

# Psychological Maltreatment—A Major Child Health, Development, and Protection Issue

*Stuart N. Hart, PhD*

*Marla R. Brassard, PhD*

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## **APSAC Encourages Attention to Psychological Maltreatment<sup>1</sup>**

The American Professional Society on the Abuse of Children (APSAC) is taking the issue of psychological maltreatment (PM) very seriously and has supported initiatives and activities toward understanding and remedy. A multiple-pronged approach has been applied to include the following: (a) a revision of APSAC guidelines on the topic (APSAC Taskforce, 2017); (b) a PM chapter in the *APSAC Handbook on Child Maltreatment, Fourth Edition* (Hart et al., 2017); (c) a PM monograph as the first in a new APSAC series (Brassard, Hart, Baker, & Chiel, 2019); (d) multiple PM presentations and workshops at APSAC annual and regional meetings; (e) the formulation of a Psychological Maltreatment Alliance among APSAC, New York Foundling, and the School Psychology Program of Teachers College, Columbia University, to guide and promote advances in research, policy, education, and practice; and (f) cooperation among these same organizations, the Haruv Institute, the

National Foundation to End Child Abuse and Neglect, and the International Institute for Child Rights and Development to convene a global child Psychological Maltreatment Summit (Indianapolis, October 27–29, 2019).

This edition of the *APSAC Advisor* joins that program of resources by providing five articles on PM. Our introductory article presenting context of meaning in regard to the nature of PM is joined by the following: “APSAC Definition of Psychological Maltreatment and U.S. State Statutes: Implications for Policy” by Amy Baker, “Psychological Maltreatment Is at Least as Harmful as Other Forms of Child Abuse and Neglect: A Research Review” by Marla Brassard, “Implications of Psychological Maltreatment for Universal Intervention” by Stuart Hart, and “Confronting Psychological Maltreatment in Integrated Primary Care” by Zoe Chiel and Christine Forivanti. These are relatively brief presentations that are intended to encourage reference to the much deeper treatment provided in the full APSAC PM publication series.

<sup>1</sup> It is negligent, even reckless, for a judge, attorney, guardian, counselor, or other professional to cite or otherwise mischaracterize this or any APSAC document or publication on psychological maltreatment as endorsing or even lending credence to a diagnosis or finding of “parental alienation.” To find that a parent has committed psychological abuse of a child in an effort to interfere with that child’s relationship with the other parent requires direct evidence of the parent’s behavior, such as significant denigration, efforts to undermine the relationship of that child with the other parent, efforts to get the child to make false allegations of abuse or other extremely damaging behavior by the other parent. A child’s avoidance of a parent is not sufficient evidence of psychological abuse by the other parent. Professionals seeking guidance on these issues may, as a starting point, wish to review APSAC’s 2016 Position Statement on “Allegations of Child Maltreatment and Intimate Partner Violence in Divorce/Parental Relationship Dissolution” and other relevant publications.

## The Essential Nature of Psychological Maltreatment

Child psychological maltreatment is a widespread condition that seriously damages human beings and their societies. The major forms of PM are terrorizing, spurning (active hostile rejection), isolating, corrupting/exploiting, emotional unresponsiveness (denying/withholding needed psychological/emotional nurturing, interaction, caring, and support), and medical/mental/health/educational neglect. In Table 1, section four, following the definition of PM, primary expressions of each major form of PM are presented. Substantial evidence indicates that PM is a common form of abuse and neglect. Its related consequences, now well established, are corruption, distortion, and limitation of the human development and behavior, short- and long-term. These outcomes and associates of PM are equal to and, in some cases, exceed the damage caused by all other forms of adversity. Arguably, a substantial proportion of persons requiring mental health services, substance abuse treatment, and incarceration and those who are a danger to themselves or others are suffering from psychological maltreatment or other conditions worsened by psychological maltreatment (Hart et al., 2017). Establishment of these facts, and appreciation in their regard, have grown significantly since the seminal 1983 International Conference on Psychological Abuse of Children (Office for the Study of the Psychological Rights of the Child [OSPRC], 1983), which was held to come to grips with serious concern about emotional abuse and neglect and how poorly it was understood and combated in previous decades (Garbarino, 1978; Garbarino, Guttman, & Seeley, 1986; Brassard, Germain, & Hart, 1987). Although PM continues to be given relatively little attention in child protection work, the stage is set for transformations in child protection for which PM may be given and play a major role.

### A Period of Opportunity

The growing interest in PM, generated recently particularly through APSAC-associated initiatives, should be advantageous in providing constructive influence to overcome the inadequate handling of PM issues in child protection work and dissatisfaction, generally, with the effectiveness of child protection

programs worldwide. Advances in child protection incorporation of PM have suffered from absence, unevenness, and lack of rigor and practical support in law and regulation, provision of community information and promotion of norms, investigation, evaluation, and intervention (Brassard, Hart, Baker, & Chiel, 2019). As for child protection more generally, the long-standing criticisms of its inadequacy in the United States and the world have stimulated strong concern and calls for change (for the United States, see, for example, Krugman, 1991; Melton, Thompson, & Small, 2002; National Foundation to End Child Abuse and Neglect website; and for the world, see United Nations General Assembly, 2006; Bissell, Boyden, Myers, & Cook, 2008).

A meaningful connection can be made between the findings that (a) traditional child protection efforts emphasizing posttrauma, reactive, narrow, and short-term corrective interventions are generally insufficient and (b) that they give little attention to psychological maltreatment. It has been suggested that PM may represent the keys in the dark that, if understood and appreciated, will illuminate the way forward to deal effectively with all forms of violence against children and toward a needed transformation of child protection (Hart & Glaser, 2011).

Michael Wald (Hart & Glaser, 2011) has convincingly argued that adequate progress in child protection will be substantially frustrated unless we establish child “well-being” as the superordinate goal of all associated efforts, the criterion against which the intentions and outcomes of each strategy, all programs, and all systems must be tested. Enlightened international guidance on the topics of health and development recognize this and champion holistic thriving beyond mere absence of pathology (see World Health Organization [WHO]’s definition of health, 1948; United Nations General Assembly, 1989, Articles 17, 27, 32). Missing in traditional child protection intervention is sufficient respect for the ultimate and essential criterion of holistic child well-being and for its central context for realization, the psycho-social domain. The United Nations Committee on the Rights of the Child (2011) has published *General Comment No. 13: The Right of the Child to Freedom From All Forms of Violence*, which provides specific support

for promoting "...a holistic approach ... securing children's rights to survival, dignity, well-being, health, development..." (II.11.d.) and recognizes PM as it is framed here.

## The Present State of Knowledge—A Brief Overview

PM is expressed in interpersonal relationships, occurring in shared physical space and in connected cyberspace. This psycho-social context is where the majority of promotive and degrading forces for well-being and quality of life are at play. The definition of PM and its detailed forms are presented here in Table 1.

PM derives its destructive power from its assault on human need fulfillment, which is also an important factor in all violence and maltreatment against children. There are three major **assumptions** about PM that we believe help to illuminate the nature of PM and guide its consideration in the broader context of child maltreatment, including related interventions:

1. While PM occurs in standalone (i.e., discrete) forms, it is also embedded in and associated with all other forms of maltreatment, their occurrence, and their outcomes. For example, being physically beaten or sexually assaulted by someone expected to care for you may be interpreted as deserved because of your failings or inherent flaws/inferiority, and this interpretation will be exacerbated if the perpetrator during or at other times has made degrading and corrupting statements about you.
2. The prevention and correction of other forms of maltreatment will continue to be less than adequate if the embedded and associated PM behaviors are not recognized and fully included in interventions; they represent critical components of the psycho-social experiential dynamics for all maltreatment forms that must be respected in primary prevention, risk reduction, and corrective safety-securing and therapeutic remedies.
3. The goal of preventing PM, which challenges traditional short-term, narrowly focused, posttrauma reactive intervention practices, can advance the transformation of child

protection toward primary prevention and good child caregiving to achieve child well-being, a transformation that has been widely recommended (see Brassard et al., 2019 for expanded coverage on all three assumptions).

PM is strongly associated with a large array of quite serious negative outcomes, with findings approaching proof of causation. As an example, adverse childhood experiences (ACEs) research has been reported as establishing robust evidence that child emotional abuse is *causally related* (the authors' term) to depressive disorders, anxiety disorders, suicide attempts, drug use, and sexually transmitted diseases/sexually risky behavior, approximately doubling the risk for adverse mental health outcomes when mediating variables are taken into consideration (Anda, Butchart, Felitti, & Brown, 2010; Norman et al., 2012).

In the *Psychological Maltreatment* monograph (Brassard et al., 2019), you will find a thorough analysis of the related knowledge base organized in the five areas of harm derived from the definition of *emotional disturbance* in the United States (federal) Individuals with Disabilities Act as Amended (IDEAA), commonly known as IDEAA (See code of federal regulations; <https://sites.ed.gov/idea/>). The five areas of harm are as follows: *problems of intrapersonal (within the individual) thoughts, feelings, and behaviors; emotional problems and symptoms; social competency problems and anti-social functioning; learning problems and behavioral problems; and physical health problems/adverse biological changes* (supportive research includes but is not limited to the following: Abajobir, Kisely, Williams, Strathearn, & Najman, 2017; Altamimi, Alumuneef, Albuhairan, & Saleheen, 2017; Rosenkranz, Muller, & Henderson, 2012; Spinhoven et al., 2010; Taillieu, Brownridge, Sareen, & Afifi, 2016; Van Harmelen et al., 2014; Varese et al., 2012).

Estimates of the prevalence of psychological maltreatment have been found to range widely, depending on definitions, procedures, and sources used. Although informant-based data tend to underestimate, and self-report studies may overestimate prevalence (perhaps due to people labeling isolated incidents as abuse, rather than a chronic pattern of maladaptive interactions), there

**Table 1. Psychological Maltreatment Definition and Forms.**

*Psychological maltreatment* is defined as a repeated pattern or extreme incident(s) of caretaker behavior that thwart the child’s basic psychological needs (e.g., safety, socialization, emotional and social support, cognitive stimulation, respect) and convey a child is worthless, defective, damaged goods, unloved, unwanted, endangered, primarily useful in meeting another’s needs, and/or expendable. Its subtypes and their forms follow.

SPURNING embodies verbal and nonverbal caregiver acts that reject and degrade a child, including the following:

1. belittling, degrading, and other nonphysical forms of hostile or rejecting treatment;
2. shaming and/or ridiculing the child, including the child’s physical, psychological, and behavioral characteristics, such as showing normal emotions of affection, grief, anger, or fear;
3. consistently singling out one child to criticize and punish, to perform most of the household chores, and/or to receive fewer family assets or resources (e.g., food, clothing);
4. humiliating, especially when in public;
5. any other physical abuse, physical neglect, or sexual abuse that also involves spurning the child, such as telling the child that he or she is dirty or damaged due to or deserving sexual abuse; berating the child while beating him or her; telling the child that he or she does not deserve to have basic needs met.

TERRORIZING is caregiver behavior that threatens or is likely to physically hurt, kill, abandon, or place the child or child’s loved ones or objects in recognizably dangerous or frightening situations. Terrorizing includes the following:

1. subjecting a child to frightening or chaotic circumstances;
2. placing a child in recognizably dangerous situations;
3. threatening to abandon or abandoning the child;
4. setting rigid or unrealistic expectations with threat of loss, harm, or danger if they are not met;
5. threatening or perpetrating violence (which is also physical abuse) against the child;
6. threatening or perpetrating violence against a child’s loved ones, pets, or objects, including domestic/intimate partner violence observable by the child;
7. preventing a child from having access to needed food, light, water, or access to the toilet;
8. preventing a child from needed sleep, relaxing, or resting;
9. any other acts of physical abuse, physical neglect, or sexual abuse that also involve terrorizing the child (e.g., forced intercourse; beatings and mutilations).

EXPLOITING/CORRUPTING are caregiver acts that encourage the child to develop inappropriate behaviors and attitudes (i.e., self-destructive, antisocial, criminal, deviant, or other maladaptive behaviors). While these two categories are conceptually distinct, they are not empirically distinguishable and, thus, are described as a combined subtype. Exploiting/corrupting includes the following:

1. modeling, permitting, or encouraging antisocial behavior (e.g., prostitution, performance in pornography, criminal activities, substance abuse, violence to or corruption of others);
2. modeling, permitting, or encouraging betraying the trust of or being cruel to another person;
3. modeling, permitting, or encouraging developmentally inappropriate behavior (e.g., parentification, adultification, infantilization);
4. subjecting the observing child to belittling, degrading, and other forms of hostile or rejecting treatment of those in significant relationships with the child such as parents, siblings, and extended kin;

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**Table 1. Psychological Maltreatment Definition and Forms.**

5. coercing the child's submission through extreme over-involvement, intrusiveness, or dominance, allowing little or no opportunity or support for child's views, feelings, and wishes; forcing the child to live the parent's dreams, manipulating or micromanaging the child's life (e.g., inducing guilt, fostering anxiety, threatening withdrawal of love, placing a child in a double bind in which the child is doomed to fail or disappoint, or disorienting the child by stating something is true (or false) when it patently is not);
6. restricting, interfering with, or directly undermining the child's development in cognitive, social, affective/emotional, physical, or cognitive/volitional (i.e., acting from emotion and thinking; choosing, exercising will) domains, including Caregiver Fabricated Illness also known as medical child abuse;
7. any other physical abuse, physical neglect, or sexual abuse that also involves exploiting/corrupting the child (such as incest and sexual grooming of the child).

EMOTIONAL UNRESPONSIVENESS (ignoring) embodies caregiver acts that ignore the child's attempts and needs to interact (failing to express affection, caring, and love for the child) and showing little or no emotion in interactions with the child. It includes the following:

1. being detached and uninvolved;
2. interacting only when absolutely necessary;
3. failing to express warmth, affection, caring, and love for the child;
4. being emotionally detached and inattentive to the child's needs to be safe and secure, such as failing to detect a child's victimization by others or failing to attend to the child's basic needs;
5. any other physical abuse, physical neglect, or sexual abuse that also involves emotional unresponsiveness.

ISOLATING embodies caregiver acts that consistently and unreasonably deny the child opportunities to meet needs for interacting/communicating with peers or adults inside or outside the home. Isolating includes the following:

1. confining the child or placing unreasonable limitations on the child's freedom of movement within his or her environment;
2. placing unreasonable limitations or restrictions on social interactions with family members, peers, or adults in the community;<sup>1</sup>
3. any other physical abuse, physical neglect, or sexual abuse that also involves isolating the child, such as preventing the child from social interaction with peers because of the poor physical condition or interpersonal climate of the home.

MENTAL HEALTH, MEDICAL, AND EDUCATIONAL NEGLECT embodies caregiver acts that ignore, refuse to allow, or fail to provide the necessary treatment for the mental health, medical, and educational problems or needs of the child. This includes the following:

1. ignoring the need for, failing, or refusing to allow or provide treatment for serious emotional/behavioral problems or needs of the child;
2. ignoring the need for, failing, or refusing to allow or provide treatment for serious physical health problems or needs of the child;
3. ignoring the need for, failing, or refusing or allow or provide treatment for services for serious educational problems or needs of the child;
4. any other physical abuse, physical neglect, or sexual abuse that also involve mental health, medical, or educational neglect of the child.

**Original Source:** Hart, S. N., & Brassard, M. R. (1991/ 2001). **Revised Source:** Hart, Brassard, Baker, & Chiel (2019).

Note 1: Caregiver abandonment of a child is one of the most severe forms of PM. While it is specifically identified as a type of terrorizing in this document, it also embodies significant components of emotional unresponsiveness, spurning, and isolating.

is a clear problem with the under-identification of PM through child protection agencies and in the public eye. In light of discrepancies in definitions and samples used across studies as well as probable under-reporting according to recent analyses of available sources (Brassard et al., 2019), we continue to judge the prevalence rates estimated from *Psychological Maltreatment of Children: APSAC Study Guides 4* (Binggeli, Hart, & Brassard, 2001) to be relevant and probably the best available. Therefore, it is reasonable to estimate that between 10% and 30% of community samples experience moderate levels of PM in their lifetime and 10%–15% of all people (community and clinical samples) have experienced the more severe and chronic forms of this maltreatment (p. 51). When prevalence is considered in light of guiding assumption 1, above list, this estimate must be judged as quite conservative, accepting that PM is embedded in or closely associated with most if not all instances of physical and sexual abuse and neglect.

A variety of theories help to clarify the nature of PM and possibilities for intervention. In our perspective, human needs theory (Maslow, 1970; Ryan & Deci, 2000; Sheldon, Elliot, Kim, & Kasser, 2001) holds a central explanatory and guiding position. PM derives its substantial destructive power from the fact that it is an assault on human need fulfillment (e.g., terrorizing opposes safety, emotional unresponsiveness and isolation oppose love and belonging/affiliation, corrupting/distorting and spurning oppose worth and esteem/efficacy). Other theoretical positions are compatible with and complement human needs theory in this regard. These include, but are not limited to, psycho-social stage theory for which interpersonal trust and development support are central (Erikson, 1993; Erikson & Erikson, 1998); attachment theory, in which the goal of secure attachment requires sensitive, responsive caring (Ainsworth, 1969, 1989; Main, 1999; Sroufe, 1979); interpersonal acceptance-rejection theory, which explains the destructive nature of psycho-social rejection (Rohner & Rohner, 1980); and learned helplessness, in which esteem and agency are corrupted (Seligman, 1972); Cole & Coyne, 1977; Hiroto & Seligman, 1975; Peterson & Park, 1998). PM's nature is illuminated by each of these theoretical orientations (Brassard et al., 2019).

Effective intervention for PM is arguably a gateway to more successful intervention for all forms of violence against children. PM challenges attempts to intervene primarily by condemning and eliminating behaviors. This is true for a number of reasons, including but not limited to the following: PM is part of habit-formed short-sighted human behavior patterns to meet one's own needs; it approaches ubiquity in some contexts; it is expressed in a multitude of forms, patterns, and magnitudes beyond detailing; and it appears to be particularly destructive in less blatant or more subtle, frequently occurring forms that act like small-dose arsenic or lead poisoning of human relationships and personal integrity that accumulates deceptively to toxic levels. Efforts to prevent and reduce PM and its harm require attention to the essential nature of interpersonal relations, associated attitudes, and behavioral expressions in the psycho-social domain across the full developmental period of the child. A proactive developmental approach that gives first order priority to promotion of child well-being from birth on through positive, caring interpersonal relations is gaining support worldwide (see United Nations Committee on Rights of the Child, 2011; Hart, Lee, & Wernham, 2011). Promotion of child well-being deserves particular emphasis. It demands a holistic approach and reduces the likelihood of helping that hurts (i.e., iatrogenics), produced through narrowly framed and fragmented interventions. Adherence to this priority is needed, should be applied, and is possible across the three major tiers of intervention: primary prevention, risk reduction, and correction. Inclusion of PM consideration in all aspects of child protection work (e.g., intake, investigation, determination, and intervention), infusion of child rights and public health approaches (Brassard et al., 2019), and the application of relational interventions (Toth, Gravener-Davis, Guild, & Cicchetti, 2013) have been recommended to achieve related advances. (In this *Advisor*, see further coverage in Stuart Hart, "Implications of Psychological Maltreatment for Universal Intervention.")

## Concluding Comments

The central messages of this article in regard to psychological maltreatment are as follows: (1) psychological maltreatment is a serious threat to the health and well-being of child victims, their families,

and communities, (2) this issue has historically been given far too little attention, (3) PM challenges traditional reactive intervention practices and can be a strong catalytic agent for transformation of all child maltreatment intervention toward proactive primary prevention, including promotion of child well-being, and (4) it should be included specifically in the designs, policies, and practices of prevention, risk reduction, and correction for all forms of child maltreatment through child health, development, and protection services. As stated at the outset, this issue of the *APSAC Advisor* provides clarification of the nature of psychological maltreatment and guidance toward effective intervention in a complementary series of articles that join a program of other APSAC publications offering breadth and depth coverage on the topic.

## About the Guest Editors

**Stuart N. Hart, PhD**, is Principal of Strategic Initiatives, the International Institute for Child Rights and Development (IICRD), Canada; Professor Emeritus, Indiana University–Purdue University Indianapolis; a licensed psychologist (Indiana); and Fellow of APA. He has conducted research, presented, and published extensively on psychological maltreatment of children and on children's rights. Contact: [snhart@gmail.com](mailto:snhart@gmail.com)

**Marla R. Brassard, PhD**, is Professor in the School Psychology Program at Teachers College, Columbia University; a licensed psychologist (New York); and a Fellow of APA. She has conducted research and published extensively on psychological maltreatment of children. Contact: [brassard@exchange.tc.columbia.edu](mailto:brassard@exchange.tc.columbia.edu)

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