



# Child Psychological Maltreatment

What Multidisciplinary Team (MDT)  
Professionals Need To Know

# Michigan CPS not doing enough to protect kids, state audit finds. HHS objects

Kara Berg

The Detroit News



Michigan's Child Protective Services is still not doing enough to protect possibly abused or neglected children, such as not doing face-to-face assessments of a suspected abuse or neglect victim within a day, according to an audit released Tuesday by the Office of the Auditor General.

# LEARNING OBJECTIVES

- ▶ What is “Mental Injury” or “Child Psychological Maltreatment”;
- ▶ Levels of severity and inclusion of such mental injury or psychological maltreatment and the reason for its inclusion in the definition of child abuse pursuant to the Child Protection Law;
- ▶ How to identify such forms of child abuse;
- ▶ Caregiver behaviors that constitute psychological maltreatment and could result in mental injury to a child;
- ▶ How should the MDT investigate cases involving mental injury of child psychological maltreatment;
- ▶ Interviewing a child who has been subjected to psychological maltreatment or behaviors that may have resulted in (or threaten) mental injury;

# LEARNING OBJECTIVES FOR TODAY, CONT.

- ▶ How to reduce trauma to children during the investigation and after;
- ▶ Safety Plans to prevent mental injury or psychological maltreatment;
- ▶ Treatment options;
- ▶ Explore simple ways to mitigate cognitive and other biases when investigating these cases.

# Michigan Penal Code (Excerpt)

## Act 328 of 1931

- ▶ **750.136b Definitions; child abuse; degrees; penalties; exception; affirmative defense; enhanced sentence; "prior conviction" defined.**
  - ▶ g) "Serious mental harm" means an injury to a child's mental condition or welfare that is not necessarily permanent but results in visibly demonstrable manifestations of a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.



# Michigan Penal Code (Excerpt) Act 328 of 1931

What does this really mean?

# Psychological maltreatment defined in clinical terms:

A repeated pattern of extreme or extreme incident(s) of caretaker behavior that thwart the child's basic psychological needs (e.g., safety, socialization, emotional and social support, cognitive stimulation, respect) and convey a child is worthless, defective, damaged goods, unloved, unwanted, endangered, primarily useful in meeting another's needs, and/or expendable.


American Professional Society on the Abuse of Children (2018).

# Child psychological abuse

Child psychological abuse is nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child. (Physical and sexual abusive acts are not included in this category.) Examples of psychological abuse of a child include berating, disparaging, or humiliating the child; threatening the child; harming/abandoning – or indicating that the alleged offender will harm/abandon – people or things that the child cares about; confining the child (as by tying a child's arms or legs together or binding a child to furniture or another object, or confining a child to a small enclosed area [e.g., a closet]); egregious scapegoating of the child; coercing the child to inflict pain on himself or herself; and disciplining the child excessively (i.e., at an extremely high frequency or duration, even if not at a level of physical abuse) through physical or nonphysical means.

# Diagnostic criteria for psychological harm

1. Significant impact on the child as evidence by any of the following:
  - a. More than inconsequential fear reaction.
  - b. Significant psychological distress (i.e., psychiatric disorders, at or near thresholds) related to, or exacerbated by, the act(s).
2. Reasonable potential for psychological harm, as evidenced by either of the following:
  - a. The act (or pattern of acts) creates unreasonable potential for the development of a psychiatric disorder (at or near diagnostic thresholds) related to, or exacerbated by, the act(s). Note: The child's level of functioning and the risk and resilience factors present should be taken into consideration.
  - b. The act (or pattern of acts) carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development. A significant disruption would involve development that is substantially worse than would have been expected, given the child's developmental level and trajectory evident before alleged maltreatment.
3. Stress-related somatic symptoms (related or exacerbated by the acts) that significantly interfere with normal functioning.



Subtypes of psychological maltreatment:

- ▶ Spurning:
  - ▶ *Caregiver acts that reject and degrade a child.*
  - ▶ *Includes belittling, degrading, humiliating, rejecting, shaming,.*
  - ▶ *Blaming a child for abuse or telling the child that they are dirty or damaged because of abuse, etc.*

# Subtypes of psychological maltreatment:

- ▶ Exploiting/Corrupting:
  - ▶ *Caregiver acts that encourage a child to develop inappropriate behaviors and attitudes, including antisocial, self-destructive, criminal, deviant, maladaptive.*
  - ▶ *This can include modeling, permitting, or encouraging negative behavior, modeling cruelty or a lack of empathy.;*
  - ▶ *Acts that undermine a child's important relationships;*
  - ▶ *Encouraging developmentally inappropriate behavior, like parentification, adultification, infantilization);*
  - ▶ *Grooming;*

# Subtypes of psychological maltreatment:

## Terrorizing:

*Embodies acts that threaten, or are likely to physically kill, abandon, or place the child's loved ones/objects in recognizably dangerous or frightening situations. This can include threats of violence, threats of abandonment, and placing the child in a loyalty conflict.*

## Emotional Unresponsiveness:

*Caregiver acts that ignore the child's attempts and needs to interact (failing to express affection, caring, and love for the child) and showing little or no emotion in interactions with the child.*

## Subtypes of psychological maltreatment:

- ▶ Isolation:

- ▶ *These are acts that consistently and unreasonably deny the child opportunities to meet needs for interacting/communicating with peers or adults inside or outside the home. Also involves isolating a child because of poor physical condition of home or interpersonal climate.*



## Types of psychological maltreatment:

Mental health, medical, and educational neglect:

*These represent caregiver acts that ignore, refuse to allow, or fail to provide the necessary treatment for the mental health, medical, and educational problems or needs of the child. Included in this is ignoring the need for treatment or refusing to allow treatment for serious problems.*

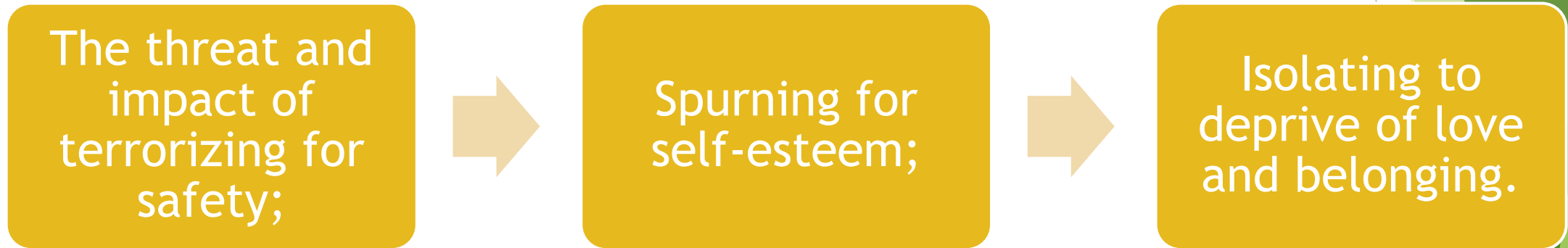


# Psychological Maltreatment:

“...can be understood to derive its power from being an attack on basic need fulfillment...”

Hart, S. N., Brassard, M. R., Baker, A. J. L., & Chiel, Z. A. (2018). Psychological Maltreatment of Children. In J. B. Klika & J. R. Conte (Eds.), *The APSAC Handbook of Child Maltreatment* (4<sup>th</sup> ed., pp. 145 - 162). Sage.

# Attacks on basic need fulfillment...



# Severity Considerations:

- ▶ Severity is calculated by considering the following:
  - ▶ Intensity, frequency, and chronicity;
  - ▶ Number of subtypes of and other types of maltreatment
  - ▶ Degree to which caregiver/perpetrator-child relationship is pervaded by PM;

# Severity considerations:

Severity is calculated by considering the following:

- ▶ Salience of the subtypes of PM for the developmental periods in which it occurs and the developmental periods that will follow;
- ▶ Extent to which harm to the child has occurred, is developing, or is likely;
- ▶ Mitigating influences;
- ▶ Willingness and ability of maltreating parent to change and improve caregiving.

# Why focus on severity?

SEVERITY DRIVES TREATMENT

# Prevalence Rates of Child Psychological Abuse

Why is it so hard to measure?

# Psychological maltreatment in the context of high-conflict divorce and post-separation custody and parenting time disputes:

- A DIVORCE HAPPENS...
  - EVERY 36 SECONDS;
  - 2,400 EACH DAY;
  - 16,800 EACH WEEK;

# The problem:



## HIGH CONFLICT PARENTAL SEPARATION AND DIVORCE:

- Parents are unable/unwilling to work together;
- Frequently in court;
- Have motive and means to make it possible;

# Parent-Child Relationships Following High-Conflict Divorce:

- After six years?
  - 20% of children continued to have a strained relationship with a parent;
  - Note the complexity;
  - Move beyond either/or, dichotomous thinking;
  - Consider multiple hypotheses;

# Parent-Child Relationships in High-Conflict Separation and Divorce



# Commonly Seen Psychologically Abusive Behaviors in Parent-Child Relationship in High-Conflict Cases

- ▶ Enmeshment - breakdown of healthy intrafamilial and intergenerational boundaries
  - ▶ Parentification - role reversal with child, child becomes parent's caregiver;
  - ▶ Infantilization - parent inhibits normal development;
  - ▶ Adultification - child enlisted as peer,

Forms of exploiting and corrupting: modeling, permitting, or encouraging developmentally inappropriate behavior;

Context in which it occurs determines whether parenting behavior is healthy or not;

Brassard, M. R., Hart, S. N., Baker, A. A. L, & Chiel, Z. (2019). *The APSAC Monograph on Psychological Maltreatment 2019*. The American Professional Society on the Abuse of Children (APSAC). <https://www.apsac.org>

Garber, B. D. (2011). Parental alienation and the dynamics of the enmeshed parent-child dyad: adultification, parentification, and infantilization. *Family Court Review*, 49 (2), 322 - 335.



Differentiation from poor parenting is a challenge.

The image shows the black silhouettes of a man and a woman facing each other in profile. The woman on the right has her hand raised towards the man's face, suggesting a heated or confrontational interaction. The background is white, and the overall image is framed by green geometric shapes on the left and right sides.

## Difficulties determining prevalence:

- ▶ Psychological maltreatment is associated with other forms of abuse.



## Difficulties determining prevalence:

- ▶ Psychological maltreatment is likely under-recognized due to its relatively low level of priority in social services.



## Best guess?

- ▶ Conservative estimate suggests that one-third of children in the US experience psychological maltreatment in their lifetime;
- ▶ Of those, 10% to 15% experience severe and enduring forms.



# Why is this so important?

## Impacts and Consequences:

1. Problems of intrapersonal thoughts, feelings, behaviors;
2. Emotional problems and symptoms;
3. Social competency problems and antisocial functioning;
4. Learning problems and behavioral problem in academic settings;
5. Physical health problems/adverse biological changes.

Psychological  
maltreatment is  
associated with other  
forms of child  
maltreatment:

- ▶ Important to recognize impact of psychological maltreatment along with other forms of maltreatment.
- ▶ What do other forms of abuse communicate?

#### Four Types of Abuse

1. Neglect;
2. Physical Abuse;
3. Sexual Abuse;
4. Emotional Abuse;

# Assessment Ideals:



- ▶ Multiple hypotheses;
  - ▶ Confirmatory/Dis-confirmatory evidence
- ▶ Multiple sources of data;
  - ▶ Interviews, observations, collaterals, records, outside evaluation, etc.

Assessment of psychological maltreatment should investigate:

Child factors;

Caregiver factors;

Family factors;

Community/Environment factors

Relationships between these;

# The Child interview

Forensic Interview guidelines, training, and ongoing training;

Published Standards by USDOJ;

Extensive research history on reliability of children's interviews/testimony;

See works by Dr. Debra Poole, Dr. Michael Lamb, for more;

Newlin, C., Steele, L. C., Chamberlain, A., Anderson, J., Kenniston, J., Russell, A., Stewart, H., & Vaughan-Eden, V. (2015, September). Child forensic interviewing: Best practices. <https://ojdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/248749.pdf>

# The Child interview

Not everyone who interviews children does so with the forensic guidelines:

- ▶ Children and adults do not speak the same language;
- ▶ Inconsistency in children's statements can be normal;
- ▶ Children's responses to questions may not be answers to questions;
- ▶ Children do not have adult-like abilities or capacities to relay their personal experiences;
- ▶ Need for developmentally informed questions;

Walker, A., G. (2013). *Handbook on Questioning Children*. ABA Center on Children and the Law, Washington D. C.

# Use a Model:

## Psychological Maltreatment APSAC Practice Guidelines

**Table 2. Forms of PM by Developmental Level (Examples are offered for guidance but are not exhaustive)**

<b>Developmental-Level Task Issues</b>	<i>Infancy</i> Assistance in the regulation of bodily states and emotion. Attachment to caregivers.	<i>Early Childhood</i> Development of symbolic representation and further self-other differentiation. Problem-solving. Pride. Mastery. Gender identity.	<i>School-Aged</i> Development of self-control: use of language to regulate impulses, regulate emotions, store information, and predict and make sense of the world. Development of verbally mediated or semantic memory. Development of social relationships beyond family and generalization of expectations about relationships. Moral reasoning	<i>Adolescence</i> Peer relationships. Adaptation to school. Moral reasoning. Negotiation of family roles. Identity issues (sexuality, future orientation, peer acceptance, and ethnicity)
<b>Spurning</b>	Ridiculing and hostilely rejecting the child's attachment behaviors, and mocking the infant's spontaneous overtures and natural responses to human contact so as to prevent the formation of a sense of safety and security.	Excluding the child from family activities, rejecting and mocking the child's bids for attention and affection, denigrating the child, and creating a negative self-image by name calling.	Denigrating/degrading child's characteristics, conveying extreme disappointment and disapproval, and mocking accomplishments.	Refusing to accept changing social roles and child's needs for greater autonomy and self-direction, humiliating the child regarding his/her developing physical maturity/body changes, and career interests.
<b>Terrorizing</b>	Acting in an extremely unpredictable way in responding to infant's cues and basic needs, and violating the child's ability to manage stimulation and change.	Intimidating, threatening, and raging at the child.	Making extremely inconsistent commands, meting out extreme punishment for not meeting inappropriate expectations, and threatening abandonment.	Threatening public humiliation, ridiculing in public, making extremely inconsistent commands, meting out extreme punishment for not meeting inappropriate expectations, threatening abandonment.

## Use a Model:

### Psychological Maltreatment APSAC Practice Guidelines

<b>Isolating</b>	Denying the infant consistent patterns of interaction and stimulation, failing to provide opportunities for stimulation, and leaving infant unattended for hours in a playpen or infant seat.	Punishing the child for wanting social interactions, and teaching the child to fear social interactions.	Prohibiting or encouraging fear in the child regarding normal social interactions, especially with peers.	Preventing the child from participating in social activities outside the home.
<b>Exploiting/ Corrupting</b>	Placing the child at risk of developing addictions or bizarre habits.	Reinforcing aggression or sexual precocity, and encouraging addictions or aggression.	Encouraging the child to misbehave, to be anti-social, criminal, or hyper-sexual, and forcing the child to take care of the parent or to act much younger than he/she is to meet the parent's needs.	Involving and rewarding the child's involvement in socially unacceptable behaviors involving crime, sex, drugs, and failure to meet social expectations; and relying on the child to fulfill the parent's needs.
<b>Emotional Unresponsiveness</b>	Failing to respond to child's bids for attention and eye contact, lack of emotional expressiveness, and flat affect and being slow to respond.	Lacking warmth and expression of affection, and failing to engage in the child's daily life.	Failing to protect the child or help the child navigate difficult social interactions, being emotionally detached, and not being involved in the child's daily life.	Abdicating parental role and displacing child as object of affection.
<b>Mental Health, Medical, and Educational Neglect</b>	Failing to provide or refusing treatment for child's physical health problems, such as failure to thrive, extreme expressions of distress, ear infections, and fevers that may	Refusing to allow a child to receive reasonable services for serious special education needs, such as autistic spectrum disorders, disruptive behavior, or physical health problems such as	Refusing to allow a child to receive reasonable services for serious special education needs (e.g., disruptive behavior or not learning to read), not ensuring that a child receives an education (e.g., not getting a child to school or not providing an alternative at home).	Ignoring the need for, or failing or refusing to allow or provide treatment for, serious emotional/behavioral problems or needs of the child, such as cutting, suicidal ideation and behavior, substance abuse;

## Use a model to assist in your investigations:

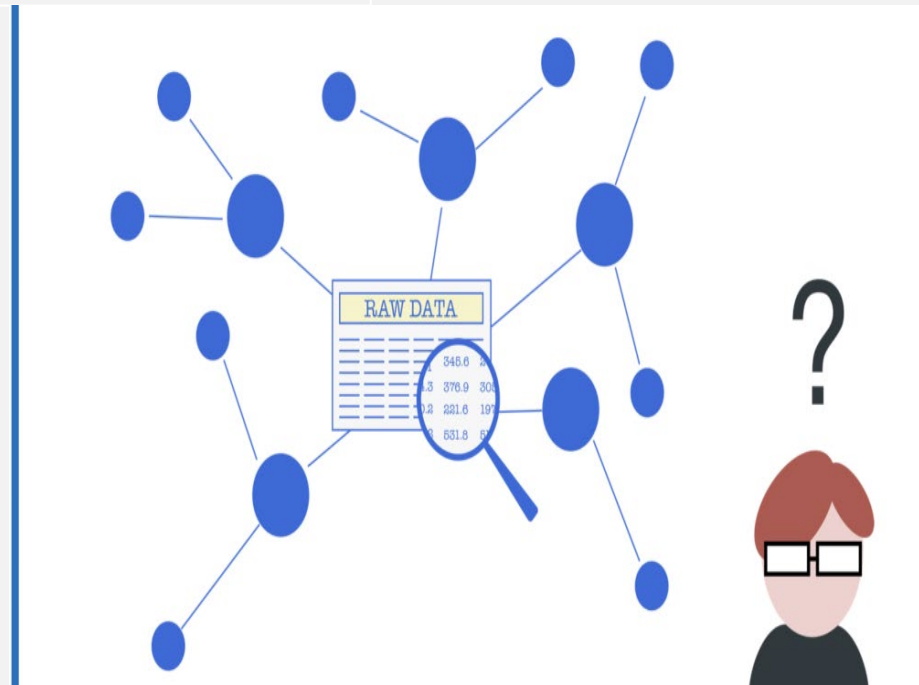
### Psychological Maltreatment APSAC Practice Guidelines

	have severe long-term consequences for the child's development.	low vision and motor problems.	not ensuring that a child receives an education; ignoring the need for, or failing or refusing to provide treatment for, serious physical health problems.
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# Organize your data:

## Checklist: General Overview of PM Risks, Types, and Harm.

RISK FACTORS	PM TYPES	HARM
<p><b>Child Factors</b> High maintenance Disability Difficult temperament Challenging/Disruptive behavior</p> <p><b>Caregiver Factors</b> Psychological disorders Low self-esteem Low impulse control Depression Low empathy Poor coping Substance abuse Abuse history as child Depersonalization of child Unrealistic expectations of child Inadequate parenting knowledge Lack of awareness of impact of own behavior Incapacity to express interest in child High stress Low social support</p> <p><b>Family Factors</b> Large ratio of children to adults Young and unprepared parents Father absence Aberrant father substitute</p> <p><b>Community Factors</b> Low norms and support for parents Infrequent monitoring of child development Poor mobilization of reporters High levels of substance abuse Violence and criminality Poverty</p>	<p><b>Spanning</b> Belittling and hostile Belittling and hostile toward siblings, other parent, kin Shaming for normal emotions Singling out negatively Public humiliation</p> <p><b>Exploiting/Corrupting</b> Encouraging Antisocial behavior, Betraying trust/cruelty to another person, Developmentally inappropriate behavior</p> <p>Manipulation of child's thoughts, feeling, emotions Interfering with cognitive, social, emotional development Other maltreatment that also involves exploiting/corrupting</p> <p><b>Terrorizing</b> Frightening the child Placing child in danger Rigid/unrealistic expectations Threat or violence against child Threat against loved one/objects Prevent access food, light, etc. Preventing sleep, rest.</p> <p><b>Emotional Unresponsiveness</b> Detached and uninvolved Interacting only necessary; Fail express affection, love Emotionally detached Inattentive to the child's needs</p> <p><b>Isolating</b> Confining/unreasonable limitations Restricting communication/ Interaction with the other Placing in a loyalty conflict Unreasonable limitations on social interactions</p>	<p><b>Intrapersonal (Emotional)</b> Anxiety Depression Low self-concept Negative cognitions Suicidal behavior Non-suicidal self-injury</p> <p><b>Inappropriate Behaviors or Feelings Under Normal Circumstances</b> Substance abuse Eating disorder Emotional instability Impulse control Personality disorders Dissociative coping style</p> <p><b>Inability to Build/Maintain Relationships</b> <b>Poor parenting,</b> <b>Hostility</b> <b>Delinquency</b></p> <p><b>Learning Problems</b> Poor executive functioning Academic problems Low achievement Decline in IQ School behavior problems</p> <p><b>Physical Health Problems</b> Infant mortality Delays in development Reduced height Respiratory problems Lifestyle risk behaviors in adolescence including tobacco smoking, substance abuse, and risky sexual behavior that increases the risk of HIV and other sexually transmitted diseases. Somatic complaints Hearing problems</p>



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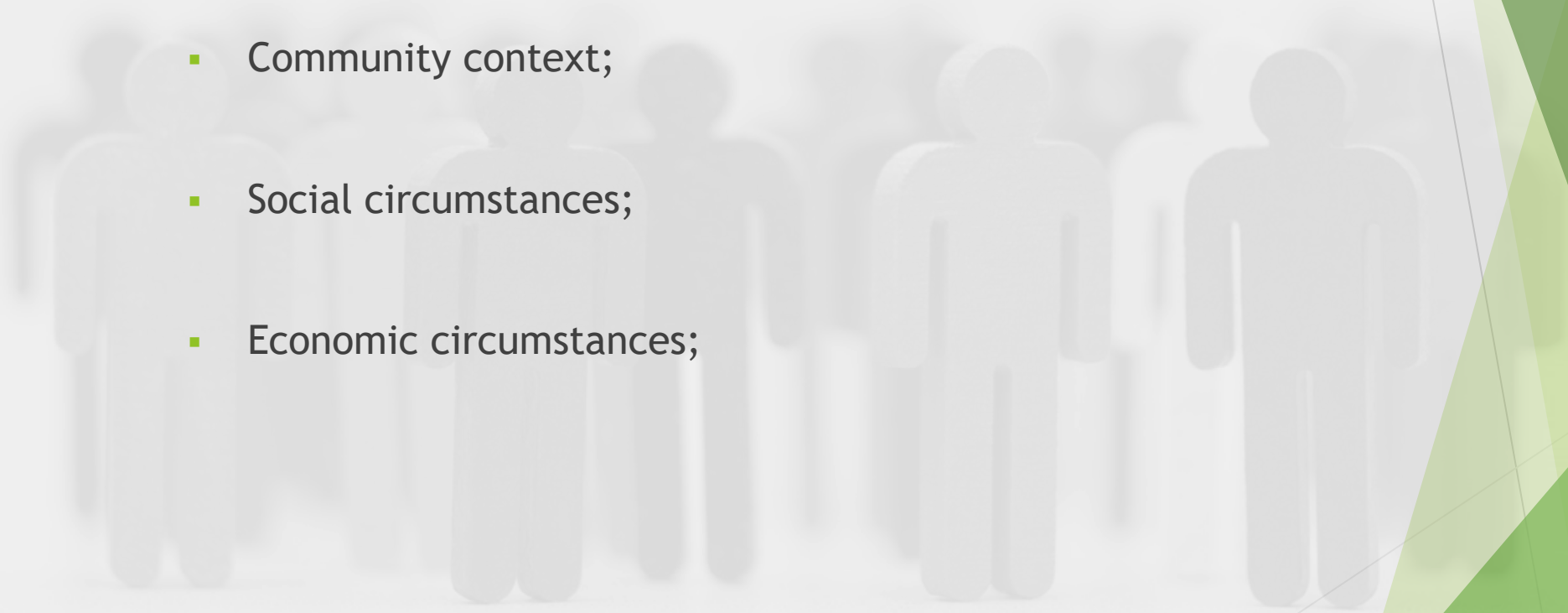
## Guidelines for discriminating positive/Health Parenting, poor/dysfunctional parenting, and emotionally (psychologically Abusive/neglectful parenting:

Continuum of parental emotional sensitivity and expression		
Most positive		Most Negative
<p><b>Positive, Healthy Parenting Style</b></p> <p><u><i>Stimulation and Emotional Expressions</i></u> provides a variety of sensory stimulation and positive emotional expressions expresses joy at child's effort and accomplishments</p> <p><u><i>Interactions</i></u> engages in competent, child-centered interactions to encourage development friendly, positive interactions that encourage independent exploration</p> <p><u><i>Consistency and Predictability</i></u> demonstrates consistency and predictability to promote their relationship</p> <p><u><i>Rules and limits</i></u> makes rules for safety and health appropriate safeguards for child's age</p> <p><u><i>Disciplinary practices</i></u> occasionally scolds, criticizes, interrupts child activity teaches child through behavioral rather than psychological control methods</p> <p><u><i>Emotional delivery and tone</i></u> uses emotional delivery and tone that are firm but not frightening</p>	<p><b>Poor / Dysfunctional</b></p> <p><u><i>Stimulation and Emotional Expressions</i></u> shows rigid emotional expression and inflexibility in responding to child seems unconcerned with child's developmental/psychological needs</p> <p><u><i>Interactions</i></u> often insensitive to child's needs; unfriendly poor balance between child independence and dependence on parent</p> <p><u><i>Consistency and Predictability</i></u> often responds unpredictably, sometimes with emotional discharge</p> <p><u><i>Rules and limits</i></u> Unclear or inconsistent rules for safety and health</p> <p><u><i>Disciplinary practices</i></u> frequently uses coercive methods and minimizes child's competence uses psychologically controlling methods that confuse, upset child</p> <p><u><i>Emotional delivery and tone</i></u> uses verbal and non-verbal pressure, often to achieve unrealistic expectations</p>	<p><b>Emotionally Abusive/Neglectful</b></p> <p><u><i>Stimulation and Emotional Expressions</i></u> expresses conditional love and ambivalent feelings towards child shows little or no sensitivity to child's needs</p> <p><u><i>Interactions</i></u> emotionally or physically rejects child's attention takes advantage of child's dependency status through coercion, threats, or bribes</p> <p><u><i>Consistency and Predictability</i></u> responds unpredictably, accompanied by emotional discharge</p> <p><u><i>Rules and limits</i></u> Sporadic, capricious exploits or corrupts for parent's benefit</p> <p><u><i>Disciplinary practices</i></u> uses cruel and harsh control methods that frighten child violates minimal community standards on occasion</p> <p><u><i>Emotional delivery and tone</i></u> frightening, threatening, denigrating, insulting</p>

Wolfe, D. A. & McIsaac, C. (2011). , as cited in Brassard, M. R., Hart, S. N., Baker, A. A. L, & Chiel, Z. (2019). *The APSAC Monograph on Psychological Maltreatment 2019*. The American Professional Society on the Abuse of Children (APSAC). <https://www.apsac.org>

# Include assessment of societal and cultural context:

- Community context;
- Social circumstances;
- Economic circumstances;

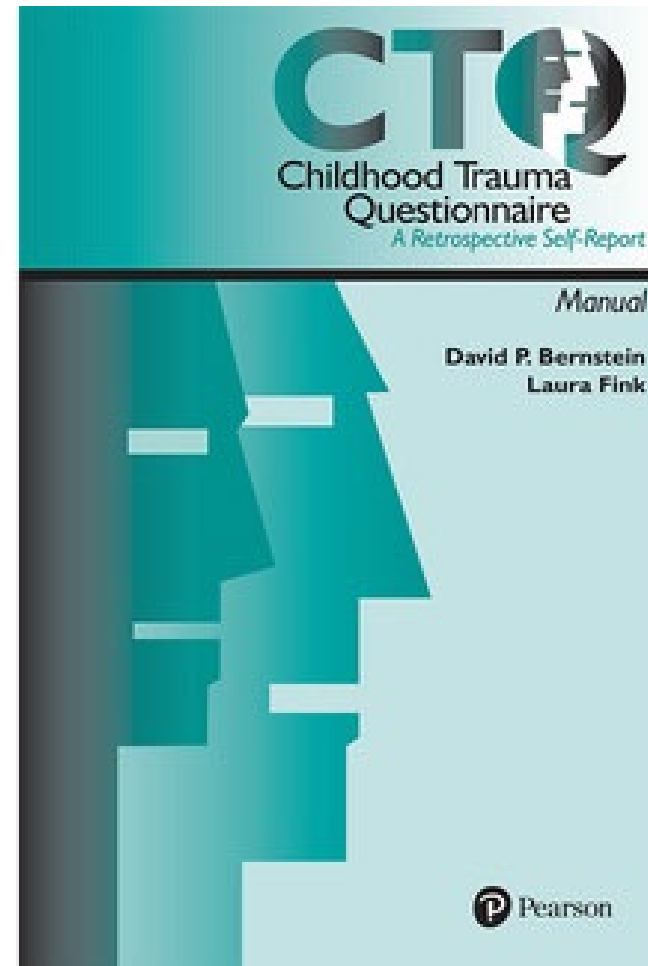


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2. Reasonable potential for psychological harm, as evidenced by either of the following:
  - a. The act (or pattern of acts) creates unreasonable potential for the development of a psychiatric disorder (at or near diagnostic thresholds) related to, or exacerbated by, the act(s). Note: The child's level of functioning and the risk and resilience factors present should be taken into consideration.
  - b. The act (or pattern of acts) carries a reasonable potential for significant disruption of the child's physical, psychological, cognitive, or social development. A significant disruption would involve development that is substantially worse than would have been expected, given the child's developmental level and trajectory evident before alleged maltreatment.
3. Stress-related somatic symptoms (related or exacerbated by the acts) that significantly interfere with normal functioning.

# Reducing Trauma:

- ▶ Trauma screening and awareness;
  - ▶ Childhood Trauma Questionnaire;



# Reducing Trauma:

- Understanding trauma helps explain worldview;
- Trauma unrelated to maltreatment;
- May be seen in failure to meet developmental milestones;
- May be seen in psychological, behavioral, or physical distress;
- Review risk factors and mitigate;

# Interventions:

- Probably no specific treatment programs for psychological maltreatment;
- Hard to change established relationships;
  - Interventions are systemic;
    - Everyone is part of the solution;
  - Parenting capacity;
  - Psychoeducation;
  - Support;
  - Skills based training;
  - Coping skills;
  - Appropriate parenting;
  - Conflict management skills;
  - Involvement of extended family;
  - Sanctions, when appropriate;
- Children best served by prevention methods?;
- A public health and child's rights approach;

# Contact Information

ASHISH S. JOSHI

Joshi | Attorneys + Counselors

Ann Arbor

[a.joshi@joshiattorneys.com](mailto:a.joshi@joshiattorneys.com)

BEN BURGESS

The Fountain Hill Center,

Grand Rapids

[bburgess@fountainhillcenter.com](mailto:bburgess@fountainhillcenter.com)