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## Emotional abuse : the subjective experience of professionals and the obstacles to prevention and intervention

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Rachel Hope Flichtbeil  
Emotional Abuse: the Subjective  
Experience of Professionals and the  
Obstacles to Prevention and  
Intervention

## **ABSTRACT**

The purpose of this study was to explore the subjective experience of the professionals *in the Denver/Boulder area* working with emotional abuse that occurs between children and their caretakers and to examine the obstacles *they experience* to more effective prevention and intervention of emotional abuse. Emotional abuse is a widespread and damaging social problem that is often ignored or minimized by the legal system, the child welfare system and the mental health system (Doyle, 1997; Glaser, 2011; Marshall, 2012). This study interviewed 12 key informants from the mental health system, the child welfare system and the legal system and included licensed clinical social workers, licensed professional counselors, lawyers and child welfare workers. The interviews explored their views on emotional abuse, their experiences working with emotional abuse, their assessment of the systems in which they work along with recommendations of how to better prevent and intervene with emotional abuse. The study found that many professionals struggle to define emotional abuse and that they encounter many obstacles while working with emotional abuse.

**EMOTIONAL ABUSE: THE SUBJECTIVE EXPERIENCE OF PROFESSIONALS AND  
THE OBSTACLES TO PREVENTION AND INTERVENTION**

A project based upon an independent investigation  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2014

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## CHAPTER I

### Introduction

The purpose of this study was to explore the subjective experience of the professionals *in the Denver/Boulder area* working with emotional abuse that occurs between children and their caretakers and to examine the obstacles *they experience* to more effective prevention and intervention of emotional abuse.

#### The Issue

Emotional abuse is a widespread and damaging social problem that is often ignored or minimized by the legal system, the child welfare system and the mental health system (Doyle, 1997; Glaser, 2011; Marshall, 2012). While there is no published, comprehensive statistic on the prevalence of emotional abuse, Doyle (1997) estimates that emotional abuse (stand-alone) may occur at a rate of 29% or higher. This does not include emotional abuse that occurs in households with physical and/or sexual abuse as well.

Currently, the definition of emotional abuse is contested among and between various systems. One of the most widely used definitions defines it as “a repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or of value only in meeting another’s needs” (American Professional Society on the Abuse of Children, 1995, p. 2). This definition was modeled after the work of Hart and Brassard (1986) who were among the first to attempt to define emotional abuse in the

literature. Still, the concept can be seen in earlier writings. For instance, Charles Dickens, the famous author, often wrote about mistreated children and spoke not only of physical abuse and material neglect but also of the emotional impact of the cruel treatment of children (Dickens & Burgis, 1980; Dickens & Le Comte, 1980). Rene Spitz (1945, 1946) observed the difference between infants in the care of their mothers and a group of infants raised in isolation. The infants with no attachments had poorer physical health, cognitive deficits, insomnia and a significant number of them died before the age of 2 (Spitz 1945, 1946). While people were exploring the impact of nurturing and attachment for many years, emotional abuse did not become defined as a concept until the 1980's (Iwaniec, 2006). In many ways, parenting and abuse, specifically, are social constructs. This means that different cultures, various groups and individuals have varying definitions of what is and is not abuse. It is crucial to keep this in mind while examining emotional abuse. The challenge of defining emotional abuse has made it difficult to intervene and prevent emotional abuse.

The research on the effects of emotional abuse both short and long term clearly demonstrates that emotional abuse is significantly impactful on individuals, families and also for society (Doyle, 1997, 2001; Iwaniec, 2006; Hamarman, Pope & Czaja, 2011). Possible effects include developmental delays, mental illness (especially depression and anxiety), self-harming behaviors, substance abuse, personality disorders, academic issues and interpersonal difficulties. Research states that emotional abuse is just as, and possibly more, harmful than other types of abuse (Hart & Brassard, 1987). Unfortunately, the myth that emotional abuse is less impactful or harmful than other forms of abuse is still widely perpetuated in society (Carleton, 2006; Glaser, 2011). The legal system tends to dismiss it as too difficult to prove and the child welfare system,

constrained by the legal system along with being overburdened and wildly underfunded, is often unable to devote much attention to emotional abuse either (Hamarman, Pope & Czaja, 2011). Additionally, many of these legal entities that collect reports and create prevalence statistics do not take into account that emotional abuse is the core action at the heart of any child abuse, so in the reports of physical or sexual abuse, there is likely significant emotional abuse happening even though it is never included in the statistics (Hart & Brassard, 1987; Hart & Glaser, 2011). Additionally, the effects can be long lasting and are costly for individuals, families, communities and society. Although prevention programs are sometimes seen as a budgetary luxury, emotional abuse prevention work has the potential to save people, families and lots of money (Hart & Glaser, 2011). Emotional abuse is hurting society and will continue to do so at great cost to all involved unless more people take notice and work to find solutions (Corso & Fertig, 2010).

### **Motivation and Bias**

I chose to research emotional abuse because there is significantly less research on emotional abuse than there is on other types of childhood maltreatment. In my work as mental health professional, I encountered obstacles while working with emotional abuse but the literature did not offer me many solutions as an individual. I wanted to know more about the experiences of other professionals and to explore the obstacles they saw and experienced. As a professional social worker, I have a certain lens when it comes to work with children and families as influenced by my training which was trauma-informed, psychodynamic and attachment-based. I also have a cultural bias as a white, queer, middle-class woman living in the United States of America who does not have children.



## **Importance**

This study on emotional abuse offers an important perspective to the field of social work because there is often a gulf between the academic research community and those working on the front lines. This study explores the perspectives of different professionals who have significant experience on the frontlines (mental health, legal, child welfare) and examines them alongside the literature on emotional abuse. The literature suggests and the findings of this study confirm that there is a strong need for more awareness of and education around the issue of emotional abuse not only in the field of social work but also in other fields that work with families (Glaser, 2011; Marshall, 2012). Given the likely widespread prevalence of emotional abuse in addition to its many potential devastating side effects, many social workers will encounter childhood emotional abuse happening in the present, adult survivors of emotional abuse as well as future parents who could possibly emotionally abuse their children. Therefore, it seems critical for the field of social work to complete more research on the topic of emotional abuse so that there can be more effective intervention and prevention of emotional abuse. The research also suggests that not nearly enough resources are devoted to work with children and families (Iwaniec, 2006). Additionally, there are many systemic reasons as that can make working with emotional abuse challenging and this study examines the systemic issues using an interdisciplinary sample. Working with children and families, although rewarding, can be draining and exhausting (Bride, 2007). The study provides an in-depth look at the subjective experience of mental health, legal and child welfare professionals who work with children experiencing emotional abuse at the hands of their caregivers.

## **Methodology**

I conducted an empirical, qualitative study of the subjective experience of professionals working with emotional abuse as well as the obstacles to effective prevention and intervention of emotional abuse. Using intensive interviewing techniques, I interviewed a total of twelve total professionals including four mental health professionals, four child welfare workers and four lawyers about their views on emotional abuse, their experience working with it and their perception of the systems in which they operate. These interviews were recorded and subsequently transcribed. Then, I performed a thematic analysis of the data looking for key words and themes. I examined each group separately and then compared the groups with each other and the literature.

## **Organization of the Report**

In the second chapter, I will review selected, relevant literature. In the third chapter, I will outline my methodology. The fourth chapter will discuss my findings and the fifth chapter will present a thorough discussion of the data.

## CHAPTER II

### Literature Review

The purpose of my research was to explore the subjective experience of the professionals *in the Denver/Boulder area* working with emotional abuse that occurs between children and their caretakers and to examine the obstacles *they experience* to more effective prevention and intervention of emotional abuse. In this Chapter, I will review selected relevant literature on this subject.

This Chapter is divided into five sections. In the first section, I will discuss the issue by exploring definition and conceptualization, scope and prevalence of childhood emotional abuse. In section 2, I will explore cultural considerations, discussing the notion of “emotional abuse” as a social construct. In section 3, I will review literature on the Effects and Causes of emotional abuse, and the Protective Factors that can buffer the impact of abuse. Section 4 will focus on Prevention and Intervention, and the Obstacles to effective prevention and intervention. The final section 5 will explore the subjective experience of professionals in who work with emotional abuse.

#### The Issue

Childhood emotional abuse is a widely occurring but often ignored issue in today’s society. This section explores the definitions of emotional abuse, its scope and prevalence.

## **Definitions**

Emotional abuse is also commonly referred to as psychological abuse or psychological maltreatment. Its definition has evolved, and is still evolving, both in the legal world and in the clinical world.

### ***Legal Definitions***

The first mention of emotional abuse in American federal law occurs in the first Child Abuse Prevention and Treatment Act of 1974.

This law defines child abuse and neglect as follows:

...the physical or *mental injury*, sexual abuse, *negligent treatment*, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby. (p. 5)

No new language is introduced on the topic of emotional abuse until 1988, when there is a push to evaluate “resultant psychological trauma to the child victim [of abuse]” reflecting a greater understanding of the emotional and psychological components of abuse (CAPTA, 42 U.S.C. § 5105, 1988, p. 1098). The 1988 amendment does not change their definition on any of the types of child abuse but this statement included in the body of the law reflects a greater understanding of the psychological impacts of all forms of child abuse. In 1996, the law is amended to say that “child abuse and neglect means...any recent act or failure to act...which results in...*serious emotional harm*” (CAPTA, 42 U.S.C. § 5106g, 1996, p. 945). While this is more specific than the previous definitions, it requires the act to produce fast acting, visible harm to the child which according to research is not always the case such as many instances where the

“harm” is not seen until years later (Fallon, Trocme & MacLaurin, 2011; Smith Slep, Heyman & Snarr, 2011).

In 2003, the definition remains the same but in the statistics on child abuse, they include the information that 7% of investigations are due to emotional maltreatment (Keeping Children and Families Safe Act, 2003). In 2010, the number remains at 7% but is referred to as psychological maltreatment (CAPTA, 2010). The definition uses the same language as the 1996 amendment stating:

[T]he term ‘child abuse and neglect’ means, at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm. (CAPTA 2010, U.S.C. Service 42 § 5106g, 2012)

In Colorado where the study takes place, the current statute defines emotional abuse as follows in the Colorado Revised Statutes 19-1-103 (2009):

Any case in which a child is subjected to emotional abuse [which] means an identifiable and substantial impairment of the child’s intellectual or psychological functioning or development or a substantial risk of impairment of the child’s intellectual or psychological functioning or development. (p. 1)

Again, this definition requires proof of significant harm to the child prior to action.

### ***Clinical Definitions***

The most widely accepted definition of emotional abuse in the clinical world was formulated by the APSAC in 1995. The APSAC states that “psychological maltreatment means a

repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or of value only in meeting another's needs" (APSAC 1995, p. 2). The APSAC (1995) provides a further breakdown using categories developed by Hart and Brassard (1986) where emotional abuse includes spurning, terrorizing, isolating, exploiting/corrupting, denying emotional responsiveness, and mental health, medical, and educational neglect.

The conceptual basis for the APSAC definition came from Hart and Brassard's (1986) seminal study which provided empirical validation for the above six categories that helped to concretize emotional abuse for the first time in the field and was conducted from 1986 to 1991. Hart and Brassard (1987) also contextualized the concept of emotional abuse in theory and reviewed the literature to assess the long term effects resulting from childhood emotional abuse. Dr. Stuart N. Hart, a psychologist and the lead researcher, became the Director of the Office for the Study of the Psychological Rights of the Child at Indiana University-Purdue University Indianapolis in 1980 (National Children's Advocacy Center, 2010). In the 1980's Dr. Hart focused on the nature of child abuse as well as therapeutic interventions (NCAC, 2010). In the 1990's, he began working internationally including collaboration with the United Nations for the purpose of furthering children's rights on a global scale (NCAC, 2010). Bingelli and Brassard are both psychologists as well.

Hart and Brassard (1987) look at the literature on child and human development including the works of Bronfenbrenner, Bowlby, Erikson, and Maslow in order to contextualize the potential harm of emotional abuse. The article discusses conceptualizations of emotional abuse, why it is important, obstacles, and recommendations for intervention and future

research (Hart & Brassard, 1987). The obstacles identified by the authors are finding a balance between broad and narrow in the definition, children's rights versus parents' rights, necessity to prove serious harm in order to intervene, and a scant focus on prevention (Hart & Brassard, 1987). They conclude their review of the literature by saying that emotional abuse is "the core issue" of all child maltreatment and poses significant mental health risks for those subjected to it (Hart & Brassard, 1987, p. 161). Though this article is 27 years old, these obstacles and questions remain largely the same.

Dr. Danya Glaser, a foremost expert on childhood emotional abuse began her career as a pediatrician in London (University College London, 2014). Her experience includes leading an integrated child protection service that specialized in emotional abuse, acting as an expert witness and is also a former president of the International Society for Prevention of Child Abuse and Neglect (UCL, 2014). Throughout her career she has completed a significant amount of research and put forth many publications. Glaser, in her (2002) article, shares a framework developed in response to the APSAC's guidelines. Glaser (2002) critiques the APSAC's guidelines saying that the conceptual base is weak and does not make sense. The ASPAC (1995) begins by defining how a child should not be treated while Glaser (2002) starts from a point of children's rights and (2002, p. 703) defines a child as follows:

- A person who exists
- This child with his or her own attributes
- A child who by definition is vulnerable, dependent, and rapidly developing
- An individual possessing and experiencing her or his own feelings, thoughts, and perceptions
- A social being who will increasingly interact and communicate within her or his own social context.

Glaser (2002) argues that emotional abuse occurs when parents violate or do not respect these aspects of children. Glaser's (2002) definition revises the framework presented by the APSAC and places a higher value on the subjective experience of children.

Glaser (2002) provides five new categories:

Emotional unresponsiveness, unavailability and neglect; negative attributions and misattributions; failure to recognize or acknowledge the child's individuality and psychological boundary/using the child for the fulfillment of the parent's psychological needs; failing to promote the child's social adaptation. (p. 708)

Glaser (2002) also speaks to cultural issues when conceptualizing emotional abuse, claiming that her categories are universally applicable despite some variation in parental behavior. It is difficult to label the framework as universally applicable given that social problems occur at specific places during specific times in particular contexts (Mildred, 2003). Nonetheless, Glaser's framework places a distinct focus on children's rights which are often overlooked and ignored in favor of parent's rights. As a follow up to this article, Glaser (2011) proposed a more intervention-focused framework for defining, assessing and intervening in cases of emotional abuse that builds on her work from 2002. This framework will be discussed in greater detail in the Prevention and Intervention section of this chapter. Her approach includes both therapeutic and statutory elements (Glaser, 2011). She states that emotional abuse tends to "baffle professionals" and hopes that her framework can continue to bring clarity and provide more professionals with the tools they need to properly provide care (Glaser, 2011, p. 874).



The definition of emotional abuse is still being hotly debated by experts, clinicians, parents and policy makers. The APSAC definition is, however, the most widely accepted definition in both clinical work and research (Glaser, 2002; Iwaniec, 2006).

### **Scope and Prevalence**

Establishing the scope and prevalence of emotional abuse is a challenge given the lack of reliable data.

Glaser (2002) recognizes the ambiguous nature of emotional abuse and suggests that one of the difficulties in operationalization is the pejorative connotations of the word abuse; she astutely notes that emotional abuse is often unintentional despite the great potential for harm, causing many professionals to hesitate when intervening or reporting because of a desire to avoid blaming and judging the child's primary caregiver.

According to the literature, emotional abuse can occur in any type of family whether they are rich or poor, educated or not (Doyle, 1997). Emotional abuse is not the problem of one race or culture (Doyle, 1997). Perpetrators can be of any gender, age or background (Doyle, 1997). Victims and survivors are just as varied as the perpetrators (Doyle, 1997). Emotional abuse is documented in many different places in the world including Canada, Australia, the UK, Turkey, South Korea and China (Chan, Lam and Wan-Chaw Shae, 2010; Glaser, 2002; Lee & Kim, 2011; Tomison & Tucci, 1997; Trocme et al., 2011; Uslu, Kapci, Yildirim and Oney, 2010). Emotional abuse can occur on its own but it is also at the heart of all forms of abuse as that kind of harm cannot help but have an emotional impact (Hart & Brassard, 1987; Hart & Glaser, 2011; Iwaniec, 2006). This raises the question of how the prevalence of emotional abuse

should be established. Should it include all abuse or only the emotional abuse that occurs as a stand-alone phenomenon?

In her study, Doyle (1997) found that 29% of participants reported experiencing emotional abuse but, given that her sample only includes 504 people, some may question that generalizability of this statistic. Research struggles to provide accurate estimates of the occurrence of different types of abuse due to the generally secret nature of abuse. Doyle's statistic is more generous than most but it seems that it could be reasonable and even low depending on the inclusion criteria for emotional abuse. In many states, emotional abuse is included in the mandated reporting laws (Hamarman et al., 2011). Russell Carleton (2006) addresses the inconsistency found in the reporting of emotional abuse both by mandated reporters and those without a mandate. Even in states with mandated reporting for emotional abuse, professionals are less likely to report emotional abuse than other types of abuse and those reports are less likely to be investigated by child protection agencies making it difficult to use official state reports to determine prevalence (Marshall, 2012).

Some argue that difficulties in operationalizing a definition contribute to our lack of knowledge regarding prevalence but Doyle (1997) found that both professionals and survivors often had the capacity to clearly identify emotional abuse. This begs the question, why is there vast underreporting and a lack of adequate interventions for a phenomenon that according to research is both widespread and extremely harmful to human beings?

### **Cultural Considerations – Child abuse as a Social Construct**

Mildred (2003) argues that child abuse can be viewed as a social construct that is created by and influenced by society. Child abuse is about parental behavior – and acceptable norms of

parental behavior vary from culture to culture and even the same culture, they vary from time to time. What was acceptable parental behavior at one time may not be acceptable at another time. In addition to the influence of the wider cultural and social norms, individuals' including professionals' views of and attitudes about emotional abuse, and the meaning they make of it, are influenced by their own personal experiences and religious/spiritual beliefs (Horwath & Lees, 2010).

This begs the question of whether or not emotional abuse is viewed similarly by different countries and different cultures. The majority of research presented in this literature review is authored by researchers from the Western world including the United States, Australia, the United Kingdom and Canada. This section will examine the literature on emotional abuse from other parts of the world such as China, South Korea and Turkey. While the individual researchers cannot be considered spokespersons for an entire country, they do offer their voices which propose that child abuse is, in many regards, a universal problem and construct.

Lee and Kim (2011) posit that child abuse is a worldwide problem and discuss aspects of South Korean culture that make child abuse interventions difficult. They conducted a retrospective study on childhood maltreatment that included over 500 young adults in South Korea and found that emotional abuse can lead to depression and interpersonal difficulties. Another study by Chan, Lam and Wan-Chaw Shae (2010) also discussed how culture can influence the likelihood of both children and parents identifying abusive behavior and individuals' likelihood of reporting it. Chan, Lam and Wan-Chaw Shae (2010) conducted their research in Hong Kong and examined children's perceptions of abuse using focus groups where the children saw film vignettes of different abusive situations and then discussed them. While

many children could recognize the inappropriateness of the adult's actions, many felt that if they were the child, they would not report the behavior for fear of their parent being arrested or otherwise punished (Chan, Lam and Wan-Chaw Shae, 2010). Any adult who has performed duties as a mandated reporter in the United States knows that the majority of American children have similar concerns about their caregivers. In her book about culturally competent child welfare practice, Samantrai (2004) discusses weighing the trauma of separation against the risk of remaining in the home. Although cultural expectations can differ regarding child rearing, it is frightening for a child of any culture to consider setting off a course of events that might lead to the rupture of attachment with their caregiver(s).

Another consideration mentioned by authors in different cultures specific to emotional abuse is the idea the children process information and perceive the world somewhat differently than adults. For instance, some children who observed a vignette where a mother threatened to throw her child off of a tall building believed that the mother genuinely desired to follow through on that threat (Chan, Lam & Wan-Chaw Shae, 2010). Whether or not a parent intended to act on such a statement, in a child's brain this could constitute a legitimate threat to their life and create an environment that feels very unsafe. In Turkey, Uslu, Kapci, Yildirim and Oney (2010), describe a vignette of emotional abuse where a mother, in an attempt to get her young son to eat, threatens to leave him alone and never return. The son reluctantly takes a bite but likely believes that his mother will follow through on her threat, creating again an unsafe environment where the existence of caretaker is highly conditional on certain behaviors (Uslu et al., 2010).

The authors of this article deliberate the cultural merits of emotional abuse but ultimately decide that "the cultural acceptability of a certain parental attitude does not mean that it is free of

its emotionally harmful effects” (Uslu et al., 2010, p. 351). They suggest that different cultures may have different levels of knowledge regarding emotional maltreatment and it is acceptable to challenge communities on their child rearing practices (Uslu et al., 2010). Fittingly, they also recommend that further research be done to determine the presence and/or level of harm coming from certain culturally acceptable child-rearing practices that are perceived by some as emotional abuse. For instance, concepts such as filial piety or saving face in Asia influence child-rearing including the acceptability of practice such as severe corporal punishment and intense scolding or threatening. Nonetheless, Lee and Kim (2011) among other researchers still found negative psychological and interpersonal effects of such parenting techniques in spite of their cultural acceptability. These findings lend credence to Uslu et al. (2010)’s hypothesis that emotional harm can occur regardless of cultural acceptability.

Many countries are making important strides in the field of child welfare. Boothby and Stark (2011) discuss the efforts of Indonesia to create an effective child welfare system and mention other countries such as Uganda, Liberia, Sierra Leone and Kenya who are also exploring their options. This demonstrates more global acceptance for a need to examine the rights of children and to prioritize their safety. Samantrai (2004) discusses the concept of goodness of fit rather than a rigid model with a one-size fits all definition of healthy family. This allows cultural considerations to be weighed from a more nuanced and contextual point of view. As the field of child welfare expands and works with different cultures, countries and paradigms, it is important to maintain flexibility and a critical lens.

## **Effects and Causes**

### **Effects**

Emotional abuse can have a wide range of both short and long term effects on children that can begin as early as infancy and last long into adulthood (Burns, Jackson & Harding, 2010; Doyle, 2001; Marshall, 2012; Norman et al., 2012; Spitz 1945, 6). Due to the varied nature of the potential effects, it can be difficult to use them as the primary means of identification of current or past emotional abuse (Marshall, 2012). Not only are the effects varied but the potential effects can have other causes making it important to carefully consider a substantial body of evidence before jumping to conclusions (Iwaniec, 2006; Marshall, 2012). Additionally, it is not uncommon for children experiencing emotional abuse to not exhibit more serious symptoms until later in their lives (Doyle, 1997; Iwaniec, 2006). The purpose of examining the effects, therefore, is to highlight the impact and cost of emotional abuse not only to individuals but also families, communities and society as a whole in addition to dispelling the myth that emotional abuse is not that bad.

### ***Short Term Effects***

The research on emotional abuse provides a long and varied list of observed short term effects of emotional abuse on children. Emotional abuse can affect mental health, behavior, physical health, relational development, attachment, identity development and other areas of life (Hart, Bingelli & Brassard, 1998; Iwaniec, Larkin & Higgins 2006; Newlin, 2011; Riggs 2010). Although the research is somewhat scattered, it still illustrates the powerful and negative impact that emotional abuse can have on healthy childhood development which in turn affects the rest of a person's life.

Iwaniec, Larkin and Higgins (2006) found that emotional abuse could cause failure to thrive, learning difficulties, cognitive delays, hyperactivity, sleep disturbances, insecure attachment and emotional regulation difficulties. Rene Spitz (1945, 6) also identified that emotional neglect could bring about failure to thrive and developmental delays not to mention the infants who succumbed to illness and even death. Marshall (2011) concurs with these findings and lists developmental delays and failure to thrive as possible symptoms of emotional abuse. Early development, including the opportunity for healthy attachment in the first years of life, forms a foundation for continued developmental success in every area of life (Davies, 2011).

Alongside child development, another important cluster of effects is the area of mental illness. The research is full of articles discuss how emotional abuse is observed to bring about anxiety, depression, personality disorder traits, posttraumatic stress disorder, substance abuse, self-harm and even suicide in children and adolescents (Doyle, 1997; Iwaniec, Larkin & Higgins, 2006; Marshall, 2012). Marshall (2012) points to signs such as a child having a belief that they are worthless. Treatment modalities such as Cognitive Behavior Therapy posit that core beliefs shape how humans think and feel about the world (Beck & Beck, 2011). It makes sense, therefore, that emotional abuse could shape a child's core beliefs and leave them vulnerable to developing an illness such as depression. Additionally, research shows that insecure attachments can lead to later pathology and given that emotional abuse makes it difficult to have a secure attachment with the abusing caregiver, which also creates more vulnerability to developing a mental illness (Berzoff, Melano, Flanagan & Hertz, 2011; Riggs, 2010).

Children in abusive families must use their resiliency to develop coping strategies (Iwaniec, Larkin, & Higgins, 2006). Not only are they experiencing painful and difficult things regularly, they may also see few adults, if any, modelling healthy coping skills. Unfortunately, some of these children and teens turn to unsustainable coping strategies such as self-harm, substance abuse, and risky sexual behaviors (Marshall, 2012). Even for those children who do not engage in risky behaviors, many develop post or peri-traumatic symptoms such as hypervigilance or relationally avoidant behavior as a survival skill in a frightening environment (Marshall, 2012). Children in an emotionally abusive environment can develop what is called a false self because it is not safe to truly reveal themselves in the relationship (Winnicott, 1960). Shengold (1989) used the term soul murder to describe the experience of emotional abuse. Clearly, emotional abuse has the ability to interfere or destroy a child's sense of self, self-worth and ability to connect with the world (Harvey et al., 2012). Emotional abuse is an experience that can cause a person to hide deep inside themselves, sometimes so deep that a child will experience dissociative symptoms because reality is simply too unbearable (Marshall, 2012).

Inevitably, emotional abuse during childhood can influence not only how a child or adolescent sees themselves but also their relationships with other people (Berenson & Andersen, 2006; Harvey et al., 2012; Marshall, 2012; Riggs, 2010). Emotional abuse that occurs between a child and their primary attachment figures can lead to the formation of an insecure attachment style wherein a child might become highly preoccupied with the caregiver or could become extremely avoidant of attachment and closeness for fear of rejection (Iwaniec, 2006; Flanagan et al., 2011). Additionally, when the source of love and comfort is also the source of danger and



terror this sets up internal working models where it is accepted that the person who hurts you is also the person who loves you (Flanagan et al., 2011, Iwaniec et al., 2006). This creates future vulnerability for abuse particularly in romantic relationships (Berenson & Andersen, 2006; Riggs, 2010). Marshall (2012) describes a wide range of relationally based issues from withdrawal, avoidance and social-emotional problems to early signs of anti-social behavior such as cruelty to animals or other children, non-compliance, and aggression. Marshall (2012) also makes a note that experiencing emotional abuse can set children and adolescents on a course to develop a personality disorder later in life.

The literature demonstrates a wide variety of potential effects ranging from unpleasant to severe. Additionally, the literature notes that some children may not experience visible short term effects even though they are experiencing emotional abuse (Doyle, 2001; Iwaniec, 2006). Although the effects of emotional abuse are highly varied, their damaging nature should not be dismissed.

### ***Long Term Effects***

There is a great deal of overlap between the types of effects in the short term and the long term. The effects invade similar areas of a person's life such as mental health, interpersonal skills, attachment and physical well-being. When examining the many possible negative effects of emotional abuse in childhood, it is not difficult to imagine how those symptoms might translate into difficulties in adulthood.

Much of the empirical literature focuses on the psychological, long-term effects of emotional abuse (Burns, Jackson & Harding, 2010; Gavin, 2011; Norman et al., 2012). In their meta-analysis of the literature, Norman et al. (2012) explore the consequences of child

maltreatment, illustrating the serious long-term effects that emotional abuse can have on physical and mental health. Norman et al. (2012) note that depression, alcoholism, suicidality, anxiety and alterations of neurobiological development can result from abuse. Authors such as Levine (1997) and Applegate and Shapiro (2004) also discuss how trauma, in general, can result in neurobiological changes. In their cross sectional study of 912 females, Burns et al (2010) evaluate characteristics that can indicate whether or not survivors are likely to develop PTSD in adulthood focusing on the ability to self-regulate. Burns et al (2010) found that those who experienced significant emotional abuse were less able to develop a variety of coping strategies, especially emotion regulation, leaving them more vulnerable to develop PTSD. Harvey et al. (2012) discusses how emotional abuse affects the development of self resulting in things such as a shame-based perception of self, limited awareness of others, creation of a false self, negative perception of others and low self-worth. Berenson and Andersen (2006) point out some similar effects like hostile attribution bias, rejection expectancy, mistrust and emotional distance. Burns et al. (2010) found that emotional abuse can even contribute to the development of a personality disorder. Gavin's (2011) mixed methods study emphasizes the serious impact childhood emotional abuse can have throughout life regardless of whether a person classifies their experiences as abuse. Both Doyle (2001) and Gavin (2011), utilize qualitative methods such as intensive interviewing and thematic analysis, finding these methods to be helpful in providing in-depth information about the subject experience of survivors.

Gavin (2011), Min, Minnes, Kim and Singer (2013) and Norman et al. (2012) both discuss physical health pointing to issues such as susceptibility to physical illness and alcohol abuse which is highly damaging to the body as well as the mind. Norman et al. (2012) even

found that childhood abuse increases risk of exposure to STI's including HIV/AIDS. Harvey (2012) also identifies disordered eating as a potential outcome in adulthood. On a larger scale, the Adverse Childhood Experiences study (or ACE study) found that those with higher scores were increasingly more likely to have poor physical health or engage in high-risk behaviors (Newlin, 2011). While the ACE study includes many types of childhood maltreatment, it still demonstrates how severe and long-lasting the effects of negative childhood experiences can be (Newlin, 2011). Turning back to emotional abuse specifically, Sperry and Widom (2013) and Gavin (2011) talk about dissatisfaction with life and general psychological distress. Clearly, emotional abuse can create long-lasting effects that impair functioning throughout the life span.

### **Causes**

If the effects of emotional abuse are so harmful and devastating, why do parents abuse their children?

While it is easy for many to demonize abusive parents, there is often a clear etiology for why a person might act in such a harmful way. I will address the three primary factors that can lead a parent or caregiver to emotionally abuse their children.

The first factor is parental issues both past and present such as a history of child abuse, domestic violence, substance abuse or mental illness (Iwaniec, 2006; Newlin, 2011; Rees, 2010). These are all things that have the potential to interfere with an individual's ability to parent in an attentive and supportive fashion. A personal history of child abuse is particularly salient as one often learns how to parent by modeling the behaviors of one's own caregivers. Of course, many individuals abused as children manage to break the cycle and go on to become excellent parents (Iwaniec, 2006). Nonetheless, research such as the Adverse Childhood Experiences study

demonstrates that higher numbers of adverse childhood experiences such as physical, emotional and sexual abuse, neglect and incarceration of a family member correlate directly to a higher vulnerability to things such as physical illness, high risk behaviors such as drug use, and even early death (Newlin, 2011). The ACE study began in 1995 when Kaiser Permanente collaborated with the Center for Disease Control in order to study the lives of 17,000 participants (CDC, 2013). There are countless parents who deal with all four of the items listed at the beginning of the paragraph and more. Although abuse is horrific, the literature reveals that many parents have often suffered considerably in their own lives and likely do not possess the knowledge and skills they need to be successful parents (Iwaniec, 2006).

The second factor is often related to the first factor and it is that many abusive parents do not know how to parent any differently as they lack supportive and nurturing parenting skills. Unfortunately, the American culture discusses parenthood, particularly motherhood, as something that comes naturally as if when the child is placed in one's arms, a person magically knows how to be a good parent (Liss, Schiffrin & Rizzo, 2013). This belief makes it difficult for people to ask for help as there is a lot of shame and a sense of failure around not being a good parent for many people. Parenting is, in fact, a highly challenging and demanding endeavor that requires a diverse skill set that includes good listening skills, the ability to nurture and soothe, a sense of attunement to the child's needs, a knowledge of child development and proper nutrition, the ability to self-regulate, a high tolerance for stress and many others (Davies, 2011; Iwaniec, 2006). Unfortunately, many people enter parenthood not having learned these sorts of skills and continue on their journey with limited or no access to resources that might help them to parent more successfully (Iwaniec, 2006; Maschi, Bradley & Ward, 2009).

Although abusive parents treat their children very poorly overall, it is often the case that the parents feel love for their children and can even have good intentions behind their actions. Iwaniec (2006) describes how this can happen by pointing out that many abusive parents personalize the misbehavior of their children and assume that their child is intending to create suffering for them. This can lead to a parent lashing out or distancing themselves from the child (Iwaniec, 2006). Some parents have never studied child development and may not know what age-appropriate expectations for their children are or might struggle with empathy themselves and have difficulty dealing with a child in distress in a nurturing way. This lack of skills and knowledge whether due to childhood abuse or any other reason is a crucial piece of why abuse happens.

The final factor that can often lead to abuse is when the stressors of a family exceed the coping abilities of the family system (Doyle, 1997). Although poverty can certainly be a factor, research shows that emotional abuse occurs in families of all demographics and is not limited to a class, race or particular group of people (Doyle, 1997). Examples of stressors are divorce, death, financial strain or poverty, illness, relocation, lack of support system outside of the family, and loss of employment. If a parent or caregiver's emotional energy is consumed by multiple stressors, it may be challenging to provide adequate care for their child.

The Trauma-Informed Care paradigm is being adopted by many child protective agencies as the research showing why abuse happens reveals the need for parental support (Conradi et al., 2011; Ko et al., 2008; Kramer, Sigel, Connors-Burrow, Savary & Tempel, 2013). The Trauma-informed Care paradigm is “an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played

in their lives” (National Center for Trauma-Informed Care, 2014). This shift in perspective recognizes the etiology of behaviors such as abuse, drug use, and suicidality in individuals, families and communities with a trauma history. Many parents need treatment for their own issues, education about parenting and child development and assistance gathering the resources they need to reduce the stressors in their lives.

### **Protective Factors**

Even though growing up in a physically and emotionally abusive environment, many children grow up to be reasonably well-functioning and high-functioning adults. For children, two factors seem to buffer the impact of abuse – their own resilience, and the availability of a supportive adult in their life such as a teacher, relative or neighbor. Though the development of resiliency is likely tied to a supportive relationship, the literature explores these issues separately.

In recent years, psychological research has honed in on a concept called “resilience.” Hartman and Winsler (2006) define resilience simply as “the ability to thrive as an individual despite being exposed to serious adverse life circumstances, situations, stressors, and risks” (p. 1076). While Hartman and Winsler (2006) consider resilience to be a psychological quality that individuals have in varying amounts, the American Psychological Association (2014) states that resilience involves skills that can be developed by anyone. Unfortunately, many children growing up in abusive environments do not have the opportunity to learn these skills such as how to have healthy and supportive relationships, a positive view of the self, communication and problem solving skills, and emotional skills such as self-soothing, distress tolerance and emotion

regulation. According to the research, children who find ways to develop these skills tend to fair better in adulthood than those who cannot (Burns et al., 2010; Doyle, 2001; Iwaniec, 2006).

With a sample of 912 female college students, Burns et al. (2010) examined adult emotion regulation in women who experienced different kinds of abuse (physical, sexual, emotional) as children. The authors suggest interventions aimed at improving emotion regulation skills for survivors of childhood emotional abuse as emotion regulation seems to serve as a mediating factor in adaptive processing of the trauma. Gavin (2011) reveals that adults who find ways to distance themselves from their childhood abuse and families of origin have a higher likelihood of positive outcomes as an adult. Additionally, Gavin (2011) found that those who are in denial about their abuse are more likely to suffer than those who acknowledge it given that they are more likely to still be experiencing abuse. Although it is currently difficult for professionals to provide extensive interventions for children in families with emotional abuse, Doyle (2001) shares that the presence of a figure that provides the child with unconditional positive regard can make a significant difference, even if the contact with that figure is brief and/or intermittent.

### **Prevention and Intervention**

The topic of prevention and intervention in relationship to emotional abuse reflects the diverse ways in which emotional abuse occurs and the complexity of the systems in which families and individuals exist. According to Iwaniec (2006), prevention and intervention should be multi-systemic as it needs to address the different dimensions of the family's life. Iwaniec (2006) cautions against the use of a one-size fits all solution and suggests that it is the quality of interventions rather than their quantity. Additionally, a variety of authors advocate

for interventions at different levels of the system from individual on up to population-wide (Iwaniec, 2006; Barlow & McMillan, 2010; Glaser & Hart, 2011). The aim of these interventions and preventative efforts is to ensure the “emotional well-being, psychological safety, protection from harm, and opportunities for healthy and rigorous all-round development of [children]” (Iwaniec, 2006, p. 232-3). I will discuss interventions, preventative measures and then I will review Glaser’s (2011) proposed framework for identification and intervention.

### **Interventions**

I will discuss three primary categories of interventions: interventions for children, interventions for parents and interventions for families. It is common to utilize interventions from more than one of these categories, if not all three. Additionally child, parent and family interventions can be either engaged in voluntarily or due to a court mandate.

Interventions for children often take the form of individual therapy although can involve other types of care and can range greatly although Iwaniec (2006) recommends play therapy, assertiveness training, social skills building, cognitive and behavioral approaches in addition practical matters such as educational testing or tutoring if that area has been impacted. Doyle (2001) recommends that children in emotionally abusive families have at least one positive adult in their lives as that has been found to significantly boost their chances of success later in life. While there are many ways to intervene in these situations, it is clear that the relational component of the intervention is key, both to provide that nurturance and also to model healthy relationship skills.

Even though the children in abusive homes are in need of support and intervention, the success often depends on changes made by the caregiver(s) which makes parental interventions



particularly important (Iwaniec, 2006; Barlow & McMillan, 2010). Interventions for parents tend to have two foci: support for a parent's mental health or lack of knowledge around relationships and parenting in particular and then connecting parents to resources to help reduce their stress levels and to promote a sense of stability and well-being in their lives.

As mentioned in the previous section, a parent's mental illness, trauma history, or substance use issue can make it difficult to parent and therefore, it is often necessary to provide treatment to a parent which could be individual therapy, medication, psychiatric hospitalization, substance abuse treatment or group therapy. Parents with a trauma background would likely benefit from Dialectical Behavior Therapy which teaches skills such as distress tolerance, emotion regulation and self-soothing, all of which would come in handy as a parent (Linehan, 1993). In Iwaniec's book on emotional abuse, the first modality suggested is behavioral work using techniques such as mapping the cycle of behavior, learning to appropriately de-incentivize poor behavior, using positive reinforcement techniques with the child, learning relaxation skills and problem-solving techniques (Iwaniec, 2006). The second approach is Cognitive Behavioral Therapy (CBT) including things such as mapping cognitive distortions, cognitive restructuring, developing an awareness of and reshaping self-talk (Iwaniec, 2006). Iwaniec (2006) even suggest that the therapist role play with the parent so that they can "disrupt the cycle of frustration, anger, arousal and abuse" (p. 264). Unfortunately, these resources can be difficult to access for parents who do not possess the financial means to make it happen. Once a parent's own issues reach a relatively stable baseline, interventions around parenting education are very helpful (Iwaniec, 2006). Iwaniec (2006) suggests that classes can discuss topics such as developmentally appropriate expectations, why talking and playing with children is important and how to deal

with your own frustration while parenting. Many parents genuinely wish to be good parents and may need guidance in order to achieve their goals and would benefit from treatment for their primary issues as well as education on parenting and relationships.

The second category of intervention focuses on meeting the practical needs of parents such as unemployment, transportation, child care, social support, and housing. Maslow's (1943) writing on human motivation discusses the idea that if a person's basic/survival needs are not met, they will not be able to focus on other things such as love and belonging. Doyle (1997) states that families where the stressors exceed the support are more likely to be emotionally abusive. In her section on intervention, Doyle (1997) mentions that families sometimes are offered material support. It is important to note that families in poverty are not necessarily more likely to be emotionally abusive but rather that this reflects the difficulty in gaining accurate demographic information about emotional abuse occurring in all levels of society. Still, for families struggling with both material concerns and emotional abuse, these types of practical interventions can help reduce the stress of the parent and also have the potential to foster a sense of trust that can allow a parent to feel safer seeking support in the future.

The third category of interventions is also the largest and crucial to a successful outcome in many cases. Interventions at the family level can range from voluntary participation in family therapy all the way to removal of the child from the home, although that is an unusual outcome for emotional abuse (Iwaniec, 2006). Prior to removal, child protective services will often utilize outpatient family therapy or home-based services in order to provide the caregivers with the necessary tools for success. Whether a family seeks these services on their own or is mandated to participate, Iwaniec (2006) recommends some approaches for improving the parent-child

dynamic. The first is to cultivate a secure attachment, particularly if the child is young. The therapist can coach a parent on how to bond with their child in a warm, nurturing way and to learn how to be attuned to the needs and feelings states of their child (Iwaniec, 2006). Another approach used to increase parental awareness of the impact of their actions is video-recording and feedback where the therapist video-tapes parent-child interactions (Iwaniec, 2006). The therapist will then review the tapes with the parent as a learning tool. Another notable method is parent-child interaction therapy or PCIT which uses attachment theory and social-learning principles (Iwaniec, 2006). In this method, parents receive education around positive parenting skills during sessions with their children, complete homework assignments and receive copious amounts of feedback on their observed interactions with their children (Iwaniec, 2006). There are other modalities such as multi-systemic therapy and functional family therapy which address the family system but those are generally only available to families with a juvenile offender. Overall, there are so many effective therapeutic interventions available to families. Unfortunately many families cannot afford therapeutic services and since emotional abuse cases are not often open with child protective agencies, many parents may need services but refuse to participate in them.

### **Prevention**

Barlow and McMillan (2010) make a strong case for preventative work saying that the widespread prevalence of emotional abuse warrants population-based interventions. Regrettably, there is little empirical evidence to support the effectiveness for population-based interventions targeted at emotional abuse but such approaches have been effective with reducing the incidence of physical abuse (Barlow and McMillan, 2010). Barlow and McMillan (2010) suggest using a

public health approach and taking advantages of access points such as primary care doctors, schools, and the media to promote messages about positive parenting. Iwaniec (2006) suggests making a wider availability of parenting discussion/support groups in the general population to help address gaps in knowledge about parenting and child development. Hart (1991) mentions that a positive ideology of children as a society could help create safer spaces for children. Hart and Glaser (2011) advocate for a shift towards primary prevention in the child-welfare world with a focus on children's rights. Hart and Glaser (2011) assert that by focusing primarily on sexual and physical abuse, the child welfare community has been missing an important piece of the puzzle as emotional abuse is at the core of all childhood maltreatment and suggest that addressing emotional abuse will go a long way toward dealing with other forms of abuse as well.

#### **FRAMEA**

Earlier in the chapter, I discuss Glaser's (2002) definitional conceptualization for emotional abuse which asserts that emotional abuse is a serious concern and needs to be addressed in the world of child protection. Glaser (2011) recently proposed a method for child protection intervention that addresses identification, determination of threshold and level of intervention. This model necessitates that a thorough assessment of the home environment, the caregivers, the caregiver-child interactions and the child's function be completed prior to deciding upon an intervention. This approach attempts to support parents in resolving problematic and harmful behaviors prior by offering therapeutic interventions and resource support for families in need (Glaser, 2011). If the home environment does not improve, then

actions such as removal can take place (Glaser, 2011). Below is the step by step protocol recommended by Glaser (2011 p. 874).

***FRAMEA*** (the name of the protocol)

1. Initial observations and information about children and families of concern need to be separated into the appropriate tiers of concern:
  1. Tier 0 – Social & environmental factors.
  2. Tier 1 – Caregiver risk factors.
  3. Tier 2 – Caregiver-child interactions.
  4. Tier 3 – Child’s functioning.
2. If information is lacking about one or more of the tiers, it needs to be gathered.
3. Tier 2 includes the non-physical, harmful parent-child interactions which constitute emotional abuse and neglect. These interactions need to be described.
4. As there are many different forms of harmful parent child interactions, it is helpful to assign them into the most appropriate categories.
5. To satisfy the quantitative criterion, these harmful parent child interactions need to be shown to be persistent.
6. It is important to establish which of the concerns about the child’s functioning (Tier 3) are attributable to emotional abuse and neglect.
7. The severity of the emotional abuse needs to be estimated. Severity is determined both by the intensity of the harmful parent child interactions and the effect on the child. In practice, severity is one of the factors which will determine whether child protection procedures are required.

8. Initial intervention is regarded as a time-limited therapeutic trial of the family's capacity to change.
9. Intervention needs to address Tier 0 and Tier 1 concerns which will involve a number of different agencies. Therapeutic intervention is offered according to the categories of emotional abuse (Tier 2) which are occurring for this child.
10. Therapeutic intervention falls primarily to family services and mental health services (children and possibly also adults).
11. Intervention may lead to improvement and diminution of concerns. If the family does not engage, then referral to statutory child protection services is required in order to encourage the family to participate. If the family still do not engage or if there is insufficient change, consideration needs to be given to placing the child in an alternative family.
12. Some children will be too old to move, or removal may be deemed inappropriate. Direct, therapeutic work is then offered to the child to enhance coping with the ongoing emotional abuse.

Glaser (2011) posits that we do have enough information about definition to be able to assess emotional abuse in families and believes that this protocol could be used effectively to assess families and make interventions in an ethical manner.

Thus, according to the literature reviewed above, there are many possible interventions and preventative measures that could be used to combat emotional abuse in families (Doyle, 1997, 2001; Iwaniec, 2006; Barlow &McMillan, 2010). In spite of these possibilities, many professionals still feel baffled by this area of practice and feel unable to intervene. Why the gap

between the current state of clinical and research knowledge regarding emotional abuse and the extent to which agencies and professionals feel empowered to take action? The following section discusses the Obstacles to effective prevention and intervention.

### **Obstacles to effective prevention and intervention.**

In their 1987 article, Hart and Brassard identified obstacles to effective prevention and interventions. These obstacles included finding a balance between broad and narrow in the definition, children's rights versus parents' rights, necessity to prove serious harm in order to intervene, and a scant focus on prevention (Hart, Bingelli & Brassard, 1987). Twenty-seven years later, these obstacles continue to exist demonstrating that there is a gap between knowledge and action.

A thorough review of the current literature indicates the following primary obstacles to more effective prevention and intervention are as follows: issues of definition; systemic and organizational issues; and the perception that emotional abuse is less harmful than other types of abuse.

#### **Issues of Definition**

Researchers, child welfare workers, clinicians and lawmakers struggle to create a universal definition, if one exists (Glaser, 2002; Hamarman et al., 2011; Hart & Brassard, 1987). The challenge is to create a definition that is broad enough to include the variations of emotional abuse and specific enough so that it could be used in a forensic capacity and will not criminalize parents who may have had a bad day. Currently, individual states are responsible for designing their own definitions and can opt to include it in their mandated reporting statutes (Carleton, 2006; Hamarman et al., 2011). Emotional abuse is complex, subjective,

nuanced and contextual but research shows that it is extremely harmful and more recent research, particularly Glaser, provides operationalizable definitions (APSAC, 1995; Glaser, 2002, 2011). Additionally, emotional abuse is not only perpetrated by parents. Emotional abuse can happen with siblings, teachers or anyone with a relation (Iwaniec, 2006). The domestic violence world has long sought to create better services and laws to assist individuals experiencing emotional abuse within their intimate relationships as it can be very difficult or even impossible to get a restraining order, for instance, when a partner commits emotional abuse (MGL c. 209A). Many people, including people who work with children and families are sometimes unaware that emotional abuse is at the heart of all forms of emotional abuse (Glaser, 2011). So, if a percentage of children in Colorado experienced physical abuse, chances are that 100% of those children also experienced emotional abuse. Emotional abuse affects so many people which is why it is so important to create consistent and helpful definitions that can be used legally and clinically.

### **Systemic Issues**

The system responsible for prevention and intervention services is a complex network of multiple governmental and non-governmental agencies and systems including the child welfare system, the legal system, the mental health system (including schools and mental health agencies) and the public health system – each with its own different role. They often have different goals or ways to meet similar goals. Different disciplines and systems have different languages or jargon. Social workers and lawyers for instance, have different confidentiality policies and professional guidelines that can conflict (Conti, 2011).



Helping create safe homes for children and families requires collaboration between different systems with various types of professionals and individuals. With each individual system's own organizational issues, interdisciplinary collaboration can be challenging but is extremely necessary in order to support children and families.

For example, when it comes to emotional abuse, the child welfare system struggles to create a threshold for action (Doyle, 1997; Glaser, 2002, 2011; Hamarman et al., 2011). With physical abuse for instance, there often has to be a mark or marks and child welfare workers will document the mark with photographs and measurements. It can be much harder to see the marks for emotional abuse and prove causation even if a child is struggling. Additionally, the child welfare system most often comes into contact with poor families, including many people of color when abuse can happen in any home of any demographic (Doyle, 1997; Iwaniec, 2006). Many wealthier white families who are reported are very skilled at presenting appropriately and appear to be functioning normally even if there are serious hidden concerns. Unfortunately, the child welfare system is underfunded and overloaded in its current state and so it is nearly impossible for the system to address more than it is already.

On the other hand, when it comes to the legal system, one of the primary concerns is regarding the potential false reporting of emotional abuse and/or the criminalization of parenting (Glaser, 2011; Hamarman et al., 2011; Iwaniec, 2006). Some worry that child welfare officials and courts would have trouble differentiating abuse from the regular ups and downs of parenting. In general, the constitution and our society favors the rights of parents over the rights of children as the United States recognizes the rights of parents to raise their child and there is significant weight placed on that legally (U.S. CONST. amend. XIV). The child welfare system

and the legal system tend to primarily catch poor families and people of color (Gilman, 2013). White middle to upper class families who experience abuse often go unnoticed by the system. Especially if the emotional abuse is occurring as a standalone issue, it is likely to never be reported and if reported, never substantiated. The legal system reinforces oppression and privilege tied to racism and classism in particular.

### **The Perception that Emotional Abuse is Less Harmful than Other Forms of Abuse**

The myth that emotional abuse is less harmful than other forms of abuse is still strong in the minds of many people (Glaser, 2011). More attention is generally paid to more concrete forms of abuse such as physical abuse, sexual abuse and material neglect (Glaser, 2002). Given the limited resources of the child welfare system, some people insist that it is not big enough of a problem in comparison to other forms of abuse. This may be in part to a smaller body of research done on the impact and prevalence of emotional abuse. The way that abuse is conceptualized with emotional abuse as a separate construct rather than an essential component of all abuse also might contribute to this viewpoint (Doyle, 1997). I am also unaware of any large scale campaigns to raise awareness about emotional abuse, its definition and effects. This lack of awareness makes it difficult to inspire a sense of urgency around problem-solving not to mention getting the necessary funding.

### **The Experience of Professionals**

When defining subjective experience, Gray (1995) includes both perceptions of events in the external world and perceptions of the inner, private world. This study focused on three particular areas of the subjective experience of professionals working with children and families experiencing emotional abuse: abuse as a social construct, associated risks and challenges

relating to organizational and institutional structure. This provided a framework for the interviews that is dictated by current research on the subjective experience of professionals.

### **Abuse as a social construct**

Although abuse can feel like a black and white topic, it is helpful to view abuse as a social construct. Mildred (2003) explores the idea that social problems cannot be separated from the context in which they arise. Many writers acknowledge that identifying and intervening in situations of child maltreatment has long challenged many types of professionals even as governing bodies seek to clarify the thresholds using tools such as practice guidelines and mandating reporting statutes (APSAC, 1995; Carleton, 2006; Doyle, 1997; Iwaniec, 2006; Marshall, 2012; Nunnelley & Fields, 1998). Of all the types of child maltreatment, emotional abuse has proved most challenging to define in the literature as well as for governing bodies, child welfare agencies and other professionals working directly with children and families (Doyle, 1997; Glaser, 2011). Marshall (2012) asserts that many mental health professionals remain woefully unaware of not only the damage emotional abuse can do but how to identify it and what actions to take.

While it is clear from the literature that many professionals working with children could benefit from further education and training in this area, there is little qualitative data that examines how professionals such as therapists, child welfare workers and lawyers define and see emotional abuse. It is now clearly understood by professionals that physical and sexual abuse are highly detrimental to a child's wellbeing not only in the short term but also across the lifespan (Norman et al., 2012). Unfortunately, that widespread recognition doesn't seem to extend to emotional abuse at this time. Certainly, many more professionals appreciate the risks of

exposing a child to emotional abuse than did 20 or 30 years ago but many people still seem confused about what emotional abuse is and others still contend, despite research to the contrary, that emotional abuse is less harmful than other forms. In 2012, Judy Nixon conducted qualitative research with professionals regarding the phenomenon of parent abuse. She focused on exploring how the social workers defined parent abuse, the ways they conceptualized it, their understanding of the causes and practice responses. Nixon (2012) found that even though most clinicians understood parent abuse to be a serious issue, the lack of clear legal and clinical guidelines made it very difficult to intervene. The article recognizes that parent abuse is a “complex and contested site of practice” (Nixon, 2012, p. 238). Additionally, Nixon (2012) states that although parent abuse is a social problem there is no consensus on whether or not it is deserving of public intervention. While Nixon (2012) is studying a different form of abuse, the above phenomenon corresponds to the ideas in the literature on emotional abuse. Nixon has identified as gap between insight and action much like the one this paper discusses. This study aims to gain more knowledge about the perceptions of professionals regarding emotional abuse including definitions, conceptualizations, understanding of its causes and practice responses.

### **Associated risks**

Another key component of the experience of professionals working with children and families are the associated risks. Research states that professionals who work with children experiencing trauma (especially child welfare workers and mental health professionals) are at a risk for experiencing vicarious traumatization (VT), secondary traumatic stress (STS) and PTSD (Bride, 2007; Conrad & Kellar-Guenther, 2006; Jankoski, 2010; Motta, 2012). Even those who did not experience symptoms at a clinical level reported that their lives would never be the same

again and that there were permanent changes to who they are as a person as a result of engaging in the work (Jankoski, 2010). In 2007, Brian Bride conducted a study of Master's level social workers and of the 282 participants 70.2% had experienced one or more symptoms of STS in the past week and 15% of the sample met the criteria for a clinical diagnosis of PTSD. The literature is mostly silent on the experience of lawyers and judges in this area. Nonetheless, it is difficult to imagine that these individuals experience no effects while working with traumatized populations.

Even though work with high risk children and families can be hazardous, many professionals find ways to cope with the difficult and challenging parts of the work. According to Sprang (2011), child welfare workers who engaged in (1) religious and spiritual practices fared better than those who did not. In general, research shows that the (2) process of meaning-making is crucial for the successful processing of traumatic experiences (Park & Ai, 2006). Unfortunately, there does not appear to be much research on how professionals working with children experiencing trauma might successfully engage in the meaning-making process. This is an area of knowledge that could have great benefits for the field by helping people to better understand how to make sense of their experiences in their jobs.

### **Challenges relating to organizational and institution structure**

When examining the experience of professional, the organizational and institutional structures in which they work are highly relevant. Many professionals work in agencies, hospitals, schools and other places. All professionals, even if they are in private practice, must negotiate with the institutions of society such as the government, court system and education.

Therefore, it follows that these structures may present problems for the professional as they move throughout their careers. For instance, common themes in the literature on mental health and child welfare are inadequate supervision, overburdened caseloads and a lack of training on VT and STS (Conrad & Kellar-Guenther, 2006; Jankoski, 2010; Sprang, 2011). These issues cannot necessarily be resolved by individual professionals but require change on the organizational and institutional level. Another example is that in the legal profession, many law school curricula provide students with very little education about abuse, trauma, family dynamics and phenomena such as STS. In order to more comprehensively understand the experience of professionals working with children and families experiencing emotional abuse, it is essential to obtain information about how they perceive the systems in which they operate.

## **Summary**

Literature reviewed in this Chapter shows that emotional abuse, also known as psychological abuse or psychological maltreatment, is widespread, affecting children and families all over the world. The most commonly accepted clinical definition emotional abuse is “a repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or of value only in meeting another’s needs” (APSAC, 1995).

In the U.S., Federal law defines it as follows:

Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm. (CAPTA, 2010)

In the Colorado Revised Statutes 19-1-103, it is defined as follows:

Any case in which a child is subjected to emotional abuse [which] means an identifiable and substantial impairment of the child's intellectual or psychological functioning or development or a substantial risk of impairment of the child's intellectual or psychological functioning or development. (p. 1)

Emotional abuse is a social construct that is created by and influenced by society. Child abuse is about parental behavior – and acceptable norms of parental behavior vary from culture to culture and even the same culture, they vary from time to time. What was acceptable parental behavior at one time may not be acceptable at another time. In addition to the influence of the wider cultural and social norms, individuals' including professionals' views of and attitudes about emotional abuse, and the meaning they make of it, are influenced by their own personal experiences and religious/spiritual beliefs (Horwath & Lees, 2010).

Emotional Abuse has devastating short term and long term effects. Short term effects include failure to thrive, learning difficulties, cognitive delays, hyperactivity, sleep disturbances, insecure attachment, emotional regulation difficulties, susceptibility to illness, death, developmental delays, anxiety, depression, personality disorder traits, posttraumatic stress disorder, substance abuse, self-harm, suicide, negative core beliefs such as feelings of worthlessness, high-risk behaviors, hypervigilance, development of a false self and dissociative symptoms, low self-esteem and avoidant behavior (Berenson & Andersen, 2006; Davies 2011; Flanagan et al. 2011; Hart, Bingelli & Brassard, 1998; Harvey et al., 2012; Iwaniec et al., 2006; Marshall, 2011; Newlin, 2011; Riggs 2010; Shengold, 1989; Spitz, 1945, 6; Winnicott, 1960). Long term effects include depression, alcoholism, suicidality, anxiety, neurobiological changes, posttraumatic stress disorder, difficulty with emotion regulation, trouble with adult relationships,

shame based perception of self, limited awareness of others, creation of a false self, low self-worth, hostile attribution bias, rejection expectancy, mistrust and emotional distance, personality disorders, susceptibility to physical illness, higher risk of exposure to STI's, engagement in high-risk behaviors, dissatisfaction with life and general psychological distress (Applegate & Shapiro, 2004; Berenson and Andersen, 2006; Burns, Jackson & Harding, 2010; Doyle, 2001; Gavin, 2011; Harvey et al., 2012; Levine, 1997; Min, 2010; Newlin, 2011; Norman et al., 2012; Sperry and Widom, 2013).

Certain protective factors serve to buffer the impact of abuse on children. The most important was a connection with a kind and caring adult during their childhood and the second is their own personal resilience which includes the development of emotional skills such as emotion regulation (Doyle, 2001; Burns et al., 2010).

Causes of emotional abuse include parental history of abuse, mental illness or substance abuse and stressors such as unemployment, domestic violence, homelessness, divorce and loss (Doyle, 1997; Iwaniec, 2006).

There are a number of strategies for intervention such as play therapy for children, cognitive behavioral therapy for adults, family therapy and even parent coaching. In terms of prevention, the research suggested better availability of parenting education and also working to promote children's rights. Danya Glaser's (2011) protocol for addressing emotional abuse called FRAMEA. This provides a clear way to identify, assess and intervene when encountering emotional abuse.

Obstacles to preventing and intervening in regards to emotional abuse are issues of definition, systemic and organizational issues and the perception that emotional abuse is less



harmful than other types of abuse. These obstacles make it difficult for professionals to use the knowledge we possess to provide proper care and support to children and families.

The professionals working in this field experience secondary traumatic stress, changes to their worldview, inadequate supervision, heavy caseloads, systemic obstacles and inadequate training on the issue of emotional abuse.

Finally, the literature clearly demonstrates that emotional abuse is an important issue that occurs often and has serious short and long term side effects. Although clinical and legal definitions acknowledge its existence, the wording remain vague and creates barriers to confronting it in the clinical and legal worlds. Although emotional abuse can be very damaging, an individual's own resiliency along with positive relationships in their life can mitigate the harm done. Even though it can be difficult to intervene, various modalities in existence such as play therapy, CBT, family therapy and parent coaching can be highly effective. The research also shows that working with emotional abuse can be challenging as professionals tend to have heavy expectations placed on them by the system and can experience difficulties as a result of their work. Emotional abuse is a serious problem that affects not only children and families but also the professionals who work with those children and families.

## **CHAPTER III**

### **Methodology**

My research explored the subjective experience of the professionals working with emotional abuse that occurs between children and their caretakers and to examine the obstacles to more effective prevention and intervention of emotional abuse.

#### **Research Design**

This was a qualitative, exploratory study. This design was the most suitable because it allowed exploration of the specific experience of the professionals selected in order to capture emerging themes in the work with children who experience emotional abuse at the hands of a caregiver. Given the interpretive and exploratory nature of the data sought, quantitative methods or even other qualitative methods such as informational interviewing would not have captured the depth, breadth or nuance of information and experience possible with intensive interviewing.

#### **Participants**

My sample was a purposive, non-probability sample that is not representative of the population but provides specialized knowledge on the issue at hand. There were 12 key informants from the mental health system, the child welfare system and the legal system. Each individual has met the following five criteria in order to participate:

- Is aware of the existence of emotional abuse between parents/caregivers and children;

- Has at least one year (preferably five or more) direct experience in their field working with children and families although does not need to be currently engaged in direct work;
- Falls into one of the following professional categories:
  - mental health: MSW or PhD in social work, PsyD, PhD or MA in psychology, or school counseling;
  - child welfare: current or former direct child welfare agency experience;
  - legal: law degree (lawyer or judge);
- Has encountered emotional abuse in their work with children and families;
- No direct working relationship or personal relationship between the researcher and the potential participant.

It was important to obtain data from professionals who represent different aspects of the system that works with children and families. The goal was also to have diverse sample in terms of culture, race and ethnicity. Unfortunately, the sample was more homogenous in those areas than was hoped for. Nonetheless, the participants do come from a variety of backgrounds, professions and worldviews.

### **Recruitment**

For this study, the priority was not finding a large number of participants but rather the right participants. As key informants, the participants had to possess specialized knowledge and experiences in order for the study to have significant data. I sought a maximum of 15 participants with each of the three categories (mental health, child welfare and legal) capped at no more than 5 participants. I interviewed 4 mental health professionals, 4 child welfare professionals and 4 lawyers.

I compiled a list of individuals in the Denver/Boulder area that I used as a pool for recruitment. These names were collected from faculty rosters, public organizational staff rosters and personal referrals. I avoided a conflict of interest by excluding possible participants with whom I had a personal relationship or direct working relationship. For all three categories, I used emails in order to make contact. During this first contact, I introduced myself as a master's level researcher and explained that I was performing a qualitative study exploring the experience of professionals working with children and families experiencing emotional abuse. I shared where I obtained their information (the name of the person or website that referred me). When they expressed an interest, I performed the screening process, insuring that the individual meets all the criteria listed above. Once it was certain that all the criteria were met and if the individual wanted to participate, I sent them a formal letter regarding the study along with a consent form and scheduled an interview time. (See Appendix B)

### **Data Collection Methods**

Data was gathered through semi-structured, face-to-face intensive interviews that explored the participant's subjective experience of working with emotional abuse that occurs between children and their caretakers, and the obstacles they encountered in their work. Meeting face-to-face allowed me to observe the affect and body language of the professionals I interviewed.

The interviews lasted anywhere from 15-55 minutes depending on the participant and took place at a private location (generally the participant's office) and were audio-recorded. The audio recordings are of a digital nature and the digital files are stored in a secure, password-protected location.

The data collection instrument was an interview guide created by me based on my review of literature (see Appendix A). It consisted of a series of unstructured questions that also allowed space for other concerns relevant to the conversation. Here are some of the questions used:

- How do you define emotional abuse?
- What is your understanding of the effects of emotional abuse both long term and short term?
- What do you see as the obstacles for prevention and intervention?
- What recommendations might you give on how to improve the way we deal with children and families struggling with emotional abuse?

I also collected demographic data on the participants so that I could analyze the sample composition. This information was collected before the formal interview and served as a screening tool. I included questions on gender, race, ethnicity, professional licensure, education, age, years of experience and whether or not the participant has children.

### **Confidentiality**

All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period.

Each participant got a unique identifier which was used to label interviews and data. All identifying information such as agency names was not included in the data analysis and was

censored on the transcripts. In the formal consent letter, participants were told what kind of information would trigger a mandatory report on the part of the researcher.

### **Data Analysis**

I used thematic analysis to analyze the results I obtained. After I completed the transcription of the interviews, I used organized the data into three different categories by profession. These categories were mental health professionals, lawyers and child welfare professionals. In each category, I examined the responses of the professionals question by question following the interview guide. I looked for key words and common themes in the data. The analysis focused primarily on looking at key words and themes that arose in each professional group present in the sample. The analysis examined the subjective experience of the professionals to learn more about the obstacles to preventing and intervening in the issue of emotional abuse. Both the interview process and the transcription process allowed me to become very familiar with the data. For each professional group, I compiled the responses to each question into a document and examined each question's responses for common themes or responses of note. Then for each section of the interview guide, I created a narrative using the information from the previous guide.

I will present these findings in the following chapter.

## CHAPTER 4

### Findings

This chapter presents the data collected from the interviews with 12 key informants from three professional groups: mental health professionals, lawyers and child welfare professionals.

#### Mental Health

##### Section A: Demographics

A total of four mental health professionals were interviewed for this project (n=4). One is a forensic social worker working with post-conviction juveniles sentenced to life without parole in addition to being an adjunct professor. Another is the lead therapist for a program dealing with juvenile sex offenders. The third currently works in college mental health and the fourth is the team leader of a home-based services program. Their ages range from 28 to 56 (mean age 39.5).

Three participants were female and one was male. One participant listed no religious or spiritual affiliation. One identified solely as agnostic while another identified as both Buddhist and agnostic. One participant also identified as earth-based. Half of the participants had no children while the other half of the participants had two children each.

All of the participants had bachelor's degrees. Three of the participants had an MSW and also are licensed clinical social workers (LCSW, the highest level of social work licensure in Colorado). One of the participants had a master's degree in counseling and is a licensed professional counselor or LPC. Additionally, one participant has an additional license in substance abuse treatment (CAC III). Another participant has a master's degree in conflict

resolution. Past positions of the participants include restorative justice practice, rural child protective services case work, consultant for guardian ad litem (GALs), residential work with individuals with developmental disabilities, eating disorders and mental health issues, therapist at an outpatient mental health clinic for children and families, school social worker, interventionist, director of a residential program, wilderness therapist, FFT therapist and private practice. The number of years working with families ranged from 8 to 34 years (mean 20 years).

### **Section B: Abuse as a Social Construct**

The participants expressed a sense of overwhelm and/or were uncertain of how to define emotional abuse. The majority felt that emotional abuse is hard to define. One participant expressed that it can be seen as a catch all for non-physical and sexual abuse. There was also a sense that child protective services and the government defines it differently than many therapists might and that this can feel frustrating for the therapists. When asked for specifics, participants focused on verbal abuse, insecure attachment, acts that damage someone's self-esteem, not accepting one's children for who they are and a lack of concern for emotional well-being. One participant described it as a subjective experience of the victim where one lives in an environment where they consistently experience fear and oppression. It could also occur as the fallout of martial conflict or domestic violence. The participants did identify a key element of emotional abuse which is the consistency of the negative relational components that must be present in order for it to meet the threshold of abuse.

The participants felt that effects of emotional abuse are extremely varied and wide ranging. In the short term, they identified items such as difficulty at school, low self-esteem, inability to trust, difficulty accepting affection, anxiety, depression, high-risk behaviors, self-



harming behaviors, substance abuse, low energy or motivation and cognitive distortions such as “I’m not good enough” or “I’m worthless.” There was also a sense the children suffering from emotional abuse believe that the world is an unsafe place where they are not accepted.

All of the participants agreed that in the long term, emotional abuse could have far-reaching impacts. They noted that many of the issues experienced in the short term carry over in to adulthood. There was higher susceptibility to mental illness, especially depression and anxiety. They identified difficulty with relationships, low self-esteem, poor performance (academic or vocational), difficulty taking care of self, trouble setting boundaries, low confidence, asynchronous development with delayed emotional intelligence, inability to trust and difficulty making choices that would lead to their autonomy as adults.

The participants identified parenting how you were parented or the generational cycle of abuse as being one of the biggest reasons for parents to abuse. The second most identified reason was stress or unmet needs in a parent’s life such as financial difficulties, poverty, lack of supportive friends or family, or unemployment. They also discussed a parent’s mental health and/or history of trauma and how some parents may not know how to attach or nurture and they may lack the self-regulation skills to successfully navigate the stormy seas of parenting. Additionally, two participants brought up LGBTQ youth and how parents who are unaccepting for religious or other reasons do a lot of harm to their LGBTQ children.

Participants discussed both the positive and negatives of their experience working with children and families struggling with emotional abuse. They described it as intense, hard, draining, triggering and inspiring. They talked about leaving work and needing to cry or even wishing that they could take a child home with them. Some expressed difficulty empathizing

with parents while others felt that they had a strong ability to align with parents. One participant discussed how it can be difficult to feel out how the clients are experiencing the therapeutic relationship and whether or not interventions are working. Another participant pointed out that depending on how the client plays out the victim triangle, the countertransference can vary wildly from feeling a need to rescue to experiencing intense dislike for a client. One therapist noted that when they are trying everything they can and the parents are not changing, they feel a really heavy heart knowing that a child may be trapped in that situation for a long time.

The mental health professionals identified many obstacles that they encounter. Overall, lack of resources was a theme, with one participant expressing it as the “squeaky wheel gets the grease” meaning that child protective services only has enough resources to focus on the most severe cases that have concrete and tangible abuse. Another participant stated that their biggest obstacle was having such limited time with clients and that it was difficult to counter all the negative messages they receive when they are out in the world. Also, whether it is work with parents or children, their current stage of change can be an obstacle as they may not be open to receiving support or even recognize that there’s a problem. Other obstacles identified were the unmet material needs of families, difficulty for children to set boundaries and people internalizing negative messages and patterns. There was also an opinion that other professionals working with children and families may lack an understanding of trauma and exacerbate existing issues. The vague definitions were also seen as possible cause leading to a lack of identification of families struggling with emotional abuse.

In general, the system itself was seen as an obstacle. There are different mandates in different agencies which can make the necessary collaboration challenging. Participants also

discussed the system not valuing the whole person or prioritizing health in addition to institutions not valuing time or money spent addressing relationships and mental health. Participants also suggested that there is a lack of training both regarding trauma in general and emotional abuse specifically. Overall, the biggest obstacle seemed to be money or resources.

### **Section C: Associated Risks**

Participants strongly felt that the work with children and families had changed them. They described a wide range of experiences from feeling good or blessed, having learned a lot and that the work was a privilege or honor, that it makes them feel good about who they are to how much the work affects you, is draining, the difficulty of witnessing the vulnerability of children, and gaining insight. Participants expressed an appreciation for their own family, some a hopefulness for the future. Many discussed seeing pathology and abuse everywhere. There is a sense that the work is never done and many participants reported feeling exhausted and challenged by their work. Still, they also reported feeling passionate about their work.

Participants identified important self-care practices such as sleep, exercise, food, general health, well-being, body movement, not getting stuck, time with friends and family, debriefing, venting, date night with spouse, time to oneself, going outside, having a team where you can get support, good supervision, being strengths-based with yourself, clinging to the success stories, hiking, good boundaries with clients, time away from work and hobbies. Multiple participants also brought up alcohol and identified it as a less healthy coping strategy.

Two participants participated in therapy for work related symptoms. One participant used therapy to examine their career trajectory and another used therapy but for reasons unrelated to work.

When asked about how they make meaning of situations where there's little they can do to help, they reported that that is a common occurrence in their work. They reported that it was a difficult experience and challenging to handle. One participant described it as the "grand surrender" because one must remember that you have done what you can and it is time to let it go. Participants found that it was hard to be unable to control bad things happening to people, especially children and that they are continually needing to make peace with their inability to fix people's lives. One participant found that it was helpful to work collaboratively in these situations in part so that she didn't have to hold everything and also to be able to connect the client with as many possible resources trying to achieve a wrap-around effect. Another participant found that teaching is a helpful outlet for exploring some of these larger, systemic issues. Another participant uses that as a signal to re-evaluate their approach with the family. It seemed that this issue challenges the participants in their work and that they must continually practice good boundaries and remind themselves of their abilities and limitations.

#### **Section D: Systemic Concerns**

Overall, the participants were mixed on their perception of the system. About half felt more negatively about it and were more cynical regarding its abilities while the other half recognized its limitations but felt positive about it. All discussed the bureaucracy and how it can be tricky to work within the system with its complexity and different parts. There was a concern for lack of resources and a sense that mental health treatment is not valued by the system or society.

The participants all felt that they do not receive support from the larger system but identified supportive supervisors and teammates as being crucial to their success and well-being.

Challenges in the system included needing to adapt, constant changes, turning state and federal mandates into workable protocols, being underpaid and undervalued, being in a tenuous position, wishing therapists could provide more mentoring and connect clients directly to resources, financial obstacles, federal regulations, not having much power and needing to pick your battles.

In terms of collaboration, the participants expressed having a lot of positive experiences. Still, varying personalities, and having different views could make working together difficult. Participants seemed open to being understanding of their colleagues' limitations and expressed needing communication and respect along with everyone needing to stay in their role.

The participants gave many recommendations including implementing the trauma-informed care paradigm, more training on emotional abuse, less punitive measures from the criminal justice system, more collaboration and trying understanding each other more. They expressed a need to de-stigmatize parenting education, have more early education for kids and primary prevention in schools. They advocated for multi-systemic therapy (MST) more than other therapeutic models. They praised the power of relationship and felt that programs involving mentoring and role models were very effective. They wanted to re-examine the system to figure out how it impedes itself in addition to performing a cost benefit analysis to see how much money things like preventative care might save in the long run.

## **Lawyers**

### **Section A: Demographics**

A total of four lawyers were interviewed for this project. (n=4). One is a solo practitioner, subcontracted with the state of Colorado to represent respondent parents and work as a guardian

ad litem. Another is an Associate professor of law of family law; the third is a director of clinical education, clinical professor and co-Director of a juvenile and family law program, and the fourth is a partner in a law firm for criminal defense work (kids and adults) as well as dependency and neglect (D&N) work (respondent parent). Their ages ranged from 40 to 53 (mean age 45 years).

Three of the participants were female and one participant was male. Two participants listed no religious or spiritual affiliation, one participant identified as Buddhist and the other as a non-practicing Catholic. Two participants had two children. One had no children and one had a step-child.

All participants had a BA, a JD and license to practice law in the state of Colorado. One participant also possessed a master's degree and had begun a PhD program in developmental psychology. Their past positions include school counselor, guardian ad litem, Deputy District Attorney, psychological researcher, legal services for the elderly, D&N work, criminal defender, family lawyer and rural legal services. Their number of years working with children and families ranged from 9 to 22 (mean 15.75 years).

### **Section B: Abuse as a Social Construct**

Each participant defined emotional abuse differently. Some participants questioned whether not it could be defined. Some behaviors that participants labeled as emotionally abusive included controlling behavior, harsh punishment, verbal abuse, non-supportive behavior, parentification, manipulation, tormenting a child, degradation, and punishment for personal gain. Participants also testified to the potentially subjective nature of emotional abuse. The majority of participants felt that evidence of harm was an essential component of emotional abuse while other participants questioned the practice of allowing a harmful situation to reach a boiling point

before intervening. Most of the lawyers felt that a parent might have mixed or even good intentions in their behavior while one felt that many people acted intentionally.

All of the participants agreed that emotional abuse is very harmful and that its effects can manifest in a variety of ways. For the short term, the participants included items such as interpersonal skills, ability to attach both to care givers, difficulty in school and accepting consequences, low self-esteem, mental health and substance abuse and compensating by appearing very successful in things like school or sports. In the long term, they identified self-esteem, negative self-talk, distorted perception of social interactions and relationships, mental health (suicidality, substance abuse, lack of emotion regulation skills, emotional lability), trouble succeeding later in life in terms of employment, housing, repeating the cycle of abuse, trouble with boundaries, and an inability to feel comfortable with other people. The participants agreed that many of the long term effects were a continuation of issues originating in the short term.

Participants believed that abuse is generational and that people parent how they were parented. They also identified mental health, substance abuse, history of trauma, domestic violence, lack of knowledge about how to parent skillfully, attachment problems, parents being focused on their own needs, stress, and the simple fact that kids are easy targets

All of the lawyers asked for clarification about what kind of obstacles, reflecting the many categories existing. The most common theme was lack of resources and services available to their clients. Many also specified that in addition to more services, there needed to be properly tailored treatments for parents and children offered by skilled and knowledgeable clinicians. All of the participants felt limited in their role, wishing that they could do more. Specific to the practice of law, it was identified that it can be difficult to find an opening with parents to discuss

their abusive parenting patterns as they tend to encounter a lot of shame and defensiveness.

Another obstacle was not wanting to deal with an abusive parent or even a child who lashes out at service providers. In addition, one lawyer pointed out that there wasn't always proper security support in the work which made it challenging to provide good services to aggressive clients. For those working with children directly, they stated that developing trust and a good working alliance with the child along with helping the child to see the effects of the abuse and come to a place where they feel empowered to make changes for themselves as a challenge. Poverty and home stability were also discussed as an obstacle in many cases.

People seemed to have some trouble discussing their own experience. The question wording may have made it ambiguous. All of the lawyers saw emotional abuse as at the core of abuse and reported dealing with it very often (almost in every case). One lawyer described the emotional experience as ranging from "awe-inspiring to really depressing to flat-out maddening." One participant stated that substance abusing parents were often easier to deal with than extremely emotionally abusive parents. The participants felt emotionally invested in these cases and tended to experience some level of drain or intrusion into life outside work.

Overall, in the system the biggest issues was not enough resources. The participants also identified the need for safe relationships with adults whether it was caregivers, therapists, probation officers, or another positive figure. They pointed to the need for more rehabilitative rather than punitive services, especially for juveniles and abusive parents. In general, there is a dearth of resources for parents around parenting, particularly for fathers. Another participant felt strongly about a lack of evidence-based interventions. Police interventions whether due to domestic violence or child abuse can lack nuance and create devastating consequences for the



family. Participants discussed people being re-triggered while in the system by the system and teens becoming jaded and untrusting as a result of failed interventions. Additionally, the compliance mechanism at child protective services was identified as complex and potentially ineffectual for enacting real change in family. On the other side of things, participants discussed how professionals can be territorial and that lawyers are trained to be adversarial which can make collaboration challenging.

### **Section C: Associated Risks**

When asked how the work affected or changed them, participants responded with both positive and negative effects. Positive effects included learning as a parent, personal growth, following their passion and being inspired by success stories and the resilience of their clients. Negative effects included exhaustion, burnout, feeling more jaded or cynical, seeing abuse everywhere, having less empathy for loved ones, difficulty maintaining a compassionate stance, expecting the worst, struggling hearing traumatic material, dealing with the limitations of their role and not being able to save people and vocational penetration or the experience that work memories appear in dreams or as intrusive thoughts while you are at home.

Coping strategies included discussing stressful events with spouse or friends, exercise, running, reminding yourself that you're doing your best, remembering you don't have control over the choices of others, a job change, meditation, Buddhism, having a "rich tapestry," going on vacation, spending time with friends, having good work boundaries, setting aside time for yourself, maintaining humility and resilience, staying deeply engaged, detach, learning to recognize when you're overwhelmed, maintaining a reasonable caseload. Some unhealthy coping skills were also identified such as alcohol, over-eating and smoking. Half of the participants had

attended therapy and the other two stated that they had supervision/peer consultation that helped them to process the difficulties of work.

When asked how they make meaning of not being able to save every child in distress, the participants discussed items such as having good boundaries, being upfront with a client about what you can and can't do, trying to find a good balance of what the client wants and what the client needs, reminding yourself of your abilities and limitations, developing maturity as a professional, trying to understand what the system is attempting to accomplish, not taking responsibility for the choices of others, believing that people can change, refraining from character judgments and trying to understand their context, try to just keep movement happening, having realistic expectations about what you can do and trying to be emotionally and physically healthy to buffer the drain.

#### **Section D: Systemic Concerns**

There was a consensus that the system has a great deal of limitations and according to some, is broken. It was described as bureaucratic, political and very complicated. Some discussed how the system is evolving and is better than 20 years ago. Others talked about how it is uneven (some areas progressive, others not working very well). Everyone agreed at that the system is vastly underfunded and has high turnover. Another theme was communication breakdowns between the multiple systems. Some felt, however, that there is more awareness in the larger community.

The participants unanimously expressed that the system isn't supportive. They acknowledged that provides a steady stream of clients and allows the professionals access to

information. The lawyers felt supported by some of their superiors and colleges and stated that the system offers some tools in terms of programs for clients although generally not enough.

The participants identified many challenging aspects of being part of the system. One participant discussed not wanting to be a cog and trying to do things on your own terms even though that can be difficult. Another identified trying to understand the system and feeling like the system is more difficult to deal with than the traumatic stories of their clients. Participants also identified exhaustion and low pay.

When it came to collaboration, the participants had had overall positive experiences. They noted trying to be understanding of everyone's limitations and not taking it personal if a colleague couldn't be immediately helpful. Participants stated that there were occasional bad experiences but that collaboration was generally possible and even pleasant. More than one participant reported having close friendships with people in the system from different fields.

The legal participants had plenty of recommendations on how to deal with emotional abuse. There were two main recommendations: money and mental health services. There was a call for comprehensive mental health services including things such as in-home services, quality clinicians, evidence-based treatments, more preventative services, more early identification, fostering more interdisciplinary conversation, more rehabilitation and fewer punitive measures, more available substance abuse treatment. They also identified items such as dealing with poverty and having separate contained court proceedings for child welfare and families.

## **Child Welfare**

### **Section A: Demographics**

A total of four child welfare professionals were interviewed for this project (n=4). One is an on-going case worker who primarily worked with sexually offending youth. Another is the lead worker and a case worker with on-going child protection. The third currently works in intake as a case worker and the fourth is the executive director of a private adoptions agency. Their ages ranged from 35 to 45 (mean age 38.75).

Three participants were female and one was male. Two participants identified themselves as Christian with a third identifying as Methodist. One participant identified as Unitarian Universalist. Two participants had 2 children. One participant had one step-child and one participant had no children.

All of the participants had bachelor's degrees. Two participants had MSW degrees. One of them also is licensed as an LCSW while the other is working towards their licensure. Past positions of the participants include case worker in another state, case worker in a private placement agency, non-profit work with children with cancer, advocacy and peer companionship services to people with special needs, county workforce center case management, and adoptions supervisor for child protection. The number of years working with families ranged from 10 to 25 years (mean 17.25 years).

### **Section B: Abuse as a Social Construct**

The participants gave definitions with some differing greatly from one another. One participant said that they had no time to define it and weren't sure that it could be defined at all. One participant described it as "abuse you can't see." Another participant stated that emotional

abuse “is action or inaction of the parents that contributes to an enduring or pervasive lack of functioning in day to day life either social-emotionally or educationally.” There was also talk of two definitions, one used when investigating a case and another less stringent definition to generally reflect on the experiences of children. Participants described items such as verbal abuse, degradation, the withholding of affection, not accepting an LGBTQ child, inconsistent care-taking and volatility. There was a consensus that emotional abuse was difficult to define, particularly in the legal realm as it pertained to child protection. Multiple participants also brought up that it can be hard to spot as many families are good at covering it up. Participants also mentioned that culture should be considered in the definition as different families might have different ways of defining healthy parenting. All the participants included a requirement to show significant harm in their work definition of emotional abuse meaning that a child must be exhibit impaired functioning as a direct result of documentable emotional abuse.

The majority of participants felt that emotional abuse could have devastating effects both in the short term and the long term. In the short term, participants cited seeing issues with self-esteem, school, an inability to focus, anger, withdrawal, acting-out behaviors, trouble attaching, inability to trust, cutting, suicidal ideation, suicide attempts, anti-social behavior, depression, trauma response, self-medicating, poor impulse control, sexual acting out and other mental health issues. In the long term, participants listed difficulty judging how others perceive them, mental health issues, PTSD, low self-esteem, inability to trust, difficulty with relationships, vocational troubles, abusing children of their own and trouble taking responsibility for the actions.

When asked why a parent might abuse, the participants reported mental illness, parenting the way you were parented and environmental stressors. There was special attention paid to Axis II personality disorders in particular Narcissistic Personality Disorder, Anti-Social Personality Disorder and Borderline Personality Disorder. When giving examples, participants talked about qualities such as taking a child's behavior personally or believing that the child is a bad child. One participant talked about how difficult it is for parents to learn new skills and how to do things differently.

The participants experienced working with emotional abuse as challenging describing it as "baffling" and discussed issues such as how it can be difficult to get accurate information about what goes on in a home and even more difficult to take the case to court. One participant said that it was difficult to watch parents target one child in the family as a scape goat. Multiple participants brought up how it can feel overwhelming because they see in it many families while another participant stated that they rarely ever see it even in families with multiple issues.

Participants experienced obstacles while working with emotional abuse such as parents not understanding the impact of their actions or knowing that they might be abusing their children, cultural differences, trouble proving that emotional abuse is occurring, families dealing with many other issues simultaneously, feeling that emotional abuse is "not measureable," and had concerns about bias in the literature on emotional abuse.

In the larger system, other concerns included a need to increase societal awareness of emotional abuse and its impact, the need to re-examine the statutes on child abuse in neglect in addition to other concerns around emotional abuse being difficult to define, the problematic nature of having to wait until egregious harm is done to a child before an intervention of any

kind can be mandated, the stigma of parenting education, a lack of resources, the challenges of families in poverty, not having enough time to work with a family. The participants had differing levels of optimism regarding change of the system and of individuals. One participant when asked about obstacles stated that “people never change.”

### **Section C: Associated Risks**

The child welfare professionals felt that their work had changed them and while they cited feeling inspired by successes, they also struggled with the challenging demands of the job. Participants discussed having a hard time keeping work at work and having to take measures such as no longer watching the news or reading the paper and avoiding dysfunctional relationships outside of work. Participants talked about being more hyper-vigilant, jaded, having a darker sense of humor, feeling stressed, and experiencing secondary trauma symptoms. One participant stated that it was easy to “neglect your own emotional well-being” in the course of the work. They also talked about feeling excited about their successes and having more empathy for parents as a result of the work.

In order to cope with the difficulties of work, participants used exercise, yoga, writing, supervision, peer support, leaving rituals, and time to reflect. All participants stressed the importance of having good boundaries and a life outside of work. There was a definite necessity to leave work at work and give oneself permission to be human and do only what you need to do each day. Two participants sought out therapy as a result of work while two did not.

When dealing with a child that they may not be able to help, participants talked about a need to let it go. Some said that it gets easier with experience. One participant reported that their faith in the safety assessment made it easier to believe that they had done all they could. Another

participant stated that the “trauma of separation is worse than minimal abuse and neglect” while another reported holding tightly to their goal of “wanting all kids to have a safe and healthy environment.” In general, the participants felt it was important to know what their role was and to accept the limitation of that role. The consensus was that the main focus was safety and that when it comes to child welfare, children just “have to be safe enough” and that no family system is perfect anyway. One participant expressed their hope for the future by saying that their work may have had an impact even if they never get to see the results.

#### **Section D: Systemic Concerns**

In general, the participants reported a lot of conflict inherent in the system. Many reported that the various different systems sometimes struggled to communicate with one another and could be adversarial towards each other. One participant compared the system to a vehicle that needs maintenance and grease for its parts. One participant discussed how it can be challenging to deal with the negative perception of the public regarding the child welfare field. Another concern was the top-heavy structure of the system and a disconnect between the administration and the line workers. It was brought up repeatedly that the system is very complex and multi-level. There was some sense that it has improved over the years but in many ways is still the same.

The majority of participants felt the system was not supportive of them. All of the participants felt that supervision or simply having a good supervisor was important for feeling supported. One participant felt supported but said that other counties were less supportive.

Participants had many examples of how the system was challenging to be a part of as a professional. They said that good changes did not often last and that there could be in-fighting



with more conflict occurring between professionals than with the family. The participants found the system to be frustrating and that it often doesn't change. They also reported that they were expected to adapt and change to new policies frequently. They reported that there are not enough people to do the work in part because of the high turnover and pressure to over-extend yourself. They often encountered knowing that a family had a need and were unable to provide a resource in addition to a general sense that there are not enough resources and too many barriers. One participant described their job as "being everyone's bitch."

When it came to collaboration, many participants reported having good experiences. Although the different groups can be adversarial and the system creates barriers that can prevent people from working together well, the participants still felt that they could accept the opinions of others and even forge relationships with those in other fields. Participants found it frustrating when other professionals did not deliver on their responsibilities but also expressed an understanding that those professionals are stressed as well.

The child welfare professionals gave many recommendations on how to improve the way emotional abuse is dealt with including the implementation of the trauma-informed care paradigm, increased parenting education, increased public awareness of emotional abuse, a need for more research, need a better definition that all the systems can use, revising the statutes to make emotional abuse easier to substantiate and bring into court, more research on emotional abuse that includes families of all socioeconomic statuses, a need for more skilled, specialized clinicians, a pool of resources available for children and families (clinical), early intervention, using the school system for both prevention and intervention, and home-based services.

## **Conclusion**

These findings are discussed in the next Chapter.

## **CHAPTER 5**

### **Discussion**

My research explored the subjective experience of the professionals working with emotional abuse that occurs between children and their caretakers and to examine the obstacles to more effective prevention and intervention of emotional abuse. This chapter discusses the findings and their implications for professional social work.

### **Findings**

#### **Compare and contrast the three groups**

In each of the three groups, the majority of participants felt that emotional abuse is difficult to define. In both the child welfare (CW) and the lawyer (L) sub-samples, there were some participants who were unsure as to whether or not emotional abuse can be defined. The majority of participants gave incomplete definitions of emotional abuse, giving examples of emotionally abusive behavior (with verbal abuse receiving the most mentions) rather than a comprehensive definition. Both the mental health professionals (MH) and the CW professionals stated that there were two definitions: the legal statute used in child welfare investigations and court and then a more open and inclusive definition often used by therapists and other non-forensic settings while the lawyers and the child welfare professionals stated that in the forensic realm the definition must include evidence of significant harm to child in order for the emotional abuse to meet the threshold for a mandated intervention. Professionals in all three categories identified that emotional abuse can be subjective and is less about the specific behaviors and more about how the victim experiences the actions or inaction of the perpetrator. Other issues

brought up included the mention of LGBTQ youth by both two participants from the MH and CW groups respectively along with another CW participant who discussed the need to consider cultural differences when defining emotional abuse.

All three groups discussed how varied the effects of emotional abuse can be in both the short and long term. In addition, all of the groups agreed the emotional abuse could be highly devastating for children and have the potential to derail their success as adults as many of the short term effects can carry-over into adult life.

The three groups identified many different effects of emotional abuse. In the short term category, the most recognized were academic difficulties, insecure attachment, mental illness, low self-esteem and substance abuse. In the long term category, the participants most frequently identified poor vocational performance, trouble with relationships, inability to trust, low self-esteem, mental illness and committing child abuse. The MH professionals and lawyers identified the widest ranges of effects while the child welfare professionals tended to list the more severe types of effects. The totality of responses combined is fairly representative of what is found in the literature.

All of the categories of participants acknowledged both that a previous history of child abuse often can contribute to emotional abuse in the families they see and that they believe the abused children that they see are more likely to repeat the cycle of abuse when they grow up. This shows that participants see emotional abuse as both cause and effect. The majority of participants used some variation of the phrase “you parent how you were parented” when asked why a parent might act abusively. All of the participants acknowledged the difficulties of parenting and expressed that generally people abuse because that is what they know. They also

identified parent mental illness/substance abuse and environmental stressors such as financial difficulties, poverty, a lack of supportive community, unemployment and domestic violence. The MH professionals, overall, expressed the most empathy towards abusive parents and were more likely to attribute good intentions than were the other two sub-groups. In the law group, about half the participants had attitudes similar to the mental health group while some ascribed negative intentions to abusive parents or pointed out that “kids are easy targets.” In the child welfare group, the participants seemed more neutral in their assessment of parents and were more likely to see them as ignorant rather than malicious instead focusing heavily on problem-solving within the families. In both the MH and CW sub-groups, participants mentioned parents acting emotionally abusive in response to an LGBTQ youth.

Overall, the participants reporting having a lot of similar experiences while working with emotional abuse such as feeling exhausted or drained, inspired by the success stories and feeling a sense of sadness and/or overwhelm by both the amount of work needed for any given family and/or the possibility that children may be trapped in a troubling situation. One participant reported seeing it very infrequently in their work but described observing the emotionally abusive parents as “baffling.” It was clear from all the participants that their experiences working with emotional abuse impacted them emotionally in both positive and negative ways.

All of the sub-groups, when asked about obstacles, expressed that there were many, if not too many, to discuss during the space of the interview. All of the sub-groups identified the following as obstacles: a lack of resources, vague definitions of emotional abuse, a lack of specialized and skilled clinicians who have the necessary knowledge, training and experience, and also the inability to provide families in need with longer term, intensive mental health

services. Both the MH and L groups discussed the system itself as being an obstacle to helping children and families effectively. The CW and L participants offered a more thorough discussion of the legal statutes and also the difficulties of approaching emotional abuse within a forensic context. The MH participants focused a lot on individual clinical obstacles while L participants discussed the system in an analytic manner and with more bluntness regarding its limitations. The CW participants concentrated on resources, both the family's personal resources and the resources within the system, communicating the dearth of support available to them in their positions.

It was clear that every single participant, no matter their job title, was affected in both negative and positive ways by their work with children and families. Common positive experiences included feeling inspired by their work, having a greater appreciation for the healthy relationships in their life, and developing good boundaries. Common negative themes included feeling exhausted or overwhelmed, seeing abuse everywhere, becoming more cynical and struggling with the fact that the work is never done. Overall, MH professionals were the most likely to express a highly positive attitude regarding their work and how it affects them as a person while the CW participants seemed to hold the heaviest burden as a result of their work responsibilities.

All of the participants had active coping strategies in place in order to balance out the stress of work. Participants in every category listed the following: exercise, sleep, healthy diet, time with friends and family, good supervision or a good relationship with superior, peer support and/or consultation, having good boundaries, having a life outside of work and holding tight to the successful cases. In both the MH and L groups, there was a participant who discussed how

their spiritual views and practices allowed them to remain deeply engaged in the work while still maintaining good boundaries and feel healthy. In each group, two out of four participants or 50% of the total sample sought out therapy for work related symptoms. Another significant finding were the disagreements between the participants over the nature of humanity. There was no significant difference between groups but among the 12 participants, highly variable beliefs were expressed. Some participants felt that humans are essentially good and trying their best while others believed that humans cannot change or that abuse is inevitable. These are important beliefs that no doubt influence a professional's working approach and their experience.

Many participants expressed having a negative view of the system and even those who held more positive views still brought up the limitations that they see. Descriptors used in all professions included bureaucracy, lack of resources, complex, and broken. The L and CW groups spoke at length regarding communication breakdowns between the different parts of the system. The L participants talked a lot about the political nature of the system while the CW participants reported a great deal of conflict inherent in the system. The CW professionals struggled with the negative public perception of their role unlike the MH and L professionals who often felt highly regarded by others for taking on lower-paying work that many see as charitable. Nonetheless, 11 out of 12 participant felt strongly that the system was not supportive of them as a professional although every single participant identified feeling supported by a supervisor, superior or colleagues and felt that that support was essential to their ability to do the work. While all the participants cited experiencing many challenges, the lawyers seemed to possess the strongest sense of agency and empowerment in regards to their work and their ability to enter the system on their own terms. The CW professionals expressed the longest list of

challenges and appeared to be the least optimistic about their ability to affect change in the system. Challenges facing two or more categories included being underpaid, exhaustion, needing to adapt to frequent policy changes, not enough resources and too many barriers. When it came to collaboration, the majority of participants reported having positive experiences with a number of participants disclosing having personal friendships with colleagues in other disciplines. Participants did express that sometimes there were difficult people to work with but they would still try their best to communicate and keep their eye on the goal.

The participants shared many helpful recommendations. Items expressed in all three groups were the implementation of the trauma-informed care paradigm, a need for more funding, wider availability (and affordability) of intensive mental health services, increased use of evidence-based treatment models, early intervention and identification of families. The MH and L groups both emphasized the power of the relationship and the need for more professionals to be able to devote time in person with at-risk youth along with focusing more on rehabilitation instead of punitive measures. Both MH and CW discussed the possibility of programs in schools as a way of effective prevention and a potential venue for identification. The two most mentioned treatment models/modalities were MST and home-based therapy. The MH and CW groups also mentioned a need not only for more parenting education but also to decrease the stigma of accessing parent education. Other recommendations included more research on emotional abuse, creating trainings on emotional abuse for professionals, measures to reduce poverty and revising the statutes on emotional abuse.



## **Comparison to the literature**

All of the participants are highly competent professionals and skilled in their respective fields and they nonetheless struggled to give thorough definitions such as the ones given by the APSAC (1995) or Glaser (2002, 2011). It is troubling that some professionals did not know that it could be defined. Even though good definitions exist, it seems that they are not properly disseminated among professionals so that they can be put to use in work with children and families. While the sample for this study is not large enough to be generalizable, the participants were chosen because they are well-regarded in their fields and if 12 of the Denver/Boulder area's most prized clinicians, lawyers and child welfare professionals are unaware of the formal clinical definitions of emotional abuse, it doesn't bode well for everyone else. Especially given that the majority of participants reported dealing with emotional abuse frequently, professionals should have better access to training and education on emotional abuse that puts to use the research already completed. Again, it is important to note that the lack of knowledge regarding definition does not appear to be due to professional failing of individuals but rather a systemic lack of awareness, education and training on the matter.

As previously mentioned in Chapter 2, acceptable norms of parental behavior vary from culture to culture and even within the same culture at times. Given this fact, it is important that definitions of emotional abuse take culture into consideration. While the interview guide did not specifically ask about culture, the open-ended nature of the questions allowed space for discussion on culture and how it could impact emotional abuse. Only a few participants brought up issues such as culture and religion. Issues discussed included religion influencing parents to reject LGBTQ children, families of different races and cultures having different standards of

what is and is not abuse, and the culture of poverty. Participants did demonstrate awareness of healthy parenting as a spectrum rather than a short list of behaviors. Perhaps it would have been helpful to have included some specific questions regarding culture and professional bias.

Overall, participants seemed educated about the effects of emotional abuse. Between all of the different groups, most of the effects found in the literature were listed by participants. Although participants did not individually list all of the possible effects, they had an understanding that the effects of emotional abuse can be very significant and last long into adulthood and can be widely varied as is confirmed by the literature.

In their work, participants astutely observed which protective factors seemed to buffer the impact of abuse on children. Many participants touched on the two main protective factors identified in the literature which were connections with a kind and caring adult and personal resilience which includes the development of emotional skills such as emotion regulation. One participant also touched on the concept of external attribution wherein a child can identify that what is happening is abuse and understand that it is wrong of the other person to treat them that way. Iwaniec, Larkin and Higgins (2006) identified external attribution as an important component of resilience towards emotional abuse.

When asked about causes of emotional abuse, participants demonstrated a strong understanding of the causes as found in the literature. All participants understood how an abusive or dysfunctional childhood can lead to emotionally abusive parenting in the present. Participants also understood how mental illness can make it very difficult for someone to parent well. They also identified high levels of stress due to items such as unemployment, domestic violence,

homelessness, divorce and loss. Participants' understanding of the causes of emotional abuse allowed them to better empathize with parents.

There was some overlap between the participants' responses regarding intervention and the literature on intervention. For instance, items such as increased parenting education and more available mental health services especially evidence-based practices were discussed by both the participants and the literature. Participants did not discuss children's rights, play therapy or CBT. Participants focused more on intensive services such as MST and home-based services. No participants expressed knowledge of a formal framework for identifying and assessing emotional abuse specifically although some participants used the Colorado statute as a formal definition.

Participant responses confirmed the different obstacles found in the literature such as issues of definition, systemic and organizational issues and the perception that emotional abuse is less harmful than other types of abuse. An issue brought up by participants that was not discussed in depth in the literature review was individual resistance or their stage of change. Participants discussed how if a parent or child or adult survivor isn't ready to change or do inner work that that can be an obstacle to working with emotional abuse. This seems to be related more to an essential component of human nature rather than a systemic barrier than can be remedied through research, policy change or awareness campaigns. Participants expressed that it was frustrating having so many different kinds of obstacles impeding them from offering necessary services to children and families.

For the most part, the research on the subjective experience of professionals was confirmed by the responses of the participants. This included items such as secondary traumatic stress disorder, changes to their worldview, inadequate supervision, heavy caseloads, systemic

obstacles and inadequate training on the issue of emotional abuse. Many participants had excellent supervision but acknowledged that if they did not have that, they would be unable to perform as well. Additionally, many participants had either had a personal experience or a close colleague with an experience where inadequate supervision negatively impacted them. Another interesting point was that some participants felt that dealing with the system was more “traumatic” than dealing with the stories of trauma from clients.

### **Limitations of this study**

While this study provides valuable information, it does have limitations. Due to a small sample size and the non-random method of selection, the results are not generalizable to the greater population. Another possible limitation is the data collection instrument itself. During data collection, participants needed clarification as to the meaning of some of the questions. It was also a challenge at times to conduct interdisciplinary research as each professional group has its own jargon and professional goals. This made communication of ideas difficult at times. In retrospect, I think it would have been helpful to have included questions on cultural considerations along with questions regarding the use of formal definitions and protocols on emotional abuse.

### **Recommendations for future research**

There are a number of recommendations for future research based on both gaps in the literature and questions brought up in the course of this study. Given this study’s interesting results, I recommend that a larger, similar study be completed where even more professionals such as police officers, teachers, medical professionals and others could be interviewed using similar questions to this study. Ideally, this study would also have an interdisciplinary research

team so that the data collection instrument and the data analysis could receive input from the professionals represented in the study. It is also important to gather more information on the phenomenon itself. So, I recommend a longitudinal study of individuals who experienced significant childhood emotional abuse along with a large, national prevalence study that looks for both stand-alone emotional abuse and emotional abuse that occurs alongside other forms of abuse. It would also be interesting to gather more information on the occurrence of emotional abuse by socio-economic class. In the future, it is important to have more research on cultural considerations in the area of emotional abuse both on cultures within the United States and outside of it. I also recommend more action oriented research focusing on the efficacy of interventions particularly research using quasi-experimental designs

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## **Attachment A: Interview Guide**

### **Section A: Demographics**

1. Field of Practice; a) Mental Health; b) Child Welfare; c) Law
2. Job title:
3. Age:
4. Gender:
5. Racial and/or Ethnic Identity:
6. Religious and/or Spiritual Affiliation:
7. What degrees and licenses do you currently possess?
8. Do you have any children? If yes, how many?
9. How many years have you worked directly with children and families?
10. Please summarize your work experience with children and families.

### **Section B: Abuse as a Social Construct**

1. How do you define emotional abuse?
2. What is your understanding of the effects of emotional abuse both long term and short term?
3. How would you describe the possible underlying causes for emotional abuse?
4. Please describe your experience of working with emotional abuse occurring between parents and children.



5. Tell me about any obstacles you personally encountered while working with emotional abuse.
6. In general, what do you see as the obstacles for prevention and intervention?
7. In your opinion, what should be done regarding this issue of emotional abuse? What do you see as the solutions?

### **Section C: Associated Risks**

1. How has working with children and families affected you?
2. What things have you done to cope with the difficulties of your work?
3. Have you ever sought out professional support from symptoms that resulted from your work?
4. Do you feel that your work with children and families has changed you? If yes, then please describe.
5. How do you make meaning of situations where you see a child in distress but there is little that you can do to change the situation?

### **Section D: Systemic Concerns**

1. How do you perceive the system in which you work?
2. In what ways does the system support you as a professional?
3. How has being a part of the system been challenging for you as a professional?
4. What is your experience collaborating with professionals from other systems?
5. What recommendations might you give on how to improve the way we deal with children and families struggling with emotional abuse?

**Section E: Additional Comments**

*Provided in the event that the participant has something else they would like to share.*

**Attachment B: Informed Consent**



**Consent to Participate in a Research Study**

**Smith College • Northampton, MA**

.....  
**Title of Study: Emotional Abuse: the Subjective Experience of Professionals and the  
Obstacles to Prevention and Intervention**

**Investigator(s): Rachel Flichtbeil, Smith College School for Social Work, 801-503-9139**  
.....

**Introduction**

- You are being asked to be in a research study that examines the experience of professionals who encounter emotional abuse in their direct work with children and families.
- You were selected as a possible participant because you are a clinician possessing a master's degree or a doctorate, a current or former child welfare worker or a lawyer or judge licensed to practice by the state. You have at least one year of experience working with families and children who are at risk for emotional abuse and your professional experiences include work with families and children for whom this was a salient issue.
- Please read this form and ask any questions that you may have before agreeing to be in the study.

### **Purpose of Study**

- The purpose of the study is to examine the experiences of professionals working with children and families where a child or children are experiencing emotional abuse.
- This study is being conducted as a thesis requirement for my Master's in social work degree.
- Ultimately, this research may be published or presented at professional conferences.

### **Description of the Study Procedures**

- If you agree to be in this study, you will be asked to do the following things: Participate in a semi-structured interview that could last from 20 to 90 minutes. The audio of the interview will be recorded and transcribed.

### **Risks/Discomforts of Being in this Study**

- The material discussed could be experienced by participants as upsetting or uncomfortable. Although this is a possibility, the legal, child welfare and clinical professions attract individuals with the capacity to deal with sensitive information. The discussion of difficult material will have similar risks of discomfort as is experienced on the job. I will also have a list of community mental health resources available if necessary. **Additionally, should you disclose information affected by mandated reported laws, I will be required to share the information with the appropriate authorities. See the section on Confidentiality for more information.**
- **Although unlikely, there is a remote possibility for the information collected to be subpoenaed by a government agency. The researcher will protect the confidentiality of the participants to the extent of the law. Please see the Confidentiality section for details.**

## **Benefits of Being in the Study**

- The benefits of participation are having an opportunity to discuss challenging issues relating to your clinical or legal practice, the researcher bearing witness to your experiences and the struggles of your clients, and receiving written materials on emotional abuse that could be useful to you in your work with children and families.

## **Confidentiality**

- **Your participation and data will be kept confidential except where required by law. You may select a comfortable, confidential and convenient location where the interview can take place such as your office, the researcher's office or a library conference room that can be reserved for meetings.** Only the researcher and the research advisor will be privy to the identities of the participants. Each participant will be assigned a unique identifier that will be used during data analysis in order to ensure confidentiality. Also, any identifying information such as agency name or county of employment will not be included in the transcripts. In addition, the records of this study will be kept strictly confidential except where required by law. Only the researcher will have access to the audio recordings made from the interviews and the electronic files will be stored in a password-protected cloud storage location.
- **All information shared with the researcher is confidential unless the participant discloses a desire to harm themselves or others or the participant discloses a current situation wherein a minor or minors are suspected to be experiencing physical, sexual or emotional abuse that has not yet been reported to DHS. This is because the researcher is also a mandated reporter. Should a participant disclose**

**information which requires a report, the participant will be encouraged to make a report themselves. If the participant cannot or will not make a report, the researcher will report the necessary information to the appropriate authorities.**

- **Additionally, research data is also potentially vulnerable to a subpoena. *All participants are encouraged to abide by their professions' regulations regarding confidential client data when speaking with the researcher.***
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

### **Payments**

- You will not receive any financial payment for your participation.

### **Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely at any point during the study. If you choose to withdraw, the researcher will not use any of your information collected for this

study. You must notify the researcher of your decision to withdraw by email or phone by 4/30/2014. After that date, your information will be part of the thesis.

**Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Rachel Flichtbeil at rflightbeil@smith.edu or by telephone at 801-503-9139. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

**Consent**

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study researcher.

.....

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

.....

**1. I agree to be [audio] taped for this interview:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_

**2. I agree to be interviewed, but I do not want the interview to be recorded:**

Name of Participant (print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher(s): \_\_\_\_\_ Date: \_\_\_\_\_



## Attachment C: HSR



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School for Social Work  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

January 21, 2014

Rachel Flichtbeil

Dear Ray,

You have made all the requested changes and clarifications to your HSR application. Your project is now approved by the Human Subjects Review Committee.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'E Kersten'.

Elaine Kersten, Ed.D.  
Co-Chair, Human Subjects Review Committee

CC: Krishna Samantrai, Research Advisor







