
SAFEGUARDING CHILDREN FROM EMOTIONAL ABUSE - WHAT WORKS?

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Introduction

Emotional maltreatment (or psychological maltreatment, as it is more commonly called in the US) is an inadequately researched and poorly understood concept, despite increasing awareness about the harm it can cause to children's lives. This review of the literature summarises the evidence about what works to prevent child emotional maltreatment *before if occurs* and also to *prevent its recurrence* (i.e. once it has taken place), and focuses on the parents or primary carers of children aged 0-19 years.

Key Findings

- Emotional abuse is a complex issue resulting in part from learned behaviours, psychopathology and/or unmet emotional needs in the parents, and often compounded by factors in the families' immediate and wider social environment. As such, a 'one-approach-fits-all' is unlikely to lead to sustained change.
- Intervention Approaches: Four major theoretical accounts have been provided to explain the occurrence of emotional abuse: psychodynamic, attachment, behavioural / cognitive and family systems theory. Each of these has shaped the development of interventions to prevent, halt or address the effects of parental negative affect.
- There was overall, a paucity of evaluations of the effectiveness of interventions in the treatment of emotional maltreatment. The evidence was drawn from studies evaluating the effectiveness of wide-ranging interventions, with populations as diverse as substance-abusing parents and parents of infants with faltering growth. Notwithstanding the wide variation in definitions of child emotional maltreatment currently in use, there appears to be a number of common themes in terms of the type of parenting that is emotionally harmful to children, and the need to implement both population-based and targeted intervention to *prevent its occurrence*, and effective therapeutic-based interventions to *prevent its recurrence* (i.e. treatment).
- Two types of approach have been used to the prevention of emotional abuse *before it occurs*, population based and targeted methods. There is currently limited evidence to suggest that the use of population strategies of this nature can reduce child abuse. Targeted approaches use a range of interventions that are aimed primarily at improving maternal sensitivity of parents of infants. The results of one recent systematic review showed that a number of attachment-based interventions improved maternal sensitivity and infant attachment security (ibid), particularly brief interventions focused on improving maternal sensitivity and beginning six-month post natally.
- The evidence about what works to *prevent the recurrence of emotional abuse* is limited but compatible with the belief that some forms of emotionally abusive parenting respond to cognitive behavioural therapy. However, the characteristics that define parents who respond well to CBT approaches are not clear. The use of this intervention alone in the treatment of *severely* emotionally abusive parent remains unproven.

- Absence of evidence does not equate with evidence of absence of efficacy, and much uni-disciplinary to inter-agency work is undertaken with families whose children suffer emotionally because of the harmful behaviours of their parents / carers, whether intentional or otherwise. Practitioners and commissioners of services within which such complex work is undertaken should acknowledge and facilitate the importance of research to practice, and further routine evaluation of interventions and services is needed.

Background

Emotional maltreatment is an inadequately researched and poorly understood concept, despite increasing awareness about the harm it can cause to children's lives (Ward et al. 2004; Behl et al., 2003; Glaser et al., 2001). Although it unifies and underpins all types of maltreatment it also occurs alone and when it does, tends to elude detection and intervention (ibid).

Prevalence studies in the UK and elsewhere, suggest that registered cases of emotional abuse represent just the tip of the iceberg, and that children on the child protection register comprise only a small proportion of the total number of children actually experiencing abuse of this type (Evans, 2002).

Emotional abuse has been broadly defined (see below) but there is currently little evaluation of the effectiveness of interventions with parents specifically defined as being 'emotionally abusive or neglectful'. We have therefore endeavoured to be comprehensive and have included studies that were directed at a broad range of parents including where there was a likelihood of missocialisation (i.e. drug abusing parents); and where the relationship between the parent may be a significant aspect of a child's problems (e.g. non-organic failure to thrive or faltering growth). However, we only included studies with these populations, where the intervention included a component that was specifically aimed at improving parenting, and where the study included the assessment of parenting as an outcome.

It has been suggested that emotional abuse may be the most damaging compared to other forms of child maltreatment because the perpetrator is almost invariably the person responsible for enabling children to fulfil their developmental tasks (i.e. the primary carer) (Glaser 2002). Retrospective studies show that emotional maltreatment is associated with a range of poor

outcomes including anxiety and depression (Wright MO et al., 2009), PTSD symptomatology (Chirichella-Besemer, Motta, 2008), eating disorders (Witkiewitz, Dodge-Reyome, 2001), dating violence (Wekerle et al., 2009), Borderline Personality Disorder (Allen, 2008), aggression (Kotch et al., 2008), and dissociation (Wright MO et al., 2009).

Prospective studies have shown emotional unavailability, and unresponsive and neglectful caregiving to be associated with both internalizing and externalizing symptoms in early childhood (Egeland, Sroufe, Erickson, 1983) and a range of later forms of dysfunction including delinquency and aggression, suicide and mental illness (Egeland, 2009). Prospective studies have also shown that frightened and frightening early parenting behaviours (Main and Hesse, 1999), are associated with disorganised attachment (ibid) which in turn is linked with poor cognitive and social functioning, and later psychopathology (Green and Goldwyn, 2002).

Aims

The objective of the review was to identify studies that evaluate the effectiveness of interventions in the secondary prevention and treatment of child emotional abuse involving the parents or primary carers of children aged 0-19 years.

Methodology

A broad search strategy was developed to identify as many relevant studies as possible. Studies were included if they involved any intervention which was directed at emotionally abusive parenting and that measured change in (i) emotional unavailability; (ii) negative attributions (i.e. that involve the parent attributing negative intentions, beliefs or attitudes toward the child); (iii) developmentally inappropriate interactions; (iv) lack of recognition of children's boundaries; (v) inconsistency of parenting role; (vi) missocialisation or consistent failure to promote the child's social adaptation. The primary outcomes evaluated involved proxy measures of a range of parent, family and child outcomes including parental psychopathology, parenting attitudes and practices, family functioning and/or child behaviour and the child's development and adaptation.

Findings

The initial search yielded 4248 publications of potential interest. Of these, 175 were obtained for possible inclusion or as background material. A total of 21 studies of 18 interventions, met all the inclusion criteria. A further 43 studies were relevant, but did not meet all of the inclusion criteria.

Studies were organised according to the focus of the intervention - prevention of emotional abuse before it occurs (population-based; and targeted approaches); prevention of the recurrence of abuse (parent-focused; parent and child focused; family focused approaches).

1. Prevention of Emotional Maltreatment Before it Occurs

Two types of approach have been used to the prevention of emotional abuse *before it occurs*, population-based and targeted methods.

a. Population approaches to prevention

Population-based approaches to the prevention of emotional maltreatment *before it occurs* involves the use of universal interventions that are aimed at *all parents* with a view to promoting the type of early parenting that is recognised to be a central part of the healthy emotional development of children. There are to date no evaluations of the implementation of such an approach in terms of preventing emotional abuse.

There are, however, examples of a number of effective population-based approaches that have been effective in reducing significant public health problems such as Sudden Infant Death Syndrome (Back to Sleep Campaign) and recent evidence of the implementation of a population-based implementation of a parenting programme in the reduction of child abuse generally (Prinz et al., 2009). An example of the application of this type of approach is the UK Healthy Child Programme (DH, 2009), which recommends that all *routine* contact between professionals and parents be used as an opportunity to promote sensitive and attuned parenting using a range of evidence-based approaches (including media-based strategies such as leaflets; books and videos; skin-to-skin care; use of infant carriers and infant massage etc), and to observe and identify parent-infant interaction that requires further input using targeted approaches (Barlow et al., 2009).

b. Targeted approaches to prevention

Targeted approaches to the prevention of emotional maltreatment *before it occurs* involves the use of a range of interventions that are aimed primarily at improving maternal sensitivity of parents of infants where this appears to be lacking or in disadvantaged or high risk groups (e.g. traumatised parents).

We identified two systematic reviews that had evaluated the effectiveness of targeted interventions of this nature (Bakermans Kranenberg et al., 2003; Egeland 2000). The most recent found that the most effective interventions focused on improving maternal sensitivity, and that studies showing large effects for sensitivity (d 's > 0.40) also showed large effects for infant attachment (d 's > 0.45) (Yiv 2005 in Berlin et al 2005). The authors of this review concluded that 'less is more' because they found overall that brief, behaviourally focused interventions that started after 6-months post-natal were the most effective in improving infant attachment security.

These findings were in contrast with those of an earlier review of such interventions (Egeland et al., 2000) which concluded that 'more is better' and in particular the authors recommended more lengthy interventions aimed at improving infant attachment by changing maternal internal working models in addition to parenting behaviours (Ziv 2005 in Berlin et al 2005). In an attempt to address these diverging conclusions Ziv (2005) examined a subset of the 14 most 'rigorous' studies from both reviews. He concluded that they were moderately successful in increasing the proportion of securely attached children, and extremely successful in terms of achieving at least one specifically targeted therapeutic task (ibid). However, his findings suggest that it is not possible to produce a definitive answer as to whether 'less is more' or 'more is better' because "less is more for some, whereas 'more is better' for others" (ibid., p. 20).

2. Preventing the Recurrence of Emotional Maltreatment

The evidence about the effectiveness of interventions aimed at preventing the recurrence of emotional abuse has been divided into three groups according to the focus of the intervention - parent-focused; parent- and child-focused; and family-focused.

a. Parent-focused Interventions

Parent-focused interventions are explicitly directed at changing some aspect of the parent's wellbeing or their parenting that is thought to contribute to emotionally abusive interactions with the child. Our search identified a number of types of approach that had been evaluated in terms of their effectiveness in preventing the recurrence of emotional maltreatment - cognitive behavioural programs; behavioural social work; psychotherapeutic interventions, and home visiting programmes.

Cognitive behavioural programme

Two studies had explicitly evaluated the effectiveness of CBT type approaches with emotionally abusive parents. One rigorous study (randomised controlled trial) had examined the benefits of a group-based parent-training form of CBT known as Triple-P (Sanders et al, 2004). A second less rigorous study (no control group was used) compared the potential benefits of CBT that was being delivered to emotionally abusive parents in a combined group and home-based format with a home-based individual format alone (Iwaniec, 1997).

The evidence supports the use of the Triple-P group-based cognitive-behavioural family intervention program to improve the parenting of young children (aged 2-7 years), in parents some of whom had been referred to a child protection authority for potential abuse or neglect and/or parents having difficulty expressing their anger (Sanders et al., 2004). Comparison of the standard behavioural family intervention program (SBFI) with an enhanced version of the programme that incorporated an additional focus on attributional retraining and anger management (EBFI) found that both programs produced improved levels of observed and parent-reported dysfunctional parenting, parental self-efficacy, parental distress, and relationship conflict. However, the enhanced program produced significantly better short-term improvements in negative parental attributions for children's misbehaviour, potential for child abuse and unrealistic parental expectations (ibid.). One of the limitations of this study is that the included parents may not be representative of the wider population of emotionally abusive parents, particularly parents at the most severe end of the spectrum.

A second study evaluating the effectiveness of CBT based individual parent-training focused on developmental counselling (e.g. aimed at changing unrealistic expectations), improving parent-child interactions and relationships (e.g. using an ABC analysis), and the use of child rearing methods aimed at improving the management of children's and parents' problematic behaviours (Iwaniec, 1997). This was compared with an enhanced intervention that involved the provision of group work with parents and included an additional 10 weekly sessions of two hours focused on i) stress management skills; self-control training; iii) problem-solving abilities; and iv) provision of a forum for mutual support, encouragement, exchange of ideas, establishment of social contracts, interests, and ventilation of feelings. The findings showed that the enhanced group improved significantly more in areas other than child care (ibid).

Although we were only able to identify two studies that had evaluated the effectiveness of parent-focused interventions with emotionally abusive parents, we identified a number of further examples (e.g. case studies) of the successful application of CBT techniques in work with a troubled mother-infant dyad (Iwaniec, 2007) and in the second case, with parents and their older children (Dawson et al, 1986).

Overall, these findings support the use of CBT and behavioural approaches with *some* emotionally abusive parents. However, only one of the two identified studies was rigorously conducted, and a significant proportion of included parents were not at the extreme end of the spectrum (i.e. had self-referred because of anxiety about anger).

Behavioural Social Work

Behavioural social work involves therapeutic work with parents focused on the teaching of key parenting tasks based on the use of behavioural principles. The effectiveness of behavioural social work was piloted in one small poor quality study which focused on children diagnosed with faltering growth (Iwaniec 1985a and 1985b). The intervention began with social work and behavioural assessment in the home. Short-term crisis intervention was followed by a longer-term intervention in three stages. The first six weeks consisted of bi-weekly visits to train parents on feeding routines. The second stage involved feeding and plays sessions. The third stage involved two weeks of intensive interactions between mother, child, siblings and father where appropriate. The results suggest that behavioural

social work was effective in improving feeding performance and relationships, and 'modest' results in terms of more general parent-child interactions, and child behaviour problems.

Evidence about the effectiveness of behavioural social work in treating emotionally abusive parenting is extremely limited both in terms of the amount and rigour of the evidence, and the limited populations with whom it has been evaluated.

Home Visiting

Many groups of professionals visit clients in their home. However, home visiting interventions, like parenting programmes, typically involve the use of manualised, standardised and evidence-based ways of working with families. One of the best known and evaluated home visiting programme is the Nurse Family Partnership programme (Olds et al., 1986), which has been shown to be effective in preventing child abuse generally (i.e. as opposed to emotional abuse more specifically) (ibid), and is currently being introduced across the UK (Rowe, 2009).

We identified a number of studies that had evaluated the effectiveness of home visiting interventions with groups of parents in whom emotional maltreatment is of concern. One included drug abusing parents (i.e. whose children are at risk of missocialisation and other forms of emotional neglect) (Dawe and Harnett (2007), and two involving parents with severe parent-child relationship problems (e.g. defined here as faltering growth) (Black et al., 2007; 1995; Hutcheson, 1997; Haynes, 1984).

One study examined the benefits of an intensive, home-based intervention programme (Parents Under Pressure Program - PUP) targeting multiple domains including the psychological functioning of individuals in the family, parent-child relationships and social contextual factors (including the use of mindfulness skills aimed at addressing parental affect regulation) (Dawes and Harnett, 2007). This was compared with a two-session parenting education intervention, and standard care. The results show that at 6-month follow-up, parents in the PUP program showed significant reductions in problems across multiple domains including child abuse potential, rigid parenting attitudes, and child behaviour problems compared with the other two groups (ibid).

A second study examined the benefits for parents of infants defined as non-organic failure to thrive (faltering growth) of combining lay home visitation (home visitors supervised by a community health nurse) aimed at providing maternal support and promotion of parenting, child development and use of informal and formal resources and parent advocacy. The intervention was delivered over the course of one year and compared with clinic services alone (Black et al., 1995). The results show that the addition of a lay home visitor service (LHV) produced better receptive language, more child-oriented home environment, and improved cognition in younger children. At three year follow-up, all intervention children showed improved motor development, and intervention children of mothers defined as having low levels of 'negative affectivity' also showed improvements in cognitive development and behaviour during play (Hutcheson et al., 1997).

Follow-up of these children at aged 8 showed that 'home visiting had attenuated some of the effects of early failure-to-thrive, possibly by promoting maternal sensitivity and helping children build strong work habits that enabled them to benefit from school' (Black et al., 2007, p. 59). The authors conclude that these findings provide evidence for early intervention programmes for vulnerable infants (ibid).

One further less rigorous study (no randomisation) evaluated the benefits of the addition of a lay home visitor service (LHV) to standard services (hospital-based treatment of child; hospital-based parent training; parent-training; follow-up support from paediatricians, social workers and a community nurse) (Haynes, 1984). The results showed that the intervention had no measurable effect on child weight, development or interaction patterns. The authors conclude that follow-up of 44 families 'emphasised the severity of the condition and the need for differentiation of the severity of the disturbance in the mother-child relationship and for more intensive intervention than was available in this study' (ibid., p. 229).

Overall, the results of these evaluations are conflicting with regard to the benefits of home visiting and this reflects the diversity in the nature of the home visiting programs evaluated, the limited populations with whom they have been evaluated (e.g. drug abusing and faltering growth), and the different outcomes used.

Psychotherapeutic Interventions

We identified two studies that evaluated the effectiveness of a Relationship Psychotherapy Mother's Group (RPMG), a clinic-based, weekly form of group psychotherapy for methadone dependent mothers combined with standard care (Luthar and Suchman, 2000; Luthar et al., 2007).

The Relational Psychotherapy Mother's Group (RPMG) comprised a form of group psychotherapy aimed at facilitating optimal parenting among heroin-addicted mothers with children up to 16 years of age. The intervention has four defining characteristics: (i) a supportive therapists' stance aimed at fostering a therapeutic alliance; (ii) an interpersonal, relational focus; (iii) group treatment to accommodate the chaotic schedules of many mothers, group membership is open or rotating; and (iv) 'insight-oriented' parenting skill facilitation. In 12 of 24 weekly sessions, RPMG addresses the mother's own emotional vulnerabilities. The second 12 sessions focus on specific parenting issues. The Recovery Training was conducted by professional clinicians with expertise in standard drug abuse treatment. It focused on processes of addiction and recovery and the reinforcement of skills aimed at preventing relapse into drug use.

Results of the first of two evaluations of this interventions showed that mothers in the additional RPMG group demonstrated lower levels of risk for child maltreatment, greater involvement with their children, and more positive psychosocial adjustment compared with standard methadone treatment alone (Luthar and Suchman, 2000). The children of this group of mothers also showed fewer problems in multiple areas (ibid). However, while these benefits continued at 6 months, the magnitude of the differences was considerably attenuated. Similar results were produced in a larger and more recent evaluation of this intervention, but at six months, treatment gains were no longer apparent (Luthar et al., 2007). The authors conclude that supportive parenting interventions for substance abusing women have preventive potential, but that its abrupt cessation at 6 months has deleterious consequences.

Comprehensive residential treatment programmes

One further methodologically unrigorous study (i.e. no control group) evaluated the effectiveness of a comprehensive residential treatment programme for substance abusing mothers comprising drug abuse treatment, individual, group and family counselling, parent education and support; medical services; case management, support to education and employment, Twelve-Step meetings and aftercare (Connors et al., 2006). The results showed benefits across a number of domains including substance use, employment, legal involvement, mental health, parenting attitudes and risky behaviours. The authors conclude that longer treatment stays were associated with more positive outcomes.

b. Parent- and child-focused interventions

Parent- and child-focused interventions are explicitly directed at changing aspects of parent-child interactions that are thought to contribute to emotionally abusive interactions. Our search identified two key theoretical approaches underpinning parent and child-focused interventions - psychotherapeutic and attachment-based models.

Psychotherapeutic approaches:

Pre-school parent psychotherapy (PPP) addresses the relationship between mother and child by focusing on and making links between the mother's interactional history and her current perceptions of and responses to her child. One study was identified which evaluated the effectiveness of PPP with 87 mother-infant dyads of whom around 14% of the children had suffered emotional abuse alone, the remainder having experienced neglect/emotional maltreatment (24%); neglect (21%); or a combination of sexual, physical, and emotional abuse/neglect. The intervention comprised weekly 60-minute dyadic sessions delivered over the course of a year with a clinical therapist. These were aimed at helping the mother to reconstruct representations of herself in relation to others through the experience of a positive and holding therapeutic relationship, and thereby to reconstruct representations of herself in relation to her child (Toth et al., 2002).

The limited evidence suggests that this method of working with emotionally abusive parents (see below for further detail) was more effective in reducing children's maladaptive maternal representations over time, and decreasing their negative self representations when compared with a psychoeducational home visitation programme and a standard community intervention group (ibid). This intervention also produced a greater improvement in the children's mother-child relationship expectations (ibid).

This was the only study that we identified and it was limited in focusing on changing children's maladaptive maternal representations, and did not directly assess its impact on parenting behaviours.

Video-Interaction Guidance

Video Interaction Guidance (VIG) is primarily focused on training caregivers to respond sensitively to their infants, by using brief clips of the parent and infant interacting, to highlight and demonstrate sensitive interaction and its benefits. One study was identified evaluating the effectiveness of VIG comprising 90 minute sessions - approximately 15 minutes of videotaped interaction followed by 75 minutes of discussion, education and feedback - administered over a series of consecutive weeks (Benoit et al., 2001). The intervention included an individually tailored information component on specific issues exhibited by the infant. This intervention was compared with a behavioural feeding programme (ibid). The findings from this study suggest that VIG mothers showed reduced atypical maternal behaviour, and a significant decrease in the level of disrupted communication.

The evidence about the effectiveness of video-interaction guidance in *preventing the recurrence* of emotional abuse was limited to one un-rigorous study (i.e. no control group and the use of a 'convenience sample') involving mothers with feeding disordered infants, who were displaying atypical maternal behaviour. The findings are consistent with those of other more rigorous studies which confirm the effectiveness of VIG in improving maternal sensitivity (see Preventing Emotional Abuse before it Occurs - Targeted Interventions).

Mentalisation-based approaches

Recent work has shown that a parent's capacity for mentalisation or mind-mindedness (i.e. to perceive the baby as being intentional and having a mind of their own) is linked to improved outcomes for children (Meins et al., 2002), and treatments whose focus is to improve the capacity of parents to mentalise is now being developed with patients with a diagnosis of borderline personality disorder (Fonagy 2000), and also with severely traumatised parents (Fonagy and Target, 2000). It was only possible to identify one case study evaluating the effectiveness of this form of treatment, and this showed the potential of such therapy in the treatment of two severely traumatised mother and infant dyads (ibid). Further research is needed.

Family focused interventions

Family-focused interventions are directed explicitly at the whole family, and are aimed at changing some aspect of family functioning.

In spite of the enormous contribution of family systems theory to understanding phenomena such as 'scapegoating', 'hostage-taking', fusion and/or parent-child role reversal, no quantitative studies were identified about the effects of family therapy for cases in which emotional abuse is the primary cause for intervention.

One paper (Boulton and Hindle, 2000), included a number of brief case studies based on the work of the authors (one a social worker and one a child psychotherapist) then working at a Child and Adolescent Psychiatry Unit. The authors conclude on the basis of treating such cases that the identification, assessment and treatment of emotional abuse demands a multidisciplinary approach because of the complexity and multi-factorial nature of the task (ibid: 439). The child psychiatric service in which the authors were based created a consultation group which comprised at least one representative from four outpatient sector teams, one worker from the children's day unit (5-11 years) and one worker from the adolescent unit (a residential facility for young people 11- 17).

Further research is needed concerning the role of family therapy in preventing the recurrence of emotional maltreatment.

Limitations of the Review: There was overall, a paucity of evaluations of the effectiveness of interventions in the treatment of emotional maltreatment.

The evidence was mostly drawn from methodologically unrigorous studies evaluating the effectiveness of wide-ranging interventions, with populations as diverse as substance-abusing parents and parents of infants with faltering growth. The findings of the less rigorous studies must as such, be treated with caution.

Implications for Practice: Despite the limitations of the evidence, this review has identified a number of implications for practice.

Notwithstanding the wide variation in definitions of child emotional maltreatment currently in use, there appears to be a number of common themes in terms of the type of parenting that is emotionally harmful to children.

The evidence points to the value of implementing both population-based and targeted interventions to *prevent the occurrence of child emotional maltreatment*, alongside therapeutic-based interventions aimed at preventing *its recurrence* (i.e. treatment).

The evidence also points to the need for multi-level interventions or methods of working that target not only parenting practices but aetiological factors that may be operating within the parent including mental health problems, intimate partner violence, and substance misuse. We were unable to identify any evaluations of the effectiveness of parenting interventions targeting parents with mental health problems or families in which intimate partner violence is a problem. This is reflected in practice, where little attention is currently given to the emotionally abusive parenting practices that may result from such problems, and points to the need for better partnership working between adult and child services.

We identified some highly innovative ways of working for which the evidence, specifically in relation to child emotional maltreatment, is either lacking or scarce. Some of these ways of working have been shown to be effective with other outcomes including child abuse more generally, and it seems likely that such interventions could also be used to reduce the emotional abuse of children. For example, there is currently insufficient evidence about the benefits of intensive home visiting programmes for emotionally abusive parents. However, the Family Nurse Partnership programme has been

shown to be effective in reducing child physical abuse, and is underpinned by a theoretical model which targets parent-child attachment and parental sensitivity. This suggests that such an approach is also likely to reduce emotional abuse.

Similarly, in terms of the prevention of recurrence (i.e. treatment of emotional abuse), there is only limited evidence currently available about the benefits of specific cognitive-behavioural and psychotherapeutic interventions with emotionally abusive parents. However, some parenting programmes (e.g. Triple-P) have been shown to be highly effective more generally across a wide range of outcomes that are proxy measures of emotional abuse. Furthermore, like the Family Nurse Partnership programme, Triple-P is underpinned by a model of working that targets aspects of emotionally abusive parenting (e.g. misattributions and excessive anger).

Manifestations of extreme emotional abuse require the use of child protection procedures. This raises two further issues. First, the need for therapeutic interventions with *all* families in which such abuse is suspected. This requires that staff working with such populations of parents are provided with opportunities for continuing professional development that will enable them to acquire the skills involved in the delivery of some of the therapeutic models of working identified by this review. Second, much of the emotional abuse experienced by children does not come to the attention of child protection services, which are already stretched to the limit. The effective reduction of child emotional maltreatment requires that staff working within tiers one (all child and family workers), and two (solo child mental health specialists), are also equipped with the necessary skills to work more 'therapeutically' with families.

The term 'emotional abuse' and some of its derivatives is often not used at the current time in relation to interventions for emotional harm that have secondary prevention and treatment-related results. For example, Family Therapy may be offered, within mental health services, for families where harmful patterns in relationships have resulted in the referral of a child with externalising or internalising behaviours.

Concluding Comments

Emotional maltreatment has very serious consequences in terms of the long-term development and wellbeing of children, and further research is urgently needed to evaluate the benefits of a number of different ways of working with emotionally abusive parents including cognitive behavioural interventions, differing models of individual and group psychotherapy for parents / carers, and family therapy. Further research is also needed on the short and long-term benefits of some of the more innovative methods of working that were identified including parent-infant / child psychotherapy, video-interaction guidance, and other attachment and mentalisation-based approaches. This is especially necessary in relation to parents at the more severe end of the spectrum, fathers, and older children. We also need further evidence about which forms of emotional abuse respond best to which treatments, and indeed, whether parents with particular characteristics or problems are more likely to respond better to one form of therapy rather than another.

The application of non-judgemental, emotional harm-related key words to studies of interventions provided outside child protection contexts may enhance the findings of future systematic reviews in this area.

Additional Information

Further information about this research can be obtained from Isabella Craig, 4 FL-ARD, DCSF, Sanctuary Buildings, Great Smith Street, London SW1P 3BT

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Children, Schools and Families.

Information about other studies which are part of the Safeguarding Children Research Initiative can be found at <http://tcrui.ie.ac.uk/scrui/>

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