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Virginia Child Protection Newsletter

Volume 23

Emotional Abuse: Words hit as hard as a fist

This phrase keynotes a new media campaign by the National Committee for Prevention of Child Abuse (NCPCA). The campaign, including television, magazine and radio spots, coincides with the release of a new publication by NCPCA, *Emotional Abuse; Words Can Hurt* (see review, this issue).

There is growing recognition by both the general public and professionals of the negative consequences of emotional maltreatment. For example, a Louis Harris public opinion poll conducted with NCPCA indicates that 73 percent of the public believe that yelling and swearing at a child leads to long-term emotional problems, while only 41 percent believe that physical punishment of a child is likely to lead to long-term harm.

At the professional level, experts in many fields are struggling with issues related to emotional maltreatment of children: How do we define emotional maltreatment? When

should it be reported? How can professionals and others intervene appropriately? What can be done to prevent emotional abuse?

This issue of VCPN will explore these and other issues, based on a review of the current literature, a survey of Virginia CPS workers and interviews with state and national experts.

Incidence of Emotional Abuse

How serious is the problem of emotional maltreatment? This is a difficult question as the published statistics are scarce. In 1986 approximately 80,000 cases of serious emotional abuse were reported nationwide (NCPCA, 1987). However, it is unclear whether these were purely emotional abuse complaints or if, in many cases, the emotional abuse was coincidental to physical and/or sexual abuse. Additionally, there is a wide range of criteria from state to state as to what is reportable as emotional abuse.

The 1985-86 statistics for Virginia show emotional neglect in 8.3 percent of founded and reason-to-suspect complaints. The category of "other abuse," which includes emotional abuse, comprised 10 percent of founded and reason-to-suspect complaints. These categories do not represent cases where emotional abuse and neglect were the only problems. Children in these categories may have been subject to other forms of abuse and neglect as well.

It is generally believed that emotional abuse is significantly under-reported. One reason for under-reporting by professionals is the inadequate response of the courts and departments of social services. Some Virginia CPS units are apparently refusing to accept complaints of emotional abuse. For example, at a May 1987 conference on emotional abuse sponsored by the Norfolk Committee for Prevention of Child Abuse, an audience member, C. L. Althaus Rae, Ph.D., related an experience with her local Virginia CPS department. Rae, a clinical psychologist, referred to a family who had hospitalized a child, but then refused follow-up treatment. Rae reports, "I was asked if there was also physical abuse. I was told unless physical abuse was present, there was nothing CPS could do." Other participants at the conference related similar frustrations in finding effective intervention in cases of suspected emotional abuse or neglect.

Other CPS units operate differently. CPS workers or supervisors in 15 Virginia localities were questioned about their handling of emotional abuse complaints. All had received, investigated, and attempted to provide services for one or more cases in which emotional abuse was alleged, in the absence of neglect, physical abuse, or sexual abuse. However, the reported incidence varied greatly, from a low of two cases per year in Craig County to over 200 cases per year in Chesapeake.

Another reason for under-reporting is that emotional maltreatment, by its very nature, is difficult to identify. Professionals or lay people may see an isolated incident, but not



"You're pathetic. You can't do anything right!"

"You disgust me. Just shut up!"

"Hey stupid! Don't you know how to listen?"

"Get outta here! I'm sick of looking at your face!"

"You're more trouble than you're worth."

"Why don't you go and find some other place to live!"

"I wish you were never born."

Children believe what their parents tell them. Next time, stop and listen to what you're saying. You might not believe your ears.

Take time out. Don't take it out on your kid.

A Public Service of
This Newspaper &
The Advertising Council



Write: National Committee for Prevention of Child Abuse,
Box 2866E, Chicago, IL 60690

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SCAN

Stop Child Abuse Now
205 W. Franklin St., Richmond, Va. 23220



SCAN welcomes your participation in our goal to prevent child abuse. We cannot do it alone. We need your caring, your time, your creativity, your membership and your financial support. Together we can provide a safe future for Virginia's families and children.

This column is written by Barbara Rawon, Executive Director of SCAN. Comments or questions should be addressed to her at: 205 W. Franklin Street, Richmond, VA 23220.

Report Card Reflex Campaign



UNDERSTANDING: The Most Important Grade

Do you remember when you brought home a "bad" report card as a child? How your parents reacted and how you felt about the situation? SCAN has launched a major public awareness campaign aimed at making report card time one of family growth rather than emotional turmoil. A concise list of six parenting tips aims to create a positive experience between parent and child when a report card comes home.

The Report Card Campaign is modeled after the already successful one started in October 1985 by the Greater Houston Chapter for Prevention of Child Abuse. Because of positive community reaction, the Houston effort continues to thrive and expand.

Child protective service workers have found that a disappointing report card can lead a parent to lose control. Often parents feel the report card is a direct reflection of

themselves. SCAN's goal is for every Virginia home containing school-aged children to see these tips:

1. **SIT DOWN** with your child and look over the report card.
2. **PRAISE YOUR CHILD.** Find at least one good thing: attendance, no tardies.
3. **BE CALM!** Let your child tell you about his poor grades.
4. **ASK** how you can help your child do better.
5. **ASK** what your child can do to make better grades.
6. **MAKE A PLAN** with your child's teacher and your child to do better.

Positive parental involvement shows the child that what he or she is doing in school is important. Parents can ask themselves several questions: Is homework coming home and being completed? Is my child very sensitive

and defensive about sharing school experiences? Are excuses pouring in such as, "The cat ate my gymsuit," "I lost my assignment book," or "I finished my homework in school?"

Open communication also enables the parent to observe behavioral changes very early and to be reassuring to a child in distress. Periodic communication with the teacher gives the parent a more complete idea of what the school expects and what the parent should expect from their child. Providing the child with his own area free of noise and confusion lets him know you care about the work he is doing. Participation as parents cannot be stressed too much, but that is never to be confused with "doing for" the child.

Statewide, statistics indicate that Virginia's Child Protective Service Hotline phone calls have an upsurge in October, January, March and May. Coincidentally, report cards are sent home during these months. While we cannot document that this increase in Hotline calls is caused specifically by the response to report cards, it is definite that these months are more stressful to parents across the state.

At SCAN, we see the Report Card Campaign as a positive vehicle for parent/child communication. Parents want to become better parents. Honest, calm communication, at an extremely tense and vulnerable time in the life of a child, can benefit everyone. The main purpose of the Report Card Campaign is clear: to show stressed parents what the alternatives are to physical and emotional abuse.

Yes. I want to help stop the hurt!
Please accept my membership in Stop Child Abuse Now

Name _____

Address _____

Contributions and bequests to SCAN are charitable contributions which are tax deductible to the extent provided by law.

\$ 5 Student	\$50 Sustaining	\$250 Patron
\$15 Regular	\$100 Donor	\$500 Friend of Abused Children
\$25 Supporting		
\$1,000 Corporate Friend of Abused Children		

Enclosed is my membership fee of \$ _____



SCAN

Please return this form with your check or money order to SCAN, 205 W. Franklin St., Richmond, Virginia 23220.



Governor Baliles Presents Awards

The Governor's Advisory Board on Child Abuse and Neglect presented nine awards at its June meeting to outstanding child advocates. Three awards went to individuals or businesses in the private sector, three to agency professionals, and three to community volunteers.



Jack Sutor, Jr.
Assistant Commonwealth Attorney, Leesburg



Anne Pollard
Richmond



Wayne Sarkes and Linda Ford
The Southland Corporation



Barbara Rawn
SCAN



Jeanette Priddy
Lynchburg



Elizabeth Jennings
Newport News
Department of Social Services



Child Assault Prevention Project
Winchester



Ann Childress
Virginia Department of Social Services



Oza Mae Freeman
Family and Children's Services
of Richmond

**EMOTIONAL CHILD ABUSE:
Words Hit as Hard as a Fist**



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the pattern, of abuse. Additionally, observable effects of emotional abuse are similar to the symptoms of emotional disturbance, which has many other causes. Thus, it is difficult to document a causative relationship between parental behavior and child reaction.

An incident described by Virginia Van de Water at the Norfolk conference captures the inherent difficulties in recognizing and reporting emotional abuse. "A little boy came to school on Valentine's Day without valentines for his classmates. His mom had promised for several days to bring some home for him, but had not. That day she had promised to bring them to school. He came to the guidance office several times that day, clearly in distress. She never showed up and he was devastated. There had been many times previously when she had let him down, causing him emotional pain. But I can't go to CPS with broken promises or a broken heart."

Defining Emotional Maltreatment

Several groups of researchers have attempted to define emotional maltreatment in specific terms. In one recent project, Thelma and Walter Baily (Baily and Baily, 1986) conducted a national survey that utilized input from a wide cross-section of professionals in five states, including Virginia. The project examined both child and parent behaviors and evaluated 16 or more clusters of parent behaviors in relation to the child's age, severity of maltreatment and recommendations for intervention. The study report (see review, this issue) concluded that there was some agreement among professionals as to those parental behaviors perceived as emotionally damaging and which, if continued, would result in substantial emotional difficulties for the child.

According to Walter Baily, the highest agreement was on items related to exposing the child to maladaptive and harmful influences such as pornography, criminal behavior, and substance abuse. For example, there was unanimous agreement that in severe instances of this type, the child should be removed from the home. Specific behaviors in this cluster included: encouraging the child to steal, lie, or attack others; exposing the child to the parent's regular intoxication; and forcing the child to use marijuana or alcohol and to become "high," for the entertainment of the parent and his/her friends. In the Baily study, there was less agreement on appropriate interventions for such parental behaviors as unrealistic expectations for the child, not permitting the child autonomy, and undermining the child's attachment to a non-custodial parent.

Baily summarized some of the unanswered questions that require further study. "There is a need for more uniformity in our definitions. The biggest question is: What is the cut off point? When does it change from the normal ups and downs of family life, to unwise parenting, to abuse? Does this require that a parental act is done at a particular intensity, or a certain number of times?" Baily raised another question that is particularly difficult for delineating emotional abuse, the question of considering diverse values and ideas about child rearing. He notes, "Our participants did not include a representative sample from minority groups or large urban areas. We're not sure how a more representative sample might have affected our results."

Another area of contention highlighted by the Baily study is the issue of whether emotional abuse should be defined in terms of parent behavior or effects on the child. Of 75

persons completing the final questionnaire, 8 percent said a child's behavior must be taken into account; (6.7 percent gave qualified responses) and 85.3 percent said emotional abuse could be defined solely on the basis of parent behaviors. However, in their narrative responses to this issue, many mitigating factors were mentioned.

The frequent difficulty in linking parental behavior and child reaction is complicated by the possibility of a delayed reaction to the abuse: "Emotional abuse, like incest, may be a time bomb for some children. The impact does not occur until many years after the abuse..." (Baily and Baily, 1986, p.1). Thus, there may be minimal evidence of current child reaction, in spite of the fact that damage has occurred.

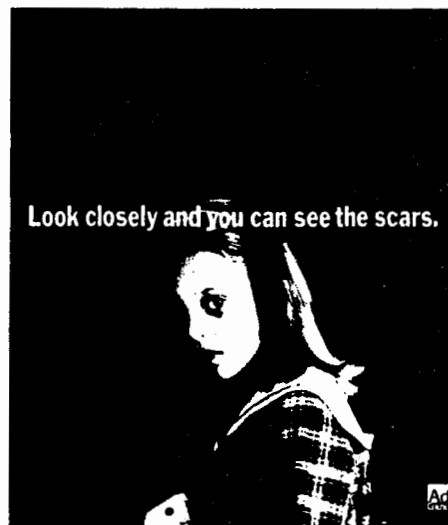
Most state child abuse reporting laws address emotional or mental abuse/neglect but these laws range from narrow to broad and may exclude some parent behaviors which mental health professionals might view as destructive. For example, in four states, emotional abuse/neglect is defined in terms of the child's behavior, "including such terms as 'severe anxiety,' 'depression,' 'withdrawal,' symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect" (Garbarino, Guttman and Seeley, 1986, p. 176). Thus, in those states the opportunity for professionals to intervene requires evidence of harm to the child. Also, in a number of states there must be a pattern of abuse, thus eliminating the single bizarre incident. Additionally, most state laws are vague, leaving the court as the arena for negotiations between professional expertise and community standards.

The most elaborate schema for defining emotional abuse is offered by Dr. James Garbarino and associates (see Book Review, this issue). Garbarino names five types of emotional maltreatment, examining each in terms of three levels of severity and at four different developmental stages. The five types of maltreatment are rejecting, terrorizing, ignoring, isolating and corrupting.

Rejecting involves actively avoiding, belittling, or refusing to acknowledge a child's needs. For example, Susan avoids eye contact with Betsy, her infant child, and refuses to return hugs from four-year-old Sam. Susan belittles Sam's efforts to draw or build with blocks and calls him "dummy."

Terrorizing involves threatening the child with extreme or vague but sinister punishment, invoking intense fear, or setting impossible expectations and punishing the child for not meeting them. Killing a pet, or threatening to do so, is one example of terrorizing. Invoking ghosts, witches or monsters to frighten the child is another.

Ignoring means that the parent is psychologically unavailable, being self-absorbed and not responsive to the child. The parent may erect a "barrier of silence." There is a pattern of coolness and lack of feeling toward the child, and a failure to protect the child from threats or mistreatment by others.



There are no bruises.
And no broken bones.
She seems the picture of the perfect child.
But if you look closely you can see how
rejection, fear and constant humiliation have
left scars that have tragically affected her
childhood.

So now only a shattered spirit remains.
And the light of laughter has gone out.
Remember that words hit as hard as a fist.
So watch what you say.
You don't have to lift a hand to hurt your
child.
Take time out. Don't take it out on your kid.



Write: National Committee for Prevention of Child Abuse, Box 28666, Chicago, IL 60690

Isolating is characterized by parent behaviors that prevent the child from taking advantage of normal social relations. For example, eight-year-old John is not allowed to leave the house except to go to school. He is not allowed to invite other children into the home. His 13-year-old sister, Mary, is withdrawn from school in order to care for an infant child and she is not allowed to visit with friends.

Corrupting refers to parent behaviors that "mis-socialize" children and lead them into, or reinforce, antisocial or deviant patterns in the area of aggression, sexuality or substance abuse. Some examples of corrupting are exposing the child to pornography, involving the child in prostitution, or rewarding the child for stealing.

There are other psychologically harmful methods by which parents attempt to control their child's behavior. At their extreme, these behaviors may be considered abusive. In milder forms, these behaviors are at least unwise. Some parents attempt to control through indulgence, giving in to every whim of the child. This may result in a child who lacks internal controls and is impulsive and demanding. Some parents attempt to control through intrusion, overly structuring the child's life and infantilizing him or her. Others attempt to control through guilt and manipulative attachment: "If you really loved me, you would..." The core issue in all of these parental styles is the excessive need to control; the specific form is likely to reflect the manner in which the parent was raised, or the prevailing child-rearing style of a particular subculture.

Other researchers have also attempted to define emotional abuse. Even in this brief examination of two approaches, it is apparent that definition is a formidable task. The problems are due in part to the broad range of possible parental behaviors and child reactions, and in part to the difficulty in showing a causal relationship between parental behavior and child reaction.

Despite the problems, a good working definition is essential. At its February 1987 meeting, the executive committee of NCPA adopted a new definition: "Emotional abuse is a pattern of behavior that attacks a child's emotional development and sense of self-worth. Examples include constant criticizing, belittling, insulting, rejecting and providing no love, support or guidance." For most purposes, this clear, concise definition will suffice.

For other purposes, more specific guidelines are necessary. Baily succinctly summarizes the need for greater professional consensus. "First, those working with parents need to be able to say with some authority, 'What you are doing with your child is harmful, this is why it's harmful, this is how you can change.' Second, cases requiring court intervention will not be successfully resolved without some sort of uniform yardstick by which to measure parental behaviors and harm, or risk of harm, to children."

Book Review

Operational Definitions of Child Emotional Maltreatment by Thelma Baily, MSS and Walter Baily, DSW, 1986, p. 43 (paper).

Available from: Child Protective Services Unit
Virginia Department of Social Services
8007 Discovery Drive
Richmond, Va. 23228

This report, which will be of interest primarily to professionals, summarizes a two-year project funded by the National Center on Child Abuse and Neglect. The primary purpose of the project was to develop operational definitions of emotional maltreatment of children.

The project consisted of seven questionnaires, with respondents representing a cross-section of professionals from five states, including Virginia. The professionals included attorneys, police, judges, nurses, social workers, educators, clergy, counselors and others. Their responses were used to develop lists of parental behaviors considered to be emotionally abusive, to categorize or cluster these behaviors, to determine likely child consequences of the abuse and to

Operational Definitions of Child Emotional Maltreatment



recommend action. While there was some agreement among the study participants, the report notes that much work remains to be done. Specifically, greater consensus among professionals as to what constitutes emotional maltreatment is needed, and at what point courts and agencies would intervene in emotionally maltreating families. The report provides more questions than answers. However, the abbreviated definitions developed may be a valuable aid to CPS units struggling to further define emotional and maltreatment.

Reviewed by Peggy Printz

Defining Emotional Abuse in Virginia

The Virginia child abuse and neglect reporting law includes "non-accidental mental injury" and creating a high risk of "impairment of...mental functions" as part of the definition of an abused or neglected child. This is further clarified by policy established by the State Board of Social Services.

Specifically, some of the major policy provisions related to emotional abuse are:

(1) *medical neglect* which includes the failure to seek, obtain and follow through with treatment for a mental problem or condition.

(2) *mental abuse* where the parent or caretaker inflicts or threatens to inflict injury to the mental functioning of the child. By definition, there must either be clear evidence of a relationship between parental behavior and the child's mental difficulty, or a clear pattern of harmful behavior by the caretaker. Some examples of mental abuse cited are caretaker behaviors which are rejecting, intimidating, humiliating, bizarre, chaotic, hostile, or excessively guilt-producing. Also included are exposure to physical violence between family members and violence against animals.

(3) *mental neglect* where the parent allows or does not prevent the infliction of mental harm or injury. Again, there must be a clear relationship between "significant mental difficulty" in the child and failure of the caretaker to provide minimal nurturance, or in the absence of evidence of harm in a young child, it must be clear that the caretaker fails to provide minimal nurturance. Examples include overprotection, indifference, rigidity, apathy and a chaotic lifestyle.

(4) *bizarre discipline* which is characterized by markedly unusual, eccentric, grossly

inappropriate or irrational means of modifying the child's behavior, with one possible consequence being mental difficulty in the child. Specifically, a one-time bizarre act (such as locking a child in a closet for hours) may constitute abuse.

Virginia CPS workers were queried about their working definitions of emotional abuse. Interestingly, their comments reflect the range of opinions nationally. For example, Bill Wilcher of Craig County stated, "The child is intentionally mistreated by the caretaker, resulting in emotional trauma which can be measured by a psychiatrist. If the child is not affected by it, it's not emotional abuse." Warren Fusselle of Henrico County describes emotional abuse as, "A verbal type of abuse. It is a withholding of emotion or nurturing which results in a behavior change in the child."

In VCPN's survey, examples most frequently mentioned by Virginia workers include degrading, rejecting and ignoring, with isolation and bizarre discipline each being mentioned only once. None of the 15 workers queried spontaneously mentioned two of Garbarino's five categories, terrorizing or corrupting behaviors.

Identifying Emotional Abuse

What signs can alert the concerned person about the possibility of emotional abuse? Generally there are two primary means: observing child behavior and observing parental behavior.

One child symptom is very low self-esteem. This may be shown by depression, apathy, self-deprecatory remarks, lack of self-confidence and performance well below expectations. The child may show an inability

EMOTIONAL CHILD ABUSE: Words Hit as Hard as a Fist



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to respond appropriately to others, or may withdraw or act out aggressively.

Thus, symptoms of emotional abuse are similar to symptoms of emotional disturbance, which may arise from organic or other causes. How does one distinguish between the two? If the parent is concerned about the child and is seeking appropriate treatment, that would suggest emotional disturbance. On the other hand, if the parent refuses to recognize the child's distress or refuses to seek or accept help, one might reasonably suspect emotional abuse.

Evaluating parental behavior may be more difficult. Most experts suggest that any parent behavior that is developmentally dangerous should be identified as abusive, regardless of visible harm to the child. Garbarino et al. (1986) describe the concept of "developmentally dangerous" as instances of parental behavior that create a risk of psychic harm. However, there are no clear guidelines as to what constitutes such behavior.

Carolyn Williams, Ph.D., is Coordinator of Children's Services for Region Ten Community Services Board in Charlottesville. Williams talks about the concept of "developmentally dangerous." "Sometimes the abuse is such that there would be general agreement among professionals that, if continued, the parents' behavior poses a clear risk to the child's development. One example is severely restricting a young child's ability to grow, explore and learn: keeping a toddler 'penned up' extensively, grossly overprotecting the child and limiting the child's exposure to others. Another damaging situation is when parents can't approve of the child no matter what he/she does."

In addition to noticing overt parental behavior, one might examine the parent's perception of the child. Is the parent appropriately aware of and responsive to the child's needs, or is the child seen as a burden? Emotionally abusive parents often try to minimize the needs of children. If they can convince themselves that children exaggerate their needs, it is easier to justify a lack of response.

Finally, certain high-risk groups of parents merit special attention. Adults who are themselves emotionally needy, disturbed and unstable have few emotional resources to share with a dependent, developing child. Similarly, adults who are addicted to drugs and alcohol, living disorganized and chaotic lives, or involved in marital violence may be too preoccupied with their own problems to attend to their children's needs.

It is important to recognize that emotional abuse can also occur in settings other than the home. The potential to emotionally maltreat is proportionate to the strength of the relationship; thus school teachers and day care providers are in a position where they can do either significant good or harm. For example, Garbarino et al. (1986) name some of the forms of emotional abuse which can occur in the classroom: grossly inconsistent behavior by the teacher, allowing one child to hurt another, allowing a group of children to single out and scapegoat one child and unfairly making an example of a child such as when one child is punished to teach the others a lesson.

The younger the child, the greater the likelihood that a parent or others may misinterpret signs of emotional abuse. Thus, identifying emotional abuse requires developing an "index of suspicion," i.e., considering that a child's behavior or reaction may be a response to abusive conditions.

Causes of Emotional Abuse

Why do some parents emotionally batter their children? A historical perspective might help answer this question.

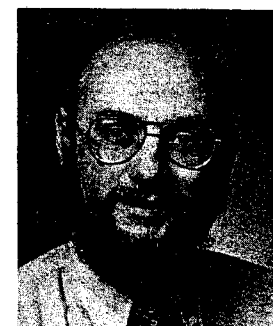
Parental behaviors, now recognized as emotional maltreatment and harmful to the child's health and development, were in earlier times acceptable and even recommended. For centuries, discipline and teaching of the infant and young child focused on "breaking the child's will," which meant crushing all assertiveness and instilling complete obedience. For example, the Puritans perceived the first efforts of a toddler toward independence, which we now recognize as essential to a child's growing mastery of himself and understanding of the world, as evidence of original sin. Parents were felt to have a moral duty to use physical harshness and psychological terrorization in order to cleanse the "sinful, willful nature" of the small child. For example, children might be locked in dark closets for an entire day, frightened with a vast army of ghost-like figures and tales of death and hellfire, even taken to see rotting corpses. Whole classes of children were sometimes taken to hangings, fol-



Frederick Green, M.D.

lowed by whippings to make a more lasting impression (De Mause, 1975; McCoy, 1981).

De Mause (1975) describes six evolutionary modes of parent-child relations from the time of antiquity to the present. The "Infanticidal Mode" (Antiquity) included a high incidence of infanticide; the lives of those children allowed to live were constantly threatened by severe abuse. In the "Abandonment Mode" (Medieval) children were often abandoned to a wet nurse, foster family, monastery, nunnery, or psychologically abandoned through severe emotional neglect. In the "Ambivalent Mode" (Renaissance) parents feared that the child's insides were full of evil, and expressed both love and hate to the child, often in bewildering juxtaposition. In the "Intrusive Mode" (18th century) there was less parental ambivalence; the child was prayed with but not yet played with, and was disciplined as much by guilt as by beating. In the "Socializing Mode" (19th century to now) the child is viewed as someone who needs continuous training and guidance in order to become civilized. In the "Helping Mode" (the most recent) both parents are involved in meeting the child's expanding emotional, intellectual and other needs. In this mode, the child is viewed not as innately evil, nor as an unformed creature needing to be molded, but as a unique individual requiring a safe, nurturing environment in which to develop optimally.



James Garbarino

According to De Mause, contemporary American families include all of these six modes. When "psychiatrists arrange family types on a scale of decreasing health, they are actually listing historical modes of child rearing, with the lower part of the scale describing parents who behave like evolutionary arrests,

Book Reviews

...ological fossils stuck in personality from a previous historical period..."

In some families, then, emotional abuse has continued in an uninterrupted part of the family heritage, while in other families newly acquired information from medicine, education, psychology and other fields has been utilized to improve parenting methods from one generation to the

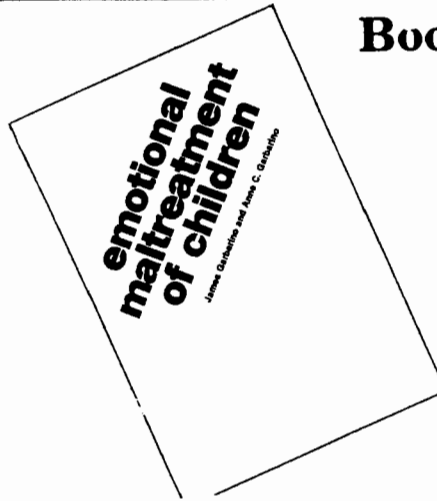
Therefore, a parent's belief system may be a major factor in the degree of emotional maltreatment. Puritan parents believed they were doing the right thing when they terrorized their small children. Modern parents may believe it is necessary to "toughen" the child in order to prepare him/her for the real world. This may be a particularly important factor with some minority parents, who may believe the child needs strong defenses to deal with a racist society. Or, the child's achievements are ignored or even ridiculed because the parent does not want the child to become vain or self-centered. Parents may feel it is their duty to strictly control the child's behavior, out of fear the child may develop improperly.

The need for parental control seems to be a factor in many cases of emotional maltreatment. Dr. Frederick Green, M.D., speaking at the Norfolk conference, explained, "Many parents truly believe the only way to control a child is through physical or verbal violence." Generally, parents are aware that they may be reported for excessive physical punishment. Thus, they may use extreme verbal violence in an effort to control what they view as child misbehavior. Interestingly, emotionally abusive parents may lack awareness of the negative impact of their verbal assaults, even though they may realize the dangers inherent in physical assaults.

Along with the fear that the child will develop poorly, some parents misinterpret and overreact to normal behaviors that are typical of a given developmental stage. For example, the toddler who explores and gets into everything may be viewed with a value judgment "he's bad," as opposed to viewing this as a developmental imperative. Infant cues indicating needs for holding, stroking, or feeding may be interpreted as "she's just spoiled."

Finally, emotional abuse occurs for many of the same reasons as other forms of abuse. Parents feel isolated, under stress and are unable to cope. They may have inadequate understanding of child development and unrealistic expectations. The parent may be unable to empathize. Generally, emotionally abusive parents have a poor self-image and low self-esteem. Having few resources for meeting their own emotional needs, they are unable to cope with the emotional needs of their children. More severe forms of emotional abuse may indicate serious emotional disturbance or mental illness on the part of the abuser.

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Emotional Maltreatment of Children by James Garbarino, Ph.D. and Anne Garbarino 1986, p. 30, \$3.50 for single copy, less in quantity (paper). Available from: National Committee for

Prevention of Child Abuse
332 S. Michigan Avenue
Suite 950
Chicago, Ill. 60604

This concise booklet provides an excellent overview of emotional maltreatment, including a description of the problem, causes, treatment and prevention. Numerous case histories are presented, as well as comments by children who have been emotionally maltreated.

Professionals will appreciate the lists of references and audio-visual materials. Lay persons will find this booklet equally helpful, particularly for the specific suggestions included. For example, there are sections called "Advice for Parents," "Advice for Children," and "Advice to Survivors."

Reviewed by Peggy Printz



Emotional Abuse: Words Can Hurt by Maria Brassard and Stuart Hart, 1987, p. 15, \$2.00 single copy, less in quantity (paper).

Available from: National Committee for Prevention of Child Abuse
332 S. Michigan Avenue
Suite 950
Chicago, Ill. 60604

This resource is recommended for parents, or as a tool for professionals to use in counseling parents. With simple text and drawings on each page, this brief booklet clearly illustrates the damaging effects of emotional maltreatment. In addition to case examples, positive suggestions for parents and others are included. A most concise, readable guide for lay individuals.

Reviewed by Peggy Printz

THE PSYCHOLOGICALLY BATTERED CHILD

James Garbarino
Edna Guttman
Janis Wilson Seeley



The Psychologically Battered Child by James Garbarino, Ph.D., Edna Guttman, and Janis Seeley, 1986, p. 286, \$24.95 (hard).

Available from: Jossey-Bass Inc., Publishers
433 California Street
San Francisco, Cal. 94104

The Psychologically Battered Child represents a decade of study and discussion on emotional maltreatment. The authors were assisted by a review panel of 33 national experts. In addition to utilizing research from the Erikson Institute for Advanced Study of Child Development, of which Dr. Garbarino is the president, numerous other research reports and writings on emotional maltreatment were consulted. Twenty-four pages of references are listed.

A three-tiered approach to understanding emotional maltreatment is proposed. First, the definition includes five categories: terrorizing, isolating, ignoring, rejecting and corrupting. These categories are examined in relation to four developmental stages (infancy, early childhood, school aged and adolescence) and, three degrees of intensity (mild, moderate and severe).

The volume is enhanced by 20 case studies. The cases are expanded in chapters dealing with the family context, the community response, assessment methods and tools, treatment planning, and case management. The final two chapters consider identification and prevention of emotional maltreatment in out-of-home settings and institutions.

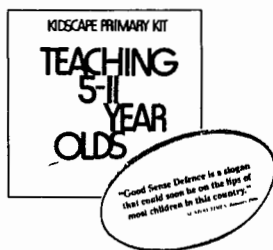
Many professionals will find this book valuable. Court workers, social workers, scout leaders, therapists, teachers and others working with children will find this book a most comprehensive, valuable asset in assisting the emotionally battered child.

Reviewed by Peggy Printz



England's Inno

Kidscape - Child Sexual Abuse Prevention



"You simply don't make a fuss, and you never argue with your 'beters!'" exclaimed Wendy Titman, co-director of Kidscape. "The British system of socializing children is appalling and archaic as far as personal safety is concerned."

Kidscape, a sexual abuse prevention kit for 5-11 year-olds, is the product of two of the most energetic women in England. Michele Elliott, a child therapist, and Titman, collaborated to produce the program. Kidscape is less than two years old, but between them, the co-directors have 35 years of experience in teaching, counseling and mental health.

Elliott, an American who has lived in England for 15 years, studied the child sexual abuse programs available in the United States, but rejected them as not being suitable for Great Britain. Titman explains, "Our difficulty with childhood dates back to the industrial revolution. The children were the only ones the factories and mines could force to work. It left a legacy with us. There are two layers of everything in Britain. We can't speak up front of children's rights. We had to develop a way to speak about this issue without mentioning children's rights."

"It's difficult for people to conceptualize sexual abuse," remarks Elliott. "Because childhood is not well understood, it takes on a nostalgia. The image is one of being warm, safe and secure with happy days on sunny

beaches. It's almost a duty to remember childhood this way. In reality, the impression that children must remain naive is daft."

The results of Elliott's and Titman's collaboration and two years of research was an approach dubbed "good sense defense" for the young. The Kidscape program covers a whole range of safety issues, not just sexual safety. A central concept is the Kidscape Keepsafe Code, a series of 10 ideas for keeping safe. "We don't teach all children to mistrust all adults," explains Elliott, "instead our foundation stone is that you don't make exceptions for certain people. The rules apply to everyone."

The two year research period involved testing the curriculum on 4,000 children in 14 schools. After this series of programs in 1984, there was an overwhelming surge of interest. Requests to run programs reached into the thousands. To meet the demand, Elliott and Titman developed their approach into a kit so that others could execute the actual teaching. "It's fool proof, to an extent," explained Elliott. "You could simply read it with some positive effect. Of course, people teach all subjects with greater or lesser efficiency. Our program is designed so it will not harm a child, even if the instructor is inept." "Our goal is to introduce material and techniques. We want others to also feel ownership for the program," comments Titman.

If each kit is being effectively used, Kidscape has already reached 300,000 children. "We are both adamant that this program will reach all children in Great Britain," states Titman.

Indeed, Kidscape has extended far beyond the British shores. Elliott and Titman are working with groups in Australia and Norway to develop a similar program for each of these countries. They have also been approached by European groups interested in expanding the program to their countries.

Kidscape is an affordable and excellent resource, costing 47.50 pounds (approximately \$71.25). Information is available from Kidscape, 82 Brook Street, London, England W14 14G.

Health Visitors

Health visitors are unique professionals. Providing preventative health services to the population as a whole, the health visitor is a "jack of all trades." Jane Jones is a registered nurse and a health visitor. Currently, she is the Librarian/Information Officer for the Health Visitors Association, a group that represents 16,000 health visitors across England.

While health visitors see people in clinics, most services are still rendered in the home. Jones describes a typical visit, "We stop in to see new mothers within 10 days of discharge from the hospital. The grandmother is probably there as well. In a first, general visit, we try to establish a relationship with the mother. We want to know how she is, does she want to talk, how the baby is, and what her concerns are. We discuss family planning needs. The health visitor may examine the baby, or the mother, if she has problems. The grandmother is also checked to determine her health or emotional needs. A clinic appointment for the baby is scheduled for about five weeks later."

England has a long tradition of health visiting. The profession began in the mid-19th century when evangelic nurses started to visit poor families to offer advice on diet and cleanliness. Originally, health visitors stopped at schools, industries, and homes, but now the focus is only on the home.

Health visitors worked as part of local social services until 1974 when they became part of the National Health Service. "Every person born in England is assigned to a health visitor," explains Jones, "even the Prince of Wales." Health visitors have no legal right of entry, rather, the services depend upon establishing a relationship with the family served.

A nursing background is required for health visiting. Many health visitors are registered nurses and midwives as well. The course work requires three years after high school. The courses include practical work in hospital wards and out in the community.

The caseload of workers vary, ranging from 200 to 500, according to Jones. Like other social and health services in England, health visiting has suffered tremendous cutbacks. According to Ruth Sharman, an Education Officer at the Council for the Education and Training of Health Visitors, resources for health visitors are especially susceptible to budget cuts. "It's much easier to limit a pre-

Innovative Programs



ventative service." Since health visitors are overstretched, most concentrate upon the prenatal to age five population, the elderly, the handicapped, and the chronically ill.

Health visitors have been involved in numerous innovative projects. One example is a research project on sudden infant death (SID). Health visitors working intensively with high risk families were able to reduce the incidence of SID. Furthermore, the mother's preferred the visits to monitors. Another community started a "crying baby service" which was a hotline that parents could call for assistance. This service was used frequently, and was judged to be effective, but was discontinued due to funding problems.



Jane Jones

Other initiatives have identified parents at risk for child abuse. These households are visited more intensively, to offer both support and to teach practical skills. The health visitor is also an active and important team member of the child abuse case management team, and may be the professional with the most direct knowledge of the family and how family members operate.

In summary, the health visitor is a nurse with considerable training and experience in child growth and development. In the course of visits, the health visitor can serve as an important early warning system for family breakdown and signs of child abuse or neglect. The concept is an attractive one.

Standing Committee on Sexually Abused Children

"Our organization may be the only one of its kind in the world," comments Bernadette Manning, coordinator of South London's Standing Committee on Sexually Abused Children (SCOSAC). "I've just come back from the International Congress on Child Abuse and Neglect (held in Australia this past year) and no one I met there had ever heard of an agency like ours.

"SCOSAC was created out of a pressing need for professional consultation in the area of child sexual abuse. It began in 1983 due to efforts by a multidisciplinary team of concerned child care professionals. They wanted to assist workers encountering sexual abuse by providing consultation, liaison services and training.

Consultation services are case specific, but the center does not see the child or family directly. Rather, a worker needing ideas or support calls and describes the difficulty. SCOSAC identifies the best professional to assist with the particular situation and arranges a consultation between the two professionals. SCOSAC can also suggest written materials from their library that may assist the worker.

The calls requesting consultation tend to involve very complicated cases. Maureen Sharp, administrative secretary, explains. "An example of a typical call would be a request for consultation about a man who had sexually abused his 15-year-old son. The perpetrator then forced the child into abusing other children. Another type of case might concern a woman who was raped by her husband. Her son imitated the rape, using his sister as a victim, and also tried to be sexual with her. The police and other professionals are sometimes at a loss to know what course of action might be most helpful in such difficult circumstances."

Liaison services will vary. The current effort is to collect information on the guidelines and practices in the 12 South London boroughs. Similar to our country, local districts have the authority to develop case management strategies most suitable for their unique needs. Having formed an overall picture of the various policies presently in operation, SCOSAC plans to make suggestions for improvement and share innovative or effective management schemes with all localities.



Bernadette Manning

At another level, SCOSAC is building a network of professionals working in the field of child sexual abuse. The idea is to provide any child care worker in need of support or information with the name of an experienced worker in the same locality who can help.

The final effort is training. A SCOSAC representative is available to do training with any interested group of professionals. Additionally, the agency hopes to organize conferences around specific concerns and topics. A fundamental belief of the agency is that all workers who have contact with children should feel confident in dealing with child sexual abuse. Training is geared towards building this confidence.

The office, staffed by Manning, a senior social worker and Sharp, a registered nurse, opened May 6, 1986. The response has been positive. In the first three months of operation, the center has provided over 40 training sessions, made over 80 referrals, and has averaged one informational telephone call per day. At first, actual case consultations were few. As people have learned of the service, these have mushroomed. Consultations jumped from 4 to 15 from May to June and then to 25 for July. The trend continues upward.

SCOSAC plans to keep its focus on the professional and avoid direct service to clients. Manning summarizes the feelings, "There are many efforts to help the victim, but there's not much assistance for professionals. Our organization is trying to fill that gap."

EMOTIONAL CHILD ABUSE: Words Hit as Hard as a Fist



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Effects of Emotional Abuse

Fortin and Reed (1984) describe the effects of emotional battering. It "can kill the child's spirit, his ability to succeed, to feel deeply and to make emotional contact with others. Unlike the bruise which can be identified and fades, emotional abuse causes unseen changes in a child's mind and personality which permanently alters his reality and his interaction with others" (p. 117).

The specific effects on a given child depends upon a number of factors. One factor is the child's basic personality style. Some children are placid, some are reactive. Some are more psychologically resilient than others. Of the resilient children, some were just born tougher; others have learned to get their emotional needs met through compensatory relationships with relatives, neighbors, other children, or teachers.

Some children who are emotionally abused lack inner resources because of the constant pecking away at their self-esteem. One of the most damaging situations is when parents are consistently inconsistent. This can result in what some experts term the "chameleon child." The chameleon child may learn by age seven, or earlier, to hide or diminish his own feelings and to blend in, invisibly, with his emotional surroundings. With "antennae finely tuned to other people's feelings and a skewed perception that he alone causes those feelings," the emotionally abused child has learned "a chameleon type of existence which has become at once his protection and his

prison" (Fortin and Reed, 1984, p. 117). Although the child never achieves the desired approval, love and acceptance, he/she keeps trying, but the rules keep changing.

Effects of emotional abuse may depend upon the child's response style. Children who externalize will tend to act out and will present difficult behaviors. Those children who tend to internalize will turn their pain inward, and may thus be at increased risk for substance abuse problems, depression and suicide.

Another important determinant of the effects of emotional abuse is the developmental level of the child. The vulnerability of a given child to a specific form of abuse varies from one age to another. Infants are vulnerable to tone of voice and manner of approach, but would be oblivious to verbal content. Preschoolers, however, can be terrorized by scary fantasies. Preadolescents would react most strongly to the threat of humiliation in front of their peers.

The severity of the abuse is also important. Garbarino et al. (1986) describe three levels of severity in terms of risk to the child. For example, mild emotional maltreatment creates the risk of limited damage confined to one aspect of functioning, such as lack of confidence in public. Moderate maltreatment entails the risk that the child will be prevented from achieving minimal success in important settings, such as school. Severe maltreatment is likely to cause children to be crippled in one or more of life's primary settings: work, love or play.

Assessment of Emotional Maltreatment

Mental health practitioners play a key role in helping to assess complaints of emotional abuse. An adequate assessment should help determine whether maltreatment occurred or is occurring, as well as indicate appropriate intervention for the particular case. If legal action is indicated, a well-documented assessment will be crucial to the outcome of the case.

John Peterson, Child and Adolescent Senior Clinician for Chesapeake Mental Health Services, talks about assessments done by his agency. "We do many court-ordered evaluations, as well as numerous evaluations at the request of the Department of Social Services. Seldom are these specifically based on allegations of emotional abuse. More often, the emotional abuse is coincidental to another form of abuse, is part of a custody dispute, or is in relation to delinquent acts. We use a variety of tools, with projective techniques being especially helpful with children. You need a very extensive history, from multiple sources, to get a complete picture."

Williams agrees with the use of multiple sources of information. "An important question is whether the emotional damage seen in the child is the result of parental behavior, other causes, or a combination of both. There is not always a clear cause-effect relationship.

Some children are clearly disturbed because of abuse. Some children are clearly disturbed for other identifiable reasons. Often, however, the exact causes of the child's condition are unknown; the parent is doing some harmful or at least unwise things, but child condition and parent behavior cannot be clearly linked. With the 'chameleon' type child, lots of collateral information is needed. You may find the same child variously described as 'spunky' by an aggressive uncle, 'meek and shy' by a soft-spoken teacher and something entirely different by a third person."

Gary Macbeth is Director of Child and Adolescent Services for the Virginia Department of Mental Health/Mental Retardation/Substance Abuse. He talks further about the difficulty of distinguishing child emotional problems resulting from parental behavior and those resulting from other causes. "A child could have an organic problem such as attention deficit disorder, which has a neurological basis. Because of this, the child is constantly in motion, destructive, hard to handle.

Children believe what their parents tell them.

"You disgust me!"

"You're pathetic. You can't do anything right!"

"You can't be my kid."

"Hey stupid! Don't you know how to listen."

"I wish you were never born!"

Words hit as hard as a fist.

Next time, stop and listen to what you're saying.
You might not believe your ears.



Take time out. Don't take it out on your kid.

Write: National Committee for Prevention of Child Abuse, Box 2860E, Chicago, IL 60690

The parent reacts, out of frustration, with constant negative attention because the child is always into something. The parent may lock the child in his room out of desperation, fearing for the safety of the child or for the safety of others. By the time the condition is properly diagnosed, if ever, parent and child have developed some very destructive interaction patterns. It's hard to sort out what is organic, what is maltreatment and what is simply unwise parenting."

Williams continues, "A tough part of the process is deciding, when there is extensive damage done to the child, 'Is this parent capable of making the necessary changes within a reasonable developmental window for the child?' In other words, can the parent change soon enough to do the child any good? We don't have a good scale for measuring this. We need to look closely at the specifics of the situation, do thorough interviews with both

child and parents, observe the child in different situations, and get a very good history. Probably the best predictor is whether the family can respond to a 'trial' intervention."

Virginia CPS workers were questioned about their investigation of emotional abuse complaints. Of the 15 surveyed, all included child and parent interviews as a standard part of the investigation. Twelve of the 15 regularly included contact with collateral sources (family, friends, neighbors, schools, other agencies), with schools being considered the most useful source of information. The next most frequently used investigation tool was referral to a mental health agency for evaluation, with a preference for referring both parents and child over referring the child only.

No particular instruments were mentioned by the CPS workers and apparently the decision-making process is fairly subjective. The need for further refinement in evaluating these complex situations of suspected emotional abuse is obvious.

Garbarino et al. (1986) describe 15 different instruments that can be helpful in assessing the multiple factors in emotional maltreatment. Three scales examine family interactions or context. For example, the Family Adaptability and Cohesion Scale is based on a systems framework of family relationships and measures emotional bonds, sharing, roles and feedback. Six measures of parental factors and parent-child interactions are described. The authors also examine six measures of children's behavior and personality. Some of the instruments require administration and/or interpretation by a licensed psychologist, but others have been designed for use by other professionals such as social workers, nurses or teachers. Garbarino feels that such tools provide useful input to assessment.

Legal Intervention in Emotional Abuse

The concept of psychological maltreatment is included in the federal Child Abuse Prevention and Treatment Act of 1974

(amended in 1986) and, in some form, in almost all state child abuse and neglect reporting laws. Thus, there is a statutory basis for intervention by the courts and various agencies. However, only rarely are legal proceedings initiated solely on the basis of psychological maltreatment (Garrison, 1987).

As previously mentioned, there are wide differences among the states in what is defined as emotional abuse and the range of intervention permitted by statute. Additionally, there are widely different interpretations within a given state by judges, agencies and individual workers.

Baily comments on the wide disparity. "In our study, with practitioners from five states, we had responses at both ends of the spectrum. With a given case example we had reactions ranging from 'I'd be in court in 10 minutes' to 'It's bad but I wouldn't even investigate it.' Why not? Either workers were so busy with broken bones and blood on the floor cases that were not only serious but

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Commissioner's Award Presented to Sue Gibson



Sue Gibson, an active child advocate, has played a significant role in making Virginians aware of child abuse and in developing programs to give abused and neglected children hope for a more productive life. Mrs. Gibson has served in local, state and national organizations and has inspired others from the public and private sectors to also volunteer their time and talent.

Mrs. Gibson first became active in child advocacy programs as a member of the Junior League of Norfolk more than 10 years ago. In 1980, Mrs. Gibson and 10 other concerned citizens founded the Virginia Chapter of the National Committee for the Prevention of Child Abuse. Known today as SCAN (Stop Child Abuse Now), this organization has a state office staff of three and a 30-member board representing businesses, volunteers, and professionals from across Virginia.

Under Mrs. Gibson's leadership as president from 1980 to 1982, SCAN helped to establish the Virginia Family Violence Prevention Program, which currently receives an annual \$800,000 appropriation from the Virginia General Assembly. Since 1982, this program, administered by the Virginia

Department of Social Services, has funded a total of 190 grants for child abuse prevention and for services to spouse abuse victims.

SCAN has achieved recognition for many projects. The group cosponsored the development of "Hugs and Kisses" with Theater IV of Richmond. This children's musical for the prevention of sexual abuse has been seen by over 245,000 children since the fall of 1983. SCAN also published "Let's Stop the Hurting," a model prevention program handbook, which has been distributed to numerous organizations across the state.

After being appointed by the Governor to fill a vacancy on the Governor's Advisory Board on Child Abuse and Neglect in 1980 and reappointed to two successive terms, Mrs. Gibson has continued to add to her list of achievements. While chairing the Board's Prevention Subcommittee, she became a major advocate and spokesperson for establishing the Virginia Family and Children's Trust Fund, which was authorized by the 1986 Virginia General Assembly session.

Mrs. Gibson has also served on the GAB's Multidisciplinary (MD) Team Subcommittee as a representative of Tidewater's 25 MD teams. She helped organize regional conferences and revitalize the Norfolk MD team. When Mrs. Gibson served as the group's president in 1984, the Norfolk MD team became chartered as the Norfolk Committee for the Prevention of Child Abuse. Under her leadership, the Norfolk Committee began public awareness events, a speakers' bureau, and "Celebrity Night," a fund-raising event in which Norfolk community celebrities wait tables at designated restaurants. The tips (or a percentage) are given by the restaurants' management to child abuse prevention pro-



Commissioner
William L.
Lukhard .

grams. The Norfolk Committee also supports the "Pride in Parenting" program for pregnant teens, sexual abuse education for school age children and the Norfolk Parents Anonymous Chapter.

In addition to her work with SCAN, GAB, and the Norfolk MD team, Mrs. Gibson served on the Board of Directors of Parents Anonymous of Virginia from 1978 to 1986 and was vice-president of that Board from 1985 to 1986.

At the national level, Mrs. Gibson now serves as a member of the Board of Governors for the National Committee for the Prevention of Child Abuse, the leading private non-profit organization in the country devoted to the prevention of child maltreatment.

The Commissioner's Award, which is the highest given in the Virginia Department of Social Services' Awards Program, has only been awarded six times. It's recipients are outstanding citizens who have made distinctive and unrepeatable achievements in the social service field. Commissioner William L. Lukhard presented the coveted award to Mrs. Gibson at the June Awards Ceremony of the Governor's Advisory Board on Child Abuse and Neglect.

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provable, or they felt it would be futile to take such a case to their particular judge." Bailly continues, "There are courts moving on these cases. The legal precedents are there but they're just not widely known."

Garbarino et al. (1986) cite two California cases. In one case, the court ruled that the children should be removed from the mother because of her emotional instability, despite their financial and physical needs being met. In the other case, a four-year-old was removed from her parents because allowing her to witness the acts of cruelty they inflicted on her seven-year-old brother constituted emotional neglect.

In VCPN's survey of Virginia CPS workers, only four of the 15 workers reported cases that had gone to court where emotional abuse was the primary complaint. In one case, the mother was found to be emotionally disturbed and the children were placed with their father and provided with court-ordered treatment. The court response in the other cases was court-ordered psychological evaluation and/or treatment.

Gregory Cyphers, Juvenile Probation Officer with the Juvenile and Domestic Relations Court in Dickenson County, feels that at least 50 percent of the teens he supervises on probation are acting out now because of being emotionally maltreated when they were younger. Cyphers echoes the frustrations of many other court workers: "I'm convinced that emotional abuse is more damaging than physical abuse, but we usually can't prove it or deal with it until it's too late. To make a real

impact soon enough, we'd have to change the parent's whole philosophy of life. We need more mental health resources, more time, more workers, and better training. We just don't know enough."

Many psychologists would agree that "we just don't know enough" about the nature and causes of psychological harm to justify court intervention, except in severe cases. For example, Wald (1975) suggests that laws not be based on "vague concepts like 'proper parental love' or 'adequate affectional parental association.'" Such language invited unwarranted intervention, based on each social worker's or judge's brand of "folk psychology." (pp. 1016-1017, cited in Rosenburg, 1987).

Melton and Davidson (1987) summarize the feelings of some psychological and legal experts in a recent article in the *American Psychologist*. They suggest that great caution be exercised in involuntary interventions with emotionally maltreating families. They feel the concept of psychological maltreatment is not yet sufficiently precise to be applied with a high level of reliability and validity. Additionally, consideration should be given to whether state intervention will have positive effects greater than the deleterious effects of disrupting the family through investigation and court actions.

Treatment of Emotional Abuse

How can professionals and concerned individuals assist the emotionally battered child? A first step is increased public and professional awareness of the negative consequences of emotional abuse. Only if emotional abuse is recognized and reported can professional intervention begin. However, given the scarcity of treatment resources, the current ambiguities and different legal and other interpretations, it is likely that only severe cases will be presented for professional treatment. Most sources emphasize the need for treatment of both parent and child in cases of emotionally abusive behavior. Some of the key treatment issues are improving self-esteem and self-acceptance and helping the parent relinquish some of their need to control the child.

Williams talks about the treatment process. "Work with the parent is based on an assessment of the parent's particular strengths and needs. There is a need to control the parent's behavior, so that additional damage is not done to the child, and at the same time to 're-parent the parent.' A lot of the work with parents is modeling for them, in the therapeutic relationship, the nurturing behavior you want them to use with the child. Also, intensive parenting education and re-education is required. Much emotional maltreatment comes from ignorance or misguided efforts to either train, toughen up, or protect the children. In all of this work, it is important that the therapist is careful that the therapy does not become emotionally abusive with the parent, that is, getting into blaming or punishing."

Macbeth echoes Williams' concern about not blaming the parents. "Most parents, no matter how badly they've messed up their kids,

are doing either what they think best, or they truly have no idea what to do differently that might work better or be more helpful to the child. Parents frequently call local mental health agencies with a plea for help, 'I just don't know what to do.' We need to try to see parents as allies, not enemies."

Networking is considered critical. Williams remarks, "There is a real need for a supportive professional team with whom to explore one's own feelings so that a therapist doesn't act out negative feelings towards the parents." Peterson concurs with the necessity of good teamwork. "So often, a child is referred to mental health as a last resort, and the child and family have already been extensively involved with social services, the juvenile court and the schools. Unless these agencies work together and convey consistent clear messages, the multi-agency involvement will only increase confusion in an already chaotic family. Add to that the difficulty that so many abused kids have become manipulative, as a means of surviving the inconsistencies in their own homes. To counteract this, we need to help the parents learn to be consistent in their handling of the child, while at the same time, professionals need to be consistent in dealing with the parents."

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Film Review

Psychological Maltreatment of Children: Assault on the Psyche created by James Garbarino, Ph.D. and John Merrow, Ed.D. 1985/color/19 min/16mm & video/16mm purchase \$90, rental \$16.50/video purchase \$150, rental \$14. Available from: Pennsylvania State University Audio-Visual Services Special Services Building University Park, Penna. 16802. Tel: (814) 865-6314.

This film is a dramatized portrayal of the emotional effects of parental verbal abuse. Staged in a living room, the film depicts two highly pressured parents who act out their frustrations by verbal abuse of their two children. The distraught mother is attempting to supplement family income by a typing business. The father, tired from work, is unwilling to supervise or engage the children in activity. Each party explains at the end of the film what their thinking and emotional state was during the abusive incident.

A group of 25 undergraduate students rated this film as "average" for appeal and content. Some felt it was an effective introduction to emotional abuse and others commented that it may appeal to adolescents. Many thought that the scene was not realistic, lasted too long, that the acting seemed "stiff" and forced and that the effect was not believable. Technical aspects were also questioned. For instance, mom is typing on an aging manual typewriter rather than the more expected word processor.

The film also suffers from a lack of breadth. Only one type of emotional abuse, verbal assault, is depicted. A more effective approach might be to include shorter vignettes of several types of emotionally abusive behavior.

As resources on emotional abuse are scarce, this film may be a useful, if somewhat limited, introduction to emotional abuse for lay individuals and children.

Reviewed by Joann Grayson

England's Bexley Experiment



Relationships between law enforcement and social work have not always been ideal. Terry Thomas (1986), in his book *The Police and Social Workers*, outlines some of the reasons for the suspicion and occasional animosity. According to Thomas, social workers perceive police as "upper working-class, poorly educated conventional males" whilst police regard social workers as "naive, perpetual students who cover up crimes and get young offenders off charges." Police think of themselves as "the oldest social workers" and may view social workers as interlopers in an area not properly theirs. Social workers, in turn, stereotype police intervention as an insensitive force rather than a service.

Any project involving interagency cooperation between police and social services must deal with the history of mutual criticism and negative attitudes. In introducing the Bexley Experiment at a conference in England last fall, Councilor McAndrew, chair of Bexley's Housing and Personal Service Committee, acknowledged the historical interagency problems, summarizing with the comment, "It's a wonder this project ever got off the ground." His sentiment was echoed by Mani Srivalsan, director of Social Services and Housing Services for the London Borough of Bexley. Srivalsan noted, "Invariably, every inquiry and every report makes the same point—the agencies have failed to cooperate."

In a radical departure from the tradition of mutual antagonism, the Bexley London Borough Social Services and the Metropolitan Police have teamed to create a joint investigative program for handling child sexual abuse. The project started with the idea of improving the police interview techniques for child victims of sexual abuse. A group (called a working party) was formed in 1984 to review methods of conducting and recording interviews. Specifically, the group was to examine whether or not the police investigative role could be improved by adopting new interview practices, pioneered in the USA, such as video recording and the use of sexually anatomically correct dolls. In the course of discussion about these options, the consensus of the group was that the police, by them-

selves, would not be effective in the way they would like to be. Thus, the working party was broadened to include social services.

"We had a dialogue already between police and social workers due to a prior tragedy involving the death of a child," explained Ray Bloxham, Detective Sergeant, New Scotland Yard and project co-trainer. "That made it easier for us to proceed than perhaps it would have been for some other departments." The project evolved into an experiment whereby trained teams of social workers and police joined in the investigation of suspected child sexual abuse. Each team consisted of one male and one female, one police officer and one social worker. When either agency gets a referral, the other is notified and a team is appointed.

There is no rigid procedure for investigation, but most include similar components. The referral source is interviewed to determine the exact basis for the complaint. A



Kathy Byrne

series of checks are made with the health visitor, (see article, this issue) the National Society for the Prevention of Cruelty to Children, police records, and schools. The family is visited, where consent is sought to interview the suspected victim(s) and to obtain medical evaluation. If consent is refused, a "place of safety order" can be sought and the evaluations performed pursuant to court order. In reality, no family thus far has refused consent for their child to be interviewed.

The suspected child victim is interviewed in a specially equipped recording room, located in a pediatric unit of the local general hospital. According to Bloxham, this option provides a warm, relaxed, safe atmosphere that is not available in any of the police interview rooms. "You must remember that most police stations were built in the 1700-1800s. They compare favorably to dungeons and can be frightening to small children."

Any witnesses are interviewed, including other children in the household. The suspect is interviewed, generally at the police station. In this interview, the police usually take the lead, with the social service worker choosing whether or not to participate. Roles are switched for the child interviews, with the social worker taking the more active part. All interviews with victims and children are videotaped.

Normally, the above series of steps takes approximately 72 hours, although it is important to note that the team can react much more quickly if there is an urgent need to protect a child. At this point, a case review is held. At this meeting, progress is coordinated. Areas of discussion include arrangements for the safety of victims and potential victims, action to be taken in regard to the alleged offender, outlines of further queries and investigation, and agreement on what recommendations will be made at the case conference.

The case conference is attended by both the investigators and their supervisors. Whether or not the child's name should be placed on the child abuse register, legal action and the treatment plan for the family are considered.

The Advantage of the Project

The Bexley model has many benefits. It has reduced the number of occasions that children need to be interviewed. It has provided coordination in investigations. It has increased practitioner skill level as team workers learn from each other. It has offered group support for difficult decisions. It has kept families from becoming "lost in the agency shuffle." It has combined powers of the two agencies and provided for better service.

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Bexley Experiment

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Last fall, nine months into the project, everyone from supervisors to line workers agreed that the pilot project had been successful. However, the outlook was not initially so positive. "I expected social workers to think this project was wonderful!" Kathy Byrne, in-service training officer for Bexley London Borough Social Services told a standing-room only group of professionals at a symposium about the project. "I was wrong," Byrne explained. "We had not consulted our line workers when the planning was done. Instead, we handed them a ready-made package. Social workers felt that their skill and expertise were going to be exploited by the police in order to improve the conviction rate. They were concerned about how the public would view the project. They seemed to be saying 'social work cares, the police don't. If social workers team with police, that says social workers no longer care.' The fear was that social workers would lose their professional identity from the collaboration."

The fear then is sharply contrasted with the sentiment now, expressed by Chris Saunders, a social worker on the project team. "My experience in this project is that police do care about children."

The Training Package

The enhanced understanding between professionals of disciplines with "very different aims" is no accident. The major tool responsible for the success of the project is the detailed and extensive joint training that preceded it.

Bloxham related that the project was unable to locate any training package for child sexual abuse investigation. With typical

British ingenuity, the project coordinators simply created their own.

"The most important component of the training is the self-awareness. One must become acquainted with how the family and child feel, and become comfortable with one's own sexuality. These first two days of the seven days training are crucial," states Bloxham.

Byrne details the schedule. "The first two days are taught on Thursday and Friday. They are difficult days and the staff need the weekend to process the information before coming back to the next five units. Privacy is very important. We did not even have our food catered, because we felt strongly that anyone else's presence would be an interference."

Day one begins with each trainee receiving a large piece of paper. Each is asked to draw their heraldic shield, depicting an element of their childhood, a hobby, and their profession. Underneath, each trainee creates a motto to convey how they feel they face their life. This exercise is followed by role plays and sculpting, designed to assist the trainees in getting to know and trust each other, and to explore their stereotypical attitudes towards their own and each other's professions.

Next is an exercise in "dirty words," which helps the trainees feel comfortable with terminology that might be used by children. The group identifies as many words referring to sex, sexual activity and sexual organs as possible. The last activity is the most difficult, and for some, very demanding. The group is split into two's. Each duo contains one male and one female, one police officer and one social worker. Each person, in turn, describes either their most recent or first sexual experience, in detail, while the other acts as investigator, getting their partner to feel comfortable talking and to elaborate. This exercise makes workers aware of how difficult it is to talk about intimate sexual experiences and increases sensitivity towards victims and families.

Day two begins with concentration upon families. The trainees look at family boundaries and family activity using their own family experiences. How touching was handled in their various families is explored by looking at roles and patterns, for example, who gives who a kiss, a meal, a bath. This exercise moves into the attitudes held towards victims, perpetrators and mothers. Trainees experience the truism that however professional and well educated one becomes, whatever one's adult experiences, the primary learning in one's family still affects basic beliefs and feelings about "right and wrong." These feelings acquired in early years can affect later judgments and color one's work with clients. The second day culminates in a several hour long guided fantasy (with time included for discussion and "getting in touch with one's self") where each participant is assisted in imagining their own seduction and sexual abuse by a trusted male relative when 10 or 11. This is a painful and distressing



Peter Gwynn

experience for most trainees, as they become aware, on a feeling level, of the powerlessness, the confusion, the betrayal and the vulnerability that victims may experience.

Trainers are available throughout these days, and during the rest of the course, for additional consultation. There are so many strong and difficult feelings evoked in the training process that most trainees use this extra consultation time, some individually, others as a group.

Days three to seven, held Monday through Friday the following week, concentrate upon how sexual abuse presents, theories of causation, research data, law, policy and procedures. Much time is spent examining how to talk to children and increasing the understanding of how children perceive and act at various ages. Videotaped real interviews are examined. Those who had been through the course stressed the importance of the trainers sharing the imperfect tapes, the ones with mistakes where even the experts had missed something or made bloopers. Time is given for videotaped practice in role plays. This practice is important in helping investigators get used to the equipment, to the process of being taped and the novelty of being on camera.

Those workers who had been through the training stressed the importance of also training managers and supervisors. The need for a system of joint supervision was also mentioned since police and social workers typically review cases and obtain feedback in vastly different ways.

The Future Outlook

Most participants approached speculation about the future cautiously. "We are still in an evaluation phase," stated Detective Superintendent Peter Gwynn of the Metropolitan Police Department. Still, others in the audience expressed hope that this project might be a large move forward in cooperation between the police and social work departments on a national level. "Nothing of this scale has been attempted before," noted Bernadette Manning, director of the Standing Committee on Sexually Abused Children. "If the model is adopted, it can be implemented everywhere."

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Perhaps Gwynn stated the consensus the best. "Child sexual abuse has exploded into awareness in a very short space of time. A child who confides in us faces a highly variable and uncertain response. This should not be the case. In the Bexley Project, we are trying to offer the kind of service to children that we think they deserve. The procedures that are being developed are not a panacea, but they are a tool to reducing the trauma and to making better determinations."

A Virginia Program

Loudoun County, a rapidly growing community with a population of approximately 75,000, is only 45 minutes from Washington, D.C. The eastern end is very suburban; the western section remains rural. The community has created a procedure similar to the Bexley Experiment for handling child sexual abuse cases. The Loudoun approach is rapidly becoming a model for the state.

Ann Van Deventer, child protective services supervisor for Loudoun County Department of Social Services explains, "Our system has two segments, the Sexual Abuse Team and the Treatment Team. We would like to develop a third component, to deal with public education and prevention, but currently lack the manpower."

The team concept arose in 1984, when the county was overwhelmed by 36 sexual abuse complaints in two months. Confronted with the task of dealing with a large number of complex cases, the professional community responded by organizing. The Sexual Abuse Team is composed of a member representing the Commonwealth Attorney's Office, the Sheriff's Department, Leesburg Police Department, the mental health center, the Department of Social Services and Adult Probation and Parole. The team meets at least once per month to review the sexual abuse cases that are under investigation. This coordination of efforts has created a smoother passage through the court system and into resolution and treatment.

The actual investigation work is performed by a CPS worker and a specially-designated Sheriff's investigator. Videotaped interviews are used whenever possible. Loudoun does not have the extensive training program that Bexley offers. However there has been a great deal of informal "crisis-training" as social workers and police work together.

Van Deventer details the goals of investigation. "We want to keep children from testifying. We strive to reach agreements that include a small amount of jail time for the perpetrator, a long probation period and a full range of court-ordered treatment."

Therapy includes mandated long-term counseling for offenders as well as treatment for the victim and family. For in-family molests, the expectation of individual, couples and family therapy is part of the treatment plan. Group therapy is also offered, when appropriate, for abusers and victims. Close cooperation with the Commonwealth's



Ann Van Deventer

Attorney's Office is seen as "crucial." Fortunately, a single attorney, Jack Sutor, has worked with the team over the past three years, providing consistent input to the team. His goal is clear. "I want to get a case through the courts without more victims in the end than there were in the beginning."

The approach results in a high percentage of confessions. Van Deventer explains, "We have learned how to talk to offenders. We allow the offenders to keep all of their self-esteem. Many individuals are actually relieved that they are caught."

The treatment component is coordinated by a subsidiary team, which is comprised of therapists from mental health and CPS. The treatment approach is an adaptation of Dr. Henry Giarretto's program. Like the Giarretto program, Loudoun's program is designed to work with intra-family sexual abuse in cases where the abuser does not give indications of being a pedophile or other type of habitual offender.

The treatment model was presented at U. Va.'s Institute of Law, Psychiatry and Public Policy's Spring Forum last April. Dr. Howard Glick, psychiatrist for Loudoun County Mental Health Center, explained the approach. "Contracts are an important element of the treatment program. These contain strict criteria, for example, limiting the use of alcohol and drugs."

Treatment is a mix of individual, family and group therapy. The program has both an offender's group and an adult victim's group, as well as a group for adolescent victims. Treatment is also a collaborative, multidisciplinary effort. "Each agency has a particular expertise to bring to the work," states Jane Fonash, M.A., licensed professional counselor at Loudoun County Mental Health Center.

The current offender's group has been going for 15 months. It has a total of eight members, seven of whom are court-ordered. Glick comments, "We are not dealing, for the most part, with motivated clients. That's why we need a long period of probation, preferably five to ten years. The minute an offender is off probation, he drops out of treatment."

MD Team Conference Planned

The Virginia Department of Social Services will be sponsoring a one-day conference for child abuse and neglect multidisciplinary teams from around the state. The conference, titled, "Teamwork: A Community Response to Child Abuse and Neglect," will be held in Richmond, in November.

Workshops will be held in the following topic areas:

- Confidentiality
- Case Consultation
- Sexual abuse trauma teams

Workshop leaders will draw upon existing successful Virginia programs. The keynote address will be given by Dr. Eli Newburger of Boston, Mass., a nationally known expert on child abuse. He will speak about current dilemmas in the child abuse/neglect field. A panel representing the legislature, state agencies and the community will respond to Dr. Newburger's comments.

The purpose of the conference is to provide an opportunity for teams to talk with other teams and share ideas. Come enjoy the day!

Registration information can be obtained from Miriam Justa or Ann Childress at the Department of Social Services, 8007 Discovery Drive, Richmond, Va. 23229-8699. Telephone 804-281-9081.

Two of the eight offenders are known to have relapsed. One relapse was while the offender was still in treatment. "I am not necessarily discouraged by relapse," states Van Deventer "You have to expect some relapse. There may be progress even if the offender remolests."

Appreciating the fact of possible relapse, the program strives to educate both the families and those who come in contact with them about the realities of treating sexual abuse. "Treatment is a long-term process and the entire family must work together. There is a great deal of similarity between alcohol abusers and habitual sexual offenders," notes Van Deventer.

All team members stressed the importance of mutual support and continued training. Van Deventer concludes, "We still have so much to learn. We must continue to share ideas."

Further information may be obtained from:

Ann Van Deventer
Loudoun County Department of Social Services
26 Fairfax Street, S.E.
Leesburg, Va. 22075

A list of other agencies that have developed sexual abuse trauma teams can be obtained from: Child Protective Services, Department of Social Services, 8007 Discovery Drive, Richmond, Va. 23288.



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Words Hit as Hard as a Fist**

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Williams comments on the treatment process for the child, "For the child, treatment goals should include maximizing his/her strengths, helping the child be normal, successful, and on-track developmentally to the extent possible, and working to repair the damage done by the maltreatment. The treatment plan should be based on an individual assessment of the child's strengths and deficits."

In Virginia, apparently referral to a mental health agency is the most frequent step taken by CPS to deal with emotional abuse. Of the 15 CPS workers interviewed, all reported referral to mental health as being frequent or usual. Unfortunately, according to Macbeth and others, the quality and range of mental health services varies across the state. Macbeth explains, "only about 14 of Virginia's 40 Community Service Boards have or more child and adolescent specialists. Some communities are overwhelmed with large numbers of chronically mentally ill adults and thus children's

needs are likely to be overlooked in those localities."

Virginia CPS workers mention school intervention as the next most frequent method of assistance. This might include close interaction between the school and CPS to both monitor and provide services. Other treatment methods mentioned are:

- (1) decreasing isolation of the family by helping them become more involved in the neighborhood and community (nine out of 15 agencies)
- (2) casework by the CPS worker (seven out of 15);
- (3) referral to self-help groups such as Parent's Anonymous.

Children who, for whatever reason, do not enter either the CPS or mental health system, may be aided significantly by what experts call "compensatory relationships." School is the most likely site for such relationships and activities. For example, the teacher can be the person who makes the difference in a child's life, or be instrumental in *finding* the person who will make a positive difference, such as a Big Brother or Big Sister, or a peer counselor. Neighbors and relatives can also provide a compensatory relationship for the emotionally battered child.

Williams has some suggestions for lay persons who might wish to befriend an emotionally

needy child. "Be very open about how much you value that child. Let the child bask in that valuing. When a child says, 'I'm no good at _____' or 'I can't do _____' respond with, 'Boy, I don't see it that way...' and give concrete examples of what the child is doing correctly or well. Children need to be cherished just because they are."

Summary

Confronting the problem of emotional maltreatment is just beginning. The current attention to emotional abuse reflects increased understanding of both parent and child needs and optimal development. The capabilities of different communities to respond appropriately varies widely. Courts are just beginning to adjudicate these cases. Much work remains to be done to further clarify the legal and other issues involved.

Parents who recognize themselves in the current media campaign can utilize self-help groups, parenting education classes, and individual therapy. Parents need safety vents, places where they can go to let off steam and gain new ideas without having their already fragile egos attacked. Parents need support services that are non-punitive, non-labeling, low-cost, appealing, and easily accessible.

Emotional maltreatment deserves continued attention. Its effects can last a lifetime.

References Available Upon Request

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