

## CHAPTER 1

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# INTRODUCTION TO EMOTIONAL ABUSE AND NEGLECT

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### INTRODUCTION

Children, young people, or adults who suffered some form of abuse in the past, always refer to emotional hurt and psychological pain before mentioning physical pain. Almost without exception, victims of abuse will talk about fear, anxiety, loneliness, emotional lack of support, and being ignored, degraded and humiliated, feeling unloved and unwanted, and being powerless when terrorised or tormented by parents or carers. The popular slogan 'words can hit as hard as fists' is true when hurtful words are often used, and they mean to hurt. Gestures, tones of voice, manner, and frequency and intensity of these within the context of poor relationships will convey negative messages of not being loved, wanted, or appreciated to a child. Psychological unavailability of parents or carers to children, and hostile, rejecting, low-on-warmth, and high-on-criticism parental behaviour are identified as emotional abuse and neglect. But, in spite of recognised problems pointing to emotional abuse, this is the most difficult area of child maltreatment to measure with reasonable accuracy because parental behaviour and the effects on the child (including probable long-term development, competence, and social adjustment) have to be taken into account.

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Unlike sexual and physical abuse and neglect, the emotional-abuse concept has been much slower to gain acceptance as a part of child protection, requiring conferencing, registration, assessment, and intervention including (in severe cases) court proceedings; such tardiness is not surprising, as emotional abuse is a dynamic and changeable social construct. What is considered today as emotionally abusive, requiring some form of intervention, was not the case a quarter of a century ago in the UK, and is not seen as abuse in many other countries even now. The very private and highly nebulous qualities of emotional abuse make it a difficult concept to define in a useful operational sense (see Chapter 2 for further discussion.)

However, there is now a general consensus that emotional abuse is more prevalent than realised: it is at the core of all major forms of abuse and neglect, is more damaging in its impact than acts of physical and sexual abuse alone, and requires special attention to disentangle it from physical and sexual acts of maltreatment. Much work has been done on both sides of the Atlantic in the last decade or so to provide empirical evidence and to expand theoretical knowledge on emotional abuse and neglect. Practice, although still somewhat problematic in resource allocation and protection, has become more explicit and better informed (Brassard, Germain, & Hart, 1987; Doyle, 1997; Glaser & Prior, 2002; Iwaniec, 1995).

There is also growing recognition that emotional abuse happens not only within the walls of the family home. Some children who are looked after, either by foster-parents or who reside in children's homes, are also sometimes emotionally abused and neglected. Equally, young people in secure units or other penal systems are terrorised, degraded, humiliated, and threatened by staff and by older inmates. Given their vulnerability and problems, which led them to these institutions in the first place, it is not surprising that they cannot cope, and often are driven, out of despair, to take their own lives (see Chapter 4 for further discussion). It is believed that emotional abuse is quite widespread, but suffered in silence.

Services to help these children are rarely offered, as emotional abuse is still considered not serious enough to warrant prompt intervention. Taking into consideration the financial cost of child-protection work it is not surprising that decisions are made on what is 'seen' (physical injury) or what is morally unacceptable 'sexual abuse', leaving little resources and time for equally damaging emotional-abuse and neglect cases. In the United Kingdom the total cost for child protection per annum has been estimated at £735 million and in the United States at US \$12410 (World Health Organisation, 1999). Much discussion has taken place in recent years to work out policies and procedures to reduce cost, but at the same time to protect children. It would appear that much more should be done at a universal level as prevention. It is too late to step in when the damage is done and, subsequently, intervention

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required at such times is very costly, of long duration, and quite often ineffective.

Binggeli, Hart, & Brassard (2001), after reviewing literature on emotional abuse (occurring either alone or in combination with other forms of maltreatment), estimated that psychological maltreatment may have been significantly present in the childhood histories of more than one-third of the general adult population of the United States. In addition, they estimated that approximately 10–15% of all people have experienced severe and chronic forms of emotional abuse. In spite of using conservative definitions, their figures for such experiences nevertheless were high.

### HISTORY OF THE CONCEPT

It would be fair to say that emotional abuse has been brought back to the public's attention as a result of growing awareness and well-publicised cases of physical and sexual abuse and neglect. Yet emotional abuse is by no means a new phenomenon: Klosinski (1993) pointed out that emotional abuse (or the concept of emotional abuse) was an area of interest and research in the fields of psychoanalysis and developmental psychology in the early part of the twentieth century, and that the early literature on insecure attachment was clearly related to hostile, rejective, and cruel parenting, which forms the basis of contemporary understanding of emotional abuse. Of course, literature, paintings, and historical accounts are full of descriptions and depictions of emotionally maltreated children and young people: the novelist Charles Dickens (1812–70) alone brought to public attention the plight of abandoned, terrorised, corrupted, rejected, and destitute children (what we would now call 'street children') in nineteenth-century England.

Rudyard Kipling (1865–1936), writer and poet, vividly described in a short story the emotionally traumatising experiences he and his sister Trix had as children, when their parents left them in England with a completely strange and rather cruel woman before returning to India. This was by no means unusual for families serving the Raj, as many children whose parents worked and lived in India were boarded out in England. However, in Kipling's case it was disastrous. In the short story entitled *Baa Baa, Black Sheep*, republished in 1995 by the Penguin Group, he described how the woman (and her family) treated them. She had always referred to him as 'Black Sheep', which left an emotional scar on him for life. Quoting the well-known nursery rhyme to express his own feelings, he saw himself in it:

Baa, baa, black sheep  
Have you any wool?  
Yes, Sir, yes, Sir,

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Three bags full:  
 One for the master,  
 And one for the dame,  
 None for the little boy  
 Who cries down the lane.

Rudyard and Trix were boarded with Mrs Pryse Agar Holloway in Southsea, Hampshire, where they stayed for several years. Neither child was prepared for this, nor was anything explained to them beforehand. Trix wrote that it was 'like a double death, or rather, like an avalanche that had swept away everything happy and familiar' (Fleming, 1939, p. 171).

When Kipling and his sister found their mother had gone, they went to the sea-shore to try to find her, but could not do so (Kipling, 1995, p. 11). Soon 'Aunty Rosa' (Mrs Holloway), according to Kipling, set sister against brother, humiliated the 'Black Sheep' (as she called him), and permitted (even egged on) her son to terrorise and torment the boy, both mentally and physically, while she denied him simple things. On top of these horrors, the youngster was introduced to a fearsome Calvinistic hell (Kipling, 1990, Ch. 1), and forced to read religious books and tracts, thus acquiring biblical knowledge and imagery. For Rudyard it was terrifying teaching as he had grown up, while in India with his parents, in a relaxed and undemanding way.

After a few years 'Punch' (as Kipling was called by his parents) began to show manifestations of clumsiness, banging into things, breaking objects, becoming frightened of simple things, and terrified all the time, as his sister became more and more estranged. One day, a 'visitor... who knew their parents came to see the children, looked deep down in the "Black Sheep's" eyes for half a minute, and then said suddenly: "Good God, the little chap's nearly blind"'. The 'visitor' was none other than Edward Burne-Jones (1833-98), the distinguished painter (married to Alice Kipling's sister Georgiana [1840-1920]), who immediately informed Alice Kipling of her son's condition. When Alice arrived at what Kipling called the 'House of Desolation' her children, unsurprisingly, had difficulty adjusting to her, and the 'Black Sheep' referred to her as 'that woman'. Nevertheless, Alice noticed that the cold, repressive, loveless regime at Southsea had distressed the boy 'with a system of small deceptions' which 'Aunty Rosa' then magnified into 'deadly sins'. The 'Fear of the Lord was so often the beginning of falsehood' (Kipling, 1995, p. 38). Having

drunk deep of the bitter waters of Hate, Suspicion, and Despair, all the love in the world will not wholly take away that knowledge; though it may turn darkened eyes for a while to the light, and teach Faith where no Faith was'  
 (Kipling, 1995, p. 39).

Kipling was to write later that his experiences in the 'House of Desolation' bred in him a 'constant wariness, the habit of observation, and attendance on moods and tempers' (Kipling, 1990, Ch. 1), but that he was saved and

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compensated by the annual visit to his aunt Georgiana at her house in Fulham, London, which he described as a 'paradise' of 'love and affection' (Kipling, 1990, Ch. 1), and where he saw his uncle at work and heard him conversing with friends in an easy, humorous manner.

However, Kipling had some sort of nervous collapse as a result of his experiences in Southsea, and Trix, who at first seemed less affected by the 'House of Desolation', suffered from a series of mental breakdowns for the greater part of her subsequent life, obliging her mother to care for her until she died in 1910. Kipling himself suffered from pain and chronic ill health. He claimed that his experiences in Southsea had 'drained' him of 'any capacity for real, personal hate' for the rest of his days (Kipling, 1990, Ch. 1).

Sometimes excessive parental pressure for a child to achieve what its parents want them to achieve without due consideration for what the youngster is able to do, and overcorrection of the child's interests, may, unwittingly, result in emotional abuse. No one could have expressed this better than the novelist Franz Kafka (1883–1924) in the *Letter to his father* (1919):

What I would have needed was a little encouragement, a little friendliness, a little keeping open of my road, instead of which you blocked it for me, though, of course, with the good intention of making me go another road. But I was not fit for that.

It is important to remember that there are elements of psychological abuse in all parenting, with most parents saying and doing thoughtless or inappropriate things to their children on occasions but, in general, they are caring and loving. Trowell (1983) suggested that 'adversity in manageable doses that comes in digestible packages' is essential for normal development. Children cannot be brought up wrapped up in cotton wool, devoid of painful experiences, but we would not label that as emotional abuse. In contrast, emotional abuse is a persistent, chronic pattern of parental behaviour, often towards a particularly vulnerable child, which over the years becomes internalised and gives rise to the feeling that the child alone is to blame. Laing (1976) quotes a poem of an emotionally confused and hurting child:

My mother does not love me, I feel bad,  
I feel bad because she does not love me,  
I am bad because I feel bad,  
I am bad because she does not love me,  
She does not love me because I am bad.

Children who have been emotionally abused consistently give up trying to progress in their development and succumb to 'learned helplessness' (Suligman, 1975), a state of mind which is characterised by the belief that one has no control over the outcome of adverse events. Once established,

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such an attitude is very difficult to reverse or eradicate. There is much evidence from follow-up studies that unless something is done to help them, emotionally abused children may, as adults, be unable to form warm, intimate relationships, and have difficulty with the management of hostility and aggression which, it is claimed, may give rise to depression in later life (Rutter, 1995b).

### EARLY STUDIES

Some of the best documentations of early emotional abuse, neglect, and absence of nurturing (resulting in poor growth, problematic psychosocial development, and emotionally disturbed behaviour) were those of Spitz (1945, 1946) and Widdowson (1951). A significant aetiological factor was gleaned from Spitz's study of infants cared for by their mothers, whom Spitz compared with another group raised in virtual isolation from other infants and adults. Children who were given physical and medical care, but no emotional care, contracted more infections, suffered from intellectual deficit and developed a condition called anaclitic depression manifesting itself in withdrawal, retardation in cognitive development, failure to thrive, insomnia, and sadness, and 37% of them died by the age of two.

Widdowson (1951) replicated Spitz's findings and proved that provision of adequate nutrition in an unfavourable emotional environment (due to harsh and unsympathetic handling) may seriously curtail growth rate and produce emotional and educational problems. Widdowson studied children in two German orphanages just after the Second World War. A dietary supplement, which was expected to produce faster weight-gain, was introduced as an experiment in one orphanage, using the other as a control. Contrary to expectations, it was the control group which gained weight and grew a little faster during the experimental period of six months. What was also observed was that the children in the experimental group began to show emotionally disturbed behaviour (e.g. weeping, irritability, frustration, sadness, sleeping problems, and quarrelsome behaviours). When analysing these fascinating and worrying findings, it was discovered that the matrons of the two orphanages had swapped over at about the time of the start of the dietary supplement. The matron of the first orphanage had been warm, kind, and attentive to the children's emotional needs, but the matron of the control group (who had transferred to the experimental group) was emotionally unavailable, critical, demanding, distant, harsh, not interested in emotional needs, and unsupportive. Her regime and treatment of children was emotionally abusive and harmful and, due to her anxiety- and fear-provoking behaviour, the children lost their appetites: even if they took food the calories were wasted and consumed by constant stress.

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It is now a cliché that a child needs close, confident and warm physical and emotional contact (mother, father, or other carer) in order to grow and develop healthily and happily. The absence of such continuing nurturance and physically gentle intimacy can bring about anxiety and confusion in the child (e.g. fretting and disruption of biological functions). Montague (1978), in his chapter on 'Tender loving care', describes the effects of emotionally available care for very sick, hospitalised children, and relates an interesting anecdote. In a German hospital before the Second World War, a visiting American doctor, while being shown over the wards in one of the hospitals, noticed an old woman who was carrying a very undernourished infant. He enquired of the director who the old woman was and was told that she was 'Old Anna': when the staff at the hospital had done everything they could medically for the baby and it still did not make much progress, they handed it over to 'Old Anna', who succeeded in getting the child into a better psychological state and physical health. She rocked the baby, held it closely to her, carried it, talked to it in a gentle, reassuring way, giving caring and tender attention as well as the close physical contact which every baby needs. It is not surprising that babies passed to her, who had been near death's door (despite all the physical treatment then available to doctors) did better with her unsophisticated but essentially nurturing tender care.

Both popular writing and research literature have drawn attention to the importance, over many centuries, of emotional nurturing, and to the detrimental effects that severe and prolonged emotional deprivation (what we call these days 'emotional abuse') can have on children and young people (and for that matter on all people generally).

### THE CONCEPT OF EMOTIONAL ABUSE

It was not until the 1980s that emotional abuse was fully recognised as a distinct form of child maltreatment with its own causalities, manifestations, and consequences, appearing independently on the child-protection register and being dealt with in its own right. However, decision-making on when, how, and why to intervene in such cases proved to be more problematic.

Lack of confidence among practitioners dealing with child-protection cases, especially with emotional abuse and neglect, was mostly due (and still is) to lack of certainty about at what point emotionally harsh treatment becomes emotional abuse, and how bad emotional abuse has to become to warrant classification of significant harm requiring child-protection action. These difficulties are not easy to overcome or to be simplified, as signs of emotional abuse are not universal to all emotionally abused children. Some are straightforward and speak for themselves once identified (e.g. severe

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failure to thrive): others, however, are far more subtle and open to misinterpretation.

Because of difficulties in substantiating emotional abuse and proving its harmful nature, both researchers and child-protection agencies have tended to keep a low profile, resulting in slow progress in academic and practice arenas: this is clearly illustrated in the work of Behl, Conyngham, and May (2003). The authors undertook a review of the child-maltreatment articles of six journals specialising in this subject. Examining four types of child abuse (physical abuse, sexual abuse, neglect, and emotional abuse), they found that articles specific to emotional abuse were very few. Despite the fact that in the 1980s studies began to separate different forms of abuse, recognising that outcomes of each type may be different, child emotional abuse and neglect was not part of this 'great leap forward'. While the number of research articles on the issues of child maltreatment increased from 54 in 1977 to 344 in 1998, a total of only 15 of these were dedicated solely to the issue of child emotional abuse and neglect. This represented 4.2% of all the articles on child maltreatment over a 22-year period. In addition to this impoverished interest in researching and writing about emotional abuse, much of the writing was concerned with the issue of definition.

It is believed that lack of interest in and focus on child emotional abuse may be due to the perception that it has fewer negative consequences than other forms of child maltreatment. As far as research on emotional abuse is concerned, it is also far more difficult to design rigorous investigations in the absence of validated measures specifically developed for this purpose. Equally, very little is written on how to help abused and abusers, and little evaluative research is available to tell us what works in helping emotionally abused children and their abusive carers. The review of the current literature would suggest that this trend has changed for the better as far as registration is concerned (Doyle, 1997; Glaser & Prior, 1997), but problems with definition still exist, as do the difficulties in accepting that persistent emotional abuse and neglect can lead to significant harm with serious consequences. What can be more serious than a child being driven to take its own life because of severe emotional abuse; or a child's growth being arrested and psychosocial development delayed and disturbed because of rejection and neglect; or a child being prevented from learning various life-skills and to be socialised because of crippling overprotection; or a child being paralysed by fear and anxiety because of living in a violent home? The sheer unhappiness, constant distress, and psychological pain experienced by some children have to be taken into consideration if there is a sincere desire to help them and to improve the quality of life and prospects for a healthy and happy childhood. There is no better way to introduce the reader to emotional abuse and neglect of children and young people than to share a few case studies describing various forms of emotional abuse and neglect of different severity.

## CASE STUDIES

### Chris's Case (from Iwaniec, 2004)

Chris was adopted by a middle-class, childless couple when he was two years old. Prior to adoption he spent 18 months in two different foster-homes. He was an attractive boy, developmentally within the lower average range, active, and curious. Both parents were pleased in securing adoption and having a child they longed to have. When Chris was four years old the mother became unexpectedly pregnant (which surprised the couple as they had been told they could not have any children). She gave birth to a girl and a year later to a boy.

After the birth of the first child attention was switched from Chris, and interaction became limited to care and control, and only occasionally was he played with. After the birth of a second child the relationships worsened sharply, not only between Chris and the mother, but also between Chris and the father. The more distant and preoccupied the parents became with the babies the more attention-seeking, disruptive, and demanding Chris became. They increasingly found him hard work, unrewarding, and difficult to enjoy. At the same time they invested energy and affection in their younger children, leaving little time and attention for Chris. Most of the little activities and treats from their early life together were gradually eliminated. He could not come to the parents' bed anymore, his father would not play football with him in the garden or the park, he was not read a story regularly at night, but above all he was not cuddled and was not given attention, praise, and encouragement. He became a very lonely and confused child. His weight dropped from the 75th to 2nd percentile within a few months, and he became stunted in height. He started wandering around the house at night, making bizarre animal noises and searching for food. His eating behaviour changed dramatically from being fussy and taking a rather long time to eat to becoming greedy, eating fast, and gulping food. He consumed large amounts and was constantly asking for more.

As his behaviour worsened, the parents became more rejective, hostile, and uncompromising. They felt embarrassed and, as they said, they were let down by Chris and requested to have a break from him, so that 'he gets the necessary treatment for his incontinence and disturbed behaviour'. They stated that they did not love him, but attributed this to Chris's changed behaviour, not theirs. However, they said that they had a moral obligation to care for him. Chris was admitted to hospital for observation and testing, although nobody believed that there was anything wrong with him. While in hospital he interacted well with nurses, but in a possessive and attention-seeking way. He was jealous when they played with or attended to other children, and he tended to be aggressive towards these children, but only when the nurses or doctors interacted with them and not with him.

Chris returned home and within days his disturbed behaviour again returned. In three weeks' time he lost 5.5 kg (12 lbs 2 ozs). Parental rejection was so strong and Chris's pain and disturbance so high that the only solution available was to place him in a different home to give him another chance. Chris was fostered out but never recovered from the emotional rejection. He was killed while joy-riding when he was 16 years old.

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### Sonia's Case

Sonia, a nine-year-old girl, had been cared for by her grandmother. As a result of a hostile and rejecting relationship with her parents, Sonia's mother abandoned her when she was three years old. The mother was simply thrown out of the house when she wanted to take Sonia with her. The grandparents separated soon after the disappearance of Sonia's mother, and the grandmother became extremely overprotective to the point of developmental paralysis in all areas of Sonia's life. At the age of nine Sonia did not know how to dress herself, how to wash, clean, bathe, eat on her own, or make decisions as to what to wear and what to do. The grandmother had done everything for her for years so she had not acquired any skills in doing things for herself (e.g. she would sit in a bath waiting to be bathed, washed, and dried). In the morning she would not know what to do (i.e. dressing, washing, brushing her teeth) as these things were always done for her.

At school she did not know how to relate to and interact with peers, seldom spoke, and was unable to stand up for herself. Children shied away from her and considered her as odd and different. Because she was unhappy at school the grandmother assumed that she was being bullied and stopped sending her to school. She was not allowed to play with the children in the neighbourhood to avoid being hurt by them. She could only play in the corridor or stairs. The curtains were drawn all the time to prevent people looking at what they were doing. The grandmother would not allow anyone in, and would not answer letters or telephone calls. Because of Sonia's failure to attend school and the grandmother's prohibition on permitting any outside contact with Sonia, an interim care order was granted by the court, and Sonia was placed in the foster-home. She did not show distress at being separated from her grandmother and asked only occasionally when she would see her grandmother again. The foster-parents were amazed that she could not do anything for herself and that she would not make even the easiest of decisions. Her social interaction was even more striking, as even a four-year-old was bossing her, and she passively did what she was asked to do. She did not know (and appeared apprehensive of) how to play with children of her own age. She just stood by the window watching them. Quite often she did not follow conversations within the family, and did not understand what was going on. She appeared to have a serious deficit in understanding basic everyday functioning, and many common activities were alien to her. She was very polite, responsive to requests, and unquestioningly obedient.

This type of crippling overprotection is emotionally abusive for several reasons: first, such children are very unhappy as they are restricted in all actions and activities; second, their socialisation is seriously impaired as they are prevented from doing things for themselves; third, their abilities to interact with peers and to build meaningful and appropriate relationships are affected by the lack of exposure to other children; and fourth, their self-esteem and self-confidence are low because of being laughed at, criticised and not accepted by peers, so they are socially isolated. Over-protected children are not prepared for independent living, not only in the physical sense but also emotionally and cognitively. They are unable to make decisions, or experience success or failure and act accordingly. Their behaviour seems to be passive, accepting everything, agreeing with everything and everybody, and waiting for things to be done for them and to them. Emotionally they seem to be flat, neither sad nor happy, and find it difficult to show appropriate emotions.

### Richard's Case

Richard, 10 years of age, was the eldest in a family of 3 children. Due to the mother's depression and inability to cope with the children's demanding behaviour they were voluntarily placed in the care of the local authority – Richard in the children's home, and the younger ones in a foster-home.

Richard presented himself as an extremely anxious, emotionally distraught, and unhappy child, who suffered acute separation-anxiety from his mother. He worried about her safety, health, and well-being. He would not go to sleep until he spoke to his mother on the telephone to reassure himself that she was safe. He tended to wake up at night in a panic, feeling that something bad had happened to her. Bringing him back after spending a weekend at home with his mother was extremely distressing as he clung to her, begged to stay, cried, and usually became very panicky.

Careful assessment revealed that the mother talked to Richard about her problems, feeling sad and anxious about her health and life generally, saying that she often thought about taking an overdose again, that she could not cope, she was very unhappy, and that the only person she had to support and understand her was Richard. She often said to him that he might find her dead one of these days. Additionally, she told him time and time again that Richard's (and his siblings') behaviour triggered clinical depression, which led to her taking an overdose and her subsequent admission to hospital. Richard felt guilty and responsible for his mother's mental-health problems and for his and his siblings being taken into care. He blamed himself that it was his difficult behaviour which brought so much distress to his mother that she became ill. Additionally, he felt it was his duty to look after her, to make sure that she did not take an overdose or did not cut her wrists. The acute panic attacks, nightmares, and inability to relax were the result of constant worry about his mother and the fact that he was prevented from being with her all the time. He felt that he was letting her down as she relied on his support and companionship. Feelings of insecurity that he might lose his mother's love if he did not look after her led to numerous behavioural and emotional problems at the children's home and at school. Richard was asked to become a carer and protector at the age of 10, and to carry the burden of guilt and responsibility for his mother's mental health.

### Jackie's Case

After attending a conference on emotional abuse and neglect, a policewoman in her late thirties asked for help to come to terms with her abusive past and to be helped in rebuilding her life. She said that a talk brought back very painful memories from her childhood and of a lifelong frightening relationship with her mother, which was still evident today.

She described her early years as extremely tense, unhappy, and riddled with constant fear and apprehension. She could never satisfy her mother, and whatever she did was not good enough. The mother constantly complained about her difficult behaviour and regularly told her father, when he returned from work, how bad she was. At the same time she was not allowed to defend herself and tell her father her story or to go

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to her father for comfort, a cuddle or support. She felt that her domineering mother was perhaps jealous of the father's affection for his daughter. Jackie spent a lot of time in her room on her own – as the mother used to send her there for minor misbehaviour. She remembered hugging her teddy-bear for comfort and for being her friend and companion. Her mother used to scream at her, call her names, and threaten her if she did not do things the way she wanted her to do them. She was so frightened of her mother that she would 'freeze' when she approached her. Although the mother seldom smacked her, she punished Jackie in a most cruel way. The child had to eat everything her mother put in front of her and, if she did not, the same food would be given to her for the next meal, and then the next, until it was eaten. She described how her mother kept giving her horsemeat which she did not like but she insisted that she ate it even if it took two or three days to do so. Jackie used to kneel in front of her mother begging her not to make her eat that meal and in spite of Jackie being sick and extremely distressed she had to eat it. The mother shamed her in front of her peers and neighbours on a regular basis, and that hurt her most of all, making her feel deeply ashamed, embarrassed, and useless. It came to a point when she started to avoid people, hide behind buildings when someone she knew appeared, or run to the other side of the road.

After her father's death she left home, joined the police force, married the first man who showed her affection and attention and had two children by him. The marriage did not work out as she did not know how to show feelings and how to negotiate her position within the marital union. She said that she did not really know how to behave as a wife and mother with equal rights and responsibilities, as she had not had a good model of family functioning from her parents. Jackie's memory of her parents' relationship was one of quarrels, long silent days, her mother not speaking to her father, or even to Jackie, and lack of warmth and support for each other.

In her marriage she lacked confidence and found it extremely difficult to make any decisions, exert authority, and stand up for herself. She also used to lie regarding minor, unimportant things to prevent criticism (e.g. when dinner was a bit late, she would make untrue and unnecessary excuses). She tended to be on the defensive all the time, which created a lot of tension and disharmony in the family. As a result, her husband started spending more time away from home, and eventually left for good. Jackie became convinced that there was something wrong with her and that her mother was right in what she said and the way she treated her.

After the break-up of the marriage Jackie's mother wanted to take over looking after the children and running the house, saying that Jackie would ruin her children and herself completely as she was a complete disaster. Although she did not move to live with them she dictated every move and made decisions for Jackie and the grandchildren, as Jackie continued to be extremely frightened of her and unable to stand up for herself and say no. Low self-esteem and a sense of worthlessness has prevailed in her private life in spite of her quite satisfactory work as a policewoman.

### **Ann and Simon's Case**

Ann (12 years) and Simon (14 years), currently in residential care, had a history of serious emotional abuse, rejection, and physical and emotional neglect. Both their parents abused alcohol on a regular basis, and family violence was a frequent fixture

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in their daily lives. Ann's and Simon's school attendance was infrequent as they were not sent to school due to their parents being intoxicated and unable to get up on time. They frequently witnessed violent quarrels and fights between their parents and their drinking companions. On several occasions the police were involved when Ann and Simon ran out of the house in the middle of the night crying and knocking on the neighbours' doors. Quite often they would hide in the wardrobe to protect themselves out of fear that they might be attacked as well, or sexually interfered with. Simon used to keep a stick to protect himself and his sister in case of being attacked. The parents separated as a result of family violence, but the mother continued to drink excessively, either on her own (consuming 2 litres of vodka a day), or having drinking parties at home. As a rule Simon, at the age of 7 years, would take over caring responsibilities to look after his mother and his sister. He would take his mother to bed, prepare food, do shopping, and often protected her from her drinking companions.

After one particularly violent weekend, Simon was placed with quite old maternal grandparents and Ann with the maternal aunt and uncle. Simon became calmer once removed from constant fear and anxiety, but he missed his mother and worried about her safety and welfare. Ann's life, however, in the aunt's house was far from satisfactory: because of her bed-wetting, lying, and attention-seeking behaviour, she was rejected by her cousins and then by her uncle and aunt, and was asked to leave. Ann was then placed in a short-term foster-home with an elderly couple: the foster-parents found it excessively difficult to deal with Ann's bed-wetting, the constant washing of sheets and the smell in the house. Although they liked Ann, they asked for termination of the placement. Ann was devastated by their decision and felt very hurt as she thought they liked her and she was doing her best to please them. The second foster-placement broke down very quickly as the family found Ann's problems too difficult to cope with (especially the bed-wetting), and their children did not find Ann rewarding to be with. Ann was then placed in residential care, very confused, emotionally disturbed, and feeling rejected and unwanted by everybody. Her self-esteem and confidence were at rock-bottom with a prevailing sense of helplessness regarding her enuresis, and increasingly feelings of depression. Ann became withdrawn, seldom spoke, avoided adults and peers, and used to burst into tears when spoken to. Additionally, she started having nightmares, slept little and lost a lot of weight. She needed urgent therapeutic attention to help her cope with the devastating feelings of being rejected, and to deal with her bed-wetting in an informed way.

Simon, on the other hand, became too difficult for the grandparents to control and care for. He used to spend a lot of time out of the house, hanging around with other boys and behaving in an antisocial way. As a result he was placed in residential care for teenagers. Simon's behaviour in the children's home and at school deteriorated to the point of being expelled on several occasions, running away, being aggressive towards staff and peers, and defiance. At 15 years old he was placed in a secure unit as he was beyond control.

### Dean's Case

Dean was six-and-a-half years old at the time of referral. He looked very thin, small, unhealthy, and unhappy. He presented various and, at times, puzzling problems. Being aggressive and attacking siblings and peers for no apparent reason was quite

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common, as was self-harming and destructive behaviour. Dean cut his new trousers, shirt, and jumper to pieces, and occasionally would tear bedding and curtains and strip wallpaper from the walls. He set fire to things in the middle of the room on several occasions. He never destroyed anything belonging to other members of the family, or children at school. Quite often, after his mother punished him for hitting his sisters (e.g. sending him to his bedroom or telling him off), he would scratch or cut himself. He never cried, never asked for anything, and never complained. Occasionally, when particularly stressed, he would revert to baby talk, which disturbed and frightened his mother.

This extremely disturbed behaviour was a result of Dean being terrorised by his stepfather when he was about four-and-a-half years old. There was also a history of severe family violence. He was interfered with sexually when his mother was at work during the evenings, and when his mother became suspicious because of Dean's sudden change in behaviour (e.g. in sleeping and eating patterns, screaming and shouting, acute defiance, and lack of communication), the stepfather killed his puppy and threatened to kill him if he disclosed sexual abuse. Eventually, the mother discovered what was happening, and secretly left home with her three children. She found a place in the women's refuge in the neighbouring town, but her partner pursued them there so they moved to another refuge in another town. Eventually, a house was allocated and they began to rebuild their lives, but not Dean.

Dean's behaviour remained problematic, which his mother found difficult to understand and cope with. Frequent outbursts of aggression – tormenting his sisters, defiance, stealing, lying, and disruptive and attention-seeking behaviour at school – brought about deterioration of the mother-child relationship and a visibly growing love-hate relationship. Dean was referred for help by the school with his mother's agreement. The assessment revealed that Dean was a very frightened and confused child, carrying enormous baggage of unresolved problems that needed therapeutic attention.

### CONSEQUENCES OF EMOTIONAL ABUSE

The consequences of emotional abuse and neglect in respect of all individuals described in the case studies speak for themselves.

Simon and Ann reached adolescence as extremely disturbed young people: Simon ended up in a secure unit as his behaviour became beyond control. He felt let down, abandoned by his parents and grandparents, and unsupported when he needed help, love, and attention. Ann's emotionally disturbed behaviour, because of emotional abuse, led to numerous experiences of rejection by carers and the development of a serious sense of helplessness, hopelessness, and depression. By the age of 13 years she strongly believed that she was useless, bad, and unworthy of love.

Chris was brutally rejected by his adoptive parents, which he could not understand and cope with. The pain of being rejected brought about various

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severe emotional problems which arrested his physical growth and development. He never recovered from being emotionally and physically abandoned, and, as stated, was killed while joy-riding at 16 years of age.

Richard, at the age of 10 years, was being made responsible for his mother's mental-health problems, and was terrorised by threats that his mother would take an overdose, or cut her wrists, and that he might find her dead. Fear, anxiety, guilt and panic attacks were the results of emotional abuse quite unwittingly inflicted by his mother.

Sonia, at the age of nine years, could not do anything by or for herself, or think and make the smallest of decisions because of her grandmother's crippling overprotection. She was denied development of individuality, socialisation, and preparation for independent functioning.

Jackie, in spite of being successful as a policewoman, remained ineffective as a wife and mother as she was made to believe by her mother that she was useless, bad, and stupid. The model of family life she experienced as a child ill-prepared her for life as a wife and mother. In spite of being over 30 years old she was still petrified of her mother's criticism and denigration.

Dean was sexually abused, and then terrorised and threatened by his stepfather to prevent disclosure. Being made to watch the killing of his much-loved pet, and often being exposed to family violence, made him believe that he would be killed as well if he talked of being abused. The mother assumed that being rescued from the cruelty of the stepfather would solve the problems. However, Dean needed intensive therapy to come to terms with his ordeal.

Individuals presented in the above cases have several things in common:

- they are all unhappy;
- they have poor emotional and social support, and appear to be lonely and isolated;
- their disturbed behaviour reflects inner turmoil, distress, and confusion;
- their development is delayed and problematic;
- their attachments to primary caregivers are insecure;
- carers' relationships with these children are hostile, neglectful, rejective, dismissive, or paralysing of development of individuality and independence;
- they suffer from low self-esteem, believing that they are not worthy of being loved, wanted, or able to achieve anything in life;
- they seem to be in a never-ending state of stress, anxiety, and uncertainty;
- their relationships with peers lack assertiveness and personal appeal;
- their educational attainments are poor.

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The problem profile of these people is of considerable concern, and shows negative consequences persisting for a long time (as seen in Jackie's case), and tragic outcome (as seen in Chris's case), or seriously damaged childhood (Ann and Simon). All of them have crossed a line of significant harm, raising the question as to why they were left for so long in an emotionally harmful environment which resulted in devastating outcomes, one way or another, for all of them. The author recently reviewed 72 cases of emotional abuse (see Chapter 2) and found that the 'wait-and-see approach' was prominent in decision-making, probably due to poor understanding of the harmful effects it can have on children's lives, and in the difficulties of measuring such effects at the onset of a warring parent-child relationship, emotional unavailability, and problematic parental behaviour.

### PURPOSE AND OVERVIEW OF THE BOOK

This book is an effort to rise to the challenge before us, to identify, assess, protect, and help emotionally abused and neglected children. It aims to produce an easy-to-follow model of assessment and various intervention and treatment strategies (which have been tested and tried over the years for the efficacy in helping children and their carers). Additionally, it reviews what is currently known about emotional abuse inside and outside the family. It is written for practitioners from different disciplines who are charged with protecting children from harm, and helping families to parent their children in a rewarding and responsible way. It is hoped that managers, supervisors of practice, and academics (whose task is to teach students and prepare them for professional life) will find this book informative and useful.

### TERMINOLOGY

Emotional abuse and psychological maltreatment are used interchangeably, meaning the same thing. As in the United States researchers and writers use the term psychological maltreatment, and in the United Kingdom emotional abuse is used, the author applies psychological maltreatment only when it seems necessary, but mostly uses emotional abuse as a concept. Again, labels, such as parents and carers, are used, according to what seems to be more appropriate and accurate when referring to people who have parenting responsibilities.

Cases presented in this book are real, but names, and often places, are disguised to protect the identity of children and families.

## THE ORGANISATION OF THE BOOK

The book is organised into four sections:

Section 1 The Problem

Section 2 Assessment of Emotional Abuse and Neglect

Section 3 Treatment and Intervention of Emotional Abuse and Neglect

Section 4 The Burden of Proof: Legal and Social Work Difficulties in Dealing with Emotional Abuse and Neglect Cases

### Section 1 The Problem

This section consists of nine chapters. *Chapter 1* discusses the concept of emotional abuse, historical factors, and reasons for concern, and provides five cases, with illustrations, of different forms of emotional abuse and neglect.

*Chapter 2* deals with issues of definition, categorisation, and prevalence based on literature review. Caregivers' emotionally harmful behaviour, as well as abused children's behavioural and developmental characteristics, are discussed. Check-lists of caregivers' emotionally abusive behaviours, and children and young people's emotionally disturbed behaviour, are provided. The check-lists have been developed by the author based on empirical evidence.

*Chapter 3* looks at specific emotionally abusive behaviour within the family, such as family violence and the effects on children within western and Asian families and communities. It examines acrimonious divorce cases and issues of contact visits with non-resident parents. Chapter 3 also explores growing concerns of alcohol and drug abuse and the quality of childcare in such families. The association of substance misuse, family violence, and neglect are discussed and illustrated by case studies.

*Chapter 4* explores emotional abuse and neglect outside the family settings – inflicted by carers other than natural parents. Children in residential homes or other group-care settings are often abused emotionally by teachers when they are at school or by residential staff in children's homes. However, seldom is public attention drawn to the plight of these children. Growing concerns of suicides among young people in the penal system, as a result of emotional abuse, are drawn to the reader's attention, as well as issues of widespread bullying in schools.

*Chapter 5* deals with children's emotional well-being and sense of security by exploring attachment of children. Insecure attachment features widely with emotionally abused and neglected children, as do poor relationships with other caregivers. Attachment and bonding theories are discussed. The mechanisms

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controlling and maintaining insecure and secure reattachments are elaborated upon, and links between attachment and emotional abuse are examined.

*Chapter 6* explains that some children presenting severe failure to thrive are unwanted, rejected, or physically and emotionally neglected. All children of psychosocial short stature, without exception, are emotionally abused to the point of growth-hormone arrest and retardation of psychosocial development. The effects of emotional abuse on children's growth and development will be presented and illustrated by case studies.

*Chapter 7* deals with children with disabilities as they are at great risk of being emotionally abused and neglected. The plight of these children who (more often than not) cannot protect themselves or alert others to their maltreatment will be shared with readers. Assessment, prevention, and intervention are discussed.

*Chapter 8* looks at children's developmental tasks from birth to adolescence, and examines the effects of emotional abuse and neglect on such children's physical, cognitive, emotional, social, intellectual, and language development.

*Chapter 9* explores risk and resilience in cases of emotional abuse, and illustrates how vulnerability increases risks in children, and how resilience is strengthened by protective factors. A discussion on how resilience can be built on, and how risk-factors can be addressed, is dealt with and illustrated by three cases.

### **Section 2 Assessment of Emotional Abuse and Neglect**

*Chapter 10* covers the schedule of comprehensive assessment, based on modified *Department of Health 2000 Framework of Assessment of Children in Need*, exploring: children's developmental needs, parental capacity, and environmental factors. Numerous assessment tools, mostly developed and evaluated by the author, are provided. The assessment schedule is based on ecological theory, which is briefly discussed.

### **Section 3 Treatment and Intervention of Emotional Abuse and Neglect**

Emotionally abusive parents and carers need help on many different levels, not least to understand that their hostile and insensitive behaviour is harmful and painful. The type and level of intervention or treatment must be based on assessment outcomes. Different families will need different help as they have different needs and present different problems. Tailor-made intervention and treatment for each family are essential in order to provide workable, achievable, and agreed problem-solving strategies.

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The models of intervention presented in this book are multifactorial and multidimensional, based on psychodynamic, cognitive-behavioural, and ecological theories. Most of the approaches and methods presented in this book have been used and evaluated by the author or independent assessors in relation to evaluative research.

*Chapter 11* describes four levels of intervention and service provision: *universal level* – available to all children and families; *selected level* – available to children in need and those who may be at risk if family support is not provided; *targeted level* or *registration level* – applied to children who are at recognised risk of abuse and neglect, and whose names are put on the Child Protection List following a multidisciplinary case conference; and *civil court intervention* – for those who are suffering or may suffer significant harm.

*Chapter 12* describes and discusses behavioural-cognitive approaches to helping emotionally abused and neglected children. Practical applications of methods and techniques are illustrated and supported by case studies. Theory, research, and practice are reviewed.

*Chapter 13* discusses ways of improving parent-child relationships and children's attachment to parents. Psychotherapeutic methods such as video-recording and feedback are mentioned, including; Watch, Wait, and Wonder; parent-child interaction therapy; recalling early-childhood memories; and working with foster-parents to build new relationships and attachments are demonstrated. Methods discussed in this chapter are based on psychodynamic theories and approaches.

*Chapter 14* deals with direct work with children and young people – such as: play therapy, promoting resilience at all ages, social skills and assertiveness training for adolescents – and gives an example of therapeutic work with older children entitled 'the jug of loving water'. A case study is provided to illustrate the use of the technique.

*Chapter 15* discusses 'how to help parents and their families'. Family therapy, counselling, marital work, psychoeducation, and other forms of helping families experiencing difficulties in their mutual relationships are demonstrated, and helping strategies are illustrated.

#### **Section 4 The Burden of Proof: Legal and Social Work Difficulties in Dealing with Emotional Abuse and Neglect Cases**

*Chapter 16* debates the difficulties of taking a case to court as evidence of significant harm may not be clear at the time of proceedings. Problems of gathering relevant information and decision-making, both by the court and

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social services, are discussed. The need for multidisciplinary training, including legal people, is advocated.

### SUMMARY

The existence of emotional cruelty and ill-treatment has been known for centuries and was demonstrated by writers, painters, philosophers, and poets. Children, however, were seen, in every sense of the word, as the property and responsibility of parents, and interference in the way parents treated their children was discouraged. The State stepped in only when there was proof that the child was killed, starved to death, or seriously injured. In the 1960s and 1970s, after wide publicity of the battered-child syndrome by Henry Kemper and his colleagues, child abuse was taken seriously and appeared on the statute book as a criminal offence. However, emotional abuse was not recognised until the 1980s and, although it is accepted as a distinct child-abuse category, it is often not seen as serious enough to warrant intervention of the same kind as do physical and sexual abuse. This chapter aims to set up a context for the following chapters, including examples of early research describing emotional abuse and effects on children, illustration of emotional ill-treatment in popular literature, and case studies describing current concerns.