



# **DISTINGUISHING BETWEEN POOR/DYSFUNCTIONAL PARENTING AND CHILD EMOTIONAL MALTREATMENT**

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## Abstract

This paper was intended to distinguish between poor parenting and child emotional maltreatment (CEM), to inform child welfare and public health policymakers of the need for differentiated responses. Scientific literature was integrated with current practice and assumptions relating to poor/dysfunctional parenting and child emotional maltreatment, with a primary focus on the parent-child relationship context (rather than abnormal parent behaviour alone). Numerous factors that impinge on the distinction between these acts were considered, such as the child's age, the frequency and severity of behaviour shown by caregivers, cultural norms, and parental beliefs and goals in childrearing. Findings suggest that the literature on child emotional maltreatment has advanced beyond the descriptive phase of scientific understanding, and principles and practical criteria for distinguishing such behaviour from poor parenting are presented. Conclusions and recommendations focus on practical guidelines for assessing risk and activating appropriate prevention and intervention: 1) parental actions and relative risk of harm to the child are *both* important ingredients in defining and distinguishing child emotional maltreatment from other forms of poor parenting; 2) poor parenting methods fall along a broad continuum and fit within a population health mandate aimed at reducing incidence of all forms of negative parenting methods; 3) child emotional maltreatment can be defined categorically based on qualitatively more extreme and potentially more harmful behaviours (than poor parenting), which requires a focused intervention response. Additional recommendations for training, research, and community-based public health initiatives are presented.

### KEYWORDS

Emotional Abuse; Emotional Neglect; Emotional Maltreatment; Child Abuse; Parenting Styles; Poor Parenting; Child Maltreatment; Psychological Abuse; Psychological Maltreatment

## Executive Summary

This paper was intended to distinguish between poor parenting and child emotional maltreatment (CEM), to inform child welfare and public health policymakers of the need for differentiated responses. The paper arose from a policy think tank conducted in 2009, in which a panel of experts drew attention to the difficulty defining or classifying child emotional maltreatment and raised concerns that the issue was not drawing the attention it deserves as a public health issue [The Public Health Agency of Canada (PHAC), 2009]. The panel recommended clarifying what is and is not (or should and should not be) included under the emotional maltreatment label, as well as distinguishing between emotional maltreatment and poor/dysfunctional parenting. Our strategy was to integrate scientific literature with current practice and assumptions relating to poor/dysfunctional parenting and child emotional maltreatment. We approached this task from a relationship perspective, as opposed to a disease model, which provides a useful framework for organizing the study of parenting methods and their effects on child development.

Child emotional maltreatment includes abusive or neglectful behaviours by the parents or caregivers that have caused, or could cause, serious behavioural, cognitive, emotional, or mental problems. Emotionally *abusive* behaviours include excessive and continuing criticism, denigration, terrorizing, repeated blaming, insults, and threats against children by their caretakers. Emotionally *neglectful* behaviours include gross indifference and inattentiveness to a child's developmental or special needs. Numerous factors that impinge on the distinction between these acts of emotional maltreatment and acts of poor or dysfunctional parenting were considered in this analysis, such as the child's age, the frequency and severity of behaviour shown by caregivers, cultural norms, and parental beliefs and goals in childrearing (among others). In addition, knowledge of healthy and secure parent-child relationships and normal child development was examined to inform our discussion of the literature on poor and maltreating parenting methods.

The findings highlight two complementary strategies for examining distinctions between poor/dysfunctional versus emotionally maltreating parenting. One strategy is based on a continuum of parenting behaviours from negative to positive, which serves as a conceptual framework for understanding the range of acceptable and unacceptable parenting practices. The other strategy is based on empirically derived criteria for poor parenting and for emotional abuse, culminating in a categorical, operationalized distinction between the two parental acts that can be readily applied by trained investigators (based on the work of Heyman & Slep, 2006).

Several important similarities in parental risk factors, childrearing behaviours, and potential harm to the child were found among parents described as poor/dysfunctional and those described as emotionally maltreating. These similarities include a) an imbalance of negative, harsh childrearing methods relative to positive ones; b) few compensatory factors or resources to counterbalance harsh or inappropriate parenting methods; c) poor fit of parenting methods with the child's particular needs; d) poor fit of parenting methods with minimal acceptable standards of care, accepted cultural norms, and childrearing expectations; and e) similar goals and expectations for parenting, i.e., an authoritarian parenting style that values control and demandingness rather than sensitivity and guidance. These similarities indicate that these two types of parenting behaviours cannot be clearly distinguished from one another on the basis of etiology or impact on the child alone. Rather, both are examples of relational disorders, which differ qualitatively in terms of their chronicity, severity, and potential harm to the child.

Despite similarities, two primary factors were identified that distinguish emotional maltreatment from poor/dysfunctional parenting: a) the chronic, severe and escalating pattern of emotionally abusive and neglectful parental behaviour toward the child, i.e., parents defined as emotionally abusive typically have shown qualitatively more extreme, appalling, and disturbing behaviours towards a child (compared to those described as poor parents); b) the pattern of chronic and severe parenting methods is associated with a proportionate increase in the likelihood of psychological harm or developmental disruptions, presumably because the child is exposed to ongoing stress that interferes with his or her ability to establish emotion regulation.

These distinctions highlighted the conclusion that parental actions and relative risk of harm to the child are *both* important ingredients in defining child emotional maltreatment.

Conclusions focused on how similarities and distinctions between poor parenting and child emotional maltreatment can be turned into practical guidelines for assessing risk and activating appropriate prevention and intervention:

- Because of the relational context in which both of these negative parental actions occur, it is necessary to include dual criteria for emotional maltreatment pertaining to 1) specific parental behaviours shown, and 2) their potential impact on the child.
- Poor/dysfunctional parenting methods occupy a wide range along the hypothetical continuum of positive-to-negative parenting behaviours, whereas emotionally abusive or neglectful methods warrant a qualitative distinction from the other methods. Thus, specific criteria are necessary for child welfare decisions relating to allegations of emotional maltreatment and need for child protection; however, meeting specific criteria may not be necessary for determining poor/dysfunctional parenting, unless it is needed to obtain services or other assistance.
- Poor parenting methods fall within a population health mandate: most parents need to receive some level of assistance, education, and awareness to maximize their important role and reduce all forms of child abuse and neglect.
- Types of child emotional maltreatment fall within a more narrow yet qualitatively more extreme and potentially more harmful range (than poor parenting) that requires a more focused intervention response.
- Criteria for emotional maltreatment relating to parental acts and child outcomes described herein can be reliably applied in suspected child welfare cases, facilitating targeted resources and interventions.

Six recommendations were presented from these findings and analysis:

- Adopt a categorical definition of child emotional maltreatment
- Adopt a continuum approach to defining poor parenting
- Address gaps in training
- Expand public health strategies to promote healthy, positive parenting
- Adopt a children's rights approach to child protection and public health education
- Address gaps in research and evidence-based interventions



## Introduction

After four decades of research on child maltreatment the definition of child emotional maltreatment remains ambiguous, but the issue remains prominent. In the 2003 Canadian Incidence Study of Reported Child Abuse and Neglect, investigations for alleged emotional maltreatment (as the primary or secondary form of maltreatment) occurred at a rate of 12/1000 children, exceeded only by physical abuse (15/1000) and neglect (19/1000) investigations (Trocmé et al., 2005). Of the substantiated cases of emotional maltreatment, the majority (73%) involved emotional abuse and 24% involved emotional neglect by a caregiver; child exposure to non-intimate partner violence was confirmed in 6%.

Child abuse reporting laws have been in place throughout the US and Canada since the 1960s. However, these laws tend to be relatively general and do not provide specific operationalized definitions to determine the threshold between non-abusive but problematic parenting and an incident of maltreatment that could endanger a child. As a result, investigations for child maltreatment in general, and emotional maltreatment in particular, lack clear guidelines and are subject to considerable discretion and interpretation (Heyman & Slep, 2006).

To improve understanding of child emotional maltreatment (CEM) and inform policies and interventions, the Public Health Agency of Canada's Family Violence Prevention Unit hosted a policy think tank to explore the public health perspective on early childhood emotional maltreatment. The objectives of the day were to 1) Enhance understanding of the issue of emotional maltreatment in early childhood from a public health perspective; 2) Identify research and policy gaps, challenges and opportunities, and public health policy priorities to inform future work in the area; and 3) Provide an opportunity for networking with key players in the field [The Public Health Agency of Canada (PHAC), 2009].

The policy think tank used the following definition of CEM (based on the work of Brassard & Donovan, 2006; Garbarino, Eckenrode, & Bolger, 1997; Hart & Brassard, 1987): Child emotional maltreatment involves behaviour of caregivers (verbal or nonverbal, active or passive, and intended or not) that has the potential to damage the social, cognitive, emotional and/or physical development of a child, and includes:

**Spurning:** hostile rejecting and degrading;

**Terrorizing:** threatening or perpetrating violence against the child;

**Isolating:** placing unreasonable limitations or restrictions on a child's social interactions;

**Exploiting/Corrupting:** encouraging the child to develop inappropriate behaviour;

**Denying Emotional Responsiveness:** ignoring the child's attempts and needs to interact; and

**Exposure to Family Violence:** an indirect form of emotional maltreatment in which a child is aware of violence between caregivers, either through seeing or hearing the violence or its effects.

As noted in the policy think tank summary report, an overarching theme emerged from the panel of experts concerning difficulty defining or classifying child emotional maltreatment (PHAC, 2009). Whereas all participants agreed that emotional maltreatment in early childhood is not getting the attention it deserves as a public health issue, the issue of clarifying what is and is not (or should and should not be) included under the emotional maltreatment label arose time and again.

There was also consensus that such a definition is critical because it determines how the issue is perceived and addressed. On the one hand, labeling a parental act as "maltreatment" garners more attention and resources; on the other hand, including too many acts under the label "maltreatment" leads to confusion and inconsistent action, especially when the concerns may be better described as poor or dysfunctional parenting. For example, labeling an act as maltreatment automatically implies a child welfare response, although the child and family

might be better served through public health interventions. Among other related issues, there was strong consensus from the panel that the field needs to distinguish between emotional maltreatment and poor/dysfunctional parenting.

In this paper we seek to make a distinction between poor parenting methods and emotionally abusive and neglectful methods based on the scientific and professional literature. We summarize the extant literature on healthy parenting methods or styles, and contrast this with the known literature on poor parenting methods and their impact on child development. Similarly, we summarize the common definitions of child emotional maltreatment, parental risk factors, and child outcomes, with an emphasis on identifying the contextual and relational aspects of such behaviour that are the substrates of emotional harm to the child.

The last section of the paper posits two strategies for examining distinctions between poor/dysfunctional versus emotionally maltreating parenting. One strategy is based on a continuum of parenting behaviours from negative to positive, which serves as a conceptual framework for understanding the variability in parenting style and actions (based on Wolfe, 1991; 1999). The other strategy is based on empirically derived criteria for poor parenting and for emotional abuse, culminating in a categorical, operationalized distinction between the two parental acts that can be readily applied by trained investigators (based on the work of Heyman & Slep, 2006; Slep & Heyman, 2006).

## Childrearing Methods

Although we would expect a considerable range in ability and resources among Canadian families, certain features of a child's environment should be fundamental and expectable. For infants, an expectable environment requires protective and nurturing adults, as well as opportunities for socialization within a culture. For older children, an expectable environment includes a supportive family, contact with peers, and ample opportunities to explore and master their environment (Cicchetti & Lynch, 1995).

Parent-child relationships are the earliest and most enduring of all interpersonal bonds. For most children, the relationship that they have with their parents is positive and beneficial and makes a substantial contribution to their overall sense of well-being and capacity for resilience in the face of challenge. Positive parenting contributes to child development in many ways; most notably, it lays the foundation for future relationships with friends, classmates, teachers, and other adults in the community. Looking farther into the future, the romantic relationships that most individuals eventually enter into as adults are also significantly shaped by their childhood interactions with their parents; these patterns set the stage for their expectations about how they will be treated by a loved one and their views about how worthy they are of this attention and care (Collins & Steinberg, 2006).

Essential to the formation of close relationships across development is the ability to understand and adhere to the rules and roadmaps that govern interpersonal interactions. Parents provide this critical socialization function to their children and are responsible for teaching them formative lessons about the socioemotional and behavioural conventions that are appropriate within their particular cultural context. This type of knowledge is often transferred quite explicitly by parents in terms of the limits they set for their children, as well as the manner in which they enforce them.

Developmentally appropriate boundaries help children to structure and make sense of their inner worlds, scaffolding their ability to identify and manage difficult feelings like frustration and irritation, especially when their will is blocked and they are expected to compromise with another towards a shared goal. Emotion regulation is the foundation of all successful conflict resolution as it facilitates active listening, as well as the calm expression of one's own point of view (Calkins & Marcovitch, 2010). Children who have been socialized in this manner typically make pleasant and thoughtful playmates and students, and their future close friends and romantic partners are benefitted by their ability to maintain positive connections in the face of normative disagreements and feelings of stress.

## POSITIVE METHODS

The provision of love and limits are the key ingredients of positive childrearing methods. Child development experts formally call these dimensions *responsiveness* and *demandingness/control* (Collins et al., 2000). Responsiveness refers to the level of acceptance and sensitivity that the parent expresses to the child, whereas demandingness/control refers to the clarity of expectations that the parent has for the child's behaviour, as well as the supervisory and disciplinary strategies utilized to achieve these ends. Both elements must be present in order to maximize the positive developmental outcomes of the child.

The *authoritative* approach to childrearing is the optimum relationship style because it balances the dimensions of responsive and demandingness/control. Authoritative parents are characterized by the provision of ongoing warmth and support, especially during times of uncertainty and stress, and yet their emotional care is not devoid of the application of helpful guidelines, limits, and the structuring of a predictable routine. Authoritative parents do use disciplinary measures, but these tend to be moderate in nature, proportionate to the offense, and delivered calmly and with an eye towards restorative justice and the modeling of relationship repair. When appropriate, authoritative parents provide their children with a rationale as to why their behaviours were inappropriate. In this manner, they facilitate the internalization of social norms and moral codes so that their children can eventually socialize themselves in this regard, much as they will be required to do as adult members of society (Kochanska & Aksan, 2006).

Although authoritative parents are characterized by the *consistent* way in which they balance the two dimensions of parenting, it is important to note that they vary in the application of these elements as their child changes and develops. During the first two years of life, research suggests that the responsiveness dimension is critical (Sroufe, 2005). Caregivers must attune themselves to the physiological and safety needs of their infants. Correct reading of their child's signals is especially important in this regard as the provision of sensitive care hinges first upon the specificity and appropriateness of the support offered. As episodes of successful signalling and care accumulate, the infant comes to trust the parent and to anticipate ongoing need fulfilment in the infant-parent relationship. This process underlies the formation of a secure emotional attachment, the critical milestone of this developmental period. In addition, an emerging line of evidence suggests that the child's current care environment is just as important as parental consistency, if not more so. A positive, nurturing childcare environment contributes positively to children's socioemotional development, especially for individuals who may be genetically more reactive to environmental change (Belsky & Pasco-Fearon, 2009; Belsky & Pluess, 2009).

Even though children may have been exposed to positive parenting at a young age, this does not *immunize* them from the effects of inappropriate responsiveness or demandingness/control at later points in their development. Circumstances may change in the family, including divorce, loss, trauma, or economic downfall, which may alter the availability of the parent and affect their approach to childrearing. The opposite also seems to hold true: children who experienced insensitive care earlier in their life are often able *catch up* if their current caregiving environment is more positive and consistent with the practice of authoritative parenting as outlined above. This shift has frequently been uncovered among families who have received counselling regarding parent strategies (Belsky & Pasco-Fearon, 2009), which speaks to the benefit of intervention, especially if provided early-on while the distance between the child's progress and typical developmental outcomes is relatively narrow.

It is also important to note that *no two authoritative parents will look alike*, as they need to bend towards the specific developmental needs of their child. The notion of *goodness-of-fit* between the parent and child lies at the core of current scholarly thinking about child development. Considerable research into the way in which parents and children mutually influence each other has been done with regard to infant temperament, or simply stated, the relatively stable tendencies and preferences that an individual is born with (e.g., activity level, tolerance for change, sociability, inhibition, ease of soothing, fussiness; Lahey et al., 2008). Parenting approaches that work with easygoing infants and children may not be appropriate with more temperamentally difficult youngsters, even

though skilled parents *are* able to respond to the cues of their child by adapting the quality of their emotional responding. Turning to the dimension of demandingness, parents of children who have intellectual or developmental delays also must adjust their expectancies in light of the unique profile of their son or daughter. These children may require additional scaffolds and supports to achieve developmental outcomes that are reflective of their maximum capacity.

## **POOR METHODS**

Parental styles that do not balance responsiveness with demandingness and control generally fall under the umbrella of *poor childrearing methods*, according to experts in child development (Bornstein, 2006). For example, some parents may be out of balance because they are overly *permissive*; the support they provide their children is generally unmitigated by behavioural or mastery expectations, nor do they use proper discipline to manage socially inappropriate behaviours. The children of permissive parents tend to have difficulty regulating their emotions and, in adolescence, these youth are highly susceptible to engaging in risky behaviours such as substance use and precocious sexuality (Wolfe, Jaffe, & Crooks, 2006).

Other parents may be out of balance in that their approach to childrearing is overly rigid and strict. These parents may place unrealistic expectations on their children, without couching these messages in the context of praise and encouragement. Child development experts term this the *authoritarian* style of parenting (e.g., Bornstein, 2006). Authoritarian parents tend to have children who are stifled in their ability to solve problems creatively and who are more likely to resort to unilateral or antisocial means of solving conflict. In adolescence, these youth readily conform to peer norms that may put them at risk for rule-breaking and acting-out behaviours, especially if they belong to a relatively delinquent peer group (Chang et al., 2003).

Research on positive and negative childrearing practices underscores the importance of limit-setting and boundaries for moral development and positive relationships with friends, family members, and other adults in the community. Yet, not all approaches to limit-setting are equally valuable in this regard. In particular, a distinction has been made between parents' attempts to regulate their child's behaviour through moderate and concrete forms of discipline (e.g., time-outs, temporary rescinding of privileges), and parents' attempts to control their child's behaviour using psychological tactics aimed at undermining their emotional security or sense of self (e.g., guilt induction, negative comments regarding the stability of family relationships, hurtful remarks about the child's developing competencies). Optimal development is facilitated by parents' consistent application of the former disciplinary style and their general avoidance of the later technique that focuses on the exertion of power through psychologically coercive means (Bornstein, 2006).

Variation in developmental outcomes, especially in the domain of socioemotional functioning, is partially affected by the type of control enacted by the parents, be it behavioural or psychological (Gray & Steinberg, 1999). Parents who fail to apply behavioural controls often have children who exhibit conduct problems, such as the violation of social norms, or defiance and oppositionality at school or elsewhere in the community. Parents whose management style is comprised predominantly of psychological control, in contrast, tend to have children who report significant emotional distress and are at increased risk for internalizing problems such as anxiety and depression (Steinberg, 2005).

Psychological control has been framed as an especially *stylistic* means of navigating the parent-child relationship. Parents who use this technique tend to do so consistently, across situations, and over time as their child develops and changes (Barber & Harmon, 2002). The consistency of this parenting style is noteworthy to developmental experts because it has the potential to carry those exposed children even further off of the normative developmental trajectory as they age.

In adolescence, friendships and romantic relationships are thought to suffer from such poor parenting, especially as these youth carry forward negative expectations about their own success in relationships outside of the family (Nelson & Crick, 2002; Smetana, Campione-Barr, & Metzger, 2006). Adolescents who have experienced psychological control by their parents may either stifle their own opinions and values to maintain the relationship, or they may adopt the approach of their parents to impose their will on their friends and romantic partners.

In summary, positive childrearing styles (in contrast to negative styles) reflect:

- Adequate knowledge of child development and expectations, including knowledge of the range of children's normal development;
- Adequate skill in coping with stress related to caring for small children, and ways to enhance child development through proper stimulation and attention;
- Opportunities to develop normal parent-child attachment and early patterns of communication;
- Adequate parental knowledge of home management, including basic financial planning, proper shelter, and meal planning;
- Opportunities and willingness to share the duties of child care between both parents, when applicable;
- Provision of necessary social and health services;
- Emphasis on proper behavioural methods to control unwanted child behaviour rather than guilt- or fear-inducing methods of psychological control

These healthy patterns depend not only on parental competence and developmental sensitivity, but also on family circumstances, social networks and supports, and the availability of community resources such as education and childrearing information. The family situation itself, including the parents' relationship and the child's characteristics provides the basic context for childrearing.

## **EMOTIONALLY ABUSIVE OR NEGLECTFUL METHODS**

In general terms, emotional maltreatment of children includes abusive or neglectful behaviours by the parents or caregivers that have caused, or could cause, serious behavioural, cognitive, emotional, or mental problems (Glaser, 2002; Trickett, Mennen, Kim, & Sang, 2009). Emotionally abusive behaviours include excessive and continuing criticism, denigration, terrorizing, repeated blaming, insults, and threats against children by their caretakers. For example, parents/caregivers may use extreme or bizarre forms of punishment, such as lengthy confinement of a child in a dark closet. Emotionally neglectful behaviours include gross indifference and inattentiveness to a child's developmental or special needs (Brassard & Donovan, 2006).

Guidelines from the American Professional Society on the Abuse of Children (APSAC; Myers et al., 2002) state that psychological maltreatment (which for all intents and purposes is the same term as child emotional maltreatment) "involves a repeated pattern of caregiver behavior or a serious incident, that transmits to the child that s/he is worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs." APSAC classifies CEM into 6 types: spurning, terrorizing, exploiting or corrupting, denying emotional responsiveness, isolation and neglect. The American Academy of Pediatrics (Kairys et al., 2002) uses the same APSAC categories, while adding unreliable or inconsistent parenting and witnessing intimate partner violence to the list.<sup>1</sup>

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<sup>1</sup> Debate exists as to how children's exposure to domestic violence might relate to emotional maltreatment, and the pros and cons of child welfare response to the issue. Interested readers are reviewed to the Think Tank report (2009) and recent academic papers (e.g., Edleson, Gassman-Pines, & Hill, 2006; Geffner, Griffin, & Lewis, 2008).

As noted previously, the definition of CEM used for the policy think tank follows closely from the above conceptual and operational definitions: Child emotional maltreatment involves behaviour of caregivers (verbal or nonverbal, active or passive, and intended or not) that has the *potential* to damage the social, cognitive, emotional and/or physical development of a child, and includes:

**Spurning:** hostile rejecting and degrading;

**Terrorizing:** threatening or perpetrating violence against the child;

**Isolating:** placing unreasonable limitations or restrictions on a child's social interactions;

**Exploiting/corrupting:** encouraging the child to develop inappropriate behaviour;

**Denying Emotional Responsiveness:** ignoring the child's attempts and needs to interact; and

**Exposure to Family Violence:** an indirect form of emotional maltreatment in which a child is aware of violence between caregivers, either through seeing or hearing the violence or its effects.

We return to these definitions in the final section of this paper as we grapple with ways to operationalize CEM, examine whether potential harm to the child should be part of the definition, and distinguish such acts from poor/dysfunctional parenting approaches.

## Risk Factors for Child Emotional Maltreatment

Specific risk factors for child emotional maltreatment are difficult to isolate from those associated with child physical abuse and neglect, partly due to the issue of definitional clarity addressed herein. Therefore, an overview of parent, child, and situational risk factors associated with physical abuse and neglect is provided below, with parallels drawn to emotional maltreatment. Child maltreatment is rarely caused by a single risk factor and, even though risk signs and indicators may be present, it is still very difficult to predict who may become emotionally abusive or neglectful and who will not.

Most forms of child maltreatment are interactional events that are multi-determined. That is, such acts occur in the context of parent-child interactions and are influenced by many factors, as opposed to acts stemming from a psychological disorder independent of childrearing. Thus, it is necessary to consider how various risk factors interact in ways that may distinguish poor parenting from maltreatment. For example, physical abuse as well as emotional maltreatment, occur most often in the context of social and economic family deprivation, which can transform predisposed, high-risk parents into abusive or neglectful ones. The greater degree of stress in the social environment of the parent increases the probability that physical or verbal abuse or violence will surface as an attempt to gain control or cope with irritating, stressful events. In the case of physical or emotional neglect, stress may be so great that parents withdraw from their child care responsibilities.

For some parents, childrearing is a difficult and aversive event that can escalate unpredictably into a sudden abusive incident, or more gradually turn into avoidance and neglect. Lacking experience in childrearing and development and faced with unmanageable stress, at-risk parents might overreact to a child's action or misbehaviour. Studies indicate that their own childhoods were often full of difficult, sometimes very traumatic, episodes of family violence, alcoholism, and harsh family circumstances related to frequent moves, unemployment, and poverty (Wolfe, 1999). As adults, they find daily living stressful and irritating, and they prefer to avoid potential sources of support because it takes additional energy to maintain social relationships. Chronic physical ailments and a pervasive mood of discontentment are common complaints, both of which are understandable in light of their circumstances and limited coping resources.

## **PARENT CHARACTERISTICS**

Physically and emotionally maltreating parents tend to deliver a lot of threats or angry commands to their children that exceed the demands of the situation, rather than positive forms of guidance and praise (Azar & Wolfe, 2006). Because of hostile information-processing biases (i.e., presuming others' intentions are unfriendly and threatening), maltreating parents may misperceive or mislabel typical child behaviour in ways that lead to inappropriate responses and increased aggression. Further, they are often unfamiliar with what is developmentally appropriate for a child at a given age, and thus place undue demands on the child.

Some abusive parents apply the same faulty reasoning to themselves as well, which results in lowered self-efficacy (e.g., "I'm not a good mother; other mothers can get their children to do these things") and greater interpersonal dependency (Bornstein, 2005). Unrealistic expectations and negative intent attributions can lead to greater punishment for child misbehaviour and less reliance on explanation and positive teaching methods. Children are seen as deserving of harsh punishment, threats, and criticism, and such actions are rationalized as a way to maintain control.

In a recent Canadian study, physically and emotionally abusive fathers reported significantly more stress directly related to parenting, compared to non-abusive fathers, with approximately 80% scoring in the elevated level on a measure assessing overall parenting-related distress (Francis & Wolfe, 2008). This finding indicates a poorer sense of parenting competence, role restriction, conflict with the other parent, depression, and lack of social support. Abusive fathers, similar to abusive mothers, tend to view their children more negatively, see themselves as mistreated or rejected by the child, and perceive the child as not meeting their expectations. Francis and Wolfe (2008) also found that abusive fathers reported higher scores than non-abusive fathers on a scale assessing outward expression of anger, which reflect the frequent aggressive expression of anger through verbal aggression or physical aggression toward other people and/or objects. More than half of the abusive fathers reported levels of the outward expression of anger that were above that of 75% of their same-sex age-related peers. Thus, the general experience of anger by abusive fathers is more likely to be associated with aggressive behaviour, similar to findings with child abusive mothers (Wolfe, 1999) and partner-abusing men (Norlander & Eckhardt, 2005).

## **CHILD, FAMILY, AND SITUATIONAL INFLUENCES**

Children's behaviour or developmental limitations may unintentionally increase the potential for physical or emotional maltreatment, if accompanied by the other critical parental factors noted previously. For example, children with disabilities such as mental retardation or physical impairments were three times more likely to be abused than were their non-disabled peers, based on a large population-based sample (Sullivan & Knutson, 2000). Physical and emotional maltreatment occurs most often during difficult to manage, but not uncommon, episodes of child behaviour such as disobedience, fighting and arguing, accidents, and dangerous behaviour, which may produce anger and tension in predisposed adults.

Family circumstances such as conflict and intimate partner violence also have a causal connection to child maltreatment. In about half of the families in which adult partners are violent toward one another, one or both parents have also been violent toward a child at some point during the previous year (Edleson, 1999). Domestic conflicts and violence most often arise during disagreements over childrearing, discipline, and each partner's responsibilities in child care (Edleson, Mbilinyi, Beeman, & Hagemeister, 2003). Children may be caught in the crossfire between angry adults, or in some cases, they might instigate a conflict between caregivers by misbehaving or demanding attention. In either case, an escalating cycle of family turmoil and violence begins, whereby children's behavioural and emotional reactions to the violence create additional stress on the intimate partner relationship, further aggravating an already volatile situation.

Finally, child emotional maltreatment most often occurs in the context of multiproblem homes and neighborhoods, where poverty, social isolation, and wide acceptance of harsh forms of discipline and control exert a major influence on children's development.<sup>2</sup> Maltreating families often lack significant social connections to others in their extended families, neighborhoods, and communities, as well as to social assistance agencies, which further restricts their access to healthier childrearing models and supports. Social isolation from positive support systems is commonly associated with other stressful living conditions, such as a lack of adequate daycare, peer groups or close friends, and adequate housing. These factors play an indirect, yet significant, role in the early formation and healthy establishment of a positive versus abusive parent-child relationship. As a result, various forms of maltreatment are difficult to detect, and community agents who could promote healthy parent-child relationships are less likely to be influential.

## **CULTURAL, SOCIALIZATION AND SITUATIONAL CONSIDERATIONS**

Childrearing practices are influenced by numerous cultural and situational factors that determine the level of conflict or cooperation in the emerging parent-child relationship. One such factor is the child's attribution for or interpretation of the parental misdeed, which can influence how he or she reacts to or is affected by such behaviour. For example, the child who believes the parent's criticism is intended to make him/her into a better person may fare better than the child who attributes this to less benevolent motives. Similarly, some parental actions could be harmful if they occurred frequently, even though they may be innocuous if they occur rarely.

Child emotional maltreatment, therefore, is often viewed not as an isolated phenomenon or a psychological impairment of the parent, but rather as the product of socialization practices that sanction the (limited) use of harsh, power-assertive and psychologically controlling techniques with family members. This socialization process is largely responsible for establishing the norms of acceptable or tolerable childrearing methods in a given community or region.

Child maltreatment is closely linked to structural aspects of the neighborhood and community. Rates of officially reported child maltreatment vary in relation to four determinants of community social organization: economic and family resources, residential instability, household and age structure, and geographic proximity of neighborhoods to concentrated poverty (Coulton, Crampton, Irwin, Spilsbury, & Korbin, 2007). These important dimensions of neighborhood context reflect the degree of breakdown of community social control and organization, which in turn relate to reports of physical and emotional child abuse.

## **IMPACT ON CHILD DEVELOPMENT**

Stressful events in the family affect each child in different and unique ways. However, certain situations trigger more intense stress reactions and consequences than others. Child maltreatment, whether sexual, physical, or emotional, is among the worst and most intrusive forms of stress. It impinges directly on the child's daily life, may be ongoing and unpredictable, and is often the result of actions or inactions of people the child is supposed to trust and depend on. Nonetheless, even traumatic events like abuse, neglect, and family violence do not affect each child in a predictable, characteristic fashion. Rather, their impact depends on the child's makeup and available supports.

Child emotional maltreatment represents an interaction between aversive parental behaviours and the special vulnerabilities and strengths of a given child (Garbarino et al., 1997). The developmental level and competencies of the child act as specific vulnerability or protective factors. Thus, to describe the harm or potential harm to the child stemming from emotional maltreatment we need to consider how such acts affect developmental processes

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<sup>2</sup> Although studies suggest that most child emotional maltreatment occurs among the poor and disadvantaged, there are important exceptions emerging. Researchers note that CEM sometimes occurs among affluent families, in which parents provide little supervision of children middle school-age and older. Some affluent and educated parents are known to encourage substance use in early adolescence, sexual activity, staying out late, etc. (Luthar & Latendresse, 2005). Similarly, advantaged parents sometimes put very high expectations on children for social and academic success, coupled with very limited emotional support, often to the point of emotional neglect (Ansary & Luthar, 2009).



(and vice versa). From this perspective, maltreatment is harmful or potentially harmful to the child's immediate and future well-being not only because of real or potential injury, but because of what it often represents in terms of interfering with the child's ongoing social, cognitive, and behavioural development (Wekerle, Miller, Wolfe, & Spindel, 2006).

Emotional maltreatment can interfere with ongoing development in pervasive and damaging ways. In effect, children from physically or emotionally maltreating families experience more than just violence, fear, or rejection; they typically have grown up in a family context that fails to provide appropriate developmental opportunities and stimulation, and one that is inconsistent and disorganized. While recognizing that the experiences of each child victim differ in important ways from those of other victims, there are some consistent patterns that describe important, common features of their childrearing environments.

One of the earliest and most significant effects of CEM on development stems from disruptions in the important process of early childhood attachment, which interferes with a young child's ability to seek comfort and regulate his or her own physiological and emotional processes. Without consistent stimulation, comfort, and routine to aid in the formation of secure attachments, maltreated infants and toddlers have considerable difficulty establishing a reciprocal, consistent pattern of interaction with their caregivers. Instead, they may show a pattern of relatedness described as *insecure-disorganized attachment*, characterized by a mixture of approach and avoidance, helplessness, apprehension, and a general disorientation (Barnett, Ganiban, & Cicchetti, 1999). In contrast, children who develop a positive, secure style of relating (due to other positive family influences or personal strengths, for example) are more resilient to caregiving environments marked by poor or emotionally abusive parenting (Alink et al., 2009).

Emotion regulation is a key concept in understanding how maltreatment, as well as poor or dysfunctional parenting, may affect children's developmental outcomes. Emotion regulation refers to the ability to modulate or control the intensity and expression of feelings and impulses, especially intense ones, in an adaptive manner (Maughan & Cicchetti, 2002). Not surprisingly, the early development of emotion regulation skills is highly influenced by the quality of the parent-child relationship. Because maltreated children live in a world of emotional turmoil and extremes, it is very difficult for them to understand, label, and regulate their internal states. Expressions of affect, such as crying or signals of distress, may trigger disapproval, avoidance, or abuse from caregivers, so maltreated youngsters have a greater tendency to inhibit their emotional expression and regulation and remain more fearful and hypervigilant (Klorman, Cicchetti, Thatcher, & Ison, 2003). Similarly, they show increased attention to anger- and threat-related signals, such as facial expressions, and less attention to other emotional expressions (Pollak & Tolley-Schell, 2003).

Maltreated children may also lack core positive beliefs about themselves and their world, because their negative experiences in relationships are carried forward to new situations. They may develop negative representational models of themselves and others based on a sense of inner "badness," self-blame, shame, or rage, which further impair their ability to regulate their affective responses (Feiring, Taska, & Lewis, 2002). The child's developing sense of personal self-efficacy can be undermined by physical and emotional abuse as well as by physical and emotional neglect, as such maltreatment devalues the child as a person. Feelings of betrayal can also challenge an individual's sense of self, because a person on whom the individual was dependent violated that trust and confidence.

As they grow older and are faced with new situations involving peers and other adults, poor emotional regulation becomes even more problematic. Their adaptational strategies, such as hypervigilance and fear, evolve to become highly responsive to threatening or dangerous situations. Like their own parents before them, maltreated children may be distracted by aggressive stimuli and misread the intentions of their peers and teachers as being more hostile than they actually are (Dodge et al., 1994). Given their propensity to attribute hostile intent to others and their lack of empathy and social skills, it is not surprising that abused and neglected children are rejected by their peers and have severe and wide-ranging problems in school and interpersonal adjustment (Wolfe, 1999).

In brief, the impact of child physical and emotional maltreatment on areas of development and psychological adjustment is often described as being *relationship-specific*, because many of these outcomes are linked to early relationship experiences that set the stage for similar patterns in subsequent relationships. Early relationships shape what the child knows how to do and what he or she understands. Thus, if the child has known hostile, punitive relationships with significant adults, this is what he or she comes to expect or rely on (Rohner, 2004).

## **Distinguishing Between Poor/Dysfunctional Parenting and Emotional Maltreatment**

It is of little surprise that some degree of CEM is common in the general population. A majority of parents (45% to 86% across studies) report engaging in acts that most would define as emotional or psychological maltreatment, such as yelling, insulting, or threatening their children (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). This finding heralds back to the dilemma that is the focus of this paper: when it comes to non-physical acts toward children that leave no visible mark, how do we distinguish between “normative,” but problematic, parenting behaviours and the more extreme, harsh methods that may require state intervention?

In the following section we highlight findings from this review that point to a number of similarities in parental risk factors, childrearing behaviours, and potential harm to the child among parents who use poor parenting methods versus those who are considered emotionally maltreating. These similarities indicate that these two types of parenting behaviours cannot be clearly distinguished from one another on the basis of etiology or impact on the child alone. However, both can be viewed as examples of relational disorders that differ in terms of their chronicity, severity, and potential harm. Second, we examine the major differences between poor parenting and CEM to emerge from these findings, and consider the importance of taking actual or potential harm to the child into account. Together, this knowledge leads to promising directions in advancing operational distinctions that have merit in everyday matters of family intervention and child welfare.

### **EMPIRICAL AND CONCEPTUAL SIMILARITIES**

Numerous similarities emerged from this review of the nature, causes and impact of poor parenting and child emotional maltreatment. These similarities are summarized as:

- An imbalance of negative, harsh childrearing methods relative to positive ones (this imbalance can occur within an individual parent or across the family structure, i.e., mother vs. father);
- Few compensatory factors or resources to counterbalance harsh or inappropriate parenting methods, such as positive interactions between family members and a social support network;
- Poor fit of parenting methods with the child’s particular needs (this includes child’s age and stage of development, unique sensitivities, special needs, temperamental difficulty, physical health or learning problem);
- Poor fit of parenting methods with minimal acceptable standards of care, cultural norms, and childrearing expectations; and
- Similar goals and expectations for parenting and child development, congruent with an authoritarian parenting style that values control and demandingness rather than sensitivity and guidance.

Emotional maltreatment and poor parenting methods both impair the parent-child relationship in a manner similar to the concept of *relational aggression*. Relational aggression has most often been used to describe behaviour of children and youth; however, it applies to parent-child interactions as well. Relational aggression has been defined as “harm to another through purposeful manipulation or damage to the relationship” (Nelson &

Crick, 2002; p. 163), as well as psychological control (i.e., “the assertion of parental authority through the use of emotionally manipulative techniques” (Steinberg, 2005; p. 72). In effect, the toxic quality of the parent-child relationship stemming from poor parenting, and to an even greater extent from emotional maltreatment, undermines the child’s formation of healthy representations of relationships. Over time, this disturbance in the child’s sense of self and his or her view of relationships with others increases the risk of poor achievement of additional developmental milestones, such as peer relations, emotion regulation, and others.

Because they occur in the context of critical relationship roles, child emotional maltreatment and poor parenting can both be considered types of *relational disorders*. The parent-child relationship is particularly salient during periods of stressful role transitions for parents, such as the postnatal attachment period, the early childhood and early adolescence “oppositional” periods of testing limits, and times of family instability and disruption. Caregivers’ failure to provide nurturing, sensitive, available, and supportive care, especially during critical periods, is a fundamental feature of both poor parenting and emotional maltreatment. The notion of relational disorders describes these two types of parenting behaviours as well as parental- and partner-violence, and is gaining support in relation to upcoming revisions to the Diagnostic and Statistical Manual (Lebow & Gordon, 2006; Wakefield, 2006). Relational disorders signify the importance of the actions that occur between or among individuals, such as the parent-child relationship, that are associated with distress or impairment or the potential for such harm (Heyman et al., 2009).

## **EMPIRICAL AND CONCEPTUAL DISTINCTIONS**

Although they share many similarities, two primary factors distinguish emotional maltreatment from poor/dysfunctional parenting:

- 1) The chronic, severe and escalating pattern of emotionally abusive and neglectful parental behaviour toward the child. The repetitive, ongoing pattern of parental behaviour is most often emphasized by researchers and practitioners alike, to distinguish CEM from more common but problematic parenting styles. In addition, parents defined as emotionally abusive typically have shown more extreme, appalling, and disturbing behaviours towards a child.
- 2) The pattern of chronic and severe parenting methods is associated with a proportionate increase in the likelihood of psychological harm or developmental disruptions, presumably because the child is exposed to ongoing stress that interferes with his or her ability to establish emotion regulation.

Whereas there is considerable agreement regarding the extreme nature of parental acts described as emotional maltreatment, disagreement exists as to the second issue: whether or not real or potential harm to the child is a necessary definitional feature. In particular, there is debate as to whether or not “harm” should be included as part of the definition at all. For example, during a presentation to members of the think tank, Dr. Nico Trocme suggested that a definition of CEM based on evidence of harm or a strict criteria for “reasonable potential of harm” to the child might be easier to operationalize and guide intervention (than one based on parental action alone). However, other participants expressed a different view (PHAC, 2009; pp. 16-17):

- Emotional maltreatment should not be thought of strictly in terms of the harm caused or potentially caused, as it may risk diminishing the seriousness of the issue. As one participant noted, “we don’t need to see the harm of sexual abuse for this to be considered harmful... the same should apply to emotional maltreatment.” Another suggested that those situations where harm can be observed are not necessarily the gravest (unobserved harms might be greater or pose more serious long-term risks to the child). As such, participants warned against the risk of setting a higher threshold for emotional maltreatment than for other forms of maltreatment.
- Defining “harm” is in itself risky and challenging: a definition that is too broad risks generating too intense of a protective response, thus limiting the effectiveness of interventions and stretching limited resources; a narrow definition risks excluding cases that would warrant intervention. Participants also indicated that the goal should be to avoid making the policing response an automatic fall-back in all situations.

Despite these arguments, there is growing consensus that a definition of CEM must recognize and include actual or potential risk of harm to the child, in order to distinguish such behaviour from poor parenting and to warrant child protection action (Heyman & Slep, 2006). Notably, this approach presumes that *potential or actual harm* to the child is a requirement of the definition, but *evidence of harm* is not. Placing emphasis on potential harm averts the tautological predicament of defining CEM on the basis of harm (e.g., “emotional maltreatment is when the child is emotionally harmed”). Determining potential harm must also take into account the wide range of children’s needs, such as children with special vulnerabilities, disabilities, or developmental differences (i.e., the impact may be significant for adolescents as well as toddlers, perhaps for different reasons).

Two models are presented below, representing complementary strategies to translate these conceptual similarities and distinctions into specific guidelines and boundaries for acceptable, poor, and emotionally maltreating childrearing behaviour methods. The first model describes a hypothetical continuum depicting a range of behaviours from positive, to poor, to emotionally abusive or neglectful. The second model presents a categorical distinction between poor parenting and CEM, using specific empirically derived criteria for certain parental acts and child outcomes. These two conceptual models have important, complementary implications for both universal and targeted prevention, as noted in the subsequent recommendations.

### **Benefits of a Continuum Model**

As we have seen, parental lack of control involves cognitive and emotional responses to children’s behaviour. These processes, in turn, result not only from individual characteristics, such as personality disturbance, cognitive styles, and mood disorders, but also from important situational factors, such as intimate partner violence, unmanageable stress, and cultural expectations. A continuum view of CEM as an extreme disturbance of childrearing emphasizes the nature of socialization practices and norms that condone or inadvertently permit the use of harmful or potentially harmful methods with children, at the expense of more positive, healthy childrearing methods.

As shown in Figure 1 (Appendix 1), at the child-centered end of this continuum lie the more appropriate and healthy forms of childrearing actions that promote child development. Competent parents encourage their child’s development in a variety of ways, and match their demands and expectations to the child’s needs and abilities. Because most, if not all, parents scold, criticize, or show some degree of insensitivity to their child’s state of need on occasion, it is important to acknowledge how such normative actions are set far apart from more strident and abusive methods. Moreover, child discipline often requires firm control, with its accompanying strong verbal statements and negative affect (e.g., scorn), which needs to be acknowledged as part of a parenting continuum.

Poor parenting methods occupying the middle range of this continuum reflect greater and greater degrees of irresponsible and potentially harmful childcare. Parents who show any measurable degree of these actions towards their children often need instruction and assistance in effective childcare methods, and may be at-risk for maltreatment. Notably, this middle range does not include parental acts that would typically lead to a child welfare response.

Finally, childrearing methods that violate children’s basic needs and dependency status fall within the scope of emotional maltreatment. These parenting methods or particular acts towards the child are consistent with most definitions of CEM, and represent harsh, insensitive, and ineffective forms of childrearing. Examples of this type of parenting include use of excessive criticism and verbal harassment, use of unacceptable disciplinary techniques, lack of physical or verbal affection toward the child, failure to provide developmentally appropriate stimulation or opportunities to the child, exposure to domestic violence, and similar trauma-inducing experiences directly or indirectly caused by caregivers.

These and many similar instances of parental inadequacy or ineffectiveness often warrant professional involvement and child protection. Because determination of such events involves professional judgment, definitions of emotional maltreatment will vary somewhat in accordance with the purpose of the assessment and intervention concerns. From a continuum perspective, this ambiguity is considered to be necessary and acceptable in view of the current state of knowledge and the presumed advantage to the child and family in seeking assistance for wide-ranging problems (as opposed to labelling or punishing family members). A continuum model is particularly advantageous for educating the public about acceptable and unacceptable forms of parenting. However, this model may be less useful for determining breaches in child welfare statutes that require intervention. To formulate clear guidelines for responding to dangerous or harmful parenting acts it is necessary to develop valid and reliable definitions of CEM, as indicated by the categorical model below. These definitions should be reviewed and updated in conjunction with progress on community standards of minimal care and research on the impact of parenting methods.

### **Benefits of a Categorical Model**

Research over the past decade conducted by Richard Heyman and Amy Slep at the State University of New York at Stony Brook, with the involvement of the U.S. Air Force Family Advocacy Program, has produced a reliable, categorical approach to defining CEM and other forms of “family maltreatment,” including partner abuse, poor parenting methods, and sexual abuse. The premise of this strategy is to identify and describe potentially significant syndromes, of which child emotional maltreatment would qualify, with the eventual goal of determining their validity and utility.

The family maltreatment criteria were developed in a multi-stage process summarized in several publications (e.g., Heyman & Slep, 2006; 2009; Slep & Heyman, 2006). Essentially, they approached this task in a manner similar to that used to develop and revise the Diagnostic and Statistical Manual (DSM), whereby initial diagnostic criteria are based on expert consensus and field tested to refine their reliability and validity. With the help of the US military over 10 years, these steps comprised (a) examining the content validity and field usability of a set of maltreatment criteria already in use; (b) creating a unifying concept for what constituted an above-threshold problem; (c) reviewing and adapting (where appropriate) existing operationalizations; (d) field testing and refining criteria, assessments, and decision-making process; (e) testing criteria’s use in wide-scale dissemination; (f) creating criteria-informed screeners and structured clinical interviews; and (g) examining the content validity of the final criteria.

Importantly, by adopting a DSM-style framework, Heyman and Slep’s categorical definitions profit from consensus in the mental health field that any “disorder” requires evidence of certain recognized symptoms or behaviours, as well as evidence of actual or potential harm. Thus, their criteria for partner abuse, physical abuse, poor parenting, and emotional maltreatment (among other forms of family maltreatment) underscores the necessity of both a *specific type of act* (for example, use of physical force for physical abuse) and a *significant impact* or high potential for significant impact (such as shooting a gun at a spouse but not hitting her). They specifically avoided the notion of “intent” or the determination of outcomes in the future; rather, to be reliable and valid, this strategy poses specific injuries, fear reactions, or reasonable potential for psychological harm or developmental disruptions that can be determined at or near the time of the incident(s).

Heyman and Slep’s categorical, diagnostic strategy involves a structured clinical interview, whereby aspects of the allegation or report are recorded in as much detail as possible (e.g., “describe what happened as if you were watching a movie”). Moreover, their assessment protocol provides a systematic assessment of impact on the child, as well as factors that affect the potential for such impact. These details are then provided to a committee or independent panel to evaluate whether or not they fit the criteria for CEM (for example). In doing so, they adopted a standard of proof based on the “preponderance of the evidence,” which was felt to be the most reasonable

safeguard for family members as well as children. As in civil cases, this standard requires only that the investigator determine that it is more likely than not the criterion was met (taking into account the credibility of reporters in making such a decision).

It is illuminating to compare their criteria for poor parenting and emotional maltreatment (see Appendices 2 through 4), especially in light of the question posed by this paper: *can we distinguish between poor parenting and CEM?* What these criteria reveal is that the distinction is based primarily on parental acts rather than child outcomes. For parenting problems (Appendix 2), Heyman and Slep's criteria stem from the literature noted herein that highlights the two major determinants of parenting style. Caregiver difficulties involve one or more types of under-involvement or over-involvement, as well as marked difficulties in at least one aspect of parenting (e.g., failure to monitor a child; inappropriate discipline, etc). Below is an example of clinically significant poor parenting that does not fit criteria for child emotional maltreatment (from Smith Slep, personal communication, January 29, 2010):

Father is tired of his early teenage daughter's excessive focus, in his opinion, on appearance and attracting boys. One evening, to set a limit, he sits her down in the kitchen and cuts her long hair to shoulder length. The daughter is very upset and reports depressive feelings and difficulty concentrating and concerns about social rejection. [Despite the apparent impact, the act does not meet criteria for emotional abuse; however it could be seen as over-involvement and power assertive discipline, so it meets criteria for poor parenting].

In contrast, CEM criteria A (verbal or symbolic act or acts) involve one or more of the forms of emotional maltreatment described in the literature, such as berating, threatening, coercing a child, etc. (Appendix 4). In this manner, an investigator can record the act(s) reported, observed, or described in the clinical interview and determine if they qualify for CEM or poor parenting (as well as physical abuse or another form of maltreatment). To meet full criteria for poor parenting or for CEM, there would have to be some evidence of significant impact on the child, such as fear, distress, or the reasonable potential for significant disruption or disturbance in the child's development. Two examples of how these criteria are applied are shown below (from Slep & Heyman, 2006; p. 221):

1. An 8-year-old child witnesses his father punch his mother, breaking her nose. The child reports being fearful that father will hurt mother again, has trouble sleeping, and can't stop thinking about the incident reported at an assessment 3 days later. Decision of assessment team: Meets criteria for child emotional abuse (Criteria A and B 1a).
2. A psychologist's assessment indicates that the child meets criteria for major depressive disorder. Child reports that stepfather regularly calls him "worthless," "a waste of space," "faggot," and other derogatory names. Child reports that his depressed mood began after stepfather moved in and started calling him names. Decision: Meets criteria for child emotional abuse (Criteria A and B 1b).

Several benefits and improvements have emerged from a 41-site field dissemination of this categorical approach to CEM (Heyman, Collins, Smith Slep, & Knickerbocker, in press). First, very high reliability for CEM (90% overall agreement between "experts" and field investigators as to the determination of CEM or not), and very strong sensitivity and specificity was found when using this approach.<sup>3</sup> Follow-up questionnaires with social workers involved in the field trial indicated that these specific criteria were reasonably easy to learn and apply, and felt the process was fair to alleged offenders and victims. Remarkably, rates of one-year substantiated re-offense among offenders whose initial case was substantiated *were cut in half* (from 14% to 7%) under the new system, suggesting that clear criteria, coupled with perceived fairness of the system and formally being judged to have crossed the line into maltreatment, may have a preventative effect (Snarr, Heyman, Slep, & Malik, 2009).

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<sup>3</sup> As defined by the researchers, Sensitivity = true positive determinations (i.e., positive agreements between sites and master reviewers)/all cases with maltreatment (as determined by the master reviewers); Specificity = true negative determinations (i.e., negative agreements between sites and master reviewers)/all cases without maltreatment (as determined by the master reviewers).

## Conclusions and Recommendations

The developmental perspective described herein views poor parenting and child emotional maltreatment in the context of the parent-child relationship, which has major implications for defining and addressing these issues. Rather than focusing on parental actions alone, this perspective is bi-directional and takes into consideration the relative risk of harm to the child. Therefore, acts of emotional maltreatment may differ in form or intensity in accordance with a child's age or special needs. Because of this variability and the relational context in which parental actions occur, it is deemed necessary to include dual criteria for CEM pertaining to 1) specific parental behaviours shown, and 2) their potential impact on the child. Furthermore, whereas specific criteria are necessary for child welfare decisions relating to allegations of CEM, meeting specific criteria may not be necessary for determining poor/dysfunctional parenting (unless it is needed to obtain services or other assistance).

Poor/dysfunctional parenting methods occupy a wide range along our hypothetical continuum of positive-to-negative parenting behaviours, whereas emotionally abusive or neglectful methods warrant a qualitative distinction from the other methods. In light of this distinction, poor parenting methods fall within a population health mandate: most parents need to receive some level of assistance, education, and awareness to maximize their important role and reduce all forms of child abuse and neglect (Butchart et al., 2004). In contrast, CEM more closely aligns with an intervention (disease) model, in that it stands out as qualitatively more extreme and potentially more harmful than poor parenting and affects a relatively small percent of the population. The different criteria for CEM relating to parental acts and child outcomes can be reliably applied in suspected child welfare cases, facilitating targeted resources and interventions. Implications for these distinctions are highlighted in the following recommendations:

### **ADOPT A CATEGORICAL DEFINITION OF CHILD EMOTIONAL MALTREATMENT**

The research of Heyman and Slep has shed considerable light on the benefits and utility of applying a categorical, empirically-validated approach to CEM. This approach has shown strong reliability and validity in the field, and may be perceived as more “fair” and objective from a child welfare perspective in which parental rights are at stake. For example, the assessment process is objective and thorough in that it involves a full description of the event(s), context, and risks observed or described. The findings are then provided in written form to a committee to review, reducing the burden on the case manager for making the final determination as well as possible bias. Because child welfare and legal matters must have clear guidelines and definitions, a categorical approach based on scientific evidence is most appropriate for CEM. This approach seems worthwhile for field studies in Canada.

### **ADOPT A CONTINUUM APPROACH TO DEFINING POOR PARENTING**

Poor parenting methods are wide-ranging, and require a definition that is of most assistance to public education and awareness (as opposed to child welfare action). As noted by the Think Tank participants, “It is important that the tools exist to identify the more extreme cases for intervention by the child protection system, but public health interventions might be most effective in addressing the more moderate instances (i.e., parenting problems) and preventing emotional abuse or neglect from occurring” (page 17). Although a diagnostic approach can be applied to poor parenting methods, such an approach has relevance mostly for directing clinical intervention (rather than child protection). From a population health perspective, parents need to be informed of “good” and “bad” childrearing methods in a manner that is constructive and educational. A continuum model allows parents to identify the boundaries of appropriate and inappropriate childrearing methods, with a greater focus on healthy strategies and less emphasis on child welfare violations.

## **ADDRESS GAPS IN TRAINING**

There is an absence of consistent guidelines for training in child welfare and public health approaches to family support. Training guidelines should be introduced for distinguishing CEM (and related forms of maltreatment) from poor parenting, similar to those developed by Heyman and Slep. Training should ensure that all community professionals can reliably distinguish acts requiring child protection investigations from those requiring family or parent-support services. This training could be blended with in-service and continuing professional education and training on child physical abuse, witnessing domestic violence, and similar important topics. Field trials of a diagnostic approach to child welfare investigations can be more readily conducted once training is widespread.

## **EXPAND PUBLIC HEALTH STRATEGIES TO PROMOTE HEALTHY, POSITIVE PARENTING**

The conclusions of this report point to the benefits of a public health model for reducing the overall incidence of parenting disorders and emotional maltreatment. Such a strategy requires fewer resources per child and is typically more effective than those relying on detection and protection alone. A public health emphasis involves increasing protective factors such as parental awareness of childrearing options, improved childrearing skills, community-based support during early years of parenting, school involvement, and many others. A public health model emphasizes healthy, positive parent-child relationships by informing the public what positive parenting involves and why healthy child development is important. For example, the continuum model could be used as an educational tool for parents by designing posters for community settings emphasizing positive childrearing methods. Community efforts promoting authoritative parenting methods can be readily adopted from evidence-based programs (noted below).

The need for the ‘diagnostic-intervention’ corrective/protective approach should/could be significantly reduced if the public health approach is strong and true. Because CEM is complicated and has so many shades of meaning, forms, and impact, and because it is so widespread, with relatively little corrective interventions in place, it may provide just the right opportunity for moving primary prevention and positive childrearing promotion to the top of the child protection priority list (Hart & Brassard, personal communication, February 8, 2010).

## **ADOPT A CHILDREN’S RIGHTS APPROACH TO CHILD PROTECTION AND PUBLIC HEALTH EDUCATION**

The UN Convention on the Rights of the Child [particularly article 6 (survival and development), article 5 (parental rights and responsibilities), and article 19 (protection from all forms of violence and maltreatment “while in the care of parents, legal guardians, ... and the expectation of a protection and prevention approach as well as an intervention approach”)] offers a sound basis for establishing universal-international principles and standards to which Canada has committed. A child rights approach supports primary prevention and education for healthy, positive childrearing methods noted herein, and is well-suited to an overall public health strategy. For example, the best interests of the child are defined and detailed conceptually and operationally in child rights terms, assuring fulfillment of the child’s needs and realization of the child’s potentials (Bennett, Hart, & Svevo-Cianci, 2009).

## **ADDRESS GAPS IN RESEARCH AND EVIDENCE-BASED INTERVENTIONS**

Further studies are needed to distinguish poor parenting and CEM empirically. One example would involve comparing parents identified on the basis of the criteria noted herein (i.e., poor parenting and CEM) with a normal comparison group, in terms of parenting methods and individual, family, and community factors. An additional research priority involves randomized controlled trials of prevention and intervention approaches with parents identified as emotionally maltreating their children.



Studies on effective interventions for parents identified as emotionally maltreating can select families requiring such action based on categorical (diagnostic) criteria noted herein. These families could receive interventions that have shown efficacy with other maltreating or high-risk populations and that might be suitable with this identified group (e.g., The Triple P Positive Parenting Program: Prinz et al., 2009; Prinz & Sanders, 2007; Nurse Home-Visiting Programs: MacMillan et al., 2009; parenting interventions focusing on negative parental cognitions: Bugental & Schwartz, 2009). Population-based interventions could also be delivered to emphasize reduction in risk factors pertaining to both CEM and poor parenting, such as maternal/paternal insensitivity, disciplinary methods, access to community health and family services, etc. (e.g., The Incredible Years program: Reid, Webster-Stratton, & Hammond, 2007; Webster-Stratton, Reid, & Stoolmiller, 2008).

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## **Appendices**

**Continuum of Parental Emotional Sensitivity and Expression**

**Diagnostic Criteria for Parenting Problem**

**Criteria for More Than Inconsequential Fear Reaction/Physical injury**

**Diagnostic Criteria for Child Emotional Abuse**

# Appendix 1

## CONTINUUM OF PARENTAL EMOTIONAL SENSITIVITY AND EXPRESSION

MOST POSITIVE  MOST NEGATIVE

POSITIVE, HEALTHY PARENTING STYLE	POOR/DYSFUNCTIONAL	EMOTIONALLY ABUSIVE/ NEGLECTFUL
<p><b>Stimulation and Emotional Expressions</b></p> <ul style="list-style-type: none"> <li>provides a variety of sensory stimulation and positive emotional expressions</li> <li>expresses joy at child's effort and accomplishments</li> </ul> <p><b>Interactions</b></p> <ul style="list-style-type: none"> <li>engages in competent, child centered interactions to encourage development</li> <li>friendly, positive interactions that encourage independent exploration</li> </ul> <p><b>Consistency and Predictability</b></p> <ul style="list-style-type: none"> <li>demonstrates consistency and predictability to promote their relationship</li> </ul> <p><b>Rules and limits</b></p> <ul style="list-style-type: none"> <li>makes rules for safety and health</li> <li>appropriate safeguards for child's age</li> </ul> <p><b>Disciplinary practices</b></p> <ul style="list-style-type: none"> <li>occasionally scolds, criticizes, interrupts child activity</li> <li>teaches child through behavioural rather than psychological control methods</li> </ul> <p><b>Emotional delivery and tone</b></p> <ul style="list-style-type: none"> <li>uses emotional delivery and tone that are firm but not frightening</li> </ul>	<p><b>Stimulation and Emotional Expressions</b></p> <ul style="list-style-type: none"> <li>shows rigid emotional expression and inflexibility in responding to child</li> <li>seems unconcerned with child's developmental/ psychological needs</li> </ul> <p><b>Interactions</b></p> <ul style="list-style-type: none"> <li>often insensitive to child's needs; unfriendly</li> <li>poor balance between child independence and dependence on parent</li> </ul> <p><b>Consistency and Predictability</b></p> <ul style="list-style-type: none"> <li>often responds unpredictably, sometimes with emotional discharge</li> </ul> <p><b>Rules and limits</b></p> <ul style="list-style-type: none"> <li>Unclear or inconsistent rules for safety and health</li> </ul> <p><b>Disciplinary practices</b></p> <ul style="list-style-type: none"> <li>frequently uses coercive methods and minimizes child's competence</li> <li>uses psychologically controlling methods that confuse, upset child</li> </ul> <p><b>Emotional delivery and tone</b></p> <ul style="list-style-type: none"> <li>uses verbal and non verbal pressure, often to achieve unrealistic expectations</li> </ul>	<p><b>Stimulation and Emotional Expressions</b></p> <ul style="list-style-type: none"> <li>expresses conditional love and ambivalent feelings towards child</li> <li>shows little or no sensitivity to child's needs</li> </ul> <p><b>Interactions</b></p> <ul style="list-style-type: none"> <li>emotionally or physically rejects child's attention</li> <li>takes advantage of child's dependency status through coercion, threats, or bribes</li> </ul> <p><b>Consistency and Predictability</b></p> <ul style="list-style-type: none"> <li>responds unpredictably, accompanied by emotional discharge</li> </ul> <p><b>Rules and limits</b></p> <ul style="list-style-type: none"> <li>Sporadic, capricious</li> <li>exploits or corrupts for parent's benefit</li> </ul> <p><b>Disciplinary practices</b></p> <ul style="list-style-type: none"> <li>uses cruel and harsh control methods that frighten child</li> <li>violates minimal community standards on occasion</li> </ul> <p><b>Emotional delivery and tone</b></p> <ul style="list-style-type: none"> <li>frightening, threatening, denigrating, insulting</li> </ul>

## Appendix 2

### DIAGNOSTIC CRITERIA FOR PARENTING PROBLEM

- A. Considering the developmental needs of the child, caregiving to the child is markedly outside the bounds of normal, as evidenced by one of the following:
- (1) Pervasive caregiving difficulties involving either or both of the following:
    - a. Underinvolvement (e.g., parent is not bonded to and does not provide loving relationship for the child).
    - b. Overinvolvement (e.g., parent is so protective that young adolescent is not afforded any private communication with friends; child is not able to participate in choices about how they will spend their time).
  - (2) Marked difficulties in at least one aspect of parenting, including, but not limited to:
    - a. failure to adequately monitor child (e.g., not supervising a young child's activities; being insufficiently aware of adolescent's activities)
    - b. marked lack of support of, or active interference in, a key major life activity
    - c. excessive or inappropriate discipline (not meeting criteria for child abuse)
    - d. excessive pressure on child to engage in a single activity or interest (e.g., sport)
    - e. failure to socialize child through nonexistent or poorly enforced limits
- B. Significant impact on the child involving any of the following:
- (1) More than physical injury\*
  - (2) Psychological harm, including either
    - a. More than inconsequential fear reaction\*
    - b. Psychiatric disorder, at or near diagnostic thresholds related to, or exacerbated by, the caregiving difficulty
  - (3) Stress-related somatic symptoms (related to or exacerbated by the caregiving difficulty) that significantly interfere with child's normal functioning.
  - (4) Reasonable potential for more than inconsequential physical injury due to the inherent dangerousness of the caregiving difficulty and the child's physical environment.
  - (5) Reasonable potential for psychological harm. Note: The child's level of functioning and the risk and resilience factors present should be taken into consideration.
    - a. Reasonable potential for the development of a psychiatric disorder (at or near diagnostic thresholds) due to the caregiving difficulty.
    - b. Reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development due to the caregiving difficulty.

\* These criteria are defined further in Appendix 3

Source: Richard E. Heyman and Amy Slep, Family Translational Research Group, Department of Psychology, State University of New York at Stony Brook, Stony Brook, NY 11794-2500. Used with permission.



## Appendix 3

### CRITERIA FOR MORE THAN INCONSEQUENTIAL FEAR REACTION

Victim's significant fear reaction, as evidenced by both of the following

- A. Fear (verbalized or displayed) of bodily injury to self or others
- B. At least one of the following signs of fear or anxiety lasting at least 48 hours:
  - (1) Persistent intrusive recollections of the incident
  - (2) Marked negative reactions to cues related to incident, as evidenced by any of the following
    - a. avoidance of cues
    - b. subjective or overt distress to cues (Note: perpetrator can be a cue)
    - c. physiological hyperarousal to cues (Note: perpetrator can be a cue)
  - (3) Acting or feeling as if incident is recurring
  - (4) Persistent symptoms of increased arousal, as evidenced by any of the following:
    - a. Difficulty falling or staying asleep
    - b. Irritability or outbursts of anger
    - c. Difficulty concentrating
    - d. Hypervigilance (i.e., acting overly sensitive to sounds and sights in the environment; scanning the environment expecting danger; feeling keyed up and on edge)
    - e. Exaggerated startle response

### CRITERIA FOR MORE THAN INCONSEQUENTIAL PHYSICAL INJURY

An injury involving any of the following:

- A. Any injury to the face or head
- B. Any injury to a child under 2 years of age
- C. More than superficial bruise(s) (i.e., bruise that is other than very light red in color [for example, violet, blue, black] OR bruises with total area exceeding that of the victim's hand OR are tender to light touch)
- D. More than superficial cut(s)/scratch(es) (i.e., would require pressure to stop bleeding)
- E. Bleeding internally or from mouth or ears
- F. Welt (bump or ridge raised on the skin)
- G. Burns
- H. Loss of consciousness
- I. Loss of functioning (including, but not limited to, sprains, broken bones, detached retina, loose or chipped teeth)
- J. Heat exhaustion or heat stroke
- K. Damage to internal organs

- L. Disfigurement (including, but not limited to, scarring)
- M. Swelling lasting at least 24 hours
- N. Pain felt (a) in the course of normal activities and (b) at least 24 hours after the physical injury was suffered.

Source: Richard E. Heyman and Amy Slep, Family Translational Research Group, Department of Psychology, State University of New York at Stony Brook, Stony Brook, NY 11794-2500. Used with permission.

## Appendix 4

### DIAGNOSTIC CRITERIA FOR CHILD EMOTIONAL ABUSE

- A. Verbal or symbolic act or acts (excluding physical abuse and sexual abuse by a parent/caregiver with the potential to cause psychological harm to the child. Such acts include, but are not limited to,
  - (1) Berating, disparaging, degrading, humiliating child
  - (2) Threatening child (including, but not limited to, indicating/implying future physical harm, abandonment, sexual assault)
  - (3) Harming/abandoning — or indicating that the parent/caregiver will harm/abandon — people/things that child cares about, such as pets, property, loved ones (including exposing child to criteria-meeting or subthreshold partner maltreatment)
  - (4) Confining child (a means of punishment involving restriction of movement, as by tying a child's arms or legs together or binding a child to a chair, bed, or other object, or confining a child to an enclosed area [such as a closet])
  - (5) Scapegoating child
  - (6) Coercing the child to inflict pain on him/herself (including, but not limited to, ordering child to kneel on hard objects such as split peas or rice for long periods; ordering the child to ingest a highly spiced food, spice, or herb)
  - (7) Disciplining child (through physical or non-physical means) excessively (i.e., extremely high frequency or duration, though not meeting physical abuse criteria)
- B. Significant impact on the child as evidenced by any of the following:
  - (1) Psychological harm, including any of the following
    - a. More than inconsequential fear reaction\*
    - b. Significant psychological distress (i.e., psychiatric disorders, at or near diagnostic thresholds) related to, or exacerbated by, the act(s)
  - (2) Reasonable potential for psychological harm, as evidenced by either or the following:
    - a. The act (or pattern of acts) creates reasonable potential for the development of a psychiatric disorder (at or near diagnostic thresholds) related to, or exacerbated by, the act(s). Note: The child's level of functioning and the risk and resilience factors present should be taken into consideration.
    - b. The act (or pattern of acts) carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development. A significant disruption would involve development that is substantially worse than would have been expected, given the child's developmental level and trajectory evident before alleged maltreatment

(3) Stress-related somatic symptoms (related to or exacerbated by the acts) that significantly interfere with normal functioning.

C. The act/acts do not include culturally accepted practices intended to promote child safety/development, such as child car seats, safety harnesses, swaddling of infants, and discipline involving “grounding” a child or restricting the child to the home or a room for reasonable periods.

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