

CR-547  
11-30-87

# Operational Definitions of Child Emotional Maltreatment



FINAL REPORT  
OF A  
FEDERAL - STATE PROJECT

May 1986

105705

105705

**U.S. Department of Justice  
National Institute of Justice**

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Public Domain/National Center on  
Child Abuse and Neglect

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.

# Operational Definitions of Child Emotional Maltreatment

## TABLE OF CONTENTS

---

<i>Chapter</i>	<i>Page</i>
I. Introduction . . . . .	1
II. Project Methodology . . . . .	2
III. Personal Characteristics of Respondents . . . . .	6
IV. Definitions and Ratings . . . . .	8
V. Analysis of Statistical Measures . . . . .	24
VI. Limitations of Definitions . . . . .	26
VII. Field Testing of Definitions . . . . .	29
VIII. Can Maltreatment Be Defined By Parental Behavior Alone? . . . . .	31
IX. Final Comments . . . . .	37
Abstract . . . . .	38
Abbreviated Definitions . . . . .	39
Project Participants . . . . .	42
References . . . . .	44

---

*For additional copies of this report, write to: EM Project,  
Bureau of Social Services, Maine Department of Human Services,  
Station #11, 221 Main Street, Augusta, ME 04333.*

*For comments or questions about the content of the report,  
please contact one of the State Coordinators or the Project Directors.*

# Operational Definitions of Child Emotional Maltreatment

## FINAL REPORT

Thelma F. Baily, MSS  
Walter H. Baily, DSW  
Project Directors

NEJRS

APR 13 1987

ACQUISITIONS  
ACQUISITIONS

*This Project was  
Funded by the National Center on Child Abuse and Neglect,  
Washington, D.C. and by the States of Mississippi, Alabama,  
Vermont, and Maine and the Commonwealth of Virginia*

*Cover Photo: Don Roberts, Salem, Oregon*

NCCAN Contract #90-CA-0956  
October, 1984 to April, 1986

AUGUSTA, MAINE  
MAY, 1986

## Words of Appreciation

The Project Directors (Staff) are indebted to many persons for the completion of this research. With the clear risk of overlooking someone, appreciation is expressed to the many persons who contributed in a variety of ways. Thanks are extended to the five State Coordinators:

Jennifer Smith, Maine Department of Human Services  
Shirley Scanlan, Alabama Department of Human Resources  
Melzana Fuller, Mississippi Department of Public Welfare  
Maureen Thompson, Vermont Agency of Human Services  
Anita Prince and Nanette Martin (each for one half of the Project), Virginia Department of Welfare

Ms. Smith had the extra administrative responsibilities of quarterly reports and oversight of the Project. Harold Phelps, Budget Officer, handled fiscal problems with ease. Ms. Sandi Hodge, Child Protective Services Manager, and Peter Walsh, Director of the Bureau of Social Services, State of Maine, were remarkably instrumental in assuring the initiation and funding of the Project. Senior Administrators in the other four States supported the program during both planning and implementation.

The State Committee members were enthusiastic and zealous, both in their own participation and solicitation of other respondents for the Project. Their continuing support helped to assure continued investment by all respondents.

The Ad Hoc Committee, set up after Questionnaire #4 and which never acquired a prestigious name, was composed of Don Hillman of Vermont, Rosalie Zimmerman of Mississippi, Mike Fasulo and Jim Sousa, both of Maine, Bonnie Atkinson, Bill Mitchell, and Don Wendorf, all from Alabama, and Jerry McWhinney of Virginia. All contributed significantly to the reconstruction of the clusters and shared their ideas in several other ways and at other times. One member noted it was the best Committee he ever belonged to—it got a job done and never held a meeting! Patricia Anderson, Maine, was most helpful in looking at concerns in the Adolescent age group. John Haluck, Mississippi, gave legal advice on one of the statements which violated the First Amendment to the Constitution; the statement was quickly deleted. Special thanks go to the supervisors and administrative staff in each state who agreed to field test the clusters. Major credit, of course, goes to the CPS practitioners, since this effort had to be included with their many other responsibilities. Their enthusiasm for the clusters, after applying them for about three months, was considerable.

Others who aided in this Project, but who were not respondents, include Susan Partridge, Ph.D., Maine, who analyzed the clusters, and Duane Ragan, Ph.D. and Ruth Watson, M.A., NCCAN liaison staff, Washington, both of whom supported and counseled on the project at critical times. Finally, no number crunching can be done in this age without the aid of a computer and someone who knows how to run it. Philip Zunder, Ph.D., Director of Data Processing, Vermont, persuaded a reluctant computer to cooperate, and he offered sage advice on analyses. James Rooney, Ph.D., of Pennsylvania, who conducted numerous statistical analyses, prepared the chapter on respondent characteristics, and also offered advice on methodology.

And now thanks are extended to the most important of all: the respondents who never saw the many insightful and favorable comments on the questionnaires (see Chapter VIII) which the Staff saw, and who maintained the commitment and devotion to complete seven questionnaires and to make a wide range of comments about this complex subject. They deserve the credit for the good things accomplished in this project.

Finally, the Staff thank each other for their cooperation. Although they had some policy, procedural and other differences, they terminate the effort with an enthusiastic agreement to attribute all errors in the Project or in this report to each other to each other!

TFB & WHB

Peasefield Associates  
RD 2, Box 514  
Limerick, Maine 04048

The following government agencies both funded and participated in this Project:

National Center on Child Abuse and Neglect  
Administration on Children, Youth and Families  
U.S. Department of Health and Human Services  
P.O. Box 1882, Washington, D.C. 20013

Bureau of Social Services (Lead state)  
Maine Department of Human Services  
221 Main Street, Augusta, ME 04333

Family and Children's Services  
Alabama Department of Human Resources  
64 N. Union Street, Montgomery, AL 36130

Child Protective Services Unit  
Mississippi Department of Public Welfare  
P.O. Box 352, Jackson, MS 39205

Social and Rehabilitation Services  
Vermont Agency of Human Services  
103 S. Main Street, Waterbury, VT 05676

Child Protective Services Unit  
Virginia Department of Welfare  
8007 Discovery Drive, Richmond, VA 23288

# Chapter I

## INTRODUCTION

It is both revealing and humbling to begin this report with direct quotes from the material used to introduce the subject of emotional maltreatment (EM) and to request federal funding for this Project. The following four paragraphs, written in October, 1983, reveal the questions presented about emotional maltreatment (EM). This Project attempted to answer only one small question of the many. We have moved a short distance. Furthermore, with the ending of the Project, there are even more questions to ask. The benefits of this effort will not be clear for quite a time, and a beginning has been made to define and rate maltreating behaviors.

Of all the classifications of child abuse and neglect, emotional abuse is the most perplexing. Do certain kinds of caretaker behaviors result in emotional deficits of a child? Will each child suffer a comparable amount of distress from the neglectful or abusive behaviors of the caretaker? Is there an identifiable relationship between adult behavior and child response? These and other similar questions are difficult to answer. In spite of some legitimate doubts about casual connections, protective service practitioners are intervening with families to prevent or ameliorate what are believed to be damaging activities against children, and appellate courts are supporting lower court decisions against parents who emotionally abuse their children. The abuse behaviors by caretakers may cause no observable physical changes, except in the very young child, but the resultant personality damage is often times difficult to deny. A non-assertive, apprehensive, self-doubting, insecure youth who attempts to commit suicide, who has no friends and seems to want none, who cannot perform in school, but has average intelligence, will not be described as a healthy person who will be able to cope with many facts of adult life. When it is known that the youth has been exposed to parents who have ignored him, who have rejected all his attempts to learn, accomplish and perform, and who have belittled and ridiculed him, it is difficult to escape the conclusion that a relationship exists between the two sets of behaviors.

There are many gross and severe situations in abuse and neglect in which most would agree that abuse or neglect has occurred and that the caretaker was the perpetrator. This is not necessarily so with emotional abuse, unless there is extreme, overwhelming evidence that the parents caused the child's difficulties. Is it possible to extract caretaker behaviors or sets of behaviors which a wide range of practitioners could agree can be defined as emotionally damaging, and if continued, will result in substantial emotional difficulties for the child?

Emotional abuse and emotional neglect present great difficulties for practitioners to specify. Part of the difficulty lies in establishing the connection between caretaker abusive behavior and the resultant impairment of the child. Secondly, it is difficult to observe some types of behavioral impairments in children; openly defiant and destructive behavior is much easier to observe than quiet, withdrawn self-doubts and conflicts. Third, the resultant behaviors may not be recognized as connected to the emotionally abusive actions. We get the *consequences* of emotional abuse, but may not recognize them as related to parental behaviors and statements. The last difficulty is that emotional abuse, like incest, may be a time bomb for some children. The impact does not fully occur until many years after the abuse has taken place. Therefore, there may be minimum evidence of current child reaction, even though the emotional abuse may be quite strong. Some of these problems of making the connection between adult behavior and child response will not be completely resolved by this project . . . What must be recognized today is that most of the states include emotional abuse as a part of their child abuse laws. However, very few courts use emotional abuse for adjudication purposes. Consequently, definitions are needed. We cannot wait for clear, research-established links between abusive behaviors and psychologically impaired children. Human relationships are too complex ever to establish a precise link. However, evidence is available that certain positive behaviors by parents do result in happy, coping, inquisitive children. Numerous caring, concerned behaviors and attitudes toward children are effective for healthy child development. Terms and attitudes such as ridiculing, rejecting, intimidating, threatening and demeaning are not a part of those concepts.

# Chapter II

## PROJECT METHODOLOGY

### Proposed Design of Project:

The project plan was to have, in each state, 1) a Coordinator, 2) a committee composed of eight community professionals, and 3) forty professionals in each state who would respond to nine questionnaires during a one year period. The first four questionnaires would be used to develop parental behaviors of maltreatment, the next four to develop probable child consequences of maltreatment and the last to evaluate the combined parent-child behaviors according to four criteria:

1) this is/is not maltreatment, 2) this is maltreatment and services should be offered, 3) services should be offered under court direction, and 4) the child should be removed from the home.

Three age groups would be established for ratings: up to and including age five, six through twelve, and thirteen through seventeen. Two sets of conceptual material would be sent to respondents, one with the first questionnaire, and the second before the construction of child behaviors. Two interstate meetings would be held to examine and cluster both parent behaviors and child behaviors. Personal data about respondents would be sought through a questionnaire, and regression analyses would be used in the attempt to determine any relationships between respondent characteristics and behavioral ratings. Statistical measures would be employed to determine the extent of differences between states or regions for both individual behavioral statements and behavioral clusters.

### Actual Design:

The major change from the proposed design was the use of seven, not nine questionnaires. Instead of developing child behaviors, it was decided to modify a four point scale from the Child Well-Being Scales of the Child Welfare League of America. Because of the relatively small numbers of respondents in the three age groups and the relative uniformity of some respondent characteristics it was only possible to conduct a few regression analyses. An average of forty-one respondents per state was maintained. One, rather than two, interstate meetings was held.

### State Committees and Coordinators:

Committee members were invited by the State Coordinators. Most committees met only once, in the very beginning of the Project when it was presented and discussed. After that almost all communications were by telephone between the State Coordinators and occasionally between the Project Directors and committee members. Their primary role, as noted below, was to give support to the project, especially with the respondents, to communicate about the research to others and to advise on progress and problems in the Project. A major role at the beginning was for each member to decide upon four additional colleagues from their geographic area who would be invited to become respondents. Their advice on the operation of the project would also be sought on both problems and progress of the research. Their support and participation would also be requested at the termination of the project when final reports were presented and publicized. Committee members served as panelists in the public meetings.

State Coordinators maintained contact with Committee members, both providing information about the project and soliciting ideas for the continuing project. This information was shared with the Project Directors (Staff) who in turn shared the information with other State Coordinators.

### Respondent Selection:

Participants to this study were chosen within each State by the State Committee members. Several criteria were employed: 1) participants should be from a wide range of professionals and organizations involved in services to families known to abuse or neglect, 2) they should be knowledgeable about child development and/or family dynamics and/or 3) be sufficiently concerned about family life to be

involved in organizational or community efforts to reduce abuse and neglect. Participants should also be interested in this research pursuit and be willing to complete nine questionnaires over a period of about one year. Finally, the effort was made to locate persons who did not necessarily agree with State mandated CPS policies and definitions of child abuse and neglect.

Participants represented every professional group in protective services practice: attorneys, police, judges, public health nurses, school counselors, teachers and administrators, clergy, psychologists, social workers, physicians, psychiatrists, day care staff, homemakers, child development specialists, university faculty, juvenile court staff, and others. Similarly, every type of organization and agency which serves troubled families was represented, including the military social services.

Since three age groups were defined to be rated, respondents were given, within some constraints, their choice of age group. Most persons who agreed to participate did not have an age group choice, and they were willing to accept assignment to a group. Consequently, there were about thirteen or fourteen persons from each state for each age group. It is clear from the above that this is a carefully chosen group, and their assessments may not represent the views or evaluations of the typical professional serving troubled families. This bias may enter into the scores and needs to be remembered in any extrapolation of findings to another population or another area.

### Respondent Return Rates:

The following percentages of return rates were achieved:

Q # 1: 73.3	Q # 4: 77.9	Q # 7: 54.6
Q # 2: 75.4	Q # 5: 66.0	
Q # 3: 82.3	Q # 6: 60.9	
Average return rate, entire Project: 70.1%		
Personal Questionnaire return: 78.3%		

### Methodology:

Although this was an extremely well informed group of respondents, it was decided to acquaint them with the currently available literature on EM related to concepts, theories, definitions, case illustrations and court decisions. Two sets of materials were sent, the first with Questionnaire #1 and the second just prior to Questionnaire #6.

The definitions of EM were developed over a period of eleven months through seven questionnaires. The first three were used to develop individual behaviors; the next two were used to combine statements into larger categories of behaviors (clusters), and the last two were used to determine child consequences and to recommend actions. A summary of the questionnaire sequence is as follows:

- Questionnaire 1: Review, analyze and modify about 30 suggested statements of maltreatment; add additional statements.
- Questionnaire 2: Review, analyze and modify about 55 suggested statements of maltreatment; add additional statements.
- Questionnaire 3: Rate approximately 80 statements in each group on a six point scale.
- Questionnaire 4: Rate 15 to 17 clusters of parental behavior on a severity of maltreatment scale.
- Questionnaire 5: Rate revised clusters of parental behavior on a severity of maltreatment scale.
- Questionnaire 6: Assign the probable child consequences of 16 to 18 parental maltreating behaviors on a four point scale.
- Questionnaire 7: Recommend, based on parent behaviors and child consequences, whether a specific interaction represents emotional maltreatment, and if so, whether services should be offered, whether services should be under court direction, or whether the child should be removed from home.

With each questionnaire, except the first one, a *Comments* section, about a page in length was included. This provided a direct way for the Staff to communicate with the respondents about the questionnaire contents. Staff were the only persons who reviewed all of the questionnaire returns, and

there were many respondent comments and observations which needed to be shared. Other information and decisions about the project, made with Coordinators and others, were also included.

The details of the questionnaire process were as follows:

1. Questionnaire #1 was prepared by the Staff and consisted of between 32 and 36 statements which were believed to represent EM. Respondents were invited to add additional statements and to modify those presented to them. Staff edited and revised statements according to recommended changes. Additional statements were created in order to keep conceptual clarity among statements.
2. The revised statements were resubmitted to respondents for a second revision and modification through Questionnaire #2. The returns were handled in the same way as Q #1.
3. Questionnaire #3 was composed of 79 statements in the pre-school group, 80 in the latency group, and 78 statements in the adolescent group. The statements in this questionnaire were rated on a six point agreement-disagreement scale whether this described behavior was EM.

Following Q #3 a meeting was held in Montgomery, Alabama with representatives of the two state Committees in attendance, plus the two Staff. All statements were reviewed according to their mean scores, standard deviations and the numbers of respondents indicating that the statements were not a form of maltreatment. Based primarily on a single conceptual scheme among three considered, the statements were assigned to a category within the conceptual scheme. The Staff had assigned the statements prior to the committee meetings, and the statements were evaluated again by the committee. There was essential agreement between and among members, but agreement could not be reached on about twenty percent of the statements. These had to be arbitrarily assigned to a category, with recognition that it would be difficult, if not impossible, to agree upon some of the categories.

Following the meeting, Staff were instructed to reduce some of the duplications and overlap of statements which was inevitable in the attempt to reduce about eighty statements into fifteen categories. Some of these statements were quite lengthy in themselves and therefore the clusters were of considerable size. Staff eliminated these problems and performed mild editing of statements. These clusters were then presented to respondents in Questionnaire #4.

4. Questionnaire #4 was composed of the clusters of parental behaviors as noted above. Respondents rated these with a five point scale. However, in the questionnaire returns there were so many negative comments and suggestions for change that it was deemed essential to rewrite the clusters. Inasmuch as a number of respondents had provided many comments about the statements in previous questionnaires, as well as this one, it was decided to contact a number of them and solicit their counsel in terms of revisions. It was deemed inadvisable to attempt another committee meeting, both from the standpoint of time, staff availability and cost. Consequently an ad hoc committee was formed, and the communications were exclusively by telephone. It was essential to use the same statements, in the same clusters, since they had been agreed upon in the Alabama meeting. The important element now was to make them more concise. It was recommended and agreed that the first sentence in each cluster carry the basic conceptual statement for the cluster and place several behaviors within a single sentence. The task here was to accomplish reduction without losing essential phrases or words. Staff rewrote the material, maintaining contact with committee members and sharing ideas by telephone. The rewritten clusters were mailed out to the committee, and they made further recommendations for change. These were incorporated, and the revised clusters were sent out in Questionnaire #5. The effort was apparently successful, since respondents, when completing Q #5, made many favorable comments about the changes.
5. Questionnaire #5 was essentially the same process as Q #4, and the clusters were rated by a four point scale, from "no maltreatment" to "severe maltreatment". It is important to note that the ratings at this time, on Q #3 and on Q #5, have been made without consideration of what the consequences might be for the child. One minor change was made in the cluster constructions with this questionnaire. A number of respondents had indicated the difficulty of rating a cluster when the words "force" or "permit" were in the same cluster. Most respondents believe that forcing a child is far more serious than permitting a child to do something. Furthermore, it suggests a determined intent to carry out the harmful act. Consequently two of the clusters were subdivided, making a total of two additional clusters for the next two questionnaires.

6. Questionnaire #6 was designed to invite respondents to indicate, through a choice of four child behaviors, what the probable consequences of the adult behaviors might be. A scale was offered indicating a child behavior response of no consequence, mild behavioral reaction, moderate, and severe reaction. Based on the returns, a total of 154 combinations of statements were designed. For example, a given parental behavioral cluster might only have two probable child consequences: severe or very severe. Another might have all four probable child consequences, from no response to very severe.
7. The combinations noted above were submitted to respondents in Questionnaire #7. There were a total of 48 in the pre-school group, 52 in the latency group, and 49 in the adolescent group. The major question of the project was also presented to the respondents. Given this cluster of parental behaviors and this type of child response, what would you recommend: is this maltreatment or not; if it is maltreatment, should services be offered, should services be offered under court direction, or should the child be removed from the home? The latter three questions could be answered, but the first could not. The questions of no maltreatment were answered following Q #3, at which time all the low scored items were removed from later questionnaires. There were 31 of these, and they were usually described by participants as "poor parenting", a few as "middle-class" behaviors but clearly not maltreatment, and some were described as "vague" or "too broad". However, from a practice standpoint, it is believed that in combination with other abusive or neglectful behaviors, the "poor parenting" behaviors should not be dismissed as unimportant. Some of the deleted statements are found in Chapter IV.

# Chapter III

## PERSONAL CHARACTERISTICS OF RESPONDENTS

*(Prepared by James F. Rooney, Ph.D., Pennsylvania State University)*

A total of 161 respondents participated in this survey of their current employment, life situation, and personal characteristics. Not all respondents answered all questions in filling out the data gathering questionnaire, however, and therefore the sample size differs somewhat between various questions.

First of all, 60% of respondents surveyed are females and 40% are males. Over 80% are in their thirties and forties, with only 12% being 50 or over and approximately 6% being in their twenties. Nearly 80% are currently married, 11% are divorced, and almost 8% have never married.

The proportion of the entire sample represented by respondents per state is fairly equal, varying from a low of 16.1% of the total sample being from Vermont and a high of 24.3% coming from Mississippi. The other states have approximately 20% representation each. Twenty-nine percent of the sample evaluated behaviors in the adolescent group, 37% in the latency group, and 37% evaluated criteria in the pre-school age group. In terms of religious affiliation, a slight majority of respondents are Protestant (57.8%), with approximately 15% being unaffiliated. Approximately 8% claim affiliation with religious groups other than the major Protestant churches, and 4% are Jewish. In terms of ethnic status, the sample members are preponderantly white (86.3%), while 10% are black, and 3% are of other races.

The parental experience of the respondents could be expected to exert an influence upon their attitudes and standards toward child care and child abuse. It was noted earlier that over 90% of respondents have been married. Currently 69% have dependent children in their own households and 30% have no children at home. However, 11% report having a continuing parent role for one or more offspring, most likely associated either with divorce or with the offspring leaving the household to attend college and thereby remaining dependent. Sixteen percent also report having *had* a primary role in rearing one or more children, indicating that the offspring have grown up and become independent. Clearly, nearly all sample members have had parental experience by which child rearing has been an important part of their personal life experiences.

Educationally, over 70% of the sample members have advanced degrees beyond the baccalaureate degree, including 17% with a Ph.D., and the others holding degrees in medicine, law and masters degrees in various fields. A bachelor's degree is held by 24%, and only 4% have less than a bachelor's degree. Also, 15% of all respondents are currently working toward another degree, which most frequently is in social work, psychology, education or administration.

The current position and current employer of the sample members reflects a broad diversity of backgrounds. In terms of the current employer, nearly one-quarter work for a school system and 15% are self-employed professionals. The remainder are scattered among health agencies, social service and welfare programs, inpatient and outpatient mental health facilities, police departments, court systems, probation services and law firms. The current position of the respondents within these various organizations also varies a great deal, with 22% being administrators, 12.7% being educational administrators, and 5% serving as supervisors of departments of public welfare and 3% serving as coordinators. Another important segment are in direct personal service such as social work, 10.2%, school social work, 3.2%, psychology, 9.6%, medicine or psychiatry, 4.4%, and nursing, 5.1%. Almost one-third of respondents hold additional employment, and 90% of that group works in the human services. Ninety-five percent of respondents work more than 25 hours a week at their primary job. The diversity in both employers and in positions held insures that the respondents as a group will perceive child abuse from multiple and diverse perspectives involving varying types of responsibilities.

All persons were asked to report the number of years they have worked *directly* with maltreating families. The respondents demonstrate considerable experience in this field, with a median number of 8 years of direct experience with abusive families, and 47.7% have 9 or more years of experience.

Only 10.8% have no direct experience. In their current positions, the median percentage of time spent in direct service to maltreating families is approximately 30% of the time on the job, with 32% of respondents devoting 50% or more time to direct service to families with maltreatment problems. Of the small respondent group which did not have direct experience in child protective services, their current primary work experience includes activities in advocacy and fund raising, as educators, in legal support services, in counseling, or as part of a child protective services team.

Sample members were asked about the primary focus of their current protective service work. Two-thirds reported that both parent and child were the focus, while 27.7% reported focusing only on the child and 5% focus on the parent exclusively.

Data gathered which described the type of place the respondents grew up in, and in which they currently reside and work. Nearly one-third grew up in a small city of between 10,000 and 100,000 inhabitants, while 38% grew up in either a small town of less than 10,000 or in a rural area. A total of 30% grew up in a large city of up to a half million population or in a metropolitan area of 500,000 or more.

In terms of current residence, there has been a slight shift of members from their places of origin toward small cities of between 10,000 and 100,000, in which 40% currently reside. Only slightly less than one-third now live in small towns and rural areas, and 27% reside in large cities and metropolitan areas. The area of current employment is even more focused upon small cities in that 46% work in a city of between 10,000 and 50,000. Rural areas and small towns of up to 10,000 population are the least represented as places of employment with 22% currently working in such localities. Thirty-two percent of the respondents list a large city or metropolitan area as their locality of employment.

# Chapter IV

## DEFINITIONS AND RATINGS

The primary purpose of the Project was to develop operational definitions of EM against children. A secondary purpose was to rate those behaviors according to four criteria: 1) this is/is not maltreatment, 2) this is maltreatment and services should be offered; 3) services should be offered under court direction, and 4) the child should be removed from the home. One hundred and fifty three child-parent interactions were rated in three age groups. There are fifteen definitional clusters of parental behavior in the adolescent age group, and sixteen each in the latency group and in the preschool age group.

### Categories of Maltreatment:

Inasmuch as the clusters are quite similar in the three age groups, only the latency group clusters are used below to illustrate the categories of maltreatment. The first sentence in each cluster includes the specific concept of the abuse or neglect, and the other statements in the cluster include similar behaviors. The following statements include only the first sentence of each cluster:

1. The parent shows no attachment to the child and fails to provide nurturance.
2. The parent consistently singles out one child to criticize and punish, to perform most of the household chores and to receive fewer rewards.
3. The parent has unrealistic expectations of achievement for the child and criticizes, punishes, ostracizes or condemns the child when s/he does not achieve far above his/her normal abilities in areas such as school, arts, sports, and social status.
4. The parent makes inappropriate demands on and exploits the child by expecting the child to take care of the parent, to be a companion, to protect the parent from outsiders, and to perform household tasks/functions which the parent is unwilling to do.
5. The parent expresses no affection toward the child and avoids and resists all physical closeness such as hugging, touching or smiling.
6. The parent confuses the child's sexual identity.
7. The parent provides no stability or security for the child.
8. The parent exposes the child to maladaptive and harmful influences. (An alternate cluster "forces" the child into harmful activities.)
9. The parent does not permit the child autonomy or independent learning.
10. The parent denies the child the opportunity to learn from others by prohibiting the child from participating in social activities commonly engaged in the child's peers, such as extra-curricular activities or outside play.
11. The parent regularly denigrates and ridicules the child, stating, without foundation, that s/he reminds everyone of a person who is totally offensive and unacceptable by the family.
12. The parent sexually exploits the child by permitting the child to watch pornographic materials. (An alternate cluster "forces" the child to watch pornographic materials.)
13. The parent uses excessive threats and psychological punishments.
14. The parent uses excessive threats and physical punishments in an attempt to control the child.
15. The custodial parent undermines the child's attachment to the other parent by consistently refusing all legitimate opportunities or requests for visits between the child and the other parent, even when these are requested by the child.
16. The parent has consistently refused to permit any professional to assess the child's problems and has also announced that the child is forbidden from participating in any remedial education or counselling services.

### Deleted Statements After Questionnaire Three:

Before examining the various ratings of the clusters, it is important to note that thirty-one statements were deleted after Questionnaire #3: 18 in adolescence, 7 in latency and 6 in pre-school. Some of those are listed below; they were deleted primarily because of low scores, but also because of the large number of written criticisms. Many respondents referred to items like these as "poor parenting"

or "undesirable" or "not the best way to treat a child", but they could not be called maltreatment as individual statements. Several were designated as "too middle class" such as item 2 or item 3. The latter was called undesirable, especially for the young child who might have more difficulty separating, but could not be called maltreatment. Several received low scores because they were too general or vague, and a statement like item 8 brought protests that this could be a constructive form of behavior modification. In addition, the word "temporarily" caused problems for a few: how long is temporarily? Item 1 caused problems because the child was being cared for, and this type of child management may be more typical of some family life styles or minority groups. Number 9 was deleted since it impinges on the First Amendment to the Constitution. Again, these types of care are not desirable parenting, but a majority of respondents did not define them as maltreatment.

Readers may find that some of the statements in the parental clusters are similar to the rejected statements. The slightly different wording or emphasis may be sufficient for a similar statement to be designated maltreatment. Practitioners may observe the following deleted behaviors within families who are emotionally maltreating a child in other ways. Therefore, it is not suggested that the deleted items should be considered as unimportant nor that they should be overlooked when assessing family interactions. Examples of statements deleted following Questionnaire #3 include:

1. The infant has multiple care providers with no consistent primary caretaker available.
2. The parent seldom tucks the child into bed; bedtime stories or other pre-bed routines are not provided.
3. The parent regularly leaves the young child with unfamiliar persons, making little or no attempt to arrange a gradual separation period.
4. The parent verbally condemns the child for failure to state affection for, or to hug and kiss persons whom the child fears or intensely dislikes.
5. Whenever the child misbehaves in public, the parent temporarily abandons him/her.
6. The parent expects strict adherence to behavioral standards and expectations (without have discussed or) (and refuses to) clarify them with the child.
7. The parent has inflexible and unreasonable rules for all social behavior.
8. The parent continually demands that the child perform perfectly in front of friends or in public.
9. The parent indoctrinates the child with the belief that authority, merely because it is authority (school, police, etc.), should not be respected, trusted nor obeyed.
10. The parent refuses to acknowledge and/or discuss the child's concerns about school, peer problems, personal adjustment, or sexual behavior.
11. The parent consistently refuses to state and describe parental behavior standards, although the child asks to know them.
12. The parent requires similar household chores and duties from all children, although they differ substantially in age, ability, knowledge and judgment.
13. The parent rarely or never addresses or refers to the child by name or nickname.
14. The parent does not permit the child to initiate/select age-appropriate activities, food preferences, games, or to explore the materials around him/her.

### **Problems In Rating Definitions:**

In examining the scores below, it is important to recognize the problems which respondents had in rating behaviors. Participants were asked to evaluate each situation using their "best judgement" This was a difficult task for many respondents, who readily informed the Staff of the difficulty of rating behaviors without knowing more about the entire situation. Respondents were, with rare exception, well experienced practitioners in child protection, and they were accustomed to examining case situations with precision. In contrast, the Project was offering them very general statements with none of the details and variables which must be considered in any assessment of abuse or neglect. Consequently, the ratings of the clusters must be viewed in the way that they were assessed — from case experiences as applied to one's best judgement in a situation in which only a small portion of the facts are available.

In the last questionnaire, a number of respondents were unable to give a single rating. Instead, for example, they rated a cluster as a 2 and then put an arrow or line to the 3 score, then noted that if the parent were cooperative and participated in services, the score was a 2 (recommend treatment), but if the parent refused services, then a 3 rating held, which meant that services should be offered under

court direction. One respondent returned a totally incomplete form and stated that she was unable to complete the ratings without a better understanding of the situations.

There were many comments about the cluster in which one parent undermines the child's relationship to the other parent during a custodial dispute. Numerous respondents saw these situations as "hopeless" and unresolvable, recognized that the problem exists, and then commented that there is "not much you can do about it". (One exasperated judge, in another study, proposed that the best solution was to place both parents in jail for thirty days — in the same cell!) It is not known what effect this jaded view, apparently held by many persons, had on scoring that cluster.

## OPERATIONAL DEFINITIONS AND RATINGS

The operational definitions and the recommendations for services, are presented below as follows: the first statement is the definition or parent behavioral cluster, which is essentially a collection of behaviors. Then follows a statement such as Mild, Moderate, Severe or Very Severe. Those statements indicate a child's reaction to the adult behavior (See the Child Functional Behavior Guide below). After each child statement is a number, such as 3.2, which is the mean score of all respondents to the combined adult and

Example: Moderate M 3.2 SD .60  
40/60

child behavior. The next number, such as .60, is the standard deviation around the 3.2 score. The mean score refers to the four recommendations, found below (Assessments of and Recommended Actions for Emotional Maltreatment). The standard deviation score means that slightly over two thirds of respondents rated this combined adult-child behavior between a 2.6 and a 3.8. The line below those scores shows two numbers, as follows: 40/60. These are percentages and the first number indicates those respondents recommending no court action; the number after the slash shows those recommending court intervention for this particular parent-child interaction. Generally, the standard deviation score can be interpreted as follows: the lower the score, the higher the agreement over what should be done in behalf of the child. The higher the score, the greater the disagreement among respondents over how the case should be handled.

### CHILD FUNCTIONAL BEHAVIOR GUIDE

A. MILD. Symptoms exist, and the child maintains a normal level of functioning in daily activities and major roles, such as family member, student and friend, but with difficulty and increased effort. There may be definite impairment in performing secondary roles, such as recreational activities. Others may have to make minor adjustments for the child's difficulties. The child's performances are nevertheless within the normal range both in quality and quantity.

B. MODERATE. Many symptoms exist, and there is definite impairment and loss of effectiveness in activities of daily living and performance of major roles. The child functions with greater difficulty, often requires help or guidance from others, and s/he may perform some roles better in an especially supportive setting. Relations with others are somewhat problematic: the child may be inattentive or preoccupied, disruptive, and may be excluded or disciplined by others for his/her behavior. Symptoms are not severe enough to exclude a child from major roles. The child is not a danger to self or others.

C. SEVERE. Many symptoms are present, often of a severe nature. The child is unable to perform his or her role in one or more settings, typically resulting in expulsion from that context. The child causes great difficulties for others, and s/he may be angry or destructive, extremely anxious or depressed, as well as being a danger to self or others.

D. VERY SEVERE. The characteristics are essentially the same as above, but the symptoms are so pervasive and chronic that long term residential treatment services or equivalent placements are anticipated.

*(Adapted from the Child Well-Being Scales, Child Welfare League of America, 1983.)*

## ASSESSMENTS OF AND RECOMMENDED ACTIONS FOR EMOTIONAL MALTREATMENT

The following two assessments (is/is not maltreatment) and four actions were set by the National Center on Child Abuse and Neglect prior to Project funding. The Child Functional Behavior Guide was developed during the project. A cluster was rated by examining the adult behaviors and the resulting child behavior. Therefore, up to four ratings could be obtained on one adult cluster.

1. This is not maltreatment; take no action.
2. This is maltreatment, and one or more services should be offered.
3. This is maltreatment, and services should be offered under the direction of the court.
4. This is maltreatment, and the child should be removed from the home.

### PRESCHOOL

(Ages 0 - 5)

1. The parent seldom responds to, stimulates or shows affection toward the infant and rarely, if ever, holds the child during feeding. The parent does not comfort or cuddle the infant, avoids kissing or touching, and avoids interactions such as eye contact and beginning vocalizations. Playful, spontaneous interactions with the infant rarely, if ever, occur. The parent never comforts the child when s/he is in distress. During waking hours the child is typically confined to a crib or stroller, without stimulation, for more than six hours each day.

*Recommendations for services with a child reaction of:*

Mild:	M	—	SD	—	Severe:	M 3.1	SD .64
						65/35	
Moderate:	M	2.4	SD	.55	Very Severe:	M 3.7	SD .59
		87/13				6/94	

2. The parent shows unrealistic expectations of the infant by regularly scolding and yelling at the infant whenever s/he exhibits typical infant requirements, such as crying or needing to be fed, changed or held. Punishment for very slow maturation of bowel and bladder control includes wearing soiled clothes, refusal to help or clean the infant, or sleeping in a soiled bed. The parent consistently ignores the infant's crying for extended periods of time.

*Recommendations for services with a child reaction of:*

Mild:	M	—	SD	—	Severe:	M 3.2	SD .58
						8/92	
Moderate:	M	2.5	SD	.69	Very Severe:	M 3.7	SD .51
		51/49				3/97	

3. The parent shows little or no attachment to the child and fails to provide nurture, by failing to call the child to meals, wake him/her in the morning, recognize his/her presence, keep promises or agreements, or otherwise act as if s/he is a member of the family. When the child approaches the parent for help, s/he is regularly ignored, told to keep quiet or to come back later; the parent gives the child little or no assistance, does not listen to his/her questions and rarely asks questions about or shows an interest in the child's welfare. Conversation with the child is confined to giving orders, demanding or criticizing.

*Recommendations for services with a child reaction of:*

Mild:	M	—	SD	—	Severe:	M 3.2	SD .55
						8/92	
Moderate:	M	2.4	SD	.64	Very Severe:	M —	SD —
		70/30					

4. The parent consistently singles out one child to criticize and punish, to perform most of the household chores and to receive fewer rewards. The child is blamed for most, if not all, of the family's financial and other problems. S/he is frequently called derogatory, offensive and obscene names and also told that s/he is worthless and unwanted. Although innocent, the child is frequently called a liar or thief, and the child is not protected from the unwarranted criticism or abuse of others. The child is routinely required to eat all meals in isolation or seclusion away from the family gathering or at a different time.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.3	SD .62
				8/92	
Moderate:	M 2.6	SD .64	Very Severe:	M 3.8	SD .40
	49/51			0/100	

5. The parent does not help the child to learn basic skills of feeding, bathing and dressing oneself as well as other skills for independence, and the child is regularly ignored, rejected or cursed when s/he asks for assistance. The child's accomplishments are constantly denigrated or compared unfavorably to adult performance, and the parent tells the child that s/he will always be a failure. Praise, support or recognition are typically not given when the child acquires or improves skills.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.2	SD .62
				11/89	
Moderate:	M 2.4	SD .50	Very Severe:	M —	SD —
	40/60				

6. The parent makes inappropriate demands on and exploits the child by requiring him/her to take care of the parent, be a companion, protect the parent from outsiders, and perform household tasks/functions which the parent is unwilling to do and which are clearly beyond the child's capabilities. The child is used as a spy, ally or confidante in the parent's romantic relationships, marital or divorce problems and is often caught in verbal battles among the adults. These demands on the child result in his/her inability to have normal play and peer activity.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 2.9	SD .62
				22/78	
Moderate:	M 2.2	SD .48	Very Severe:	M 3.5	SD .65
	97/3			9/91	

7. The parent confuses the child's sexual identity by forcing the child to dress in clothing that is inappropriate for both sex and age, which results in social ostracism. The parent frequently addresses, refers to, defines or teases the child as if s/he were a member of the opposite sex.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.2	SD .69
				16/84	
Moderate:	M 2.6	SD .64	Very Severe:	M 3.7	SD .57
	43/57			5/95	

8. The parent provides no stability nor security for the child. Expectations are unpredictable and change frequently, resulting in rigid behavioral requirements at one time to indifference to behavioral standards later. The parent regularly encourages or tells the child to leave home, or threatens to expel the child, sending him/her to a "home" or having the child "locked up". The parent refuses to protect the child from the unwarranted criticism from others and regularly lies to the child about the other parent, relatives or siblings.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.4	SD .68
				11/89	
Moderate:	M 2.6	SD .60	Very Severe:	M —	SD —
	49/51				

9.A. The parent exposes the child to maladaptive and harmful influences by engaging in serious criminal activity with the full awareness of the child, and by encouraging the child to steal, lie, engage in illegal acts and to attack others. The parent also forces the child to watch cruel behavior toward a family pet and encourages him/her to torment animals. The child is exposed to the parent's regular intoxication, and the child is forced to use marijuana and alcohol and to become "high," all for the entertainment of the parent and his/her friends.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.9	SD .31
				0/100	
Moderate:	M —	SD —	Very Severe:	M 3.9	SD .16
				0/100	

9.B. The parent exposes the child to maladaptive and harmful influences by engaging in serious criminal activity with the full awareness of the child, and by letting the child steal, lie, engage in illegal acts and attack others. The parent permits the child to watch cruel behavior toward a family pet or permits him/her to torment animals. The child is exposed to the parent's regular intoxication, and the child is allowed to use marijuana and alcohol and to become "high," all for the entertainment of the parent and his/her friends.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.7	SD .56
				5/95	
Moderate:	M —	SD —	Very Severe:	M 3.9	SD .23
				0/100	

10. The parent does not permit the child autonomy or independent learning by prohibiting him/her from playing with nearby children of close or similar age, without sufficient reason or alternative. The child is not permitted to make any decisions regarding activities such as selecting food items, playing games, or exploring the environment. The parent criticizes the child if s/he expresses any individual thoughts or opinions which vary from those of the parent, and the child is constantly threatened that if s/he tries to make decisions independent of the parent or is too curious, then terrifying consequences, possibly death, will happen to the child. Finally, the child is forced to "give in" in all conflicts with others, and informed that s/he is always at fault.

*Recommendations for services with a child reaction of:*

Mild:	M 1.9	SD .61	Severe:	M 2.9	SD .70
	86/14			30/70	
Moderate:	M 2.4	SD .54	Very Severe:	M 3.4	SD .64
	68/32			8/92	

11. The parent regularly belittles and ridicules the child, stating, without foundation, that s/he has many undesirable characteristics, or that s/he reminds everyone of a totally offensive and unacceptable person. Although innocent, the parent frequently calls him/her names such as liar or thief, and regularly tells the child that s/he is physically unacceptable, such as too fat, too thin or uncoordinated. The child is often called derogatory or obscene names and is shamed for showing normal emotions such as affection, grief or sorrow.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 2.9 22/78	SD .63
Moderate:	M 2.3 70/30	SD .58	Very Severe:	M 3.4 14/86	SD .72

12.A. The parent sexually exploits the child by forcing the child to watch pornographic materials. The parent performs sexual acts in the presence of the child and forces the child to either watch or photograph adults engage in sexual intercourse.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.8 3/97	SD .44
Moderate:	M —	SD —	Very Severe:	M 4.0 0/100	SD .00

12.B. The parent sexually exploits the child by letting the child watch pornographic materials. The parent performs sexual acts in the presence of the child and lets the child either watch or photograph adults engage in sexual intercourse.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.7 5/95	SD .58
Moderate:	M —	SD —	Very Severe:	M 4.0 0/100	SD .16

13. The parent uses excessive threats and psychological punishments. For a variety of reasons, the parent threatens to desert the child, to remove needed and treasured possessions without promise of return, and threatens mutilation or dismemberment. Punishment includes exposure to acutely fearful situations, verbal assaults and taunts by household members, isolation during the day, and the prohibition of household members from communicating with the child.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.5 3/97	SD .56
Moderate:	M —	SD —	Very Severe:	M 3.8 0/100	SD .38

14. The parent uses excessive threats and physical punishments in an attempt to control the child. These include loud shaming in public, requiring the child to wear signs in public which state the type of misbehavior, shaving the head, physical restraints such as tying the child to a bedpost, confinement in a closet or car trunk, forcing the child to stoop or not move for long periods, and deprivation of food or toilet facilities.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.7 3/97	SD .52
Moderate:	M —	SD —	Very Severe:	M 4.0 0/100	SD .16

15. The custodial parent undermines the child's attachment to the other parent by consistently refusing all legitimate opportunities or request for visits between the child and the other parent and by using the child as a spy, ally or confidante in the parent's romantic relationships, marital, or divorce problems. The child is consistently lied to about the other parent and relatives, and the child is pressured to reject them, by permanent removal or destruction, in the child's presence, of toys given

by the non-custodial parent. The parent regularly makes extremely derogatory or untrue statements about the other parent in the presence of, or to the child.

*Recommendations for services with a child reaction of:*

Mild:	M 2.1	SD .55	Severe:	M 3.1	SD .60
	81/19			14/86	
Moderate:	M 2.5	SD .51	Very Severe:	M 3.5	SD .56
	51/49			3/97	

16. The child displays serious behavioral problems at home and in the neighborhood. Community residents have complained, but the parent has consistently refused to permit any professional to assess the child's problems and has also announced that s/he would prohibit the child from participating in any remedial or counselling services.

*Recommendations for services with a child reaction of:*

Mild:	M 2.1	SD .67	Severe:	M 3.0	SD .44
	73/27			8/92	
Moderate:	M 2.6	SD .50	Very Severe:	M 3.6	SD .56
	41/59			3/97	

## LATENCY

(Ages 6 - 12)

1. The parent shows no attachment to the child and fails to provide nurturance. The parent typically fails to call the child to meals, wake him/her in the morning, recognize his/her presence, keep promises or agreements, or otherwise act as if s/he is a member of the family. The parent almost never listens to the child's questions, fails to give praise for accomplishments, and almost never asks about or shows an interest in the child's welfare.

*Recommendations for services with a child reaction of:*

Mild:	M 2.0	SD .37	Severe:	M 3.3	SD .60
	93/7			7/93	
Moderate:	M 2.6	SD .50	Very Severe:	M 3.8	SD .41
	43/57			0/100	

2. The parent consistently singles out one child to criticize and punish, to perform most of the household chores and to receive fewer rewards. The child is frequently called derogatory, offensive and obscene names and also told that s/he is worthless and unwanted. The parent blames the child for most, if not all, domestic and financial problems. The child is shamed or humiliated, especially in the presence of peers, and is also ridiculed for displaying normal emotions. The parent routinely requires the child to eat all meals in isolation or seclusion from the family gathering or at a different time.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.5	SD .57
				3/97	
Moderate:	M 2.6	SD .50	Very Severe:	M 3.7	SD .43
	41/59			0/100	

3. The parent shows unrealistic expectations of achievement for the child and criticizes, punishes, ostracizes or condemns the child when s/he does not achieve far above his/her normal abilities in areas such as school, arts, sports, and social status. The parent typically responds to the child's accomplishments with denigration or criticism, comparing them unfavorably and/or critically to adult performance. Praise, support, or recognition for improved skills are typically not given. The parent often tells the child that s/he is a failure.

*Recommendations for services with a child reaction of:*

Mild:	M 1.9	SD .43	Severe:	M 3.1	SD .61
	97/3			13/87	
Moderate:	M 2.4	SD .50	Very Severe:	M —	SD —
	57/43				

4. The parent makes inappropriate demands on and exploits the child by expecting the child to take care of the parent, to be a companion, to protect the parent from outsiders, and to perform household tasks/functions which the parent is unwilling to do. The child is used as a spy, ally or confidante in the parent's romantic relationships, marital or divorce problems and, as a result, is frequently caught in verbal battles between and among the adults. Excessive household and adult responsibilities are consistently demanded of the child. As a result of all these parental functions which the child must perform, s/he is often kept home from school and is unable to take part in peer activities for social development.

*Recommendations for services with a child reaction of:*

Mild:	M 2.1	SD .63	Severe:	M 3.3	SD .64
	73/27			11/89	
Moderate:	M 2.5	SD .50	Very Severe:	M —	SD —
	47/53				

5. The parent expresses no affection toward the child and avoids and resists all physical closeness such as hugging, touching, or smiling. Whenever the child asks the parent for assistance, s/he is either ignored, told to keep quiet, told to come back later or told to leave the area. The parent typically speaks to the child only to give orders, criticize, accuse or demand.

*Recommendations for services with a child reaction of:*

Mild:	M 1.9	SD .48	Severe:	M 3.1	SD .57
	93/7			10/90	
Moderate:	M 2.3	SD .55	Very Severe:	M 3.6	SD .57
	70/30			3/97	

6. The parent confuses the child's sexual identity. The parent forces the child to dress in clothing that is inappropriate for both sex and age, resulting in social ostracism. The parent frequently addresses, refers to, defines, or teases the child as if s/he were a member of the opposite sex.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.5	SD .51
				0/100	
Moderate:	M 2.8	SD .62	Very Severe:	M 3.9	SD .31
	34/66			0/100	

7. The parent provides no stability or security for the child. Expectations are unpredictable and change frequently, resulting in requirements for the child that range from rigid at one time to indifference to behavioral standards later. The parent regularly encourages or tells the child to leave home, threatens to expel the child, to send him/her to a "home" or have the child "locked up". The parent refuses to listen to the child's position and does not protect the child from unwarranted criticism or abuse from others. The parent regularly lies to the child about the other parent, relatives or siblings.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.3	SD .66
				10/90	
Moderate:	M 2.5	SD .73	Very Severe:	M 3.7	SD .55
	47/53			3/97	

8.A. The parent exposes the child to maladaptive and harmful influences. The parent engages in serious criminal activity with the full awareness of the child, also encouraging the child to steal, engage in other illegal activities and to attack others. The parent forces the child to use marijuana and alcohol and to become "high" or intoxicated, all for the entertainment of the parent and his/her friends. The child is exposed to the parent's regular intoxication. The parent also forces the child to watch cruel behavior toward a family pet and encourages him/her to torment and abuse animals.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.8	SD .38
				0/100	
Moderate:	M —	SD —	Very Severe:	M 4.0	SD .18
				0/100	

8.B. The parent exposes the child to maladaptive and harmful influences. The parent engages in serious criminal activity with the full awareness of the child, also permitting the child to steal, engage in other illegal activities and to attack others. The parent permits the child to use marijuana and alcohol and to become "high" or intoxicated, all for the entertainment of the parent and his/her friends. The child is exposed to the parent's regular intoxication. The parent also permits the child to watch cruel behavior toward a family pet or permits him/her to torment and abuse animals.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.8	SD .38
				0/100	
Moderate:	M 3.6	SD .63	Very Severe:	M 3.9	SD .26
	7/93			0/100	

9. The parent does not permit the child autonomy or independent learning. The parent becomes angry, insulting and/or critical toward the child if s/he expresses any individual thoughts or opinions or has feelings about situations or people which are different from the parents. The parent consistently tells and threatens the child if s/he tries to make decisions independent of the parent, or is too curious, then terrifying consequences, possibly death, will happen to the child. The parent always speaks for the child and does not permit any independent expression or treat the child as a separate person with his/her own concerns.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.2	SD .62
				10/90	
Moderate:	M 2.5	SD .74	Very Severe:	M 3.6	SD .69
	52/48			10/90	

10. The parent denies the child the opportunity to learn from others by prohibiting the child from participating in social activities commonly engaged in by the child's peers, such as extracurricular activities or outside play. In addition, the child is consistently prohibited from playing with all nearby children of close or similar age. The parent forces the child to "give in" to all conflicts, telling the child that s/he is always at fault. Although the child may be innocent, the parent consistently blames him/her for any interpersonal problems s/he has with others.

*Recommendations for services with a child reaction of:*

Mild:	M 2.0 93/7	SD .42	Severe:	M 3.1 18/82	SD .62
Moderate:	M 2.5 52/48	SD .51	Very Severe:	M —	SD —

11. The parent regularly denigrates and ridicules the child, stating, without foundation, that s/he reminds everyone of a person who is totally offensive and unacceptable to the family. Although innocent, the parent frequently calls him/her names, such as liar, thief, or whore, and regularly tells the child that s/he is physically unacceptable, such as too fat, too thin, or uncoordinated. The child is also shamed for showing normal emotions such as affection, grief or sorrow.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.0 24/76	SD .68
Moderate:	M 2.2 69/31	SD .58	Very Severe:	M 3.4 10/90	SD .69

12.A. The parent sexually exploits the child by forcing the child to watch pornographic materials. The parent performs sexual acts in the presence of the child and forces the child to either watch or photograph adults engaged in sexual intercourse.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.8 0/100	SD .38
Moderate:	M 3.4 10/90	SD .68	Very Severe:	M 4.0 0/100	SD .19

12.B. The parent sexually exploits the child by permitting the child to watch pornographic materials. The parent performs sexual acts in the presence of the child and allows the child to either watch or photograph adults engaged in sexual intercourse.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.8 3/97	SD .51
Moderate:	M 3.3 14/86	SD .70	Very Severe:	M 3.9 0/100	SD .26

13. The parent uses excessive threats and psychological punishments. For a variety of reasons, the parent threatens to desert the child, to remove needed and treasured possessions without promise of return, and threatens mutilation or dismemberment. Punishments include exposure to acutely fearful situations, verbal assaults and taunts by household members, prolonged isolation, and the prohibition of household members' communication with the child.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.4 13/87	SD .72
Moderate:	M —	SD —	Very Severe:	M 3.8 0/100	SD .41

14. The parent uses excessive threats and physical punishments in an attempt to control the child. These include loud shaming in public, verbal assaults and taunts by household members, requiring the child to wear signs in public which state the type of misbehavior, shaving the head, or using physical restraints for several hours or more, such as tying to a bedpost, confinement in a closet or car trunk, forcing the child to stoop or squat, and deprivation of food, water, and toilet facilities for more than six hours.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.8	SD .41
				0/100	
Moderate:	M —	SD —	Very Severe:	M 4.0	SD .18
				0/100	

15. The custodial parent undermines the child's attachment to the other parent by consistently refusing all legitimate opportunities or request for visits between the child and the other parent, even when these are requested by the child. The custodial parent regularly makes angry, critical, derogatory, or untrue statements about the other parent in the presence of, or to the child and constantly pressures the child to reject other family members, especially during marital conflict or separation/divorce.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.0	SD .61
				6/94	
Moderate:	M 2.3	SD .61	Very Severe:	M —	SD —
	60/40				

16. The child displays serious behavioral problems at home and at school and is not performing up to his/her potential at school. The parent has consistently refused to permit any professional to assess the child's problems, and has also announced that the child is forbidden from participating in any remedial education or counselling services.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.2	SD .48
				3/97	
Moderate:	M 2.6	SD .61	Very Severe:	M 3.6	SD .49
	7/93			0/100	

## ADOLESCENCE

(Ages 13 - 17)

1. The parent shows no attachment to the child and fails to provide nurture. The parent fails to call the child to meals, wake him/her in the morning, recognize his/her presence, keep promises or agreements, or otherwise act as if s/he is a member of the family. The parent seldom listens to the child's questions, fails to give praise for accomplishments and rarely asks about or shows an interest in the child's welfare. Communication with the child is confined to orders, accusations and criticism.

*Recommendations for services with a child reaction of:*

Mild:	M 1.8	SD .45	Severe:	M 3.0	SD .54
	97/3			16/84	
Moderate:	M 2.3	SD .46	Very Severe:	M 3.5	SD .62
	72/28			6/94	

2. The parent consistently singles out one child to scapegoat, criticize and punish, to perform most of the household chores and to receive fewer rewards or praise. The child is routinely required to eat all meals in isolation from the family and is blamed for most of the domestic and financial problems of the household. The child is frequently called derogatory or offensive names, told that s/he is worthless, and most communication with the child is to give orders, criticize or accuse.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.1	SD .63
				13/87	
Moderate:	M 2.5	SD .62	Very Severe:	M 3.6	SD .55
	56/44			3/97	

3. The parent has unrealistic expectations of achievement for the child that are shown by the parents criticizing, punishing or condemning the child when s/he does not achieve far above his/her normal abilities in school, sports and social status. The parent denigrates the child's accomplishments and compares them unfavorably to adult performance. Praise, support or recognition for improved skills are typically not given.

*Recommendations for services with a child reaction of:*

Mild:	M 1.8	SD .52	Severe:	M 2.9	SD .64
	94/6			25/75	
Moderate:	M 2.2	SD .44	Very Severe:	M —	SD —
	75/25				

4. The parent makes inappropriate demands on and exploits the child by forcing the child to take care of the parent, to protect the parent from outsiders and to perform household tasks which the parent is unwilling to do. The child is also used as a spy or ally in the parent's romantic relationships or marital problems and is frequently caught in verbal battles among adults. The excessive household and adult responsibilities mean that the child is often kept home from school or is unable to take part in peer activities for social development.

*Recommendations for services with a child reaction of:*

Mild:	M 2.1	SD .61	Severe:	M 3.1	SD .59
	81/19			13/87	
Moderate:	M 2.4	SD .56	Very Severe:	M —	SD —
	54/46				

5. The parent expresses no affection for the child and resists and avoids all physical closeness, such as hugging, touching or holding. Whenever the child asks the parent for assistance, s/he is repeatedly ignored, told to keep quiet or to come back later. The child is consistently shamed for exhibiting normal feelings such as affection or grief, and the parent typically speaks to the child only to give orders, criticize or accuse.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 2.6	SD .70
				47/53	
Moderate:	M 2.1	SD .44	Very Severe:	M 3.2	SD .71
	94/6			16/84	

6. The parent confuses the child's sexual identity by frequently calling, referring to, defining or teasing the child as if s/he were a member of the opposite sex. The parent also forces the child to wear clothing which is grossly different from the current peer norm. is inappropriate for his/her sex and age and brings on social ostracism. The child is prohibited from all age-appropriate "dating" and group activities with the opposite sex.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.1	SD .71
				19/81	
Moderate:	M 2.4	SD .61	Very Severe:	M 3.6	SD .61
	66/34			6/94	

7. The parent provides no stability or security for the child inasmuch as expectations are unpredictable and change frequently, resulting in rigid requirements for the child at one time to indifference to behavioral standards later. There is no predictable household routine; confusion dominates the family. The parent regularly tells the child to leave home, threatens to expel the child, to send him/her to a "home" or have the child "locked up". The parent refuses to protect the child from unwarranted criticism from others and regularly lies to the child about the other parent, relatives and siblings.

*Recommendations for services with a child reaction of:*

Mild:	M 2.1	SD .66	Severe:	M 3.2	SD .66
	78/22			13/87	
Moderate:	M 2.5	SD .51	Very Severe:	M —	SD —
	50/50				

8.A. The parent exposes the child to maladaptive and harmful influences. The parent engages in serious criminal activity with the full awareness of the child, and exploits the child by forcing him/her to beg, steal or use/abuse substances, and to physically and verbally abuse others. The parent forces the child to use marijuana and alcohol and to become "high" or intoxicated, all for the entertainment of the parent and his/her friends. The child is exposed to the parent's regular intoxication and frequently observes physical and verbal violence among family members.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.8	SD .42
				0/100	
Moderate:	M —	SD —	Very Severe:	M 4.0	SD .18
				0/100	

8.B. The parent exposes the child to maladaptive and harmful influences. The parent engages in serious criminal activity with the full awareness of the child, and permits the child's exploitation through begging, stealing or substance use/abuse, and physical and verbal abuse of others. The parent permits the child to use marijuana and alcohol and to become "high" or intoxicated, all for the entertainment of the parent and his/her friends. The child is exposed to the parent's regular intoxication and frequently observes physical and verbal violence among family members.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.8	SD .51
				3/97	
Moderate:	M 3.4	SD .62	Very Severe:	M 3.9	SD .39
	6/94			3/97	

9. The parent does not permit the child autonomy or independent learning by refusing the child's attendance at extra-curricular, sports or religious activities, or after school play with friends. The child is prohibited, without reasonable explanation, from establishing peer relations. The parent forces the child to "give in" in conflicts, pointing out that the child is always at fault. The parent speaks for the child, becomes angry if the child has independent views and almost never treats the child as a separate person with his/her own concerns.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 2.7	SD .68
				41/59	
Moderate:	M 2.2	SD .44	Very Severe:	M 3.3	SD .63
	75/25			9/91	

10. The parent regularly denigrates and belittles the child, stating without foundation that s/he is different, in many undesirable ways, from others in the household, or that s/he reminds everyone of a person who is totally unacceptable by the family. Although innocent, the child is frequently called a liar, thief or whore and is regularly told that s/he is physically unacceptable, such as too fat or uncoordinated. The parent also humiliates or ridicules the child in the presence of his/her peers.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.0	SD .66
				23/77	
Moderate:	M 2.3	SD .54	Very Severe:	M 3.4	SD .62
	69/31			6/94	

11.A. The parent sexually exploits the child by forcing the child to watch pornographic materials. The parent performs sexual acts in the presence of the child and encourages the child to both watch or photograph adults engage in sexual intercourse.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.8	SD .47
				3/97	
Moderate:	M —	SD —	Very Severe:	M 3.9	SD .25
				0/100	

11.B. The parent sexually exploits the child by permitting the child to watch pornographic materials. The parent performs sexual acts in the presence of the child and permits the child both watch or photograph adults engage in sexual intercourse.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.8	SD .42
				0/100	
Moderate:	M 3.5	SD .62	Very Severe:	M 3.9	SD .30
	6/94			0/100	

12. The parent uses excessive threats and psychological punishments. For a variety of reasons, the parent threatens to desert the child, to expel the child from home, to remove needed and treasured possessions, or to mutilate or dismember the child. Punishments include exposure to acutely fearful situations, verbal assaults and taunts by household members, prolonged isolation, and the prohibition of household members from communicating with the child.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.5	SD .51
				0/100	
Moderate:	M 3.1	SD .79	Very Severe:	M 3.8	SD .37
	25/75			0/100	

13. The parent uses excessive threats and physical punishments in an attempt to control the child. These include loud shaming in public, wearing signs in public which state the type of misbehavior, verbal assaults and taunts by household members, shaving the head, use of physical restraints, such as tying to a bedpost for more than several hours, confinement to a closet, or denial of food, water and toilet facilities for more than six hours.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 3.8	SD .44
				0/100	
Moderate:	M —	SD —	Very Severe:	M 4.0	SD .40
				0/100	

14. The custodial parent undermines the child's attachment to the other parent by consistently refusing, regardless of court order or wishes of the child, all opportunities for visits between the child and the other parent. The custodial parent regularly makes angry, critical or untrue statements about the other parent in the presence of, or to the child, and constantly pressures the child to reject other family members, especially during marital conflict or separation/divorce.

*Recommendations for services with a child reaction of:*

Mild:	M 2.3	SD .62	Severe:	M 3.1	SD .66
	62/38			9/91	
Moderate:	M 2.5	SD .62	Very Severe:	M —	SD —
	53/47				

15. The child displays serious behavioral problems at home and at school and is not performing up to his/her potential at school. The parent has consistently refused to permit any professional to assess the child's problems, and has also announced that the child is forbidden from participating in any remedial education or counselling services.

*Recommendations for services with a child reaction of:*

Mild:	M —	SD —	Severe:	M 2.3	SD .61
				13/87	
Moderate:	M 2.5	SD .72	Very Severe:	M 3.0	SD .61
	50/50			6/94	

# Chapter V

## ANALYSIS OF STATISTICAL MEASURES

A major question addressed in this Project was whether there are differences between Regions or States in the ratings of maltreating behaviors. From other research it is known there are differences between and among various professions about which behaviors constitute abuse or neglect. But questions about group differences by region or state have not been measured. Our respondent group is not large, and therefore, any extrapolation from these data is open to question.

We first examine 1) the grand means and standard deviations of the individual statements before clustering, 2) grand means and standard deviations of the parental behavior clusters, and 3) the mean scores and t-tests between individual statements and individual clusters, by two regions, North and South.

Tables I through IV display the means and standard deviations for the States and Regions, first for Questionnaire #3, and then for Questionnaire #5. It is important to recognize that the South and the New England groups both represent two states, whereas the Middle Atlantic Region is represented by one State, Virginia. These are grouped data and indicate that there are essentially no differences between and among the States and the Regions when addressing either individual statements of maltreatment (Q #3) or clusters of parental behavior (Q #5).

**Table I.** Respondent Ratings of Parental Behavior Clusters; Means & Standard Deviations, by States and Totals, Questionnaire 3.

	AL	MS	ME	VA	VT	Totals
Means	5.14	5.13	5.03	4.96	5.01	5.06
Std. Dev.	.57	.56	.58	.60	.80	.62

All scores based on a six point scale, from Strongly Disagree to Strongly Agree.  
Data based on 172 respondents out of 209; 82% return.

**Table II.** Respondent Ratings of Parental Behavior Clusters; Means & Standard Deviations, by Regions and Totals, Questionnaire 3.

	South	VA	NE	Totals
Means	5.14	4.96	5.02	5.06
Std. Dev.	.56	.60	.69	.62

All scores based on a six point scale, from Strongly Disagree to Strongly Agree.  
Data based on 172 respondents out of 209; 82% return.

**Table III.** Respondent Ratings of Parental Behavior Clusters; Means & Standard Deviations, by States and Totals, Questionnaire 5.

	AL	MS	ME	VA	VT	Totals
Means	3.36	3.40	3.34	3.34	3.35	3.36
Std. Dev.	.36	.33	.33	.33	.32	.33

All scores based on a four point scale, from No Maltreatment to Severe Maltreatment.  
Data based on 139 respondents out of 209; 66% return.

**Table IV.** Respondent Ratings of Parental Behavior Clusters; Means & Standard Deviations, by Regions and Totals, Questionnaire 5.

	South	VA	NE	Totals
Means	3.38	3.34	3.34	3.36
Std. Dev.	.34	.33	.33	.33

All scores based on a four point scale, from No Maltreatment to Severe Maltreatment.  
Data based on 139 respondents out of 209; 66% return.

Another answer sought in this project was whether any differences exist between or among different states and regions, when emotional maltreatment is rated. Analysis of variance was performed on Questionnaires #3 and #5, examining states by age groups and regions by age groups. On only one test was there any significant difference ( $p \leq .05$ ). When a more conservative measure was used, no significant difference was found.

It is obvious that data analyzed by all scores together can conceal differences between respondents on individual items. Consequently, t-tests were used to discover any significant differences between Northern and Southern respondents on individual statements and on individual clusters.

A review of the individual statements in Questionnaire #3, prior to clustering reveals the following statistical differences ( $p \leq .05$ ) between the Northern States (Maine and Vermont) and the Southern States (Alabama, Mississippi and Virginia):

- a: In the pre-school group, 4 of 79 items were different (5%).
- b: In the latency group, 12 of 80 were different (15%).
- c: In the adolescent group, 1 of 78 was different (1%).

The Northern states have higher numerical scores consistently in both the latency and adolescent groups, whereas all the scores in the South are higher on the pre-school group. A tally of all the items reveals that 7% of the 237 statements are rated differently by the two regions.

In Questionnaire #5, clusters were rated alone, without any recognition of what the consequence might be for the child. Those clusters had slightly different wording from those in the final questionnaires. Four of those were scored differently by the two regions, one in the pre-school group, two in latency, and one in adolescence. The South rated three higher and one lower than the North. These four clusters constituted 8.5% of the 47 clusters in the three age groups.

In Questionnaire #7, when comparing individual child-parent behavioral clusters in each age group, three adolescent clusters had significant differences between North and South. These constitute six percent of the adolescent items and not quite two percent of all the items in the three age groups. The attempt was made to determine differences between professional groups, but the findings were inconclusive, due to small numbers of subjects in each group. It is known from other research (Giovannoni and Becerra, 1979), and the authors' own examination of small group data in other projects in Virginia and Mississippi, that various professions define abuse and neglect differently. When examining scoring differences between males and females, seven significant differences were found in Q #3 (3% of items), and seven in Q #7 (4.5% of items), but no differences in Q #5. All of these differences were contained in the pre-school and adolescent groups. Overall, four percent of the items in the three questionnaires are significantly different. This variation is about within the range of the 5% probability level. At the  $p \leq .05$  level, five percent will be different just by chance.

One other very small analysis was conducted. Following Questionnaire #4, Virginia Committee members expressed concern that the sequence of items in the questionnaires may have an effect on the scores, since the clusters seemed to be listed in order of increasing severity. Consequently, in Questionnaire #5, respondents in the Latency groups in Virginia, Alabama and Mississippi received differently sequenced clusters. Examination of ratings revealed no important differences.

What conclusions can be drawn from these data? There are no differences on the grand means between the three regions and among the states on Questionnaires #3, #5 and #7. When examining sub-totals by age group by states or regions, there is only one difference. The outstanding feature is that few differences appear between the North and South regions when comparing individual statements or clusters. The most notable differences show up in Questionnaire #3, especially the latency group. That questionnaire may have achieved more reliable results than #5 and #7, since it had the largest number of respondents in the entire project. One could also argue that the differences diminished over the length of the research, as evidenced by the small percent of differences in #7. A reasonable statement may be that there are mild differences between North and South, and that the level of agreement is far more impressive than the extent of difference. Professionals in three regions of the country basically agree on which behaviors constitute emotional maltreatment toward children and what types of interventions should be offered.

# Chapter VI

## LIMITATIONS OF DEFINITIONS

The clusters are a beginning effort to define those behaviors which can be called EM, whether of abuse or neglect. They encompass the range of behaviors which are harmful to children, but do not list each harmful act. One important behavior omitted (except in the adolescent group) during the refinement process after Q #4 was that of exposing a child to both verbal and physical violence within the household. This was unfortunate in view of the emerging literature and practice experience documenting the harmful impact of this exposure. During the course of field testing the definitions and discussing them in the public presentations, both critical and favorable comments were made about them. The initial criticisms of the clusters, plus observations on those problems during definition construction, follow below:

1. The clusters tend to "blame the victim," since no recognition is given to the parental situation nor the child's activities prior to nor during the actions. The cluster can almost be considered "sterile," since a statement is presented with no elaboration of the circumstances or milieu in which the events are occurring. The entire focus is on the parent, with no attention given to the needs or problems of the parent at that time. Research findings indicate that parents of autistic children respond much differently to those children than to their other children who are not learning disabled. Similarly, it has been found that the parents of the failure to thrive child have great difficulty in showing affection and nurturance to their infants, whereas they may not have this same difficulty with their normal children. It is suggested that the child helps to create the parental behavior which in turn appears to be rejection of the child. The parent-child relationship is not clearly and simply a one-way street.

2. During the process of statement construction, but especially during the cluster ratings, a number of respondents expressed their concerns about rating them because they only described a limited set of parental behaviors. One person noted that there should be a way to examine behaviors from the point of consistency, duration, and frequency. Others noted that there should be information which suggested whether there were two parents in the home and both persons acted the same way, whether there was a relative or a special friend nearby who could blunt some of the impact of the abuse, whether the maltreatment was the result of a sudden onset of stress for the parent, or whether the abuse had gone on for a year or more, etc. Two of the panelists in the state-wide presentation meetings referred to the lack of contextual aspects of parental behavior. One panelist suggested that there needs to be consideration of the:

*duration of the parenting behaviors; etiology; degree of parental awareness or motivation or intent; familial involvement or influence of family dynamics; child's developmental stage (some ages more vulnerable to specific types of parental emotional abuse); and interactional effects (the cumulative effect of any combination of above).*

There was extensive discussion among the Staff, Coordinators, and a number of Committee members over the problem of rating behaviors with essentially no understanding of the case situation. In essence, professionals were asked to assess a situation in a vacuum, or worse yet, asked to make an assessment by ignoring all that they had been taught or learned. On the other hand, the Project faced limitations of developing definitions within both budget and time restraints. Respondents could have been exhausted by the receipt of many additional questionnaires with a list of variables or the review of a few questionnaires with numerous checklists and ratings for variables. Another choice was to send questionnaires to respondents which contained different sets of variables, thereby increasing the kinds of case situations to be rated, but equally reducing the number of subjects rating each cluster. An NCCAN consultant suggested that, as desirable as it would be to include more variables, at this time the better choice may be to go with larger numbers of respondents, thereby retaining some credibility to the ratings. None of the choices for increasing the contextual variables, as desirable as they might be, was a realistic option, and it was agreed that the original course of the Project proposal had to be pursued. While the Staff and many others were conflicted over the inability to examine more variables, it was also recognized that a more detailed analysis really belonged to another research effort. Therefore, in the Instructions section of the last questionnaire, the following message was included:

*It is clear from some of the comments on Questionnaire #6 that it was difficult for respondents to determine what impact certain adult behaviors would have upon a child. Several people commented that there are too many unknown variables, such as the presence of a nurturing uncle or aunt, teacher, or other person who could counteract the parental impact. We know that we are asking you to make generalized or global responses to how a child would respond or what should be done about the maltreatment. We recognize very clearly that this project is a first, very rough, almost crude attempt to delineate and evaluate very complex behavior. This is a first step, and other research will need to refine both the behaviors and relationships between parent and child, as well as other factors which influence the definition of emotional maltreatment. We wish that we could include factors such as the duration of the maltreatment, frequency, consistency, availability of other persons, whether both parents act the same, etc. However, to include all of those variables would require an extremely lengthy questionnaire or additional questionnaires. We are therefore asking that you offer your best judgements about these behaviors, while recognizing that not all cases can be so neatly categorized.*

3. A third criticism is that there are different levels of severity within a cluster. This too is an accurate criticism and was recognized as the clusters were being constructed. However, even though the committee followed the ratings on the statements and placed phrases or statements with similar scores in the same cluster, variations still occurred, some of them considerable. This variation in the cluster affects the rating of the clusters. It is obvious that a respondent will invariably rate a cluster as more severe if there is a single behavior in it which is far more harmful than the other behaviors in the cluster. A rating of greater severity for the cluster suggests that the other behaviors are equally harmful, when in fact they may not be and should not be so categorized.

4. There is duplication in the categories; they are not discrete nor separate. One panelist noted the following:

*There is a great deal of overlap in the individual items that make up a definition, e.g., failing to praise, criticizing and scolding, terrorizing, prohibiting pleasure or development are some of the parental behaviors that appear several times in different categories. What is the essential feature of any category; what items must be present for that type of definition to be said to be descriptive of any given family?*

In examining the individual statements in the Montgomery meeting, members were confronted with the problem of assigning statements to a single category of maltreatment, and it was decided that many statements logically fell into more than one category. It was further recognized that, in the attempt to describe a range of behaviors within a concept, some would be placed in several categories. In retrospect, this may not have been the best choice, but it is clear that it is difficult to achieve participant agreement on which specific behaviors belong in which category of maltreatment.

Another criticism here is the large number of clusters—sixteen plus two alternates. It may be preferable to have less, and, as one person noted, "professionals in any discipline (will probably) narrow down the list to a more manageable number, remembering items on the basis of their own, possibly idiosyncratic basis of selection." Indeed, this will probably happen. The issue of the number of categories was another with which many persons in the Project struggled. In addition, for example, Garbarino and Gilliam (1980) suggest a categorization of only four, and point out that the single indicator of EM is the destruction of a child's competence. Other analysts have suggested four, seven, nine and twelve. The number set for this project was developed by using those lists, plus reviewing the current literature. In the current Project, there is question, for example, as to whether the two items on sexual identity belong here or within a definition of sexual abuse. In truth, they probably belong in both definitions. Several persons, including Staff, were not inclined to include the physical restraints phrase in emotional maltreatment, since that is a physical act. However, respondents preferred to maintain the cluster on physical acts. As with the example above, the cluster probably belongs in both definitions. If those two were deleted, admittedly there would still be fourteen, which is a sizable number.

5. The definitions are bound to culture and ideology. This is suggested as inevitable, whenever something is defined as desirable or not desirable. One panelist described it as follows:

*These definitions stress the child's need for self-esteem, identity formation, achievement of intellectual and social potential. In previous decades, the child's development of morals, ability to be self-disciplined and containment of aggression were values highlighted.*

6. The definitions also do not take into account cultural variations. Some groups use less verbal praise and more criticisms; are they therefore emotionally abusive? Parental motivations should be examined; some parents may wish to "toughen" their children in order for them to be accepted in a social world less than accepting for their cultural group. One panelist posed the following questions:

*Will these (minority) groups be more vulnerable to accusations of emotional abuse? The contextual things need to be highlighted—parental motivation, the foundation of parent-child attachment, the overall consistency of the behavior, the place of the behavior in the overall scheme of the parental value system and child-rearing goals.*

Another panelist placed the problem of cultural differences in a different context. A pragmatic approach is that if something hurts, it hurts, no matter the value system or beliefs. Furthermore, what impacts on one child in a family may not so severely impact on another. One Hispanic child may be quite able to grow into a macho role expected by the parents. But if a second boy is not able to do that, and the parents then denigrate, criticize, humiliate and scapegoat the child for that failure, then EM may in fact be occurring and the parental behavior must be modified. From a legal standpoint, the position may be taken that minority groups are not excused from the law because they claim immunity by being culturally different from the majority. This only frustrates legislative efforts to protect children.

With the above concerns for the inherent problems in these definitions, and the readiness of some to want to place these into practice soon, one panelist noted that it is important to plan how these are to be used. Inasmuch as many of these child-parent clusters recommend either services under court direction or child removal, it must be realized that there are only so many resources in our society to meet the needs of families. Furthermore, communities are stretched thin in the amount of services that can be given to other forms of abuse and neglect. Parents can learn to change their behaviors, and educational approaches must be attempted before agencies move too quickly toward court actions. Another panelist stated that these concepts may take years to filter into the society, and since some of the specific behaviors are so much a part of American fabric and culture, we cannot expect to immediately and dramatically intervene into family life. It is the view of the Staff that these definitions and other national studies are only the very beginning of an effort to carefully describe and understand this area of behavior, and investigations are necessary before any substantial case intervention is attempted to modify these behaviors. The exception here would be those cases which are very serious threats to a child's well-being. Another panelist noted that these definitions are "an imperfect tool, and they must not be relied upon too much for decisions;" extensive and arbitrary application will raise the specter of over-regulation of people's lives.

These initial observations and criticisms will aid in 1) recognizing the defects of these newly developed definitions, 2) providing professional caution in their application, and 3) stimulating further analysis of both their strengths and limits.

# Chapter VII

## FIELD TESTING OF DEFINITIONS

Whatever the faults of the clusters, as noted in previous chapter, CPS practitioners who field tested them essentially approved of their suitability for practice. Similarly, when the material was presented to audiences in each state, there was basic approval. The same question emerged in every public meeting shortly after the basic presentation was made: "How soon can these be placed into policy?" The questions were asked by those who are on the front line of CPS practice, primarily mandated agency staff and their supervisors.

The behavioral clusters were field tested for about three months, usually in one or two regions of each state, by a total of ninety-five direct service staff and their supervisors in State mandated agencies.

Ms. Gloria Hull, Supervisor, Dallas County, Alabama, reported that the staff have used the definitions in a variety of ways:

*At Protective Services Intake in assessing incoming calls for possible EM; in investigations to use as a guide in assessing child and parent behavior to determine the existence of possible emotional maltreatment; as a tool . . . to explain to clients that their behavior actually does constitute EM and could result in a variety of responses and behaviors from their child; and as a tool for assessing case situations and developing case plans with families where EM is a problem.*

Based on the verbal reports to the Project Staff, made by both supervisors and CPS practitioners in all five states, Ms. Hull may have spoken for a majority when she reported that:

*Overall the response of Dallas County's workers to the operational definitions has been very positive. Because EM has always been difficult to "put a finger on," particularly in its more subtle forms, it has been a difficult area for workers to define and treat. Unless the maltreatment was flagrant or had an obvious behavioral effect on children, it has proven hard to get a grip on and to intervene effectively with families.*

*(Written models to provide guidelines) . . . are helpful in recognizing what constitutes various forms of abuse and neglect and giving general recommendations for worker actions based on their findings. Because of ever-increasing lawsuits against workers, workers feel more comfortable and self-assured knowing that the general guides for their practice are those that have been widely tested, researched and validated by credible individuals and groups. The staff believe that the definitions and recommendations included in the guide would give them more confidence in court in emotional maltreatment cases. Workers also feel that such a guide will be helpful to them in defining to parents and other professionals what constitutes EM.*

*Workers found that use of the operational guide increased their overall awareness and sensitivity to the presence of EM in many (of their open cases). Sometimes we have let the EM in families take a back seat while concentrating on physical abuse or neglect or sexual abuse.*

Ms. Lori Woodruff, Supervisor in Lee County, Mississippi, reported that in an eleven week test, use was made of the definitions with fifty-four cases. Categories of use, with a total of seventy-eight applications were as follows:

Application	Percent
1. At Intake, to determine if EM was part of the referral . . . . .	29
2. In the investigative process, talking with parents, references, other professionals, formulating thoughts . . . . .	27
3. Preparing court reports . . . . .	10
4. Casework counseling with the child's care givers to improve home life . . . . .	15
5. Review open cases to understand better the case dynamics . . . . .	15
6. Others . . . . .	3

A majority of the clusters were used during this test period. Those not used included 4, 7, 11 and 14 in Preschool, 6 and 9 in Latency, and 3, 6, 11 and 14 in Adolescence. They had not yet used the definitions in courtroom testimony, but believed they would be using them in view of some of their recent referrals. Agency staff believed that "the definitions would be of great value if incorporated into the law" or into policy. Practitioners had been asked to comment about the helpfulness of the clusters; 89% said that they had been helpful, 2% partly helpful, and 9% reported they were not helpful.

Vermont applied the categories of EM to 33 cases during Intake, a process which included, for the purposes of this testing, two in-home visits. The EM was documented by worker observation or by actual reports of the categories of EM. The table below lists the category of primary abuse/neglect defined and the numbers of different EM events:

	Number of cases	Frequency of EM events
Incest:	3	11
Sex Abuse:	6	11
Neglect:	7	24
Physical Abuse:	5	18
EM:	<u>4</u>	<u>16</u>
TOTALS:	25	80

When all categories of services to children for the field test period are examined, there were 33 cases and 126 occurrences of some form of EM, an average of 3.6 per case. When the three age groups used in the Project are listed, there are 68 events of EM among fourteen adolescents, 40 events among fifteen latency age children, and 18 among eight pre-school age children. The slightly lower frequency in the latter was suggested because the children were very young, with less parent-child interactions, and it was more difficult to assess whether EM was present.

Maine found that the clusters were useful for case summaries, for court presentations, the assessment of family interaction, and for worker awareness of the presence of EM. Staff using the clusters concluded that there is behavior effect on the child when two or more clusters are present. They also discovered that when pre-school or latency clusters #1, 2, 3, and 5 are present, the child will be out of the home.

Virginia described the definitions as "extremely useful" to state staff; most staff would like to see them incorporated into state policy, some want them in the Commonwealth code. A major concern by practitioners was the presence of EM in public school practice, and the difficulty for both parents and CPS staff in handling this issue. This same problem emerged in the Virginia public informational meeting and was discussed by two other states. In one of the small district offices using the clusters, four of twenty-four new cases were founded on EM, with one of those cases also founded as physical abuse. Two additional cases in the open caseload were also founded on EM, with a total of three children involved. This district office believed it had not had sufficient experience to make a valid judgment on the usefulness of the material. The two other district offices had a similar experience as other states, particularly Alabama, and used them in a variety of ways. A major benefit appears to be that concerns about EM are placed in specific terms, both for organizing thinking and assessment and for case recording and reports.

# Chapter VIII

## CAN MALTREATMENT BE DEFINED BY PARENTAL BEHAVIOR ALONE?

The following narrative response question was posed to participants in the last questionnaire of the project:

*One of the major questions raised during this project is whether emotional maltreatment (EM) can be defined as such if there is no apparent, evident or behavioral response by a child. A few children may appear able to endure EM more than others, or at least they show no apparent reaction at the present time. Is it still maltreatment, and how serious? To put it another way, can EM be defined as such based solely on the parent behaviors? Several commented that it would be senseless to go to court with an EM charge if there is no apparent or immediate consequence on the child. Comments, please.*

Sixty-six percent of those completing the final questionnaire gave a narrative response to the question. Of the seventy-five persons answering, 8% said "no", a child's behavior must be taken into account in defining maltreatment, 6.7% gave a qualified "yes", and the remainder, 85.3%, gave a "yes" response. The percentage of respondents by state is as follows:

AL	MS	VA	ME	VT	Total
28%	23%	16%	17%	16%	100%

Those who responded negatively to the question typically had a brief statement such as the following:

*I do not believe you can base this decision solely on parent behaviors without being able to show how these behaviors are detrimental to the client's emotional and physical well-being.*

*The ability not only to prove the abuse but to prove it has detrimental effects on the child would be crucial to the disposition in the court hearing.*

*I think that there have to be consequences evident in the child or we may find ourselves pushing our own culturally defined version of correct behavior on people.*

*The court order itself could be detrimental to the child.*

A partial "yes" is exemplified by the following brief statement:

*I would concur with going to court only if the potential for harm can be documented or there is a consequence for the child.*

Another respondent in the same group gave a lengthy comment which is included here almost in its entirety. Her points echo those of many other respondents throughout the project who expressed difficulty in assigning ratings to behaviors because of the lack of other dynamics in the case situation:

*[To define EM based solely on parental action is] dependent on the type of behavior being evaluated. Some types of parent behavior, such as verbal putdowns, favoritism between children, unwillingness to be physically comforting, etc., are potentially maltreatment to the degree they are persistent, rigid patterns, but probably characterize many "normal" families in their mildest forms. In this type of interaction, child characteristics (for adolescents in particular) would also be a factor, in the sense that the child has some ability to cope by being away from home, looking for alternative sources of emotional gratification, ignoring, etc. Thus, for these types of behaviors I would tend to evaluate the factors of parental intention, severity of impact on child's functioning, moderating environmental factors, etc. . . the child's functioning level as a result of the parental behavior would greatly determine whether I would label the behavior by the parent as maltreatment or the interaction a pathological one. Also, the duration, frequency, and intensity of parental behavior would be relevant to me in evaluating. However, to the degree that the parent engages in behavior that is clearly illegal (or*

*cruel to other beings) and to the degree that a child is forced or coerced to participate; i.e., to the degree that the behavior is exploitative of the child's relative powerlessness in relation to the adult, I believe that maltreatment can be defined based solely on parent behavior, independent of the overt emotional/behavioral functioning of the child.*

Those responding "yes" had a wide range of comments to make, and some of the statements showed strong positions toward intervention without current evidence of child consequences. In addition to a "yes" phrase or sentence, 129 other comments were made, and they fell into eight categories which are not always mutually exclusive:

- a) EM is Defined by Parent Behavior, but Treatment/Intervention is Decided by Child Response
- b) A Legal Statement of EM is Needed
- c) Family System Requires Analysis Prior to Intervention/Treatment
- d) More Research on Consequence of EM is Needed
- e) Examples of Child Adaptations to EM
- f) Legal and Court Analyses and Observations
- g) Child Delayed Reactions to EM
- h) Project-Defined Behaviors Will Result in Early Child Reaction
- i) Other Observations

Seventeen comments were made in the categories a) through d), and one hundred and twelve comments were made in the remaining categories. Some comments could be placed in more than one category. Selected comments from categories e) through i) are included below. Statements were selected to illustrate the type, as well as the range, of responses.

#### **Examples of Child Adaptation to EM:**

1. A child who appears to be particularly resilient may simply have built much stronger defenses which are inappropriate to his/her long term adjustment. A particularly resilient child should not be required to suffer additional maltreatment because his/her behavior doesn't fall below the norm.
2. The visible reactions of the child *may* be useful in defining EM and, certainly by today's standards, these reactions of the children are necessary to "prove" EM and take court-ordered action. But apparent reactions of children are *not* necessary to define the act of the parent. Similar reasoning might lead us to conclude . . . that tax evasion is neither immoral nor illegal unless one is caught.
3. A child's reaction may be delayed. These are such formative years (latency) that the damage done is very long term—life long. Current adaptability or lack of damage should not be the sole criteria for intervention when we can predict long term damage.
4. The lack of a behavioral response in the child does not mean EM does not exist. As in any other crime, it seems we need to look at the intent of the parent.
5. While the literature does suggest that some individuals are "survivors" and indeed appear to undergo great trauma, with no untoward effects, it is not possible to predict who possesses such characteristics. Thus, to protect the greatest numbers, all children exposed to EM do deserve protection from immediate and long term consequences. Long term effects of experiences are known only in retrospect.
6. There are children who learn very early in a dysfunctional family to take it—especially the oldest child. I feel the "probable" result of the parental behavior on the development of a child is well worth the court battle—the biggest fear often times is the professional's fear of the court not agreeing with them.
7. Many children, through denial, are able to function "normally" during childhood sexual abuse, but become alcoholic or frigid, or paranoid as adults due to abusive childhood.
8. Preschool children often are slow to demonstrate in their functioning the effects of EM; or symptoms may be evident in the home (i.e. nightmares) but denied by the parent. We have enough knowledge . . . to state that there is a good probability that malfunctioning will [occur] in the future, i.e., the child is at *high risk* for the development of psychopathology.

9. [By not intervening], another burden is placed on the child—who is already in an overwhelming situation. You decrease the chance of giving assistance when you say the child is coping and the parental behaviors can therefore be tolerated. The coping child is just as deserving [of help] as the one who [shows all the negative affects of EM].
10. It seems . . . children will endure almost anything to maintain a family. I don't feel their reactions to abuse are good indicators of what should be done. Cruelty is a "universal evil" and should be responded to in such a way that the innocent are protected and the perpetrators are helped, separated from the child or punished.
11. Some children can appear to tolerate maltreatment more so than others because they are fearful of losing the parent if [their behavior presents problems to others].
12. Whether certain children may be able to conceal their injury or adapt to the maltreatment is a testament to their inner strengths, but this is no reason to infer that emotional damage has not occurred or that the child is not at risk of damage. To me, this is analogous to believing that maltreatment has not taken place because a child happened to suffer no apparent or evident physical injury when the parent threw the child from a second story window.
13. It is particularly hard to show consequences that are the *absence* of behavior such as a *lack* of self-directedness, self-esteem, assertiveness, self confidence, etc. These can be too easily dismissed as children being temperamentally shy or quiet or well behaved. However, when you can see the child's consequences already, [I tend to judge] the adult's behavior as worse [since] I then know the adult is continuing the abusive behavior despite the demonstrable harm it is causing.

#### Legal and Court Analyses and Observations:

1. Our court would want testimony on the apparent or immediate consequence to the child . . . and would want testimony from mental health professionals. [The judge] would not make a ruling strictly on CPS worker's testimony. We are not very successful going to court with EM cases.
2. The reality [in the legal system] is that a child has to be "damaged" before intervention by the court. We have been successful at times with court intervention on parents' behavior alone if the behavior is bizarre and "off the scale" . . . It is a very frustrating issue for line workers.
3. I believe that EM can be defined strictly on the basis of parent behaviors. However, the court system will probably never accept this point of view.
4. I would and I have been to court on two cases of emotional abuse/neglect with no apparent or immediate consequences evident with the child. Cases like these must be viewed from a different perspective than the win/lose perspective . . . Sometimes just bringing the information before the court is enough to cause a change in the parent's behavior.
5. I think you need to go to court on these charges regardless of whether there has already been damage. Perhaps the result would be that parental behaviors could be altered so that damage does not occur.
6. Our job in court is to protect, to rehabilitate. With that in mind we can consider predictors of future damage to children.
7. I think the severity of the EM could be such that it would be useful to go to court no matter how well the child seems adjusted.
8. In Maine, the law speaks of *serious harm* or the *threat of serious harm*. It doesn't specify how soon the evidence of severe anxiety, depression or withdrawal, untoward aggressive behavior, etc. must show up . . . the Dept. must . . . prove either that serious harm exists or will befall this child sometime in the future . . .
9. The seriousness of [parental behavior] should *not be contingent* upon the reaction of the child. Since the reaction to an offense can be different with each child, or different with the same child at different times, the courts would be crippled . . . The reactions of the child cannot be a contingency factor for deciding the seriousness of EM.

10. It is perfectly logical to go to court even in the absence of symptoms. We certainly cannot rule out that asymptomatic children are not "threatened with harm."
11. If our goal is to protect children, I would like to think we can work with a "preventive concept". If parents' behaviors have *not* had an apparent or immediate consequence on the child, I believe "with proper predicate" we can demonstrate to the court that a continuation of the parent behaviors would have consequence to the child.
12. It is true that *most* judges would have a difficult time ruling against the parent when the child is not displaying symptoms of maltreatment . . .
13. To be sure, the absence of an identifiable action may weaken a formal charge; it is no reason, however, to overlook the offending parent.
14. Our current state of knowledge limits us, and judges do not often accept our unscientific attempts at prediction. Courts do, however, accept predictors in other fields, [i.e., convicted felons are prohibited from carrying guns to prevent further assaults, courts order blood transfusions to prevent child deaths, and courts require child immunizations to prevent illnesses]. If we could get to the point of saying, "this kind of parental abuse results in [these types of problems] in \_\_\_\_percent of cases," we would have the necessary information for legal recognition of our predictive abilities.
15. Going to court is certainly *not* the proper response to most parental maltreatment/behavior, regardless of the severity of the child's reaction. A child might respond hysterically to a simple act of discipline or numbly to chronic and severe abuse—for many complex factors.
16. Although I believe EM can exist even when there is no *obvious* reaction, responsive action on behalf of maltreated children by agencies and courts will likely depend on proof of the mistreatment. Therefore, it is better to define EM using both parent behavior and the child's reaction.
17. I think that . . . EM needs to be based on parental behaviors and not be conditioned upon how it affects the child. To get this issue into court the legal definition needs to be standardized.
18. It seems . . . that to prosecute [for EM] there must be one of two behaviors:
  - a) The child at present as a result of the parents' behavior is suffering from emotional instability.
  - b) Because of the behavior of the parent, and testimony from a psychiatrist, the child will develop over a period of time emotional problems.
19. If there is no apparent, evident or BEHAVIORAL RESPONSE by the child, I think we have to take judicial notice and project what the normal reaction would be in each case, and what effect it could have on the child. Perhaps a Governor's Task Force on Child Emotional Maltreatment could establish guidelines allowing the courts to better interpret EM.
20. Legally speaking, elements of most offenses do not require effect on the victim. Effect on the child would be evidence of aggravation to set the sentence, custody, therapy, or other limitation on the parent/child. In addition, any court would accept the well known and accepted medical position that emotional disorders sometimes are delayed in manifesting themselves, i.e., Post traumatic stress, personality disorders caused by parental personality . . .
21. The point [not going to court without child consequence] has practical merit. A judge may be more easily convinced of a charge if actual harm can be shown. However, I am not sure that the existence of harm is a legal necessity. There are many crimes committed where "an attempt to commit" the crime itself, without actual harm. Furthermore, parents are commonly found guilty of neglect even though the child did not suffer any harm during the time at issue. In neglect cases, it is the lack of supervision and the "potential for harm" that is important. In some EM cases, it may also be held that circumstances created a "potential for harm" that the court will seek to prevent.
22. [I would] favor court supervision or removal when an appropriate legal vehicle already is available, and . . . a) if courts had time for it, b) the orders of the court could be enforced, c) the facts could be established or proven, and d) legal remedies were available.

### Child Delayed Reactions to EM:

1. We know from human behavior theory and early child development knowledge that adverse, indifferent, punishing, cruel, inadequate caretaking has *long range effects* on human beings. Witness the formerly "quiet" persons who attack their parents, teachers and strangers. We should take these cases to court now.
2. Some children respond violently, years later to forms of . . . abuse. Often times they are unable to verbalize feelings or even deal with emotions at an earlier age. They . . . eventually have children of their own or take care of other's children and take out their frustrations for the way they were treated as children or become their "parent" all over again . . .
3. The higher the incidence [of EM], the higher the probability of serious consequences. Nobody can accurately predict the exact consequences.
4. Behavioral responses . . . may manifest themselves in a later period of adolescence or adulthood . . .
5. The question of consequence is irrelevant. A child who is fed oatmeal and water once a day for months may well endure with no reaction at the present time, but long term [damage] could be expected. Anyone believing that EM is only maltreatment when there is a negative response also believes a falling tree makes no noise if there is no ear to hear it.
6. To rely upon a behavioral response from the child as the measure of EM is to presume that every child's reaction will be evident or that every child will react immediately. Neither presumption is substantiated by our experience. Some reactions are manifest years later while others cannot—or are not—tied to the EM upon initial examination.

### Project-Defined Behaviors Will Result in Early Child Reaction:

1. The parental maltreatment/behaviors identified in this study seem extremely hurtful to me, and in that sense may be a safe set of criteria by which to risk *court* intervention.
2. It is not likely that the listed negative parental behaviors can occur without any immediate consequence on the child.
3. Given the extreme parent behaviors of the last three questionnaires, I have no doubts that the children would have serious difficulties functioning as responsible, sensitive, nurturing, happy adults.
4. I would define and base EM solely on the parent behaviors, because the behaviors that this study has narrowed down are all quite severe.
5. Any child who experiences over time the EM behaviors described [in this project] will *undoubtedly* suffer consequences of an emotional nature.

### Other Observations:

1. The . . . complaints will arise when there is an obvious effect or consequence to the child . . . The beaten child is rarely recognized until there is an obvious injury, and I think the cases [of EM] will be the same.
2. In reality, particularly for older children, professionals and social service agencies are not going to be aware of the existence of EM in a home unless there are *some* symptoms or other abuse/neglect present at the same time.
3. We as a society need to define what is clearly acceptable and unacceptable EM of children.
4. The EM behavior I've seen in almost *all* the emotionally conflicted children from my classes has been incredibly bad. Even in withdrawn kids, one can find qualities to attribute to the EM. With aggressive, acting out kids, it is even easier to see the damages.

5. It is important to be consistent in identifying certain behaviors as EM. After all, when the National Park Service chooses to let a forest fire rage untended (for "ecological reasons"), does anyone deny that there is a fire?
6. We should approach the charge of EM as soon as it is displayed by the parent, [based on] violation of one's right to be treated with respect and dignity . . . .
7. While intervention may prevent on-going abuse, I would tend to conclude that a child who appears to have no reaction has somehow developed a combination of personal coping skills (which may include denial) and supportive relationships necessary to survive the situation. To intervene prematurely would be counterproductive therapeutically, as a child who is unready to confront the issues may resist, deny and bury strong feelings all the more in response to unsolicited probing. In all child abuse and neglect interventions we need to be sensitive to the needs of the child and not tear down the familiar defenses, supports, and environment without rebuilding. Until we can identify a "cure-all" treatment, it may be that whatever children have established on their own to help them survive emotional abuse without showing a reaction may be superior to whatever alien system we could attempt to substitute. (This is not to imply that they will never seek counseling or support groups to assist in the healing process, only to imply that that step may be delayed.)

## Chapter IX

# FINAL COMMENTS

This effort has produced some new material, yet in a sense it is only catching up with actions already being taken in behalf of children exposed to emotional abuse and neglect. State mandated agencies are now including components of EM and behaviors during intake and assessment and are beginning to place these data in records and in court referrals. Some courts, including those at the Appellate level, are deciding in behalf of children, based solely on emotionally abusive and neglectful handling by parents. At this time, these cases include the most severe types of emotional maltreatment. Most cases brought to court with emotional maltreatment components invariably include other forms of abuse or neglect. What is clear, however, is that courts are using the words "emotional well-being" in decisions and noting that the legislative intent to protect children is not confined solely to physical abuse and neglect or sexual abuse. An important note here is that practitioners in all five states either commented or agreed that it is highly likely that EM precedes other forms of abuse or neglect. Consequently, these definitions are timely in their construction. They are "new" in that they articulate many behaviors which are already recognized to harm children.

It can be implied from Rooney's observation, in Chapter III, that these findings are not narrow in scope, because of the types of persons contributing to their construction and participating in the evaluations: "The diversity in both employers and in positions held insures that the respondents as a group will perceive child abuse from multiple and diverse perspectives involving varying types of responsibilities." Indeed, there is a basis for stating that there has been basic agreement, at least among a wide range of professionals in three areas of the country, that certain parental behaviors do, or will cause, within some parameters, emotional harm to children. That the clusters need refinement and that they need cautious application is without question. At this point in development, they must not be used mechanically. In all case situations, a multitude of other variables which could not be included in this Project must be carefully considered before any actions are taken. As in most other forms of abuse and neglect, court action will be the last step to take.

Not all will agree that these behaviors constitute maltreatment, even when several of the clusters are combined together. The standard deviations on some of the scores indicate a diversity of viewpoints. During the period of developing the clusters of behaviors, it became clear that it is quite difficult to achieve agreement on which behaviors belong to a category, a problem faced by other research efforts in this complex subject. Informed professionals also vary in their perceptions and convictions.

About two decades have passed for sexual abuse, especially incest, to be recognized and dealt with. EM is not nearly as offensive and repugnant as the sexual molestation of a child. It may take more time for our society to understand that EM does seriously damage children and for caretakers to be willing to modify their behaviors toward children.

# *Development of Operational Definitions of Child Emotional Maltreatment*

## ABSTRACT

Definitions of child emotional maltreatment were developed, refined and rated through a total of 207 respondents in the states of Alabama, Mississippi, Virginia, Vermont and Maine. Participants came from all segments of protective service practice: state agencies, courts, the legal system, education, probation, day care, mental health, homemaker, law enforcement, medical services, clergy, military social services and advanced education for practitioners. Seven questionnaires were used to develop, refine and rate the parental behaviors. Questionnaire return rates varied from 55% to 82%, with an overall average of 70%. The first three questionnaires were used to develop statements of maltreatment and to exclude those which could be classified as poor parenting, but not necessarily abusive or neglectful. Seventy-nine separate parental behaviors were defined in the pre-school (0-5) group, eighty behaviors were developed in the latency (6-12) group, and seventy-eight in the adolescent (13-17) group. In questionnaires four and five these individual behaviors were placed into clusters, with sixteen categories for pre-school children, and fifteen categories each for latency children and adolescents. Two more questionnaires were used to rate the adult behaviors alone and to rate them according to different behavioral reactions by the child.

The only narrative response question posed in the Project was whether emotional maltreatment could be defined as such, if based solely on the parental behavior. With 75 persons responding, eighty-five percent said it could, nine percent said it could not, and the remainder were not sure. The major reason given by those voting "yes" was that the maltreatment would show up in disturbed behavior at a later time.

Answers sought in this project were whether any differences existed between or among different states and regions, when emotional maltreatment is rated. Analysis of variance was performed on two major questionnaires, #3 and #5, examining states by age groups and regions by age groups. On only one test was there any significant difference ( $p < .05$ ). Grand totals of means and standard deviations between the states and regions showed no significant differences. In order to determine differences between the Northern States (Vermont and Maine) and the Southern States (Mississippi, Alabama and Virginia), t-tests were used in Questionnaires 3, 5, and 7 on individual statements and on parental behavior clusters. A total of seventeen statistically significant differences were found in Q #3 (7%), four clusters in Q #5 (8.5%), and three adult-child behaviors in Q #7 (2%). Agreement between and among the states appears strong and consistent.

Respondents rated combined parent-child behaviors according to four criteria: 1) this is/is not maltreatment, 2) this is maltreatment and services should be offered, 3) services should be offered under court direction, and 4) the child should be removed from the home. There are now 153 separate parent-child behaviors which have been rated. Regression analyses were used to determine the extent of any relationships between respondent characteristics and their scores; the attempts were unsuccessful or inconclusive. The Project, conducted from October, 1984 through April, 1986, had a combined federal-state budget of \$106,340. NCCAN #90-CA-0956.

May, 1986

## *Abbreviated Definitions*

The following are the first sentences of the definitions (or clusters of parental behavior). Several have been modified, such as the last one in all three age groups, and the definitions in Latency and Adolescence relating to harmful and maladaptive influences. Those definitions are different in that one "forces" the child into activities, whereas the other "permits" the child to engage in deviant behavior. However, that is not clear from the first sentence in the complete definition, hence the modification in this list.

### **PRE-SCHOOL**

1. The parent seldom responds to, stimulates or shows affection toward the infant and rarely, if ever, holds the child during feeding.
2. The parent shows unrealistic expectations of the infant by regularly scolding and yelling at the infant whenever s/he exhibits typical infant requirements, such as crying or needing to be fed, changed or held.
3. The parent shows little or no attachment to the child and fails to provide nurture, by failing to call the child to meals, wake him/her in the morning, recognize his/her presence, keep promises or agreements, or otherwise act as if s/he is a member of the family.
4. The parent consistently singles out one child to criticize and punish, to perform most of the household chores and to receive fewer rewards.
5. The parent does not help the child to learn basic skills of feeding, bathing and dressing oneself as well as other skills for independence, and the child is regularly ignored, rejected or cursed when s/he asks for assistance.
6. The parent makes inappropriate demands on and exploits the child by requiring him/her to take care of the parent, be a companion, protect the parent from outsiders, and perform household tasks/functions which the parent is unwilling to do and which are clearly beyond the child's capabilities.
7. The parent confuses the child's sexual identity by forcing the child to dress in clothing that is inappropriate for both sex and age, which results in social ostracism.
8. The parent provides no stability nor security for the child.
- 9A. The parent exposes the child to maladaptive and harmful influences by engaging in serious criminal activity with full awareness of the child, and by encouraging the child to steal, lie, engage in illegal acts and to attack others.
- 9B. The parent exposes the child to maladaptive and harmful influences by engaging in serious criminal activity with full awareness of the child, and by encouraging the child to steal, lie, engage in illegal acts and attack others.
10. The parent does not permit the child autonomy or independent learning by prohibiting him/her from playing with nearby children of close or similar age, without sufficient reason or alternative.
11. The parent regularly belittles and ridicules the child, stating, without foundation, that s/he has many undesirable characteristics, or that s/he reminds everyone of a totally offensive and unacceptable person.
- 12A. The parent sexually exploits the child by forcing the child to watch pornographic materials.
- 12B. The parent sexually exploits the child by letting the child watch pornographic materials.
13. The parent uses excessive threats and psychological punishments.
14. The parent uses excessive threats and physical punishments in an attempt to control the child.
15. The custodial parent undermines the child's attachment to the other parent by consistently refusing all legitimate opportunities or requests for visits between the child and the other parent and by using the child as a spy, ally or confidante in the parent's romantic relationships, marital, or divorce problems.
16. The parent has consistently refused to permit any professional to assess the child's problems and has also announced that s/he would prohibit the child from participating in any remedial or counselling services.

## LATENCY

1. The parent shows no attachment to the child and fails to provide nurturance.
2. The parent consistently singles out one child to criticize and punish, to perform most of the household chores and to receive fewer rewards.
3. The parent has unrealistic expectations of achievement for the child and criticizes, punishes, ostracizes or condemns the child when s/he does not achieve far above his/her normal abilities in areas such as school, arts, sports, and social status.
4. The parent makes inappropriate demands on and exploits the child by expecting the child to take care of the parent, to be a companion, to protect the parent from outsiders, and to perform household tasks/functions which the parent is unwilling to do.
5. The parent expresses no affection toward the child and avoids and resists all physical closeness such as hugging, touching, or smiling.
6. The parent confuses the child's sexual identity.
7. The parent provides no stability or security for the child.
- 8A. The parent exposes the child to maladaptive and harmful influences and forces the child to engage in same.
- 8B. The parent exposes the child to maladaptive and harmful influences and permits the child to engage in same.
9. The parent does not permit the child autonomy or independent learning.
10. The parent denies the child the opportunity to learn from others by prohibiting the child from participating in social activities commonly engaged in by the child's peers, such as extra-curricular activities or outside play.
11. The parent regularly denigrate and ridicules the child, stating, without foundation, that s/he reminds everyone of a person who is totally offensive and unacceptable by the family.
- 12A. The parent sexually exploits the child by forcing the child to watch pornographic materials.
- 12B. The parent sexually exploits the child by permitting the child to watch pornographic materials.
13. The parent uses excessive threats and psychological punishments.
14. The parent uses excessive threats and physical punishments in an attempt to control the child.
15. The custodial parent undermines the child's attachment to the other parent by consistently refusing all legitimate opportunities or requests for visits between the child and the other parent, even when these are requested by the child.
16. The parent has consistently refused to permit any professional to assess the child's problems, and has also announced that the child is forbidden from participating in any remedial education or counselling services.

## ADOLESCENCE

1. The parent shows no attachment to the child and fails to provide nurturance.
2. The parent consistently singles out one child to scapegoat, criticize and punish, to perform most of the household chores and to receive fewer rewards or praise.
3. The parent has unrealistic expectations of achievement for the child that are shown by the parents criticizing, punishing or condemning the child when s/he does not achieve far above his/her normal abilities in school, sports and social status.
4. The parent makes inappropriate demands on and exploits the child by forcing the child to take care of the parent, to protect the parent from outsiders and to perform household tasks which the parent is unwilling to do.
5. The parent expresses no affection toward the child and resists and avoids all physical closeness such as hugging, touching or holding.
6. The parent confuses the child's sexual identity by frequently calling, referring to, defining or teasing the child as if s/he were a member of the opposite sex.
7. The parent provides no stability or security for the child inasmuch as expectations are unpredictable and change frequently, resulting in rigid requirements for the child at one time to indifference to behavioral standards later.
- 8A. The parent exposes the child to maladaptive and harmful influences and forces the child to engage in same.
- 8B. The parent exposes the child to maladaptive and harmful influences and permits the child to engage in same.
9. The parent does not permit the child autonomy or independent learning by refusing the child's attendance at extra-curricular, sports or religious activities, or after school play with friends.
10. The parent regularly denigrates and belittles the child, stating without foundation that s/he is different, in many undesirable ways, from others in the household, or that s/he reminds everyone of a person who is totally unacceptable by the family.
- 11A. The parent sexually exploits the child by forcing the child to watch pornographic materials.
- 11B. The parent sexually exploits the child by permitting the child to watch pornographic materials.
12. The parent uses excessive threats and psychological punishments.
13. The parent uses excessive threats and physical punishments in an attempt to control the child.
14. The custodial parent undermines the child's attachment to the other parent by consistently refusing, regardless of court order or wishes of the child, all opportunities for visits between the child and the other parent.
15. The parent has consistently refused to permit any professional to assess the child's problems, and has also announced that the child is forbidden from participating in any remedial education or counselling services.

# Project Participants

## STATE OF ALABAMA

- Bonnie Atkinson, Ph.D., Licensed Psychologist, Florence  
Margaret J. Austin, DSW, City School System, Tuscaloosa  
Eleanor L. Barnes, MSW, Children's Hospital, Birmingham  
Judith Black, BA, Teacher, Athens  
\*Joseph W. Carlton, Jr., JD, Attorney, Montgomery  
Bettie S. Cole, Ph.D./MSW, Child Welfare Supervisor,  
Tuscaloosa  
\*Beulah Compton, Ph.D./ACSW, Chairperson & Social  
Work Professor, Tuscaloosa  
Louetta Lee Craig, M.Ed. Children's Services Therapist,  
Montgomery  
Robert E. Cramer Jr., JD, District Attorney, Huntsville  
Hon. John W. Davis, JD, Circuit Judge, Montgomery  
Thomas H. Edwards, MD, Pediatrics Dept., Simon  
Williamson Clinic, Birmingham  
Major Samuel B. Fellows, MSW, Social Work Services,  
Ft. McClelland  
Naomi H. Griffith, MA/MSW, Executive Director, PACT,  
Decatur  
Marcia Hodges, BSN, Registered Nurse, Athens  
Linda Johns, BSW, Social Worker, Anniston  
Beverly M. Jones, MA, Emotional Conflict, Teacher-  
Coordinator, Birmingham  
Hon. H. Mark Kennedy, JD, Circuit Judge, Montgomery  
James E. Long, BA/JD, Attorney, Dept. of Human  
Resources, Montgomery  
\*Harriet Mahlke, MSW, Protective Services Supervisor,  
Birmingham  
Brenda Malone, Child Care Director, Anniston  
\*William Ron Marks, MSW, Social Worker, Consultant,  
SDPS, Decatur  
Lt. Gene Mims, Police—Youth Aid, Montgomery  
Arnold Mindingall, Ph.D., Psychologist, Birmingham  
\*William Mitchell, Ed.D., Counsellor, Montgomery  
Thomas Monroe, BA, Family Court of Jefferson County,  
Birmingham  
Vanzetta Penn McPherson, MA/JD, Attorney at Law,  
Montgomery  
Hon. Deborah Bell Paseur, JD, District Court Judge,  
Florence  
Renee Peacock, Ph.D., Licensed Psychologist, Birmingham  
Echo Puckett, M.Ed., Montgomery County Board of  
Education, Montgomery  
Jim Reaves, MSW/ACSW, Noble Army Hospital,  
Ft. McClelland  
Lynda Lee Reeves, MS/LBSW, Social Worker, Baptist  
Hospital, Montgomery  
Maj. David Roberts, MA, Family Life Chaplain, Anniston  
Joseph H. Rogers, Jr., MD, Pediatrician, Birmingham  
Kaye Ryan, M.Ed., School Administrator, Weaver  
Lt. Francis Sartain, BS, Family Services, Birmingham  
Police Dept., Birmingham  
\*Shirley Scanlan, MSW, Consultant, Alabama Division of  
Child Protective Services, Montgomery  
Myra J. Schmidbauer, BA, Executive Director, Children's  
Trust Fund, Montgomery  
Karen Sells, MS, Family Violence Administrator,  
Montgomery  
Sharon Shelton, Ph.D., University of Alabama, Tuscaloosa  
Thomas Sorrells, JD, District Attorney, Dothan  
Jean Walker, Head Start Teacher, Montgomery  
Bradley R. Ware, MD, Family Physician, University of  
Alabama, Tuscaloosa  
\*Donald Wendorf, Psy.D., Psychologist, Birmingham  
Brenda Williams, Parent, Birmingham

## STATE OF MAINE

- \*Gervaise Anderson, MSW, Portland  
\*Chris Beeretis, MSW, Rockland  
\*Patricia Anderson, MSW, Augusta  
Elizabeth Buxton, BA, Portland  
Rev. Bert Brewster, M.Div., Waterville  
Anne Campbell, Ph.D., Portland  
Kathleen Carnes, BA, Augusta  
Jean Covell, BA, Waterville  
Capt. John Civitello, MSW, Loring AFB  
Nancy Cole, BA, Litchfield  
Hon. Ronald Daigle, JD, Caribou  
William Davis, Ph.D., Orono  
Mert Dearnley, M.Ed., Hallowell  
Cynthia DeWitt, Lewiston  
Hon. Robert Donovan, JD, Portland  
Mary Duggan, BA, Portland  
Susan Emmerling, AA, Augusta  
\*Michael Fasulo, MSW, Houlton  
Nicholas K. Fowler, MD, Portland  
Dorothy W. Gross, Ed.D., Portland (Deceased)  
Walter Harris, Ph.D., Orono  
\*Dan Hughes, Ph.D., Waterville  
Michael Levy, JD, Winthrop  
\*Diane Kindler, MSW, Saco  
\*Betty Manchester, M.Ed., Topsham  
Norman Marqui, BA, Fort Kent  
Shirley Morgan, MSW, Portland  
Meredith McCabe, MSW, Cumberland  
Robert Peddicord, Ph.D., Bangor  
Cpl. Andrew Porter, AA, Houlton  
Kathy Randall, MSW, Portland  
Barbara Rich, MSW, Portland  
Tobi Schneider, JD, Waterville  
Sydney R. Sewall, MD, Hallowell  
Rev. Douglas M. Strong, M.Div., Augusta  
Phil Smith, MD, Waterville  
\*James Souza, Ph.D., Bangor  
Frederick Webber, MD, Bangor  
Judith Webber, M.Ed., Auburn  
Detective William Welch, AA, Lewiston

## STATE OF MISSISSIPPI

- Myra Allison, MSW, Jackson  
Hon. Mills Barbee, JD, Hernando  
Rivers Carpenter, MSW, Jackson  
\*Charlotte Christ, MSW, Jackson  
Ronnie Crawford, MSW, Pontotoc  
Barbara Laye, M.Ed., Greenville  
Larry Little, Vicksburg  
Capt. Karen Maruszak, MNS, Biloxi  
Sgt. Marvin Minor, BA, Greenville  
Gary Mooers, Ph.D., University

Barbara Davis, MS, Laurel  
 Norma DeLong, M.Ed., Greenville  
 \*Betty Elias, BA, Gulfport  
 \*Marty Foote, BA, Jackson  
 Mary Foster, MS.Ed., Jackson  
 Melzana Fuller, MSW, Jackson  
 Carol Garrett, BA, Long Beach  
 Lt. Col. Maria Guzman, MD, Biloxi  
 Deborah Graham, BA, Jackson  
 Maj. John Haluck, JD, Ocean Springs  
 Margaret Harris, MA, Jackson  
 Wood Hiatt, MD, Jackson  
 Ann Hicks, M.Ed., Clinton  
 Mary Jackson, M.Ed., Jackson  
 Freida Kaletsch, BA, Gulfport  
 Jeffrey Kelly, Ph.D., Jackson

\*Faye Murphree James, JD, Jackson  
 Nita Norphlet-Thompson, BA, Clarksdale  
 Susan O'Neal, MD, Greenville  
 JoAnna Patterson, Ph.D., Meridian  
 Sara Powell, MNS, Laurel  
 \*Barbara Rayburn, BA, Greenville  
 Jo Ellen Reid, MSW, Gulfport  
 \*Janie G. Rugg, M.Ed., Jackson  
 Julia Sherwood, MD, Jackson  
 Charles Small, Ph.D., Greenville  
 \*Capt. Alan Snyder, MSW, Keesler AFB  
 Hon. Rodger Wasson, JD, Greenville  
 Becky Williams, MSW, Jackson  
 \*Lori Woodruff, BA, Tupelo  
 Rosalie Zimmerman, MSW, Hattiesburg  
 Maj. Howard Zyskind, M.Div., Keesler AFB

### STATE OF VERMONT

Corabelle Ammel, MNS, White River Junction  
 Jan Appel, MSW, St. Albans  
 Brenda Bean, Waterbury  
 Robert Balenky, Ph.D., Marshfield  
 Diane Brandon, Bennington  
 Louise Coates, M.Ed., Montpelier  
 Cpl. Bernard Chartier, Rutland  
 Ruth Cohan, BA, Worcester  
 Patty Crossman-Babic, BA, Plainfield  
 Linda Dean-Farrar, Plainfield  
 \*Michael O. Duane, JD, Plainfield  
 Rosella Duarte, BS, Burlington  
 George Ellison, JD, White River Junction  
 James Fitzpatrick, Ed.D., Hinesburg  
 Barbara Gilpatrick, MD, Thetford Center  
 Jean Goldhaber, M.Ed., Burlington  
 Jill Goulet, BS, Sharon  
 Michael Gray, MSW, Burlington  
 \*Forrest Green, MA, Bennington  
 \*Joseph Hagan, MD, Burlington  
 Joseph Hasazi, Ph.D., Burlington

Donald Hillman, Ph.D., Burlington  
 Ted Johnson, MD, Bennington  
 Gene Kdish, M.Ed., White River Junction  
 Helen Keith, Waterbury  
 Ellen M. Knoedler, BA, Plainfield  
 \*Lee Lauber, BA, Montpelier  
 Frank Mahady, JD, Middlebury  
 Cheryl Mitchell, M.Ed., Middlebury  
 Clifford Rivers, Ph.D., Vergennes  
 Anna Salter, Ph.D., Hanover, New Hampshire  
 Nancy Shamp, BA, Burlington  
 Ralph Shepherd, JD, Bennington  
 \*Laura Latham Smith, MSW, Burlington  
 Whit Smith, JD, Burlington  
 Rev. Thomas Steffen, M.Div., Bennington  
 Jean Swantko, JD, Hardwick  
 \*Maureen Thompson, BA, Waterbury  
 Jo-Anne Unruh, Ph.D., White River Junction  
 Karen Wheatley, BA, White River Junction  
 Capt. Douglas Williams, Rutland  
 Marjorie I. Wood, MSSS, Burlington

### COMMONWEALTH OF VIRGINIA

Karen Armstrong, MA, Virginia Beach  
 Ann Atkinson, MSW, Highland Springs  
 Charlotte Bailey, MSW, Richmond  
 Cpt. Melton Beane, BS, Virginia Beach  
 Susan Bess, BA, Clifton Forge  
 Gregg Bott, MD, Winchester  
 Pat Bussey, Roanoke  
 Gary Conway, BA, Covington  
 Cindy Crance, MNS, Covington  
 Patricia Crittenden, Ph.D., Charlottesville  
 \*Hon. John Curry, JD, Covington  
 \*Randy Fiery, Stephens City  
 Mary Frank, BA, Richmond  
 George Getz, Ph.D., Roanoke  
 Meredith Haymes, BA, Richmond  
 Capt. Frank Johnstone, Charlottesville  
 \*Joan Kammire, MSW, Charlottesville  
 Mary Ellen Kerr, JD, Berryville  
 Kenneth Knickerbocker, MD, Stafford  
 William Lindeman, Richmond  
 Robert MacDonald, Ph.D., Salem

Susan MacDonald, Ph.D., Roanoke  
 Gwen Mandel, MA, Winchester  
 Nanette Martin, MSW, Richmond  
 \*Peter McNelis, Ph.D., Arlington  
 Gerry McWhinney, M.Ed., Millwood  
 \*Sandra Mitchell, MSW, Richmond  
 Mjr. John Newby, DSW, Ft. Belvoir  
 JoAnna Parsick, MSW, Virginia Beach  
 Jennifer Pears, MD, Richmond  
 Cynthia Richardson, BS, Lorton  
 Dan Sandlin, MSW, Virginia Beach  
 Frank Saulsbury, MD, Charlottesville  
 \*Johanna Schuchert, Richmond  
 Max Shawver, M.Ed., Covington  
 \*Richard Shea, Ph.D., Virginia Beach  
 Connie Smith, Richmond  
 Susan Tierney, MSW, Berryville  
 Ron Tweel, JD, Charlottesville  
 Doris Watkins, MSW, Burke  
 \*Nancy Welch, MD, Roanoke  
 Mabel Wells, Ph.D., Richmond

\*State Committee Member

### *References*

Farber, E. and Egeland, B., "Invulnerability Among Abused and Neglected Children." in J. E. Anthony and B. J. Cohler, Eds., *The Invulnerable Child*. New York: Guilford Press, (In Press).

Garbarino, J. And Gilliam G. *Understanding Abusive Families*. Lexington, Mass.: D.C. Heath, 1980.

Giovanonni, J. and Becerra, R. *Defining Child Abuse*. New York: Free Press, 1979.

Kagan, J. *The Nature of the Child*. New York: Basic Books, 1984.