

Reported Rates of Psychological Maltreatment and U.S. State Statutes: Implications for Policy

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Psychological maltreatment (PM) was legally introduced as a form of child maltreatment in the 1974 Child Abuse Prevention and Treatment Act (CAPTA) with the term *mental injury*. The current version of CAPTA (2010) uses the term *emotional harm* but provides no further definition of PM. One of the intentions of the original CAPTA legislation was to encourage states to create child abuse and neglect reporting laws, using their own definitions of the various types of child maltreatment (Pecora et al., 2010). Previous reviews of state statutes have identified a lack of consistent definition of PM and have found tremendous variation across states in rates of reported PM (Baker, 2009; Hamarman, Pope, & Czaja, 2002; Shpiegel, Simmel, & Huang, 2013). Most recently, Baker and Brassard (n.d.) aimed to build on these earlier research studies by analyzing 2014 NCANDS data (administrative data provided to the Children's Bureau by state child protection agencies) and state statutes with respect to rates and definitions of PM (DHHS, 2016).

Summary of Results

With respect to rates of PM, it was found that 26 states had fewer than 1 child victim of PM per 10,000 children, 17 states had rates between 1 and 20 child victims of PM per 10,000 children, and nine states had rates of over 30 child victims of PM per 10,000 children. The difference between the state with the lowest rate (0, many states) and the state with the

highest rate (52, Maine) was calculated as 520-fold. The difference in rates of lowest and highest was 30-fold for physical abuse, 20-fold for sexual abuse, and 500-fold for neglect. Of the 10 states with the highest rates of PM per 10,000 children in 1998, five remained in the top 10 in 2014. Of the 10 states with the lowest rates of PM in 1998, only two remained in the lowest ranking.

In terms of the wording of state statutes, all but six mentioned PM, primarily referring to it as “mental injury,” with many statutes offering no or only a vague definition. Analyses examining associations between the wording of the statutes and rates of PM found that there was no statistically significant association between rates of PM and whether some form of psychological maltreatment was mentioned in the statute, whether PM was defined in the statute, or whether specific caregiver behaviors were identified (only six statutes). There was a statistically significant effect for whether harm had to be established to have a finding of PM. When this was included in the statute, rates of PM were significantly lower. Variation in state statutes as assessed in this study accounted for only a small percentage of the overall variation in rates of PM.

Discussion and Recommendations

There continues to be tremendous variation across states in reported rates of PM per 10,000 children. We concur with Shpiegel and colleagues (2013) that actual differences are not likely to exist, at least not

to the extent found in the data. It is not plausible that in several states no child was subjected to PM. As Shpiegel et al. (2013) noted, variation found in reported rates of PM in their data and earlier data suggests that “the existence of true differences is an unlikely explanation. There is no reason to suspect that emotional maltreatment is a regional phenomenon” (p. 639). This is supported by research that has not found associations between state demographics and rates of PM (Black, Smith Slep, & Heyman, 2001).

Only a small amount of the tremendous variation in rates of PM was found to be associated with variation in the wording of state statutes. It is clear that other factors are at work and should be explored and tested in future research. Two avenues to explore are, first, elements of the state statutes unrelated to the definition of PM that could affect which cases are called in and which are substantiated. Such factors might include what is the time frame in which reports must be investigated, who are mandated reporters, how are immunity and confidentiality handled, whether reports are made to a centralized entity or local entity, and so forth. These are factors that are likely to vary across states and, therefore, may account for differences in rates of PM by facilitating or discouraging such reports. The second avenue to consider is likely variation in policy and practice (as opposed to statute), including what questions are asked of a reporter during the initial screening of cases, whether screeners must ask about psychological maltreatment regardless of the impetus of the call, what risk assessments are utilized, caseload of child protection workers, and unspoken pressures to identify cases or not. These factors most likely vary within as well as across states. *It is recommended that future research aim to identify and test these and related variables.*

Only a handful of state statutes included a specification of the types of caregiver behaviors that described or caused PM. This is a notable shortcoming. If the state statutes (and subsequent training) included specific caregiver behaviors, there might be increased awareness among child protection workers and others concerned with the well-being and protection of children about the types of behaviors that cause emotional harm to children. That is, if the statutes

and training alerted reporters to the specific kinds of caregiver behaviors that constitute PM, reporters would be better able to recognize it and would be able to act on their concerns. *It is recommended that statutes be amended to include this information.*

About two thirds of the statutes required determination of harm having been experienced by the child in order to have a finding of PM, and this factor was associated with lower rates of PM. However, there is probably variation in how harm is defined and how it needs to be assessed and established for a finding to occur. *It is recommended that this issue be addressed in future research.* To begin with, the statutes and the content of the mandated reporter trainings could be examined for a more fine-grained analysis of the type of harm required and the method for establishing that harm has occurred. In addition, research could explore the barriers experienced by mandated reporters and child abuse investigators with respect to establishing harm.

No state statutes utilize definitions of PM that are consistent with any of the prevailing research definitions. These research definitions include the U.S. National Incidence Study of Child Abuse and Neglect (NIS-4; Sedlak et al., 2010); Canadian Incidence Study on Reported Child Abuse and Neglect (CIS; Potter, Nasserie, & Tonmyr, 2015), the Maltreatment Classification System (MCS; Barnett, Manly, & Cicchetti, 1993; MMCS, English and the Longscan Investigators, 1997), the APSAC definition (Hart & Brassard, 1991, 2001; Hart, Brassard, Baker, & Chiel, 2017; Trickett, Mennen, Kim, & Sang, 2009), ISPCAN Child Abuse Screening Tools developed for international use (ICAST; Runyan, Dunne, & Zolotor, 2009), and the Family Maltreatment Diagnostic Criteria developed for the U.S. Department of Defense (Slep & Heyman, 2006; Heyman & Slep, 2006, 2009). These have been used in research (e.g., NIS-4, CIS, MCS, APSAC, ICAST) or routine child welfare practice (U.S. Department of Defense) with a high degree of reliability. The use of reliable research definitions may be why rates of PM are so much higher in the NIS-4 data—which defines PM as caretaker behaviors (between 20 and 24 per 10,000 for emotional abuse and between 49 and 159 for emotional neglect, depending on whether the harm or

risk of harm standard is used; Sedlak et al., 2010). *An important next step for the field would be to identify the advantages and disadvantages of different definitional systems.*

An apparent disconnect exists between state statutes and NCANDS data. For example, some states have no mention of PM in their statute and yet, according to NCANDS, have reported cases. *Clarifying the coding of PM in NCANDS would be helpful and is recommended.*

In all but 16 states, statutes regarding child maltreatment were found to have been updated to include at least one of four forms of abuse or neglect that was not relevant or in the public awareness at the time of the original CAPTA legislation, or both: (1) sexual/human trafficking, (2) exposing a child to the production of drugs, (3) giving birth to a baby addicted to drugs/alcohol or giving a child drugs/alcohol, and (4) engaging in female genital mutilation. This suggests that state legislators are willing under certain circumstances to modify the definitions of child abuse and neglect.

The definitions of PM remained sparse and static by comparison. The fact that the definitions of mental injury are so brief and somewhat outdated suggests that there hasn't yet been a perceived need to ensure the adequacy of this portion of the state statute codebook, perhaps because PM is not perceived to be as harmful as other forms of maltreatment. However, the research evidence now exists to support the understanding that PM occurs both alone as well as with other forms of child maltreatment. When it occurs alone, it is at least as harmful as other forms occurring alone (e.g., Felitti et al., 1998; Vachon, Krueger, Rogosch, & Cicchetti (2015) and when

combined with other forms can exacerbate their negative consequences (e.g., Berzenski & Yates, 2011; Vashon et al., 2015).

Therefore, the principal recommendation based on this analysis of state statutes combined with 2014 NCANDS data is for experts to develop and for states to adopt a consensus statute definition of PM. It is important to note that the study of PM was originally hampered by lack of consistent definitions (Brassard & Donovan, 2006). However, the field has moved toward consensus that PM should be defined as caregiver behaviors, and there is considerable concordance among the most widely used definitional systems (Hart et al., 2017).

This will set off a need for updated mandated reporter training to include information about what PM is, how it harms children, and what the risk factors of PM are. Ideally, this could also result in more systematic inclusion of information about PM in all existing and future training on child maltreatment, whether it is for graduate courses for social workers, psychologists, and other helping professionals, for pediatricians, parent educators, school personnel, or those involved in the family law field. Until PM is understood and accurately identified and reported by all who interface with families, the promotion of children's well-being cannot fully be achieved.

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