The lack of consensus as to a working definition of emotional maltreatment and the likelihood that it often goes unreported make it extremely difficult to accurately estimate its prevalence.<sup>3</sup> Researchers are limited in their means to extract and gather data on emotional maltreatment, most often asking study participants to self-report whether they were abused as children or if they have abused their own children. Conservative estimates have put the prevalence of emotional maltreatment to be in the range of 8% to 12% in the general population.<sup>29,30</sup>

Studies repeatedly show that emotional maltreatment is present in 75% to 90% of known cases of physical abuse or neglect,<sup>6</sup> but the fact that emotional maltreatment often underlies these more visually symptomatic forms of abuse can lead to it being overlooked during a child's initial evaluation. Trickett and colleagues<sup>31</sup> reviewed 303 children who were known to have been victims of some form of maltreatment. After



**Fig. 2.** Social and behavioral effects of emotional neglect. (Data from Erickson MF, Egeland B. Child neglect. In: Myers JE, Berliner L, Briere J, editors. The APSAC handbook on child maltreatment. 2nd edition. Thousand Oaks (CA): Sage Publications; 2002. p. 3–20.)



**Fig. 3.** Relationships affected by emotional maltreatment.

conducting in-person interviews and reviewing a summary of the child's involvement with the Department of Children and Family Services, including agency records, court reports, investigation documents on reports of maltreatment, and placement history, nearly half of the children were determined to have been victims of emotional maltreatment. Only 9% of these children had been identified as such at the time of their initial Children and Family Services' referral. Despite the fact that most of these children experienced more than one form of emotional maltreatment, most commonly terrorizing and spurning, it was often only the co-occurring physical abuse or neglect that was the focus of the Child Protective Services' investigation.

Another difficulty in estimating the prevalence of emotional maltreatment is that most definitions and studies that examine this form of maltreatment focus primarily on the child's relationship with his or her primary caregiver. As is the case with other forms of abuse or neglect, a child can be emotionally maltreated by anyone. Although the primary caregiver is the one who likely spends the most time with the child and, therefore, may have the greatest opportunity to inflict the abuse or neglect, often other people are in a position to emotionally maltreat the child. Studies that do not limit their definition to parent-child relationships find that children report being emotionally maltreated by a variety of perpetrators. These perpetrators are most often an older person who is important in the life of the child and can include relatives, teachers, coaches, babysitters, and other adults in a position of authority over the child.<sup>29,32</sup>

## RISK FACTORS

The presence of multiple stressors puts an individual at increased likelihood to perpetrate emotional maltreatment. These risk factors include domestic violence, depression or other mental health concerns, alcohol or drug abuse, and learning disabilities.<sup>33</sup> Some of the specific parental attributes noted in cases of child emotional maltreatment include poor parenting skills, depression, suicide attempts or other psychological problems, low self-esteem, poor social skills, lack of empathy, social stress, and family dysfunction. The absence of another adult in the home, which prevents the caregiver from being able to spend time alone or away from the children, also puts children at an increased risk of emotional maltreatment.<sup>34</sup>

### *Domestic Violence*

Domestic violence or intimate partner violence occurs more often among couples who have children than those who do not<sup>35,36</sup> and puts the child at an increased risk of emotional and physical maltreatment.<sup>37</sup> McDonald and colleagues<sup>35</sup> estimate that 15.5 million children (29.4%) are exposed to domestic violence in the United States each year, with 7 million children being exposed to what they classify as severe violence. Another study that used police reports to gather data, determined that children were present for 44% of the domestic violence incidents investigated by law enforcement. Of the children present for the domestic violence event, 81% were determined by the police officer to have experienced direct sensory exposure to the event with 4% being actually physically injured in the event.<sup>36</sup> A Canadian incidence study on child abuse and neglect determined that just less than half of the investigated emotional maltreatment cases involved exposure to some form of family violence, and in 63% of these cases, the emotional maltreatment allegation was substantiated by Child Protective Services.<sup>38</sup>

When the child's primary caregiver finds his or her own emotional needs being left unmet, as is often the case in an abusive environment, the caregiver may, in turn, find it difficult to meet the emotional needs of the child, often leading to a deterioration of the caregiver-child relationship.<sup>39</sup> Children who grow up in these environments can

experience a wide range of behavioral problems including anxiety, depression, withdrawal, aggression, poor academic performance, and problems in their own dating relationships.<sup>40,41</sup> An analysis of existing data by Dube and colleagues<sup>42</sup> determined that children who were exposed to domestic violence were 6 times more likely to be emotionally abused, 4.8 times more likely to be physically abused, and 2.6 times more likely to be sexually abused than children who had no history of exposure to domestic violence.

### ***Mental Health of Caregiver***

In the United States, two-thirds of adults who meet criteria for psychiatric disorders across all diagnostic conditions are also parents.<sup>43</sup> Practitioners perceive one's ability to parent effectively to be adversely affected by mental health problems.<sup>44</sup> The stress of dealing with his or her own mental illnesses may limit the caregiver's ability to consistently and appropriately meet the emotional needs of the child. Maternal depression, in particular, may lead to increased feelings of irritability and hostility toward the child, more negative perceptions of infant behavior, and a weakened attachment relationship.<sup>45–47</sup>

### **IDENTIFICATION/INTERVENTION**

Medical professionals are often in a unique position to identify younger children who may be at risk of emotional maltreatment, as these children often have limited contact with anyone outside of their home. Being alert for signs or symptoms of emotional maltreatment when any risk factors are identified and particularly when any other form of abuse is known or suspected can improve identification. Every interaction with the caregiver and child offers an opportunity to observe parenting techniques and evaluate the strengths/weaknesses of the caregiver-child relationship. How does the caregiver view the child? Does the caregiver find any redeeming qualities in the child, or is the child viewed as entirely responsible for any difficulties the caregiver may be experiencing? Negative facial expressions; threatening or violent actions or words; a rude, mocking, or hateful manner of speaking; and the use of overly negative descriptors when talking of his or her child are often indicative of an unhealthy caregiver-child relationship. Medical professionals must familiarize themselves with specific examples of caregiver behaviors that may be indicative of an emotionally abusive or neglectful parenting style to aid in the identification of children who may be at an increased risk of emotional maltreatment (**Box 1**).

#### **Box 1**

##### **Caregiver behaviors concerning for emotional maltreatment or neglect**

- Shows little or no sensitivity to child's needs
- Emotionally or physically rejects child's attention
- Exhibits frightening, threatening, or insulting behavior toward child
- Refers to child as inherently bad or evil
- Shows lack of concern/interest when talking about child
- Responds to child inconsistently, often with emotional discharge

*Data from Wolfe DA, Mclsaac C. Distinguishing between poor/dysfunctional parenting and child emotional maltreatment. Child Abuse Negl 2011;35:802–13.*



Observing the child's reactions to the caregiver's behavior can also offer clues to the hurtful nature of the interaction. The toddler brought to care for concerns of misbehavior (swears, will not sit in a chair for prolonged times, is a "terror") with a parent who is yelling at him, physically threatening, and swearing at him clearly warrants intervention. If the caregiver acts in an obviously harmful and destructive manner while being observed by others, his or her behaviors are likely to be even more threatening and damaging when occurring in the privacy of the caregiver's own home. Whenever caregiver behavior that is clearly damaging to the child is observed and raises a reasonable suspicion for abuse or neglect in the mind of the observer, a report must be made to Child Protective Services.

When indicated, clinicians are encouraged to make referrals to community programs or counseling services that provide assistance to families who may be going through stressful situations or when any of the aforementioned risk factors for emotional maltreatment are identified.<sup>48,49</sup> In many cases, the child's caregivers may have a great deal of unresolved conflicts in their own lives, and programs that work with these caregivers to help them address their own personal problems have led to improved outcomes for both the child and caregivers.<sup>50</sup> Programs that incorporate a multiagency, collaborative approach have had success in identifying victims of emotional maltreatment at a younger age and in helping to address the social, behavioral, and emotional symptoms these children often experience.<sup>51</sup>

In a study by Doyle, survivors of emotional maltreatment indicate that simply having someone in their life who gave "unconditional, positive regard, thought well of them, and made them feel important" was the single greatest contributing factor to their survival.<sup>49</sup> Medical professionals are often in a position to fill this role, especially for children who may have limited contact with anyone outside of their immediate family. By listening to children and taking their concerns and fears seriously, the medical professional can provide a positive influence and help the child explore and identify other possible positive role models and supports in their lives—a trusted teacher, relative, clergy, or coach. By making a report to Child Protective Services whenever any behavior is observed or suspected that is harming or damaging either emotionally or physically to a child, one can take the first step toward helping ensure the child and his or her family receive the services and assistance they need.

## PREVENTION

Prevention techniques for emotional maltreatment are either universal (geared toward the entire population) or individualized to fit a specific set of people or circumstances. Universal intervention techniques attempt to create a change in the behavior and parenting techniques of the average parent across the entire population.<sup>52</sup> Programs designed to educate parents about proper parenting techniques and the negative effects of child maltreatment are found to reduce negative outcomes (even when significant risk factors for maltreatment are identified)<sup>53</sup> and decrease the incidence of reported and substantiated maltreatment cases by Child Protective Services.<sup>54</sup>

The variability of emotional maltreatment necessitates, at times, a more tailored approach at the individual or family level. This targeted approach focuses on the portions of the population identified as being at an increased risk of perpetrating emotional maltreatment. By narrowing the target population, these programs can address specific risk factors or poor parenting techniques. Families with known histories of abuse, domestic violence, mental health issues, financial difficulties, alcohol or drug misuse, or mothers with postnatal depression may benefit most from a more direct or targeted approach.<sup>55</sup>



## SUMMARY

Emotional maltreatment often leads to lifelong cognitive, behavioral, and social consequences for children. Although it can affect any child of any age, children in the first few years of life seem to be at the greatest risk of suffering the most negative and damaging outcomes. Protecting and strengthening the child's relationship with his or her primary caregivers is of utmost importance when developing prevention/intervention strategies, as the child's wellness and outcome are often directly tied to that of his or her caregivers. Medical professionals can identify children at risk of emotional maltreatment by observing caregiver-child interactions, recognizing caregiver behaviors that may be indicative of an abusive or neglectful parenting style, and detecting risk factors for emotional maltreatment in the family's social history. Providing education and guidance concerning the impact of the caregiver-child interaction on the child's growth and development is a critical part of the intervention process and can encourage a shift of focus from the stress the family may be experiencing to the future health and development of the child. Future research must focus on developing prevention/intervention efforts that involve multiagency collaboration and incorporate community programs and social service providers that can provide resources and assistance to the many families that are either affected by or at risk of emotional maltreatment.

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