

# Implications of Psychological Maltreatment for Universal Intervention

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“One billion children have experienced physical, sexual, or psychological violence in the past year.”

This research-based conclusion was reported by INSPIRE (World Health Organization [WHO], 2016), a program of ten international organizations intended to provide guidance to end violence against children worldwide. The likelihood that most of those experiencing physical and sexual violence (i.e., abuse and neglect) were also psychologically maltreated (see Hart & Brassard, 2019, in this *Advisor*) underscores the enormity of the challenge and need to combat this form of maltreatment.

There is increasing agreement that intervention should be given top priority in battling maltreatment of children—that gathering more information about prevalence, incidence, and harm, while of value, should now be considered secondary (see for example, Finkelhor, 2016). Intervention here is used to cover all actions taken to prevent and correct maltreatment, including promotion of child well-being across the life span.

To our knowledge there are no interventions presently in use that were developed specifically to deal with psychological maltreatment (PM; Hart, Brassard, Baker, & Chiel, 2017). That in itself is not necessarily a serious problem, for many available interventions have components that do or can serve to give attention to PM, or can be enhanced to do so. The greater problem

is that traditional child protection interventions, particularly those targeting physical and sexual violence, are after-the-fact reactions, narrowly focused, emphasizing short-term applications to achieve safety. While they give little attention to PM, they are also recognized to be more generally inadequate (Brassard, Hart, Baker, & Chiel, 2019; Chen & Chan, 2016) and to include instances of children being further abused by and within the system, families wrongfully stigmatized, at-risk children poorly monitored, and a disconnect between research, policy, and practice (see Hart, Lee, & Wernham, 2011, p. 972).

Review of this state of affairs has led to the recent establishment of the National Foundation to End Child Abuse and Neglect, which is searching for ways to constructively disrupt traditional goals, strategies, and practices and to reframe child protection in health, mental health, and public health terms. Compatible with this initiative are proposals (see Brassard et al., 2019) that primary prevention, with emphasis on promotion of child well-being, should be given first order priority in intervention, that a child rights-informed public health approach should be applied, and that these themes should be infused harmoniously and synergistically across the three intervention tiers—prevention, risk reduction, and correction. The well-being and child rights components help to emphasize proactive measures that are holistic and integrative; help avoid iatrogenic dangers (i.e., narrowly focused helping that unintentionally damages); serve to frame intervention as invitational, respectful, and engaging rather

than coercively imposed; and are likely to generate necessary sustainable moral/ethical will and raise normative standards.

The public health approach emphasizes attention to fundamental causes and coordinated community-wide primary prevention and promotion of well-being for all children and every child, not just achievement of the absence of pathology, across physical, mental, social, spiritual, and moral domains (Krugman & Wooley, 2018; WHO, 1948; United Nations General Assembly, 1989). (For an overview related to PM, see Hart & Glaser, 2011.) All of these themes and components are likely to be most powerfully and beneficially applied if those managing and implementing the components of the three tiers of intervention take necessary steps to achieve close coordination, mutual respect, and support across the three tiers, freed from the silo-separated territorial interests, policies, and actions of current practice. According to Bart Klika, Chief Research and Policy Officer for Prevent Child Abuse America, coordination and synergy across societal intervention tiers responsible for securing the safety and well-being of children are generally weak to nonexistent. Substantial improvements are needed, and these will require overcoming existing conditions of limited funding, territorial imperatives, limited breadth of capacities, and lack of sufficient support from local norms (personal communication, October 1, 2019).

INSPIRE provides an international framework that is also useful nationally and locally to achieve its vision: “a world where all governments, with the strong participation of civil society and communities, routinely implement and monitor interventions to prevent and respond to violence against all children and adolescents, and help them reach their full potential” (WHO, 2016, p. 4). Here, some of the many promising directions for PM-relevant interventions worthy of consideration are highlighted by placing them in the framework of the “seven strategies for ending violence against children” employed by INSPIRE. Those seven strategies, under which samples of interventions are framed below, have intuitive and research validity, in addition to having been formulated and selected through a rigorous development process advised by a wide range of

experts and 10 expert organizations (WHO, CDC, End Violence Against Children, PAHO, PEPFAR, Together for Girls, UNICEF, UNODC, USAID, World Bank) (WHO, 2016)

INSPIRE includes two quite useful cross-cutting activities to strengthen the application of the seven components of this framework: (1) multisectoral action and coordination (across stakeholder groups and sectors of community enterprise and service) and (2) monitoring and evaluation. The priorities recommended at the beginning of this paragraph can be nicely related to these: the superordinate goal of child well-being is logically a priority for monitoring and evaluation, and the child-rights enlightened public health and three-tier approaches should be at the heart of multisectoral action and coordination.

The reader may have frameworks for organizing the intervention strategies and components considered under INSPIRE’s framework that augment the possibilities for their appreciation and application. For example, “Structure” (e.g., laws, regulations, and declarations establishing goals/purposes), “Process” (e.g., resources, capacity building, and processes employed to pursue goals/purposes), and “Outcomes” (status of success in achieving goals/purposes) categories, sometimes referred to as “SPO,” are used internationally for framing human rights indicators (Office of the High Commissioner of Human Rights, 2012). They can be applied in any program for advancing the human condition. The primary, secondary, and tertiary prevention categories long used for child protection, reframed as three-tiered intervention in this article and adding promotion of well-being to primary prevention, are clearly suitable for best-fit sorting and for encouraging applications operationalizing INSPIRE’s multisectoral and coordination cross-cutting activity. Framing according to social sector or social-ecology relevance would also be helpful. In this article, it is left to the reader to make additional framing choices and applications.

The presentation is heuristic in nature and intended to inspire advances in planning and implementing interventions that will deal with psychological maltreatment more effectively than is presently the case. However, the well-intentioned reader

may be frustrated and possibly overwhelmed by the large context and wide range of options herein recommended for consideration and the accompanying major, probably dramatic, shifts in opinion, purpose, strategy, and support required for their implementation. To constructively, not necessarily comfortably, deal with these realities, it is recommended that selections for further study and implementation should be made that are judged to be doable according to opportunity and capacity, giving priority to selections that have genuine “building block” possibilities for advancing toward stepwise comprehensive intervention.

## **Implementation and Enforcement of Laws**

Laws and regulations specific to PM (i.e., emotional harm, psychological/emotional abuse and neglect, mental injury) are quite diverse and uneven across the United States, varying from nonexistence in six states to approaching full use of the major categories employed in APSAC publications and guidelines (APSAC Taskforce, 2017; Baker & Brassard, in press; Brassard et al., 2019; Hart et al., 2017; Baker, 2019). First priority status should be given to include PM, its definition and forms both in child abuse/protection statutes and in supportive regulations in a consistent fashion across states. This is likely to significantly strengthen opportunities for understanding, appreciation, and application of PM knowledge within states and across the nation. More particularly, employment of the PM definitions and forms found in APSAC resources is encouraged because of their comprehensiveness and support from expert opinion and research.

These standards are consistent with United Nations guidelines (see U.N. Committee on the Rights of the Child, 2011; see Hart, Lee, & Wernham, 2011, for context) and encompass and advance those recommended for national use (Center for Disease Control [CDC], 2008) and those used internationally (see CDC, n.d.). As concluded by Barker and Brassard (2019) from their review of state statutes and reporting practices and findings, “A common, reliable definition of PM (and other forms of maltreatment) in CAPTA, NCANDS, and United States state statutes is necessary for the U.S. to have a surveillance system that allows

for the assessment of the effects of policies on reported rates of all forms of maltreatment” (abstract). It is probable that inclusion of PM in state standards and regulations will progress most effectively if the initial focus is on its clearest, most blatant and destructive occurrences, its association with other forms of maltreatment, and its relevance for interventions before being given more comprehensive attention. The establishment of a coherent framework of laws and supportive regulation has relevance across the three tiers of intervention, establishing community/societal norms for responsible behavior as well as guiding interventions for risk and violence.

## **Norms and Values**

Finkelhor (Hart & Glaser, 2011) has suggested that raising normative standards is one the most promising of maltreatment primary prevention strategies. If PM and other forms of child maltreatment are to be reduced significantly and child well-being is to be promoted and advanced, norms for the valuing, care, health, and development of children must be raised across the full social ecology. The establishment of laws and regulations as considered in the last section will help to promote norms for valuing and protecting children. Related further advances can be made through public media campaigns and community engagement to generate and coalesce around values and expectations. Multiple experts interviewed recently regarding PM (in preparation for the Psychological Maltreatment Summit, October 2019) have suggested the successful public health campaigns of the last few decades should be used as models (e.g., anti-smoking, against drunk driving, for seat-belt use, mammogram promotion, avoidance of processed sugar and hormones in food). For well-being and resiliency, two programs offering a wide range of opportunities for promotion are the “developmental assets” framing of the Search-Institute (Scales, Leffert, & Lerner, 2004; Search-Institute, 2019) and the Student Support Card (Brightways Learning, 2019).

Public media attention for PM generally has been seriously lacking. There are exceptions, including the Menendez case (Rand, 2018) and DaddyOfive (British Broadcasting Corporation [BBC], 2017). These suggest that the presentation of real-life stories, or vignettes of important portions, will draw public attention and

offer opportunities (generally missing from media) to clarify issues, consider values to be promoted, and offer ways to do this practically and responsibly, including achieving supportive community solidarity and accountability for related priorities and interventions.

In this regard, the traction gained by the Adverse Childhood Experiences study (Anda, Butchart, Felitti, & Brown, 2010), which included PM and significant associated findings, has the potential to garner widespread PM-related attention and intervention. This relatively “easy to administer and understand” tool might quite beneficially be expanded to include more refined attention to the different forms of PM and to “advantageous” or “beneficial” childhood experiences with research evidence for advancing resiliency and well-being. Such a tool widely used and connected to interventions to prevent maltreatment and promote well-being could become a rallying point across the social ecology. This program of work is being explored within the Psychological Maltreatment Alliance (APSAC, New York Foundling, School Psychology Program of Columbia University, and International Institute for Child Rights and Development) in cooperation with a panel of international experts on child well-being, with the intention of soliciting guidance from children and youth. Previous constructive efforts in this regard are promising and instructive; for examples see “What’s your ACEs score? – What’s your resilience score?” (Stevens, 2017; Finkelhor, Shattuck, Turner, & Hamby, 2013; Cronholm et al., 2015).

### Safe Environments

Safe psycho-social environments can be recognized, understood, framed, promoted, and established in all sectors of the social ecology. Attention should be given to tracking the related experiences of children/youth and soliciting their views regarding the physical and social contexts in which they experience danger and safety (e.g., home, neighborhood, childcare, school, recreation, work, cyberspace) and how these might be managed to strengthen interventions across all tiers (Lansdown & O’Kane, 2014; UNICEF, 2018). For families, safety formulations can be built pro-actively, for example, see the “Non-Violence in the Family” section of *Parenting for Peace and Justice* (McGinnis

& McGinnis, 1982), which contains opportunities for PM inclusion in guidance on establishing an affirming, cooperative family environment; nonviolent communication skills; nonviolent conflict resolution; family meetings; and constructive discipline. When working with recognized risk conditions and maltreatment histories, the “safety-plan” requirements of child protective services programs can be upgraded to give particular attention to both the elimination of psychological maltreatment and the promotion of well-being (Tabachnick & Pollard, 2016; U.S. Department of Health and Human Services [USDHHS], 2019).

The Inclusive Schools Network (2019) states that “a safe and caring school environment is one in which students feel positively connected to others, respected, that their work is meaningful, and that they are good at what they do” (p. 1)—all of which promote human needs fulfillment and thwart PM. The Network lays out a plan for establishing a positive climate through collaborative support and sharing information and responsibility, including developing a code of “civility.” This could be used to provide an initial planning guide. The “Just Community” schools model provides guidance toward empowerment of students to take primary responsibility to frame, secure, and manage a healthy and respectful school environment (Power, 1988; ERIC, 2019). Rotary International’s (n.d.) “Interact” program promoting “Service above Self” has spawned an anti-bullying campaign in Leesburg, Florida, which guides and commits students to end bullying, take related action, and promote a positive interpersonal environment (see related [PledgeAgainstBullying.com](http://PledgeAgainstBullying.com)).

Similar intentional consideration of PM and the supports for well-being can be given attention in recreation and work environments. The most powerful supports for establishing and maintaining safe environments for children and youth are likely to be found in intentional establishment of cohesive circles of caring and stewardship for children (e.g., parents, teachers, faith community leaders, coaches) (Hart & Hart, in press b) that commit to, track, and support safe environments. This conceptualization is similar to the encouragement by Rich (1998) to establish a “small town” in every context of living, which will



promote well-being and act when deviance or distress endanger. In child care and school, the Danish “class teacher” model (Jensen, Nielsen, & Stenstrup, 1992), deserves serious consideration and application. It provides continuity of connection and a family of caring with a particular teacher and set of students across the full school years, similar to but a greatly expanded and strengthened version of the traditional “home room,” which can help assure that the well-being of students is championed by school adult and student advocates who also are close observers and bystanders ready to assist themselves and to alert others to assist when problems arise. For the multiple social environments of children, establishment of intentional and facilitated circles of caring for each child should be given high priority. Advances in evolving technology (e.g., for information gathering, storage, organization, prioritizing, and accessibility) to connect the social support web as well as monitor, alert, and guide assistance will make this increasingly feasible (see for example the development of apps for parents, Singer, 2019).

## **Parent and Caregiver Support**

Valuing, empowering, and supporting parenting will increase the likelihood of positive parenting, which includes avoidance of PM and provision of psychosocial caring and respect. Programs provided in the home, community, schools, and online should advance understanding and appreciating psychological needs, recognizing their expressions in the infant/child/youth, and responding positively and meaningfully. Useful guidance regarding programs is available (Collins & Fetsch, 2012; Samuelson, 2010). In terms of essential capacity and behavioral components to incorporate in parent preparation, the following have been recommended, all of which to greater or lesser degrees will counter PM and promote well-being: knowledge of child development, skills to enable sensitive responses to infant cues and knowledge of why it’s important to do so, social support, coping strategies, active reflection, empathy and compassion, permission for and guidance in setting appropriate boundaries, and mutually respectful conflict resolution (Brassard et al., 2019).

The home visitor model provides a parent and caregiver support model relevant at all tiers—for

first-time mothers, those in risk conditions, and those where maltreatment has occurred. If it adequately incorporates attention to PM dangers and promotion of positive psychological care, it provides good reason for optimism about preparation and support for good parenting; and it has been argued effectively that it should be made available to all caregivers (Brassard et al., 2019; Davis, 2014). The promising outcomes from the “Strong Communities” programs provide rationale for using its components to promote multiple sector community support to reduce child maltreatment and promote child safety (McDonnell, Ben-Arieh, & Melton, 2015). All-community and all-state programs, based on youth development research, including consideration for the Search-Institute’s developmental assets framework, have been created to promote parent and parent surrogate (e.g., adults in schools, faith communities, recreation/sports, community service agencies) support for child health, development, and well-being (see Peterson, 1998, 2012, 2014, 2018). They have the potential for strong cross-sector and multiple-tier success and deserve strong consideration in intervention planning.

## **Income and Economic Strengthening**

INSPIRE’s establishment of the category of income and economic strengthening encourages us to identify, construct and generate conditions likely to prevent or end violence against children related to influences of material poverty and economic stress. This recognizes the reality that lack of sufficient economic sources can debilitate, depress, degrade, and create despair—all psychological states increasing the likelihood of ill-conceived interpersonal actions destructive to others and self. Such conditions are recognized as identified risk factors for communities, parents and families (Brassard et al., 2019), and there is some evidence that child well-being is advanced by financial support for families in economic stress (Sherman, Trissi, & Parrot, 2013). Interventions can be applied to overcome or assure protection from lack of sufficient resources and to assure adequate support for basic needs of shelter, food, clothing, health services, and transportation. INSPIRE’s intervention list includes the following: cash transfers, group saving and loans combined with gender equity training, and microfinance combined with gender norm training. The application of these

measures as recommended would be accompanied by commitments to actions by caregivers that will benefit children and family members (e.g., to send children to school and provide education to respect women and reduce domestic violence).

Most of INSPIRE's expected outcomes from income and economic strengthening are highly relevant to combatting PM: e.g., reductions in physical violence toward children by parents or other caregivers; reductions in intimate partner violence; reductions in early and forced marriage of young girls; reductions in children witnessing intimate partner violence in the home; and increases in social norms and attitudes that disapprove of intimate partner violence. These conditions are relevant across the world and cultures, albeit in somewhat different expressions. Guaranteed basic income and negative income tax programs have been recommended and are being piloted in many parts of the world, including the United States, to prevent and counteract the human quality of life danger of economic distress (see Lowrey, 2018; McFarland, 2017; Winick, 2018).

A research-based case has been made for the likelihood of child maltreatment leading to impoverished adult life (Bunting, 2018). Similarly, economic stress and poverty have been found to increase the likelihood of children being maltreated, particularly if accompanied by adult psychological conditions of depression and social isolation (USDHHS, n.d.). This state of affairs, likely to be exacerbated by the elimination of jobs through technological advances, strongly argues for considering initiatives such as universal basic income support, in ways that provide opportunities for achieving and maintaining a sense of personal integrity through meaningful work, contributions to family and community well-being, and management of resources. While there are no simple answers here, it certainly makes sense to help parents and those who will be parents, from early on, explore and develop their talents, critical thinking, values, character, pro-social behavior, and ability to establish social support networks. This can be done in ways that serve them in finding constructive and appreciated outlets for their capacities and interests, make good choices, manage their resources, including income, and treat others and

be treated by others, including family members, well, particularly under duress. Guidance in this regard is available (Goleman, 2006a; Goleman, 2006b; Tough, 2012).

### Response and Support Services

The likelihood of meaningful response to conditions of high risk for or existing PM will be greatly increased if potential responders are equipped with frameworks of PM forms, mediators, and outcomes in order to monitor needs and apply an array of proven or promising interventions, including support services. This is true for responders who have no official related responsibility other than being ethical, caring individuals observing families from within or through other relationships in which maltreatment might occur, in addition to those with official responsibilities in child and family services. Therefore, PM, its nature, forms, outcomes, and related interventions should be included within all public information and education programs regarding conditions dangerous to children's health, development, and well-being as well as within every surveillance, data gathering, investigation, decision-making, and treatment component of child protective services.

In regard to the nature of therapeutic response, expert opinion strongly supports relational therapies that concentrate particularly on the interactions between adult caregiver and child, that strengthen reflective processes by the caregiver, and that promote respectful, responsive, and supportive behaviors appreciating the motivations and needs of both parties (e.g., therapist and client, parent and child; see Toth, Gravener-Davis, Guild, & Cicchetti, 2013). Relational interventions tend to incorporate most of the following components, each of which deserves serious consideration in response and supportive services:

a home visitor approach; working with parents during the early years of their children's lives; multiple observations and consultation for play, conflict, and other interactions across months; focus on the caregiver-child dyad with priority given to the relational nature of their behavior and interactions; exploration and guidance regarding the child's views/needs and the caregiver's views/needs as

communicated in behaviors and interactions; guidance in understanding and reformulating representations of self, child, and caregiving; modeling and direct support for improving the parent–child relationship in its natural context. (Brassard et al., 2019, p. 51)

The analysis of the nature and effectiveness of relational interventions provided by Toth and colleagues (2013) has been appreciated and expanded in Brassard et al. (2019), with central results placed in table form.

Among the 12 programs with the strongest supportive evidence are the following: Attachment and Biobehavioral Catch-Up (ABC; Bernard et al., 2012), child–parent psychotherapy (CPP; Pickreign Stronach, Toth, Rogosch, & Cicchetti, 2013), interpersonal psychotherapy (IPT; Weissman, Markowitz, & Klerman, 2000), and multisystemic therapy on child abuse and neglect (Swenson, Schaeffer, Henggeler, Faldowski, & Mayhew, 2010). Steps Toward Effectiveness in Enjoyable Parenting (STEEP; Suess, Erickson, Egeland, Scheuerer-Englisch, & Hartman, 2017) and Program in Relational Interventions (PRI; Moss et al., 2011) are both recognized as worthy of consideration and employ video feedback promoting reflective caregiving. Interventions applicable in and across Tiers 1–3 are included. Brassard and colleagues (2019) provide more coverage and references (see particularly pp. 51–56).

## Education and Life Skills

Promotion of social-emotional skills development (WHO, 2016; Goleman, 2006a; Goleman, 2006b) is essential and high on the list of imperatives for proactive intervention toward reducing PM and achieving well-being. Certainly, social-emotional competency can be facilitated by supportive observations, modeling, encouragement, and intentional instruction in the home (McGinnis & McGinnis, 1982) and in the school (Collaborative for Academic, Social, and Emotional Learning, 2015; Goldstein, 1988); and social-emotional health can be monitored at group and individual levels to guide multi-tier intervention (Furlong, You, Renshaw, Smith, & O'Malley, 2014). Even less than fully authentic pursuit of Gottman's "magic ratio" (i.e., five positive for

every one negative response) for achieving "positive sentiment" override in marriages (Benson, 2017) applied in all interpersonal contexts might leave little room for PM and be so positively rewarded as to become a way of life. The Search-Institute has produced a "developmental relationships" framework and guidance toward achieving strong positive and supportive relationships, which deserves application consideration across all tiers of intervention (Roehlkepartain et al., 2017).

Finally, attention must be given to empathy, a foundational and generative component for sensitive, responsive, caring behaviors with, and particular emphasis on, "compassionate" empathy compared with "emotional" and "cognitive" empathy (Goleman, 2007; also see comments on "empathic concern," chapter 6, Goleman, 2006b). This most crucial of human characteristics can be promoted in early life, as recommended by Perry and Szalvatz (2011), through the "Roots of Empathy" (ROE) program for schools (Gordon & Siegel, 2012), which gives children opportunities to observe infants and develop an understanding of their needs for sensitive and contingent care. Beyond the early years, effective empathy training, which is relevant for all three tiers of intervention, is available (Teding van Berkhout & Malouff, 2016). Recent evidence that "empathic concern" is decreasing in the young adult population provides additional rationale for prioritizing intervention in its regard (Konrath, O'Brien, & Hsing, 2011).

## Concluding Remarks—Toward a Better Future

If advances are to be made in psychological maltreatment intervention, both hindrances and opportunities must be addressed. PM is relatively poorly understood and appreciated by the general public and by relevant governmental and professional service sectors, and it is given little attention in maltreatment prevention, risk reduction, and therapeutic interventions. A myriad of intervention strategy and practice options exists, the set described in this article is not exhaustive but worthy of consideration. The INSPIRE structure of strategic themes is useful for organizing intervention elements and for encouraging advances toward sufficiency, coordination, and accountability. This set of conditions

and opportunities raises many critical questions, including where to start in making “building block” improvements that establish fertile ground for additions and what priorities should be set for the major components necessary to frame and support deeper and broader long-term advances in PM intervention.

As to promising beginnings, here respecting the three-tier approach, (1) persons or organizations having influence in the spheres of well-being and primary prevention could justifiably give priority to changing social norms through public education and community action and to achieving secure attachment for all infants (often cited in our interviews with experts as a best single step if only one could be chosen); (2) those involved in risk-reduction could work to be sure PM definitions and PM harm (see Hart & Brassard, 2019, and Brassard, 2019, in this *Advisor*) are included in public information/education and that their proscription is clearly established in social norms, possibly through community adoption of monitoring and support systems applying an “adverse and advantageous childhood experiences” scale; and (3) corrective violence/trauma response service sectors could insure that the most serious forms of PM (e.g., psychological/emotional neglect in infancy) are included in their directives and practices and that all reported child maltreatment is evaluated to determine the associated or embedded PM factors deserving incorporation in therapeutic interventions.

These and other promising strategies are likely to be strengthened individually and in their interactions, short and long term, through progressive establishment of the following widely endorsed supportive conditions (all falling within or across the INSPIRE thematic categories).

- Comprehensive, engaging programs of public information and education to achieve informed support and serious intent for securing the safety (from PM) and well-being of all children,
- Social norm changes that establish supported imperatives and expectations for respectful, caring interpersonal behavior and relations (antithetical to PM),

- Preparation and support to foster reflective, empathic, and respectful relational behavior in child caregiving,
- Inclusion of psychological maltreatment definitions and standards in state, national, and international law and regulation,
- Coordinated and synergistic multi-tiered interventions that promote resiliency and well-being while preventing maltreatment, reducing risks for maltreatment, and correcting existing maltreatment and its harm,
- Systems of monitoring each child’s development progress that assure attention to needs,
- Child rights and psychological maltreatment training and education of all child and family serving professions,
- A human rights-informed public health approach that incorporates the foregoing.

The human rights emphasis in the last recommended supportive condition justifies closing mention of a component, child participation and agency, that is given little attention in INSPIRE and generally neglected in child protection. The need to include the perspectives and involvement of children in securing their safety and well-being individually, collectively and in partnerships with adults (in no way suggesting they are responsible for being maltreated), is set forth in the Convention on the Rights of the Child (United Nations General Assembly, 1989). Interested readers will appreciate being alerted to the fact that this theme is being championed in a special issue of the *International Journal of Child Abuse & Neglect* (expected in early 2020) on the child protection relevance of the Convention in articles by Gerison Lansdown and by Anita Kosher and Asher Ben-Arieh. Child participation and agency, arguably, deserve cross-cutting incorporation for child safety and well-being interventions. Lansdown has done extensive research and development work on child participation (Lansdown & O’Kane, 2014; UNICEF, 2018).

Bringing a promising configuration of supports to reality for PM intervention is a huge challenge. The Psychological Maltreatment Alliance (presently including APSAC, New York Foundling, the School Psychology Program of Columbia University, and



the International Institute for Child Rights and Development) is working toward such purposes. It held a global summit of experts on psychological maltreatment at the end of October 2019 to inform its work and widen the cooperating base of expert persons and organizations, the results of which will be made available for consideration by all interested parties. Your perspectives and guidance for the way forward are invited by the Alliance and the authors of this *Advisor* edition.

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