British Journal of Psychiatry (1996), **168**, 143–148

Review Article

Childhood Emotional Abuse

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Background. The assessment and management of childhood emotional abuse is of increasing importance in psychiatric practice. At present there are no consensus views about the definition of emotional abuse and information from research is limited.

Method. Information about emotional abuse from the medical, psychological, social science and legal literature is summarised. Definitions and proposed mechanisms of damage are discussed. Current research data and an overview of childhood and adult sequelae are presented. Proposals for clinical and medico-legal practice are made.

Results. Theoretical models of emotional abuse and its consequences are derived from theories of childhood psychological development. Empirical research is beginning to show that emotional abuse may have a profound effect on aspects of psychological development in children.

Conclusions. The developmental theories and methods of assessment well established in psychiatry are useful approaches to the clinical assessment and further understanding of emotional abuse.

Emotional abuse of children was first described in the social sciences literature in the early 1970s. The identification of emotional abuse by psychiatric assessment is difficult because there is no consensus as to what constitutes emotional abuse, victims are unlikely to complain of having been emotionally abused, symptoms are non-specific and there are no pathognomonic findings on examination. In addition, psychiatric assessments which are restricted to the detection of formal mental illness will fail to find important sequelae of emotional abuse: delayed or deviant psychological development.

Amidst these difficulties, emotional abuse has become a focus for clinical and medico-legal work in psychiatry. This review outlines the present state of the literature on childhood emotional abuse and makes some tentative suggestions as to the way forward.

Definitions

There are uncertainties and controversies about the definitions of all forms of child maltreatment. Attempts to devise widely accepted, comprehensive definitions of emotional abuse have proved especially difficult.

Clinical definitions

Definitions of emotional abuse are plentiful in social science, psychological and medical literature. Consensus statements about which primary features constitute emotional abuse are not yet available. However a review of existing definitions shows that most make mention of adverse parental behaviours occurring in a sustained pattern of interaction which impact on a vulnerable child and produce damage to the child's emotional and psychological functioning. These four key points are discussed below.

Adverse parental behaviours

Drawing on the literature and expert opinion, Garbarino *et al* (1986) proposed five categories of parental behaviour (later called 'acts of omission and commission') which could lead to emotional abuse in children: rejecting, isolating, terrorising, ignoring and corrupting. Other authors have since added to this list.

This categorical classification provides a framework with which to highlight potentially abusive acts. However adverse parental behaviour does not in itself equate with emotional abuse. Many definitions omit mention of cultural factors. It is a matter of debate whether or not there are absolute standards of parental behaviour towards children, irrespective of cultural or religious norms.

A sustained pattern of interaction

Interactional models of child maltreatment are a recent theoretical development. McGee & Wolfe (1991) view psychological maltreatment as an interaction between adverse parent behaviours and the child in the form of verbal or non-verbal communications.

It is probable that most of us have some experience of emotional maltreatment in childhood. However this usually occurs under conditions which lack sufficient intensity, frequency and duration to have

https://doi.org/10.1192/bjp.168.2.143 Published online by Cambridge University Press

lasting negative effects. It appears that emotional abuse may result from repeated exposure to adverse parenting rather than isolated events.

Child vulnerabilities

Specific factors which may make a child particularly vulnerable to emotional abuse have been proposed such as low IQ, absence of nurturing adults, a child's attributions of parental misdeeds as being malevolent and a child's particular developmental level (McGee & Wolfe, 1991). It is not possible at present to say which factors are most important or which combinations are most damaging.

Emotional and psychological damage to the child

Emotional and psychological damage is described in various ways in current definitions including "damage to or substantial reduction in the creative and developmental potential of crucially important mental faculties and mental processes such as intelligence, memory, recognition, perception, attention, language and moral development" (O'Hagan, 1993) and "immediate or ultimate damage to the behavioural, cognitive, affective or physical functioning of the child" (Hart *et al*, 1983).

The above statements highlight the fact that the emotional and psychological development of children is in fact the development of many separate but interrelated capabilities, all of which need to be considered in clinical assessments.

Legal definitions

The emotional abuse of children is not a crime. This review confines itself to the consideration of definitions in civil law. In the UK, the concept of emotional abuse first appeared in NSPCC statutory child care proceedings in 1981 and was later specifically included as a category of 'harm' for which the State should seek compulsory powers over the care of children in the Children Act 1989. Emotional abuse is defined in *Working Together*, the government publication accompanying the Act (Home Office *et al*, 1989), as "actual or likely adverse effect on the emotional development and behaviour of a child caused by persistent or severe emotional illtreatment or rejection".

In the US, the term 'mental injury' first appeared in national legislation against child abuse and neglect in 1974. This term is not defined by category or example and has proved hard to apply.

We have found legal definitions of emotional abuse to be more vague than clinical definitions. One of the difficulties in medico-legal practice is placing the clinically based assessment in the legal framework.

Theories of the mechanism of damage

An examination of the literature shows that these can be grouped into five categories.

Interference with secure attachment

The inadequate emotional provision for children implicit in emotional abuse is most commonly viewed in terms of attachment theory. A sustained pattern of parental acts of omission and commission constituting emotional abuse can be viewed as contrary to the 'mothering, maternal care and nurturance' said by Bowlby to facilitate maternal care. Crittenden & Ainsworth (1989) describe inadequate attachment between child and parent as a critical concept in regard to the origin and subsequent psychological impact of child maltreatment of all types. Similarly, Patterson's coercive model of emotional abuse emphasises the escalating destructive actions and reactions between children and parents which can impair secure attachment formation (Patterson, 1986).

There are similarities evident between the social behaviour of imperfectly attached young children and children exposed to emotional abuse. The probable influence of mothers' childhood attachments on their capacity to parent their own children is being explored by Ainsworth with the use of her Adult Attachment Interview.

Delay or damage to psychological development

Emotional abuse can be seen in terms of the psychological theories of Erikson and Maslow as preventing a child from successfully negotiating the course of a developmental crisis, leading to psychosocial dysfunction. Emotionally abusive parenting is viewed as being inappropriate to the developmental needs of a child. The same parenting behaviour may be appropriate at one stage of a child's development but inappropriate at another.

Interference with physical growth

Appropriate emotional provision is required for children to reach their full potential for physical growth. This link between emotional environment and growth is probably mediated by complex neurochemical mechanisms with a final common pathway in the hypopituitary axis. Malnutrition may also contribute to growth failure in some emotionally abused infants (Green *et al*, 1984).

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Alterations in cognitive processes

Terr (1991) has proposed that child abuse can be viewed as chronic childhood trauma and she describes how traumatised children may show changed expectations about the themes and courses of important relationships. This is confirmed in an analysis of adult survivors' relationships with emotionally abusing parents (Alpher & France, 1993).

Some authors suggest that dissociation, a normal phenomenon in childhood which usually declines with maturity, can become an established mechanism of information processing in the face of chronic psychological trauma in childhood (Saunders & Giolas, 1991). This association is at present largely anecdotal.

Protective factors

Rosenberg (1987) proposed that the following factors would have a potentially protective effect for a child subject to emotional abusive experiences: positive adult relationships, intelligence, emotional resiliency, self-efficacy, warmth and cohesion with extended family members and involvement in community activities. Several of these factors are similar to the protective factors proposed by Rutter to be operating in resilient children who escape psychiatric disorder in adverse circumstances.

Research base

Research in the area of emotional abuse is not well advanced. Some of the major limitations of work in the present literature include the absence of comparable operational definitions, isolation from existing psychological theories and a failure to include developmental and ecological perspectives in research design (Rosenberg, 1987). Different approaches are outlined below.

Longitudinal studies

The only work of this kind comes from the Minnesota Mother–Child Interaction Project, initiated in 1975. This is a prospective study of a cohort of primiparous women who entered into the study on the basis of being considered at risk of later care-taking problems. Children subsequently maltreated by their mothers were identified and classified into four groups according to the type of maltreatment. Consequences for children in all groups have been serious, but children of 'psychologically unavailable' mothers have shown particular difficulties including an early decline in intellectual functioning, anxious avoidant attachment and subsequent lack of socio-emotional competence which was clearly apparent to nursery school teachers (Erickson *et al*, 1989). Further long-term prospective studies are needed.

Cross-sectional control studies

Main & George's (1985) observations of one- to three-year-old children who have been physically abused or maternally rejected, together with Pastor's (1981) study of children who have impaired infant–mother attachments show that these samples of children all exhibit similar avoidant and aggressive behaviour towards caregivers and peers.

These similarities may be due to a common factor i.e. the component of emotional abuse inherent in all child maltreatment. This work needs to be expanded to include samples of emotionally abused children.

Instruments to quantify potentially abusive interactions

Brassard *et al* (1993) describe a research instrument which provides coding for a range of mother–child interactions, including some emotionally abusive behaviours. At present this research tool lacks specificity and adequate cross-validation.

Further work in this area may expand the theoretical understanding of emotional abuse and perhaps lead to the development of clinical instruments for the assessment of emotional abuse.

Surveys of public and professional opinion

The definition of child abuse in any society is influenced by cultural norms and social acceptability. Several research teams have attempted to determine the face validity of proposed concepts of emotional abuse by surveying the opinions of professional and lay people. Results have been conflicting, with some authors reporting similarities in judgements about emotional abuse made by those surveyed and other authors reporting disagreements.

Unfortunately there is an element of tautology in studies of this kind which ask a population about a definition previously drawn from its own norms. Definitions devised in this fashion are only valid if children who experience the abuse as described really do suffer impaired development as a result; clinical studies are needed to validate these definitions.

Risk factors for emotional abuse

A small number of studies have identified characteristics of families in which emotional abuse

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has occurred. Two parental factors emerge as appearing to be particularly associated with the emotional abuse of children: social isolation (Hickox & Furnell, 1989) and violent or unrewarding relationships with other adults (Junewicz, 1983).

The predictive value of this research for an individual child is poor, reflecting the probable complex interaction of vulnerability and protective factors which determine an individual child's developmental path in a potentially abusive environment.

Consequences of emotional abuse

Impaired psychological development

Drawing on psychological theory or clinical observation, various authors have listed aspects of disturbed psychological function in children who have been emotionally abused. These include aggression, emotional unresponsiveness, emotional instability, impaired social development, dependency, serious social difficulties, incompetence, underachievement, negative self-evaluation and educational failure (for summary see Skuse & Bentovim, 1994). At present these delays in or deviations from normal psychological development can only be regarded as associations with past emotional abuse.

Impaired physical development

This is the most easily measurable sequela of inadequate emotional provision in childhood. Characteristic features of 'psychosocial dwarfism' include height well below the third centile for age, a low–normal growth velocity with a demonstrable improvement when a child is placed in a more nurturing environment, and immature body proportions. Associated behavioural abnormalities include hoarding and stealing of food, pica, enuresis and encopresis (Skuse, 1979).

Psychiatric disorder

Children who have been emotionally abused do not necessarily present with psychiatric symptoms which cluster together to allow a formal psychiatric diagnosis. However, impaired early life attachments, unmet developmental needs or damaged psychological development may render some children vulnerable to a range of psychiatric disorders. Emotional abuse has been described in association with three psychiatric disorders of childhood: depression, reactive attachment disorder of infancy and multiple personality disorder.

Kaufman (1991) confirmed earlier work when he showed that children who had experienced all types of maltreatment were at greater risk of major depression and dysthymic disorder than children in the general population. Of particular interest was the finding that depressed maltreated children differed from non-depressed maltreated children in a number of ways, including having experienced more emotional maltreatment, more psychologically unavailable parenting and more extremely rejecting parenting.

The reactive attachment disorder of infancy appears in DSM–IV as a syndrome of markedly disturbed social relatedness of young children, specifically related to 'grossly pathogenic parenting' which may include 'persistent disregard of a child's basic emotional needs'. This diagnostic entity remains the subject of criticism and debate (Richters & Volkmar, 1994).

Case reports of multiple personality disorder in children and adolescents, many of whom have been victims of emotional maltreatment, have appeared in the North American literature in the last five years. The status of this diagnostic entity is still open to question.

Adult sequelae of emotional abuse

Poor adaptation to adult life

Emotional abuse in childhood has been shown to be related to lowered self-esteem in adult life and it may be associated with physical illhealth. Adults who experience all forms of maltreatment in childhood may become either victims or instigators of marital violence, and some (but not all) will continue a pattern of seriously inept, neglectful or abusive child care as parents (Oliver, 1993).

Psychiatric disorders

Childhood emotional abuse may be an aetiological factor in psychiatric disorders of adult life. Childhood emotional abuse has been reported in the histories of adults with antisocial personality disorder, Briquet's syndrome and borderline personality disorder. Evidence of direct causal links is not yet available.

Evaluating emotional abuse

In the absence of a consensus definition of emotional abuse, the authors suggest that clinicians should adopt a working definition which encompasses the key points discussed above.

Clinical assessment should gather historical and contemporaneous information about each element

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of this definition. An opinion about the likely impact on the child is then formed by considering the balance of vulnerability factors and protective factors, the child's likely long-term needs and parents' capacity to change.

According to the Children Act 1989, a child who is subject to abuse which causes actual or likely 'significant harm' meets the threshold criteria for legal intervention. Clinicians preparing medico-legal reports about children subject to emotional abuse need to express an opinion as to whether emotional abuse constitutes 'significant harm'. The Children Act 1989 states that this should be done by comparing a child's health and development with that of a similar child. Child psychiatrists' training and skills mean that they are well equipped to assess and comment on a child's development in this way. However, in accordance with child protection guidelines, the evaluation of risk to a child in a potentially abusive situation should not be undertaken by a single professional group.

Clinical implications

- Clinicians should adopt a working definition of emotional abuse and state this in reports.
- When examining for possible sequelae of emotional abuse, assess aspects of the child's development (e.g. physical, emotional, social and cognitive development) not just the presence or absence of psychiatric disorder.
- Share concerns about possible emotional abuse with statutory care agencies.

Limitations to our work

- Definitions of emotional abuse remain open to debate.
- There is little empirical research data on this subject – this article is a review of the current state of the literature only.
- There are no evaluations of interventions for children identified as experiencing emotional abuse.

Conclusions

Psychiatrists are having to work with the concept of emotional abuse in its early stages of advancement. Theoretical knowledge is more plentiful than empirical data at present but both suggest that emotional abuse has an adverse influence on early psychological development with potentially profound effects on childhood development and adult functioning.

Child psychiatrists' workload inevitably includes families where there is dysfunctional parenting and where the question of emotional abuse arises. At this stage it is not possible to grade the spectrum of adverse childhood experiences which may culminate in emotional abuse, as no such research has yet been done.

The skills of the child psychiatrist in clinical practice, research and education can make a major contribution to the present understanding and assessment of emotional abuse.

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(First received 27 March 1995, final revision 26 July 1995, accepted 18 August 1995)

https://doi.org/10.1192/bjp.168.2.143 Published online by Cambridge University Press