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# Emotional abuse and neglect: Identifying and responding in practice with families

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## Definitions and legal context

**In civil law (Children Act 1989 and Children Act 2004), which governs local authority child protection and family court proceedings, emotional abuse is defined as:**

> *...the persistent emotional maltreatment of the child such as to cause severe and persistent adverse effects on the child's emotional development.*
>
> (Working Together, 2013)

Emotional neglect is included in Working Together under 'Neglect' and is defined as follows:

> *The persistent failure to meet a child's basic physical and/or psychological needs likely to result in the serious impairment of the child's health or development ... It (neglect) may also include neglect of, or unresponsiveness, to a child's basic emotional needs.*

Emotional abuse is the second most common reason for a child's name to be put on the child protection register and be subject to a CP plan (NSPCC, 2013). Emotional abuse is a component of all forms of abuse and can also be present without physical violence, physical neglect or sexual abuse. It is not an easily identifiable event or series of events, but, rather, ongoing acts of **omission** or **commission** (or **active** and **passive** abuse) that are embedded in the relationship between parent and child (Glaser, 2002).

**Active emotional abuse** includes intentional and premeditated acts to demean or generally verbally abuse a child (NSPCC, 2013). **Emotional neglect** has been defined as a lack of attention, stimulation, caring, supervision and guidance, and protection, often as a result of **lack of** parental awareness and ignorance, lack of appropriate child-rearing models, depressive moods, chaotic lifestyles, poverty and lack of support (Sullivan, 2000).

In the research literature the term psychological abuse[1] is used to cover this whole range of maltreatment and has been defined as:

> *Hostile or indifferent parental behaviour which damages a child's self-esteem, degrades a sense of achievement, diminishes a sense of belonging, and stands in the way of healthy, vigorous, and happy development.*
>
> (Iwaniec, 1995)

**Recognition** focuses on observation of the presence of 'persistent, harmful parent-child interactions' rather than by a child's presentation (since there can be causes other than abuse to account for the child's difficulties).[2] Emotional maltreatment has severe and long-term consequences (Egeland, 2009), many of which are associated with a disorganised attachment (Green and Goldwyn, 2002) and requires urgent attention even when no other form of maltreatment is present (Iwaniec, 1997; Erickson et al, 1989).

At the time of writing (June 2014) **emotional maltreatment** of children under the age of 16 was not in itself an offence under **criminal law** (Children and Young Persons Act, 1933). Neglect was a crime if it involved suffering or injury to a child resulting from the *wilful* failure by a caregiver to provide for a child's essential physical (not emotional or psychological) needs.

In 2012 Action for Children (AfC) launched a campaign to reform the criminal law and, working with an advisory group of child protection experts, drafted an alternative offence (see the group's **report**). Others in the sector argued against a change to the law, on the grounds that the threat of criminal prosecution is likely to hinder the partnership working and therapeutic intervention with parents that is at the core of evidence-informed practice to address emotional abuse and neglect (see below and Glaser, 2011; see also the **Guardian article** by Alan Wood, President of ADCS).

[1] The terms emotional abuse and neglect or psychological maltreatment are interchangeable and, in this paper, the term emotional abuse is used to denote them.

[2] For guidance on some child behaviours which *may* denote emotional abuse, see DePanfilis 2006; Plant, 2006; Naughton, 2013 – summarised in a NSPCC/Core Info resource – **www.nspcc.org.uk/Inform/trainingandconsultancy/learningresources/coreinfo/emotional-neglect-emotional-abuse-PDF_wdf90154.pdf**

Nevertheless, as a result of the campaign the 2014 Serious Crime Bill sets out amendments to Section 1 of the Children and Young Persons Act 1933 which widen the definition of the suffering caused by wilful neglect to include suffering of a **physical or psychological** nature. The Bill's progress can be tracked here.

This briefing paper aims to support frontline practitioners to navigate this complex area of practice. It summarises evidence about definitions and impact, and reviews interventions aimed at preventing the escalation of emotionally abusive behaviours or preventing their reoccurrence. In particular it draws on, and updates, an earlier review (Barlow and MacMillan, 2010) in addition to the recent work of others in this area of practice (eg Glaser 2002, 2011).[3]

## Categories of emotional abuse and neglect

**In practice, different forms of abuse and neglect often co-exist, although emotional abuse can also exist on its own. Five categories of emotional abuse and neglect, which may overlap, have been identified by Glaser (2002, 2011). They can help practitioners analyse situations that are often difficult to understand and manage.**

I. **Emotional unavailability, unresponsiveness and neglect** by primary carers often so preoccupied with their own difficulties or behaviour (such as substance abuse) or external commitments that they are unable or unwilling to respond to the child's emotional needs and make no provision for an alternative source of care.

II. **Negative attributions and misattributions** include consistent hostility focused directly at the child or at the child via another person, denigration and rejection, and attributing characteristics to a child that are negative and belittling.

III. **Developmentally inappropriate or inconsistent interactions** include expectations of the child that are beyond his or her developmental capabilities; overprotection and limitation of exploration and learning; exposure to confusing or traumatic events and interactions (eg the child witnessing domestic violence).

IV. **Failure to recognise the child's individuality and emotional boundary** can involve using the child for the fulfilment of the parents' emotional needs and inability to distinguish between the child's reality and the adults' beliefs and wishes.

V. **Failure to promote the child's social adaptation** can include forms of mis-socialisation, such as involving a child in corrupt, illegal or violent activities; failing to provide for a child's developmental needs for education, cognitive development and experiential learning, and isolating children.

## The impact of emotional maltreatment on children

**All forms of emotional abuse occur along a spectrum of severity and it is sometimes difficult to distinguish between sub-optimal parenting and actual abuse. The evidence suggests that the more *extreme and chronic* the experience, including rejection, threat and isolation, the more marked the symptoms of trauma and insecure attachment in childhood and beyond (Lopez-Stane, 2006; Allen, 2008). Impact is moderated by the child's age when the emotional abuse begins, the duration of the maltreatment, availability of other sources of love and support (Chalk, 2002) and by the child's temperament and genetic endowment (Barry, 2008).**

There is increasing evidence that all forms of emotional abuse are associated with harmful outcomes. For example, retrospective reports of psychological abuse are associated with depression

[3] For a comprehensive overview of the evidence, see Barlow J and Schrader-McMillan A (2009) *Safeguarding Children from Emotional Maltreatment: What Works?* London: Jessica Kingsley Publishers.

and shame (Webb, 2007) and show a relationship between verbal abuse and dissociation, depression, anxiety and anger-hostility (Teicher, 2006). Other studies show links between psychological maltreatment and Post Traumatic Stress Disorder symptomatology (Chirichella-Besemer and Motta, 2008), eating disorders in adolescence (Witkiewitz and Dodge-Reyome, 2001), dating violence (Wekerle, 2009) and adult sexual victimisation (Aosved and Long, 2005).

Risk of poor outcome is increased where the abuse begins when children are very young (Shonkoff, 2000) and there is, for example, evidence about the effect of exposure to chronic domestic violence in infancy on subsequent stress regulation (Carpenter, 2009). The effect of emotional abuse on children's cognitive development is also more severe if it begins in infancy (Riggs, 2010). Infants are vulnerable because of their total dependence on primary carers and the intrinsic relationship between responsive care-giving and infant development (see Research in Practice briefings on attachment and early brain development and maltreatment here). Older children and young people may have access to other sources of support and affirmation but remain vulnerable, particularly to abandonment by parents (Gilligan, 2001).[4]

## Theories of causation

**There are many explanatory accounts for child emotional abuse. Social learning theory proposes that human behaviour is governed by a system of costs and rewards and virtually all learning occurs on a vicarious basis by observing other people's behaviour and evaluating whether this has desirable outcomes (Bandura, 1975).**

This theoretical framework postulates that children are emotionally abused because parents have learned dysfunctional child-management practices (Iwaniec et al, 2007). Cognitive psychology on the other hand focuses on mental processes and, in particular, beliefs, desires and motivations, and their effects in terms of associated behaviour. Numerous studies have shown that parents who maltreat often 'tend to have distorted beliefs and unrealistic expectations about the developmental capabilities of children, age appropriate child behaviours and about their own behaviour when interacting with children' (Black, Heyman and Slep, 2001).

Cognitive distortions of this nature can result in negative attributions to children's intentions and behaviour, as is the case when an infant's crying is perceived as an attack on the parent. Sanders (2004) observes that 'these cognitive distortions have been linked to parents attributing hostile intent to their child's behaviour, which can result in over-reactive and coercive parenting, use of harsh punishment, angry feelings in parents and, ultimately, to child behaviour problems.

From a psychodynamic perspective abuse results from parents' unconscious memories of trauma, which are re-enacted with their own children. Fraiberg (1975) used the metaphor of '*ghosts in the nursery*' to describe the ways in which parents re-enact with their small children their own unremembered but painfully influential childhood experiences of helplessness and fear. This would apply to category IV of emotional abuse (see page 2).

In their observations of mothers and infants, Main and Hesse (1990) identified a series of actively hostile, frightening and frightened behaviours by mothers that they called 'atypical' or 'Fr-behaviour'. These behaviours can be subtle (for example, periods of being dazed and unresponsive) or more overt (deliberately frightening children). Research by Jacobovitz (1997) suggests that 'Fr' behaviours are distinct from neglect and express a distorted image of the child which is the consequence of the mother's unresolved trauma and loss.

[4] These and other examples of the impact of emotional abuse and neglect are provided in more detail in DePanfilis, D (2006) *Child Neglect: A Guide for Prevention, Assessment and Intervention.* Washington: US Department of Health and Human Services. See also HM Government (2013) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children.* London: Department for Education.

Parenting is also influenced by culture and wider society. In affluent societies, where the cost of raising a child is high, children may be emotionally maltreated for failing to meet their caregivers' social or personal aspirations and numerous studies have shown that parents who maltreat often have unrealistically high expectations of their children's developmental capacities (Sanders, 2004; Azar, 1984, 1986). Negative attributions for children's intentions and behaviour are influenced by the immediate and wider social environment, and some studies have shown that socially isolated parents are less likely to change their ideas about children since they do not benefit from the insight of others. However, the obverse is also true – emotionally abusive and neglectful practices can become accepted as 'normal' when they are practiced by peers, relatives and neighbours.

An ecological/transactional model (see table below) has been developed, which focuses on both the specific and heterogeneous risk factors associated with the occurrence of abuse. It also acknowledges the dynamic and reciprocal contributions made by the environment, child and parent in terms of a child's development (Cicchetti and Lynch, 1993; Cicchetti and Carlson, 1998). Within this model 'maltreatment is treated as representing a dysfunction in the parent-child-environment system rather than solely the result of aberrant parental traits, environmental stress or deviant child characteristics' (ibid).

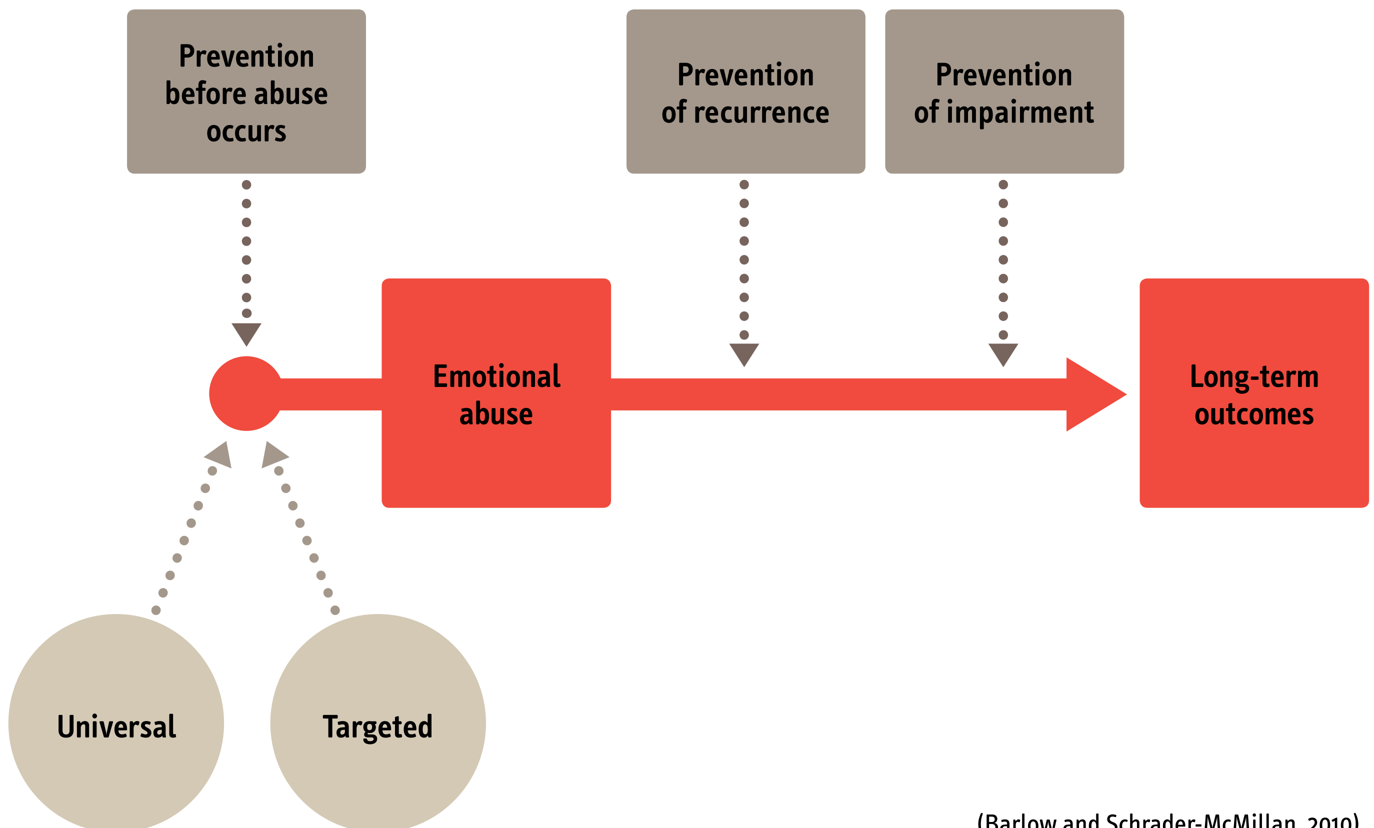
## Ecological/transactional model

The framework below provides the scope to conceptualise the complex causes of maltreatment in terms of both potentiating factors that make the child more vulnerable and compensatory factors which help to protect the child. It also includes a temporal element, which recognises that some factors may be transient while others are more enduring.

| Temporal dimension | Potentiating factors | Compensatory factors |
|---|---|---|
| Enduring factors | ***Vulnerability factors:*** Enduring factors/conditions that increase risk | ***Protective factors:*** Enduring factors/conditions that decrease risk |
| Transient factors | ***Challengers:*** Transient but significant stressors | ***Buffers:*** Transient conditions which buffer stress |

## Prevention and early intervention

**Prevention can be universal (broad scale approaches to support the health and well-being for the whole population), targeted (for families where children are at higher risk of poor outcomes) or indicated (ie targeting 'high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental, emotional, or behavioural disorder' prior to the diagnosis of a disorder (O'Connell et al, 2009)).**




(Barlow and Schrader-McMillan, 2010)

## Relevant examples of prevention / early help

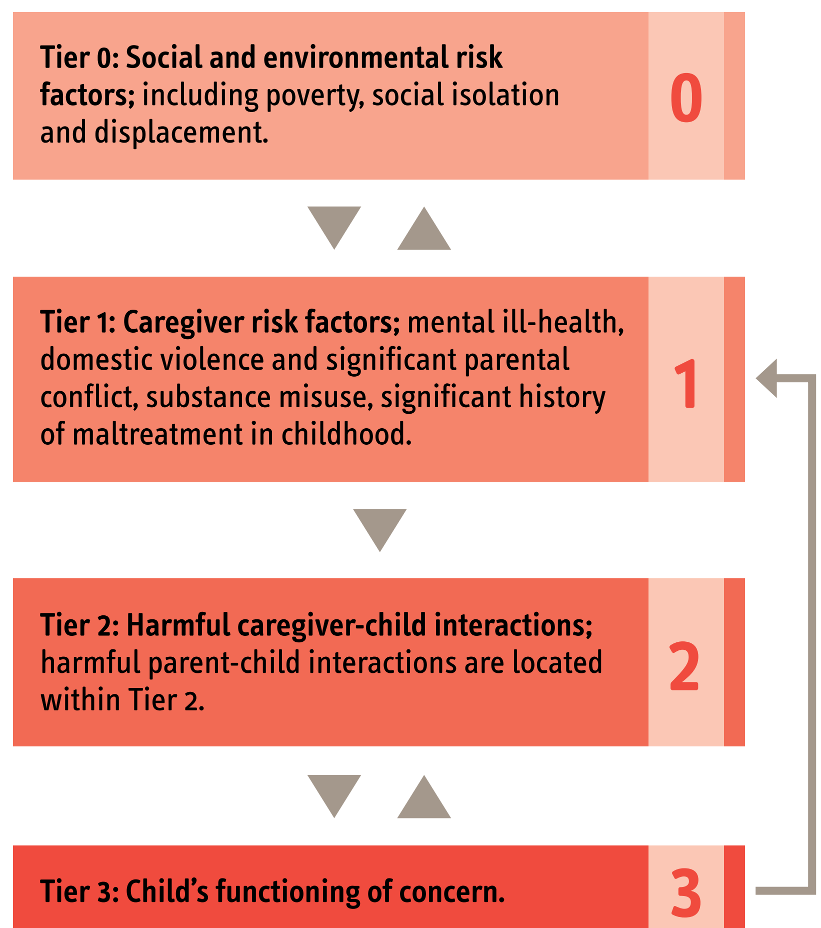
**Population-based early help:** The *Healthy Child Programme (HCP)* (Department of Health, 2009) recommends that all routine contact between professionals and parents be used as an opportunity to promote sensitive and attuned parenting (through, for instance, information leaflets, books or videos; skin to skin care; baby massage). Such interventions may play a role in *preventing* emotional abuse by promoting attuned parenting, which may reduce the risk of maltreatment. The HCP recommends that all routine contact should be used to observe and identify parent-infant interaction that requires more intensive and personalised support.

**Targeted early help** for young first time mothers includes the Family Nurse Partnership (FNP) approach. Based on thirty years of research in America, FNP aims to enable young mothers to have a healthy pregnancy, improve their child's health and development and plan their own futures (see www.fnp.nhs.uk and Barnes 2011 for emerging evidence on FNP in England).

**Indicated early intervention:** The presence of 'Fr-behaviours' (see page 3) is an early indicator of emotional maltreatment and should be a trigger for safeguarding activity with children and mental health assessment for the parent (this is addressed further in the next section).

## Emotional abuse: Assessment and treatment pathways

**Glaser (2011) has developed the 'FRAMEA' integrated framework and care pathway which identifies four tiers of concern within families. Two of these represent risk factors for emotional abuse and neglect. Relationships between tiers of concern can be described as follows:**



Glaser (2011) proposes the following pathway when a child's presenting behaviour gives cause for concern, even where there is no evidence of physical or sexual abuse or physical neglect. It is important to stress again that emotional abuse (at least by a primary carer) may not be the cause of a child's presenting problems; the FRAMEA pathway should help clarify these situations.

1. Make initial observation and gather information about children and families of concern.
2. Separate and organise observations into Tier 0 (Social and environmental factors), Tier 1 (Caregiver risk factors), Tier 2 (Caregiver-child interactions) and Tier 3 (Child's functioning). If there are gaps in information, this needs to be collected.
3. Describe non-physical, harmful parent-child interactions in Tier 2. Brassard and Donovan (2006) have provided the most comprehensive review of tools and approaches used in identifying emotional abuse. They include:
    - direct observation
    - parental self-report
    - case record measures and interviews with parents which capture negativity/rejection
    - threats to the child
    - modelling and encouraging anti-social behaviour
    - failure to show affection.

    Other more subtle forms of maltreatment may elude detection.

    **The following tools can be used to identify problematic parent-infant interaction:**

    - the Alarm Distress Baby Scale (ADBB) (www.adbb.net/gb-intro.html) which assesses parent-baby and parent-toddler interaction
    - the CARE Index (www.patcrittenden.com/include/manuals.htm) which assesses social withdrawal behaviour in infants under three years of age
    - for older children, the dyadic Parent-Child Interaction Coding System II (DPICS II; Eyberg, 1994)
    - the Emotional Availability Scales (Biringen, 2000).

    It is important to stress that all measures should be applied as part of a comprehensive clinical assessment.
4. Assign forms of harmful parent-child interactions into the most appropriate of the five broad categories of emotional abuse and neglect outlined on page 2.
5. Quantify these harmful interactions. How persistent are they? Harmful parent-child interactions need to be shown to be persistent to 'qualify' as emotional abuse and neglect.
6. Then establish which of the concerns about the child's functioning can be attributed to emotional abuse and neglect.
7. The severity of abuse needs to be estimated as it is one of the factors which will determine whether child protection procedures are required. Severity is determined by the intensity of interactions and the effects on the child.
8. A trial of an initial time-limited intervention should be offered in order to assess the family's capacity to change – see www.rip.org.uk/resources/publications/frontline-resources/frontline-assessing-parents-capacity-to-change.
9. Where there are clear and immediate Tier 0 or Tier 1 risk factors (eg homelessness, parental addiction) it is necessary to intervene first with these as far as possible before embarking on therapeutic interventions for the parent-child interaction. A number of different agencies will be needed in order to address these concerns.
10. Therapeutic interventions should be tailored to the five broad categories of emotional abuse.

11. Therapeutic intervention falls primarily to family services and mental health services (children and possibly also adults).

### Options for treatment focused on parents or parents and children

**There is limited research on the effectiveness of therapeutic interventions initiated to address child emotional abuse and neglect (see Barlow and Schrader-McMillan, 2010). Highlighted in the section below are some of the effective or promising methods of working for different categories of emotional abuse using Glaser's five categories (nb some of the approaches described under one section may also be effective in addressing problems within other sections; for a full description of interventions see Barlow and Schrader-MacMillan, 2010).**

I. **Emotional unavailability, unresponsiveness and neglect of the child that results from caregivers' absorption in their own needs and desires:** The recommendation here is for direct work that focuses on caregiver-child interaction. Evidence-based models include *Parent infant psychotherapy* (Toth, 2002, 2006) and *Watch, Wait and Wonder* (Cohen, 2000, 1999). This uses infants' spontaneous activity in a free play format to enhance maternal sensitivity and responsiveness, the child's sense of self and self-efficacy, emotion regulation and the child-parent attachment relationship. Other methods of working to improve parent-child interaction where abuse is of concern include video feedback delivered as part of a home visiting programme (Moss et al, 2011).

   There is emerging evidence that a parent's capacity for mentalisation – the capacity to perceive a child as an intentional being with a mind of their own – is linked to improved outcomes for children (Meins et al, 2002). Mentalisation can be integrated into a range of techniques, including the combined use of a nurse home-visiting with infant-parent psychotherapy aimed at addressing 'relationship disruptions that stem from mothers' early trauma and derailed attachment history' (Slade et al, 2005).

   It is often necessary to attend first to parental risk factors that stand in the way of enhancing the parent-child interaction. For example, some parents who are absorbed with their own needs and desires may be dependent on substances and there is some evidence of the effectiveness of specialised home visiting programmes for parents in drug/alcohol treatment programmes (Dawe and Harnett, 2007). ***Parents under Pressure (PUP)*** is an intensive, 20 week home visiting programme which aims to help primary carers who are in drug and alcohol treatment improve their parenting skills and bond with their baby. PUP is currently being trialled in the UK by NSPCC. See below for a discussion of interventions for domestic abuse.

   The 'Advanced' form of Incredible Years parent training programme addresses depression, marital conflict, isolation and socio-economic stress and has been found to be effective in reducing stress and depression (see Hurlburt, 2008).

II. **Negative attributions and misattributions:** Requires skilful work, which should involve exploring with caregiver(s) what a child's view of him/herself might be and how this might be altered by more positive interactions.

   *Cognitive-behavioural approaches* focus on the parent and are primarily concerned with changing parents' thoughts, beliefs and behaviour in the present, rather than analysing the role of past influences. These interventions commonly focus on helping parents to change the way in which they perceive children and the ways in which they interpret their own and their children's behaviour.

   There is some evidence, based on a single study, that an enhanced version of the 'Triple P' behavioural parenting programme

may help some parents manage their anger and change negative perceptions of their children (Sanders, 2004). Overall, there is *some* support for behavioural parent training as one possible component of a stepped care approach (see Baker, 2011, for a discussion of the limited evidence).

III. **Inappropriate developmental expectations, inconsistent and/or harsh parenting and exposure to domestic violence:** This is a broad category and treatment and response will vary according to the intensity, severity and chronicity of the situation. At the lower end of the spectrum caregivers who are inconsistent or have unrealistic expectations of their children may benefit from behavioural parent training such as the 'Advanced' form of the Incredible Years programme (Webster-Stratton, 1997; Hurlburt, 2008).

A number of methods of working have been identified to support women who are exposed to domestic violence, most of which have the primary aim of using counselling or CBT type techniques to encourage/empower the women to keep safe, sometimes by removing themselves to a place of safety such as a women's shelter (Axford, 2014; NICE, 2013).

Children who have been exposed to domestic abuse may have been traumatised by this, particularly if they were exposed at a young age (Carpenter, 2009), and treatment should include ensuring their safety and assessing the impact in terms of symptoms such as post traumatic stress disorder and other emotional/behavioural problems.

Approaches that teach the parents about the child's need for a parent who can act as a 'safe base' (ie to help them to explore the world) in addition to being a 'safe haven' such as the 'Circle of Security' may also be helpful (Hoffman et al, 2006).

IV. **Failure to recognise the child's individuality and emotional boundaries** occurs when caregivers use the child primarily to fulfil their own material and/or emotional needs. Work with these troubled caregivers requires considerable skill and sensitivity (Glaser, 2011) and should include helping caregivers understand when and how interactions serve the caregivers' needs, helping the caregiver understand how the child might perceive these interactions and helping the caregiver change them (Glaser, 2011). This may be done individually or through family therapy (Carr, 2009).

V. **Failure to promote the child's social adaptation:** Caregivers include those who isolate children and discourage participation in peer groups and the educational environment. Cultural factors may play a part and it may therefore be valuable to use a psychosocial approach (ie to work on the relationship between parents and their wider social environment).

12. Where a child or young person remains at home, direct therapeutic work must be offered to the child to enable him or her to cope with ongoing emotional abuse. This includes recognising the child's situation without denigrating caregivers, helping the child understand the caregiver's problems, taking a problem-solving approach to helping the child deal with the situation, addressing a child's self-blame and low self-esteem, helping the child develop a relationship with at least one caring and reliable adult, and helping the child to make gains in other areas of life including education, in order to enhance self-worth and resilience (Glaser, 2011). Where parents refuse to engage and timely change is not evident, referral to statutory services may be necessary.

## Implications for practitioners and policy-makers

**The identification, assessment and treatment of emotional abuse requires the use of a multidisciplinary approach because of the complexity and multi-factorial nature of the task, and because the asymptomatic condition of some children means that the nature of problems may be difficult to discern (Boulton and Hindle, 2000).**

There is a need for a continued development of integrated children's services – staff development and evidence-informed service development and commissioning. Two issues are particularly important:

> **Identification** of emotional maltreatment requires skilful assessment by practitioners trained in observing and classifying parent-child interactions using standardised and validated tools as part of a broader assessment of the family. An assessment of parent-child interaction should be a part of the evaluation of any family in which child maltreatment is suspected, but is particularly important in the case of emotional abuse – which consists of repeated patterns of harmful interactions between parent and child, rather than specific events. Such assessments would enable practitioners to identify harmful interactions that are unlikely to be detected without the use of such tools.

> **Effective practice:** Reduction of child emotional maltreatment requires that staff working in family support *and* child mental health specialists are equipped with the necessary skills to work more 'therapeutically' with families. This will require structured approach to continued professional development to enable staff to acquire the skills to deliver the therapeutic models identified by this review.

## References


Ainsworth M, Blehar M, Waters E and Wall S (1978) *Patterns of attachment: A psychological study of the Strange Situation.* Hillsdale, NJ: Erlbaum.

Allen B (2008) 'An analysis of the impact of diverse forms of childhood psychological maltreatment on emotional adjustment in early adulthood'. *Child Maltreatment* 13 (3) 307-312.

Aosved AC and Long PJ (2005) 'College women's experiences of psychological maltreatment and sexual assault'. *Violence and Victims* 20 (5) 577-587.

Axford N, Barlow J, Coad J, Schrader-McMillan A, Bjornstad G et al (2014) *Rapid Review to Update Evidence for the Healthy Child Programme 0-5: Interim Report.* In press.

Azar S, Robinson D, Hekimian E, Twentyman CT (1984) 'Unrealistic expectations and problem-solving ability in maltreating and comparison mothers'. *Journal of Consulting and Clinical Psychology* 52 (4) 687-691.

Azar ST and Rohrbeck CA (1986) 'Child abuse and unrealistic expectations: further validation of the parent opinion questionnaire'. *Journal of Consulting and Clinical Psychology* 54 (6) 867-8.

Bandura A (1977) *Social Learning Theory.* Englewood Cliffs, NJ: Prentice Hall.

Baker A, Brassard M, Schneiderman M, Donnelly L and Bahl A (2011) 'How well do evidence-based universal parenting programs teach parents about psychological maltreatment?: A program review'. *Child Abuse & Neglect* 855–865.

Barlow J and Schrader-McMillan A (2009) *Safeguarding children from emotional maltreatment: what works? Research Brief.* London: DCSF. Available online: **www.gov.uk/government/uploads/system/uploads/attachment_data/file/222093/DCSF-RBX-09-09.pdf**

Barlow J and Schrader-McMillan A (2010) *Safeguarding children from emotional maltreatment: what works.* London: Jessica Kingsley Publishers.

Barlow J and Svanberg PO (2009) *Keeping the Baby in Mind: Infant Mental Health in Practice.* London: Routledge.

Barry R, Kochanska G and Philibert R (2008). 'G×E interaction in the organization of attachment: Mothers' responsiveness as a moderator of children's genotypes'. *Journal of Child Psychology and Psychiatry* 49 1313-1320.

Biringen Z, Robinson JL and Emde RN (2000). 'Emotional Availability Scales (3rd edition)'. *Attachment and Human Development* 2 257-270.

Black DA, Heyman RE and Slep AM (2001) 'Risk factors for child physical abuse'. *Aggression and Violent Behavior* 6 121-188.

Boulton S and Hindle D (2000) 'Emotional abuse: the work of a multidisciplinary consultation group in a child psychiatric service'. *Clinical Child Psychology and Psychiatry* 5 (3) 439-452.

Bowlby J (1951) *Maternal Care and Mental Health.* Geneva: World Health Organisation.

Brassard M and Donovan K (2006) 'Defining psychological maltreatment' in Feerick M, Knutson JF, Trickett PK and Flanzer S (Eds) *Child abuse and neglect.* Baltimore, MD: Brookes Publishing.

Bronfenbrenner U (1979) *The ecology of human development: Experiments by nature and design.* Cambridge, MA: Harvard University Press.

Carpenter G and Stacks A (2009) 'Developmental effects of exposure to Intimate Partner Violence in early childhood: A review of the literature'. *Children and Youth Services Review* 31 (8) 831-839.

Carr A (2009) 'The effectiveness of family therapy and systemic interventions for child-focused problems'. *Journal of Family Therapy* 31(1) 3-45.

Chalk R, Gibbons A and Scarupa HJ (2002) *The multiple dimensions of child abuse and neglect: New insights into an old problem.* Washington, DC: Child Trends.

Cicchetti D and Lynch M (1993) 'Toward an ecological/transactional model of community violence and child maltreatment. Consequences for children's development'. *Psychiatry* 56 96-118.

Cicchetti D and Rizley R (1981) 'Developmental perspective on the etiology, intergenerational transmisión and sequelae of child maltreatment'. *New Directions for Child Development* 11 31-55.

Chirichella-Besemer D, Motta R (2008) 'Psychological maltreatment and its relationship with negative affect in men and women'. *Journal of Emotional Abuse* 8 (4) 423-445.

Cohen N, Lojkasek M, Muir E, Muir R and Parker C (2000) 'Six-month follow-up of two mother-infant psychotherapies'. *Infant Mental Health Journal* 23 361-380.

Cohen NJ, Muir E, Lojkasek M, Muir R, Parker CJ, Barwick M and Brown M (1999). 'Watch, wait and wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy'. *Infant Mental Health Journal* 20 (4) 429-451.

Dawe S and Harnett PP (2007) 'Reducing potential for child abuse among methadone-maintained parents: Results from a randomised controlled trial'. *Journal of Substance Abuse Treatment* 32 381-390.

De Panfilis D (2006) *Child Neglect: A Guide for Prevention, Assessment and Intervention.* US Department of Health and Human Services. Available online: **www.childwelfare.gov/pubs/usermanuals/neglect/neglect.pdf**

Department of Health (2009) *Child Health Promotion Programme – Pregnancy and the First Five Years of Life.* London: Department of Health.

Doyle C (1997) 'Emotional abuse of children: issues for intervention. *Child Abuse Review* 6 (5) 330-342.

Egeland B (2009) 'Taking stock: Child emotional maltreatment and developmental psychopathology'. *Child Abuse & Neglect* 33 22-26.

Erickson M, Egeland B and Pianta R (1989) 'The effects of maltreatment on the development of young children' in Cicchetti D and Carlson V (Eds) *Child maltreatment: theory and research on the causes and consequences of child abuse and neglect.* New York: Cambridge University Press.

Fraiberg S, Adelson E, Shapiro V (1983) 'Ghosts in the nursery: A psychoanalytic approach to the problems that cloud the mother-infant relationship. *Psychiatrie de l'Enfant* 26 (1) 57-98.

Eyberg S and Pincus D (1999) *Eyberg Child Behavior Inventory and Sutter-Eyberg Student Behavior Inventory – Revised: Professional Manual.* Odessa, FL: Psychological Assessment Resources.

Eyberg SM, Bessmer JL, Newcomb K, Edwards DL and Robinson EA (1994) *Dyadic Parent-Child Interaction Coding System-II: A Manual.* San Rafael, CA: Select Press.

Gardner R (2008) *Developing an effective response to neglect and emotional harm to children.* Norwich: University of East Anglia and NSPCC. Available online: **www.nspcc.org.uk/Inform/research/NSPCCResearch/CompletedResearch/DevelopingAnEffectiveResponseToNeglectPDF_wdf56700.pdf**

Glaser D (2002) 'Emotional abuse and neglect: A conceptual framework'. *Child Abuse & Neglect* 26 697-714.

Glaser D (2011) 'How to deal with emotional abuse and neglect: further development of a conceptual framework (FRAMEA)'. *Child Abuse & Neglect* 35 (10) 866-875.

Glaser D, Prior V, Auty K and Tilki S (2012) *Does training in a systematic approach to emotional abuse improve the quality of children's services? Research Brief.* London: Department for Education. Available online: **www.gov.uk/government/uploads/system/uploads/attachment_data/file/181602/DFE-RB196.pdf**

Gilligan R (2001) *Promoting Resilience - A resource guide on working with children in the care.* London: British Agencies for Adoption and Fostering.

Green J and Goldwyn R (2002) 'Annotation: Attachment disorganisation and psychopathology: new findings in attachment research and their potential implications for developmental psychopathology in childhood'. *Journal of Child Psychology and Psychiatry and Allied Disciplines* 43 (7) 835-846.

HM Government (2013) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children.* London: Department for Education.

Hoffman KT, Marvin RS, Cooper G and Powell B (2006) 'Changing toddlers' and preschoolers' attachment classifications: The circle of security intervention'. *Journal of Consulting and Clinical Psychology* 74 1017-1026.

Howe D (2005) *Child Abuse and Neglect: Attachment, Development and Intervention.* Basingstoke and New York: Palgrave Macmillan.

Hurlburt MS, Nguyen K, Reid J, Webster-Stratton C and Zhang J (2008) 'Efficacy of the Incredible Years group parent program with families in Head Start who self-reported a history of child maltreatment'. *Child Abuse & Neglect* 37 531-543.

Iwaniec D (1995) *The emotionally abused and neglected child: identification, assessment and intervention.* Chichester: John Wiley and Sons.

Iwaniec D, Herbert M and McNeish SA (1985a) 'Social work with failure to thrive children and their families. Part 1: Psychosocial factors'. *British Journal of Social Work* 15 (4) 243-259.

Iwaniec D, Herbert M and McNeish SA (1985b) 'Social work with failure to thrive children and their families. Part 2: Behavioural social work intervention'. *British Journal of Social Work* 15 (4) 375-389.

Jacobvitz D, Hazen N and Riggs S (1997) *Disorganized mental processes in mothers, frightening/frightened caregiving and disorganized behavior in infancy.* Paper presented at the meeting of the Society of Research in Child Development, Washington DC, April 1997.

Lopez-Stane M (2006) 'Understanding childhood psychological maltreatment in an urban university population'. *Dissertation Abstracts International Section A: Humanities and Social Sciences* 67(9-A) 3299.

Main M and Hesse E (1990) 'Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism?' in Greenberg M, Cicchetti D and Cummings E (Eds) *Attachment in the preschool years: Theory, research and intervention.* Chicago, IL: University of Chicago Press.

Macdonald G (2001) *Effective interventions for child abuse and neglect.* Chichester: John Wiley and Sons.

Moss E, Dubois-Comtois K, Cyr C, Tarabulsy GM, St-Laurent D, Bernier A (2011) 'Efficacy of a home-visiting intervention aimed at improving maternal sensitivity, child attachment and behavioural outcomes for maltreated children: A randomised control trial'. *Development and Psychopathology* 23 19-210.

Naughton AM, Maguire SA, Mann MK, Lumb RC, Tempest V, Gracias S and Kemp AM (2013) 'Emotional, behavioural, and developmental features indicative of neglect or emotional abuse in preschool children: a systematic review'. *JAMA Pediatrics* 167 (8) 769-775. Available online: **www.core-info.cardiff.ac.uk/reviews/emotional-neglect/features-in-the-child-neglect-emotional-abuse**

Newberger CM and White KM (1989) 'Cognitive foundation for parental care' in Cicchetti D and Carlson V (eds) *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect.* Cambridge, MA: Cambridge University Press.

Page J, Boulton S, Didcock E and Leheup R (2006) *Emotional Abuse: Multi-Agency Practice Guidance.* Nottingham City Local Safeguarding Children Board (LSCB). Available online: **cms.nottinghamshire.gov.uk/emotionalabuse.pdf**

Riggs S (2010) 'Childhood emotional abuse and the attachment system across the life cycle: what theory and research tell us'. *Journal of Aggression Maltreatment and Trauma* 19 (1) 5-51.

Sanders M and Pidgeon A et al (2004) 'Does parental attributional retraining and anger management enhance the effects of the Triple P Positive Parenting Program with parents at risk of child maltreatment?'. *Behavior Therapy* 35 (3) 513-535.

Teicher M, Samson J, Polcari A and McGreenery C (2006) 'Sticks, stones and hurtful words: Relative effects of various forms of childhood maltreatment'. *American Journal of Psychiatry* 163 (6) 993-1000.

Toth S, Maughan A, Todd Manly J, Spagnola M and Cicchetti C (2002) 'The relative efficacy of two interventions in altering maltreated preschool children's representational models: Implications for attachment theory'. *Development and Psychopathology* 14 887-908.

Toth S, Rogosch F, Manly J and Cicchetti D (2006) 'The efficacy of toddler-parent psychotherapy to reorganize attachment in the young offspring of mothers with major depressive disorder: a randomized preventive trial'. *Journal of Consulting and Clinical Psychology* 74 (6) 1006-16.

Webb M, Heisler D, Call S, Chickering S and Colburn T (2007) 'Shame, guilt, symptoms of depression and reported history of psychological maltreatment'. *Child Abuse & Neglect* 31 (11-12) 1143-1153.

Webster-Stratton C and Hancock L (1998) 'Training for parents of young children with conduct problems: content, methods and therapeutic processes' in Schaefer CE and Briesmeister JM (Eds) *Handbook of parent training* 98-152. New York: Wiley.

Wekerle C, Leung E, Wall AM, MacMillan H, Boyle M, Trocmé N and Waechter R (2009) 'The contribution of childhood emotional abuse to teen dating violence among child protective services involved youth'. *Child Abuse & Neglect* 33 45-58.

Witkiewitz K and Dodge-Reyome N (2001) 'Recollections of childhood psychological maltreatment and self-reported eating disordered behaviors in undergraduate college females'. *Journal of Emotional Abuse* 2 (1) 15-29.

**Authors:** Anita Schrader-McMillan, Jane Barlow and Danya Glaser
**Photograph:** Graham Morgan
**Acknowledgements:** We are grateful to Dr Danya Glaser for her kind permission to incorporate the FRAMEA model within this briefing.
**With thanks to:** Nick Axford and Fareena Shaheed for their comments on the resource.

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