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EMOTIONAL CHILD ABUSE AND RESILIENCY: AN AOTEAROA/NEW ZEALAND STUDY

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A thesis submitted to the University of Auckland for the degree of Doctor of Philosophy

University of Auckland
1995
ABSTRACT

Emotional child abuse is recognised as the unifying construct of child abuse (Brassard & Gelardo, 1987). Defining emotional child abuse (ECA) is an area of debate in the literature and a widely recognised definition has yet to be developed. There is general agreement on the definition of resilience with most making reference to adapting and coping well in the face of adversity. Recent research has questioned the implied unidimensionality of the term. A research study was designed with several aims: to explore how ECA is defined by professionals working in the area of child abuse, and by members of the general public; to develop an understanding of the nature of ECA from adults who self-identified as having experienced ECA; and, to examine the ways in which these adults coped, and dealt with ECA and its effects. Further aims of the research following from these were to develop a definition of ECA, and to identify implications for practice for those working in the area of ECA. Attachment theory (Bowlby, 1969, 1988; Crittenden & Ainsworth, 1989) was the theoretical base for the research.

The literature on resilience was reviewed with a particular focus on ECA. Consistent findings in the literature on the cost of resiliency in the area of emotional well-being and functioning were explored and used to critically examine the clinical utility of the term.

Two surveys were developed, one for distribution to all the professionals working in the area of child abuse in statutory agencies in Auckland; and one for distribution to a sample of adults living in the greater Auckland area. Comparison of the conceptual and specific categories derived from the definitions of ECA provided by the professional group (N= 181) and the lay group (N=142) indicated considerable agreement. Differences between the groups on the relative frequency of use of the categories were explained and directions for future research were suggested. Concurrence between the findings of this study and
others on developing a definition of ECA supported the existence of ECA as a separate and consistent form of child maltreatment.

Adults who saw themselves as having experienced ECA were identified through the general public and professional surveys (N=30). They were individually interviewed using a semi-structured format about the nature of the ECA they had experienced and how they had coped with it as a child, adolescent, and adult. The interviews, and relevant material from the surveys, were analysed using a Grounded Theory approach. The themes that emerged from the material on the nature of ECA were grouped into four areas: the nature of ECA; the effects of ECA; the context of ECA; and, disclosure of ECA. The themes that emerged on how participants coped and dealt with the ECA they had experienced revealed a range of coping strategies and changes in these across the broad developmental stages of childhood, adolescence, and adulthood. An important distinction that emerged was that between coping with the ECA and dealing with it. The cost of coping was a prominent theme and concurred with findings in the literature.

The implications for practice and directions for future research generated by these findings are discussed. A theoretical definition developed from the research findings is presented and applied to specific examples from the research.
ACKNOWLEDGEMENTS

This thesis would not have been possible without the people who participated in the research. My thanks to them and particularly to those who gave of themselves and their personal experience in the interviews - my heartfelt thanks for all that you gave. The excellent support and advice of my supervisors, Dr Jan Pryor and Dr Fiona Cram has been crucial to this work. My sincere thanks and gratitude to them for their time, wisdom, humour, and encouragement.

The three year scholarship from the Health Research Council was essential to the completion of this work and many thanks are due to them. Funding from the Oakley Mental Health Research Foundation and the University of Auckland Research Grants Committee facilitated the research and is much appreciated.

Many thanks are due to my friends and colleagues. In particular to my good friends Alison Towns, Christine Herzog, Kate Paulin, Carol Hutson, and Ian Lambie for their unfailing support and encouragement. To my Qualitative Research Colleagues (QRC), Tim McCreanor, Kate Paulin, Janina Adamiak, Sylvia Blood, Ian Lambie, and Niki Harre, my appreciation and thanks for their support, encouragement, lively discussions, constructive criticisms, and wonderful humour.

A special thanks to David Seedhouse for his unfailing confidence in my ability to develop a theoretical definition and his constructive criticism and encouragement. Grateful thanks also Margaretanne Rogers and Rosemary Graham for their assistance.

To my family for all their love, support, and confidence in me I extend my deepest gratitude. Finally and most of all, to Denise for everything - there will never be enough thanks.
Sticks and stones may break my bones but names will (n)ever hurt me.

(Unknown)

"Hope" is the thing with feathers—
That perches in the soul—
And sings the tune without the words—
And never stops—at all—

(Emily Dickinson (1861))
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INTRODUCTION

My interest in the two areas that comprise this thesis, that is emotional child abuse (ECA) and resiliency, grew out of twelve years work as a clinical psychologist. Nearly ten of these years were spent working with children and families where one or more forms of child abuse and neglect were the presenting issue. In working with the children, the majority of whom were referred for suspected sexual abuse, it was the effect on their sense of self-worth that seemed to have the deepest impact and to be the hardest to heal. This is where my interest in ECA started and the paucity of literature in this area, compared with other forms of child maltreatment, only served to strengthen it. If, as seemed to be the case from the children I had worked with, ECA was an aspect of all forms of child maltreatment and it affected the very centre of how the children saw themselves, then why wasn't there a substantial body of literature on this? And why wasn't there any New Zealand research in this area? These questions shaped the first area of this thesis.

Another area of interest arising from my clinical work in the area of child maltreatment was how some people who had been maltreated seemed to "come out on top" to lead happy, well-functioning lives while others seemed to "go under" with the persisting effects of the maltreatment. This area of interest, which I subsequently learned was termed resilience, seemed to offer hope in a field where the intergenerational transmission of abuse was a frequently cited given. I was concerned about the inevitability and hopelessness inherent in the intergenerational transmission of abuse model; that a person who had suffered from behaviour beyond their control was doomed to repeat this behaviour. The concept of resilience offered an alternative message and also provided an understanding of how the detrimental effects of maltreatment may be overcome.
Intervention and prevention are the areas of hope when working with child maltreatment. Understanding what, or who, contributes to resilience had implications for both these areas. Effective interventions for those who were maltreated could be based on such information and, where this meant that their children were appropriately parented, this would also be prevention. Researching an area that provided hope had a high level of appeal and so the thesis developed to encompass resilience in relation to ECA.

When my supervisor, Jan Pryor, asked about the theoretical base for my research I began reading the literature on attachment theory (Ainsworth et al., 1978; Bowlby, 1969; 1988) and this rapidly developed as an area of interest. Attachment theory offered an understanding and explanation of both the effects of maltreatment and the outcomes, including resilience (Crittenden & Ainsworth, 1989). It provided an essential context that underpinned the research.

Reading the literature on ECA, or psychological maltreatment as it is often termed, I was confronted by the lack of a generally accepted definition. As this fundamental problem became the focus of my reading and thinking I decided to make it one of the goals of the research. Designing a research study, the purposes of which included developing a definition, presented many challenges including the selection of a research definition. The recognition of ECA as the uniting construct of child maltreatment added weight to the necessity for a definition (Brassard et al., 1987).

The respective merits of quantitative and qualitative research lead to the use of both. A pilot study was a necessity and was invaluable in developing the methodology for the main study. Quantitative analysis of the survey material allowed a comparison of how professionals in the field of child abuse and members of the general public defined and understood ECA. The interviews provided the opportunity to develop and detail the broad information on the nature of ECA and to explore the concept of resilience. The consistent
findings in the literature on the cost of resilience in the area of emotional functioning and well-being seemed to provide a link between ECA and resilience. The personal impact of doing the interviews and reading the transcripts reinforced the importance of letting the participants speak for themselves. Grounded theory (Glaser & Strauss, 1967; Strauss & Corbin, 1990) accommodated this and the depth and detail of information presented in the interviews. It also provided a congruency with clinical work as it explored meaning and reality from the participant's viewpoint and allowed me as the researcher to validate their experience and acknowledge their strengths. It was important that the findings had a clinical applicability and this guided the development and implementation of the research and its analysis.

The production of this thesis was an interactive process between reading the literature, doing the research, and thinking through both in the course of writing. The development of my thinking and understanding is evidenced in this thesis. Chapter 1 presents the context of the research and the importance of context in developing a definition of ECA is discussed in relation to the process of developing the research. Chapter 2 examines the area of resilience with a review of the literature, especially as it relates to ECA. The findings from the quantitative analysis of the surveys is presented in Chapter 3. Chapter 4 presents the qualitative research on the survey and interview material that is, the information on the nature of ECA and how participants coped, and dealt with, the ECA they had experienced. This was done for each of the broad developmental stages of childhood, adolescence, and adulthood. The concluding chapter, Chapter 5, presents the theoretical definition that developed out of the research and is a conceptualisation of the findings, implications for practice, limitations of the research, possible avenues for future research, and the insights gained from the research process.
CHAPTER 1

EMOTIONAL CHILD ABUSE: DEVELOPING AN AOTEAROA/NEW ZEALAND RESEARCH STUDY

The recognition of child sexual abuse and child physical abuse by the Aotearoa/New Zealand (NZ) public and professionals has not yet been matched by the recognition of emotional child abuse (ECA). There is less recognition and awareness of ECA, and a search of the literature reveals far less information, both theoretical and clinical, in this area than in other areas of child abuse. Although there is some general agreement on the nature of ECA and its consequences (see for example, Brassard et al., 1987; Briere, 1992; Claussen & Crittenden, 1991; Crittenden et al., 1994; Egeland & Erickson, 1987; Erickson & Egeland, 1987; Egeland et al., 1983; Garbarino et al., 1986; Hickox & Furnell, 1989; Holm, 1986; Lewis, 1992; McGee & Wolfe, 1991a; Navarre, 1987; Pianata et al., 1989; Rohner & Rohner, 1980; Vissing et al., 1991), the definition of ECA, or psychological maltreatment as it is often termed, is an on-going area of discussion and debate (see for example, American Psychologist, 1987, 42(2); Development and Psychopathology, 1991, 3(1); School Psychology Review, 1987, 16(2); Baily & Baily, 1986; Brassard et al., 1987; Brassard et al., 1993; Burnett, 1993; O'Hagan, 1993). More information about ECA would assist in developing a widely accepted definition; however in order to carry out research to gather such information a research definition is required. It is hardly surprising then that the development of research methodologies and definitions forms a significant part of the literature in the area of ECA (Baily & Baily, 1986; Brassard et al., 1993; Giovannoni, 1989; Giovannoni & Becerra 1979; Haugaard, 1991; McGee & Wolfe, 1991a, 1991b; Toth, 1991).
Approaches to the definition of ECA have included the categorisation of adult or parenting behaviours and interactions (Garbarino et al., 1986; Baily & Baily, 1986; Brassard et al., 1993; Burnett, 1993); the recognition of context (Garbarino & Gilliam, 1980); a focus on the effect(s) on the child (Garbarino, 1980; Giovannoni & Becerra, 1979); the separation of emotional from psychological abuse (O'Hagan, 1993); a focus on the features that distinguish ECA from other forms of child maltreatment (McGee & Wolfe, 1991a, 1991b), plus various combinations of the above.

The research study reported here stems from the author's clinical work over the past twelve years with families and children where the presenting problem was child abuse and neglect, particularly child sexual abuse. In working with these children it seemed that the hardest part to heal was the assault on the child's sense of self-worth, the perception of her/himself as valued, loved and wanted. It is this assault that is called ECA. The emotionally abusive nature of all forms of child abuse and neglect has important implications for assessment, intervention, and prevention in all areas of child abuse and neglect (Barnett et al., 1993; Brassard et al., 1987; Cicchetti & Carlson, 1989; Egeland, 1991; Garbarino et al., 1986; Grusec & Walters, 1991; Starr & Wolfe, 1991; Thompson, 1993; Wolfe & McGee, 1991). The overall goal of the NZ research study referred to here is to develop a definition of ECA, and to gather information on the nature and effects of ECA and on factors associated with coping with it.

Child abuse is not a static concept. An act of abuse occurs within a context which gives it meaning and shapes its definition. This is an interactive process whereby the definition, and meaning ascribed to it, both shapes and is shaped by the context. This chapter will address the issues relevant to developing a definition of ECA. The first section will address a conceptualisation of ECA, terminology, and other issues relevant to the definition of ECA including the pivotal role of context. The second section will explore the attention given to ECA by statutory systems, specifically the social service and legal
systems in NZ. The final section will explore issues relevant to investigating ECA in NZ. The study itself focuses on ECA perpetrated by parent/s or person/s in a parental role. For ease of reading the perpetrator of the ECA will be referred to as 'parent' and 'child' will refer to child and adolescent unless otherwise stated.

A conceptualisation of emotional child abuse

In clinical work ECA can usefully be conceptualised as any form of child abuse or neglect that conveys to a child the message that they are "worth" this type of treatment. With abuse the message is that they "deserve" to be treated in such inappropriate ways, and with neglect the message is that they do not "deserve" to be treated in appropriate ways. In this respect all forms of child abuse and neglect are considered to be emotionally abusive (Brassard et al, 1987; Briere, 1992; Garbarino et al., 1986). There is growing empirical support for this conceptualisation and the relationship between this and other forms of child abuse and neglect (see for example, Claussen & Crittenden, 1991; Egeland, 1991; Egeland et.al, 1983; Glaser, 1992; Herrenkohl et al., 1991; Kinard, 1994; Lewis, 1992; McGee & Wolfe, 1992; National Research Council, 1993; Weissman Wind & Silvern, 1994).

It is recognised that there are responses, often referred to as indicators, that are specific to the particular forms of abuse, for example, inappropriate sexual behaviour with children and adults by a child who has been sexually abused; flinching and assuming a protective posture when an adult makes a sudden physical move near a child who has been physically abused; a child who has been emotionally abused assuming a parental, caregiving role toward a parent. It is also recognised that there is a high degree of overlap in emotional and behavioural indicators across the forms of child abuse. It is this overlap or commonality, conceptualised as the unifying (Brassard & Gelardo, 1987) or "core
construct" (Brassard et al., 1987, p. 14) of child abuse, that is ECA. This is illustrated in Figure 1.

![Venn diagram showing the inter-relationship between physical abuse, sexual abuse, and physical neglect with emotional abuse as the 'core' of child abuse.]

Figure 1. The inter-relationship between the forms of child abuse showing emotional abuse as the 'core'.

In Figure 1 physical abuse, physical neglect and sexual abuse are shown as 'sub-sets' of emotional abuse that is; any form of child abuse and neglect is ECA and ECA also occurs on its own. Physical abuse, physical neglect and sexual abuse are shown as overlapping. For example, sexual abuse when it is physically invasive or harmful is physically abusive and can also be physically neglectful; physical neglect overlaps with physical abuse when the neglect is such that it results in physical harm. Given this conceptualisation of ECA no attempt was made in the NZ research study to exclude people who had suffered forms of child abuse and neglect in addition to ECA. Instead, people who had also been abused or neglected physically and/or sexually were asked to comment on the nature of the
relatedness of the forms of abuse and the relativity of effects. The child's perception is central to the conceptualisation of ECA presented here so research participants were also asked to comment on the message that such maltreatment conveyed to them regarding their self-worth.

**Terminology**

The majority of literature in the field of ECA has come from North America where the term 'psychological maltreatment' is preferred (Hart & Brassard, 1987; McGee & Wolfe, 1991a). Reasons given for this preference are "because of its ability to subsume all affective and cognitive aspects of child maltreatment" (Hart & Brassard, 1987, p. 160) and because it subsumes both psychologically abusive and psychologically neglectful, caregiving behaviours (McGee & Wolfe, 1991a). While this preference is recognised and understood, the term emotional child abuse (ECA) has been used in this research for several reasons. The term ECA is already in limited use in NZ and it has associations with the terms child sexual abuse and child physical abuse which are in common usage. The association between these terms assists in the recognition of ECA as a form of child abuse and its place as the core construct in child abuse and neglect. The drawback is the limitations this places on making international comparisons, although this may only be an issue of terminology rather than a difference in content.

Although the term psychological maltreatment has not been chosen for this study the reasons underlying its choice by North American researchers are accepted and applauded. For ease of terminology ECA is used in this study to refer to emotional abuse and emotional neglect. Both emotional abuse and emotional neglect are considered to be abusive to the child.
It is unfortunate that the term neglect implies something which is less deliberate or intentional and more benign than abuse. The assumption that neglect is less detrimental to a child's well-being is not borne out in either clinical experience or research. A recent study (Crittenden, 1992a) has shown that neglect may have more detrimental consequences than abuse as it leaves children with no sense of power and withdrawn from interactions in which they might learn of relationships other than those where both parties are powerless. Egeland (1991) sees emotional unavailability as the core of all maltreatment and advocates use of the category "denying emotional responsiveness" (Brassard et al., 1987) as a start to defining psychological maltreatment by identifying emotionally unresponsive parents. The utility of this concept and its distinction from those of abuse, and neglect will be considered in the research study.

The preference of McGee & Wolfe (1991a) for the term psychological maltreatment is recognised as a way to include both abuse and neglect while avoiding the implications of relative harm or intention. It is also acknowledged that a term other than abuse is clearly preferable to extending the meaning and use of abuse to refer to abuse and neglect. A term such as maltreatment would be preferable to abuse, or abuse and neglect as people generally associate the word abuse with serious harm and are reluctant to label as serious something about which they have little knowledge or understanding. The lack of public and professional awareness of ECA relative to physical and sexual abuse contributes to the perception of ECA as not serious because serious child abuse is widely known and talked about in the media.

An example of this reluctance to define an act as serious and deserving of the label abuse, is the initial objection to the term sexual abuse on the basis that physical damage was not usual with this form of molestation and the term 'sexual victimisation' was preferred (McGee & Wolfe, 1991b). In this instance physical abuse was the known form of child abuse against which other inappropriate acts towards children were compared. Physical
abuse served as the benchmark, with physical damage being the main criterion. There is now no difficulty with the term 'sexual abuse' perhaps because, as McGee & Wolfe (1991b, p. 121) state, "its harmfulness is unequivocally established." It appears then that the criterion altered from that of physical damage to a child to degree of harmfulness. Consequently inappropriate sexual acts with a child were defined as sexual abuse when the harmfulness of these acts was established relative to the harmfulness of acts of physical abuse. However, it is not clear whether the criterion of harmfulness is based on the acts, or their effects, or both.

Having considered the arguments for using the term emotional child abuse preference was given to using a term with some familiarity as people were less likely to consider material with an unknown and cumbersome term such as psychological maltreatment. The priority had to be for a term that would engage Aotearoa/New Zealand people in the research.

**Issues relevant to the definition of emotional child abuse**

In order to conduct research on ECA a research definition is required. This presents some difficulties when the definition of ECA is a field fraught by discussion, debate and lack of agreement. When the purpose of the study is to develop a definition of ECA this adds a further complexity to finding or developing a research definition. The following section will discuss some aspects of ECA and how they affect its definition. The role of statutory systems and issues relevant to conducting research on ECA in NZ, including ethical considerations and the role of language will be discussed in subsequent sections.

**Can emotional child abuse be defined like other forms of child abuse?**

Typically children are defined as sexually or physically abused when they have been subject to a specific act defined as abusive. Although definitions of abuse focus on
parental acts, maltreated children typically come to attention through the effects of these acts that is, when their behaviour is consistent with having been subject to such an act. Acts such as rejecting a child when they seek proximity and affection; telling a child they are evil and will always be bad have been defined as emotionally abusive (Baily & Baily, 1986; Garbarino et al., 1985) and therefore a child who has been subject to such an act could be defined as emotionally abused. However not all emotionally abusive acts are visible, they are likely to be more verbal than physical in nature, and if physical they are acts which are unlikely to be seen as violent. Furthermore, a significant area of emotional abuse is the absence of positive verbal and physical behaviours, that is an act of neglect. Therefore the word act is used here to refer to both an action and a lack of action which has meaning for the child.

With physical abuse and neglect and sexual abuse the specified abusive acts or perpetrator actions are considered as such regardless of the context. For example, sexual intercourse with a child is defined as sexual abuse regardless of factors such as whether the perpetrator says it was done as an act of love or education; the relationship between the child and the perpetrator; the age of the child; or the number of times it occurred. The implication is that a single occurrence is sufficient for a definition of sexual abuse. However while these aspects are irrelevant in defining an act as sexual abuse, they are all relevant in determining the effect of the sexual abuse on the child for the purposes of counselling, protection and other interventions.

Usually when a child has been subject to an act defined as physical or sexual abuse then the child is defined as abused (Aber & Zigler, 1981; Barnett et al., 1993; Briere, 1992; Cicchetti & Carlson, 1989; Giovannoni & Becerra, 1979; National Research Council, 1993; Zuravin, 1991). This is not always so with ECA. A child who has been subject to an emotionally abusive act may not be considered emotionally abused because a single act may not be considered to be ECA. Such an act may only be recognised as ECA if it
occurs repeatedly, or in a particular context. This presents difficulties because the act cannot be specified as emotional abuse without reference to the context. Context refers to the past as well as the present. In addition to the nature and frequency of emotionally abusive acts, context includes the meaning the child ascribes to various acts; the parent-child relationship; and the social and historical context. These are discussed next.

**Context: The meaning for the child**

The nature of the act and the context all contribute to its meaning. To focus on specific acts in defining physical abuse and neglect and sexual abuse presents only a partial view of the reality. Many children who have been subject to these forms of abuse are constantly reminded of the abuse and neglect that has happened and the possibility of its re-occurrence at any time. A word, look, or act which may seem commonplace and insignificant to an observer may be a threat, an emotionally abusive act, to an abused child because of the significance it has acquired from its association with previous abuse. The possibility of further abuse is a constant threat with which the child must cope and which often they feel powerless to change. Thus a single occurrence of abuse establishes the context as one where there is always the potential for abuse. The acts associated with the abuse take on a different meaning and this is reflected in the child's behaviour and in the ways they cope (Briere, 1992; Bowlby, 1988b; Cicchetti & Carlson, 1989; Crittenden, 1988a; Egeland et al., 1983).

This threat, the continual possibility of abuse, and its effect on the child is emotional abuse and forms a significant part of the ECA core in the other forms of abuse. Such a threat is on-going and everyday particularly when its context is the child's home. The inclusion of this aspect in definitions of sexual and physical abuse and neglect could enhance understanding of the emotionally abusive nature of these forms of child abuse. Recognition of the emotionally abusive climate of threat extends the concept of ECA beyond that of specific acts of abuse. Because of this, study participants from the general
public were asked to describe the emotional abuse they experienced as a child rather than specific incidents of ECA. Wording the question in this way recognised the nature of ECA as an everyday experience, a pervasive climate rather than specific acts as is common in physical and sexual abuse.

The context of the parent-child relationship

This constant threat, the knowledge that the perpetrator is more powerful and is able to abuse again whenever they choose, is located in the relationship between the child and the parent (Egeland, 1991). It is within this relationship, its nature, history, quality and the expectations each has of it, that the child ascribes meaning to the acts of the parent. This ascribed meaning is significant in terms of the effects of the act on the child. The relationship with the parent is the context within which children achieve a sense of self, self-worth, and security and within which they develop trust (Bowlby, 1988a; Crittenden & Ainsworth, 1989).

Current attachment theory is particularly useful in understanding the parent-child relationship as part of the context in which child abuse occurs. The mother will be the parent referred to as she is typically the primary attachment figure. One of the fundamental assumptions of attachment theory is that the child's initial relationship with the mother will affect, and to a certain degree predict, subsequent relationships (Crittenden & Ainsworth, 1989). Children develop expectations of their mother's future behaviour from previous experiences with her. From these expectations children develop internal representational models of the relationship, their parent, and themselves (Bowlby, 1969). The consistency, sensitivity and reliability of the parent in meeting children's needs and providing the response desired by them significantly affects their internal representational model including their self-image. For example, if the parent consistently and sensitively responds to children's needs as signalled by them, the children will each develop an internal representational model of the parent as consistent
and reliable and of themselves as "competent in eliciting her response and worthy of it" (Crittenden & Ainsworth, 1989, p. 443). If however, the parent does not respond to children's signals of need, or the parent responds inconsistently, or inappropriately children cannot trust the parent to respond to their needs. In addition they form an image of themselves as "ineffective in obtaining her cooperation and as unworthy of it" (Crittenden & Ainsworth, 1989, p. 443).

Children form internal representational models of other caregivers such as their father in a similar way. It is understood that as children develop, these independent internal representational models of attachment figures become integrated into a generalised set of working models which alter as children assimilate new experiences. However while modification of working models is possible, the children's perception of their world and how they operate in it is based on their current model/s.

The integration of experiences into a generalised set of working models presents little difficulty if the children's experiences with attachment figures have been secure (Bowlby, 1988a); that is, they are effective in signalling their needs so that the attachment figure responds consistently and appropriately to meet them and they perceive themselves as worthy of the response. If, however, children feel incompetent and unworthy as a result of experiences where the attachment figure was inconsistent, inappropriate or ignoring of the children's signals of need then the children have anxious attachments. For example, if a parent's usual response is one of ignoring the child's signalled need, but they occasionally meet the child's signalled need, this inconsistency makes integration difficult. The nature of the mother's behaviour is reflected in the child's representational model. This is based on what the child has come to expect from experience of the mother's response to the child. A child who is abused by an attachment figure does not have a secure attachment to that person (Aber & Allen, 1987; Bowlby, 1988b;
For securely attached children the rare experience of anxiety or other forms of distress is the exception and thus does not interfere with the positive nature of their models. For a child whose experiences have resulted in anxious attachment/s, integration of experiences is more difficult. Bowlby (1973, 1980) has suggested that children with such experiences are likely to form multiple models of the attachment figure, for example one as responsive, one as unresponsive, and of themselves for example, one as competent and worthy, one as incompetent and unworthy. These sets of models may alternate in terms of which is foremost, that is, which is most readily accessible to children in terms of their behaviour and perceptions of subsequent experiences and information.

Developmental processes such as those in the domains of cognition and language play a major role in the evolution of working models of attachment (Crittenden, 1992c). As the children's language and cognitive abilities develop conceptual formulations can replace the actual episodes of experience. The conceptual formulations may be influenced by generalisations made by the attachment figure. For example, children who are told that they were "born evil" and therefore unlovable and should be grateful they have a mother who is so concerned about them and treats them as she does for their own good, are likely to have most readily accessible a set of working models in which they are evil, bad, and unworthy and the attachment figure is kind and good-hearted. The children's other set of working models of themselves as loving and deserving of having their needs met and of their attachment figure as rejecting and critical, is likely to be disconnected from conscious processing. This happens even though the other set of working models is based on actual experience. Having this other set of models disconnected from conscious processing restricts its availability to new information and hence to alteration. Thus these children perceive themselves, the attachment figure, and the behaviour of each in the
attachment relationship in ways that validate and maintain congruence with the accessible set of working model/s. While this perception may not be optimal in terms of the child's development, the congruence provides some measure of predictability that allows the child to attend to other aspects of their life. The accessibility to consciousness of the sets of working models and their level of integration has many implications for prevention and intervention. Although this model cannot be tested directly the data from several research studies support the concept of internal representational models as shown in behaviour that is different but conceptually coherent across situations (see for example, Crittenden & Ainsworth, 1989; Development and Psychopathology 1992 Vol.4 No.4 'Special Issue: Developmental Approaches to Prevention and Intervention'; Main & Goldwyn, 1984; Pearce & Pezzot-Pearce, 1994).

This brief overview describes the process whereby internal representational models of attachment relationships are developed, integrated, and altered and the central role they play in the development of children's self-image and their behaviour in interactions with others. Attachment relationships are complex, with secure and anxious attachment being just two categories in a progressively more detailed classification system. A theoretical paper by Crittenden (1992b) on quality of attachment in pre-school aged children provides a thorough coverage of the classificatory system as well as relating the quality of attachment to the child's regulation of affect, strategy, negotiation, secure base behaviour, and response to maternal behaviour. Crittenden clearly presents the functions of an individual child's behaviour in the context of the parent-child relationship. She also provides an understanding of the diverse and complex ways an insecurely attached child acts towards their attachment figure to elicit responses that will meet the child's needs and at the same time reduce the likelihood of rejection by the attachment figure in order to maximise the child's chances of having future needs met including needs for safety and protection.
From the above it may be argued that a definition of ECA that recognises the context of the parent-child relationship could be useful in providing an understanding of the emotionally abusive parental acts and their effects on the child including developmental considerations and the effects of behaviour over time.

Social and historical aspects of context
Contextual factors outside of the parent-child relationship which are strongly influential in the definition and recognition of abuse include culture, ethnicity, social mores and beliefs of the times as well as the particular situation in which the abuse occurs. While a distinction has been made here between the context of the parent-child relationship and contextual factors outside of this relationship it is recognised that this is an arbitrary distinction as neither the parent, the child, nor their relationship can be viewed in isolation from the culture, society and times in which they act and are acted upon. Cultural beliefs, norms and practices can strongly influence how people rear their children and the cultural context plays a significant part in the meaning ascribed to an act (FVPCC, 1988).

The indigenous people of NZ are Maori though the dominant culture is that of the Caucasian people of European descent. The people from each of the Pacific Islands who live in NZ have their own cultures. There is much debate about where the line is drawn between what are "culturally acceptable" child-rearing practices, including discipline, and what is child abuse (FVPCC, 1988). Because of the many issues involved in understanding behaviour and the meaning of a particular behaviour in another culture, the NZ research study was limited to people of the same culture as the researcher that is, to those who self-identified as a "New Zealander of European descent", this being the term used in the national Census and therefore assumed to be familiar.

What constitutes child abuse is essentially linked with prevailing beliefs about acceptable parenting practices and child behaviour. Societal and cultural dictates about how children
should behave influence parenting practices (Giovannoni & Becerra, 1979; de Mause, 1974; Pfohl, 1977). It could be argued that the major goal, though not necessarily the sole goal, of parenting practices is to ensure that children behave in socially and culturally prescribed ways. These socially and culturally prescribed ways will change over time as will the acceptability of the parental methods employed for this end. For example, the primary objective of early efforts at child protection in the USA was "not to save children from cruel or abusive parents, but to save society from future delinquents" (Pfohl, 1977, p. 311). Though the reasons given for current child protection practices are different from this, the activities may in some instances be similar for example, removing children from an abusive home environment. So it may be that while the behaviour remains the same, its intended purpose changes.

Similarly it is often the perception of behaviours that changes rather than the behaviours themselves. For example behaviours that are now defined as physical abuse were not considered abusive last century (deMause, 1974). The perception of behaviour as acceptable or abusive is a reflection of prevailing beliefs about such things as children's rights, parent's rights, appropriate parenting, social conditions and legal sanctions (Barnett et al., 1991; deMause, 1974; Garbarino & Ebata, 1983; O'Hagan, 1993; Sternberg & Lamb, 1991). Members of a society perceive behaviour as appropriate or inappropriate and this perception affects and is affected by the perceptions of the social service and legal systems. In some respects these systems have a parental role in society as they determine what is acceptable and not for intervention and what is unacceptable and requiring intervention. To some extent the degree of social unacceptability of an act is reflected in the nature and strength of the intervention for example, the number of social service agencies involved with a family and the extent of their contact; the length of a prison sentence. Social service and legal systems which give attention to sexual and physical child abuse provide a message to the general public about the seriousness of these issues and this message is enhanced by media attention. The absence of attention to
ECA given by such systems also provides a message to the community about how serious and how worthy of attention is this form of abuse. The corollary to this is that the absence of a definition limits the amount of attention given to ECA since it is difficult to identify.

The attention given to ECA by the social service and legal systems in NZ is important in terms of context and the development of research methodologies and definitions in this area.

Emotional child abuse and the role of statutory systems

Emotional child abuse is a form of child abuse that has received limited attention to date from the legal system or social services in NZ. The reasons for this are undocumented; however personal communication with a number of professionals working in the child abuse and child protection fields suggest the following possibilities:

• compared with sexual and physical child abuse and neglect, the nebulous nature of ECA and the lack of an operationalised definition, indicators, and literature in the area, make identification and assessment seem nearly impossible;
• current resources can barely cope with the cases of physical and sexual abuse coming to attention so there is a reluctance to consider what appears to be yet another area of abuse when there is no evidence of resources being forthcoming for training, assessment, or intervention;
• when a child has been subject to several forms of abuse or neglect professionals in agencies with a statutory responsibility in the area of child abuse will choose a more readily recognised and accepted category of child abuse such as physical or sexual abuse;
• over the years there has been an increasing reliance on a number of experts in the fields of physical and sexual abuse to assist in making casework and case management decisions as well as providing evidence in Court. The contrasting lack of such expertise in the field of ECA is reflected in the reluctance to make a case for statutory intervention.
when the sole form of abuse is ECA. This reluctance comes from legal professionals as well as social service professionals.

A primary consideration when developing research studies and definitions in the area of ECA in NZ is that public awareness, social service, and legal recognition and intervention are at an earlier stage in NZ than in North America, as depicted in the literature. This is particularly noticeable in the reporting rates and recognition of ECA in the social services.

Social Services in Aotearoa/New Zealand

The Aotearoa/New Zealand Children and Young persons Service (NZCYPS) is the national government agency with statutory responsibility for the care and protection of children and young persons in NZ. It has a national computerised database of information on each case notified to NZCYPS. On notification a NZCYPS social worker enters the form/s of abuse on the database, choosing from a list of 35 categories of 'alleged child abuse and neglect'. Five of these categories relate to ECA:

- emotional-chronic emotional deprivation;
- emotional-scapegoating/rejection;
- emotional-severe verbal abuse;
- emotional-significant risk;
- emotional-other emotional abuse.

The most recently available statistics (January 1992) from the national database show that only 76 (0.48%) of the 15,818 cases of child abuse notified in the previous year (January 1991 - January 1992) were categorised for ECA. For the geographical area in which the research study is being conducted there were nine reported cases of ECA out of a total of 3,941. This geographical area comprises nearly a third of NZ's population. Such under-reporting has also been commented on by other researchers (Brassard et al., 1993; Claussen & Crittenden, 1991; Kinard, 1994).
The Aotearoa/New Zealand legal system

The main legislation in Aotearoa/New Zealand with respect to child protection and statutory intervention is the Children, Young Persons and Their Families Act (1989). Section 14 of the Act covers the 'definition of child or young person in need of care or protection' (this section appears in full in Appendix 1). Throughout the section reference is made to "the child's or young person's development or physical or mental or emotional wellbeing." For ease of reading, the term 'parent' will include parent, guardian and caregiver.

There is no specific definition of ECA in the Act and the grounds on which a child is in need of care or protection within the meaning of the Act are broad. Such grounds include:

- that a child is being, or is likely to be harmed (physically or emotionally or sexually), ill-treated, abused or seriously deprived;
- the child's development or physical or mental or emotional wellbeing is being, or is likely to be impaired or neglected, and that the neglect or impairment is, or is likely to be serious and avoidable;
- serious differences exist between the child and the parent to such an extent that the child's wellbeing is seriously impaired;
- the child's behaviour is harmful to the wellbeing of her/him or others and/or the child's parents are unwilling or unable to control the child's behaviour;
- serious differences exist between the parent having care of the child and another parent to the extent that the child's wellbeing is impaired;
- the ability of the child to form a "significant psychological attachment" to their parent is seriously impaired because of the number of times the child has been in the care of another person "for the purposes of maintaining the child or young person apart from the child's or young person's parents or guardians."
Difficulty has arisen with the legal interpretation of 'serious' in cases of ECA which have gone to Court. By comparison there is a fairly high degree of agreement on the seriousness of various physically and sexually abusive acts on the basis of research and clinical experience. Given the currently low level of awareness of ECA in NZ it is suggested that any case of ECA would be extreme to be considered serious in legal terms and for statutory intervention to be taken by social services. One example of this is a case where legal action was taken to ensure that the children had schooling and social contact when their parents, because of their religious beliefs had failed to provide either for the previous eight years.

There are no guidelines in the Act as to what constitutes "mental or emotional wellbeing", nor how this might be assessed or proven or what constitutes serious impairment. For professionals operating under the Act this provides little assistance on how they can prove ECA in a statutory setting.

Investigating emotional child abuse in Aotearoa/New Zealand

Just as definitions of child abuse are affected by and embedded in a context, so research methods both shape and are shaped by the research definition. Selecting a research population by examining social services cases and identifying those that meet the research definition is the method clearly preferred in North America (Barnett et al., 1991, 1993; Cicchetti & Barnett, 1991; Herrenkohl et al., 1991; Kinard, 1994). This was not a feasible method for the NZ study because of difficulty in gaining access to NZCYPS case files. Although using an alternative methodology limits the comparability of results, it is necessary in order to initiate research towards the development of a definition, and increasing awareness in the area of ECA in NZ. Addressing the question of where to start requires some discussion of the process whereby a new concept, in this instance ECA, gains public interest and recognition.
Recognition of emotional child abuse in Aotearoa/New Zealand

The process of recognition of ECA in NZ is a dilemma; a definition is needed to do research into ECA and research is needed to gain information and develop a definition. Similarly information and research raise awareness of ECA which in turn increases the demand for information, and so it progresses. These processes occur at a general level across a community as well as at more specific levels such as within professional groups. Once the processes are active they are generally self-sustaining as one stage generates and contributes to the next.

The impact of first-hand accounts of people's abuse experiences and the support and validation of these accounts by professionals is a valuable tool in raising awareness of the nature, occurrence and consequences of abuse. Such accounts will often breach the threshold of public awareness in a way that research facts and figures will not. They also provide valuable information that could not ethically be gained from laboratory studies (Shaver et al., 1991). It was the disclosure of childhood sexual abuse by adults and the consistency of these accounts with regard to the specific acts, the nature, and consequences of the abuse that triggered the initial recognition of child sexual abuse and the on-going development of theories, assessment, and intervention practices in this area. The formalised recognition of child sexual abuse by professionals, particularly those in the social service and legal systems gave validation and permission to others with similar experiences to give recognition to their own abuse. A similar process is possible in bringing ECA to public and professional attention.

The main issue in NZ is how to initiate the processes of recognition, public and professional interest and information-gathering. For the NZ research study this meant selecting a working research definition in order to gather information about ECA, including first-hand accounts, for the purposes of raising awareness and for developing a more relevant and refined definition that would assist with further research.
Developing the methodology

As one of the purposes of the NZ research study was to gather information to develop a definition, a research definition was chosen that was not limited to specific acts of ECA. The research definition needed to recognise that acts of ECA may not be physical or physically violent and may be acts of neglect rather than abuse. The NZ research study was also designed to gather first-hand accounts of people's experience of ECA so the research definition needed to be one that would not be too prescriptive of these accounts. The research study was limited to ECA perpetrated by a parent or person in a parental role. Because of the low level of recognition of ECA in NZ and the message this gives about how serious it is relative to other forms of child abuse and neglect, ECA needed to be portrayed as inappropriate and harmful. In consideration of the above the following research definition was chosen:

"acts of omission or commission by a parent or guardian that are judged by a mixture of community values and professional expertise to be inappropriate and damaging" (Garbarino & Gilliam, 1980, p.7).

In line with this research definition the study was designed to gather information on the nature and definition of ECA from adults in the community, including those who self-identified as having been emotionally abused as a child, and from professionals working in the area of child abuse.

With reference to the process previously described of developing awareness of ECA and research in the area, it was recognised that conducting this study under the auspices of the University of Auckland gave credibility to ECA by naming it and by giving it recognition as an area worthy of research. Participants who self-identified as having experienced ECA and were interviewed said that just seeing the title of the research survey, 'Emotional Child Abuse in New Zealand' (refer Appendices 2 & 3), gave validation and recognition to their experience and encouraged them to write and talk about it, many for the first time. The surveys and interviews provided detailed first-hand accounts of ECA,
its nature, context, meaning, relationship to other forms of child abuse and neglect, effects, and ways of coping and dealing with it. These findings are presented in subsequent chapters.

Surveying professionals working in the child abuse and child protection fields about their definition of ECA and factors that alert them to its possible occurrence also served the purpose of raising awareness as the process of answering the survey generated discussion and raised awareness and interest in this form of child abuse. Following distribution and collection of the professional surveys (Appendices 4 & 5) there were a number of requests for information and workshops on ECA.

A number of the decisions that had to be made in developing the research study had ethical implications. These ethical considerations and decisions will now be discussed.

**Ethical considerations**

It was considered unethical to seek out a population of emotionally abused children when it was not possible to ensure the adequate provision of services to them or their families. Hence the decision was made to use a research population of self-identified adults. Self-identification meant there were no pre-determined criteria or definitions of ECA. Survey respondents were asked to respond to the statement "I feel I was emotionally abused as a child" (refer Appendix 3). The use of "I feel" conveyed the message that it was the respondent's personal opinion that was wanted. This validated the respondent's experience. If the question had been worded to give the impression that only accounts from people who had been assessed or diagnosed as having experienced ECA were wanted, then people who had experienced ECA but not been diagnosed as such by a professional may not have responded. Also, such people may be left with the feelings and consequences of the abuse but with the message that their experience and perception of the ECA was not valid or important because it had not been recognised by a professional.
The lack of general information on, and recognition of ECA meant that the research survey may well have been the first formal recognition of their ECA for the survey respondents. It was considered likely that receipt of the research survey would trigger memories of traumatic childhood experiences for those who had been subject to child abuse and neglect. It also seemed likely that a number of people would not answer or return the survey and of these some would have been emotionally abused as children. This had to be taken into consideration in designing the study.

The information sheet provided phone numbers of the researcher and a confidential phone counselling service (Lifeline) as well as the number of the Chairperson of the University Ethics Committee (refer Appendix 2). The information sheet and the survey both carried statements that participants should consider leaving questions that were hard to answer (refer Appendix 2 & 3). The survey also provided the opportunity for respondents to identify their willingness to participate in the second stage of the research which was a semi-structured interview focusing on factors associated with coping with ECA.

Working on the assumption that answering the survey may have been the first time some people had thought about or disclosed their ECA it was considered important, from a clinical and an ethical viewpoint, to provide an opportunity for respondents to talk about this and to ensure that, if needed, people had on-going help to deal with their abuse. This led to the decision that everyone who self-identified as having experienced ECA and indicated a willingness to be interviewed, was interviewed. Everyone interviewed was sent a summary of the interview findings with a personalised letter thanking them for their participation. Feedback from participants in the pilot study said this information validated their experience, helped to reduce their sense of isolation, affirmed their sense of hope, and helped them to feel that their experience would be used to help others. The desire for their experience to be useful in intervention methods and prevention of ECA was a strong motivation for all of the people interviewed. This certainly added weight to
the ethical obligations of the researcher in the use of the information gathered in the interviews.

Clinical and ethical considerations also underpinned the decision to focus, in the survey and the interview, on factors associated with coping with the ECA as a child, adolescent, and adult. This meant that respondents were not left solely focused on the abuse and it also conveyed the message that people did cope with ECA. Participants commented on how helpful and therapeutic this focus was in the interview as one of the consequences of their abuse was a tendency to concentrate on their failures or inadequacies.

Language to describe and refer to ECA was an on-going consideration in the development of the NZ research study.

The role of language

'How can we begin to understand ourselves except as creatures of the societies from which we learned the language itself to think about ourselves?' (Marris, 1991, p. 77).

The discussion surrounding which term to use, emotional child abuse or psychological maltreatment or one of a list of numerous others, reflects the limitations of language in describing something that does not have a physical basis, and which therefore is not therefore tangible. It may be that the plethora of terms for ECA including psychological maltreatment, mental cruelty, emotional maltreatment, maternal emotional deprivation, maternal deprivation syndrome, and mental injury (Tzeng & Jacobsen, 1988), are all attempts to describe what has yet to be adequately defined.

Much of our language relates to that which is active and tangible. It was difficult to construct questions about ECA that did not limit responses to abusive actions and that acknowledged the abusiveness of lack of actions. This was finally achieved by the
absence of action-oriented language and a focus on the children for example, "[p]lease write about the emotional abuse you experienced as a child".

Verbal abuse, and the lack of appropriate verbal responses is a significant part of ECA. The context, the intention of the message, and features such as tone, loudness and accompanying non-verbal behaviours all contribute to the meaning of what is said, or not said. The meaning may also be specific to the relationship. The meaning, or message that the child takes from what is said, or not said, and the feelings associated with it are integral to the effect it has on the child. Unlike descriptions of physical or sexual abuse when the words or lack of them are de-contextualised they are unlikely to be considered abusive. This recognition of context and the meaning it conveys adds to the difficulty in defining and proving ECA.

Language related to abuse is of a physical nature or has physical connotations for example, pain, hurt, wound, hit, strike. The lack of language specific to emotional harm, that is to describe the acts and effects of ECA, makes it difficult for people who have experienced ECA to describe it in language that has a common meaning. Some of the people interviewed managed this by comparing the effects of the ECA with those of the physical and/or sexual abuse they had suffered. The paucity of language for describing acts of neglect meant that people interviewed often felt they were struggling to justify the impact on them of the lack of appropriate action.

Because ECA is often part of the everyday climate in which the child is raised, it acquires the meaning of everyday in the sense of being commonplace or ordinary. The focus on specific events in instances of physical and sexual abuse makes their exceptionality one of the features of child abuse and the language that is used for its discussion and description. In contrast, because ECA is often the rule rather than the exception in the daily existence of the emotionally abused child it is hard to find language which conveys
it as commonplace and abusive. It appears that finding a voice for ECA will rely in part on the development of language to describe the experience of ECA and the extension of the meaning of language previously associated with physical and sexual abuse, physical acts, and specific events.

Conclusion

This chapter has presented and discussed on the issues relevant to developing a research study on ECA in Aotearoa/New Zealand. Of necessity, the focus has been on definitions suitable for research and identification of ECA. Such definitions are typically operational definitions that is, they are developed for a specific purpose and context. Theoretical definitions are distinct from operational definitions although an operational definition may be derived from such a theoretical base.

The Aotearoa/New Zealand research study discussed in this chapter will generate from the participants' definitions and descriptions of ECA, specific acts and effects. It is anticipated that this, and other information on the nature of ECA, will provide a conceptualisation of ECA from which a theoretical definition can be developed. Specific information on acts and effects can be used to operationalise such a theoretical definition for particular purposes. The extent to which aspects such as parental acts, the child's perception of such acts, the effects, and the context will feature in the definition developed will be determined by the research findings. These findings are presented in Chapters 3 and 4 following a review of the literature on resiliency in respect of ECA.
A REVIEW OF THE LITERATURE ON RESILIENCY IN RELATION TO EMOTIONAL CHILD ABUSE

The recognition of resilience as a distinct area within the broad field of developmental psychology has occurred over the past few decades (Cicchetti & Garmezy, 1993; Luthar, 1993). It is within the last decade that the concept of resiliency as encompassing individual attributes, specific domains of competence, environmental factors and developmental processes has become established (Cicchetti & Garmezy, 1993; Garmezy, 1985; Luthar, 1993; Masten & Garmezy, 1985; Rutter, 1990; see also Development and Psychopathology, 1993, 5(4)). Resilience, sometimes referred to as competence, coping, or invulnerability, has been studied in a variety of populations of high-risk individuals (e.g. children whose parents have been diagnosed as schizophrenic) and individuals in high-risk situations (e.g. children in concentration camps). In their review of the psychological literature, Masten and her colleagues (1990, p. 426) present three distinct kinds of phenomena which resilience has been used to describe: (1) good outcomes despite high-risk status, (2) sustained competence under threat, and (3) recovery from trauma.

This chapter is concerned with studies of resiliency in adults and children who have experienced emotional child abuse (ECA) from a parent figure. Given, however, the limited literature in this area and the conceptualisation of ECA as the core construct in all forms of child abuse and neglect this paper will review the broader literature on resilience and child maltreatment. Where appropriate, the literature on resiliency and children in high-risk or high-stress situations will also be referred to. Current
difficulties with terminology in the area of resilience necessitate coverage of this. Information on resiliency models will also be provided. This coverage of the literature provides a foundation for the following chapter (Chapter 6) where the analysis of the participants' strategies for coping and dealing with the ECA is presented.

The four sections of this chapter will cover: 1. terminology and definitions in the research on resiliency; 2. models of resiliency; 3. the research on resiliency with respect to ECA and child maltreatment in general; 4. future directions for research on ECA and resiliency.

1. Terminology and definitions in the research on resiliency

As with any newly established field, resilience has its own definitions and terminology. Changes in the terms used for the concept currently referred to as resilience reflect developments in the field. Resilience has replaced the absolute terms 'invincible' (Werner & Smith, 1982), 'invulnerable' (Anthony & Cohler, 1987; Garmezy, 1981; Rutter, 1979), 'stress resistant' (Antonovsky, 1980; Garmezy, 1981), and 'superkids' (Kaufman et al., 1979) as it better addresses the relativities inherent in the concept. For example, resilience is a more relative concept than invulnerability (Mrazek & Mrazek, 1987) thus recognising the process of adaptation and the effect of changes in genetic and environmental factors over time.

Allowing for slight variations, there is general agreement on the definition of resilience (Garmezy, 1982, 1993; Kimchi & Schaffner, 1990; Luthar, 1991; Work et al, 1990). Most definitions make reference to adapting and coping well in the face of adversity, such as "[r]esilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. Psychological resilience is concerned with behavioral [sic] adaptation, usually defined in terms of internal states of
well-being or effective functioning in the environment or both" (Masten &
Garmezy, 1990; p. 426). Often resilience is operationalised as the positive end of the
distribution of developmental outcomes in a sample of high-risk individuals (Egeland et
al., 1993; Kaufman et al., 1994; Rutter, 1990).

However, the term resilience has itself come under scrutiny because of its implied
global nature. Some studies (Farber & Egeland, 1987; Herrenkohl et al., 1994; Luthar,
1991; Luthar et al., 1993; Luthar & Ripple, 1994; Radke-Yarrow & Sherman, 1990;
Werner & Smith, 1982, 1992) have shown that competence displayed by individuals in
external or overt areas such as school performance, sociability, and ratings by peers,
teachers and parents is not matched in internal or covert areas of emotional and physical
well-being. An example of this is the study by Luthar (1991) and her colleagues
(Luthar et al., 1993) of inner-city ninth-grade students. This study found that children
labelled as resilient on the basis of factors such as ego development, internal locus of
control and social skills with peers, were significantly more anxious and depressed
than similar children from low stress backgrounds.

It seems inappropriate to label a child as resilient when this does not apply across all
areas of their functioning (Rutter, personal communication, 1991). However, it has
been suggested that the ability to function successfully in overt areas such as social
interactions, despite high stress and poorer functioning in covert areas such as
depression and anxiety, may in itself be enough to warrant labels such as stress
resistant (Luthar, 1991). This still challenges the utility of a global label. This has
been addressed in a number of studies by use of the term competence with reference to
specific areas of functioning (see for example, Easterbrook et al., 1993; Garmezy &
Masten, 1986; Garmezy et al., 1984; Luthar, 1993; Luthar & Ripple, 1994; Luthar &
Zigler, 1991; Masten, 1986; Masten et al., 1988; Sameroff & Seifer, 1983; Seifer &
Sameroff, 1987). For this paper the term competence will be used if this has been
used in the research being referenced and where possible, the area/s of competence will be specified. Other than this, the term resilience will be used.

For the purposes of intervention, a description of the areas in which a child is coping or competent and those in which they are not would allow a better understanding of the child's needs. This would also provide a more complete picture of the interplay of the various factors and processes which contribute to vulnerability and resilience. Such a description of competence would need to incorporate the dimension of time including developmental processes, changes in support systems, and age-appropriateness of coping mechanisms (Mrazek & Mrazek, 1987) as competencies may vary over time depending on child-specific factors such as cognitive abilities, and situational factors such as parental forms of discipline.

The variability of competence over time has been shown in studies such as that of Farber and Egeland (1987). In their study, some infants in high-risk environments were considered competent at some of the assessment periods, however, none of them were assessed as competent at all of the assessment periods. These findings add weight to both the notions of (a) a limit to resilience given on-going stressors and the compounding effect of stressors; and (b) the 'bounce back' aspect of resilience whereby children who are not considered competent at one assessment period may, with some alleviation of stressors, present as competent at subsequent assessment period/s (Garmezy, 1993; Werner, 1993; Werner & Smith, 1982, 1992).

Terminology has tended to lag behind the research findings, hence the on-going use of the term 'resilience' when more specific terms are needed to describe accurately the multi-dimensional aspects of the concept currently included in this term. Resilience is a comparative term. It only applies when there has been stress of a significant nature and duration and when this has been coped with well, that is, better than expected. Also
inherent in the term is a comparison between the competence of individuals who have been subject to the stressor and comparable individuals who have not. There are a number of terms descriptive of factors and processes relevant to the field of resilience. A description and examination of these terms follows as a prelude to the section on models of resiliency.

**Stressors**

Resilience occurs in the face of life stress, stress factors or stressors. A comprehensive definition of stress is provided by Garmezy and Masten (1990, p. 462). They define stress by four features which in brief are: stress is a distinct stimulus event which can modify an individual's psychological and/or physiological equilibrium; this modification of equilibrium can disrupt an individual's adaptation; the state of arousal generated by this equilibrium has neurophysiological, cognitive, and emotional consequences; the efforts made to resolve the stress are referred to as coping.

Research in this area often uses the life events method to operationalise stress (Cowen, Wyman, Work & Parker, 1990; Johnson & McCutcheon, 1980; Luthar, 1991). Measures of life events typically include a mix of items relating to both specific events, such as the death of a parent, and chronic adverse situations such as on-going violence in the family. Luthar and Zigler (1991) provide a succinct summary of the salient methodological issues associated with measures of life events. In particular, care needs to be taken not to imply causality when there is a correlation between stress and adjustment.

Within the broad arena of life events one approach has been to use specific stressful life experiences such as parental psychopathology (Garmezy, 1974); parental divorce (Wallerstein, 1983) and institutionalisation (Rutter & Quinton, 1984) to identify factors associated with adjustment. Limitations of such studies include the absence of control
groups, problems with issues of causality, and difficulty in identifying relevant aspects of the life event such as context (Luthar & Zigler, 1991). The timing and duration of exposure to the stressor, including its chronic or episodic nature, are also relevant to considerations of its impact on the individual (Cicchetti & Garmezy, 1993; Egeland et al., 1993; Richters & Weintraub, 1990).

Specificity of the life event also needs to be considered. For example low socio-economic status (SES), a commonly researched stressor, references a number of specific factors. On its own low SES provides little, if any information on the process/es whereby it affects adjustment. Specific factors such as parental occupation, subsumed by the generic SES rating do not address how the child is parented, a factor which has been shown to be more influential in a child's adjustment than parental occupation (Baldwin et al., 1990; see also Baldwin et al., 1993; Richters & Martinez, 1993).

Rather than a focus on major life events, some researchers have concentrated on minor everyday stresses referred to as hassles (Lazarus, 1984). Lazarus and his colleagues argue that using hassles rather than life events allows consideration of the individual's perception of the event and its effect on their life. Because hassles refer to smaller units of behaviour they are more homogeneous in meaning, are likely to occur more frequently in short time periods and can therefore be more easily manipulated for experimental purposes, particularly in prospective studies. Hassles and major life events do not occur independently; they interact, each affecting and being affected by, the other.

Several methodological concerns have been raised about studies in the area of hassles including confounding between hassles and outcomes. A central issue here is the individual's evaluation of an event; whether this can be measured separately from the
occurrence of the event in terms of the effect on adjustment (Cohen, 1988) or whether the stress arises from the individual's perception of the event occurrence and their ability to cope with it (Lazarus et al., 1985).

It appears that consideration of both major and minor events as stressors would be more useful in gaining an understanding of adjustment and the processes underlying it, than either in isolation. Major life events and hassles are not mutually exclusive, both occur in people's lives, and it is likely that both will be components of a significant stressful event. Research which examines both may provide a more comprehensive understanding of stressors as it takes into account a broader range of information in terms of the nature of the event, context, frequency, duration, and the individual's perception of it.

In addition to life stress, child attributes such as personality and temperament, and environmental factors such as social status and parenting ability also play a part in adjustment. Compared with studies in adjustment predicted by life stress alone, studies which have considered all three, that is child attributes, stressful life events, and environmental factors, have accounted for a far greater proportion of the variance (Garmezy et al., 1984; Seifer & Sameroff, 1987; Wertlieb et al., 1987).

In summary, stressors cover a range of events, situations, attributes and environmental factors which, depending on the study, may be considered in isolation or combination. It is the child's adjustment in the face of stressor/s which is of interest in the research on resilience.

Anthony (1987) makes a distinction between stress research and risk research on the basis of methodological differences. In the recent literature this distinction is made as
methodological differences within the field of research on resiliency rather than as separate fields on the basis of type of stressor/s and methodology.

Risk and risk factors
Risk, risk factors and risk status all refer to statistical probabilities. Risk factors can be defined as "those factors that, if present, increase the likelihood of a child developing an emotional or behavioral disorder in comparison with a randomly selected child from the general population" (Kimchi & Schaffner, 1990; p. 476). For example, in a population of children of schizophrenic parents it is estimated that 10-15 percent will develop schizophrenia themselves, so 'having schizophrenic parents' is a risk factor. It does not however, convey anything about the individual or the other factors and processes to which they may be exposed (Luthar, 1993).

In risk research the distinction is made between proximal and distal variables. Distal variables such as socio-economic status (SES) and parental mental illness do not impinge directly on the child but are mediated by proximal variables such as inadequate medical care and family violence which do impinge directly.

Some researchers see distal variables acting through mediators (sometimes referred to as mediating variables or consequences) to impinge on the child through one or more proximal variables (Baldwin et al., 1990; Baldwin et al., 1993) while others (Luthar, 1993) view the proximal variable as the mediator. This appears to reflect a difference in terminology and in attempts to clarify elements or stages of the process whereby distal and proximal variables impinge on a child rather than a fundamental conceptual difference.

Distal variables include, but are not limited to, genetic risk factors and proximal variables are non-genetic risk factors. Distal factors such as social class operate
through such a wide variety of proximal variables, which may also interact, that it is virtually impossible to control all of the proximal mediators of a distal variable. Distal and proximal risk variables can be seen as ends of a continuum (Baldwin et al., 1990).

While any environmental risk factor can fall anywhere on the distal-proximal continuum, it cannot be assumed that it will carry equivalent levels of risk to all children exposed to it (Luthar, 1993), nor can it be assumed that it will carry the same level of risk to the same child at different life stages.

In summary, presence of a risk factor tells us nothing more than that about an individual; it does not imply the presence of a genetic, or other, diathesis. For example, statistical data that 10-15 percent of offspring of schizophrenic parents develop schizophrenia themselves does not mean that all offspring of schizophrenics are 10-15 percent of the way along to schizophrenia or some other form of psychopathology or maladjustment. It is the factors and processes in the individual's life which will contribute to their level of adjustment or psychopathology, not the statistical frequency in a population (Luthar, 1993; Richters & Weintraub, 1990).

Resilience is concerned with individual variations in response to a similar exposure to risk factor/s. If there is not similarity of exposure then a better outcome may simply be a reflection of a lesser exposure to the risk factor/s (Rutter, 1990). It is an understanding of the risk mechanism, not just the risk factor which is needed. A number of studies have used multiple indices of risk to explore this (e.g. Egeland et al., 1993; Farber & Egeland 1987; Luthar, 1991; Radke-Yarrow & Brown, 1993; Rutter & Quinton, 1984; Sameroff & Seifer, 1983; Werner & Smith, 1977, 1982, 1992). This is particularly important given that many risk factors appear to have a cumulative rather than a directly additive effect (Rutter, 1979; Werner & Smith, 1992). While raising some methodological and conceptual questions the use of multiple indices of risk has
been advocated as one of the most promising in the study of resilience (Cicchetti & Garmezy, 1993; Seifer & Sameroff, 1987; Luthar, 1993).

While risk is associated with group or population data, the concept of vulnerability refers to the individual. This distinction is an important one, particularly in settings such as schools and clinical practice where the focus is on the individual and their situation. The term resilient has been applied to individuals who have successfully managed the events or circumstances on the basis of which they were defined as vulnerable.

**Vulnerability**

Vulnerability refers to the "susceptibility or predisposition of an individual to negative outcomes" (Masten & Garmezy, 1985; p. 8) where the emphasis is on predisposition of the individual rather than the group identity associated with risk factors. Within the field of psychopathology, vulnerability usually refers to either a predisposition to a specific disorder, such as the aetiology of schizophrenia, or a general susceptibility to stress, both internal and external.

Murphy and Moriarty (1976) made the distinction between *primary vulnerability*, to refer to innate characteristics, and *secondary vulnerability*, or acquired vulnerability to refer to that arising from interactions between the child and the environment. They portray vulnerability as a continuum with primary and secondary vulnerability as the poles. As with distal and proximal risk factors, the vulnerability continuum recognises context and interaction between the individual and their environment throughout a developmental process. This is consistent with the transactional model of Sameroff and Chandler (1975). It cannot be assumed however, that adverse life events or circumstances will absolutely increase an individual's vulnerability. Successfully
managing such events or circumstances can enhance resiliency (Garmezy et al., 1984; Murphy & Moriarty, 1976; Werner, 1992).

Various researchers have referred to the identification of specific markers of vulnerability as a way to bring precision to the measurement of risk in respect of resilience (Masten & Garmezy, 1985; Garmezy & Masten, 1986; Luthar, 1993). This is in line with Holzman's (1982) argument that, by definition, vulnerability must be observable or measurable. The focus to date with vulnerability markers has been on major mental disorders but the complex nature of this work and the difficulties in validation have thus far prevented the discovery of specific markers.

The defining feature of both the concepts of vulnerability and protective mechanisms is that "there is a modification of the person's response to the risk situation" (Rutter, 1990; pp. 184-185). The factors and mechanisms which ameliorate an individual's vulnerability are referred to as protective factors and protective mechanisms.

**Protective factors and mechanisms**

Protective factors are "associated with adaptation and competence under conditions in which maladaptation and incompetence are anticipated and foreseen but remain unrealised" (Garmezy & Masten, 1986; p. 510). The emphasis is on the protective effect of the variable/s in interaction with risk. Variables that have a protective effect regardless of risk are not protective factors and have been referred to as 'resource factors' (Conrad & Hammen, 1993; p 594).

Protective factors are often seen as the reverse side of risk and in many cases this is true, for example education is a protective factor while its lack is identified with risk. However, it is also true that protective factors can be independent of risk. In an incidence study of psychiatric disorder in 10 year olds (Rutter et al., 1974) extensive
data were collected in an inner city London borough and on the Isle of Wight, two very different demographic areas. Six risk factors were identified: 1) severe marital discord, 2) low social status, 3) overcrowding or large family size, 4) paternal criminality, 5) maternal psychiatric disorders, and 6) admission of the child into care of local authority, that is, placement outside of the family. In the high-risk group it was found that if one of the parents had a warm, loving relationship with the child, and there was an absence of criticism, this was a protective factor and markedly reduced the incidence of psychiatric disorder. Despite familial discord only one quarter of the offspring in the high-risk group showed evidence of psychiatric disorder when this protective factor was present.

Rutter (1979) also found that the rates of psychiatric disorder varied with the cumulative frequency of the six risk factors. The presence of one risk factor made little appreciable difference in the probability of the child having a psychiatric disorder when compared with the rates for children in families free of risk. However, the presence of two risk factors produced a four-fold increase in risk and the presence of four or more factors raised the children's risk for psychiatric disorder ten-fold. The cumulative effect of risk factors is also borne out by Werner and Smith's (1992) findings. They found that those in the high risk group who had serious coping problems as adults had at least two of the following: a criminal record, a broken marriage, chronic mental health problems, and a poor self-concept.

Protective factors include both individual and environmental characteristics and events. In a comprehensive review of the literature, Garmezy (1985) classified potential protective factors into three broad categories:

(1) dispositional attributes of the child. The emphasis here is on temperament/personality attributes such as activity, autonomy, positive social orientation, self-esteem and related qualities.
family cohesion, support and warmth and an absence of familial discord and neglect.

(3) the availability, and utilisation, of external support systems and resources.

It has been stated that protection or risk refers to the way in which the factor interacts with other factors, rather than to a quality of the factor itself (Rutter, 1987). As stated earlier, these are relational terms. Protective or risk factors only have meaning (and effect) in the presence of stressors. It is the context in which the factor operates that determines whether it is a stressor, a vulnerability factor or a protective factor. For example, Luthar (1991) found that intelligence and positive life events were vulnerability factors when stress was high, not protective factors as had been found in other studies. Luthar suggests that the greater sensitivity of more intelligent children to their environments may account for their higher susceptibility to stressors (see also Luthar & Ripple, 1994). This finding does not now "make" intelligence or positive life events vulnerability factors any more than other studies "made" them protective factors. What it does is to highlight the importance of context and the processes whereby these factors interact and impinge on the person.

Given that meaning is derived from the interaction rather than the factor per se, Rutter (1987) advocates the use of the terms 'mechanisms' or 'process' instead of 'factors' (which generates the terms 'protective mechanisms' or 'protective process', and 'risk mechanisms' or 'risk process') to recognise this interaction and the essential role of context. The use of such terms challenges the assumptions inherent in studies which have sought to identify factors associated with resilience/competence in high risk individuals or individuals in high risk environments. The underlying assumptions of these studies have been that the locus of these protective factors is the individual and that the factors will be similar across individuals and contexts. Studies such as that of Baldwin, Baldwin and Cole (1990) have questioned both these assumptions. They
hypothesised that it is families that are stress-resistant rather than children. Their research findings supported both this and their other hypothesis, namely, that the pattern of parental variables shown by successful parents in high-risk families is different from that shown by successful parents in low-risk families. While other researchers have certainly acknowledged a warm and supportive family environment as an important protective factor (Garmezy, 1985; Werner & Smith, 1982), relatively little research has been done on contextual features such as the nature of risk in the environment and the role of parental/family variables in terms of an individual's competence (see Baldwin et al., 1993; Richters & Martinez, 1993; Spencer et al., 1993).

Ambiguities in terminology arise when researchers prefer to use the term 'protective factors' because of tradition and popular practice while using the term to refer to "an interactive process frequently associated with the factor in question, not to the factor itself" (Kimchi & Schaffner, 1990; p. 479). This reflects the lag between developments in the field and changes in terminology, and the confusion that arises when the meaning of terms is altered (Cicchetti & Garmezy, 1993).

Use of the terms thus far discussed is best clarified by understanding the different processes through which they moderate the effects of life stresses. These processes are incorporated in theoretical models of vulnerability and resilience.

2. Models of resiliency

Several models have been proposed with respect to the research findings on resilience. The predominant models and relevant theoretical developments in the literature will be briefly reviewed. In summary these are: the theory of genotype -> environment effects (Scarr & McCartney, 1983); the developmental niche framework (Super & Harkness,
1986); the compensatory, challenge, and immunity-versus-vulnerability models (Garmezy et al., 1984); a conceptual model of developmental, psychobiological integration (Trickett & Putnam, 1993); the transactional model (Sameroff & Chandler, 1975); vulnerability and protective processes (Rutter, 1987, 1990, 1991); a process model (Belsky, 1984; Belsky & Vondra, 1989).

A. **Theory of genotype -> environment effects**

In this theory, Scarr and McCartney (1983) propose that the genotype largely determines environmental effects on development because it determines the organism's responsiveness to environmental opportunities. Thus the child's phenotype, or observable characteristics, is a function of the child's genotype and their rearing environment.

This theory hypothesizes processes by which genotypes and environments combine across development. They propose that the process by which children develop can best be described by three kinds of genotype: (1) a *passive* kind, whereby the biological parents provide an environment that is correlated, either positively or negatively, with the genotype of the child; (2) an *evocative* kind, whereby the child, influenced by her/his genotype, elicits responses from others; and (3) an *active* kind, whereby the child selectively attends to, and learns from, different environments. This is sometimes referred to as niche-picking or niche-building.

Passive genotype -> environment effects are more likely to be seen in infants and young children. Although they can selectively attend to what is offered, they are less able than older children to seek out environments and niche-build. Young infants who are neglected will often present as passive, showing little or no activity or interaction. They have learned that since there is no correlation between expression of their needs and having them met, they have no agency or control. In such situations they 'shut
down' and their lack of responsiveness reflects the lack of responsiveness in the environment.

Dunn's (1993) research on people reared by mothers who were diagnosed as psychotic provides an example of evocative and active genotype -> environment effects. Coping strategies given by the participants included having one or more person/s whom they saw as supportive and helpful when they were children. These people were seen as safe, the participants felt welcome in their home/s, and they were available on a somewhat regular basis. Many participants, particularly women, described actively seeking out such people while the men took a more passive role of accepting offered support or friendship. The men's response would fit with the evocative genotype -> environment effect, that is, they evoked supportive and caring responses from others. The women evoked supportive and caring responses from others, however they also actively sought out supportive people and environments which fits with the active, niche-picking genotype -> environment effects.

Evoking caring responses or successfully seeking out supportive people and environments would reinforce these behaviours and enhance the individual's self-confidence, internal locus of control, and sense of self-efficacy thus contributing to the maltreated individual's competence.

In recognising the influence the child's interaction with their environment has on their development, Super and Harkness (1986) have focused on the cultural context of child development.

B. The developmental niche

The 'developmental niche' was proposed as a framework for examining the cultural structuring of child development (Super & Harkness, 1986). In this framework the
child and the culture are seen as mutually interactive systems. The developmental niche has three components: (a) the physical and social settings in which the child lives, (b) the customs of child care and child rearing, and (c) the psychology of the caretakers. These three subsystems form the cultural context of child development. They share a common function in organising the individual's developmental experience. The subsystems tend to be kept in harmony with each other, and appropriate to the developmental and individual characteristics of the child, by homeostatic mechanisms. The subsystems, however, have different relationships to other features of the larger environment thus allowing somewhat independent routes of disequilibrium and change in the rearing of different groups of children.

Super and Harkness (1986) place importance on culturally specific themes. These themes run across stages and may bring about a subtle reframing of the task for any one stage. A child abstracts the social, affective, and cognitive rules of the culture from the regularities within and among the subsystems, and thematic continuities and progressions across the niches of childhood.

Historical, social, and cultural features influence the perception and definition of child maltreatment (de Mause, 1974; Garbarino & Ebata, 1983; Giovannoni & Becerra, 1979; Rohner & Rohner, 1980). The child who experiences every subsystem in their world as maltreating, for example, at home, school, social contacts, will develop to adapt to this culture. The child who experiences different "rules" in each sub system, for example, maltreatment in the home but not in school and social contexts, will develop ways of being in "normal", non-maltreating settings which will contribute to their competence and adjustment. From such experiences the child may also abstract the rules of the culture, such as, maltreatment is not acceptable and is often kept secret, parents are expected to love and nurture their children.
The child and the environment (including culture) as mutually interactive systems is a common feature of the models proposed to understand the results of studies on resiliency.

C. The compensatory, challenge, and immunity-versus-vulnerability models

In considering the role of the environment in the interactions between the child and environment, Garmezy, Masten and Tellegen (1984) concentrate on environmental stress and the impact of this and personal attributes on adjustment. They proposed three models to describe the impact of personal attributes and environmental stress on adjustment. The compensatory model is a simple additive one where stressors, which tend to lower levels of competence, and personal attributes, which tend to improve levels of competence, combine additively in the prediction of outcome. The second is the challenge model which treats moderate stress as a potential enhancer, by allowing for a curvilinear relation between stress and competence. The third model has been called the immunity-versus-vulnerability model (Garmezy et al., 1984; Kimchi & Schaffner, 1990), the protective factor model (Garmezy et al., 1984), and the protective versus vulnerability model (Luthar & Zigler, 1991). In this model there is a conditional relationship between stress (e.g. maltreatment) and personal attributes (see later section on specific protective factors) with respect to adaptation whereby protective factors modulate the impact of stress as a variable. Thus, when certain protective factors are present, adaptation to a stressful situation will be easier than when these factors are lacking, suggesting that these factors impart a kind of "immunity" against stress. The reverse applies for attributes of personal vulnerability. The three models are not mutually exclusive and all three have some explanatory power when considering the research on resiliency.

Although the three previous models were not specifically developed in respect of child abuse, they have been proposed to explain the results of research in this area. The next
model is specific to child abuse. Whilst the focus is on sexual abuse and the adolescent stage of development, the integrative nature and main tenets of the model make it generalisable across other forms of maltreatment and thus require its consideration.

D. A conceptual model of developmental, psychobiological integration

Trickett and Putnam's (1993) conceptual model proposes directly traceable mechanistic relationships between the impact of (sexual) abuse on specific psychological and biological developmental processes for females and some of the adult outcomes of that abuse (refer Fig. 2).

![Figure 2. A conceptual model of the psychobiological effects of sexual abuse (Trickett & Putnam, 1993).](image)

To understand the long-term impact of (sexual) abuse, they propose that it is necessary to investigate how it may interfere with both the psychological and biological processes.
of (pubertal) development. The model has three main tenets: (1) psychological stress is induced by (sexual) abuse experienced prior to and during puberty, (2) to the extent that there are stress-producing factors additional to those which characteristically operate during puberty, there will be an increase in the degree to which the pubertal period is stressful, and in the degree to which there is less-than-optimal negotiation of the developmental tasks of this period, and (3) the stress induced by (sexual) abuse will have physiological concomitants that affect the developing child.

Although the model is applied specifically to sexual abuse and the impact of this on pubertal development in females, it is a conceptual model which could usefully be applied to other forms of child maltreatment and the developmental processes of other stages. The factors which contribute to the degree of trauma, that is, type/s, duration, and frequency of the abuse (and neglect); relationship to the abuser/s; use of physical force or threats; and, age of onset are relevant to all forms of maltreatment as are the 'acute responses' of psychological and physiological stress, the 'modifiers' of family and peer support and developmental stage, and the 'outcomes' which include both competencies and psychopathology. There is an interaction between physiological stress and the 'hormonal milieu' which in turn impacts on the developmental (pubertal) stage and the outcomes. Moving into the area of emotional child abuse, this model could fit well with the findings on psychosocial dwarfism or non-organic failure to thrive.

Psychosocial dwarfism and non-organic failure to thrive are medical diagnoses given when children fail to grow normally in the absence of organic disease. Given the lack of organic explanation the main assumption in such cases is that the child's condition is due to maternal deprivation or a combination of emotional and nutritional deprivation (MacCarthy, 1979; Skuse, 1989, Weston et al., 1993). The locus of the child's emotional deprivation and stress has moved in recent years from a focus on the mother.
to the entire family, and the family environment (Crittenden, 1987; Oates, 1985; Weston et al., 1993).

Trickett and Putnam (1993) present a rationale for expecting maltreatment to have an impact on the following areas of development: feelings of self-worth, beliefs about power and control, beliefs about (and objective evidence of) cognitive and social competence, feelings of depression or negative affect, dissociation, aggressiveness, and sexual acting out. With the possible exception of the last item which is specifically linked to sexual abuse, all of these are factors which are commonly found in the literature on resiliency and child maltreatment.

This model is similar in a number of features to other interaction models in as much as it takes into account the developmental process and the effects of abuse on the child's management of transitions from one developmental stage to the next. It also recognises the importance of the child's relationships with caregiver(s), other family members and peers, and it accounts for both positive and negative outcomes. A possible limitation is that the model originates with the maltreatment and little attention is given to factors and processes involving the child and the parent(s) which are likely to play a significant part in its occurrence, particularly if a parent is the perpetrator.

Attention to processes is a feature of more recent developments in the field of research on resiliency and competence. Sameroff and Chandler's (1975) transactional model has such a focus.

E. **Transactional model**

Sameroff and Chandler (1975) proposed a transactional model that recognises the malleability of both the individual and their environment and views the individual as actively participating in their own growth. Thus, the child and the environment are
data were collected in an inner city London borough and on the Isle of Wight, two very different demographic areas. Six risk factors were identified: 1) severe marital discord, 2) low social status, 3) overcrowding or large family size, 4) paternal criminality, 5) maternal psychiatric disorders, and 6) admission of the child into care of local authority, that is, placement outside of the family. In the high-risk group it was found that if one of the parents had a warm, loving relationship with the child, and there was an absence of criticism, this was a protective factor and markedly reduced the incidence of psychiatric disorder. Despite familial discord only one quarter of the offspring in the high-risk group showed evidence of psychiatric disorder when this protective factor was present.

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saw as supportive and helpful when they were children. These people were seen as
safe, the participants felt welcome in their home/s, and they were available on a
somewhat regular basis. Many participants, particularly women, described actively
seeking out such people while the men took a more passive role of accepting offered
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environment effect, that is, they evoked supportive and caring responses from others.
The women evoked supportive and caring responses from others, however they also
actively sought out supportive people and environments which fits with the active,
niche-picking genotype -> environment effects.

Evoking caring responses or successfully seeking out supportive people and
environments would reinforce these behaviours and enhance the individual's self-
confidence, internal locus of control, and sense of self-efficacy thus contributing to the
maltreated individual's competence.

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development, Super and Harkness (1986) have focused on the cultural context of child
development.

B. The developmental niche
The 'developmental niche' was proposed as a framework for examining the cultural
structuring of child development (Super & Harkness, 1986). In this framework the
child and the culture are seen as mutually interactive systems. The developmental niche has three components: (a) the physical and social settings in which the child lives, (b) the customs of child care and child rearing, and (c) the psychology of the caretakers. These three subsystems form the cultural context of child development. They share a common function in organising the individual's developmental experience. The subsystems tend to be kept in harmony with each other, and appropriate to the developmental and individual characteristics of the child, by homeostatic mechanisms. The subsystems, however, have different relationships to other features of the larger environment thus allowing somewhat independent routes of disequilibrium and change in the rearing of different groups of children.

Super and Harkness (1986) place importance on culturally specific themes. These themes run across stages and may bring about a subtle reframing of the task for any one stage. A child abstracts the social, affective, and cognitive rules of the culture from the regularities within and among the subsystems, and thematic continuities and progressions across the niches of childhood.

Historical, social, and cultural features influence the perception and definition of child maltreatment (de Mause, 1974; Garbarino & Ebata, 1983; Giovannoni & Becerra, 1979; Rohner & Rohner, 1980). The child who experiences every subsystem in their world as maltreating, for example, at home, school, social contacts, will develop to adapt to this culture. The child who experiences different "rules" in each sub system, for example, maltreatment in the home but not in school and social contexts, will develop ways of being in "normal", non-maltreating settings which will contribute to their competence and adjustment. From such experiences the child may also abstract the rules of the culture, such as, maltreatment is not acceptable and is often kept secret, parents are expected to love and nurture their children.
The child and the environment (including culture) as mutually interactive systems is a common feature of the models proposed to understand the results of studies on resiliency.

C. The compensatory, challenge, and immunity-versus-vulnerability models

In considering the role of the environment in the interactions between the child and environment, Garmezy, Masten and Tellegen (1984) concentrate on environmental stress and the impact of this and personal attributes on adjustment. They proposed three models to describe the impact of personal attributes and environmental stress on adjustment. The *compensatory model* is a simple additive one where stressors, which tend to lower levels of competence, and personal attributes, which tend to improve levels of competence, combine additively in the prediction of outcome. The second is the *challenge model* which treats moderate stress as a potential enhancer, by allowing for a curvilinear relation between stress and competence. The third model has been called the *immunity-versus-vulnerability model* (Garmezy et al., 1984; Kimchi & Schaffner, 1990), the *protective factor model* (Garmezy et al., 1984), and the *protective versus vulnerability model* (Luthar & Zigler, 1991). In this model there is a conditional relationship between stress (e.g. maltreatment) and personal attributes (see later section on specific protective factors) with respect to adaptation whereby protective factors modulate the impact of stress as a variable. Thus, when certain protective factors are present, adaptation to a stressful situation will be easier than when these factors are lacking, suggesting that these factors impart a kind of "immunity" against stress. The reverse applies for attributes of personal vulnerability. The three models are not mutually exclusive and all three have some explanatory power when considering the research on resiliency.

Although the three previous models were not specifically developed in respect of child abuse, they have been proposed to explain the results of research in this area. The next
model is specific to child abuse. Whilst the focus is on sexual abuse and the adolescent stage of development, the integrative nature and main tenets of the model make it generalisable across other forms of maltreatment and thus require its consideration.

D. **A conceptual model of developmental, psychobiological integration**

Trickett and Putnam's (1993) conceptual model proposes directly traceable mechanistic relationships between the impact of (sexual) abuse on specific psychological and biological developmental processes for females and some of the adult outcomes of that abuse (refer Fig. 2).

![Figure 2](image-url)  
**Figure 2.** A conceptual model of the psychobiological effects of sexual abuse (Trickett & Putnam, 1993).

To understand the long-term impact of (sexual) abuse, they propose that it is necessary to investigate how it may interfere with both the psychological and biological processes.
of (pubertal) development. The model has three main tenets: (1) psychological stress is induced by (sexual) abuse experienced prior to and during puberty, (2) to the extent that there are stress-producing factors additional to those which characteristically operate during puberty, there will be an increase in the degree to which the pubertal period is stressful, and in the degree to which there is less-than-optimal negotiation of the developmental tasks of this period, and (3) the stress induced by (sexual) abuse will have physiological concomitants that affect the developing child.

Although the model is applied specifically to sexual abuse and the impact of this on pubertal development in females, it is a conceptual model which could usefully be applied to other forms of child maltreatment and the developmental processes of other stages. The factors which contribute to the degree of trauma, that is, type/s, duration, and frequency of the abuse (and neglect); relationship to the abuser/s; use of physical force or threats; and, age of onset are relevant to all forms of maltreatment as are the 'acute responses' of psychological and physiological stress, the 'modifiers' of family and peer support and developmental stage, and the 'outcomes' which include both competencies and psychopathology. There is an interaction between physiological stress and the 'hormonal milieu' which in turn impacts on the developmental (pubertal) stage and the outcomes. Moving into the area of emotional child abuse, this model could fit well with the findings on psychosocial dwarfism or non-organic failure to thrive.

Psychosocial dwarfism and non-organic failure to thrive are medical diagnoses given when children fail to grow normally in the absence of organic disease. Given the lack of organic explanation the main assumption in such cases is that the child's condition is due to maternal deprivation or a combination of emotional and nutritional deprivation (MacCarthy, 1979; Skuse, 1989, Weston et al., 1993). The locus of the child's emotional deprivation and stress has moved in recent years from a focus on the mother.
to the entire family, and the family environment (Crittenden, 1987; Oates, 1985; Weston et al., 1993).

Trickett and Putnam (1993) present a rationale for expecting maltreatment to have an impact on the following areas of development: feelings of self-worth, beliefs about power and control, beliefs about (and objective evidence of) cognitive and social competence, feelings of depression or negative affect, dissociation, aggressiveness, and sexual acting out. With the possible exception of the last item which is specifically linked to sexual abuse, all of these are factors which are commonly found in the literature on resiliency and child maltreatment.

This model is similar in a number of features to other interaction models in as much as it takes into account the developmental process and the effects of abuse on the child's management of transitions from one developmental stage to the next. It also recognises the importance of the child's relationships with caregiver(s), other family members and peers, and it accounts for both positive and negative outcomes. A possible limitation is that the model originates with the maltreatment and little attention is given to factors and processes involving the child and the parent(s) which are likely to play a significant part in its occurrence, particularly if a parent is the perpetrator.

Attention to processes is a feature of more recent developments in the field of research on resiliency and competence. Sameroff and Chandler's (1975) transactional model has such a focus.

E. Transactional model

Sameroff and Chandler (1975) proposed a transactional model that recognises the malleability of both the individual and their environment and views the individual as actively participating in their own growth. Thus, the child and the environment are
seen as mutually influencing with the child being involved in an on-going process of active reorganisation. They view the constants in development not as some set of traits or inborn deficit but as the processes by which traits are maintained in such interactions. This model assumes that a child has been involved in a continuous maladaptive process if there is deviant development or maladaptation across time.

Sameroff and Chandler (1975) believe there are a surprisingly few developmental outcomes given the wide variety and range of influences on development. They propose a self-righting and self-organising tendency whereby there will be a normal developmental outcome in all but the most adverse of circumstances. Given this tendency they examine two possibilities regarding the production of deviant development; the 'continuum of reproductive casualty' and the 'continuum of caretaking casualty'. These two continuua are seen as closely interrelated in the production of positive or negative developmental outcomes and the child's position must be considered on both of them. Cicchetti and Rizley (1981) make the comment that rather than viewing maltreatment as the result of a stressful environment or of characteristics or traits of the parent/s or child, the transactional developmental perspective focuses on underlying dysfunction in the parent-child-environment system. This emphasis on processes rather than factors concurs with the work of Rutter (1987; 1990).

F. Vulnerability and protective processes
While not a model as such, Rutter's (1987, 1990, 1991) attention to processes and mechanisms rather than individual factors has played a significant part in the development of models and research methodology in the area of resiliency. Rutter (1991) states that the following principles and concepts of development are relevant to an understanding of resiliency: a life span perspective which includes the content of emotions and social relationships as well as capacities; the timing of experiences; the
influence of sensitivities and vulnerabilities deriving from the psychological processes at the time; the effect of experiences and how these are perceived and responded to when they arise at non-normative times; continuities and discontinuities, so no assumptions are made about patterns set for life; no presupposition that normal or abnormal development does or does not involve the same mechanisms or share the same qualities; and the recognition of heterotypic as well as homotypic continuities, that is, that behaviours may change in form while reflecting some basic process.

In consideration of resiliency Rutter (1987, 1990, 1991), has focused on interactive processes and mechanisms of operation. With respect to vulnerability and protective mechanisms he states that the "essential defining feature is that there is a modification of the person's response to the risk situation" (Rutter, 1990; pp. 184-185). It is emphasised that the vulnerability or protective effect is only evident in combination with the risk variable. A focus on processes or mechanisms, rather than the variable or factor, also removes the need to label the factor as a direct risk mechanism or an indirect vulnerability or protective process. A factor is not inherently a direct or indirect, vulnerability or protective factor. A factor may be associated with a vulnerability or protective process for a specific individual in a particular situation. This does not mean however, that this will remain so across individuals, situations or time. In the area of child maltreatment, coping skills which are useful and part of a protective process at one age may become part of a risk or vulnerability process at another age (Masten et al., 1990; Mrazek & Mrazek, 1987; Werner & Smith, 1992).

With both vulnerability and protective processes there is an interactive mechanism, a catalytic modification of a person's response to a risk situation. In respect of protective processes this refers to a change of life trajectory from risk to adaptation with a focus on the mechanisms involved in the change, particularly those operating at key turning points or transitions in people's lives.
As an example of this, Werner and Smith (1992) found that meeting a caring friend and marrying an accepting and supportive spouse were the most salient turning points for high risk individuals in need of mental health services during their childhood or adolescence (see also Rutter & Quinton, 1984; Quinton et al. 1984). Life events which the men and women in this study considered to be critical turning points were: the birth of their first child; marriage or commitment to a long-term relationship; joining the work force and establishing themselves in a career or job; seeking additional education at (North American) college level; gaining educational and vocational skills through joining the armed forces; and becoming an active member of a church or religious community.

Issues that Rutter (1991) considers relevant to the negotiation of life transitions include: individual differences in the meaning of, and response to, transitions; consideration of both risk and protective factors and the interactions between them; consideration of direct and indirect influences on developmental processes including those that set in motion 'chain reactions', and elucidation of the processes and mechanisms involved; age, including the effects of physiological and psychological development, and the cumulative effects of some experiences.

Rutter (1990) summarises his review of the relevant literature by suggesting that protective processes operate in a range of ways to reduce the risk impact. These include: altering exposure to, or involvement in the risk; reducing the probability of negative chain reactions; cultivating self-efficacy and self-esteem through accessible, supportive and secure personal relationships or success in achieving goals; and the creation of opportunities. These are readily applicable to the area of child maltreatment, providing a succinct framework for prevention and intervention programmes at the individual, family and environmental levels.
Processes are also a significant feature of Belsky and Vondra's (1989) ecological model of the determinants of parenting which considers the role of the parent/s, the child, and contextual sources of stress and support.

G. **A process model**

This is a model of the determinants of parenting (Belsky, 1984; Belsky & Vondra, 1989) which was seeded by Bronfenbrenner's (1977) integrative ecological model of the influences of development (see also Vondra & Toth, 1989). In reviewing both the research and theoretical literature on the aetiology of child abuse and neglect, Belsky and Vondra (1989) distilled out three general sources of influence on parental functioning: (1) the parents' ontogenic origins and personal psychological resources, (2) the child's characteristics of individuality (including their effect on the caregiver), and (3) contextual sources of stress and support. They consider a continuum of influence, that is, that the same factors operate across the entire continuum of parenting from maltreating to high-quality, but vary according to whether they function as an asset or handicap. Their model is presented in Figure 3.

![Figure 3. The determinants of parenting: A process model (Belsky & Vondra, 1989)](image-url)
This model works from the premise that parenting is directly influenced by a number of forces which originate in the personality of the individual parent, the characteristics of the individual child and the social context within which the parent-child relationship occurs. Contextual features which are specifically noted are the occupations and occupational histories of the parents, the marital relationship, and the social networks. The model also assumes that these contextual features, and the parents' developmental histories, will have an influence on their individual personalities and psychological well-being which in turn, will affect their parenting and the development of their child.

In respect of multiple determinants of parenting, this emphasis of the model is similar to Cicchetti and Rizley's (1981) framework for understanding the aetiology of maltreatment. Within their framework the relative balance of potentiating (risk) factors and compensating factors experienced by a family, determine parenting outcomes. Thus when risk factors, either transient or chronic, outweigh any compensatory influences then maltreatment occurs. These two models, the work of Rutter (1987, 1990, 1991), and to some extent, the transactional model of Sameroff and Chandler (1975) concur in their perception of the factors and processes that combine to shape parental functioning, and the effects of this on the child. They recognise multiple pathways influenced by individual attributes and characteristics of both parent and child, historical features such as the parents' developmental histories, social networks and support including the partnership or marital relationship of the parent(s), and circumstantial factors such as job (dis)satisfaction, financial situation, knowledge and understanding of child development. The emphasis is on the interaction between stresses and supports, that is, they are not 'main effects' models.

Main effect and interaction effect models

More recently, Luthar (1993) has placed the models which have been adopted in research on resilience in two broad categories: main effect and interaction effect models.
The interactive model addresses the processes or factors that buffer against risk in high-risk individuals, but whose presence or absence makes little difference to the competence levels of low-risk individuals. The 'main effects' model focuses on the particular attribute which, for high-risk individuals, improves competence if present but not if absent, irrespective of the effect of its presence or absence in low-risk individuals. 'Compensatory' models are 'main effects' models.

These models are not mutually exclusive. Main effect models focus on high risk children, seeking the factors or processes associated with competence/resilience in this group. The interest here is in factors or processes associated with differential competence levels in the high risk group. Interaction effect models also focus on moderating processes but in high risk and low risk groups of children. These processes or factors may or may not be associated with differential competence levels in the low risk group. Both effects may well be operating.

Luthar (1993) provides a comprehensive summary of the varying ways in which the terminology of compensatory and risk, factors and processes, has been used with the different models of resilience. In general, the terms 'protective' and 'vulnerability' processes are used to refer to direct effects of positive versus negative outcomes among high-risk individuals that is, the 'main effects' model. The complexity of interactive processes needs more specific terminology to describe both their existence and directionality.

The models presented above have many features in common; none is completely unique. Consideration of the child, the parent/s, the environment and the interactions between these are frequent they differ mainly in their primary focus. Some, such as those of Scarr and McCartney (1983), Super and Harkness (1986), and Sameroff and Chandler (1975) are models of child development, others focus on parenting (Belsky &
Vondra, 1989), or address resiliency (Rutter 1987, 1990, 1991; Luthar, 1993), and Trickett and Putnam's (1993) is specifically a model of (sexual) abuse. No model to date has been proposed to explain the findings of the research on resiliency where the stressor is child abuse. Given that most attention in the child abuse field thus far has been on the perpetration of abuse and its detrimental effects, it may be that such a model emerges from the resiliency field. This may be achieved by testing the fit of the models thus far described with longitudinal data from studies such as those of Werner and Smith (1977; 1982; 1992) and Egeland and his colleagues (1987; 1988; 1991; 1993). A substantial research study would be required to do this adequately given the large amount of data needed and the complexity of a number of the models to be tested.

The field of resiliency has developed rapidly. An understanding of the processes and mechanisms that underlie an individual's response to stress, both genetic and environmental, throughout changes in development, context, and attachments have lead to a call for more specific terminology and for research that examines multiple indices at the level of individual, family and community over time (Cicchetti & Garmezy, 1993; Garmezy, 1993; Luthar, 1993; Rodgers, 1991; Rutter, 1990). Its positive direction in the areas of prevention and intervention and the allied expectation of positive outcomes have contributed to the growing interest in the study of resilience. The field of child maltreatment, which is often fraught with despair and a belief in the inevitability of intergenerational transmission, is one which requires the concept of resiliency to take a higher profile.

3. Resiliency in relation to child maltreatment

This section will review the literature on resilience in relation to child maltreatment. Children who have been subject to maltreatment, that is child abuse and neglect, are children in high-risk situations. It is recognised that children defined as high-risk
because of physical and/or intellectual handicaps, are also maltreated, and as such are high-risk children in high-risk situations (Garbarino et al., 1987). In their review of the literature Masten and her colleagues (1990) included child maltreatment in the third of their three kinds of distinct phenomena which resilience has been used to describe, this being "recovery from trauma" (p. 426).

Rosenberg (1987) recognised the need for research on emotional child abuse in particular, and resiliency. She emphasised the importance of such research in: promoting psychological well-being; refuting the widely held notions that all maltreated children are emotionally or behaviourally disturbed and that they will perpetuate the maltreatment on their own children; assessing a child's emotional risk in a family as a necessary part of prevention; understanding the interplay of vulnerability and protective factors at the child, parent-child, family and environmental levels; and understanding the role of developmental stages and processes in the vulnerability and resilience of an individual. These are relevant to all forms of child maltreatment.

Emotional child abuse (ECA), or psychological maltreatment as it is often termed, is the unifying construct (Brassard & Gelardo, 1987) or "core construct" (Brassard et al., 1987, p. 14) in child maltreatment. That is, any act of child maltreatment is an act of ECA in that it conveys to the child a message about how they are valued and deserve to be treated (Brassard et al., 1993). Given this, the review will encompass the literature on resiliency and child maltreatment. Literature on resiliency and psychiatric disorders variously termed emotional/neurotic/adjustment disorders, will not be included in this review except where they are associated with child maltreatment.

In the field of resiliency research there have been very few studies on ECA, and these have either included other forms of maltreatment (e.g. Cicchetti et al., 1993; Egeland et al., 1983; Farber & Egeland, 1987; Herrenkohl et al., 1994; Moran & Eckenrode, 1992; Werner & Smith, 1992) or addressed psychological distress in situations where a
number of factors, including child maltreatment, are being considered (e.g. McLoyd, 1990).

Rosenberg's (1987) statement "[t]he specific protective and vulnerability factors operating in situations of psychological maltreatment have yet to be identified" (p. 169) still applies, though there have been some promising findings and explorations (Downey & Walker, 1989; Dunn, 1993; Egeland et al., 1993; Farber & Egeland, 1987; Herrenkohl et al., 1994; McLoyd, 1990; Moran & Eckenrode, 1992; Mrazek & Mrazek, 1987; Rosenberg, 1987; Rutter et al., 1975; Rutter et al., 1974; Werner & Smith, 1992; Werner, 1993; Zimrin, 1986) which will be presented in the next section.

The first part of the next section will review the literature on protective factors and child maltreatment. The cost of resiliency as presented in the literature will be covered in the second part. The third part will look at future directions for research on child maltreatment and resiliency with a particular focus on ECA.

Child maltreatment: A review of the literature on protective factors

The first part of this section will be structured around Garmezy's (1985) three broad categories of potential protective factors, that is,

(A) attributes of the child
(B) factors within the family particularly in the primary caregiver-child relationship
(C) factors within the environment including external support systems and resources.

These are similar to the three clusters of protective factors found by Werner and Smith (1992) to differentiate the resilient group from other high risk youths who developed persistent and serious problems.
The material in this section is presented as single factors which have been found in the literature to be associated with resiliency. Given the widely diverse populations, models, methodologies, and populations used in the research studies from which this material is drawn, it is presented as a summary rather than a comparison between studies.

A. Attributes of the child

This part will be presented in four sub-sections. The first will cover individual attributes of the child such as gender, temperament, intelligence and birth order. The second on individual coping styles will present material on cognitive coping strategies, self-esteem, and beliefs. Coping in interpersonal situations, the third sub-section will focus on skills that facilitate interpersonal relationships. The final section is on abuse-specific factors.

I: Individual attributes

Gender and age.

There is a general view (Rutter, 1989; Rutter et al., 1975; Werner & Smith, 1992) that girls are more resilient than boys in childhood but more vulnerable in adolescence. This does however depend on the context and the nature of the stressor(s). In support of this, and with regard to context McLoyd (1990), for example, found that from early childhood onwards, poor black males showed more social maladaptation than poor black females. She suggests that black girls are more subject than boys to firm, consistent but supportive discipline and that this is conducive to positive socioemotional development (see also Baldwin et al., 1990).
Also, in considering stressful life events in childhood and adolescence whose effects carry over into adulthood, Werner and Smith (1992) found that boys are more vulnerable to separation and loss of caregivers in early and middle childhood while girls are more vulnerable when confronted with chronic discord and disturbed interpersonal relationships in adolescence. In their study of adolescents with a background of child maltreatment, Wolfe and McGee (1994) found possible gender differences in how maltreatment affects development. Boys were affected by physically violent forms of maltreatment, including witnessing violence towards their mothers. Girls' adjustment was a function of maltreatment that was neglectful, such as poor nurturance and inadequate care, and psychological in nature. A significant difference between the boys and girls was that the girls long-term adjustment was associated with the developmental period within which they had experienced the maltreatment. Their adjustment in adolescence improved in correspondence with a substantial reduction of neglect or psychological abuse by middle childhood. This concurs with Werner and Smith's (1992) findings of girls' increased vulnerability in adolescence when exposed to chronic discord and disturbed interpersonal relationships, behaviours that could be considered psychologically abusive.

In their review of the literature on the effects of inter-parental conflict on children's adjustment, Grych and Fincham (1990) caution that children's differences in response to such situations are complex. They go on to say that in a conflict episode, while gender may be related to the child's affect and coping strategies it may not be related to their actual behaviour. In their review of the literature on children's responses to divorce, Masten and her colleagues (1990) noted that boys react with more conduct problems than do girls (Block et al., 1986, 1988; Grych & Fincham, 1990; Emery, 1988; Peterson & Zill, 1986) and that children appear to do better when they live with the same-sex parent.
In a number of studies it is the link between gender and age that has been found to be significant. Masten and her colleagues (1990) point out the similarity in patterns between age-related sex differences and those from the literature on psychopathology. These are: (a) disorders that begin in early or middle childhood often show heightened prevalence in *males* (e.g. conduct disorder, autism); (b) some disorders commonly arising in adolescence show a preponderance of *females* (e.g. anorexia nervosa, depression); and (c) *boys* more often show symptoms of aggressive/disruptive behaviour across all ages (see also Rutter, 1985).

Age has also been shown as relevant in some studies of children who have suffered acute trauma (Gleser et al., 1981; Terr, 1983). In these studies older children showed stronger and more long-term effects, at least in the absence of harm or removal from the primary caregiver. There are however, a number of factors which can affect a child's response to such stressful situations, such as: the child's ability to understand what is happening; their coping strategies (which are also dependent on age and cognitive development); and proximity to the threat (Pynoos et al., 1987). Chronicity and nature of the trauma may also affect the child's response. It has been shown that female adolescents who first experienced maltreatment during childhood were significantly less likely to have protective personality characteristics than those who first experienced maltreatment in adolescence (Moran & Eckenrode, 1992).

While there do appear to be differences related to gender and age in various studies, such findings need to be approached cautiously as it is almost impossible to separate biological gender from the many influences of the development and socialisation processes, from other contextual features, and from the nature of the stressor/s. The work of Egeland and his colleagues (Egeland et al., 1993; Egeland & Kreutzer, 1991; Pianta et al., 1990) has also shown that the relationship between family stress and child
developmental adaptation is complex and may depend on developmental capacities and past history of developmental adaptation as well as the child's sex and age.

**Birth order.**
Being first-born was found to be a protective factor for boys in the longitudinal study of Werner and Smith (1992). Most of the resilient boys were first-born and for the first twenty months of their lives did not have to share their parents' attention. This suggests that the parent(s) were able to focus on meeting the child's needs and developing an appropriate and secure relationship with the child without having to share their available time with other child(ren). This period could also have allowed more opportunity to enjoy the child, to feel comfortable and confident with child-rearing, and to feel better able to meet the demands of a newborn second child, all of which could be conducive to a positive parent-child relationship.

**Temperament.**
In studies of children who have experienced significant life stress an easy child temperament, in infancy and preschool years, has been a strong predictor of later positive adjustment outcomes (Cowen et al. 1990; Werner & Smith, 1992). Conversely, in studies of maltreated children, difficult temperament has been associated with more accidents and greater abuse in an abusive family (Berger, 1985; Carey, 1982; Huttunen & Nyman, 1982). Children with a difficult temperament are considered to be hard to relate to and hard to raise while those with an easy temperament are considered to be easy to care for, easy to relate to, to respond positively to attention or stimulation, and to have a pleasant disposition. Included in the characteristics which are considered in labelling a child as having a difficult or easy temperament are activity level, adaptability, responsiveness, quality of mood and persistence (Chess & Thomas, 1968; see also Porter & Collins, 1982).
Rutter and his colleagues (Rutter et al., 1974; Rutter et al., 1975) found that positive personality disposition was one of a constellation of factors that protected children from psychiatric risk. In a later paper Rutter (1989) cautioned against always deeming an easy temperament a protective factor. He refers to a study of Masai infants (de Vries, 1984) which found that difficult babies were more likely to survive in a life-threatening environment. de Vries suggested that infants with a difficult temperament may be perceived otherwise by the Masai who value assertiveness highly and where large extended families provide many caregivers. Masten and her colleagues (1990), in response to this study, suggested the 'squeaky-wheel' hypothesis, that is, demanding individuals may receive the resources and care essential for survival in harsh conditions.

This would suggest that the match or 'goodness of fit' (Chess & Thomas, 1968; Thomas & Chess, 1984) between characteristics of the child and their environment, including the family and culture, is more likely to determine the contribution of any factor to a protective or vulnerability process than any inherent quality of the factor per se.

**Intelligence.**

In some studies of high-risk individuals, a high IQ has been shown to be a stabilizing or protective factor (Garmezy, 1985; Herrenkohl et al., 1994; Kandel et al., 1988; Masten, 1986; Masten et al., 1988; Pianta et al., 1990; Rutter, 1987; Werner, 1990; Werner & Smith, 1992; White et al., 1989) though in others it has been involved in vulnerability processes (Luthar, 1991; Luthar & Doernberger, 1993; Luthar et al., 1993; Luthar & Ripple, 1994). The 'survivors' of childhood abuse in Zimrin's (1986) study had good cognitive ability with some outstanding and their scholastic achievements were normally above average. These mixed findings support the need to
determine how a factor operates and the processes to which it contributes, rather than defining it as inherently a risk or protective factor.

II: Individual coping styles

Cognitive restructuring of painful experiences.

Herzberger and Tennen (1986) refer to 'emotion-focused' or "secondary" control strategies used to cope with child abuse, particularly where "primary control" or problem-focused coping strategies have failed. These emotion-focused strategies include 'interpretative control' (Rothbaum et al., 1982) which involves the ascription of meaning or purpose to the stressor in response to the question "why me?" While people who have experienced disasters or serious illness or disability are likely to find an answer in terms of fate or "God's will", in the case of child abuse, deservedness is more likely to be the response. It is not uncommon for abused children, including adolescents, to view themselves as deserving of the punishment (Herzberger et al., 1981; Stein & Lewis, 1992). Though this may reduce stress in the short-term by providing meaning, in the long-term the effect on the child's sense of self-worth and self-esteem is likely to be maladaptive.

Attending selectively to positive aspects of an adverse situation is another form of cognitive control. Herzberger and Tennen (1986) quote the following as examples of this: "(a) comparing oneself with less fortunate others, (b) focusing on attributes that make one seem advantaged, (c) creating hypothetical worse worlds, (d) construing benefit, and (e) creating standards by which one's own adjustment appears exceptional" (p. 292). These coping strategies involve distortions of reality and rational thinking which could, if they were to become persistent and pervasive, be associated with maladjustment.
Other findings from the research of Herzberger and her colleagues (Herzberger et al., 1981; Herzberger & Tennen, 1986) on children's perceptions of parental abuse indicate that abuse is likely to have less harmful effects if the child perceives it as caused by external pressures on the parent (see also Grych & Fincham, 1990), and if the child perceives violence as a legitimate means of resolving conflicts. This perception can however lead to other problems as using violence to resolve difficulties is likely to place the child in conflict with authorities such as the school, Justice, and child welfare systems.

Mrazek and Mrazek (1987) present cognitive restructuring as "the ability to reprocess negative events in one's own mind in order to make them more acceptable or congruent with one's view" (p. 361). This may involve some emotional distancing on the part of the child, a focus on positive aspects or an ascription of some good motives to the perpetrator/s of the abuse. If it becomes pervasive and persistent this could lead to a loss of reality or be used to justify wrongdoing. The emotional distancing may also present difficulties in forming close relationships with partners (Herrenkohl et al., 1994; Werner & Smith, 1992) and in parenting (Crowell & Feldman, 1988; Main et al., 1985).

**Management of affect.**

Emotion-focused coping strategies (Herzberger and Tennen, 1986) refer to an individual's efforts to change their emotional response rather than the situation (Folkman & Lazarus, 1980; Pearlin & Schooler, 1978). Mrazek and Mrazek (1987) refer to the child's ability to distance her/himself from intense feelings as an effective defence, preventing the child from being overwhelmed and allowing them to continue functioning. This dissociation of affect may, however, have negative consequences if it becomes persistent and pervasive. The cost of some of the coping skills associated with competence in high-risk individuals is discussed later in this section.
In her research on the coping strategies of maltreated children, Crittenden (1992a) noted that compulsive compliance and avoidance, which implies "the dissociation of affect from behaviour and the inhibition of some behaviour" (p. 341), was evident in abused, neglected and abused-and-neglected children. Such management of affect may be adaptive in the short term in making the parent-child interaction more co-operative and hence less likely to lead to abuse. In the long term however it could reduce the child's opportunities to test expectancies about others' anger thus decreasing their chances of recognising sensitive and tolerant individuals with whom they may come in contact. This could mean that the child's representational models are not easily available for revision which in the long term could be maladaptive. Opportunities to revise their representational models rely on the child's ability to form relationships with others. The skills involved in this will be covered in the following sub-section.

Humour.

Dixon (1975, p. 287) presents a review of diverse literature to support the suggestion that humour is "a cognitive alternative to stress". Masten (1986) found that humour in children ten to fourteen years of age was related to several areas of competence through: (a) the manifestation of intellectual ability, (b) the role of mastery motivation, and (c) peer relations.

Idealisation of an aggressor's competence.

Mrazek and Mrazek (1987) list idealisation of an aggressor's competence as a skill which may foster resilience in maltreated children. They propose that if a child recognises the aggressor's competencies then they can identify with these in a way that will enhance their self-esteem. Further, this identification may facilitate more positive interactions with the aggressor which will lead to a decrease in aggressive behaviour towards the victim.
In attachment theory terms it is possible, with inconsistent parenting, that the child will have foremost a positive model where the attachment figure is perceived as responsive and the child as competent and worthy. This does however, raise some concerns. One is that the child may view the parent's aggressive, 'power-over' behaviours as desirable and try to emulate these. This may be adaptive in the short term if it reduces the parent's aggression to the child. In the long term however, it may be maladaptive as such behaviour will bring the grown child into conflict with the legal system and does not augur well for their parenting or other close relationships.

Second, some studies (Main & Goldwyn, 1984; Steele; 1980) have noted that abusive parents and spouses have a tendency to give global impressions of their parents as fine or wonderful and their childhood as normal or pleasant when they had in fact been maltreated. This would suggest that the exclusion of their own abuse may prevent it from being dealt with thus increasing the possibility that they will parent their own children as they were parented.

Rapid responsivity to danger.
Mrazek and Mrazek (1987, p. 359) in their conceptual exploration of resilience in people maltreated as children, define rapid responsivity to danger as "an ability to recognize and adapt to the requirements of the immediate social setting in order to avoid harm". In their review of resilience and development, Masten et al. (1990) propose that resilient individuals may be able to promptly identify danger, find help, and ascertain ways of gaining safety. This could include responses such as running away (Amsterdam et al., 1979), telling someone about the abuse (Amsterdam et al., 1979; Mrazek & Mrazek, 1987), fighting back (Libbey & Bybee, 1979), or trying to change their own behaviour in an attempt to lessen the severity of the parent's response (Davoren, 1968). If the child's efforts result in a lessening of the severity of abuse
and/or the child's coping response results in an imminent episode of maltreatment being quelled or averted, then the child may derive a sense of control and achievement which could enhance their confidence and competence.

**Internal locus of control.**

Several studies have shown that an internal locus of control is associated with protective processes (Herrenkohl et al., 1994; Luthar, 1991; Luthar & Zigler, 1988; Moran & Eckenrode, 1992; Murphy & Moriarty, 1976; O'Grady & Metz, 1987; Parker et al., 1990; Werner & Smith, 1982). Zimrin (1986), for example, found that the feeling of being able to control and influence their destiny distinguished the 'survivors' of childhood abuse from the 'non-survivors'. This feeling was also much stronger in the 'survivors' than in the non-abused comparison group.

Mrazek and Mrazek (1987) propose that this feeling of control may manifest itself in 'decisive risk taking'. They see this as the opposite of the learned helplessness which many maltreated children acquire. Though internal locus of control may contribute to adjustment in most circumstances, Masten and her colleagues (1990) make the point that a flexible perspective may be the most adaptive as rigidity may contribute to emotional and somatic distress in individuals when they are confronted with loss or harm beyond their control.

**Self-image, self-esteem, self-confidence, self-efficacy.**

A belief in one's own effectiveness, particularly in terms of self-confidence and self-efficacy is a protective factor cited in a number of studies (Garmezy, 1985; Herrenkohl et al., 1994; Moran & Eckenrode, 1992; Parker et al., 1990; Rutter, 1979; Werner, 1990, Werner & Smith, 1992). The 'survivors' of childhood abuse in Zimrin's study (1986) had the ability to differentiate between what was attributed to them and what was reality. Instead of the negative evaluations given by their parents they were able to
find other criteria which contributed to a positive self-evaluation. Related to this was the finding that the 'survivors' displayed fewer instances of self-destructiveness.

If children can make sense of the inconsistency for example, "my Mum loves me but sometimes when she's sick the psychosis makes her do awful things that she can't help" then this attribution may assist in the development of a positive self-concept (Downey & Walker, 1989). It is important to recognise that a child's perception, and interpretation, of their circumstances may well change with age (Downey & Walker, 1989; Herzberger & Tennen, 1986).

A self-confident child is more likely to be prepared for effective action in a situation. Successful mastery of the situation would be expected to increase self-efficacy, reinforce self-confidence, and increase the likelihood of taking effective action in subsequent situations (Masten et al., 1990). Masten and her colleagues have suggested that self-efficacy processes may underlie the phenomenon of "required helpfulness" (Rachman, 1979) which has also been given as a protective factor (Elder, 1974; Garmezy, 1985; Werner, 1990; Werner & Smith, 1992).

The conviction of being loved.

Mrazek and Mrazek (1987) believe that in order to have a conviction of being loved a child must have enough self-esteem to believe they are worthy of being loved, and to believe that someone cares for them and has reciprocal feelings. In their study of children at high-risk of psychiatric disorder Rutter and his colleagues (1974) found that a strong protective factor for the child was having a warm, loving relationship with one parent, with an absence of criticism. For some children these needs may be met by belief or faith of a religious or spiritual nature.
Personal faith.

Faith and religious beliefs can contribute to a positive self image and belief in self. Church membership and faith in a 'higher power' have been noted as protective factors in a range of studies (Baldwin et al., 1990; Ianni, 1989; Pinkney, 1987; Werner, 1990; Werner & Smith, 1992). Attendance at church can provide protective 'significant others' and relationships which are supportive and caring (Masten et al., 1990). In the Kauai study, Werner and Smith (1992) found that faith enabled the high risk individuals who did well to perceive their traumatic childhood experiences constructively, to maintain a positive vision of a meaningful life, and to manage successfully emotionally difficult experiences. For the majority, their faith was not that of a formal religious affiliation, but "confidence in some center of value" (Werner & Smith, 1992; p. 251).

Optimism & hope.

Werner and Smith (1982) referred to the hope of the resilient children in their study as being one who "works well, loves well, and expects well" (Werner & Smith, 1982; p. 129). Hope, often manifested in fantasy, was one of the factors that differentiated the 'survivors' from the 'non survivors' of childhood abuse in Zimrin's study (1986). This appeared to be linked with the feeling of being able to control personal destiny. Mrazek and Mrazek (1987; p. 360) include "the ability to project oneself into the future and fantasize how life will be when the difficult times are over" in their list of characteristics that may foster resilience in maltreated children. They term this 'positive projective anticipation'.

Linked with hope is the individual's ability to appraise realistically their capacity for action and the consequences of this (Beardslee, 1989). In his research on the role of self-understanding in resilient individuals, Beardslee (1989) found that while a vision or hope for the future was vital it was also essential that the study participants could
direct their energies to what could realistically be achieved and not to blame themselves for what was not realised.

**Therapy.**

Therapy has been cited in a number of studies as associated with coping (e.g. Dunn, 1993; Egeland et al., 1988, Moeller et al., 1993). This outcome of therapy can be understood in terms of attachment theory and the opportunity therapy provides for the development of appropriate, non-abusive relationships. Therapy can provide an opportunity to verbalise painful memories and feelings, to place these in perspective, and to develop actively appropriate relationship and parenting skills.

III: *Coping in interpersonal situations*

**Ability to form and utilise relationships.**

The ability to form and utilise relationships differs from the characteristics that elicit positive responses in terms of the child's agency. Actively seeking out and forming helpful and supportive relationships has also been associated with competence/resiliency (see for example, Dunn, 1993; Wahlsten, 1994).

It is not uncommon for maltreated children to be indiscriminately affectionate (e.g. Holm, 1986), actively seeking to engage people and gain their attention. This may bring immediate, short-term support but it is unlikely to be sustained over time and it may place the child at risk of further abuse, particularly sexual abuse (Berliner & Conte, 1990). Therefore, the ability to form and utilise relationships is likely to be protective only when the child is able to discriminate people with whom such relationships would be appropriate and beneficial.
Social skills.

Interpersonal skills have been attributed a role in protecting against stress in studies such as Luthar's (1991) work with high-risk adolescents, Murphy and Moriarty's (1976) studies of children, and Parker and his colleagues' (1990) research of highly stressed young people. Some intervention programmes with abused children have usefully focused on social skills (Howes & Eldredge; 1985, Howes & Espinosa; 1985).

Empathy.

Empathy is an interpersonal quality which may also elicit positive responses from others. In their study, Parker and his colleagues (1990) found that 'stress-resilient' children achieved higher empathy scores than those in the 'stress-affected' group. Feshbach (1989) in her review of the literature on empathy and the physical maltreatment of children found that physically abused children have difficulties in social interaction skills that mediate or are mediated by empathy (see also George & Main, 1979). She recommends empathy training programmes as a useful part of efforts to interrupt the abused-abuser cycle.

Information seeking.

This refers to the search for information which will enable the child to understand and, if possible, predict the triggers of abusive behaviour. Mrazek and Mrazek (1987) give the development of insight as one of the consequences for a child who gains an understanding of the mechanics of how violence is perpetuated in a particular family. Such adaptive children understand that they are not responsible for the abuse, and that they can achieve some control over its occurrence. Information may, in some situations, help the child to understand that the abuse is unintentional and beyond the control of the parent (Dunn, 1993).
Grych and Fincham (1990) in their review of the effects of interparental conflict on children's adjustment concluded that parents' explanations of the conflict, including information that it is not the child's fault, is critical in helping children to understand what is happening. Having such information is likely to be a positive influence on the child's sense of control and their self-image.

**Positive school experience.**

Several studies have indicated that positive school experiences lessen the effects of stressful home environments (Rutter, 1979; Werner, 1990; Werner & Smith, 1982, 1992). Rutter and Quinton (1984) found that positive school experience was associated with better marital and work outcomes for institutionally reared women, but not for those in the comparison group. Educational achievement has also been found in studies of teenage mothers, a high-risk group, to contribute to successful adult adaptation (Furstenberg et al., 1987; 1989).

**Responsibility and 'precocious maturity'.**

Mrazek and Mrazek (1987) use the term 'precocious maturity' to refer to children who take on responsibilities and behaviours beyond their years, becoming "pseudo adults" and taking on parenting roles. They suggest that these competencies can boost self-esteem and provide a sense of control so that children are reluctant to give up such behaviours.

Responsibility has been associated with resiliency. Werner and Smith (1992) found having responsible chores in adolescence to be associated with improvement in mental health status. In their study, young people who grew into resilient adults were required at some point in their childhood or adolescence to carry out some socially desirable task to prevent others in their family or community from experiencing distress or discomfort. Children of parents who have divorced may show more responsible
behaviour as their help may be more necessary in a single-parent household (Demo & Acocck, 1988). Zimrin (1986) found that responsibility for a younger sibling or pet was a significant factor in the lives of 'surviving' abused children but was never mentioned by those in the 'non-surviving' group.

In her study of children reared by mothers diagnosed with psychosis, Dunn (1993) found that a number of participants became caregivers for siblings and the non-functioning, psychotic parent. This information however, was part of the theme 'abuse and neglect' and as described, this role reversal engendered feelings of being scared and terrified. The assumption of a parental role has been included in definitions of ECA (Baily & Baily, 1986) and is generally considered not to be in the child's best interests.

These findings would suggest that some responsibility could well contribute to a protective process while responsibility that is overwhelming, such as total caregiving responsibility for a parent and possibly other children, may have a detrimental effect. The manageability of the responsibility, as determined by a number of factors in the child and environment, could make the difference between it being a challenger, or a stressor that is beyond the coping abilities of the child. Further research is needed to provide a more specific picture of the individuals, situations, and type of responsibility which contribute to a protective process or a vulnerability process.

IV: Abuse-specific factors

Mrazek and Mrazek (1987; p. 362) have also proposed some "abuse-specific factors". These include: a). an offender making rapid and full acknowledgement of their abuse of a child; b). the child receiving the unambivalent support of a non-abusive parent; c). the child's engagement in a therapeutic process which validates all the child's feelings
about the offender, both positive and negative; d). the impact and appropriateness of interventions affecting the child's custody including legal actions and foster care; and e). a relationship with an adult in the role of mentor, significant other or "polestar" (Sheehy, 1986; pp. 354-355).

In line with the research on factors and strategies associated with coping in maltreated children are the studies which have concluded that the transmission of abusive behaviour patterns across generations is by no means an inevitable consequence of having been maltreated (Cicchetti & Rizley, 1981; Burgess & Youngblade, 1988; Kaufman & Zigler, 1987).

In their review of the literature on the risk of intergenerational transmission of abuse, Kaufman and Zigler (1987) found the following correlates of good parenting in adults who had been abused as children and who had not abused their own children:

- a good relationship with a caregiving adult in childhood
- high IQ
- special talents
- physical attractiveness
- social skills
- a supportive spouse
- current financial security
- social supports
- strong religious affiliations
- positive school experiences
- therapy

These relate strongly to the abuse-specific factors presented above and are in accord with the list of generic protective factors, in the family and larger social system of stressed children, given by Mrazek and Mrazek (1987; p. 362) in their conceptual
article on child maltreatment and resilience. The list includes (1) being in a middle to upper social class; (2) having educated parents; (3) having no family background of psychopathology; (4) having a supportive family milieu; (5) having access to good health, educational, and social welfare services; (6) having additional caretakers besides the mother; and (7) having relatives (especially grandparents) and neighbours available for emotional support.

Finally, in their review of the literature on maltreatment and recovery, Masten and her colleagues (1990) report that a caring, loving, and supportive relationship with a primary caregiver is crucial to a child's recovery. This primary relationship is an integral part of the child's family context. It is like a blueprint for the child's other relationships and it is within relationships that the child develops a sense of who they are, their abilities and self-worth. This in turn will affect how the child operates in their environment. As the immediate context, the child's relationship with their primary caregiver is of paramount importance.

B. Factors within the family

Although there is an extensive literature on child maltreatment, there have been very few studies which have specifically addressed resiliency (Egeland et al., 1993; Herrenkohl et al., 1994; Cicchetti et al., 1993). Of these, some have been case studies (Dunn, 1993; Skuse, 1984a; 1984b; Zimrin, 1986). Others which have researched coping and resiliency in groups of children who have been maltreated in different ways, have focused on the mother-child relationship (Crittenden, 1992; Crittenden & Ainsworth, 1989; Egeland et al., 1993; Farber & Egeland, 1987). Attachment theory provides a sound theoretical base from which to understand the effects on a child of maltreatment by a primary caregiver (Brassard et al., 1987; Cicchetti & Carlson, 1989; Crittenden, 1988a; 1992; Crittenden & Ainsworth, 1989; Crittenden et al., 1994;
Dodge et al., 1994; Masten et al., 1990; McCrone et al., 1994; Rolf et al., 1990; Youngblade & Belsky, 1989). Similarly, it can explain how a positive attachment to a caregiver or significant other is a powerful contributor to a protective process (Egeland et al, 1987; Quinton et al., 1984).

Two studies in particular have researched the coping strategies (Crittenden, 1992a) and competence (Farber & Egeland, 1987) of maltreated children in regard to their relationships with their mothers.

Crittenden (1992a) compared the coping strategies of four groups of maltreated children with a group of adequately reared children. The three hypotheses were that children's coping strategies were a function of: (1) maltreatment; and, (2) child age; and, (3) were coherent, though not necessarily the same, across situations and relationships. The four groups of maltreated children and their mothers were: (a) abusing mothers and their abused children, (b) abusing-and-neglecting mothers and their children, (c) neglecting mothers and their children, (d) marginally maltreating mothers and their children.

The procedures included at least four visits to each family with all but the last occurring in the home. Family histories and social network contacts were obtained from the mothers and the children were given a developmental assessment. Each child was videotaped in unstructured play with their mother and then the interviewer for three minutes each. The final visit was conducted in the laboratory where the 'Strange Situation' was carried out and videotaped and then the parents were interviewed while the children played in the room. In this way the children's coping strategies were assessed in the three different situations of: a play session with their mother in the home; in the laboratory after the brief stress of being separated from their mother; and
in free play, with any siblings, during a parent interview. The children's coping strategies were coded on the basis of established systems using the videotapes.

The results supported all three hypotheses. In terms of attachment theory, the data were consistent with the notion of internal representational models to organise experience and the individual's response to that experience. Coping strategies were also found to change with the child's age and development, particularly with changes in cognitive skills (see also Grych & Fincham, 1990). As suggested by attachment theory, the representational models are adaptive in the short term as they enhance adaptive behaviour and facilitate behaviour that promotes protection of the child. Such models however are only likely to be adaptive in the long term if they are open to revision. Such revision is dependent on new input and behaviour which will elicit supportive responses from others. This suggests that it is the opportunity, and ability, to develop positive relationships with others which is significant in enabling this revision.

This has implications for maltreated children in families in which one or more of the following apply: highly mobile; socially isolated; and no caregiver other than the one who allows or perpetrates the child(ren)'s maltreatment. It also concurs with the literature which has shown that a supportive, non-maltreating spouse (Farber & Egeland, 1987; Quinton et al., 1984; Werner & Smith, 1992) or extended family member(s) as caregiver(s) (Farber & Egeland, 1987; Furstenberg, 1976; Honig, 1986; Kellam et al., 1977; McLoyd, 1990), and supportive social networks (McLoyd, 1990; O'Grady & Metz, 1987; Werner & Smith, 1992) contribute to adjustment in children who have been subject to significant life stresses.

Crittenden's (1992a) findings in respect of developmental processes were based on a cross-sectional study. Farber and Egeland (1987) used a prospective, longitudinal
design where they followed up a group of women receiving prenatal care at a public health clinic (see also Egeland & Sroufe, 1981a; Egeland & Sroufe, 1981b; Egeland et al., 1983; Egeland et al., 1993; Pianta et al., 1989).

From this sample they identified four maltreatment groups: (a) physically abusive, (b) hostile/verbally abusive, (c) psychologically unavailable, and (d) neglectful. The children were assessed at 12, 18, 24, and 42 months and preschool.

They found considerable variability within the maltreatment groups, including children who appeared competent. However, none of the maltreated children was consistently competent. While a past history of competence and in particular secure attachment, appeared to make a child less vulnerable to the effects of abuse, it was not enough to make the child invulnerable. Maltreatment was found to have a cumulative negative effect on development and Farber and Egeland (1987) conclude that no children function competently when there is ongoing exposure to abuse.

In this study, as in others (e.g. Werner & Smith, 1992), environmental factors were more important than variables associated with the child's physical constitution. Two of the most important positive environmental variables were the presence of a male partner in the home and the mother's emotional support of the child. This support made the child less vulnerable to the effects of abuse at all ages. Emotional support and responsiveness, by the mother or other caregiver(s) such as father or grandparent(s) were major factors in making children less vulnerable to the effects of maltreatment. When considering factors and processes at the family level recognition needs to be given to the literature which shows that children in the same family not only differ in how they influence, and respond to, their parents' behaviours, but that they also receive differential treatment from their parents (Daniels & Plomin, 1985; Reiss et al. 1991) and have different perceptions of how they treat one another (Reiss et al., 1991). The
family environment is a system with processes unique to the individuals within it and their interactions. In understanding a child's family context, each parent-child relationship, the sibling relationships, the individuals' perceptions of these relationships and the influence of such perceptions on the relationships need to be taken into account.

Like Crittenden (1992a), Farber and Egeland (1987) comment on the need to distinguish between adaptation, competence and emotional health. Strategies which children develop to cope with their environment may protect them in the short term and they may appear competent but they may not be emotionally healthy (see Luthar, 1991; Luthar & Doernberger, 1993; Luthar et al., 1993; Luthar & Ripple, 1994 for similar findings with adolescents). For example, a child may be competent in a scholastic task while suffering emotional distress from high levels of anxiety or a meticulousness which borders on obsession. For such a child it would not be possible to predict their ability to adapt to, or their competence in, a new situation.

In these studies it is the caregiver's relationship with the child which is central to the child's adjustment and competence. Where this is not available or adequate, an appropriate relationship with a significant other may meet this need. The caregiver's relationship with the child and the availability of significant other(s) depends in part on the support, and other positive factors, provided by partners, extended family, and social systems. This will be the focus of the next sub-section.

C. Factors within the environment

The importance of social support has been documented in a number of studies. Such support can ease the stress of child-rearing by the provision of: 'time-out' for the caregiver(s), personal support, practical help in relieving the caregiver of some caregiving tasks, and information on appropriate parenting through modelling and
giving advice. Most commonly this is provided by extended family and friends with schools, including pre-school centres, community groups and public health services, and church groups and organisations often sharing this important role.

In her review of the relevant literature, Mcloyd (1990) found that supportive social networks, including extended family living situations, reduced emotional strain and lessened the tendency towards punitive, coercive and inconsistent parenting behaviour, which in turn fostered positive socioemotional development in economically deprived Black children. Mcloyd cites a number of studies where an increase in the number of helpful, supportive family members available to the mother contributed positively to her parenting. Such studies included those by Furstenberg (1976) and Kellam et al. (1977) which showed clear benefits in terms of the child's socioemotional adjustment and cognitive development, of collaborative care between the mother and grandmother, particularly if the mother was single.

In her study of adequate and maltreating mothers, Crittenden (1985; 1988) found that only the adequate mothers felt they could depend upon their network members, and their relationships with friends and relatives tended to be long-term and reciprocal. A Scottish study (Hickox & Furnell, 1989) of parents legally established as emotionally abusing their children found that several factors, particularly lack of support, discriminated this group from a control group. O'Grady and Metz (1987) in their study of high-risk school-age children found that social support available to the mother and child was one of two factors which potently buffered the effects of risk and stress, the other being internal locus of control.

There does however appear to be an optimal level of social support, which if exceeded undermines rather than enhances effective parenting (Belsky & Vondra, 1989). It may be that in such situations the mother's primary focus is on the social relationships with
the child's needs fitting around these rather than the social relationships playing a part in meeting the mother's and the child's needs.

Church membership was found in Baldwin and his colleagues' (1990) study to be a feature of successful high-risk black families. They present church membership as similar to that of other social support groups in that it reinforces parental policy and provides peer influences that are consonant with parental values. In this situation the parental policy and values were conducive to competence and adjustment in the children.

Thus far this review has covered concepts, terminology, models, processes, and factors currently found in the literature relevant to resiliency and child maltreatment. One of the difficulties with the term 'resilient' is the implication that children labelled as such are unscathed in the process of surviving adverse life events or circumstances. This however is not so and the next section will overview the literature on the cost of resiliency.

The cost of resiliency

The processes by which an individual who has been maltreated as a child shows competence and adjustment in some areas of functioning but not in others needs to be addressed (Cicchetti et al., 1993; Herrenkohl et al., 1994; Luthar, 1993; Luthar & Ripple, 1994; Masten et al., 1990; Radke-Yarrow & Brown, 1993; Werner & Smith, 1992; Zimrin, 1986). This is particularly significant when researching the effects of ECA as it is the area of emotional relationships in which the cost of resiliency often manifests itself. Furthermore, it is the emotional relationship between the child and primary caregiver which is cited as a strong protective factor, or strongly associated
with a protective process, in a number of studies of high-stress children, including those who have been maltreated.

Anthony (1987), Dunn (1993), Herrenkohl and colleagues (1994), Werner and Smith (1992), and Zimrin (1986) have all considered the cost of resiliency in their research with people who had been subject to abusive and/or neglectful parenting, and who were considered to be competent.

Werner and Smith (1992) compared competent and non-competent high-risk participants in their research. They found that competent adults in the high-risk group who had married were committed to intimacy and sharing with their partners and were caring parents. At the same time however, they had a need to detach themselves from family members whose emotional and domestic problems still pulled at them and were reminders of the deprivation, pain, and loss of their childhoods. Managing this while forming attachments to those they loved of their own choosing was not without cost. For the men this showed as a greater reluctance to make a firm, long-lasting commitment to a partner; for the women it sometimes showed as an exhausting tension between successfully managing a career, marriage, and motherhood. Effects of this ranged from stress-related health problems to an aloofness in interpersonal relationships.

These findings concurred with those from Anthony's (1987) longitudinal study of children whose parents were diagnosed as manic-depressive or schizophrenic. Within this group Anthony compared those who grew into competent, healthy adults with those who did not. Defence mechanisms such as distancing, rationalisation, and intellectualisation which were used to deal with their parents' psychopathology by those who grew into healthy and competent adults, made it difficult for them to establish intimate relationships. This was particularly true if the diagnosed parent was of the
opposite sex. Perhaps the defense mechanisms or coping skills became strongly gender-specific, operating in all situations with someone of the other gender thus providing little, if any, opportunity to experience a healthy and positive intimate relationship with a person of the opposite sex.

This difficulty in establishing intimate relationships presented in various ways. For some they would break off relationships as soon as there was any sign of closeness, others sought relationships with someone in a helping role or human service career, while another group sought emotional support that did not involve intense or intimate relationships by joining social and religious groups.

In her study of children reared by mothers who were diagnosed as psychotic, Dunn (1993) reported that although the participants were resilient, their daily lives were affected by the pain, confusion, and isolation of their childhoods. In attachment theory terms, these people have internal representational models of close attachment relationships which involve pain, confusion, isolation and guilt. While they are also likely to have more positive models from their relationships with supportive others and from good times with their mother, both models are available to the individual and will influence their relationships with others. In Radke-Yarrow and Brown's (1993) study of children of affectively ill parents they found that a higher rate of reporting of somatic complaints was the cost of adaptation in the resilient children. Dunn did not have a comparison group of non-resilient participants.

Zimrin (1986) carried out a 14-year follow-up study of individuals who had survived being abused as children and compared them with a matched group of children. From the data collected the abused children were defined as 'survivors' (S) and 'non-survivors' (NS) on the basis of scholastic achievements, adjustment to work or school, presence or absence of symptoms of severe emotional problems, and the child's sense
of fulfilment or constructive plans for the future. The variables which distinguished the abused group from the matched group were fatalism, self-esteem, cognitive abilities, self-destructiveness, hope and fantasy, behaviour patterns and external support. Difficulties in emotional expression, inability to establish personal relationships, object relations, and aggression appeared in the same way in both the S and the NS groups.

Both the S and the NS children were seen as sad, lacking in vitality, spontaneity and gaiety. Teachers' descriptions of them ranged from expressions of extreme sadness to emotionally stunted. Abused children in both groups described surrounding themselves with walls so that no-one could get close and they could not reach out. It was predicted that this inability to establish significant personal relationships would adversely affect their adult lives and may contribute to a perpetuation of abuse in their own children. The expression of anger in aggression by abused children in both groups, if they did not learn to deal with it and express it in more appropriate ways, could also adversely affect their adult lives in the areas of parenting, close relationships, and interactions with others.

Herrenkohl and her colleagues (1994; 1991) did a 16 year follow-up of maltreated children described as resilient on the basis of academic performance at elementary school and compared these with the non-resilient maltreated children. At the late adolescence follow-up the researchers concluded that high functioning in the academic sphere did not ensure healthy functioning in the emotional-interpersonal sphere. Among the difficulties they noted in the academically competent group were aggressive behaviour, problems with individuation, and problems with intimacy.

The cost of resiliency as shown in these studies and others of children exposed to stressful life experiences (see Luthar, 1991; Luthar & Doernberger, 1993; Luthar et al, 1993; Luthar & Ripple, 1994) has been in areas not typically assessed in studies of
resiliency and competency. In these studies, competent individuals do well in overt areas such as scholastic achievements and social interactions with others. From this an assumption of global competence has been made, that is competence in overt and covert areas. This however, is not consistent with the literature. With the exception of Dunn's (1993), all the studies described above used a comparison non-resilient group. Dunn's findings concurred with those of the other studies, that it is in either or both of the areas of intimate relationships and psychological well-being (such as heightened anxiety and depression), that the cost of overt competence is paid. These findings have significant implications for the development of interventions and indicate a need for research in this area.

There has been little attention given to the emotional and psychological needs of maltreated and stressed children who appear competent. With increasing pressure on decreasing services, such children, if they are recognised, rarely take priority over those whose overt behaviour is disruptive and a nuisance to others. This focus on the overt must be balanced by recognition and intervention where there are less obvious, but no less serious, effects.
CHAPTER 3

HOW EMOTIONAL CHILD ABUSE IS DEFINED BY MEMBERS OF THE GENERAL PUBLIC AND PROFESSIONALS IN THE FIELD OF CHILD ABUSE

The purpose of the study described here was to gather information on, and definitions of, ECA from professionals working in the child abuse field and from members of the general public. Surveys were used to collect the information.

The questionnaire was developed from the working definition of ECA chosen for the research study, this being: "acts of omission or commission by a parent or guardian that are judged by a mixture of community values and professional expertise to be inappropriate and damaging" (Garbarino & Gilliam, 1980, p. 7). This definition was chosen because of its recognition of context; of both abuse (acts of commission) and neglect (acts of omission); and its focus on a parent or guardian as the perpetrator. It was decided to limit the questions to ones about perpetrators of the ECA who were a parent or those in a parental role because typically they are the adults who have the most contact with and influence over children.

One of the difficulties in designing the study was the general lack of public awareness and recognition of ECA relative to other forms of child maltreatment. This meant that some information on ECA needed to be provided with the survey for members of the general public. Although providing information on ECA may have influenced respondents' definitions, it did contribute to one of the broader aims of the research project which was to raise awareness of ECA.
Method

Participants

As one of the aims of the research project was to collect information which might assist in generating a definition of ECA it was decided to collect information on and definitions of ECA from those who would make the decision about accepting and using such a definition, that is, professionals working in the child abuse field and from members of the general public. There were two main groups of participants, professionals working in the child abuse area (Group P) and members of the general public or community (Group C).

Professional group Group P comprised social workers, specialist interviewers, therapists, and psychologists in the Auckland offices of the New Zealand Children and Young Persons Service (NZCYPS), the national statutory child protection agency; staff of the Auckland Area Health Board's three Child, Adolescent and Family Units (that is, therapists, psychologists, nurses, psychiatrists, and paediatricians); and judges, lawyers appointed as Counsel for Child, psychologists, and counsellors employed by the Auckland Family Court (see Table 1). Of the 326 professionals contacted 185 (57%) responded and 181 (56%) returned surveys with sufficient codable information.

There were 109 females (60%) and 70 males (39%) in the professional group (see Tables 2 and 3). Thirty-six percent (N=66) of the professional group were aged 41 - 50 years; 33% (N=60) were in the 31 - 40 years age group; 19% (N=34) were in the 51 - 60 years age group; 6% (N=11) were in the 21 - 30 years age group; and 6% (N=10) were in the 61 - 70 years age group. The largest ethnic group was 148 European/Pakeha (82%) followed by 11 Maori (6%). Ten respondents identified as both Maori and European (5%), 7 as Pacific Islander (4%), and 5 (3%) identified as New Zealand Indian, New

\(^1\)percentages for gender and other factors may not sum to 100 because some participants did not respond to the relevant question.
Zealand Maori and Indian, European and Asian, or Afro-American Creole and who
selected 'other'.

Table 1. Return rates for professional groups (Group P) by occupation
and agency

<table>
<thead>
<tr>
<th>Occupation/agency</th>
<th>Number of surveys sent</th>
<th>Number returned</th>
<th>Return rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judges</td>
<td>32</td>
<td>25 (21)*</td>
<td>78 (66)</td>
</tr>
<tr>
<td>Counsel for child</td>
<td>79</td>
<td>47</td>
<td>60</td>
</tr>
<tr>
<td>Psychologist/Family Court</td>
<td>24</td>
<td>13</td>
<td>54</td>
</tr>
<tr>
<td>Counsellor/Family Court</td>
<td>41</td>
<td>15</td>
<td>37</td>
</tr>
<tr>
<td>Child, adolescent &amp; family unit**</td>
<td>40</td>
<td>30</td>
<td>75</td>
</tr>
<tr>
<td>NZCYPS staff***</td>
<td>109</td>
<td>59</td>
<td>62</td>
</tr>
</tbody>
</table>

Note
* the number in brackets refers to the returned surveys that were codable
** these units were run by the local health authority and the staff included nurses, paediatricians, psychiatrists, psychologists, and counsellor/therapists
*** New Zealand Children and Young Persons Service. Those surveyed included social workers and staff of the Specialist Services Units (2) these being psychologists and counsellor/therapists

Of the 181 participants, 55 (30%) gave their primary occupation as Social Workers, 43 (25%) as lawyers, 24 (13%) as counsellor/therapists, 22 (12%) as psychologists, 21 (12%) as judges, 7 (4%) as psychiatrists, 4 (2%) as nurses, 1 (1%) as a paediatrician, and 2 (1%) selected the 'other' category. In terms of years of experience in the field of child abuse and neglect 34 (19%) had 0-4 years, 44 (24%) had 5-9 years, 38 (23%) had 10-14 years, 28 (16%) had 15-19 years, 16 (9%) had 20-24 years, and 8 (4%) had 25 years or more. In response to the question "[H]ave you had any personal experience of child emotional abuse (this may be to you and/or to those close to you)?", 86 (48%) of the participants answered "yes", 85 (47%) answered "no", and 7 (4%) answered "don't know".
General Public group. Group C, the general public group, consisted of two sub-groups. The main sub-group, Group C-M comprised people whose names and residential addresses were randomly selected from the Auckland phone book. Of the 330 people thus selected 128 (39%) responded by returning the survey. The sub-group Group C-U were people who took surveys from a Psychology Department display at the University of Auckland Open Day. Of the 43 people who took surveys from the display, 14 (33%) responded by returning their surveys. There were no significant differences between the C-M and C-U groups when compared on the demographic variables gender and age (see Appendix 21). Group C-U had a significantly higher proportion of participants (50% compared with 19% in C-M group) who had self-identified as having experienced ECA ($\chi^2 (1,137) = 13.6, p < 0.01$). Based on the lack of significant differences between the groups on demographic variables, the exploratory nature of the research, and the desire to increase the number of participants who self-identified as having experienced ECA the data from these two samples were pooled and will hereafter be referred to as Group C (N=142).

In Group C there were 71 (50%) females, 66 (47%) males and 4 (3%) respondents who did not give this information (see Table 2). Twenty-five percent (N=36) of the general public respondents were aged 31-40 years; 23% (N=32) were aged 41-50; 18% (N=26) were aged 21-30; 12% (N=17) were aged 51-60; 11% (N=15) were aged 61-70; 8% (N=11) were aged 71-80; and 2% (N=3) were aged 81-90. In response to the statement 'I feel I was emotionally abused as a child' 31 (22%) answered 'yes', 106 (75%) answered 'no', and 5 (3%) answered 'don't know'. Of the 31 respondents who answered 'yes' 61% (N=19) were female; 35% (N=11) were male; and 4% (N=1) did not answer the question on gender. Thirty-six percent (N=11) of those who
Table 2. Age, gender, and personal experience of emotional child abuse (ECA) for the professional group (Group P) and the general public group (Group C)

<table>
<thead>
<tr>
<th></th>
<th>Group P</th>
<th></th>
<th>Group C</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>70</td>
<td>39</td>
<td>66</td>
<td>47</td>
</tr>
<tr>
<td>Female</td>
<td>109</td>
<td>60</td>
<td>71</td>
<td>50</td>
</tr>
<tr>
<td>TOTAL</td>
<td>179</td>
<td>99</td>
<td>137</td>
<td>97</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21-30yrs</td>
<td>11</td>
<td>6</td>
<td>26</td>
<td>18</td>
</tr>
<tr>
<td>31-40yrs</td>
<td>60</td>
<td>33</td>
<td>36</td>
<td>25</td>
</tr>
<tr>
<td>41-50yrs</td>
<td>66</td>
<td>36</td>
<td>32</td>
<td>23</td>
</tr>
<tr>
<td>51-60yrs</td>
<td>34</td>
<td>19</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>61-70yrs</td>
<td>10</td>
<td>6</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>71-80yrs</td>
<td></td>
<td></td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>81-90yrs</td>
<td></td>
<td></td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>181</td>
<td>100</td>
<td>140</td>
<td>99</td>
</tr>
<tr>
<td>Experience of ECA*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>86</td>
<td>48</td>
<td>31</td>
<td>22</td>
</tr>
<tr>
<td>No</td>
<td>85</td>
<td>47</td>
<td>106</td>
<td>75</td>
</tr>
<tr>
<td>Don't know</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>178</td>
<td>99</td>
<td>142</td>
<td>100</td>
</tr>
</tbody>
</table>

*For the professional group experience of ECA referred to the respondent and/or someone close to them.
For the general public group this referred specifically to the respondent.
Table 3. Professional Group (Group P): Ethnicity, occupation, and years of work in child abuse and neglect

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>European/Pakeha</td>
<td>148</td>
<td>82</td>
</tr>
<tr>
<td>Maori</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Maori/Pakeha</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Pacific Island</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>181</td>
<td>100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker</td>
<td>55</td>
<td>30</td>
</tr>
<tr>
<td>Lawyer</td>
<td>43</td>
<td>25</td>
</tr>
<tr>
<td>Counsellor/Therapist</td>
<td>24</td>
<td>13</td>
</tr>
<tr>
<td>Psychologist</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td>Judge</td>
<td>21</td>
<td>12</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Nurse</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Paediatrician</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>179</td>
<td>99*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work experience</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 yrs</td>
<td>34</td>
<td>19</td>
</tr>
<tr>
<td>5-9 yrs</td>
<td>44</td>
<td>24</td>
</tr>
<tr>
<td>10-14 yrs</td>
<td>38</td>
<td>23</td>
</tr>
<tr>
<td>15-19 yrs</td>
<td>28</td>
<td>16</td>
</tr>
<tr>
<td>20-24 yrs</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>25+ yrs</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>168</td>
<td>95</td>
</tr>
</tbody>
</table>

Note
* percentages may not sum to 100 because some participants did not respond to the relevant question
self-identified as having been emotionally abused as a child were aged 21-30 years; 29% (N=9) were aged 31-40 years; 19% (N=6) were aged 41-50 years; 6% (n=2) were aged 51-60; 6% (n=2) were aged 61-70; and 3% (N=1) did not provide information on age.

It was decided to limit Group C respondents to those who identified as Pakeha/New Zealanders of European descent. This was done by including the following message in the information sheet accompanying the survey: "[t]he survey is being limited to New Zealand adults of European descent because cultural beliefs and practices can strongly influence how people rear their children. The researcher is a New Zealander of European descent so she is limiting the research to the culture with which she is most familiar." Therefore, all Group C respondents were Pakeha/New Zealanders of European descent.

For Group C, occupation was coded according to the ten major groups of the classification system for the national census, the New Zealand Standard Classification of Occupations (1992). These ten groups are shown in Appendix 6. Eighty-seven percent of the people who provided information on their occupation were in the first five groups (refer Table 4).

This suggests that the survey C respondents were not representative of people in occupational groups 6 to 9, that is manual and trades workers. People in these occupational groups may have been reluctant to respond to a University-based research document. The literacy level of some of the survey recipients may have precluded their participation. It could be assumed that people in these occupational groups have lower incomes than those in the first five groups and may therefore be less likely to have a phone. Using the phone book to obtain names and addresses did skew respondent selection in favour of those people who could afford a phone.
Table 4. Return rate by occupational group for the general public group (Group C)

<table>
<thead>
<tr>
<th>Occupational group</th>
<th>N*</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Manager</td>
<td>25</td>
<td>21</td>
</tr>
<tr>
<td>2 Professional</td>
<td>40</td>
<td>34</td>
</tr>
<tr>
<td>3 Associate professional</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>4 Clerks</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>5 Service and sales workers</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>6 Agriculture/ fishery workers</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>7 Trades workers</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>8 Plant/machine operators</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>9 Elementary occupations</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Note
* Total N = 119 as some respondents did not provide this information

The general public and professional groups were then compared on the three demographic variables of gender, age group (collapsing the oldest three age groups into one older than 60 category), and experience of ECA (see Table 2). There was a significant difference between the groups on age group ($\chi^2 (4, 321) = 38.9, p < .001$) and experience of ECA ($\chi^2 (1,308) = 24.6, p < .001$). Group P respondents were mainly in the 31-50 year age group ($N = 126, 69\%$) whereas Group C respondents were spread more evenly across the age categories with 48 percent ($N= 68$) in the 31-50 year group. Forty-eight percent ($N = 86$) of Group P respondents had experience of ECA compared with 22 percent ($N = 31$) of Group C respondents. Note however that Group P respondents' experience of ECA was in reference to themselves and/or someone close to them while Group C respondents' experience was in reference to themselves only, so this difference was not unexpected. There was no significant difference between the groups for gender.
Development of the surveys

Two surveys were developed, one for professionals, survey P (refer Appendix 5) and one for members of the general public, survey C (refer Appendix 3). A pilot study, using the surveys was conducted in Hamilton, the city closest to Auckland where the main study was carried out. On the basis of the pilot study findings including participant responses to a question on the style and format of the survey and how easy it was to complete, a number of changes were made to the method of distribution and both surveys (refer Appendices 7 & 8). The surveys referred to in this paper are those used in the main study. Both surveys had a demographic section and both asked about personal experience of ECA by the participant or someone known to them.

Professional group. Survey P was designed to gather from participants the following information: their definition of ECA; for all the cases they had handled in the previous year, an estimate of the number in which ECA was a concern, and the type of information which had raised this concern; their perception of the ways in which parent/s emotionally abuse a child; their perception of the things about a child which would indicate that they were experiencing ECA; and, how they had obtained their information and/or training on ECA.

General Public group. Survey C was designed with two purposes in mind, the first being to gather from members of the general public the ways in which they think children are emotionally abused. The second purpose was to gather, from people who had personal experience of ECA, information on: the nature of the abuse, the perpetrators of the abuse, the effects of the ECA and how they were coped with, and other forms of child abuse and neglect experienced by the participant. If a participant had not been emotionally abused but knew someone who had then they were asked to provide the above information on the person known to them. The last section of survey
C asked participants to provide contact information if they were willing to participate in the second stage of the research project, however no information was given about the second stage. Information was given on how contact would be made to ensure confidentiality if the participant gave contact information.

Given the paucity of information on ECA available to the general public, the information sheet which accompanied survey C provided some general information on ECA including: that ECA could refer to abuse as well as neglect and the effects on the child, although these particular terms were not used; that it could happen sometimes on its own and sometimes with physical or sexual abuse; and that the main message for the child is that it is acceptable to treat them this way (refer Appendix 2). A definition of ECA was not given. Although this information could have influenced participants' responses, the survey question, '[p]lease write below all the ways you think children are emotionally abused' was designed to elicit responses that were more specific and detailed than the information provided. The question avoided asking respondents for a definition as the pilot study showed that the majority of respondents either simply repeated the material from the information sheet or did not provide an answer. An allied concern was that if the first question asked for a definition then respondents may be put off answering this and may not continue with the survey. Although this question requested more a description of ECA rather than a definition, the responses will be referred to as definitions for ease of reading and comparison with the definitions provided by the respondents in the professional group. No definition or information on ECA was given in survey P as it was assumed that professionals who work in the child abuse field would recognise the term and have some understanding of the concept to which it referred.
Procedures

Professional group. The manager of each New Zealand Children and Young Persons Service (NZCYPS) social work and specialist services unit, and each Auckland Area Health Board (AAHB) Child Adolescent and Family Unit was contacted, initially by phone and then in writing with information about the research project and a request for the names and designations of staff willing to participate in the study and the manager's approval for them to do so. Permission was sought from the Court Manager and the Principal Family Court Judge respectively to send surveys to each of the Counsel for Child, counsellors, and psychologists on the Family Court lists and to each of the Family and District Court judges in the Auckland area.

The surveys (refer Appendix 5) were sent individually in personalised envelopes. Accompanying each survey was a reply paid envelope and an information sheet (refer Appendix 4). The information sheet included material on the research study, confidentiality, ethical approval for the study, contact information on both the researcher and a member of the University of Auckland Ethics Committee, and an explanation of the code on the reply envelope (refer Appendix 4). To ensure that reminder letters were only sent to those people who had not returned their surveys the reply envelopes were coded. When surveys were received they were separated from the envelopes. The envelopes were used to update the reminder list and the surveys remained anonymous. Ten days after the first posting of the survey a standard reminder letter (refer Appendix 9), a reply paid envelope and another copy of the survey was sent to all those who had not replied. Ten days after the first reminder a second reminder letter (refer Appendix 10), envelope and survey were sent. The second reminder letter was personalised and individually signed by the researcher. Of the 185 surveys returned 105 (57%) were sent before the first reminder, 74 (40%) after the first reminder and before the second, and 6 (3%) after the second reminder.
General public group. Three hundred and thirty (330) names and residential addresses were randomly selected from the Auckland phone book. Each person was sent a copy of survey C (refer Appendix 3), a reply paid envelope, and an information sheet (refer Appendix 2) about the research project. The information sheet was similar to that which accompanied survey P with the addition of the information on ECA described previously. The information sheet gave the name and contact number of a twenty-four hour phone counselling service in the event that the survey topic brought up memories of their own abuse for some participants. The system of coded envelopes used for survey P was also used. Ten days after the survey was first posted a reminder letter (refer Appendix 11), reply-paid envelope and additional copy of the survey was sent. Of the 128 surveys returned 82 (64%) were sent before the reminder and 46 (36%) after. It was not possible to send reminder letters and surveys to people who took a survey from the display at the University Open Day.

Of the participants willing to take part in the second stage of the research project only those who had themselves been emotionally abused were interviewed. These people were contacted within three days of receiving their returned survey (refer Appendix 12) and interviewed within two to six weeks of that date. People who had indicated a willingness to participate in the second stage but who had not themselves been emotionally abused were sent a letter within three days of receipt of their survey thanking them for their offer and explaining the selection criterion for the second stage and the reasons for that decision (refer Appendix 13).

Analysis of the survey responses. A grounded theory approach (Glaser & Strauss, 1967; Henwood & Pidgeon, 1992; Ramsay, 1994; Strauss & Corbin, 1990) was used to identify the themes and concepts in the definitions of ECA from both groups. In this approach the researcher is familiar with the current literature thus allowing a "theoretical sensitivity" (Strauss & Corbin, 1990) to the material. This enables the researcher to draw
out themes and concepts from the material rather than imposing a particular theory or classification system on the material which limits the analysis to the recognition of themes consistent with the chosen taxonomy. It is these themes and their comparison with the existing literature which make possible the generation of theory. This was important as one of the main purposes of the survey was to examine how the respondents defined ECA. The derivation of themes and concepts was influenced by the themes identified in the pilot study and by the main areas of debate found in the literature on defining ECA. These areas include whether to define ECA in terms of parental acts or effects on the child or both, the inclusion of acts of commission as well as acts of omission, the relevance of intention, the concept of abuse of power, and ECA as encompassing other forms of abuse and neglect. Knowledge of the relevant literature allows a theoretical sensitivity to the material but no one particular model is imposed on the data.

The definitions and descriptions of ECA from both surveys were analysed to produce common themes and concepts which were then used to code the definitions. Each participant's response was broken into discrete quotes with each quote referring to a single idea. These quotes were grouped according to content. These were then grouped into themes with the provision that the themes accounted for all the quotes. The coding categories were derived from the themes which referred to specific acts and from the broad concepts underlying the themes (refer Appendix 14). Thus the broad category acts of commission refers to the concept which underlies the specific categories of degrading, frightening, rejection, emotional manipulation, and inappropriate parenting. For example "frequent or sustained ...criticism of [a] child" would be coded in two categories, under the broad category of acts of commission and under the specific category of degrading which included criticism and put-downs. The specific categories did not sum to the broad categories that is, a response coded in any

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2 words or phrases in italics refer specifically to the definitional category of this name
one or more of the specific categories would also be coded in the broad category which they referenced. The coding was carried out by the researcher and a research assistant with an inter-coder reliability of 93 percent.

The content analysis of responses to both the surveys allowed for a comparison between the professional group and the general public group, between those who had experienced ECA, and/or other forms of child maltreatment, and between demographic sub-groups within each group. This information was used to examine the similarities and differences in how each group defined and described ECA to determine the feasibility of developing a single definition that could be accepted by both groups. Eighteen categories were used to code the definitions. Six broad and 12 specific categories were used. Of the six broad categories, the first three recognised reference to: acts of commission, acts of omission, and effects on the child. The other three broad categories recognised reference to: abuse of power, intention of the perpetrator, and the relationship of ECA to other forms of abuse, that is, sexual abuse, physical abuse and/or physical neglect also ECA. The 12 specific categories corresponded to the first three broad categories that is, acts of commission were specified as degrading, frightening, rejection, emotional manipulation, and inappropriate parenting/inappropriate parent-child boundaries which was abbreviated to inappropriate parenting; acts of omission were also coded specifically as a general statement of neglect, lack of physical/verbal demonstration of love/affection which was abbreviated to lack of love, and a lack of positive attention; effects on the child were specified as harm to the child's emotional or psychological development which was abbreviated to harm to emotional development, harm to the child's development (unspecified), a lack of positive feelings/behaviours and/or the presence of negative feelings/behaviour which was abbreviated to feelings/behaviours of concern, and low self-esteem. The use of degrading and frightening as specific category terms within the broad category of acts of commission refers to the immediate emotions that the behaviours, such as put-
downs engenders rather than the long term effects of the behaviours which are included in the categories relating to effects on the child.

Due to the exploratory nature of the study, multiple chi square analyses were carried out and significance was set at the $p<0.01$ level. This lower probability level was chosen because of the multiple analyses and to counter Type I errors.

A similar content analysis procedure was followed for coding responses to the other open-ended questions in survey P. These were the questions on parental behaviours indicative of ECA, child behaviours indicative of ECA, and on sources of training/information on ECA. Responses to the question "Please describe how you think parent/s emotionally abuse a child" were coded using the categories used to code acts of commission and acts of omission from the definitions (refer Appendix 15). The content themes were coded as present or absent with the dichotomous variable included in a 2x2 chi-square. Responses to the question "Please describe what it is about a child that would indicate to you that s/he was experiencing emotional abuse" were coded on the following themes: observable indicators/behaviours of concern, adverse developmental outcomes, attachment relationship with the parent is of concern, relationship with others is of concern, internalising responses of concern, externalising responses of concern, low self-esteem, behaviour or development outside the normal range, and child has been subject to other forms of abuse (refer Appendix 16).

Recurring themes that were used to categorise responses to the question on "...where your information/training about emotional abuse has come from" were: professional work/experience, professional study/training, other forms of training (e.g. seminars, workshops), no specific training in the area of ECA, reading, contact in the course of professional work with children/clients who have been emotionally abused, experience
with children outside of professional work, personal experience, and life/world experience (refer Appendix 17).

Results
This section will be presented in three parts. The first will provide an overview of the responses from each group separately and then compare the two groups, Group P and Group C, on the features of their definitions. This will cover the similarities and differences in how the two groups defined ECA, that is whether they used the same themes and the importance of each theme as indicated by its relative use by each group. It is assumed that a functional definition of ECA would need to have consensus between professionals and members of the general public therefore, the similarities will be examined first and then the differences explained. The second part will cover each group separately and the relationship/s between the features of their definitions and demographic variables including gender, age, and abuse status. This will allow some examination of the association between demographic variables and how ECA is defined by each group. The third part will present for each group the information other than a definition, gathered in the survey for that group. For Group C this included the relationship between ECA and other forms of abuse and neglect for respondents who self-identified as having experienced ECA and for people known by respondents to have been emotionally abused as a child. For Group P this included parental acts and children's responses indicative of ECA, and where the professionals surveyed had gained their information and training on ECA.

I: Definitions of emotional child abuse
The responses of both groups to the questions aimed at defining ECA were categorised on 18 definitional themes or variables, six were broad categories reflecting definitional concepts and the remaining 12 were specific themes relating to particular acts, behaviours or feelings which were subsumed within the broad categories. All 18
Table 5. Comparison of the professional group (Group P) and the general public group (Group C) on the definitional categories

<table>
<thead>
<tr>
<th>No.</th>
<th>Category</th>
<th>Group P</th>
<th>Group C</th>
<th>( \chi^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>1.</td>
<td><em>acts of commission</em></td>
<td>152</td>
<td>84</td>
<td>102</td>
</tr>
<tr>
<td>2.</td>
<td>degrading</td>
<td>54</td>
<td>30</td>
<td>74</td>
</tr>
<tr>
<td>3.</td>
<td>frightening</td>
<td>46</td>
<td>25</td>
<td>45</td>
</tr>
<tr>
<td>4.</td>
<td>rejection</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>emotional manipulation</td>
<td>39</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>6.</td>
<td>inappropriate parenting</td>
<td>22</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>7.</td>
<td><em>acts of omission</em></td>
<td>77</td>
<td>43</td>
<td>71</td>
</tr>
<tr>
<td>8.</td>
<td>emotional neglect</td>
<td>49</td>
<td>27</td>
<td>40</td>
</tr>
<tr>
<td>9.</td>
<td>lack of love</td>
<td>29</td>
<td>16</td>
<td>39</td>
</tr>
<tr>
<td>10.</td>
<td>lack of positives</td>
<td>16</td>
<td>9</td>
<td>39</td>
</tr>
<tr>
<td>11.</td>
<td><em>effects on child</em></td>
<td>128</td>
<td>71</td>
<td>14</td>
</tr>
<tr>
<td>12.</td>
<td>emotional harm</td>
<td>40</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>13.</td>
<td>harm to general development</td>
<td>41</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>14.</td>
<td>effect on feelings/behaviour</td>
<td>68</td>
<td>38</td>
<td>6</td>
</tr>
<tr>
<td>15.</td>
<td>low self-esteem</td>
<td>33</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>16.</td>
<td><em>abuse of power</em></td>
<td>21</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>17.</td>
<td>intention</td>
<td>16</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>18.</td>
<td><em>relationship to other abuse</em></td>
<td>30</td>
<td>17</td>
<td>36</td>
</tr>
</tbody>
</table>

**Note**

\( \chi^2 \) have been quoted to illustrate the relative magnitude of differences between the groups when the value is greater than 0.01

Group P: N=181   Group C: N=142

Broad categories are in *italics* with specific categories listed below each.
themes emerged from the replies of the professionals and 16 from the replies of members of the general public. The themes are listed in Table 5.

**Professional group.** The professionals who replied to the survey were responding to a question asking for their definition of ECA. Most of the respondents in this group defined ECA in terms of *acts of commission* (84%), and *effects on the child* (71%), with approximately half as many defining it in terms of *acts of omission* (43%). This appears to reflect a stronger focus on abuse as opposed to neglect and a high awareness of the effects of such acts. Some professionals mentioned *abuse of power* (12%), *intention* (9%) and the *relationship* [of ECA] to other abuse (17%) though these were included less frequently in their definitions than the broad categories mentioned above. It was predominantly the respondents with legal training, that is lawyers and judges, who made reference to intention. Of the 10 respondents who defined ECA with reference to the perpetrator's intention, eight were legal professionals.

**General Public group.** The members of the general public who replied to the survey were responding to a question asking for all the ways they thought children were emotionally abused. This is different from a request for a definition such as was made of professionals and is reflected in the responses. The results are presented in Table 5. Seventy-two percent of participants referred to *acts of commission* in their descriptions and fifty percent referred to *acts of omission* (50%). *Relationship to other abuse* (e.g. sexual abuse, physical abuse and neglect) was included in the descriptions of approximately a quarter of the participants. Given that the question focussed on acts it is understandable that *effects on the child* was used by only a small number of participants and that two of the specific categories that is, *emotional harm* and *harm to general development* were not used at all. Only one person in this group referenced either of the categories *intention* or *abuse of power*.
Comparison of the Professional and General Public groups. The people in Group P and Group C were different in terms of the method of selection, the type of survey, and their status as practitioners in the child abuse field. Given this, a Cochran $Q$ test was used to compare the groups on the 18 variables derived from the definitions. The Cochran $Q$ test is particularly suitable for comparing relevant characteristics of different subjects when the data are categorical as was the case in this study (Siegel & Castellan, 1988 pp. 170-174). For this analysis the assumption was made that if the people in each of the groups regarded the 18 definitional variables as equally important then they would refer to them equally as often. The results were highly significant for Group P ($Q (17,181) = 725.93, p < 0.001$) and for Group C ($Q (17,142) = 723.03, p < 0.001$) showing that the groups do give a different relative importance to the 18 variables derived from the definitions.

To explore this difference further the 18 variables were ranked for each of the two groups on the basis of frequency of use (refer Table 6) and the relationship between the rankings of the two groups was tested using a Kendall correlation. This was based on the assumption that if a group saw a definitional variable as important then it would be referred to frequently. Therefore the frequency of selection of a particular definitional variable would be a measure of its relative importance within the group. Based on this assumption it was expected that if the people in each of the groups were similar in the relative importance with which they regarded the 18 definitional variables then there would be a high correlation, that is approaching 1.0, between the ranking of the variables for each group. The Kendall correlation of the rankings was low ($r = 0.31$) indicating that the two groups give a different relative importance to the 18 variables.

As can be seen from Table 6, there are a number of variables on which there were marked discrepancies between the groups. For example, if a cut-off point of a difference of six rank places or greater is chosen then the variables to which this applies
Table 6. Rankings of the professional group (Group P) and the general public group (Group C) on the definitional categories

<table>
<thead>
<tr>
<th>No.</th>
<th>Category</th>
<th>Group P</th>
<th>Group C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rank</td>
<td>Rank</td>
</tr>
<tr>
<td>1.</td>
<td>acts of commission</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>2.</td>
<td>degrading</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>3.</td>
<td>frightening</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>4.</td>
<td>rejection</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>emotional manipulation</td>
<td>9</td>
<td>8.5</td>
</tr>
<tr>
<td>6.</td>
<td>inappropriate parenting</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>7.</td>
<td>acts of omission</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>8.</td>
<td>emotional neglect</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>9.</td>
<td>lack of love</td>
<td>6</td>
<td>12.5</td>
</tr>
<tr>
<td>10.</td>
<td>lack of positives</td>
<td>2.5</td>
<td>12.5</td>
</tr>
<tr>
<td>11.</td>
<td>effects on child</td>
<td>17</td>
<td>8.5</td>
</tr>
<tr>
<td>12.</td>
<td>emotional harm</td>
<td>10</td>
<td>1.5</td>
</tr>
<tr>
<td>13.</td>
<td>harm to general development</td>
<td>11</td>
<td>1.5</td>
</tr>
<tr>
<td>14.</td>
<td>effect on feelings/behaviour</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>15.</td>
<td>low self-esteem</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>16.</td>
<td>abuse of power</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>17.</td>
<td>intention</td>
<td>2.5</td>
<td>3.5</td>
</tr>
<tr>
<td>18.</td>
<td>relationship to other abuse</td>
<td>7</td>
<td>11</td>
</tr>
</tbody>
</table>

**Note:**
Broad categories are in *italics* with specific categories listed below each.
are: the broad category of *effects on the child* and the three specific categories of *harm to the child's emotional development*, *harm to the child's general development*, and *the child's feelings/behaviour of concern*; and two of the specific *acts of omission* categories, these being *lack of love* and *lack of positives*.

The $\chi^2$ values presented in Table 5 further illustrate the main differences between the two groups. These tests are used for illustrative purposes only as multiple tests should not be used on the same material. They demonstrate that the greatest difference between the two groups lies in the responses categorised as *effects on the child*. Both overall and in each of the sub-themes in this area, the professionals are more likely to have referred to the consequences of the emotional abuse. They also confirm the emergence of issues of *abuse of power* and *intention* only for the professional group.

There is a greater overall mention of *acts of commission* by the professionals especially acts classified *emotional manipulation* although *degrading* acts were mentioned more often by the general public group. *Acts of omission* were mentioned equally often by both groups although the community groups were more likely to refer to a *lack of positives* and a *lack of love*.

II: Definitions of emotional child abuse - the relationship with demographic variables

The following questions were posed with regard to the relationship/s between the 18 definitional variables and the demographic variables researched, including respondents' own experience of abuse:

a). Do people who have personally experienced ECA define it the same as those who have not?

b). Do people who know someone who has been emotionally abused as a child define it the same as those who do not?
c). Do people who have personally experienced physical child abuse, physical child neglect, and/or sexual child abuse define it the same as those who have not?
d). Do people who know someone who has experienced physical child abuse, physical child neglect, and/or sexual child abuse define it the same as those who have not?
e). Is there a relationship between any of the following and how people define ECA: employment status, ethnicity, age, gender?

These were treated using a chi-square analysis. Only those variables on which there was a significant difference (i.e. $p < 0.01$) will be reported here. Table 7 summarises

**Table 7. Summary of significant differences in use of themes depending on demographics**

<table>
<thead>
<tr>
<th></th>
<th>Group P</th>
<th>Group C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal experience of ECA</td>
<td>N.S.</td>
<td>Rejection</td>
</tr>
<tr>
<td>Knowing someone with ECA</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Personal experience of physical abuse/neglect or sexual abuse</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Knowing someone with experience of physical abuse/neglect or sexual abuse</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Employment</td>
<td>N.S.</td>
<td>N.S.</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Pakeha/Maori</td>
<td>No test</td>
</tr>
<tr>
<td>Age</td>
<td>N.S.</td>
<td>acts of commission</td>
</tr>
<tr>
<td>Gender</td>
<td>N.S.</td>
<td>degrade &amp; lack of love</td>
</tr>
</tbody>
</table>
these results. There was no significant difference in the use of the 18 definitional variables and any of the factors: personal experience of child physical abuse, child physical neglect, and/or child sexual abuse; knowing someone who had experienced ECA; knowing someone who had experienced ECA and child physical abuse, child physical neglect, and/or child sexual abuse; and, employment status, and cell numbers were too small for reliable conclusions about occupational difference.

**Personal experience of ECA.** For Group C (N=142) the only significant relationship between the definitional variables and personal experience of ECA was on rejection ($\chi^2(2,142) = 36.08, p < 0.001$). None of the 31 respondents who had experienced ECA included this in their definition.

**Ethnicity.** For Group P there was a significant relationship between ethnicity and the inclusion of acts of commission in a definition ($\chi^2(4,181) = 18.218, p < 0.001$). The largest ethnic group, comprising 148 (82%) of the respondents to the professional survey, identified as Pakeha/New Zealanders of European descent. In this group, 87 percent included acts of commission in their definition compared with 90 percent of the people who identified as both Pakeha/New Zealanders of European descent and Maori (N = 10). Of the 11 people who identified as Maori, 55 percent included this variable in their definition. Reliable comparisons for Pacific Island and 'other' groups were not possible because of small numbers.

**Age.** There was a significant relationship between acts of commission and age ($\chi^2(9,142) = 31.2, p < 0.001$) for Group C. One hundred and one people (71%) included acts of commission in their definition and most of these were under the age of 50 where 79 per cent recorded these themes. Over the age of 50 the percentage recording these themes declined steadily with an overall percentage for those over 50 of 56 per cent.
Gender. There was a significant relationship between gender and each of the variables degrade ($\chi^2 (1, 137) = 11.0, p < 0.01$) and lack of love ($\chi^2 (1, 137) = 17.38, p < 0.001$). More females (68%; N=48) than males (38%; N=25) included degrade and more females (42%; N=30) than males (11%; N=7) included lack of love in their definition of ECA.

III: Other information on emotional child abuse

Professional group. Four questions specific to survey P pertained to: (a) the type of information that raised concern about ECA in cases they had dealt with in the past year; (b) the ways in which parent/s emotionally abuse a child; (c) the indicators of emotional abuse in a child; and, (d) the source/s of their information and training on ECA.

(a) The type of information that had raised professionals' concern about ECA in cases they had dealt with in the past year included: the child's behaviour (93%); behaviour of the parent/s (86%); information from other professionals (77%); the child's own report (66%); the parent/s own report (55%); medical information (38%); information from the extended family (11%); and their own observations (6%). This concurs with the focus of the professionals' definitions on both the acts of the parent/s and the effects on the child.

(b) To gather more information on professionals' knowledge and experience in the ECA area the following two questions were also asked:

(1) [p]lease describe how you think parent/s emotionally abuse a child
(2) [p]lease describe what it is about a child that would indicate to you that s/he was experiencing emotional abuse.

The responses to the first question, "[p]lease give your definition of emotional abuse" were coded using the same specific categories that were used to code the definitions
(refer Appendix 15). Given that a definition is typically conceptual in nature and therefore unlikely to include specific examples, this question was very useful in eliciting further information on the professionals' specific knowledge of ECA acts and effects. This was borne out in the results as with the exception of the category emotional manipulation more professionals gave examples of each of the categories than referenced them in their definitions. The most obvious example of this was for the category inappropriate parenting where 112 (62%) professionals gave examples of this in response to the question above compared with only 23 (13%) who included this in their definitions. For the category emotional manipulation a similar number referenced this in their definitions (N = 39) as gave examples of it in response to the above question (N = 37).

(c) Responses to the question on child indicators showed a similar pattern. In coding the professionals' responses to the second question several new categories emerged in addition to the specific categories for effects on the child used to code the definitions (refer Appendix 16). These new categories included attachment to parent/s is of concern with 46 (25%) of professionals referring to this, and child's relationships with others is of concern which was referred to by 70 (39%) professionals. Another two new categories were internalising responses of concern referenced by 129 (71%) of the professionals and externalising responses of concern referenced by 98 (54%) of the professionals. The pattern noted above was also apparent when the responses to the categories for internalising responses (71%) and externalising responses (54%) were compared with the number of professionals (N=69; 38%) who referred to the child's feelings or behaviour being of concern in their definitions.

(d) ECA is a relatively new field with less information and training available than for physical abuse and neglect and sexual abuse. Given that information and training does influence practice, respondents to Survey P were asked "where your
information/training about emotional abuse has come from" (refer Appendix 17). Their responses, coded into nine categories were:

- professional work and experience (65%; N=117)
- reading (48%; N=86)
- workplace training, seminars and conferences (44%; N=79)
- professional study and training (28%; N=51)
- contact with clients and children in the course of professional work (16%; N=28)
- life/world experience (16%; N=28)
- personal experience (9%; N=16)
- contact with children outside of work (8%; N=14)
- no specific training in ECA (11%; N=19).

Although respondents named training, seminars and conferences as sources of information, none of these were specifically on ECA so the information on this was usually incidental to, for example, sessions on other forms of child maltreatment, attachment, and development. This suggests a need for specific training in this area. Such training may raise the confidence and specific knowledge base of professionals working in the area of child abuse which may in turn increase the identification and reporting rate.

**General Public group.** Respondents to survey C were asked about their own experience of ECA and other forms of child abuse and neglect, and the perpetrator/s of the ECA. If respondents had not personally experienced ECA they were asked if they knew someone who had, if this person had been abused or neglected in other ways, and about the perpetrators of this person's ECA.

Thirty of the respondents in Group C (22%) had experienced ECA. These people reported the perpetrators as being: 'mainly father' for six (20%); 'mainly mother' for five (17%); 'mother and father about the same' for nine (30%); 'parental figure' for
three (10%); and 'parent/s plus other/s' for seven (22%). Also within Group C 27 (19%) people knew someone who had been emotionally abused as a child. For these people the perpetrator/s were reported as being 'mainly father' for eight (30%); 'mainly mother' for seven (26%); 'mother and father about the same' for six (22%); 'parental figure' for two (7%); 'parent/s and other/s' for one (4%); 'family member' for two (7%); and 'other' for one (4%). The size of these groups precludes drawing any conclusions from these results.

Of the 142 respondents to survey C, 13 (9%) identified as having been physically abused as a child and 10 of these 13 respondents also identified as having experienced ECA. Seven (5%) respondents identified as having been physically neglected as a child, four of which had also experienced ECA. Of the 12 (8%) respondents who identified as having been sexually abused as a child, 10 had also experienced ECA. Due to the small cell numbers on the chi square analysis when comparing respondents who had experienced ECA with those who had not, a Fisher exact probability test (two-tailed) was used. This showed a significant relationship between personal experience of ECA and personal experience of physical abuse ($\chi^2 (1, 133) = 25.67, p < 0.001$) and sexual abuse ($\chi^2 (1, 127) = 27.53, p < 0.001$). Of the 31 people who identified as having experienced ECA, five (16%) said they had also been subject to physical abuse and sexual abuse and two (6%) identified as having been subject to all four forms of child maltreatment.

Discussion

One of the main issues in the discussions surrounding the definition of ECA is whether to define ECA in terms of adult acts, in terms of effects on the child, or both. Typically, if the definition in whole or part references adult acts then a further distinction is made between acts of commission and acts of omission. Most people in
both groups defined ECA in terms of acts of commission although about half of both groups mentioned acts of omission. The relative emphasis on *acts of commission* compared with *acts of omission* was expected as the term 'abuse' implies something which is done (inappropriately) rather than the failure to do something (appropriate). One possible explanation is that in the majority of child abuse cases with which professionals deal, it is acts of commission which have brought the child to attention, as these are more visible, and are preferred as evidence of child abuse. This is also the case with physical abuse and sexual abuse, other forms of abuse with which people are most likely to be familiar, and in which the focus is on acts of commission.

Within the broad category of *acts of commission*, more members of the general public (Group C) than professionals (Group P) referenced *degrading* behaviour, while people in Group P were more likely to reference *emotional manipulation* than those in Group C. This could represent the different types of experience of the people in each of the groups. For example, a significant number of the professionals in Group P work in the Family Court where playing on a child's loyalties, which is coded as *emotional manipulation*, is a primary issue in custody and access proceedings. For lay people it may be that *degrading* behaviour such as verbal abuse and ridicule feature more in their experience.

As expected, when the professionals were asked specifically about parental behaviours, and children's behaviour indicative of ECA, their responses were more specific than their definitions and more categories were needed to code this information. An emphasis on specific acts of commission, specific effects on the child, and attachment behaviour as indicators was demonstrated by significantly more people in Group P compared to Group C. This suggests that professionals have a more complex and well defined concept of ECA.
The differences could be related to one or more of several differences in the two groups. These differences include: direct and indirect experience (i.e. knowing someone with direct experience) of ECA; the effect of training in the general area of child maltreatment as described by the professionals; relative differences in age as shown in the spread across the age categories; and the different wording of the first question in each survey used to elicit information on defining ECA.

While there were statistically significant differences when comparing professionals' definitions of ECA with those of lay people the differences do appear to be more ones of relative emphasis within and between the groups than absolutes. The 18 definitional categories were derived from, and account for the definitions of both groups, that is, similar themes were used by each group. This similarity indicates a common understanding of ECA by professionals and the general public. This is important implications for the development of a definition that will be accepted, and utilised by both groups of people. These themes can now be compared with the findings of other studies that have been undertaken with the specific purpose of developing a definition of ECA. The most frequently quoted of such research is that of Baily and Baily (1986) and Rohner and Rohner (1980). Recent research studies to deal specifically with developing a definition are those by Burnett (1993) and Brassard and her colleagues (1993).

In the Baily and Baily study (1986; see also Baily, 1988), professionals from a wide range of organisations and agencies involved in services to families known to abuse or neglect were selected in five states of the USA. The professionals completed a series of seven questionnaires over a period of a year. The research project was designed to develop operational definitions of child emotional maltreatment, to categorise behaviours as maltreatment, and to recommend levels of intervention. The definitional variables that were derived from the definitions collected in this study are very similar
to the operational definitions of child emotional maltreatment developed by Baily and Baily (1986; see also Baily, 1988) (see Appendix 18). The only category from the Baily and Baily study (1986) as summarised by Baily (1988) that did not appear in any of the categories in this study is 'the parent confuses the child's sexual identity'.

In their study Rohner and Rohner (1980) used a multimethod research strategy called the universalist approach which included the following three paradigms of research: the holocultural method; the community study approach; and intracultural research. Using this approach they were able to examine over 100 different cultures from around the world. They used the term 'parental rejection' synonymously with emotional abuse and concluded that the antecedents and consequences of this behaviour are observed uniformly throughout cultures. Rohner and Rohner (1980) posit that parental rejection/emotional abuse is manifested across cultures in two ways, as parental hostility and aggression, and as parental indifference and neglect. These two forms are virtually identical to those referred to as psychologically unavailable caregiving and verbal hostile caregiving which the Minnesota group (Egeland & Erickson, 1987; Egeland et al., 1983; Erickson & Egeland, 1987) has prospectively related to the development of child deviance and delay and which concur with the findings of Brassard and her colleagues (1993), Claussen and Crittenden (1991), and Vissing and colleagues (1991). They also coincide with the broad and specific categories encompassed by acts of commission and acts of omission in this study. The consequences of the behaviour they list such as impaired ability to form attachments, impaired sense of self-esteem and self-adequacy, problems with the management of hostility and aggression, increased dependency and 'clinginess' to gain parental attention and approval, are very similar to those coded under effects on the child in this study.
The major areas of agreement in this study also correspond with the results of a study by Brassard, Hart and Hardy (1993) to develop scales for assessing psychological maltreatment in the mother-child interaction. This study examined the interactions in 49 mother-child dyads. Half of the dyads had substantiated histories of maltreatment and the children were defined as having experienced emotional abuse and/or neglect. The other half had no known history of maltreatment. The Psychological Maltreatment Rating Scales (PMRS) were used to rate videotaped interactions of the dyads engaged in a series of tasks during a child teaching task and to discriminate maltreating from non-maltreating dyads. The study found that the PMRS is a moderately reliable and valid measure of psychologically maltreating parental behaviour and it can make the discrimination between maltreating and non-maltreating parents. The four scales of the PMRS included terrorizing, corrupting/exploiting, spurning and hostile degradation, and denying emotional responsiveness. Psychological abuse was summarised as the presence of hostile behaviour and the scales relating to this were included in the broad definitional variable of acts of commission in this study. Brassard and her colleagues (1993) referred to psychological neglect as the absence of positive parenting and this included emotional unavailability and the absence of positive maternal presence which are similar to the definitional variables of acts of omission, specifically lack of love and attention, and lack of positives, as coded in this study.

Their focus on the mother-child interaction is in line with professionals' reference to attachment behaviours of concern as indicators of ECA. They make a firm link between their research and that of other researchers (Claussen & Crittenden, 1991; Egeland & Erickson, 1987; Vissing et al., 1991) in the area of child maltreatment which has shown a significant relationship between psychological maltreatment and developmental delay in children. Developmental delay was frequently cited by Group P respondents both as an indicator of ECA in a child and in their definitions as coded.
under effects on the child and more specifically harm to the child's general development and harm to the child's emotional/psychological development.

Burnett (1993) aimed to identify potential definitions of psychological abuse by submitting vignettes of adult behaviour, by mail survey, to a group of professional social workers and to a group of lay people. The vignettes were based on the pre-1986 literature on defining psychological abuse. Participants were asked to rate the adult behaviours as abuse or not and to make a judgement in terms of seriousness and need for intervention. Of the ten types of abuse presented in the vignettes there was strong support from both the professionals and the lay respondents for considering nine of these behaviours as definitions of psychological abuse. The nine behaviours were: (1) confining to a small space; (2) public humiliation; (3) "Cinderella Syndrome"; (4) severe verbal abuse; (5) coercing into delinquency; (6) threatening a child; (7) refusal of psychiatric treatment; (8) not allowing social and emotional growth; and, (9) not providing a loving home. With the exception of 'refusal of psychiatric treatment' these behaviours were part of the definitional categories which emerged from the survey responses.

The behaviours from Burnett's study also accord with those in the three studies referred to above with (1) to (7) inclusive coming within the broad categories acts of commission, presence of hostile behaviour (Brassard et al., 1993), and parental hostility and aggression (Rohner & Rohner, 1980) and (8) and (9) within the broad categories of acts of omission, absence of positive parenting (Brassard et al., 1993), and parental indifference and neglect (Rohner & Rohner, 1980).

The similarity of results between this study and the three referred to above demonstrates a consistency, and agreement among authors, on the elements of ECA identified in the different studies. These elements include both abuse and neglect which can be
identified from parent behaviours and from children's responses to this behaviour. This will be explored further in the next chapter (Chapter 4) where a qualitative analysis of the interview material and relevant data from the surveys will include the nature and effects of ECA.
CHAPTER 4

COPING WITH EMOTIONAL CHILD ABUSE: AN AOTEAROA/NEW ZEALAND STUDY OF ADULTS ABUSED AS CHILDREN

As part of the research study on ECA in Aotearoa/New Zealand information was gathered from adults who had experienced this form of maltreatment in childhood. The purpose of this was to gain an understanding of the nature of ECA, the effects of this and other forms of maltreatment, and how it was coped with. As this material was being gathered retrospectively, that is from adults who were emotionally abused as children, it was assumed that individuals' perceptions of the maltreatment to which they had been subject would change over time. The interviews canvassed the participants' ability to reflect and comment on these changes at the major developmental stages, of childhood, adolescence and adulthood. The material on which this chapter is based was collected from thirty interviews with adults who self-identified as having been emotionally abused as a child and from written responses to the survey 'Emotional Child Abuse in New Zealand' (refer Appendix 3) sent to members of the general public. Survey material was available for twenty six of the people interviewed and for nine people who were not.

Of the 31 people who identified in the survey as having been emotionally abused as a child, 22 were interviewed. The reasons for not being willing to participate in the second part of the research study were not given by participants and it was not appropriate to make contact to ask for reasons. A further eight people who were interviewed became known to the researcher through personal and professional networks as a result of the research. These people were also asked to complete a survey and five did so. These five surveys were not included in the analysis presented in Chapter 3. Of the 30 people
interviewed, eight (27%) were male and 22 (73%) were female. There were nine participants (31%) in each of the age groups 21-30 years and 31-40 years; six participants (21%) were in the 41-50 years age group; two (7%) were in the 51-60 years age group; one (3%) was in the 61-70 years age group; and two (7%) were in the 71-80 years age group. The survey question that asked participants to describe the ECA to which they had been subject was broadly worded to encompass both abuse and neglect. The semi-structured interview (refer Appendix 19) included questions about the nature of the abuse and factors associated with coping with ECA.

The Rating of Past Life Events questionnaire (ROPLE, 1990. See Appendix 20), which asks participants to rate the severity of abuse and neglect they have experienced from 'mother', 'father', and 'other', was completed by those who were interviewed. Asking participants to complete the ROPLE before the interview began was a way of collecting information on the forms and severity of maltreatment they had been subjected to as children. It was referred to in the interview and was used an interview tool, not a data collection method and therefore the information was not analysed.

Each interview lasted one to two hours and when transcribed generated a transcript of approximately 25 to 30 pages in length. The interview and survey material yielded approximately 750 pages of transcripts. The transcripts were read to re-familiarise the researcher, who had also done the interviews, with the material. As the material was read each new theme was put on a separate piece of paper and given a descriptive heading. Verbatim quotes were written beneath the heading along with notes of any links between the themes and any themes or shifts in themes that were associated with developmental changes.

A grounded theory approach (Glaser & Strauss, 1967; Henwood & Pidgeon, 1992; Ramsay, 1994; Strauss & Corbin, 1990) was used to identify the themes in the material.
In this approach the researcher is familiar with the current literature thus allowing a "theoretical sensitivity" (Strauss & Corbin, 1990) to the material. This enables the researcher to draw out themes and concepts from the material rather than imposing a particular theory or classification system which limits the analysis to the recognition of themes consistent with the chosen taxonomy. It is these themes and their comparison with the existing literature which make possible the generation of theory (see for example, Stern, 1994).

A further reason for choosing this approach was its ability to explore meaning and to represent the reality of the participants from their subjective experience (Ramsay, 1994). This has particular relevance to the area of ECA where the child's perception of the emotionally abusive act/s and the meaning they attribute to them is central to their experience and understanding of the ECA and its effects and how it is managed.

Although a focus of the interviews was resiliency and factors associated with this it was surprising how much each participant talked about the abuse and neglect to which they had been subject. The interview provided an opportunity for participants to talk about and have validated, their experience of maltreatment. The material was gathered in a context where the researcher's interest in both ECA and resiliency was clear. It is not possible to say how this influenced the participants though many participants said it was the first time they had told anyone about these experiences and that this, and the focus on how they had coped, was very helpful.

The next section will present the themes that emerged from the survey and interview material where participants described the ECA to which they had been subject. The following section will address the themes related to the disclosure of ECA and the implications for practice. The final two sections will present the themes relating to how the participants coped with the ECA.
The nature, effects, and context of emotional child abuse

The themes that emerged from the survey and interview material fall broadly into three categories which will form the parts of this section. The first covers the themes on the nature of the ECA experienced by the participants, and the second will cover the effects of the ECA including the feelings it engendered in the participants. The third discusses the themes related to the context of the ECA. Although the themes are presented as discrete they are inter-linked in ways that a linear presentation such as this cannot adequately convey. As far as possible comment will be made on these inter-connections.

I: The nature of emotional child abuse

The on-going, everyday nature of emotional child abuse. All participants reported ECA that extended over a period of years; for most it was throughout their childhood. The participants described the ECA they had experienced as an "on-going thing, everyday thing", "it was absolutely every day, it was relentless." While most could recall specific incidents that had a particular impact on them they were seen as specific examples of behaviour that were constantly occurring, for example: "There are some specific events. I mean it was insidious, it was an everyday thing, a sort of negative influence"; "it was every day, on-going but there was particular incidents in my childhood that I feel were really abusive...I just think the way we were brought up was abusive really."

Definitions of child maltreatment, particularly physical and sexual abuse, typically refer to discrete incidents that can be identified and located with a specific time, place, and action/s. From the material gathered in this research such an approach to defining ECA would to be problematic as it would misrepresent a primary aspect of ECA that is, its on-going, constant nature. As described by one participant "I think the worse thing is when
the emotional abuse is so consistent, it's happening so frequently you never get time to recover." The pervasiveness of this constant form of abuse is integral to the nature of ECA such as "for me it was this constant every day every night feeling of being unsafe...you feel unsafe the whole time."

A definition of ECA developed from the findings of this study would need to incorporate a description of it as inclusive of, but not limited to specific events, where most typically the specific events are part of an on-going, constant pattern. This, which will be referred to as the climate of ECA, is closely linked with its effects on the child.

Verbal abuse and other put-downs. The verbal abuse described by participants included put-downs, comments that belittled the child and/or their achievements, critical remarks, telling the child they were not loved, humiliation, undermining comments, being blamed for other's mistakes, being labelled bad, stupid, ugly, hopeless, helpless, a problem, a nuisance. For many the verbal negatives and abuse went hand-in-hand with a lack of positives, for example "constant put-downs and yelled at...showed us no emotion except hate and anger" and "as a child I was made to feel that my life was of no worth at all except for other people's use...I was verbally abused by my father every day."

Verbal abuse is one of the most commonly cited and recognised forms of ECA (Baily, 1988; Baily & Baily, 1986; Brassard et al., 1987; Claussen & Crittenden, 1991; Crittenden et al., 1994; Donnelly, 1992; Garbarino & Garbarino, 1986; Holm, 1986; Vissing et al., 1991). The participants described its occurrence as "constant" and "relentless", part of the pervasive atmosphere of ECA. Like the two sides of a coin, the other side of the verbal abuse was the lack of positives, nothing was said or done to give the child a sense of being valued and loved.
Different from others in the family. Some participants described being treated differently or scapegoated in the family, for example "[names older sibling] was the first one to arrive and was adored... my twin and I were treated fairly similarly by Mum, in a negative and critical way", "my mother has always said that he [the oldest brother] was all she had. Doesn't say much for the children who followed afterwards", "my father had this definite dislike of me... I was treated differently." For some this was because they were a reminder of a person who was disliked or hated such as "being told and told and told, 'you're just like your bloody father'" and ","I was treated differently from my sister because I look like [names family member], 'bad blood'."

Others described feeling different "I never felt that I fitted in", "I just thought I don't belong here" and it was not uncommon for them to think they were adopted, for example "I thought I was adopted... I was always different" and "I felt like I didn't belong, I wasn't part of the family... I thought for many years that I was adopted." For some the feeling of being different came from not being allowed to be themselves "I felt I was not treated as an individual... we were brought up as my parents' children really, rather than individuals."

This theme reflects two related expectations, one a sense of fairness or being treated the same, and the other a sense of being treated as an individual, recognising and allowing the child's differences, their uniqueness. As children the participants felt emotionally abused when they were treated unfairly and/or not treated as an individual.

Threatened and fearful. To the participants, being threatened also meant living in fear, "feeling fear mainly...part of the whole sort of environment was the constant threat of violence... it was just always on the edge of violence... and it's totally random so you don't know when it's going to strike or not." Living in fear, under constant threat was part of the atmosphere of ECA, "as a child there was fear, a lot of fear from the anger in
the house... and the threat of violence... it was there, it was in the air" and "I think there's a feeling of apprehension... that as a child there's a feeling that you don't control things and that there's a danger, the danger looms large so that it's very threatening, the atmosphere was always very threatening."

Many talked about the helplessness and powerlessness they felt in the situation of not knowing, "that it was unpredictable and therefore unavoidable and inevitable" and of how "threats are worse than the actual thing." Allied with these feelings were those of feeling "deeply ashamed" and of blaming themselves. Feelings of a lack of security, safety and a sense of control are all aspects of the child's response to threats and blackmail. The threats appeared to be mainly from two sources: directly to the children themselves, and those witnessed by the child to others such as a parent for example, "it was a constant threat of violence to us, apart from witnessing the actual violence between our parents."

Threats, emotional blackmail, and threatened violence are often presented as emotionally abusive acts, that is acts of commission. From the findings of this study however the actual commission of the threatened acts would seem to be rare compared with the constant threat of their occurrence and the pervasive feelings of fear and powerlessness that this engendered. Given this, a definition that refers to the frequency or pervasiveness of the sense of threat and the effects of this on the child would more accurately convey the impact of such acts than the frequency with which the threats are carried out.

Lack of security, affection, positive attention. A lack of affection, praise, or attention is often referred to as neglect or acts of omission. This neglect was variously described as "lack of positive reinforcement, affection and understanding", "it was simply an absence of unconditional love", "neglect extended to no sort of positive feedback or any positive help... everything seemed to be negative", "I never remember getting a hug or a kiss or anything like that." As with the themes previously described this neglect
seemed to have a pervasive negative effect on the participants where the underlying message was that they were not good enough to be given positives, for example "I was unwanted, unappreciated and nothing about me seemed to be acceptable, or good enough", "I never ever felt I was loved or wanted, but I didn't know what love or want was." Allied with the sense of not being loved or valued was the feeling that no-one would show any concern for their well-being, they would not be cared for or kept safe: "I felt that I was not protected or safe and that anybody could do what they wanted and no-one was going to help me."

The language used by some of the participants to describe the ECA implied that the neglect was active; that is that the parent purposefully withheld positives and/or failed to act in appropriate ways. This differs from the benignity and passivity generally imputed to the term neglect. The recognition of neglect as active may well assist in understanding it as being at least as harmful, if not more so, than abuse in its effects (Crittenden, 1992; Crittenden et al., 1994; Manly et al., 1994; Ney et al., 1994; Steinberg et al., 1994). Some of the participants described the ECA as a lack of response, either positive or negative, on the part of their parent/s.

**Emotional unavailability.** Some participants described a lack of negative attention and a lack of positive attention, a sort of generalised lack of engagement or interest in the child. Participants described this as, "I didn't get sort of discouraged... and I wasn't really encouraged either", "I only did good at [names two subjects]... all the rest I was last in and my parents never went bad girl or good girl. It was just nothing", "I was emotionally ignored as a child." Parents who behave in this way have been termed 'psychologically unavailable parents' (Egeland & Sroufe, 1981a) and their behaviour as 'denying emotional responsiveness' (Hart et al., 1987). The implicit message seems to be that the child is not worth bothering about, is not worth any attention be it positive or negative.
The relationship between ECA and other forms of abuse and neglect. All but one of the participants described being subject to one or more forms of physical abuse, physical neglect, and sexual abuse as well as emotional abuse as a child. Most of the participants saw the sexual and physical abuse and neglect they had suffered as both distinct from and part of the emotional abuse, "to separate them is only defining an instance, like you sort out the clothes when you do the wash, they're all clothes that need washing... the intent is there to control and hurt another human being and how you do it really doesn't matter." The effects of the abuse were often described as being the link, "I see them all related... the fear and not feeling good about yourself and that sort of thing... just to me feels like it's all in the one", "they are quite integral in the effect on me", "I just thought I was a bad child", "I felt as though it was all the one thing... you're not intelligent enough to work it out, what is happening really and you just go by feelings when you're a kid."

The effects of the ECA were seen as more pervasive, as longer lasting than those of other forms of child maltreatment. For example, "emotional abuse is far more dangerous [than physical abuse], it stays with you for a hell of a lot longer. The pain and the physical signs of a beating soon disappear, [the emotional abuse] goes deep ingrained and it becomes part of the way you see yourself, part of you, part of your process, your self-worth. If you align it to a computer, it becomes part of your programme", "with the emotional abuse you can have varying scales of it, from feeling totally not wanted and neglected, being neglected of attention to just a small incident where it brings everything back again for the same emotions to come over", "once you've been hit, or once an event has occurred, there's a period of grace... with emotional abuse it's very on-going... I spent my whole childhood waiting for things to happen."
ECA was seen as occurring on its own and as always co-occurring with physical abuse and neglect and sexual abuse, "I see them all combined but you can have emotional abuse without sexual abuse or without physical abuse but the other two have both."

The utility of a distinction between emotional abuse and emotional neglect
Emotional abuse and emotional neglect were seen as both distinct and the same. All participants were aware of both emotional abuse and emotional neglect although for some the abuse or neglect predominated, "I would have been put more in the abuse than neglect, [there was] some degree of neglect... the abuse thing for me, was probably more significant", "my mother used me as a whipping boy and so I think it was the things that were said, rather than not said... it was more active than passive", "emotionally neglected is probably accurate... neglect inasmuch as no concern." For others who had been subject to both the distinction was not important, "both existed and they felt like they were going hand in hand", "it's just the left and the right side of it", "I think they stemmed out of the one thing, like emotionally." In some situations the neglect was seen as abusive, "abuse for me is the actual, to have it done to me, the neglect occurred when no-one would help me. It all had the same effect. In fact, the neglecting to protect me from the abuse was more abuse in it's own right, to stand back and see children being hurt you might as well be doing the abusing yourself."

From the participants' responses emotional abuse and emotional neglect appear to be the two dimensions of ECA. These two dimensions are always present though one may predominate in terms of occurrence and/or effects.

Summary: The nature of ECA. To summarise, ECA is typically an on-going, every day pattern which is inclusive of, but not limited to specific events. Feeling threatened and living in fear are an integral part of the everyday atmosphere of ECA. The threats may be those made directly to the child or those that are made indirectly for
example, where one parent verbally and/or physically abuses another in the child's presence. ECA includes emotional abuse, emotional neglect, and emotional unavailability though one or more of these may predominate for a given individual or in a given situation. Verbal abuse and other put-downs are usually referred to as emotional abuse while a lack of security, affection, and positive attention are commonly defined as emotional neglect. Although such categorisation may have some descriptive utility, in most situations neglect, abuse, and unavailability all occur and all contribute to the effects and consequences for the child. Not being treated fairly and not being treated as an individual were a further two aspects of ECA which are both distinct and similar. ECA was perceived as occurring on its own and as co-occurring with sexual and physical abuse and neglect.

II: The effects of the emotional child abuse

The participants described various feelings associated with the ECA, and the consequences of these feelings. The feelings were as follows:

• Fear  Fear was a predominant feeling discussed by the participants, particularly in relation to the atmosphere of threats. For example participants would say they felt, "a wall of fear, totally, definitely", "it used to really scare you at times... it used to frighten the hell out of me."

• Powerlessness and frustration  Powerlessness and frustration was often part of the fear, "[I felt] frustration, fear, powerlessness", "worthlessness, powerlessness and fear", "frustration of being unable to reverse what was happening... powerless."

• Rage and anger  "I was a very angry child", "fits of rage... if I got angry, I'd get obsessively angry." A noticeable trend was the recognition of, and giving vent to these
feelings in adolescence and adulthood for example, "anger really characterises my adolescence", "my anger... and my rage propelled me through my adolescence." Many participants described this as happening at a time when they began to realise that the emotionally abusive treatment they had received was unfair, was not their fault, and was not appropriate. This appeared to coincide with, or be as a result of, gaining some independence and control, or having the opportunity to experience other families that were not emotionally abusive, or both.

- **Feeling worthless.** Low self-esteem and worthlessness were frequently expressed by the participants as effects of the abuse, for example, "you don't put any value on your own worth... you feel you're worthless." There were feelings of: "I am not worthy of anything", "you felt as though you weren't worth much... didn't have much self-esteem." ECA, or psychological maltreatment, has been uniquely associated with low self-esteem (Briere & Runtz, 1990) including guilt, perceived undeservingness, and severe self-criticism.

- **Self-blame, guilt, shame, embarrassment.** These were often associated with the feelings of worthlessness, of feeling responsible for or deserving of the treatment they had received. For example, "I took the blame absolutely", "I felt like the ugliest, fattest, awfulest person in the world and it was all, all my fault that my parents were so miserable", "I felt I was to blame for everything as well as I was told [that]... I did understand it to be my fault and I felt that I'd done something wrong."

Because children often coped with the ECA by blaming themselves they also felt guilt, shame and embarrassment. For example, "I thought 'I'm bad' or there's something I'm not doing right and I just tried so hard to be perfect but it was just never good enough." In this way the ECA was seen as a reflection on them for something they had done wrong
or for being 'bad'. For example, "I felt ashamed, very embarrassed that others would see father as different", "it's a shame on you rather than them."

- **Grief and sadness.** Sadness and grief was expressed for what the participants had never had, the happy things of childhood that they had missed out on and would never be able to experience as a child. "Grieving for loss of trust, freedom, laughter, innocence, intimacy, pleasure of touch, ownership of my body." For some, sadness and anger were feelings that went together, anger for the inappropriate things that were done and sadness for the appropriate things that were not.

Participants described the consequences of the feelings associated with the ECA and how they coped with these. They are as follows:

- **Blocking emotions.** When asked about the effects of the ECA most participants talked about the impact on them at an emotional level, of the feelings generated by the abuse. One way of coping with the abuse and its effects was: "I stopped feeling altogether. I knew that I was hollow inside", "[I] turned off all emotions in order to stay in control... there must have been so much blocking going on." Some coped by dissociating, "like becoming frozen. I would escape to another place in my mind and detach my inner self from what was happening to my physical self."

Blocking out or "switching off emotionally" took effort and energy. One participant used the following analogy to try and explain the effect of this: "I found that I put a lid on it [as a child and adolescent]... [when I saw someone as an adult to talk about it] it was like getting a huge plant out that you can't control... I've weakened it, I recognise it, but I still can't ever get rid of it, you're so concentrating on trying to cope with yourself that you know, you don't get a fair go."
• Withdrawn. Some participants coped by withdrawing from their feelings, by avoiding their emotions, others withdrew physically from people, for example, "I was very shy and withdrawn to the point of being stupid", "I was a loner... just run away and hide... that has stuck with me, I don't mix, don't mix."

• Depressed. Feeling depressed is allied with withdrawal and a sense of worthlessness, for example, "I became withdrawn, depressed, no idea of self-worth, no confidence." The hopelessness that often accompanies depression arose from the lack of control the participants felt over their situation. As noted previously, in adolescence the depression often turned to anger which precipitated the participants to change or get away from the abusive situation.

• Feeling suicidal. For some suicide seemed like the only way of dealing with the ECA and its effects, "I contemplated suicide. There were feelings of I am not worthy of anything, or I'm not going to grow up to be anything or... of uselessness", "I had no sense of identity.. I became suicidal." This linked with the feelings of depression and worthlessness.

• Negative effects on sense of self. Participants found it difficult to describe the depth and extent of the effects of the ECA on their essential self. "I think he did something to my courage", "it just affected my whole life, it just got into the very core... life was a struggle for me... it's just affected my whole life, it just makes life really hard, "I can honestly say I am permanently affected. I stick to myself even at work, I know I've got a problem, I know", "that loss of just yourself, you really lose yourself... there's no self there." This damage to their core was talked about in the present tense, that is as having a primary effect on the lives of the participants, as something which they constantly have to manage. It is as though the ECA becomes part of who they are and this can explain why the effects are so pervasive and damaging.

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• **Vulnerable.** One of the many sequelae of the ECA described by the participants was a vulnerability. "It made me vulnerable to abuse by other people", "it developed to further abuses, increased vulnerability", "the big one that stood out was the not feeling safe, not ever feeling safe." As previously stated, one of the messages of ECA is that anyone can treat the child how they want, that no-one is concerned about the child's well-being or safety, and this produces feelings of vulnerability. This lack of concern can also increase the child's vulnerability as the parent/s may not take adequate safety measures thus putting the child at risk. If the child is abused it may be that the parent/s do not believe the child and/or fail to take protective action and to seek help for the child. The child may also be vulnerable to abuse, particularly sexual abuse as perpetrators of such abuse are quick to pick up on children who are needy for affection and attention (Berliner & Conte, 1990).

• **Loss of trust and feeling betrayed.** Many participants spoke of their loss of trust, their inability to trust people, of being betrayed by those they should have been able to trust. Some referred to this as independence and learning that they could only ever rely on themselves, for example, "I feel strong emotionally but I don't trust anyone." Loss of trust links with the feelings of vulnerability and limited involvement with others.

• **Potential to perpetrate abuse.** Some participants said they were concerned about abusing their own children because of the ways they had been treated and for some this was of particular concern with children of the same gender as themselves, for example, "I'm still relieved I didn't have a daughter... I don't trust myself, I think that's what it is. I could repeat it somehow and that terrifies me." It was this fear that motivated participants to seek help for their own abuse and for parenting skills so they would not abuse their own children, for example, "I wanted to ensure that they had what I had missed out on, [talks about the demands of caring for two infants] and having to give out of yourself to your children was just too much and I was getting increasingly angry and depressed... the whole lot was just flooding back and I... was becoming that vulnerable child again, and
all those hurts came tumbling out. And I was having a problem with anger and being physically violent with my children, or wanting to be."

All participants said they did not want to treat their children as they had been treated, "there was no way that I was going to bring my kiddies up and put them through what I had gone through." A few participants spoke of how they had abused members of their own family, "I've even beat my wife up... it's in me. Well, I admit that." They regretted this behaviour and were currently seeking help, "before I had therapy I felt useless, my marriage was falling apart and I was starting to abuse my children, in the same way, along with physical in the same way as well."

Having, or deciding to have children was a significant stage in the lives of the participants in terms of remembering their abuse, recognising the gap between how they had been treated and current beliefs about how children should be reared. The motivation generated by the fear of abusing their own children has significant implications for intervention and prevention programmes and if managed well can play a primary role in overcoming the effects of the abuse.

**Summary: The effects of emotional child abuse.** The effects of ECA are many. The feelings of fear, powerlessness, rage, anger, worthlessness, self-blame, guilt, shame, embarrassment, depression, grief and sadness can contribute to feeling suicidal, withdrawn, a loss of trust, increased vulnerability for further abuse, and the potential for those who have been abused to perpetrate the abuse on their children. These have substantial implications for the person's social, emotional, psychological, and even physical development.

Effects such as a loss of trust, fear, and self-blame mitigate against the child confiding in someone about the abuse. Self-blame is a way in which children can make sense of their
world, can give it some predictability and thereby exercise some control over it. For the child in such a situation the choice is to either see their parent/s as bad or at fault, a belief which is tantamount to abandonment and one of a child's greatest fears, or to view themselves as deserving of such treatment and thereby to control what happens by being good. It is however not uncommon for the abuse to be unrelated to the child's good or bad behaviour, so that the child makes sense of the on-going ECA by seeing her/himself as never good enough. This increases the feelings of self-blame and of being 'bad'. The change in feelings and perception of the abuse situation at adolescence suggest that disclosure of the abuse may be more likely at this time.

III: The context of emotional child abuse

In situations of abuse the primary focus is typically on the perpetrator-child relationship. It is important to recognise that this relationship occurs within a wider context that influences what occurs within this relationship and how it is perceived. Themes that emerged in relation to context are: the child's perception of the emotionally abusive home environment as normal; the power and control of the perpetrator/s; the way in which the perpetrator/s had been treated as a child and the beliefs and practices of the times in which they had been reared; the child’s home environment, particularly the relationship between the parents; and the intention of the parent/perpetrator to emotionally abuse the child. These will now be covered in more detail.

Perception of the situation as normal. The awareness of the emotional abuse as inappropriate, particularly when it was happening within the home environment, often occurred at adolescence. Because there was little if any opportunity in childhood to compare their home life with that of others, many participants said that they did not think about it in terms of a choice of being able to accept or reject it; it just was. For example, "cos when you're growing up in that situation you're not really aware that it's not
completely normal, like we didn't talk about it, there was nothing to talk about... it wasn't an issue.... All I can remember thinking is that that's just how it is. Well, not even thinking that but, yeah, that's the thing, I can't even remember thinking anything", or as another put it, "how does a fish cope with water?." As children, many never questioned it, "it's just the way it was, I never questioned it. I never spoke to my friends about it that I can recall." Because the abusive environment was all that they knew as children there was nothing with which to compare it and hence make a judgement about how appropriate or otherwise it was, "because you don't know anything else, it's just very normal and natural... you don't know what normal is as normal", "I never once thought that my parents shouldn't be doing that. I had nothing to compare it to", "I never realised that I was different, I thought that's the way it was, it's really hard when you don't know any different. I just thought everybody was treated like that, that was just the way it was sort of thing."

It was not uncommon to find with this acceptance of taking their home environment for granted, an awareness of how it was different for others and a wish that it could be like that for them. For example, "I just took it for granted, but I tell you, I used to wish I had parents like other kids... I used to long for somebody to be a bit kind." Perhaps it was too painful to notice or fully think about the difference when they were unable to do anything to change their home environment. Noticing how it was different for others and wishing this for themselves would probably be like other childhood wishes, accompanied by a knowing that it was a fantasy, a dream, and therefore unlikely to happen.

The realisation that their home environment was not normal or appropriate appeared to be a gradual process. It was at a time of feeling some independence and control, often at adolescence, that the participants became aware of the inappropriateness of their home environment. As previously described this was often accompanied by feelings of anger and unfairness and a decision no longer to accept the situation. Typically with this
process of realisation the young person, now aware of the difference between the way they were reared and that of others, continued to notice differences and in some instances to actively seek out this information by talking with others, observing family interactions, and reading books on parenting. While this new awareness and knowledge can validate the person's feelings and other effects of the abuse, it can also enhance their feeling of being different and their reluctance to tell others. Part of this reluctance is the feeling that others will not understand what has happened, that they will minimise its effects, or worse still, will in some part blame the person who was abused. The disclosure of ECA and the issues related to this will be covered in a subsequent section.

Power and control. The power of the perpetrator and the control they had over the child and the home environment is a theme that connects with the pervasive atmosphere of ECA and the assumption that the home environment is normal and is therefore to be accepted. For example, "you're sort of owned by your parents... so when your parents are abusing you, or they're mistreating you, or not treating you properly, well, like you're owned by them, so what can you do?" An aspect of being controlled was the perception that parents were trying to stifle the child's individuality, "always feeling controlled and not feeling that I had a choice, or that I had a say so about things", to make them conform, "trying to make the child/adolescent conform to the parents' beliefs" and that this was in part because they did not know how to manage the child "[my] parents couldn't handle my personality, talents, strength of character."

Related to participants' perceptions of their parents' use of power and control in parenting was a recognition of the ways in which their parents had been treated as children.

The beliefs and practices of the times in which the parents had been reared. "I still have affection for him, you know you can understand it a lot more when you [are an adult]... as a child you don't really understand." This was a theme that seemed to
achieve prominence for the participants in adulthood, "I was in my thirties when I realised my mother was only human and therefore made mistakes." For some this was associated with becoming parents themselves. It may have been the difficulties inherent in being a parent and/or the awareness of how the way they were parented affected their parenting of their own children, "looking back I understand where my parents are coming from, both from hurt childhoods, busy, wanting to provide the best that they could in their way, but it wasn't what my felt need was."

A prominent element was being careful not to lay all the blame on their parent/s, "I don't blame my stepmother and my father entirely... that's how things went on, were in that time,... Plunket when loads of people were emotionally neglected", "[I]t's my parents, their upbringing has brought about how they brought up their own children, you know, so there's no real blame attached to it I suppose." It is however worthy of note that the parent/s are not totally absolved of blame. This partial attribution of blame may be because the participants were trying, and in many instances through great effort succeeding in not repeating the ways in which they were parented so it is possible that while understanding their parents' position they also understand that it is possible to change.

If total blame is attributed to the parents then it also gives them total control. For the participants part of overcoming the effects of the abuse and taking control of their lives may have been to perceive their parents' influence as a part of their lives rather than as all encompassing. An aspect of the participants' healing may have been to acknowledge the ways in which their parents were appropriate, to present a balance. Such a presentation may also reflect a family loyalty, and it may be one of the ways of minimising the abuse and hence its effects. It is not uncommon to find ambivalent feelings towards the abusive parents by those who have been abused, a combination of loving the parents but hating their abusive behaviour.
It is possible that the participants were aware of the researcher's occupation as a clinical psychologist and therefore felt some expectation to present a 'balanced' perception of their parents. They may have felt that their current attitude to their parents and the abuse would be taken as an indicator of the extent to which they had dealt with the abuse, that is, it would be seen as a reflection on them. This links with the shame and embarrassment that participants described feeling if someone found out about their parents' behaviour because they felt this was a reflection on them.

The home environment and the relationship between the parents. Conflict between the parents was described by participants as a source of ECA, "there was a lot of sarcasm in the home... the insecurity that resulted from living with parents that were physically fighting or just emotionally fighting - I would see myself being emotionally abused as a consequence of being in that situation", "we were used as battering rams for my parents stormy marriage. They took their frustrations out on us and when they fought they chose children to take their sides and we weren't allowed to speak to the other parent or kids."

The effects of interparental emotional, and physical conflict on children has been well documented (Carroll, 1994; Davis, 1988; Davis & Carlson, 1987; Elbow, 1982; Fantuzzo et al., 1991; Grych & Fincham, 1990, 1993; Hughes, 1988; Jaffe et al., 1990; Jenkins & Smith, 1991; Klosinski, 1993; McCann et al., 1988; McDowell, 1992; Moore et al., 1990; Peled, 1993; Peled & Edleson, 1992; Peterson & Zill, 1986; Silvern & Kaersvang, 1989; Sternberg et al., 1993). The effects of this on the child are many and include the feelings described above.

Several participants spoke of a childhood where the absence or death of a parent was ignored and never dealt with, "we were never allowed to tell anyone that she wasn't our real mother and that our mother had died... we never ever dealt with that death or talked about it, in fact we had to pretend it hadn't happened and we had this other woman who
didn't particularly like us and we certainly didn't like her... we had to pretend that we were a lovely family." The effects of this were extensive with the child living in the split reality of knowing one thing but having to act another (Bowlby, 1988b). This is not uncommon for abused children in a situation where the abuse is not acknowledged. They are in essence forced to choose between the dominant reality of others, particularly adults acting as though nothing untoward has happened, and their own reality of knowing that something significant has happened despite it being unacknowledged.

For some the emotional abuse was being inappropriately expected to take on an adult role. One form this took was that of talking with the child about adult matters, "my grandmother would take me aside and tell me how bad my father was." Another was to attribute adult intentions and roles to the child, "when I was [sexually] touched [by my father] I was called a temptress. I think [my mother] knew and treated me like the other woman instead of her daughter," "we were resented and seen as rivals to her [the mother's] affections."

Several participants ascribed the conflict between their parents to a difference in religious beliefs and related beliefs about how to raise children, "[they had] conflicting views on what was the appropriate way to raise children, the appropriate belief systems", "My father never fitted in, he wasn't Catholic, [he was] married before." For some this meant having to choose between one parent's beliefs and that of the other, "the guilt of letting down the parent who I didn't go to church with."

The conflict in the home could be between one or more of the following: the parents and witnessed by the child; the child and a parent; another child and the parents. Sometimes in these situations there was the expectation that the child should take sides and/or should intervene between the parents.
For some the emotionally abusive atmosphere in the home was as a result of the beliefs and behaviour of a parent with a psychiatric diagnosis, "my father, a very loving man was diagnosed in later years as manic depressive by one doctor and paranoid-schizophrenic by another." The emotional abuse experienced by children for whom the parent with the main caregiving responsibilities has a florid psychiatric condition is documented by Dunn (1993) in her study of the (adult) children of mothers diagnosed as psychotic. In such a situation the ECA is not regarded as intentional; however the effects are significant. This raises the issue of the role of intention in the perception of ECA and its effects.

The intention of the parent/perpetrator to emotionally abuse the child. Allied with the theme of attributing little or no blame to the parent/s who perpetrated the abuse is the perception of a lack of intention, "it wasn't done with intention", "I think it was just not thinking." The ECA was viewed as an attempt to control the child, to rear them according to the parent's beliefs. The perception that the only input the parent had on how to rear their child was from the prevailing practices of the day and their own rearing also contributed to the perception of the ECA as unthinking and/or inevitable rather than intentional.

It must be recognised that to perceive the ECA as deliberate or intentional the participant must believe that not only were they not loved, valued, or wanted, but that the parent also wanted actively to harm and reject them. The impact of this would be devastating and perhaps this is why the abuse was perceived as not wholly intentional, a product of conflict between the parents, the parent's own rearing, and practices of the times.

Summary: The context of emotional child abuse. The home environment, the perpetrator's position and relationships within the family, the context in which the perpetrator had been reared, and the intention to emotionally abuse, all formed part of the broader context within which the the emotional abuse of the child by a parent occurred. In
childhood the participants were often accepting of the home environment and wishful that it would be different. It was typically in adolescence that the home environment was recognised as not normal or appropriate rather than just different and taken for granted. A similar trend was noted in the participants' perceptions of the power and control of the parent. As children this was accepted as usual while in adolescence the realisation that this was inappropriate lead to feelings of anger and efforts to leave the situation. The management of conflict between the parents, recognition of how their parents were reared, and the beliefs and practices of those times was part of the broader context that influenced participants' understanding of the abuse to which they had been subject. This understanding contributed to the perception of the ECA as a perpetuation of parenting practices rather than an intention to abuse.

Disclosure of abuse and implications for practice

The recognition of child abuse is often reliant on a disclosure from the child. Given the lack of physical indicators of ECA compared with those for physical abuse and neglect, and the relative lack of specific behavioural indicators such as sexualised behaviour compared with child sexual abuse, it seems that eye witness reports and disclosure by the child are likely to be the primary means of identifying ECA. During the interview the participants were asked: "if someone had been concerned about what was happening to you as a child, what could they have said or done that would have enabled you to talk about the abuse?" The responses to this question and two related issues will now be covered. The two issues related to disclosure are the ability of others to understand the nature and effects of the ECA, and the difficulty in finding language to express this. These affected the participants both as children and as adults when making a disclosure.

Disclosure. The effects of the ECA, the self blame for the abuse and the feelings of shame and embarrassment should anyone find out, were given by participants as
reasons why they would not have told as a child. "I suspect that I wouldn't have been open to any investigation that was going on... I would have felt defensive because I suspect I was probably blaming myself for what was going on", "I think we were ashamed of the way we lived", "basically I was to blame for everything... but I did understand it to be my fault and I felt that I'd done something wrong."

Linked with the feelings of shame and embarrassment should anyone find out was a sense of loyalty to family members, "I was very secretive of it, I was just ashamed really, so we weren't really allowed to talk about it, because Mum was so ashamed so I would never talk about it... I was very loyal to my mother", "it's sort of like living in a world where your parents are really precious to you, you don't want to be disloyal to them."

For many participants the perception of the home environment and the ECA as 'normal' meant they did not think that there was anything untoward that needed to be told. "As a really young child, like I really thought it was like that in all families, so if they'd said 'is there anything wrong?', I would have said 'no'." To cope with such an environment some participants described denying their feelings and trying not to think too much about what was happening. "It's too scary to actually say 'well, actually I'm feeling this, this and this' because why is this person asking you this question? are they going to fix or make it better or do something about it? or do you have to go back to the environment knowing that you've brought up all these words to explain how terrible you feel but nothing's going to change. Or even just in trouble with yourself because you've acknowledged it, you've recognised what's wrong but you have no power to do anything about it as a child or whatever. I mean you can exist in those environments by blocking off in a way, but to actually articulate it ..."

The fear of what would happen if they told was given by many participants as a reason for not telling as a child. Some of the participants had told but for many this made the
situation worse and for none of them did this lead to the abuse stopping. "I did too [tell adults and ask for help] as a child and I just got flattened for it really. I mean my father found out and he just would take to me and so I just learnt to just shut up 'cause I would get it." The lack of a protective response when they had disclosed further endorsed participants' lack of trust in adults; "you go to older people or big people and they just don't come through for you, and I used to think 'I'm just going to have to wait till I grow up to get out of this' and it's awful. It's just years reaching and just wondering if you're going to make it."

As well as taking account of the child's feelings and their perception of the situation there were some specific suggestions the participants made as to how a person could assist a child to talk about any abuse or neglect that was occurring. Many made a distinction between what would be helpful to a child and what would be helpful to an adolescent. The shift in feelings at adolescence from fear to anger coupled with the realisation that their home environment was not normal and was abusive resulted for many in a willingness to disclose. Having language to describe what was happening and the ability to make comparisons with what was appropriate parenting also assisted with this readiness to disclose at adolescence if someone had asked; "I knew how I felt but I wouldn't have known how to explain the situation, but if somebody had asked me in my teens, in my adolescence, then I would have been quite explicit about the situation."

Although it seems that adolescents are more likely to disclose about ECA they are also likely to be more cynical about adults' ability and willingness to intervene. "It depends very much what age I was asked that. If say, during my primary years - I would have said 'oh no, it's all right.' Probably I would have said 'no, it's not all right but I can't talk about it.' ... [In adolescence I would have been explicit] about the situation but quite cynical about anybody's ability to do anything because nobody had and all of those family friends and the network of people around us did very little... so I think there's quite a
distinction for me, in terms of when in my life people had asked those questions, my responses had changed."

To facilitate disclosure participants thought that the approach would need to come from the adult, preferably with the adult identifying what is going on and stating this to the child for them to confirm. Comments or questions like: "I notice you standing over there not joining in. I notice you do this quite often", "I've noticed that you look sad" were given as examples by participants. This would mean the child was not responsible for the identification of the abuse and could not be blamed for telling. It would also validate their experience because an adult had noticed and commented on it.

The adult would need to be someone close to the child who showed an interest in her/him and spent some time with them. However, the adult would also need to be someone who was not perceived by the child as knowing about the abuse and colluding with it by failing to intervene. It is important that the adult is perceived by the child as someone who is "more powerful" than the abuser and able to take protective action that will not increase the child's sense of self-blame or put the child at greater risk. While some thought that questions about feelings such as: "are you happy at home?", "what's making you angry?" would be useful, others said that they were so blocked off from their feelings that they could not have answered such a question without help to label the feelings and without the provision of language to describe what was happening. Comments on the child's behaviours, not the child such as: "you seem sad" rather than "you're shy" were considered a useful way of approaching the matter as was talking about personal experiences of abuse similar to those experienced by the child. Questions such as: "tell me what happens when you are naughty?" or "what does your Dad/Mum do when you are naughty?" were thought by many to be useful in eliciting honest, unguarded answers which would provide clear information on the abuse. It may be that it is easier for
children to describe such specific parental actions rather than to try and describe their feelings or less tangible abusive acts.

The participants' position around disclosure of the abuse could be described as a double-bind. As children they wanted the abuse to stop and because of their powerlessness this was only likely to happen through an adult finding out and intervening. However they were ashamed for anyone else to know how their parents were treating them because they saw this as a reflection on themselves. That is, their parent treated them this way because they were a 'bad' child and therefore they were to blame for their parent's behaviour. As an adult some of these feelings and perceptions remained. Participants spoke of how others expected them to have "got over" the abuse, to get on with their lives and if they had not done this then they were seen as having something wrong with them. This kept the participants in a position of some responsibility for their parent's behaviour and its effects on them. The attitude of others was connected with the participants' feeling that others could not understand what it was like to have a childhood pervaded by ECA.

Language to describe emotional child abuse. The difficulty in conceptualising and describing ECA was expressed by a number of participants as one of the difficulties they faced when telling about the abuse both as a child and as an adult, "I remember wanting someone to talk to, like, I wanted to tell someone, you know what was going on. I didn't have the words and I didn't even have the concept, I just knew things weren't right." "It's very difficult to explain to other people. If you've been hit or you've been sexually abused, you've got your finger on it, but because it's a whole lot of actions that form just an on-going pattern it's very difficult to say this is not normal." Comparisons with other forms of abuse and neglect were used to try and convey the experience of ECA, to provide something with which others could relate, "they are words that come from other things. That's not to negate, that's not to say that they're not useful ... it's that it's not given credibility because those words talking about physical things, about traumatising
and breaking and hurting and the physical ways are much more real, I mean much more on the edge and much more immediate because obviously they're so visible, they're much easier to describe, but to actually describe the feelings of loss or rejection or confusion or hurt or being devalued or put down, just being, not being acknowledged or the emotional trauma, the stress you know, the worry ... and they're very on-going." Associated with the difficulties in finding language to describe the ECA and its effects is the ability of others to understand such an experience.

The ability of others to understand about emotional child abuse. The participants said that others did not understand what they had been through and that they could not unless they had had a similar experience, "I think only people who've gone through more or less a similar situation can comprehend it ... no matter how you try and explain it, it's alien to them." For many this was despite a clear willingness on the part of the other person to understand, "I tried to talk about it with my partner but he's just got no concept of it and it's not for want of trying." A knowledge or understanding of the concept or nature of ECA seems central to understanding the experience of those who have been emotionally abused as children. It is not possible to say whether personal experience of ECA is necessary to achieve such an understanding, though the answer to this would clearly have implications for those working in the child abuse field.

Participants spoke of the comments others had made in response to their telling of the ECA and its effects. For example, "whenever I'd talk to [names a friend] about it she'd sort of try to counter it with 'but, oh yes, but my parents were quite strict on me.' ... she'd said on a previous occasion, 'well, did your father sexually abuse you, you know, when you're abused by your father?' and that because I wasn't she couldn't comprehend my discomfort or distress", "I mean I tried to talk to my friends about it. They were very supportive in a sense, but they couldn't comprehend the enormity of the situation, that it was going to affect me, it had affected my whole life, and it was going to affect the whole of my life forever sort of thing. They just sort of saw it as 'oh, it's a horrible family,
there's a father-daughter problem, you just don't get on with your Dad', those sort of things." This participant went on to say "I was quite aware that other people didn't so I was very alone in my understanding of the situation, which is why I expected very little from other people. I didn't expect other people to come and help because they didn't understand." It seems that a lack of, or limited understanding on the part of others further isolates the person who has been subject to ECA and does nothing to validate the extent and intensity of their experience. This suggests that for both children and adults recognition of ECA and an understanding of its nature and effects by others is needed to facilitate disclosure. For this and other reasons thus far presented it appears unlikely that spontaneous disclosure will be the primary means of identifying ECA.

Aspects of resilience in adults emotionally abused as children

The next section will present the themes that emerged from the survey and interview material where participants described the ways in which they coped with the ECA. This section will be in three parts with the first covering the themes on the attributes of the child and the second on factors within the family and more specifically on the parent-child relationships. The themes are presented in these categories to mirror the categorisation used in presenting the literature on resiliency in Chapter 2 and thus to facilitate comparison. Given the overlap in the categories it is recognised that any categorisation will be arbitrary, the categorisation used is that advocated by Masten and her colleagues (1990). The third part will address the cost of resiliency. Although the themes are presented as discrete they are inter-linked in ways that a linear presentation such as this cannot adequately convey. The themes are part of a process so at any given time in a participant's life their coping will be influenced by a wide variety of past and current factors. As far as possible comment will be made on the inter-connections between themes.
I: Attributes of the Child

A. Individual attributes

Temperament and intelligence were the two individual attributes participants associated with the abuse and their ways of coping. Although they referred to birth order this was related to the responsibilities and expectations associated with being the eldest and as such will be covered under the heading 'responsibility' in a later sub-section.

**Temperament**

Temperament or personality was an attribute that participants perceived as contributing to the ways in which they coped with the ECA. Contrary to some of the literature which links an easy temperament with positive adjustment outcomes (see for example, Cowen et al., 1990; Werner & Smith, 1992), coping with the abuse was attributed to having a strong personality "I've always been very strong... I mean I've always been a survivor", "I think it's got to do with personality, [names sister] says she can't cope with what I could cope with." Although participants recognised that such a temperament may have increased the conflict and abuse (Berger, 1985; Carey, 1982; Huttunen & Nyman, 1982), it seemed that their "persistence, endless endurance" to be true to themselves contributed to coping in the long term even if it was difficult at the time. "I was forever questioning and challenging which to me is what led me to the emotional abuse... as an adult, looking back, and I can see it quite clearly and I suppose the others were always coping in different ways... but I suppose that's my strength, like I couldn't switch off, there must have been something in there that kept fighting and I couldn't stop it. I absolutely didn't mean to be difficult. I wanted to be good but you know when things were told me that were wrong, you know, I just felt desperate."

While there is some support in the literature for a difficult temperament contributing to a protective process (Rutter, 1989), such findings are explained in terms of either ensuring that the child is noticed and thus receives essential resources and care (Masten et al, 1990),
or that there is a 'goodness of fit' (Chess & Thomas, 1968; Thomas & Chess, 1984) between the child's characteristics and those valued by the environment and culture (de Vries, 1984). This does not however appear to be the process that was operating for the participants as their temperament was associated with increased abuse and not an increase in having their needs met. Having a difficult or strong temperament appeared to be linked with developing a self-reliance "I think it made me more self reliant and stronger", and a determination to do what they thought was right "I suppose I was lucky that I developed a strength quite early on, like I knew it wasn't meant to be like this." Being true to themselves and knowing they could cope were also linked with being strong.

**Intelligence.**

Intelligence per se was rarely mentioned by the participants. In relation to coping with the ECA and other forms of abuse it was linked with educational and vocational abilities and success which were associated with positive outcomes such as self-esteem, gaining approval, and access to resources. The following quote reflects the mixed results reported in the literature on IQ as contributing to protective (Garmezy, 1985; Herrenkohl et al., 1994; Kandel et al., 1988; Masten, 1986; Masten et al., 1988; Pianta et al., 1990; Rutter, 1987; Werner, 1990; Werner & Smith, 1992; White et al., 1989) and vulnerability (Luthar, 1991; Luthar & Doernberger, 1993; Luthar et al., 1993) processes. "It's the ability to think, to me it was very clear, it was to do with foresight and a sense of knowledge that I was really aware that I knew all these things but they were out of context. I knew all these things that were going on, that other people my age didn't know... but there was nothing, there was nowhere for that to go, so you carry through this knowledge kind of unsupported or out of context in a way... so it's to do with perception and knowledge and being able to handle that."
B. **Coping strategies**

Coping style was an area where participants described marked changes from childhood and early adolescence when they were unable to leave the abusive home environment, to later adolescence and adulthood when they were able to make changes for themselves; "as a child I coped with it differently in the sense that as I got older I was able to say 'no'... I made other sleeping arrangements and things like that." Leaving the abusive home environment provided opportunities for change, "the really good thing in my life is that once I passed through my childhood and got out, I've always sort of received the help I've needed... I've been lucky that I've been to people that were really good", "I just sort of as I got older and changed, I thought it was time that I had got to pick myself up and start living my life the way I wanted." Escaping cognitively from the abuse situation was common in childhood "as a child I spent time in a fantasy world, as an adolescent I cut myself off from it" while coping by for example, going to therapy, occurred in adolescence and adulthood. Strength from overcoming adversity, humour, optimism and hope, and feeling loved were ways of coping that traversed developmental stages.

**Physical escape from the situation.**

There were many ways that participants described using to escape from the abusive environment. Some provided a temporary physical escape, "I also used to love making huts in the bush... and little hideaways, sort of hidey holes and things like that, you know, that you couldn't be seen but you could spy on other people. I really felt safe in those"; while others used physical activities "like I'd be running for maybe three hours or more, and long walks too", "in my adolescence surfing was something... I really latched on to that, it gave me a sense of identity and what have you." Sports and outdoor activities were an outlet, "I had this incredible amount of energy, very athletic and I think that probably my sport side of things, probably saved me from a hell of a lot more pain and maybe even a criminal path." Other ways of coping were to escape cognitively or emotionally while physically remaining in the situation.
Cognitive escape from the situation.

Cognitive escape strategies provide a way for children to distance themselves from the intense feelings of the abuse environment (Herzberger & Tennen, 1986; Mrazek & Mrazek, 1987) thus preventing them from being overwhelmed and allowing them to continue functioning. For the participants such strategies included the following:

- reading, "I withdrew emotionally from this turmoil by taking refuge in books and other 'escapist' activities... I can still lose myself in a book", "reading really, really helped me because it took me away from all that was happening... it was like an escape... I wouldn't ever hear people around me when I read my books." As well as being a form of escape, reading also provided information "I learnt a lot of things through the books. I learnt that things didn't have to be like they were for me, you know, that there were better things out there."

- fantasy world, "as a child I spent a whole lot of time in a fantasy world, like consciously in a fantasy world that would consume me for hours", "I simply just withdrew into my own world... my own make believe world." Some participants referred to this as daydreaming "I suppose as a child I fantasised, you know, got into a safe place in my head... I used to daydream and I used to be accused of daydreaming then and I realise now as an adult that that was my way of coping and I used to read quite a bit."

- poetry, "Learn long pages and pages and pages of poetry... I had a great love of being able to recite them... I succeeded in something if I recited."

- music, "it's music... I play music, that's another way to escape."

- writing, "I used to cope by immersing myself in creative writing... like at one time I used to think of the typewriter as my only friend", "good at words all my life because it was an escape I guess."

- art and crafts, "I would retire to the bedroom to read or draw as an escape... from when I was tiny, I used to draw all the time", "to cope I used to paint a lot... I loved art and I really threw myself into art work, heavily into art.. and a lot of craft type things", ",..I had art, I painted, I tended to be very self focused.... I kept my room tidy, I made things, I
loved reading. I did all those things that were nurturing for me that helped me, there wasn't somebody else that fulfilled that role.

- playing with dolls and making dolls clothes, "I made things, I made thousands of dolls clothes, it was like that was the thing I spent my energy on, I spent my care, my attention, my love", "I would just always be in my room playing with dolls and making clothes for them."

Participants who described reading, writing and listening to music as ways of coping with the abuse as a child still enjoyed these activities as adults "I've always read and books and films really dominated my life... a part of that is kind of hiding from the unpleasant reality in a very pleasant fictional kind of world."

Humour.

Humour has been presented as a "cognitive alternative to stress" (Dixon, 1975; p. 287) and as related to competence in early adolescents through the manifestation of intellectual ability, the role of mastery motivation, and peer relations (Masten, 1986). Some participants described using humour as a way of gaining popularity with their peers, "I was the class comedian", "that's actually one thing that I did... I was the class clown."

Laughing about themselves and the situation was a way of relieving the stress, "I love the great comedians... I love comic writing... and the whole kind of Jewish black joke kind of thing that life is grim but that's part of the joke and it's funny because of it, that's a kind of ruling principle of my life." Laughing about the abuser was a way of minimising their power, "I have a sense of humour, [names sibling and non-abusive parent] it was really important, things that nobody else could possibly find funny or understand, that were enormously important for us to laugh about and still do, and we laugh at the absolute absurdity of my father's behaviour.... it's like 'thank God we had that', I mean laughing is obviously healthy and important... part of that for me is 'it's him, he's insane, isn't he silly, isn't he stupid', that negating - dehumanising it - taking it away from ourselves and
being a spectator in a way." Other participants said they had a sense of humour but were unable to laugh about the ECA.

**Strength from overcoming adversity.**

Many participants talked about the strength they had gained from dealing with the ECA and its effects. Gains in self-confidence and self-efficacy, cited as protective factors in a number of studies (Garmezy, 1985; Parker et al., 1990; Rutter, 1979; Werner, 1990, Werner & Smith, 1992), were frequently commented on by participants. For a number of participants their self-confidence and self-efficacy was related to being old enough to make and carry out their own decisions, "I have confidence in myself since leaving home and have turned my world around and become [names profession]", "I feel that my life is in my hands and I have the freedom that goes with it." For some, part of their coping was to distinguish between the things over which they had control and those which were beyond it, "if anything goes wrong I say 'well, it wasn't meant to be', or 'it just didn't happen the way it was supposed to'." This included perception of responsibility for the abuse "I always believed in myself, never once thought it was 'my fault' or doubted my sense of self. This is the key to why I believe I have coped so well."

Focusing on attributes that advantage the individual, such as awareness of inner strength and resources, is a form of cognitive control (Herzberger & Tennen, 1986). For example, "I am aware of my own inner resources and inner strengths and I know I can cope", "Because of the abuse and my experience of denying my needs, it's now progressively easier to notice my needs earlier, and matter of factly decide how to act... satisfaction in being responsible for my needs."

Actively changing behaviours or attitudes were also ways of coping, "I have learnt to be positive and deal with it in a positive manner and I have done very well", "I've done Tai Chi and I've done the awareness thing and I think that gave me a different outlook too,
knowing myself, accepting myself", "I did take a really big strong turning point where I decided I was in control and I wasn't going to let anyone treat me in the way I had been treated or I wasn't going to ever let a man hit me."

An aspect of the strength participants described as achieving in overcoming the abuse was a self-sufficiency, "I actually think in some ways it was quite good because it made me a real individual. I'm quite happy to be by myself... I don't have to have approval from everybody else, so in that respect it made me quite comfortable with my own company." Construing benefit such as strength and independence from the ECA is a form of cognitive control (Herzberger & Tennen, 1986), "like lots of these awful things that happened to me as a child... it was really character-building... I mean I'm much stronger than some people I see [who] have had really good lives." The latter part of this quote demonstrates another form of cognitive control, that of setting a criterion by which the person's adjustment exceeds expectations (Herzberger & Tennen, 1986).

The gaining of strength and resources that participants described was part of a process which involved many factors. These factors, which included therapy, responsibility, relationships with significant people, and having children, will be covered in subsequent sections. Mrazek and Mrazek (1987) posit that self-esteem is linked with the belief on the part of the individual that they are worthy of being loved.

Feeling loved and having a relationship with a significant person.

The belief that they are worthy of being loved is associated with the individual's belief that someone cares for them and that such feelings are reciprocal (Mrazek & Mrazek, 1987; Rutter et al., 1974). For many participants this was part of a supportive relationship with a significant person in their life, "one step-uncle comes to mind... he demonstrated very clearly that he loved me unconditionally." In families where only one of the parents was involved in the ECA it was common for the other parent to be the significant person who
provided love and support "Mum was really good, like she was always encouraging me, I guess Mum was the balance, she sort of counteracted it [ECA by father] in many ways", "ultimately it was my mother who's been the most remarkable feature in my life because she has such wisdom", "Mum has been the most supportive and generous and nurturing person I've ever known." Receiving the unambivalent support of the non-abusive parent is one of the factors that Mrazek and Mrazek (1987) have proposed as specific to coping with abuse (see also Herrenkohl et al., 1994). Extended family members also provided support, care, and stability, "I did a lot of self healing with the help of Auntie [names aunt]. She was my mainstay... she would just be on an even keel all the way", "I grew up with my grandmother and [she's] a very lovely lady... she was the best thing I ever had."

Physical affection was tangible evidence of being loved "there was a favourite aunt... the only person I ever wanted to hug me was this particular aunt." For some participants the feeling of being loved came from animals, "the animals are really good because I can sort of hug them and pat them and sort of like do that tactile stuff which I never dare do with people...and it's lovely and they like me - it's really been good for me. I just love them. They've really helped me", "I have always gone to animals because I've always said that they have a pure love."

Another of the Mrazeks' (1987) abuse-specific factors is a relationship with an adult in the role of mentor, significant other or "polestar" (Sheehy, 1986; pp. 354-355). This was a dominant theme though the significant other was not always an adult. Siblings were important, "my brothers and sisters, as I got older that was really, really important", "I think my brothers were my biggest [support]. they are very important." For some it was a particular sibling, often younger, who stood out "I had a great love for... especially my younger sister... and my younger sister again from her, I did a lot of looking after her", 158
"my next sister to me I'm really thick with... I loved [names sister] you know, we were great old pals."

For some participants, particularly those for whom neither parent was supportive or loving, there was a succession of people who were significant "I think at various times I got a bit fixated on certain people. Male teachers and also the fathers of my friends from time to time and there was a bit of comparison going on in my mind between my father and this other person", "there's always been a succession of friends, best friends."
Friends were frequently cited as significant, "during my adolescence I had a best friend at whose house I virtually lived during weekends... my friend's family helped me cope", "my friends were and still are almost the biggest thing in my life, outside my immediate family [refers to partner and own children]", "I had a best friend... day after day she was really significant, just a soul buddy."

There were a number of qualities and attributes of the significant person that were important to the participants. Participants described the significant person as someone who loved them, with whom they felt comfortable and could be themselves. This person believed in them, recognised their abilities and capabilities, and expected the best of them.
The significant person was described as: wise, accessible, encouraging, sympathetic, on the side of the participant, even-tempered, supportive, positive and helpful. Participants said they could talk to the significant person who gave them time and that they felt safe with them. The ability to recognise and admit mistakes, and to apologise was also important. It is interesting to note that the attributes participants valued in the significant person they associated with coping are the same as those of a secure attachment figure (Crittenden, 1994, personal communication).
Positive school experience.

School was a source of positive experiences mainly in two ways. One, which will be addressed in the following sub-section, was in the provision of opportunities for success and the other was as a source of positive relationships. "I could say my life's been punctuated by people who've fulfilled an anchor role in my life. School was always one of those anchors", "I always got on extremely well with schoolteachers, schoolteachers were a big influence." The significant role that school plays in children's lives and hence its potential to provide positive role models, social skills, and experiences of success and achievement has been noted by a number of researchers in the field of ECA (Cicchetti et al., 1993; Garbarino, 1987; Germain et al., 1985; Hart, 1987; Hart et al., 1987; Nesbit & Karagianis, 1987). School also provided contact with, and support from, peers, "I like school and I had lots of girls at school who went through the same thing."

Personal faith.

Many of the participants had a personal faith that did not involve a formal religious affiliation (see Werner & Smith, 1992). "I think I've found my own sort of faith", "I had lots of faith... that feeling that there was something else out there that would look after me and keep me safe... probably more than anything, faith has got me where I am. A belief that I'll be okay." For many participants their faith did not involve church attendance "as far as going to church was concerned, no. But I always felt that God was looking after me in some way when I was crying and he would hear me... I still have faith." For some it was knowing that someone was looking out for them, "well I'm sure there's somebody looking out for me", "it was just a feeling that there was something out there who would help me... it was just thinking 'there's something out there, I've just got to hang in there, I can do this'." Having someone they could talk to was important for many "it helps me a great deal, in fact I feel, this might be a bit weird but I feel that God is my friend and I sort of talk to God in my imagination and tell him anything or her anything", "I can do all my
relating to God at home, or wherever I am, so I used to sort of sit and talk to him and pray in bed at night a lot."

Talking or praying appeared to be a cognitive escape and to offer some hope, "no matter what, I could always escape there, there was always a prayer to help things, you know, the helplessness, well then there was an external help, something that I really believed in", "like when you're a child no-one can help you when your mother's getting beaten up... so there would be nobody to help me so I would just really, I guess, pray you know? or I used to really hold that crucifix."

Beliefs that were important to the participants included "political beliefs... I certainly know that they became a really important part of my identity", and "Zen buddhism...it seemed to me to offer a kind of non-denominational affirmation of the world that seemed to me to be life-enhancing and to give you something to aspire to, but not to fight about... so that everybody was allowed to learn and nobody was allowed to lord it over anybody else."

For some the underlying philosophy was like an anchor, "I felt that it was the message that was the important thing, it wasn't even what you did, it was why you did a thing, so I worked on that, it was really since I was five", "they [nuns at a Catholic school] taught me what was right and what was fair, so in a part of me I thought 'well, I must be a really bad person' but as I got older I thought 'hey, look this is just not right, he's just a drunken bastard, he's giving us a hard time' so I was able to stand up and say like that's not right."

Church membership has been noted as a protective factor (Baldwin et al., 1990; Pinkney, 1987; Werner, 1990; Werner & Smith, 1992) in the literature. Membership in such a community can provide relationships with others that are protective and caring (Masten et al., 1990). Participants whose faith was of a formal religious affiliation that included church membership commented on the support of such relationships, "I went to a little
prayer group... they were very supportive... I felt really healed from this group." For some it was a specific person in the church who was significant "this pastor... it was like he recognised all these abilities in me, encouraged them all and got me into a position to use that stuff... he brought something out of me that was really good... I think he believed in me probably more than anybody else", "when I was in borstal there was a chaplain there who was absolutely wonderful... he spent a lot of time just talking to me."

For others it seemed to provide the love and care on which they missed from their parent/s, "I have found within a spiritual and Christian dimension a source of love from God which for me is quite tangible, it has given me definitely a sense of being wanted and loved and a sense of purpose... it's engendered some sort of confidence within myself." This included positive parenting role models "I've watched a lot of Christian people bringing up their children and I've admiration for a lot of the way they do it, really because they just believe in love... you just pour it into them constantly, encourage them, constantly telling them that they're able to do anything that they want."

Personal faith, and church membership contributed to participants' dealing with the ECA in a number of ways. The belief in an omnipotent being provided feelings of safety and security, and the feeling that someone was looking after them gave them strength to keep going and the hope that something would be done to stop the abuse. Participants found it helpful to have someone they could talk to about the abuse and this talking or praying provided a cognitive escape when physical escape was not possible. Participants' beliefs offered an alternative to the beliefs inherent in the abusive environment in which they had been raised and an anchor of what was right. Church membership met many of the needs that a loving parent would have done, such as support, love and care, models of appropriate parenting, a significant person who was encouraging and accepting.
Optimism and hope.

Hope, often manifested in fantasy, has been recognised as a feature in the functioning of resilient children by several researchers (Mrazek & Mrazek, 1987; Werner & Smith, 1992; Zimrin, 1986). Hope was a common theme in the interviews "somewhere inside me there was something that said 'yes, there's more for you'. There's more than this. This is not meant to be like this", "just now, with the therapy I've done, I can actually see some light at the end of the tunnel, I can see it, it's getting bigger." Tempering their fantasies for the future with what could realistically be achieved in the present was important, "I am now allowing myself to make goals and have dreams, even if they don't eventuate it's jolly good having them anyway", "I always believed in myself, never once thought it was 'my fault' or doubted my sense of self. This is the key to why I believe I have coped so well...mainly that I was a strong person and knew one day that this would all be over."

Therapy.

Therapy has been cited in a number of studies associated with coping (e.g. Dunn, 1993; Egeland, et al., 1988; Moeller et al., 1993). It is also one of Mrazek and Mrazek's (1987) proposed abuse-specific factors associated with resilience in those maltreated as children. Participants spoke about the benefits of receiving therapy as adults, these benefits included:

- dealing with the ECA and its effects, "I think it's thanks to the counselling now that I can handle it... since I've had counselling it doesn't affect me the same any more", "I am working these through, confronting some of my most difficult and painful emotions in memories, with the support of an excellent therapist, some very good friends and mostly my own determination to deal with the past."

- recognising old, less helpful ways of dealing with things and learning new ways, "since I have been having some therapy for two and a half years I cope quite well as I'm able to see the old and start to change it", "I found out where nearly all of my stress comes
from... I realised that I actually had more control over stress than I thought I had... I think it was very helpful."

* feeling empowered to change, "I went for help, that has been the most moving experience... the most powerful thing for change for me."

* appropriate parenting, "the work of the psychotherapy... that's a strong motivator for me to start positively parenting myself and it just flows on to the children, it's a very positive outworking and it's not just a head knowledge that I've read in books... it comes from a deep seated level that I have to do this for myself, I have to do this for my children."

* developing trust, "I think well, slowly as I learn to trust that I can deal with emotions and emotions don't need to devastate me."

Several participants spoke about how hard it was to go to counselling or therapy, to talk about and remember the abuse and its effects. They said that they needed to be strong to keep going and that in working through what had happened and changing their lives they also gained strength, "I see that counselling was the hardest thing I ever did, really hard facing up to those things and I realise why people like my father drink... I just see that it's really hard but I know as sure as hell that I don't want to be back there... I've learnt a lot, it's really helped me.... I feel like I did when I was a child, when I was really strong and I was going to make it. That's how I feel now."

**Social skills and the ability to form and utilise relationships.**

Participants spoke about their attitudes and approach to people and how this facilitated their social interactions "I seem to fit in quite well and I don't seem to judge anybody... seem to accept people... I think I am very friendly and make friends, very socially capable", "I very much valued friends." For some this was linked to their beliefs and the application of these "I'd get involved with other people from the church and you'd have a commitment to some of them so I think that was a much better environment for me to actually learn the skills of getting on with people because you're somehow committed."
Seeking out supportive people and having a choice about who they would have relationships with were important in overcoming the ECA and its effects, "I started to develop sincere friendships... with people I could feel I could trust and be comfortable with", "I had to sort of go out there by myself and do it [make friends and acquire social skills], necessity and that helped me a lot because I became more positive." Choosing relationships provided some independence and opportunities to behave in ways other than those necessitated by the home environment, "I developed good relationships with teachers at school who I could get on with and I think that was a vehicle for me starting to express myself and that growing sort of self and growing sort of independence." Such relationships were "a source of value and acceptance", "I am entering a new phase in my life where I am putting my needs first. A new experience for me. I can't do this on my own and am fortunate to have a strong network of friends in all areas of my life who love and accept me just the way I am."

Interpersonal skills have been attributed a role in protecting against stress in a number of studies (Luthar, 1991; Murphy & Moriarty, 1976; Parker et al., 1990) and have formed a useful part of intervention programmes with abused children (Howes & Eldredge, 1985; Howes & Espinosa, 1985).

**Empathy**.

Empathy is an interpersonal quality which has been associated with 'stress-resilience' (Parker et al., 1990) and which may elicit positive responses from others. Empathy training programmes have been recommended as a useful part of interventions designed to break the abused-abuser cycle (Feshbach, 1989; see also George & Main, 1979). Empathy, identifying with, and "actually being able to help others" were all skills that participants associated with helping them to overcome the effects of the ECA. For example, "I feel empathetic of people with mental illnesses or are suicidal or have done things with their children, because I feel I've balanced there often and just fortunately I've
gone the other way." Understanding what it feels like for others was a spur to helping others, "what I decided was I guess in keeping them [children] safe I've kept me safe. And my promise to all children is that I will always keep them safe and whenever they come to my home they are safe there, that no-one will be hurting them there", "I wanted to take a stand, not only for myself, but for my mother... it just, it hurt me more to see what was happening to her."

Participants frequently commented on the importance of empathy as a quality in those they could talk with about the ECA they had experienced. They felt strongly that unless someone had been through a similar experience they could not really understand what it was like for the participant, "I spoke with someone who actually knew what I went through, who went through the same thing and we could relate really, really well... she understood exactly what I went through."

**Information-seeking and validation.**

The abused child will try to understand and if possible, predict the abusive behaviour. An understanding of how abuse is perpetrated in a particular family can help the child to achieve some control over its occurrence and to absolve themselves from blame for the abuse (Dunn, 1993; Grych & Fincham, 1990; Mrazek & Mrazek, 1987). For many of the participants, validation of their experience had a profound effect, "to know that I'm not the only one, that it's not my imagination... and having people actually state, 'yes, that did happen and that was wrong'... agreeing with me... I think that's been the biggest thing", "it's just such a relief when somebody else says 'that's what happened to me', I felt enormous relief. It made me want to keep on going." Knowing they were not the only one seemed to give credibility to the participants' perceptions of their experience, "once I began sharing with other people... and they began sharing with me, it was like, I'm not in here alone.... it was the real turning point, the real turning point was meeting others. I wasn't the only one."
The interview was a source of information as the interviewer referred to studies and findings reported in the literature. The interview was also a means of validating the participants' experiences as the interviewer commented on the similarities between the experience of the participant being interviewed and that of other participants. Validation of the participant's feelings and the impact of the ECA was one aspect of this, "I think probably the most crucial thing was talking to my other brothers and sisters about it and finding out that they all felt the same... when we got older, it all started clicking that there was something really wrong and unhealthy and started talking about it, that's when I sort of came to terms with it." The interview was the first time many participants had given a name to, or spoken of, the ECA and this was a source of recognition and healing, "I suppose for me it's quite healing to come and talk about it. Like it's an acknowledgement of my reality really and an acceptance in that I've never ever talked to anyone about it before."

Talking about the ECA with others provided an explanation for the participants of the coping strategies they had developed, the effects of the ECA and how this had made them different from others, "when I grew up you know there are people who have really good lives and are really positive about themselves and have a really good sense of themselves and their self-worth. Well, I never had that, and I realised that there were other people out there and so how come I was different. And I'm just realising that it was because of all those things that happened to me as a child." Talking with others was a source of information on how to deal with the effects of the ECA, "they really helped me because I heard what they were doing to help themselves... these people had all felt what it was like and I knew what they were saying were pretty good ways to help, you know, to get out of that one, or this is what you do when you feel like this, so I really listened to those things and thought I'm going to try those." Hearing the experience of others and how they were dealing with the ECA and its effects provided insight on the healing process, validated the
changes the participant had made, and was a source of hope, "I could also see... with different people of different ages, that you know away back, I could see where I was with some of them, a couple of years ago and I was a bit more further on, and [describes another's experience] I just thought well, that's the next thing I'm going to do."

Positive school and career experience.

School was a source of positive experiences mainly in two ways. One, which was addressed in the previous sub-section, was as a source of positive relationships, the other was in the provision of opportunities for success, "when I got to secondary school particularly I discovered that if I worked it I could be academically good and that if I put a bit of time and effort into it, I could become top of my class and things like that, and that became something I did work at, a means of gaining approval." The predictability of school seemed to be an important aspect, participants knew if they worked hard and did well they would be rewarded. This meant they could set realistic goals as a child and as an adult, "I have done well you know, I've been in the top of my classes, top usually... I'm back on track for the expectations I had of myself." School provided an alternative to the home environment, an opportunity to learn, "I coped by choosing to put my energy into knowing things, into studying", "I really loved school, the whole learning thing was just great", "I did well at school and outside and enjoyed being out where we were on sort of an equal footing with people."

In their study of resilient men and women in their thirties, Werner and Smith (1992) found that career consolidation was the primary goal for these individuals. At this time and at earlier stages of the study, they expressed a strong desire to make the most of any opportunities that came their way when they finished high school. Positive experiences in the workforce were referred to by a number of participants, "I've actually thrived since I got out into the workforce. I think I've done really well."
Entering the workforce or making decisions about tertiary study occurred in adolescence, a time when participants described taking control of their lives, "I have confidence in myself since leaving home and have turned my world around and become [names profession]." Such choices provided economic freedom, the chance to leave home and choose the people with whom they would live, and opportunities for success and consequent gains in areas such as self-esteem. "a lucky break with work... they were all positive people and they boosted me up... they had a lot of confidence in me, that helped." Responsibility was also associated with doing well at school or in a career.

Responsibility.
Responsibility that is appropriate and manageable has been associated with resiliency (Werner & Smith, 1992; Zimrin, 1986). Responsibility that is beyond the child's capabilities, such as the assumption of a parental role is generally considered not to be in the child's best interests (Baily & Baily, 1986; Dunn, 1993). A number of the participants spoke about the responsibility they had towards their younger siblings, "if you got to stand on your own, then in some ways, I had to stand also for my sisters... I cut their hair, going to school, mended their clothes and cut their lunches, I supervised because Mum was never there for us." Mrazek and Mrazek (1987) suggest that the competencies of a parenting role can boost self-esteem and provide a sense of control and this was borne out by the participants in this study. The parenting role involved protecting siblings, "I interrupted my father giving [names a sister] a hiding, for instance, when she was about two and he gave it to me instead", "the sense that he was important to me was because I had to protect him [younger brother]." This protection included reassurance, "I sort of took over the role of mother, so I was saying 'well, come on girls' and 'it'll be all right you know, I'll see you get this' or 'I'll give you enough money' or whatever, 'cos I was working by the time they were going to school." Responsibility for others was linked with the themes of feeling loved and gaining strength from overcoming adversity.
II: Factors within the family

The fundamental relationship in the family context is that between the child and their primary caregiver. A caring, loving, and supportive relationship with a primary caregiver has been recognised as significant in the recovery of a child who has been maltreated (Masten et al., 1990; Mrazek & Mrazek, 1987; Weissmann Wind & Silvern, 1994). As presented in an earlier sub-section, many participants described a supportive and caring relationship with their non-abusing parent as central to their coping. Such a relationship allowed them to experience and learn appropriate ways of relating to others, including appropriate parenting. For many of the participants how they coped with the abuse as an adult was linked with forming a stable, intimate relationship and with having children.

A supportive partner.

Having a supportive, non-maltreating partner is a factor that has been cited in a number of studies as associated with good parenting in adults who had been abused as children and who had not abused their own children (Egeland et al., 1988; Farber & Egeland, 1987; Kaufman & Zigler, 1989, 1993; Mrazek & Mrazek, 1987; Quinton et al., 1984; Werner & Smith, 1992). Supportive partners were described as understanding and accepting, "He's really excellent, he understands everything I've been through", "the most effect for me was from my husband's acceptance of me since lots of different abuse tended to come up as our relationship changes over the years." Feeling loved and wanted for themselves were important aspects of their relationship, "I really sort of felt then [when they started the relationship] that I started to come out of myself then because somebody wanted me for me and they chose me above other things", "I think one of the great things is that my wife really loves me. She has this incredible love for me and this incredible sense of how good I am, and she's been very encouraging to me and she has I think made me feel so much better about myself, to the point where I've almost forgotten those bad negative things about myself." Many of the attributes and qualities that participants described as
positive in their partners were the same as those for other significant people, such as being placid, patient, gentle, and a source of strength.

**Having children.**

Deciding to, and actually having children was an important stage in the lives of many participants with respect to how they coped and dealt with the abuse they had experienced. Having a child reminded participants of their own childhood and their own experience of being parented, "when I got pregnant that brought up a lot of my fears. So working through those actually helped a lot too", "I suppose when I had children of my own I realised, that yeah, that's when it really hit me, what had happened. Before that I'd sort of gone neutral about life." A desire to have a positive relationship with their child, to parent them appropriately and not to abuse them motivated participants to deal with their abuse and its effects, "I don't find it very easy to be positive. I find it much easier to be critical, but you know, it gets to the point where you've just got to grow out of it... you've got to break the cycle, otherwise you just perpetrate it on the children and it'll be the same and I really, really just want to be so careful with the children, not to tear them down, or not to criticise them, you know?." Loving and parenting their own children well was part of their own healing, "when I had my first child the bond was so incredibly strong... the attachment with her and the love that I felt for her and everything... and I thought 'my God, this is what life is about'... was really important that they felt loved and listened to... and I read all these books on child rearing and that's when I came home, I thought 'oh this is what it's supposed to be like' and I guess that's where a lot of my repairing happened with the way I've been able to parent the kids and feed myself at the same time."

Having children emerged as a compelling intervention point for adults who had been abused as children. This was a time when their own childhood and how they had been parented came to the fore. It presented an opportunity and a reason for dealing with the
abuse as well as offering a way of overcoming the abuse and its effects by parenting their own children well. Loving and parenting their own children seemed to offer hope and in doing this well, to improve their self-esteem. It was also tangible evidence that they were beyond the control of the abusive parent/s and able to stop the intergenerational perpetration of abuse. As presented in the previous sub-section, loving and parenting their siblings was beneficial to participants for many of the same reasons.

The cost of resiliency

The cost of resiliency is particularly relevant when researching the effects of ECA as it is in the area of emotional relationships that the cost of resiliency often manifests itself (Briere, 1992; Cicchetti et al., 1993; Herrenkohl et al., 1994; Luthar, 1993; Masten et al., 1990; Radke-Yarrow & Brown, 1993; Werner & Smith, 1992; Zimrin, 1986).

Many participants referred to the cost to them of coping, or dealing with the ECA to which they had been subject. Some made a clear distinction between coping with the abuse and dealing with it, "my friend's family helped me to cope but they didn't help me deal with it", "I could shut off that part of my life and just be a completely different person with them, I don't think it's the most healthy way to do it, but it's the way that I coped." This supports the comments of Crittenden (1992a) and Farber and Egeland (1987) on the need to distinguish between adaptation, competence, and emotional health. The strategies that children develop to cope with their environment may protect them in the short term and they may therefore appear competent but they may not be emotionally healthy. This supports further the need to develop a concept of resilience which recognises processes across developmental domains and time (Egeland et al., 1993).

For the participants one cost of appearing competent, particularly at school, was that the abuse was not identified and the participant's coping was not recognised. There is an expectation that abuse and neglect will be identified by the school as it is the environment
in which children spend most of their time apart from home. Because school is a consistent environment with a caregiving function participants described it as providing for them and meeting their needs in ways that their home environment did not. Enjoying and doing well at school, while providing a means of coping and achievement, also masked the abuse and its effects, "I don't think I was ever really questioned because my school results were always good. My school marks were always pretty good so I suppose nothing would have ever brought attention to it [the ECA]." This may be one of the costs of resiliency, that the means of coping with the ECA mitigates against both its identification and recognition of the individual's coping.

For the participants it was hard to keep on coping with the ECA and more so when this was not acknowledged in any way, "I think that's the problem, the fact that you cope is not rewarded... I wasn't acknowledged ever for coping well.... I'm wanting to be acknowledged for surviving and acknowledged for being special and every person who goes through that is special in their own way, but the issue is that the people who survive well get less validation because you're on your own doing it."

There were a number of costs associated with coping for the participants. Most of these related to the display of feelings by themselves and others, the nature of their relationships, and being self reliant.

• difficulty in receiving affection: "I have great difficulty in receiving love but will go to great lengths to please or help others."

• difficulties in showing feelings: "I find it very difficult to show my feelings to people."

• difficulty being physically affectionate: "I'm not very good at touching people because I didn't have that when I was a child and I just find it really hard because I try so hard to keep, I guess, contained in myself"; "sometimes I have an overwhelming desire to be hugged but I'm too scared to ask because I've been brought up to think of it as unnatural."
• difficulty dealing with conflict: "I don't have arguments, I can't, I really hate it"; "I realise that I am unable to cope with arguments with loved ones. I freeze at times of conflict with them... I hate abuse of power in any context and strive to make peace. I don't confront things... I realise that that derives from this childhood happening... so I consider myself emotionally maimed in that respect."

• self-contained and self-reliant: "they see me as being self-contained and unavailable to them actually and not needing anything of anybody"; "I also have a very single-minded approach to myself, a belief that only I can be relied upon to care for me", "I'm not particularly strong, but self-reliant."

• the need to be in control: "at all costs I must be in control and whenever I did get angry as an adult now I hated losing control, so in fighting the anger and you keep on saying, 'I should not be like this' and always negating these feelings... again it's a negation of the fact that it does affect you"; "the costs of this have been emotional ones in that my ability to express my deepest most painful feelings have been limited... I don't let myself get so emotional about it that I lose control as I see it. I never allow myself to be self-indulgent, or to be 'emotionally needy', or to have the luxury of 'just letting go'.

• hard to trust others: "I only completely trust one person"; "I'm very distrustful of men in general."

• emotionally dependent: "I find myself very emotionally dependent/needy in my relationships"; "even at this stage, I still need constant strokes, my need for approval would get my total attention."

• distant in relationships: "one thing I really despise out of what happened is that I don't have a close relationship... I don't like getting too close in case I get hurt and things like that"; "I hate people getting too close."

• keeping areas of life separate: "I think I have divided my life in a way of coping. For example, I was particularly in my adolescence, able to separate out my school life, my home life and again, from my friend's life. And they were very distinct and sometimes never the twain shall meet."
- do not let others see you not coping: "I don't let them see when I'm not coping, I am a master at covering that one up"; "I don't allow people to see me not coping... actually there's been a big problem for me because I think people put a lot more on me because they've seen me as coping"; "my relationships with people really suffered... trying to be tough, trying to be strong, but not really being able to when it came to the crunch, to carry it out."

- low self esteem: "and my hardest work today is telling myself that I can have it, that it's all right for me to have it, that I don't have to justify my existence on this planet, which I've gone through my life doing"; "as a whole, I don't think I still feel that great about myself. I think I feel bad about the sort of person I am, but you know it's funny because you grow up feeling bad about yourself because of the way your parents treat you, you know, then you start to feel bad about yourself because of the way you're acting as a result of the way you're treated."

The cost of coping was reflected in how some participants described resilience, "I realised that resilient meant that you didn't kill yourself", "it's almost like a bit of scar tissue forms as well, to cover the holes, heal over... but it's never smooth and flush, it becomes much more gnarled and knobbled." It should be noted that when the participants were asked how those who knew them well would describe them their responses portrayed them as competent, capable, and well-functioning including in the emotional domain. It would thus appear that the cost of resiliency for the participants is covert, not even apparent to those who know them well. It is not possible to say whether the effects described above are limited to those who have experienced ECA and thus perceive the effects as a direct result of this maltreatment, or whether these responses are similar to those who have had other experiences excluding maltreatment. Further research is required to address this question.
CHAPTER 5

CONCLUSIONS

This thesis developed from a clinical interest in two relatively new areas of research, these being emotional child abuse, and resiliency. The research presented in this thesis had three main purposes. One was to gather information on emotional child abuse (ECA) from members of the general public and professionals working in the field of child abuse for the purpose of developing a definition of ECA. The second, was to develop an understanding of the nature of ECA from members of the general public, professionals working in the child abuse field, and from adults who self-identified as having been emotionally abused as a child. The third, was to gather information on factors associated with resiliency in those emotionally abused as a child. It was intended that the information gained would be clinically useful and it was hoped that it would raise public and professional awareness of ECA.

The conclusions arising from the research findings will be presented in five sections. The first section will cover the limitations of the research. The following section will summarise the central constructs that have arisen from the findings and these will lead into the third section where a theoretical definition developed from the findings is presented. The definition will be critically examined and its application to the Aotearoa/New Zealand (NZ) context will be discussed. The fourth section will address the clinical implications of the findings and the final section will examine future directions and areas for research.
Limitations of the research

This study did have a number of limitations that require the findings to be treated cautiously. The low survey C return rate from members of the general public, limiting Group C to one ethnic group, conducting the survey in only one geographical area, the majority of survey C respondents being in the top five occupational groups, and the wide variation in return rates from the professional groups mean that the results cannot be taken to be representative of the different professional groups or general public. The different questions asked to elicit people's understanding of what is ECA does limit the comparability of the responses between Groups C and P, as do the different respondent selection processes. Indeed, the difference in the two groups raises questions about the utility of statistically examining the differences in responses. The analysis was done as a way of looking at the similarities in the themes used by each group in their understanding of ECA. This was based on the assumption, inherent in the research definition, that recognition and intervention of ECA requires agreement on what it is and acknowledgement of it by both professionals and the general public. If there were large, or even contradictory differences in how ECA was perceived by both these groups then this would present marked difficulties in having it acknowledged. The similarity in themes used by each group can be viewed as a constructive start to the process of developing agreement on the nature of ECA and hence its definition and recognition. Further research is clearly needed in this area before any substantive claims can be made, however the trend of these findings does offer a direction forward and this will be discussed more specifically in the last section.

Central constructs arising from the research findings

A widely accepted definition of emotional maltreatment is much sought after. One of the primary difficulties is the different purposes for which a definition is being sought.
Typically a definition which is developed for the purpose of research, legal procedures, or social service intervention is an operational definition with a specific purpose. A theoretical definition is not the same as an operational definition although an operational definition may well be based on a theoretical one. Part of the controversy surrounding the development of a definition of emotional maltreatment is that these distinctions have not been made clear. Given that the context within which it is developed and the purpose for which it is to be used will influence a definition it seems unrealistic to expect the development of one universally acceptable definition based on specific behaviours (Haugaard, 1991; McGee & Wolfe, 1991a). It needs to be borne in mind that the extent to which a definition is operationalised, that is the more specific and descriptive it becomes, the more it is context-bound. Typically this increases its utility in the specific context and limits its applicability in diverse contexts hence the need to clearly define the context and purpose for which it has been developed.

The findings relevant to developing a definition of ECA that emerged from the survey material were descriptive in that they gave examples of specific categories of emotionally abusive acts and their manifested effects. While specific acts can be useful as indicators in alerting people to suspected ECA their inclusion in a definition could limit its utility if it were at the expense of a providing a theoretical understanding. As well as a knowledge of the forms of ECA such as scapegoating, put-downs, and lack of positive attention that are often presented in lists of indicators, a conceptual understanding of ECA is necessary for the development of a theoretical definition.

Constructs central to understanding the nature of ECA that developed out of the survey and interview findings present ECA as:

- occurring on its own and co-occurring with sexual and physical abuse and neglect;
• encompassing emotional abuse, emotional neglect, and emotional unavailability and that one or more of these may predominate for any given individual and/or in any given situation;
• typically being on-going and every day, a pervasive atmosphere of threat and fear which includes but is not limited to specific episodes;
• differing in its effect on those who have been emotionally abused depending on their developmental stage, perception of the ECA, the context in which occurs, and the meaning they ascribe to it.

One finding that particularly stood out was what was subsequently referred to as the climate of ECA. The pervasive climate of threat and fear had a marked impact on the participants and yet it is not a regular feature of definitions of abuse. Typically operational definitions refer to specific acts or consequences and the climate of ECA that is on-going and pervasive does not fit such a framework and yet it describes the fundamental context, an important aspect of a theoretical definition. From these deliberations, and both the qualitative and quantitative findings, a theoretical definition was developed and this is presented in the next section.

Two of the central constructs that arose from analysis of the survey and interview material on resiliency were the distinction between coping and dealing with the ECA and, the cost of resiliency. The distinction participants made between coping with and dealing with ECA is not evident in the literature. Participants described coping with the emotional maltreatment as children in a variety of ways. However it was in later adolescence and adulthood, when they were out of the situation in which the maltreatment had occurred, that they felt able to deal with it. It is important that this distinction is not seen either as a dichotomy or a linear process, that is that dealing with the ECA is not seen as something that follows on and is separate from coping with it. It is most likely that both can and do occur at any given time. One point that emerged from the findings was that while the
participants may deal with the ECA so that it is not central to their identity it will always be a significant part of their life history and as such will have influenced the person that they are. As described by the participants it seems that ECA does affect the very core of how people perceive themselves and that while they may cope and deal with this in many areas of their life that core effect still remains. This effect on their core or self-perception concurs with the cost of their resiliency being in the covert areas of emotional well-being. It is as though this effect on their core can not be removed.

As presented in the literature, the variability in competence across domains in individuals labelled as resilient has raised a number of queries, one of which is typically termed the cost of resiliency. If, as studies of individuals maltreated as children show, there is always a cost to resilience, should this be an integral feature of this term? Such a term also implies that some areas of functioning are primary or more important than others, that is that an individual can be termed resilient on the basis of competence in overt areas such as academic performance and social skills even though they may be experiencing high levels of depression or anxiety. Fundamental to this are assumptions, often unstated, about what is normal functioning with the implication that competence in all domains is the norm. The utility of this distinction, the finding in this study and the literature that the cost of resiliency is borne in the domain of emotional well-being, and other implications for practice arising from these findings are discussed in the section on clinical implications.

A theoretical definition of emotional maltreatment

The term emotional maltreatment is used rather than emotional abuse as it more adequately encompasses both abuse and neglect and prevents confusion as the terms emotional abuse and emotional neglect are used in specific ways in the proposed theoretical definition. The
definition will be presented in full and then it will be discussed section by section with examples.

A theoretical definition of emotional maltreatment

Emotional maltreatment can occur in situations where an older person such as a parent, older sibling, or caregiver has responsibility for the development and protection of a child, and where the older person by their characteristics (e.g. age, status, knowledge, organizational form) is in a position of differential power that renders the child vulnerable. Although all forms of child abuse and neglect can be emotionally damaging, emotional maltreatment is a separate and particular form. Emotional maltreatment occurs in a situation of inappropriate parenting where appropriate parenting is defined as those practices that promote the child's growth and development, and facilitate the child's negotiation of stage-salient developmental issues, the integration of systems, and adaptation to the environment given their special vulnerabilities.

The term EMOTIONAL MALTREATMENT encompasses four distinct forms:

1. **EMOTIONAL NEGLECT** This is passive and it is not wilful.
2. **EMOTIONAL DAMAGE** This is active and it is not wilful.
3. **EMOTIONAL NEGLIGENCE** This is passive and it is wilful.
4. **EMOTIONAL ABUSE** This is active and it is wilful.

In all four of the forms the detrimental effect on the child may be short or long term.

Emotional neglect and emotional damage are based on two premises. One is that the parent is ignorant of the harmful effects of their behaviour; the second is that the parent is well-intentioned towards the child and will want to change their behaviour when they know of its harmful consequences for the child. The corollary to this is that if the parent knows their behaviour is harmful, in the short or long term, to the child and they continue to behave in this way then the behaviour is wilful, intended to harm the child, and would be referred to as emotional negligence or emotional abuse.
The passive categories of emotional neglect and emotional negligence refer to passive maltreatment that is, a failure to enact an appropriate behaviour towards the child where the appropriate behaviour is necessary for the child's well-being. When this passive maltreatment is wilful, that is the parent knows the detrimental effects of failing to enact the appropriate behaviour, then it is referred to as emotional negligence. When the passive maltreatment is not wilful, that is the parent does not know the detrimental effects of their failure to act, then this is referred to as emotional neglect. The effects of passive maltreatment are at least as detrimental to the child as those of active maltreatment.

Discussion of the definition
The definition will now be discussed with sections from the definition appearing in italics.

Emotional maltreatment can occur in situations where an older person such as a parent, older sibling, or caregiver has responsibility for the development and protection of a child, and where the older person by their characteristics (e.g. age, status, knowledge, organizational form) is in a position of differential power that renders the child vulnerable.

This sets the basic context and recognises the parental roles of people such as teachers and babysitters and the relationship they have with the child. The relationship between the child and caregiver is a fundamental aspect of the context within which behaviour acquires meaning.

Although all forms of child abuse and neglect can be emotionally damaging, emotional maltreatment is a separate and particular form.

This clarifies the construct of emotional maltreatment as co-occurring with other forms of child abuse and neglect as well as occurring on its own without making it synonymous
with the term child abuse and neglect. It states the limitations of the definition and is part of setting the context.

Emotional maltreatment occurs in a situation of inappropriate parenting where appropriate parenting is defined as those practices that promote the child's growth and development, and facilitate the child's negotiation of stage-salient developmental issues, the integration of systems, and adaptation to the environment given their special vulnerabilities.

The emphasis is on the parent or caregiver as the emotional enabler of the child's development, for example the importance to the child's development of having a parent who recognises the child's signals and is consistent in their response, who provides a stable and secure emotional base for the child. ECA can affect the resolution of developmental stages (Aber et al., 1989; Crittenden & Ainsworth, 1989; Erickson et al., 1989; McGee & Wolfe, 1991a). An example of facilitating the negotiation of stage-salient issues would be the parent who understands the young child's need to establish independence and the importance of the parent's role in both encouraging this and providing a secure base that the child can rely on to meet their needs. A parent who did not understand this, may interpret a child's efforts at independence as the child rejecting her and may respond by containing the child so they could not act independently or by pushing the child away and not providing comfort and security to the child when needed.

An example of the facilitation of the integration of systems would be the parent who assists their child to recognise their feelings and to manage the ways in which these can be appropriately expressed in various situations. A parent who does not for example, understand the need to show a child how to manage their anger may punish the child for feeling angry with the effect that the child tries to inhibit all feelings and their display, or the parent may not respond to the child's displays of anger and consequently the child will not manage their anger and may continue to shout, scream and throw tantrums when they are angry well into childhood and beyond.
The parent who facilitates the child's adaptation to the environment may for example prepare the child for school by helping them to understand the expectations of the school, how to make friends and relate to peers and teachers, and how to cope with feelings of being homesick and missing the parent/s.

The phrase 'given their special vulnerabilities' (McGee & Wolfe, 1991a) was added to recognise the particular parenting required of children with special needs. For example, a child who has undergone an extended period of hospitalisation or significant loss (e.g. death of a grandparent) may want to be in constant physical contact with their parent and frequently seeking physical displays of affection such as cuddling. This could be seen as inappropriate behaviour for an 8 year old and raise questions about the parent's ability or desire to encourage independence and socialisation with peers, tasks appropriate to the child's developmental level. The addition of the phrase 'given their special vulnerabilities' requires an understanding of the child's developmental history, current circumstances and changes in these, the extent to which such behaviour is viewed by the parent as typical, and the parent's understanding of the child's needs.

The next sections will develop the definition of emotional maltreatment by teasing out the aspects which are often confused in definitions. These aspects include:

- Acts of commission [abuse/active] and acts of omission [neglect/passive]
- Intentional [wilful] and unintentional [not wilful] acts
- Parental acts and effects on the child
- The context within which the maltreatment occurs and acquires meaning.

The following four forms of emotional maltreatment separate these aspects into more clearly defined parts:
EMOTIONAL MALTREATMENT encompasses four distinct forms:

1. **EMOTIONAL NEGLECT** *This is passive and it is not wilful.*

An example could be when a parent provides good physical care for an infant in terms of feeding, clothing, hygiene etc. but does not cuddle or otherwise provide any stimulation for the infant. This is due to ignorance on the parent's part, a lack of knowledge that such stimulation is necessary for the adequate development of the infant, rather than a wilful act to deny the infant of stimulation.

2. **EMOTIONAL DAMAGE** *This active and it is not wilful.*

An example could be when a parent constantly tells a child that they are not good enough and could do better with the intention that this will encourage the child to do their best and to achieve their full potential. The parent is ignorant of the harmful effects of such criticism.

3. **EMOTIONAL NEGLIGENCE** *This is passive and it is wilful.*

An example could be when a parent does not acknowledge a child in any way. The parent does not talk to the child, call them by name, or acknowledge their presence. The parent deliberately withholds this attention knowing that this will be harmful to the child.

4. **EMOTIONAL ABUSE** *This is active and it is wilful.*

An example could be when a parent verbally abuses a child, calls her/him derogatory names, tells the child that s/he wishes the child had never been born. The parent does this deliberately, knowing it will be detrimental to the child and desiring this effect.

These categories recognise the parent's behaviour and the effects on the child. They deal with the dilemma of recognising a child as having suffered emotional harm but being reluctant to label the parent as emotionally abusive when the behaviour that resulted in the harm was not intentional. This dilemma typically presents when intervention for the child is seen as conditional on blaming the parent and the parent's behaviour is considered unintentional. Such interventions potentially make things better for the child but worse for the parent (which may ultimately make things worse for the child). By separating out the
parent's intention from the harmful behaviour it is possible to intervene in a way that acknowledges the parent's good intention and addresses their ignorance thus making things better for both the child and parent. If however, the parent knows what behaviours are harmful and beneficial to the child's development and continues to behave in ways that are detrimental to the child's well-being then interventions would address the need to protect the child from a parent that knowingly wants to harm the child; and the child's need for care by someone who will promote their well-being and development. Although intention was not included in a large number of the definitions, it was a concept referred to by those professionals with legal training (see Chapter 3). Because intention is important in the legal system, and by consequence the social service system, then it was considered important to include it in a theoretical definition that would be used by these systems. It was a theme that emerged from the interview material (see Chapter 4) and although participants described their parent's behaviour as detrimental regardless of intention, intention was one of the features participants talked about in trying to understand what had been done to them and why.

For all four categories of emotional maltreatment the parent is responsible for their behaviour but not necessarily to blame, if blame is only attributed to those who wilfully maltreat their child. This has some parallels with the murder/manslaughter distinction. In both situations the person whose action, or lack of action leads to the other's death, is responsible for their behaviour. However, the intention is an important consideration and has implications for how the perpetrator is dealt with. If the action or lack of it is not wilful, that is the perpetrator did not intend to kill the other, then it is manslaughter; if it is wilful then it is murder, that is the act, or lack of it was undertaken knowing and desiring the detrimental outcome.

Intention may refer to the parent's intention, real and espoused; the child's perception of the parent's intention; and the perception of the parent's intention by someone outside the
parent-child relationship for example, a child protection professional. Attending to the effects on the child as well as the parent's behaviour addresses in some part the meaning the behaviour has for the child; meaning that is dependent on "the parent's intent, the context, the attribution and vulnerability of the child, the child's developmental history, and the history of the relationship between the parent and child" (Egeland, 1991, p. 40). The meaning of the behaviour for the child including their perception of the parent's intention, will determine, at least in part, its effect on the child. By separating out the effect on the child from the parent's intention, the effect on the child, including the child's perception of the parent's behaviour, can be recognised without assuming that the parent intended the behaviour to be harmful. Intervention would address the meaning the behaviour has for the child and its effect as well as the parent's intention and knowledge of appropriate parenting. Such interventions would also address the relationship between the child and parent within which the emotional maltreatment occurs (Glaser, 1994).

Although the examples given are drawn from contemporary Pakeha Aotearoa/New Zealand culture the categories are related to currently acceptable parenting practices and beliefs (Giovannoni & Becerra, 1979; Sternberg & Lamb, 1991) about the needs of children and could therefore be used as a framework for other cultures and in other contexts (Garbarino, 1991).

The reference to currently acceptable parenting practices also takes into account the differing needs of children at different developmental stages. The acts of abuse (emotional damage; emotional abuse) and neglect (emotional neglect; emotional negligence) could be operationalised with reference to acceptable parenting practices for each developmental stage. The parent's intentionality and ignorance of the potential outcomes of their behaviour could be related to this information.
These four categories are not seen as occurring mutually exclusively, it is likely that a child will experience more than one of these four categories of maltreatment at a time. The four categories are presented as a tool for thinking about the dimensions of intention, that is, wilful/not wilful; and the form of the maltreatment, that is, active/passive, rather than as a representation of the real world. They are clinically useful for retrospectively separating out the dimensions and recognising the context. For example, a child shows their parent a piece of school work for which they have obtained a special commendation from the teacher and the parent does not look or comment on the work and tells the child they were born stupid and will never be good at anything. This is both passive and active maltreatment and the particular form of each will be dependent on the parent's intention. The parent may have intended to belittle the child by what they said but may have been unaware of the effect of not noticing or praising the child's work. In this case the psychological maltreatment would be defined as emotional neglect and emotional abuse. This information would be useful in determining appropriate and effective interventions.

The definition does not attempt to quantify emotional maltreatment in terms of frequency or severity/intensity. Such concepts are inherent to the particular maltreatment for example, a parent's refusal to acknowledge a child when the child is in a situation of danger and calling for help is emotional neglect or emotional negligence and considered inappropriate parenting whether this happens one or more times. If the example were a parent telling the child that their work was not good enough this is likely to fall within the bounds of acceptable parenting if it happened in specific circumstances for example, if the child rushed through their homework with shoddy results. In this case it would be appropriate parenting, promoting the child's development and facilitating their adaptation to the school environment. However, if the parent said this to the child about everything the child attempted then this would be considered maltreatment as the effect would be to undermine the child's self-confidence. This example highlights the futility of using the frequency of occurrence of maltreatment as an aspect of its definition. In general, the
more severe an occurrence of maltreatment the more readily it is defined as maltreatment on the basis of one occurrence. 'Severe' is used here to mean the detrimental potential is high, the consequence is directly attributable to the maltreatment, the circumstances have little influence on the determination of the act as maltreatment, there is high consensus that the act is maltreatment. This demonstrates the need for a definition which recognises the nature of the maltreating behaviour and the context within which it occurs.

Application of the definition to real cases

To examine the utility of the proposed definition in distinguishing actual situations in terms of intention and type of act, that is the four categories deriving from these two dimensions, examples were taken from the research study and the literature. Using this material it is also important to address the utility of the definition in distinguishing cases where there is emotional maltreatment from those where there is not. This can be done by looking both for cases of emotional maltreatment which would not meet the criteria of the definition; and cases which meet the criteria of the definition but which are not emotional maltreatment.

Recent research in the area of psychological maltreatment has focused on the parent-child relationship (Crittenden & Ainsworth, 1989; Claussen & Crittenden 1991; Egeland & Sroufe, 1981; Lyons-Ruth et al., 1987; Oldershaw et al., 1989). Oldershaw and colleagues (1989) found that the abusive mothers showed three distinctly different styles of parenting: distant, intrusive and hostile. The distant style of parenting, showing low involvement with, and interest in the child could fit the passive maltreatment categories. The intrusive mothers who showed excessive disapproval could fit the active maltreatment categories while the hostile mothers who both ignored and humiliated their children would fit both the active and passive maltreatment categories. Without information on intention it
is not possible to say which of the two categories within each dimension, that is passive and active, would apply.

From the research study, situations were selected which would not also be categorised on other forms of maltreatment, that is physical abuse or neglect or sexual abuse. The participants who described these situations defined themselves as having been emotionally abused as a child and described the effects, both short and long term effects of the abuse. From the child's perspective the parent's behaviour was detrimental to their emotional well being, so the parent's behaviour will be described and distinguished on the basis of the four categories of emotional maltreatment in the proposed definition. In many of the selected situations it is difficult to obtain information on the intention of the parent from the interview material. It is however important to note that while the majority of participants saw the emotionally maltreating parent's behaviour as their attempt to manage the child, few saw it being done with the deliberate intention to harm them. Regardless of the perceived intention all participants were clear about the detrimental effects of the parent's behaviour which points out the futility of requiring behaviour to be intentional for it to be defined as emotional maltreatment.

**Situation 1** The participant described being subject to a "constant stream of critical remarks, put downs, and belittling comments - stupid, lazy, greedy, horrible personality, constant snide remarks, nothing positive ever made of an issue, merely ignored". This was the behaviour of the participant's step-father and was described as deliberate with the intention of driving her out of the home to live elsewhere. The participant went boarding in the last year of high school.

This behaviour would be categorised as intentional and both active (the constant derogatory remarks) and passive (ignore, nothing positive), that is, emotional abuse and emotional negligence. The step-father's behaviour did not 'promote the child's growth
and development' as both the passive and the active maltreatment failed to promote her self esteem. It also failed to facilitate the 'negotiation of stage-salient developmental issues' for her as an adolescent in terms of developing self-regulating social behaviour and a sense of agency. In terms of intervention the primary dimension is that of the stepfather's intention, that he wanted to harm her.

**Situation 2.** Throughout childhood and adolescence the participant watched her mother being physically, verbally, and sexually abused by her father. All members of the family were subject to death threats by the father. The participant was "always told not to have an opinion or a role" and told that "as a girl I didn't count". The behaviour was intended to keep all members of the family completely within the father's control.

This behaviour would be categorised as emotional abuse because it is both intentional and active. Witnessing abuse of a parent was referred to by other participants (refer Chapter 3). It could be argued that this is a situation of inappropriate parenting where the overwhelming fear, uncertainty, and lack of safety experienced by the children does not promote their security and safety, both of which are important aspects of their development and essential features of a parent-child relationship. Witnessing violent management of conflict where one person has all the control does not facilitate "the negotiation of stage-salient issues" or "adaptation to the environment" where using physical and sexual violence is unacceptable as a form of conflict resolution.

**Situation 3.** When the participant was a child her mother died and her father re-married. The participant and her siblings "were never allowed to tell anyone that she wasn't our real mother and that our mother had died... we never ever dealt with that death or talked about it, in fact, we had to pretend it hadn't happened and we had this other woman who didn't particularly like us and we certainly didn't like her and we had to pretend that we were a
lovely family.... I don't blame my stepmother and my father entirely. I think part of it is that's how things went on, were in that time.

In this situation and similar ones described by other participants it appeared that the intention was not to harm the children but rather to help them, to do what was best within the parenting practices considered appropriate at that time. This behaviour is therefore unintentional in terms of the dimensions of emotional maltreatment, however is it maltreatment? Is this failure to deal with the mother's death, to acknowledge her and her place in the children's lives, emotional neglect? If the definition were to depend on socially acceptable parenting practices of the times then the answer would likely be 'no'. If the definition were dependent on intention to harm then the answer would certainly be 'no'. However the definition is reliant on more than these. Given the detrimental effects on the child then this is emotional maltreatment. Although this may have been acceptable parenting practice at the time it can be argued that failing to deal with grief and loss did not facilitate the child's "negotiation of stage salient issues" or their "adaptation to the environment given their special vulnerabilities" when they were required to deny the reality of their situation. This situation would fit the category emotional neglect because it is unintentional and passive.

This example is useful in emphasising one of the purposes of defining emotional maltreatment which is to identify situations which require intervention because of their detrimental effect. In this situation the good intention of the parent must be acknowledged as must the effects on the child. Providing the father and the step-mother with information and resources to assist the children to deal with the loss of their mother would probably be accepted by them given their intention to do the best for the children.

It is unlikely that this situation would be reported to a statutory agency responsible for child protection and it could well be argued that such an action with its consequent stigma
would not be appropriate or beneficial. This highlights a difference between a theoretical definition and an operational definition that is developed for a specific purpose such as research, legal, or social service intervention. Depending on such factors as the available resources and agency philosophy a social service agency may select an operational definition of emotional maltreatment which for example, is dependent on the intention of the parent. The purpose of a theoretical definition is to define what emotional maltreatment is, not to operationalise it for a specific purpose.

Limitations of the proposed theoretical definition

The length and detail of the proposed theoretical definition may deter professionals from using it. However it must be recognised that its utility is determined in how well it serves as a foundation for the development of an operational definition. This may also be the criteria by which its specific utility to the NZ context is assessed, for example, how adequate is it as a base for the operationalisation of the Children Young Persons and their Families Act (1989)? One fundamental concept is the need to provide a definition of appropriate parenting before inappropriate parenting, such as is evidenced in emotional maltreatment, can be described and defined. The theoretical definition provides a general description that needs to be specified in relation to societal and cultural norms of acceptable parenting practices. Such norms vary over time so any operational definition needs to be revised accordingly.

The issue of intention is one that presented most clearly in the professional group, particularly those with legal training. It was also evident in the discourses of the interview participants. Intention is rarely addressed overtly and yet it is an important consideration in intervention. On this basis it may be argued that intention is not an essential feature of a theoretical definition. However, if definition and recognition of ECA is limited to only maltreating behaviours that are intentional then intention must be addressed in a theoretical
definition. It may be included in an operational definition inasmuch as the specific maltreating behaviours may be described as such regardless of intention. A further measure of the utility of the theoretical definition could be the feedback from practitioners on its ability to provide a conceptual understanding of child maltreatment within which the specific acts of omission and commission operationally defined as emotionally maltreatment can be understood and applied. This is beyond the scope of this thesis and is one of the areas for future research.

Clinical implications of the findings

The clinical implications of the findings will be presented in two sections. The first will address those related to ECA, the second to resiliency.

The fundamental importance of the parent-child relationship as the primary context within which maltreatment occurs pervaded this research and has a number of implications. An understanding of this and all it encompasses is essential to comprehending the pervasive climate of threat and fear of emotional maltreatment. It is this ongoing attachment relationship within which the child's developmental needs are addressed, that comprises the foundation for understanding the effects of child maltreatment in all its forms and the links between these. An understanding of three fundamental constructs, that is: the parent-child attachment relationship; the parent-child relationship as the primary context within which maltreatment occurs; and, emotional maltreatment as the uniting construct of child abuse and neglect, could address several concerns in the child protection field. Such an understanding could address the reluctance of those working in the child protection field to recognise "yet another form of abuse" when they do not have the resources to manage their current caseloads. Rather than seeing emotional maltreatment as another, separate form of abuse, it could be seen as the uniting construct that pulls together all the forms of maltreatment to which a child may be subject, that is, a failure to provide a secure
attachment relationship. This would allow the maltreatment to be addressed in a comprehensive manner rather than as separate entities and would also provide a construct within which to understand the seriousness of neglect.

Another concern is that at various times specific forms of maltreatment have become the focus of statutory, and public, attention at the expense of others. This focus on one specific form, for example the attention given to physical abuse in the 1960s and that currently given to sexual abuse, can give the message that the other forms of maltreatment are not as important or serious, and therefore not as worthy of attention and intervention.

Allied with this tendency to focus on one specific form at a time is a reliance on indicators as a way of assessing maltreatment. Indicators are lists of behaviours that are typically effects of the maltreatment or strategies to cope with it. Indicators of the specific forms of maltreatment can contribute to the idea that each form of child maltreatment is separate and distinct when in reality, there is a high degree of overlap in such lists. The area of overlap is behaviours that are indicators of distress or trauma. Recognising and understanding this commonality would provide a better base from which to identify the child's, and the caregiver's, needs than trying to categorise specific behaviours as separate forms of abuse.

A theoretical understanding of the nature of the maltreatment could generate assessment techniques which would include examination of the parent-child relationship and the meaning of the behaviour for the child. The development of such a theoretical understanding requires a shift from focusing on specific acts to understanding the nature of the relationship and all the behaviours that this encompasses.

This shift of focus links well with another theme that recurred throughout this thesis: the importance of parenting and input to the parent-child relationship at an early stage. One
intervention point that presented repeatedly was when participants were thinking about, or having their own children. This was a time when they thought about their own childhood and experience of parenting and were motivated to do what was needed to parent their children appropriately. This has implications for both prevention and intervention. The benefits of early intervention and prevention in the parent-child relationship are evident in the number of programmes that advocate intensive support and education with high-risk parents in the first years of their infant's life. Developing a positive and appropriate relationship from the start is clearly better for the infant and the parent than intervention at a later stage when patterns of inappropriate care and maltreatment are in place. As the primary context within which both maltreatment and appropriate parenting occurs, the parent-child relationship needs to be the primary point of intervention. It is within this relationship that children develop a sense of self-worth, security, and the skills needed to interact and form relationships with others. These are fundamental to the child's well-being and functioning. While interventions with the child alone may address some of the sequelae and effects of maltreatment they cannot replace the primary relationship between the parent and child that is the foundation for the child's functioning.

The information provided by the participants on the nature, effects, context, and disclosure of ECA has a number of implications for those who practice in the area of child protection. Given that the participants described the various forms of abuse and neglect to which they had been subject as all part of being maltreated rather than as separate and distinct entities, it would be useful for workers to assume that:

• maltreated children are typically subject to more than one form of maltreatment (Barnett et al., 1993; Cicchetti, 1989; Cicchetti & Barnett, 1991; Cicchetti & Rizley, 1981; Claussen & Crittenden, 1991; Crittenden et al., 1994; Manly et al., 1994; Ney et al., 1994; Starr & Wolfe, 1991; Wolfe & McGee, 1994),

• where a child presents as having been sexually or physically abused or neglected then an assessment of ECA should also be made,
• given the pervasive atmosphere of ECA and its close link with inappropriate parenting practices, where it is suspected for any one child, all children in the home should be assessed (Crittenden et al., 1994).

• no particular form of abuse or neglect is worse than or more serious than any other. If the child or adult perceives one form as affecting them more than another then this should be accepted and validated while recognising that this perception may change over time and may differ from that of the child protection professional (Herzberger et al., 1981; Herzberger & Tennen, 1986; McGee et al., 1991).

An understanding of the effects and consequences of ECA at different developmental stages is needed to recognise the importance of, and to facilitate, early identification and intervention (see for example, Aber et al., 1989; Carlson et al., 1989; Claussen & Crittenden, 1991; Crittenden et al., 1994; Egeland & Sroufe, 1981a; 1981b; Egeland et al., 1983; Erickson & Egeland, 1987; Kinard, 1979; Martinez-Roig et al., 1983; Risley & Cicchetti, 1981; Schneider-Rosen et al., 1985). ECA may be suspected from the child and/or parent's behaviour and/or verbal statements. Observations of parent-child interactions can provide useful information about the relationship, its appropriateness, and its effects on the child (see for example, Ainsworth et al., 1978; Crittenden, 1988b; Crittenden & Ainsworth, 1989; Lyons-Ruth et al., 1987; Youngblade & Belsky, 1989, on the Strange Situation). Given the effects of ECA described by the participants and the consequent reluctance to disclose, it would be preferable for identification to be made from observations of the parent's behaviour and their interaction with the child. This would also remove the responsibility for the identification from the child and place the responsibility for the abusive behaviour with the parent.

Identification of abuse or neglect carries with it a responsibility to intervene effectively in the situation, that is to make the child safe. If an abusive parent perceives that the child has disclosed about the abuse or is in some way responsible for its identification the child
is likely to be at increased risk of further abuse and threats. Protecting a child from subsequent abuse can be difficult, particularly when the parent will not accept that the child has been abused, and will not take responsibility for appropriate parenting and for ensuring the child's safety. Child protection professionals are often reliant on a disclosure from the child to prove the abuse and thus make the child safe. However the child is unlikely to disclose about the abuse unless they feel safe. This is one reason why it is preferable to identify and assess abuse on more evidence than the child's disclosure alone. A broad base of assessment and identification material also provides a broad base for intervention.

Intervention that is aimed solely at the identified child can increase their sense of self-blame and in some situations, their risk of further abuse (von Dadelzen, 1987). Participants said they wanted the abusive parent removed from the home rather than the abused child(ren) though this was often complicated by the non-abusive parent wanting the abusive parent to remain in the home.

Information on the parent's own history and parenting beliefs and practices, the child's behaviour and feelings, and the parent-child relationship would form the basis of an adequate assessment where ECA is suspected (see for example Erickson et al., 1992; Holm, 1986; Main & Goldwyn, 1984; Parkes et al., 1991; Sroufe & Fleeson, 1986). Obtaining information from the child may be difficult for the reasons previously cited. Disclosure may be facilitated by identifying concerns to the child, demonstrating an understanding of ECA and the difficulties this presents for them in telling, providing an understanding of the concept of ECA and language with which to describe their experience. General areas and related questions that may also assist in obtaining information are:

* what happens when the child had been good, done something well:

  - "What does Mum/Dad do when you have been good?"
- "If you brought home a project from school that you had done really well, what happens when you show Mum/Dad?"
- what happens when the child has misbehaved, is punished:
  - "What happens when you are naughty? what does Dad/Mum do?"
- the child feels like they do not belong or fit in their family, they think they may be adopted:
  - "Do you ever think that you belong in another family?"
  - "Do you ever wish that you belonged in another family?" "What would it be like?"
- the child's beliefs and feelings about how they affect their parent's behaviour:
  - "What makes Mum/Dad angry/cross/upset/mad/sad?"
  - "What happens when they are like that?"

It is useful to also ask these questions about other caregivers, family members, and older siblings as participants spoke of being abused by such people and of this being sanctioned by their parents. Stein and Lewis (1993) made similar findings in their retrospective study of adolescents who had been physically abused.

For adolescents the questions may be more specific, though it is still preferable to ask questions in a way that does not ascribe intention or blame to the parent, for example: "were you ever told that you were not wanted or loved?", "did anyone ever threaten to kill or hurt you?" rather than asking this specifically about a parent or caregiver. Following up affirmative answers to such questions with: "who else?", "what else?", "what other times?", "where else?" (Stein & Lewis, 1992) provides a more thorough picture of the extent of the abuse and the areas requiring intervention.

Adolescence was a stage identified by the participants as the point where they were able to think abstractly about their context, to have some control over their situation, and to start dealing with the abuse. This could be a useful intervention point as adolescents leave the
emotionally abusive situation and seek out relationships and living arrangements that meet their needs. Finding work that validated their abilities, enhanced their self-esteem, and provided the opportunity for relationships based on reciprocity rather than abusive use of power also occurs at this developmental stage and can, if managed well, be a powerful intervention. Given that participants felt that only those who had been emotionally abused could understand what it was like for them, support groups could be a useful intervention for children, adolescents, and adults.

Thinking about, or having children was a time in their lives at which many of the participants considered how they were parented and how they wanted to parent their own child(ren). Because of the constant reminders of their own childhood, this was a time when some participants decided to deal with their own abuse. The importance of this as a point for effective intervention has been noted in other studies (Egeland et al., 1988; Erickson et al., 1992; Kelly, 1990; Main et al., 1984; Newman & Lutzker, 1990). Such interventions address the parent's own abuse and how they were parented, and provide support and opportunities to learn appropriate parenting skills.

Providing a term or a label for what they had experienced was a primary source of recognition and validation for the participants. For some this first occurred when they received the survey headed 'emotional child abuse in New Zealand'. One area that has been commented on repeatedly throughout this thesis is the paucity of language available to describe and define emotional maltreatment. This lack of language serves to hide this maltreatment at a number of levels. How can a child describe something for which they have no name, something that is intangible, and in the case of neglect, an absence? How can it be defined in terms of specific behaviours when it relates to a relationship and a climate rather than discrete, observable acts? How can people deal with it when there is no language to describe it, to express the feelings it engenders, to convey the effects? While it is possible to use non-verbal means of expression such as drawing in a
therapeutic context, research requires language with a common meaning. This is yet another area for future research and one that is fundamental to work in the area of emotional maltreatment.

Despite a desire to believe that children can be subject to maltreatment for a significant period of their lives and remain unscathed, such a belief goes against the research in this area, what is known of child development and attachment, and clinical experience (Anthony, 1987; Crittenden 1988; 1992a; Dunn, 1993; Egeland, 1993; Farber & Egeland, 1987; Herrenkohl et al., 1994; Luthar, 1993; Masten et al., 1990; Radke-Yarrow & Brown, 1993; Werner, 1993; Werner & Smith, 1992; Zimrin, 1986). For a child to survive an abusive childhood they must develop coping strategies that both protect them as far as possible from the abuse and its effects while at the same time managing the self blame and responsibility they feel for the abuse by preventing identification of the abuse. As the child develops the coping strategies also need to change if these two goals are to be achieved. It may be the child's repertoire of coping strategies and their ability to revise and adapt these, that is their plasticity, that is a central feature of the construct currently referred to as resilience.

While many of the factors described Chapter 4 assist children in their coping only a few of these, such as therapy, having a supportive partner and significant others, help them to deal with it rather than cope with it. The factors associated with dealing with the abuse rather than coping with or reacting to it occur in later adolescence and adulthood when the individual is independent. Competence in overt areas of functioning can mask abuse, particularly if the coping strategies employed present the child as capable and doing well. It may require extra effort or awareness to recognise that the child who shows high anxiety, depression, or over-compliance may be attempting to cope with being maltreated. Such children are as needful of identification and intervention as those abused children who come to attention because their behaviour brings them in conflict with authorities,
both are ways of managing a less than optimal caregiving situation. There are costs to the child regardless of how they cope and without recognition of the abuse and intervention it is unlikely that their coping will be maintained (Egeland et al., 1993; Farber & Egeland, 1987; Radke-Yarrow & Brown, 1993; Werner & Smith, 1992).

Central to the themes that emerged in this study are several issues fundamental to work in the area of ECA and resilience. In the first instance, there is a need to recognise that the child's behaviour is in response to, and an attempt to cope with, ECA. Identification of a child's coping strategies, their areas of competent functioning, and the cost of coping to the child are an essential part of any assessment of maltreatment. If a child appears to be coping on the basis of outward measures with ECA, it is not reasonable to assume that they will continue to cope across time, domains of functioning, or contexts. It is essential to identify what the child is coping with, the nature and extent of the maltreatment, and by whom.

For assessment and intervention it is important to validate the child's coping, to support them and maintain their competence while seeking to stop the abuse, to ensure the child's well-being in all areas of functioning, to address the areas of cost to the child of coping with the abuse, and to facilitate the child's adaptability. A developmental framework which recognises the capabilities and vulnerabilities of children at each stage of development and the transitions between stages is essential to this. A firm theoretical base in attachment is also necessary to understand the child's needs and the effects on the child across time and contexts of a relationship with an attachment figure who does not meet the child's needs. Such an understanding is fundamental to effective intervention. Effective intervention will not only recognise and facilitate the child's competence, it will also address the areas in which the child is bearing the cost of their coping and work to alter the abusive home situation to engender appropriate caregiving relationships that are responsive to the needs of the identified child and others (Cicchetti et al., 1993;
Intervention with maltreated children needs to both stop the maltreatment and to help the parents develop caregiving relationships with their children that are warm and supportive (Weissman Wind & Silvern, 1994).

For the child and early adolescent school can play an important role in identification and intervention. Cicchetti and his colleagues (1993) have presented some sound recommendations on the role of schools in this area. These include: improved systems for identifying maltreatment in schools; comprehensive, integrative assessments of the functioning of maltreated children; early, effective intervention which recognises the special and specific needs of maltreated children and which involves the parents; a sound base in developmental theory which addresses all the areas of the child's functioning and recognises the developmental consequences of maltreatment; training that enables the teacher to facilitate the child's competence and that recognises their role as a potential alternate attachment figure for the child thus providing the child with the opportunity to experience a positive and secure relationship.

For individuals in late adolescence or adulthood who are able to be independent of their abusive parent/s this is a time when they can deal with rather than just cope with the abuse. Control and choice are significant issues at this stage as the individual works to establish their own identity, to choose their relationships, to express themselves, and to make decisions based on their own needs and desires rather than in reaction to those of the abusive parent. This can be an effective intervention point as the individual seeks to have their strength and resources validated and to deal with the abuse. Dealing with the abuse moves the person beyond behaving in ways that are reactive to the abuse and its sequelae. It provides an understanding of the abuse and enables the person to act in ways that are other than repetitions of the abusive relationship. Help in establishing supportive and appropriate relationships, enhancing self esteem, managing the expression of feelings and
learning appropriate ways of parenting can be provided through therapy and other forms of intervention.

From a clinical practitioner viewpoint it may be argued that binary distinctions such as resilient and not resilient have little utility as they fail to reflect the many areas of an individual's functioning and the relative functioning in each. An assessment of overt and covert areas of functioning and ways of coping would appear to be more useful. Recognition that the individual is coping as best they can is an important aspect of therapy. While the term resilient may be questioned it seems important to maintain the hope inherent in the construct, the assumption that people can overcome adversity and live happy, well-functioning lives.

There are a number of implications from this research for professionals working in the child abuse field. The very low numbers of professionals who said they had received training on emotional child abuse highlights the need for training in this area. Shifting the focus from defined behaviours and indicators to an understanding of attachment relationships and developmental processes has implications for training, assessment, and intervention. Recognition of emotional maltreatment as the uniting construct of child maltreatment rather than as the latest form of child maltreatment on which to focus, could be an indicator of such a shift.

Future directions for research

A dimension that pervaded the work on ECA was language. It is very difficult to find words that refer to both an action, such as an act of abuse, and a lack of action, such as an act of neglect. Virtually all of our language around pain and abuse refers to that of a physical nature. The paucity of adequate language to describe emotional abuse and emotional effects was a constant source of frustration to myself and the participants and
provided a possible explanation as to why ECA has been so difficult to define theoretically. Language is central to our lives, to how we construct and understand our experience. It is difficult to define something that is intangible and hard to describe. Research is needed to find language that can have a commonly understood meaning, particularly for children.

The participants who were interviewed self-identified as having been emotionally abused and thus recognised the connection between this and other forms of abuse. A further direction for research would be to interview people who identified primarily as having been sexually or physically abused or neglected to gain an understanding of the nature and effects of this and how they relate these aspects to emotional maltreatment. While they may not define themselves as having been emotionally abused, they may identify or describe parental behaviours that are emotionally abusive and responses to this that effect them emotionally.

There are no prevalence studies on emotional maltreatment in NZ and this would be another direction for future research. Given the ethical concerns raised in Chapter 1 this would need to be conducted with adults about their own childhoods and/or with parents about their behaviour towards their children.

Studies that compared the competencies of those who have been maltreated with those who have not may serve to address the assumptions of normal functioning inherent in research on resiliency. Research that asked participants to identify if they had been subject to a list of parental behaviours that included those specific to particular forms of abuse and to rate the severity and frequency of these could be compared with their self-identification as not maltreated or maltreated in one or more forms. It may be that those who identify as not maltreated have experienced some behaviours indicative of maltreatment. Follow-up interviews could gain an understanding of what contributes to individuals identifying
themselves as maltreated while others who have experienced some of the same behaviours view these as the exception.

A significant feature of the definition was the recognition of intention and the nature of the act as two separate dimensions of maltreatment. This separation allows the needs of both the child and the perpetrator of the maltreatment to be considered rather than making intervention dependent on the perpetrator's intention. In addition to recognising the nature of the maltreatment and the perpetrator's intention, the theoretical definition moves beyond assessment to indicate intervention strategies focused on the parent-child relationship. Further research is needed to determine the utility of this theoretical definition by developing operational definitions, including research definitions, from it, and applying it to cases in the field.

An understanding of the factors that contribute to coping and dealing with maltreatment may prevent swings between the absolute positions of the inevitability of the intergenerational transmission of abuse on the one hand, and on the other, the belief that resilience is a global construct with no cost. Future research needs to continue to develop our understanding of the complex interplay between factors and processes in the areas of emotional maltreatment and resilience. The cost of resilience and its place as an integral aspect of resilience requires further research and theoretical development. The distinction between coping and dealing with emotional maltreatment is another avenue for future research and one that has implications for clinical practice and the development of interventions that take into account developmental considerations.

This research encompassed ECA and resiliency, two areas that are relatively new in the literature and ones that are gaining in interest. Both are areas in which fundamental aspects such as definition and terminology are still being debated. This research is the first in these areas to be carried out in Aotearoa/New Zealand and as such the findings it
has produced and the ideas that have been developed have generated as many directions for future research and questions as it has addressed. A wish is that this work will stimulate further interest and research, and encourage practitioners to develop their knowledge and skills, in these areas. Finally it is hoped that this work will achieve the aim of increasing professional and public awareness of ECA and thereby enable those who have experienced, coped, and dealt with it, to be heard and understood.
APPENDICES

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Appendix 1: Section 14 of the Children Young Persons and Their Families Act (1989)

Definition of Child or Young Person in Need of Care or Protection

14. Definition of child or young person in need of care or protection-(1) A child or young person is in need of care or protection within the meaning of this Part of this Act if-

(a) The child or young person is being, or is likely to be, harmed (whether physically or emotionally or sexually), ill-treated, abused, or seriously deprived; or

(b) The child's or young person's development or physical or mental or emotional wellbeing is being, or is likely to be, impaired or neglected, and that impairment or neglect is, or is likely to be, serious and avoidable; or

(c) Serious differences exist between the child or young person and the parents or guardians or other persons having the care of the child or young person to such an extent that the physical or mental or emotional wellbeing of the child or young person is being seriously impaired; or

(d) The child or young person has behaved, or is behaving, in a manner that-

(i) Is, or is likely to be, harmful to the physical or mental or emotional wellbeing of the child or young person or to others; and

(ii) The child's or young person's parents or guardians, or the persons having care of the child or young person, are unable or unwilling to control; or

(e) In the case of a child of or over the age of 10 years and under 14 years, the child has committed an offence or offences the number, nature, or magnitude of which is such as to give serious concern for the wellbeing of the child; or

(f) The parents or guardians or other persons having the care of the child or young person are unwilling or unable to care for the child or young person, or

(g) The parents or guardians or other persons having the care of the child or young person have abandoned the child or young person; or
(h) Serious differences exist between a parent, guardian, or other person having the care of the child or young person and any other parent, guardian, or other person having the care of the child or young person to such an extent that the physical or mental or emotional wellbeing of the child or young person is being seriously impaired; or

(i) The ability of the child or young person to form a significant psychological attachment to the person or persons having the care of the child or young person is being, or is likely to be, seriously impaired because of the number of occasions on which the child or young person has been in the care or charge of a person (not being a person specified in subsection (2) of this section) for the purposes of maintaining the child or young person apart from the child's or young person's parents or guardians.

(2) The persons referred to in subsection (1) (i) of this section are as follows:

(a) Any person who has custody of the child or young person pursuant to the order of any Court, whether or not that Court is a Court within the meaning of this Act:

(b) Any person who has the child or young person in their care-

(i) Pursuant to an agreement under section 139 or section 140 or section 141 of this Act; or

(ii) For the purpose of adoption, and the requirements of section 6 of the Adoption Act 1955 are being complied with:

(c) Any person who is caring for the child or young person in-

(i) Any residential accommodation provided for children or young persons by a registered school within the meaning of the Education Act 1964:

(ii) A licensed private hospital:

(iii) An institution under the control of the Department of Health, an Area Health Board, or a Hospital Board:

(iv) An institution within the meaning of the Area Health Boards Act 1983 or the Hospitals Act 1957:

(v) A hospital within the meaning of the Mental Health Act 1969.
Appendix 2: Information Sheet for survey C for main study

EMOTIONAL CHILD ABUSE IN NEW ZEALAND

Your answers to the attached survey will provide very useful information in an area of research which is new to New Zealand. The information you provide will be valuable in helping us to understand what life is like for people in our own country and this will enable us to help New Zealand adults and children. Your willingness to take part in this is much appreciated.

The survey is being limited to New Zealand adults of European descent because cultural beliefs and practices can strongly influence how people rear their children. The researcher is a New Zealander of European descent so she is limiting the research to the culture with which she is most familiar. If you or someone in your household who is 21 years old or older and a New Zealander of European descent would answer this survey it would be very much appreciated. If this does not match anyone in your household please return the survey as is in the attached envelope. Thank you.

Your name and address was selected at random from the phone book. All personal information will be kept strictly confidential. All information you provide in the survey will be anonymous, you can only be identified if you choose to give your name and a phone number or address. Even if you identify yourself on the survey the results of this study will be written up so there is no information which could identify you. You will notice that there is a code on the return envelope, this is to assist with sending out reminder letters. When you return your survey it is separated from the envelope. The envelope is used to take your name off the list of people to be sent reminder letters and another copy of the survey. There is no code on the survey.

Different people have different ideas about what is emotional child abuse. The purpose of this survey is to find out from you what you think it is. It would also be helpful to know about any personal experience of emotional abuse you have had.

Emotional child abuse can include the ways an adult treats a child, this may be by saying or doing things that are harmful/hurtful to the child or by not saying or doing positive, helpful things for the child. Emotional child abuse can also include the ways a child is affected, this may show in ways such as loss of confidence and poor self-esteem. Sometimes emotional abuse happens on its own and sometimes it happens along with physical abuse or sexual abuse. The main message that abused children get is that it is O.K. to treat a child in ways that are unkind and hurtful.

Please answer as many of the questions in the attached survey that you can and post in the return envelope by:
Your prompt response will be very useful to this research.

This survey is being carried out by Heather McDowell in the Psychology Dept. at the University of Auckland (Ph: 3737-599 ext. 5926) The study has ethical approval - ref. 1991/0138
If you have any ethical questions please contact: Dr Noel Dawson (Ph:3737-599 ext. 6204).

If thinking about your experience of abuse has left you feeling upset and you would like to talk with someone about this please contact Lifeline Ph: 5222-999

Please keep this information.

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Appendix 3: Survey C for the main study

EMOTIONAL CHILD ABUSE SURVEY

Please answer as many questions as you can. There are no right or wrong answers. If it is hard for you to answer a question please go on and do the ones you can. Thank you.

The words 'child' and 'children' also include adolescents.

1. Please write below all the ways you think children are emotionally abused.

2. Please read the sentence below then circle the answer that is true for you:

'I feel I was emotionally abused as a child'

- Yes
- No
- Don’t know

If you circled 'Yes' please go to question 6
If you circled 'No' or 'Don’t know' please go to the next question

3. If you did not experience emotional child abuse yourself do you know someone who did:

- Yes
- No
- Don’t know

If you circled 'Yes' please go to the next question
If you circled 'No' or 'Don’t know' please go to question 11

4. Would you say you knew the person who was emotionally abused as a child:

(a) not very well
(b) a bit
(c) fairly well
(d) very well

5. This person is my: (please circle your answer)

(a) friend
(b) brother/sister
(c) neighbour
(d) partner/spouse
(e) relative
(f) other (please state) .................................................................

Please go to question 8
Please write about the emotional abuse you experienced as a child. Please write about the emotional abuse that had the biggest effect, or that you remember most strongly (there might be more than one).

Would you please describe:
1. what happened
2. who treated you this way
3. what age you were when the abuse was happening
4. how you were affected then and how you coped
5. how it affects you now and how you cope with it
7. When you think of the emotional abuse you experienced as a child, would you say the person who did the abusing was: (please circle your answer)

(a) mainly my father
(b) mainly my mother
(c) my mother & father about the same
(d) someone who took the place of my parents (please say who this was e.g. uncle, grandmother, foster parent)
(e) some other person (please say how this person was related e.g. brother, friend)

Please go to question 11.

8. Please write about the emotional abuse the person you know experienced as a child. Please write about the emotional abuse that had the biggest effect on them, or that you remember most strongly (there might be more than one).

Would you please describe:
1. what happened
2. who treated the person you know this way
3. what age they were when the abuse was happening
4. how they were affected then and how they coped
5. how it affects them now and how they cope with it

If you need more room please use the back of this survey.
9. When you think of the emotional abuse the person you know experienced as a child, would you say the person who did the abusing was: (please circle your answer)

(a) mainly their father
(b) mainly their mother
(c) mother & father about the same
(d) someone who took the place of their parents (please say who this was e.g. uncle, grandmother, foster parent)
(e) some other person (please say how this person was related e.g. brother, friend)

10. Do you think the person you know was abused or neglected as a child in any of the following ways: (Please circle Yes, No, or Don't Know for each one)

physical abuse - this means deliberately hurting a child's body. Some ways children are physically abused are by being hit or beaten so there are bruises or broken bones, by being burnt with a cigarette, boiling water, fire or other hot thing.

(please circle)
Yes
No
Don't know

physical neglect - this means not looking after the basic needs of a child so they suffer physically. Some ways children are physically neglected are by not feeding them the foods they need to grow properly and be healthy, not giving them medical and dental care when they need it, not dressing them warmly enough in winter, not keeping them clean, leaving them alone for longer than they can manage at their age, not making sure they get enough sleep.

(please circle)
Yes
No
Don't know

sexual abuse - this means when children are used in a sexual way. This may be by being touched, kissed or penetrated in a sexual way; by being made to watch sexual acts or forced to do sexual acts. Some times sexual abuse physically hurts the child as well.

(please circle)
Yes
No
Don't know
11. Do you think that you were abused or neglected as a child in any of the following ways: (Please circle Yes, No, or Don't Know for each one)

**Physical abuse** - this means deliberately hurting a child's body. Some ways children are physically abused are by being hit or beaten so there are bruises or broken bones, by being burnt with a cigarette, boiling water, fire or other hot thing.

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**Physical neglect** - this means not looking after the basic needs of a child so they suffer physically. Some ways children are physically neglected are by not feeding them the foods they need to grow properly and be healthy, not giving them medical and dental care when they need it, not dressing them warmly enough in winter, not keeping them clean, leaving them alone for longer than they can manage at their age, not making sure they get enough sleep.

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**Sexual abuse** - this means when children are used in a sexual way. This may be by being touched, kissed or penetrated in a sexual way; by being made to watch sexual acts or forced to do sexual acts. Some times sexual abuse physically hurts the child as well.

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Would you please answer the questions below by circling the answers that are true for you.

12. My age is:

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13. I am: female male

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14. Which of the following education or job qualifications do you have: (you may circle more than one)

(a) No school or job qualification
(b) Some school qualification (e.g. School Certificate, University Entrance, Scholarship)
(c) A Certificate or Diploma (e.g. Trade Certificate, Nursing Diploma, Teaching Certificate)
(d) University qualification (e.g. University Certificate or Diploma, Bachelors Degree)
(e) Other qualification (please state)
15. Which of the categories below best describes your work: (you may circle more than one)
(a) Legislator, administrator, manager
(b) Professional (you have a degree &/or teaching certificate and relevant experience) e.g. chemist, statistician, engineer, doctor, teacher, lawyer, librarian
(c) Technician, associate professional (you have a New Zealand Certificate or equivalent) e.g. equipment controllers, health inspectors, veterinary assistants, travel agents, social workers, artists
(d) Clerks e.g. secretaries, accounts clerk, cashier, receptionist
(e) Service and sales workers e.g. waiters, police, hairdresser, sales assistant, model
(f) Agriculture and fishery workers e.g. nursery growers, forestry worker, shearer, hunter
(g) Trades workers e.g. carpenter, plumber, fitter and turner, butcher, dressmaker/tailor
(h) Plant and machine operators and assemblers
(i) Elementary occupations e.g. cleaner, messenger, packer, labourer
(j) Armed forces
(k) Unemployed
(l) Domestic caregiver (you look after children or others at home)
(m) Home executive/housewife
(n) Retired
(o) Student
(p) Other (please state) ........................................................................................................................................

16. What is your main occupation: (e.g. builder, unemployed, primary teacher, student, midwife)
........................................................................................................................................................................

17. There will be a second stage to this research to find out more about how emotional abuse as a child affects people as they grow older. If you are willing to participate in this next stage please fill out the section below. Please write your name (you can give just a first name if you prefer) and a contact phone number or address. If you are contacted by phone no-one else will be talked to about this survey. If you are contacted by letter it will be in a plain business envelope.

I am willing to take part in the second stage of this research:

My name is ........................................................................................................................................

I can be contacted by phone:
Phone number ........................................... Best time(s) to call ......................................................

I can be contacted by letter:
Address ........................................................................................................................................
..........................................................................................................................................................

Thank you for your help.
Please remember to post this survey in the attached envelope.
Appendix 4: Information sheet for survey P for the main study

EMOTIONAL CHILD ABUSE IN NEW ZEALAND

This survey has been sent to you as a professional known to be working in the area of child abuse and neglect. It is part of a research project to obtain information on emotional child abuse and its effects. The focus is on emotional child abuse by parents or those in a parental role. This is the first time such research has been done in New Zealand.

One of the aims of the research is to gather information and develop a definition of emotional abuse that applies for this country rather than adopting a definition from overseas. For this part of the research information will be collected from two sources - from professionals working in the area of child abuse and from people in the community including those who self-identify as emotionally abused.

As someone who works in the area of child abuse your answers to this survey, based on your skills and experience, will provide valuable information.

All personal information will be kept strictly confidential. All information you provide in the survey will be anonymous, you can only be identified if you choose to give your name. Even if you put your name on the survey the results of this study will be written up so there is no information which could identify you. You will notice that there is a code on the return envelope, this is to assist with sending out reminder letters. When you return your survey it is separated from the envelope. The envelope is used to take your name off the list of people to be sent reminder letters and another copy of the survey. There is no code on the survey.

Please return the survey in the attached envelope within the next two weeks.

Date survey received: ...............................................................

Your prompt reply will be very useful to this research.

The survey will take about 20 minutes to complete.

Please direct general queries to: Heather McDowell at the Psychology Dept., University of Auckland (Ph: 3737-599 ext. 5926). This study has ethical approval - ref. 1991/0138. Please direct any ethics inquiries to Dr Noel Dawson (Ph: 3737-599 ext. 6204).
Appendix 5: Survey P for the main study

EMOTIONAL CHILD ABUSE IN NEW ZEALAND
Please note: the term 'parent' used in the following questions includes those in a parental role; the term 'child' includes adolescents. If you need extra room for any of your answers please write these on the back of the survey.

1. Please give your definition of emotional abuse.

2. In how many of the cases you dealt with in the past year did you consider that emotional abuse was a concern (please give an estimate if you do not know the exact number): .................................................................

3. What is the total number of cases you dealt with in the past year (please give an estimate if you do not know the exact number): .................................................................

4. What type of information raised the concern about emotional abuse: [please circle all that apply]

(a) parent/s behaviour
(b) child's behaviour
(c) child's own report
(d) parent's own report
(e) medical information
(f) information from other professional
(g) other (please state) ......................................................................................
(h) other (please state) ......................................................................................

5. Please describe how you think parent/s emotionally abuse a child:

6. Please describe what it is about a child that would indicate to you that s/he was experiencing emotional abuse: 

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7. Please write below where your information/training about emotional abuse has come from:

8. After answering the above questions are there any changes you would like to make to your initial definition in Q.1. If so, please write your new or altered definition below:

9. Have you had any personal experience of child emotional abuse (this may be to you and/or to those close to you)? (please circle the answer you choose)

Yes / No / Don’t know

Would you please answer the questions below by circling the letters of the items that are true for you.

10. I work as: (please choose as many as are applicable)

   (a) a social worker  
   (b) a psychologist  
   (c) a lawyer  
   (d) a paediatrician  
   (e) a counsellor or therapist  
   (f) a judge  
   (g) a ............................................. (please state)

11. I have worked in the area of child abuse and neglect for ................. years

12. My age is (please circle your age group):

   21-30yrs  31-40yrs  41-50yrs  51-60yrs  61-70yrs  Other-please state

13. I am:  a) female  b) male

14. I belong to the following ethnic group/s (you may circle more than one):

   (a) New Zealand European  
   (b) New Zealand Maori  
   (c) Pacific Islander  
   (d) Other (please state) .................................................................

If you also receive a copy of the community survey would you please ignore it.

Thank you very much
Appendix 6: The ten major occupational groups of the New Zealand Standard Classification of Occupations

Group 1  Legislator, administrator, manager
Group 2  Professional (holds a degree &/or teaching certificate and relevant experience) e.g. chemist, statistician, engineer, doctor, teacher, lawyer, librarian
Group 3  Technician, associate professional (holds a New Zealand Certificate or equivalent) e.g. equipment controllers, health inspectors, veterinary assistants, travel agents, social workers, artists
Group 4  Clerks e.g. secretaries, accounts clerk, cashier, receptionist
Group 5  Service and sales workers e.g. waiters, police, hairdresser, sales assistant, model
Group 6  Agriculture and fishery workers e.g. nursery growers, forestry worker, shearer, hunter
Group 7  Trades workers e.g. carpenter, plumber, fitter and turner, butcher, dressmaker/tailor
Group 8  Plant and machine operators and assemblers
Group 9  Elementary occupations e.g. cleaner, messenger, packer, labourer
Group 0  Armed forces
Appendix 7: Changes to survey C (main study) from survey C (pilot study)

Q1. Main
'Please write below all the ways you think children are emotionally abused.'

This question was added because the pilot survey did not obtain this information.

Q1. Pilot
'Please read the sentence below and circle the answer that is true for you:
'I was emotionally abused as a child' Yes/No/Don't know'

Q2. Main
'Please read the sentence below and circle the answer that is true for you:
'I feel I was emotionally abused as a child' Yes/No/Don't know'

The change was made to indicate that it was the respondent's self-perception that was being sought.

Q3. Main
'If you did not experience emotional child abuse yourself do you know someone who did: Yes/No/Don't know'

This question was added on the assumption that knowing someone who had been emotionally abused may also influence a respondent's understanding of emotional child abuse (ECA).

Q4. Main
'Would you say you knew the person who was emotionally abused as a child: not very well/a bit/fairly well/very well'

Q5. Main
'This person is my: friend/brother or sister/neighbour/partner or spouse/relative/other (please state)'

---

1 Words or phrases interspersed with a slash (/) indicates that they were listed in the survey.
These questions were added to gather information on the relationship between the respondent and the person they knew who had been emotionally abused as a child.

Q2. Pilot
'Please write on the next page about two (or more) of the times when you were emotionally abused as a child. Please write about the times that had the biggest effect on you, or that you remember most strongly. It would be most helpful if you could:
1. describe what was said or done
2. say who did it
3. say how old you were when the abuse was happening
4. describe how it affected you then and how you coped with it
5. describe how it affects you now and what has helped you to cope.'

Q6. Main
'Please write about the emotional abuse you experienced as a child. Please write about the emotional abuse that had the biggest effect, or that you remember most strongly. Would you please describe:
1. what happened
2. who treated you this way
3. what age you were when the abuse was happening
4. how you were affected then and how you coped with it
5. how it affects you now and how you cope with it.'

From the responses to the pilot survey and from the interviews of those who self-identified as having experienced ECA it seemed that ECA was usually pervasive rather than isolated, specific incidents. Asking for specific incidents as in the pilot survey made it hard for respondents to describe this, it limited them to a number of incidents, and it did not acknowledge the pervasive, on-going nature of ECA. The change to 'what happened' was made in point one as the phrase 'what was said or done' implied actions, that is abuse and did not easily allow for descriptions of neglect. 'Who treated you this way' replaced 'who did it' in point two as this sounded judgemental and the respondent may have been reluctant to attribute blame in this way.
Appendix 8: Changes to survey P (main study) from survey P (pilot study)

Q1. Pilot
'Please describe what you consider to be emotional abuse. A spontaneous definition or description based on the viewpoint or model from which you currently work would be useful.'

Q1. Main
'Please give your definition of emotional abuse.'
The question was simplified to focus on a definition.

Q2. Pilot
'One aspect to consider when deciding if emotional abuse has occurred is how much to focus on the actions themselves and how much to focus on the effects of actions on the child. For example, if emotional abuse is considered to have occurred any time a person acts in a particular way to a child, regardless of the effect on the child, then the weighting would be 100% to the action and 0% to the effects on the child; OR if it is considered that emotional abuse has occurred only if there is a negative effect on the child, regardless of how abusive the act may seem, then the weighting would be 0% to the action and 100% to the effects on the child. When making your decisions about whether emotional abuse has occurred please describe the relative weight you give to:

- weight to actions ................................................................. %
- weight to effects on the child ............................................ %
- weight to other (please state) ................................. %

.................................................................

Total 100%

This question was deleted from the survey for the main study. The concept was complex, it was not well explained, and many respondents in the pilot study had difficulty with percentages.

Q3. Pilot
Please describe how you discriminate emotional abuse from other forms of abuse/neglect i.e. physical abuse, physical neglect, sexual abuse:
This question was deleted from the survey for the main study. Many respondents in the pilot study expressed difficulty in defining and identifying ECA and so had few criteria on which to discriminate ECA from other forms of abuse and neglect.

Q4. Pilot

In deciding if emotional abuse has occurred criteria such as those listed below may be taken into consideration. Please indicate using the following scale how often you would use each of the criteria listed below in deciding if emotional abuse has occurred:

5 - use in every case
4 - use in most cases
3 - use in about half the cases
2 - use in a few cases
1 - never use

Frequency of Use

a. frequency of the abusive act/s
b. context of the abusive act/s
c. nature of the abusive act/s
d. developmental stage of the child
   (at the time of the abuse)
e. child has also been abused
   physically/sexually
f. parent(s)’s own history of abuse
g. child’s behaviour preceding
   the abusive act
h. parent’s intention to harm/abuse
i. culture/race of child
j. culture/race of parent/s
k. other (please state).................................
   other (please state).................................

This question was deleted from the survey for the main study as it was too general. Respondents commented on the difficulties they had in answering this as so much depended on the specific factors in each individual case.
Q5. Pilot
Q8. Main
'After answering the above questions are there any changes you would like to make to your initial description/definition of emotional abuse in Q1.? If so, please write your new or altered definition below.'
This question remained the same.

Q6. Pilot
Q9. Main
'Have you had any personal experience of child emotional abuse (this may be to you and/or to those close to you)? (please circle the answer you choose)
Yes /No /Don't know'
This question remained the same.

Q7. Pilot
'I work as:
 a.) a social worker
 b.) a psychologist

 c.) a lawyer
 d.) a judge
 e.) a psychiatrist
 f.) a paediatrician
 g.) a counsellor

 h.) a ...........................................(please state)'

Q10. Main
'I work as:
 a.) a social worker
 b.) a psychologist

 c.) a lawyer
 d.) a paediatrician
 e.) a counsellor or therapist
 f.) a judge
 g.) a ..............................(please state)'
Two changes were made to this question: 'a psychiatrist' was deleted because of the low numbers surveyed; and 'counsellor' was changed to 'counsellor or therapist' because of the large number of respondents in the pilot study who used this in the open category.

Q8. Pilot
'My age is:
25-35yrs  35-45yrs  45-55yrs  55-65yrs  65-75yrs  other-please state'
Q12. Main
'My age is:
21-30yrs  31-40yrs  41-50yrs  51-60yrs  61-70yrs  other-please state'
This question was changed to give ten year age categories without overlap. The lower age limit was changed based on the number of respondents in the pilot who were 21 years old and older.

Q9. Pilot
'I am: a.) female  b.) male'
Q13. Main
This question remained the same.

Q10. Pilot
'I belong to the following ethnic group/s:
a.) New Zealand European
b.) New Zealand Maori
c.) Pacific Islander
d.) Other (please state).................................................'
Q14. Main
This question remained the same.

The following questions, Q2. to Q7., were added to the main survey.

Q2.
'In how many of the cases you dealt with in the past year did you consider that emotional abuse was a concern (please give an estimate if you do not know the exact number):'........................................................................
Q3.
'What is the total number of cases you dealt with in the past year (please give an estimate if you do not know the exact number):'.................................
The responses to these two questions were used to obtain a percentage of the cases that the respondent had worked with over the past year where ECA was a concern. The respondents were not asked to provide a percentage as responses to the pilot survey showed that professionals had difficulty doing this.

Q4.
'What type of information raised the concern about emotional abuse:[please circle all that apply]

(a) parent's behaviour
(b) child's behaviour
(c) child's own report
(d) parent's own report
(e) medical information
(f) information from other professional
(g) other (please state).................................

(h) other (please state)..................................'
This question was added to obtain information on the sources of concern.

Q5.
'Please describe how you think parent/s emotionally abuse a child:'

Q6.
'Please describe what it is about a child that would indicate to you that s/he was experiencing emotional abuse:'
These two questions were included to gather information on indicators and to separate those that referred to parent/s behaviour from those that referred to effects on the child.

Q7.
'Please write below where your information/training about emotional abuse has come from:'
This question was added to obtain information on where and how professionals gain their information on ECA.
Appendix 9: First reminder letter to survey P sample

About two weeks ago you were sent a survey on:

**Emotional Child Abuse in New Zealand**

This survey will provide very useful information on the nature of emotional child abuse in New Zealand and how it is perceived by adults in the general community and professionals working in the areas of child abuse and child protection.

If you have yet to answer the survey or you have misplaced it please find another copy attached. I would be very grateful if you could answer the survey and post it in the attached envelope within the next week.

If you have already returned your survey -- thank you, your help is much appreciated.

Thank you very much for your help with this important research.

Yours sincerely

Heather McDowell
Appendix 10: Second reminder letter to survey P sample

Dear [insert full name],

Over the last few weeks I have sent out surveys titled "Emotional Child Abuse in New Zealand" (printed on lavender paper) to gather information from professionals working in the field of child abuse/child protection. I understand that with a busy job it is difficult to find time to answer the survey, however, I do need your survey so the results can reflect the knowledge and experience of as many professionals as possible. It would help me if you would return the survey regardless of how many questions you answer. The following paragraphs clarify some of the questions that others have asked about.

Your definition of emotional abuse does not need to be a "textbook" definition. Examples of actions or behaviours, your own observations, points or phrases rather than sentences are all fine as answers. This is not a test to find out if people in a particular occupational group know 'the definition of emotional child abuse.' One of the aims of this research is to develop a definition of emotional child abuse appropriate for this country and your contribution, as a professional working in the area of child abuse, is needed to do this.

To answer the questions about the number of cases in the past year that you have dealt with and in how many of these was emotional abuse a concern, you do not need to go through all your cases for the past year. An estimate for each of these questions is fine OR you can give an estimate of the percentage of your cases in the past year where emotional child abuse was a concern.

I have heard there is some concern that the results will be used to 'show up' particular occupational groups as lacking in information or knowledge in the area of emotional child abuse. This is definitely not the purpose of this research. The purpose of this survey, and the research of which it is a part, is to begin to chronicle what we know as professionals about the nature of emotional child abuse in New Zealand and the factors associated with coping with it with a view to early detection, prevention and intervention.

If you would like another copy of the survey please contact me on 3737-599 ext. 5926 (or leave a message for me on the same number) and I will send you another one. Please feel free to contact me if you have any questions.

I would be very grateful if you could take a few minutes to respond and post your survey to me by the end of the month.

Yours sincerely

Ph.D Student
Appendix 11:  Reminder letter to survey C sample

About 10 days ago you were sent a survey called:

Emotional Child Abuse in New Zealand

This survey will provide very useful information to help us understand what life is like for people in our country and this will enable us to help New Zealand adults and children.

If you have yet to answer the survey or you have misplaced it please find another copy attached. Your response, whether or not you believe you have been emotionally abused will provide useful information. I would be very grateful if you could answer the survey and post it in the attached envelope within the next week.

If you have already returned your survey -- thank you, your help is much appreciated.

Thank you very much for your help with this important research.

Yours sincerely

Heather McDowell
Appendix 12:  Letter to Survey C respondents to be interviewed

Dear

Thank you for the time you took in responding to my survey on emotional child abuse. Thank you for also providing your name and contact address as an indication of your willingness to participate in the next stage of this research.

As part of the next stage of the research I would like to talk with you further about what you wrote in the survey on emotional child abuse. If you are willing to be interviewed I can come to your home or another place where you would feel comfortable. Everything you say in the interview will be treated confidentially.

If you are willing to participate would you please write on the attached sheet the days and times that would suit you and return to me in the envelope provided. If it suits you I would like to do the interview in January or February, it will take about 1 hour of your time.

If you would like to talk with me about this please phone me on:
(09) 3737-999 ext. 5926 or leave a message for me on the answerphone at the same number.

Thank you again for your valuable help with this research and I look forward to hearing from you

Kind regards

(Heather McDowell)
To:

Please circle which month you would prefer to do the interview: January February

Would you please circle the days that would suit you best and write beside them the date and times that would suit you for the interview:

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Times</th>
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<tbody>
<tr>
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If you would like to be contacted by phone rather than letter to arrange a time please write your phone number below and the times that would suit you best for me to phone.

Phone: ................................................
Times: ............................................

Thank you for your willingness to participate in this important research.
Appendix 13: Letter to survey C respondents not to be interviewed

Dear

Thank you for the time you took in responding to my survey on emotional abuse, the information you provided is valuable to the research. Thank you for also providing your name and contact address as an indication of your willingness to participate in the next stage of this research.

I have decided to focus the second stage of the research on people who have identified as having been emotionally abused as a child. This letter therefore is to thank you for your participation in stage one of the research and to let you know that you will not be required to participate in stage two.

Thank you again for your valuable help with this research

Kind regards

(Heather McDowell)
Appendix 14: Coding instructions for Q.1 for survey C and survey P

1-3 ECA\(^1\) defined in terms of commissions, omissions, effects on the child

For each category code:
0 = no response
1 = response

1 Commissions

definition refers to/gives example(s) of inappropriate (emotionally abusive) acts i.e. the presence of inappropriate acts

2 Omissions

definition refers to/gives example(s) of acts of neglect i.e. the absence of appropriate acts.

Note: this refers to the lack of appropriate acts regardless of how this lack came about, i.e. regardless of intention.

3 Effects on the child

definition refers to/gives examples of effects on the child of emotional abuse

4-6 ECA defined in terms of abuse of power, intention and relation of ECA to physical/sexual abuse

4 Abuse of power

Definition specifically states adult/parent abuse of power over child

5 Intention

Code: 0 = no reference to intention
1 = only ECA if intentional (includes wilful; deliberate)
2 = ECA if intentional or not
3 = ECA is/can be intentional and unintentional
4 = reference regarding intention is unclear

6 Relationship of ECA to sexual/physical abuse

Code: 0 = no reference to relationship between ECA & physical and/or sexual abuse
1 = ECA only if not physical abuse
2 = ECA only if not sexual abuse
3 = ECA only if not physical and not sexual abuse
4 = if physical abuse then also ECA
5 = if sexual abuse then also ECA
6 = if physical and sexual abuse then also ECA

---

\(^1\) ECA refers to emotional child abuse
7-11 Specify types of acts of commission

For each category code:
0 = no response
1 = response

7 Degrading a child
Includes: put-downs/vilification of character
         ridicule
         humiliate
         teasing/harassing/mocking
         denigration
         devalue/negative comments re child's worth
         scapegoat
         (destructive) criticism
         verbal abuse
         comparing and/or playing off a child against other child/ren

8 Frightening a child
Includes: threats/threatening a child
         bullying
         violence (including harsh/excessive discipline/punishment) to child and/or pet
         child witnesses abusive behaviour to others in family

9 Rejection
Includes: cold/hostile
         dislike/hate child
         child is told they are unwanted/not loved

10 [Emotional] manipulation
Includes: mind games
         exploitation of child's feelings
         emotional blackmail
         playing on child's loyalties

11 Inappropriate parenting/boundaries
Includes: isolation from peers
         child is smothered (no opportunities for independence)
         caught in parent's disputes
         inconsistent parenting

12-14 Specify types of acts of omission

12 General statement of neglect
Includes: child not being cared for
         child's basic needs being ignored/neglected/not met
         where 'basic needs' includes:
         security/safety/support
         physical needs
         expression of feelings/self/own opinion
         opportunities to achieve/do things
         being acknowledged as a person
13 Lack/neglect of love/caring/affection (physical and non-physical demonstrations)

Includes:
- lack of: hugs/cuddles
- warm feelings
- lack of being: cherished
- nurtured
- valued
- trusted

14 Lack/neglect of positives

'Positives' includes:
- attention
- interest
- communication/responses/contact
- listening/talking with
- time
- not given or set an example
- understanding
- positive reinforcement
- encouragement/appreciation
- praise/reward

15-18 Specify effects on child

15 Harm/damage/compromise to child's emotional/psychological development

*Note: definition refers specifically to emotional/psychological development*

16 General statement of harm/damage/compromise to child's development

Includes:
- social
- physical
- educational/intellectual
- spiritual
- child's competence
- child's well-being

17 Lack of positive feelings &/or appropriate behaviour and/or presence of negative feelings &/or behaviour

Includes:
- becomes withdrawn
- sad/unhappy/upset/depressed/angry/confused/resentful
- fearful/anxious
- acts out/attention-seeking/negative attitude
- sick/loss of weight
- child accepts unusual/unrealistic punishments
- unusually mature for age
- unable to relate adequately to peers/adults
- unable to cope
- child feels responsible for adults/adults actions
- unable to concentrate
- parentified child
- child lacks feelings of security/safety/confidence

18 Low self-esteem/self-worth

Includes:
- Child feels s/he is: no good; of no value
Appendix 15: Coding for the survey P question on parent's behaviour as an indicator of emotional child abuse

1  Refers to response to Q. 1
   0 = no response
   1 = response

2  Abuse of power
   Answer specifically mentions adult/parent's behaviour as abuse of power over child
   0 = no response
   1 = response

3  Intention
   Code
   0 = no reference to intention
   1 = only ECA if parent's behaviour is intentional (includes wilful; deliberate)
   2 = ECA if parent's behaviour is intentional or not
   3 = parent's emotionally abusive behaviour can be intentional and unintentional
   4 = reference regarding intention is unclear

4  Relationship of ECA to sexual/physical abuse
   Code
   0 = no reference to relationship between parent's emotionally abusive behaviour & physical/sexual abuse
   1 = parent's behaviour emotionally abusive only if not physical abuse
   2 = parent's behaviour emotionally abusive only if not sexual abuse
   3 = if physical abuse then also ECA
   4 = if sexual abuse then also ECA
   5 = if physical and sexual abuse then also ECA
   6 = parent's behaviour emotionally abusive only if not physical and not sexual abuse

5 - 9 Specify types of acts of commission
   Code
   0 = no response
   1 = response

5  Degrading a child
   Includes:
   put-downs/vilification of character
   ridicule/humiliate
   teasing/harassing/mocking
   devalue/negative comments re child's worth
   scapegoat
   (destructive) criticism
   verbal abuse
   comparing and/or playing off a child against other child/ren
6 Frightening a child
Includes: threats/threatening a child
bullying
violence (including harsh/excessive discipline/punishment) to child and/or pet
child witnesses abusive behaviour to others in family

7 Rejection
Includes: cold/hostile
dislike/hate child
child is told they are unwanted/not loved

8 Emotional manipulation
Includes: mind games
exploitation of child's feelings
emotional blackmail
playing on child's loyalties

9 Inappropriate parenting/boundaries
Includes: isolation from peers
child is smothered (no opportunities for independence)
cought in parent's disputes
inconsistent parenting
using child to meet own needs

10 - 12 Parental acts of omission
0 = no response
1 = response

10 General statement of neglecting behaviour
Includes: child not being cared for
child's basic needs being ignored/neglected/not met
where 'basic needs' includes:
security/safety
support
physical needs
expression of feelings/self/own opinion
opportunities to achieve/do things
being acknowledged as a person
having fundamental rights

11 Lack/neglect of love/caring/affection (physical and non-physical demonstrations) shown to child
Includes: lack of:
hugs/cuddles
warm feelings
cherised
nurtured
valued
trusted
12 Lack/neglect of positives for child

'Positives' includes:
- attention
- interest
- communication/responses/contact
- listening/talking with
- time
- not given or set an example
- understanding
- positive reinforcement
- encouragement
- praise/reward
- appreciation
Appendix 16: Coding for the survey P question on children's behaviour as an indicator of emotional child abuse

1 Refers to response to Q. 1  
0 = no response  
1 = response

2-10 Specific indicators/effects on child
0 = no response  
1 = response

2 Specific behaviours of concern
Includes: self-mutilation  
enuresis/encopresis/bedwetting  
headaches  
disturbed eating patterns  
stomach aches

3 Effect on child's developmental outcomes
Includes: regression in schoolwork  
decline in academic performance  
developmental delay

4 Attachment (to parent/s) is of concern
Includes: being too close  
being a parent to the parent  
clinging  
hating parent/s  
overly compliant

5 Child's relationships with others is of concern
Includes: can't relate to others  
poor peer relationships  
inappropriate seeking of closeness  
goes too readily to strangers

6 Internalising symptoms
Includes: unhappy  
depression  
frightened

7 Externalising symptoms
Includes: delinquent behaviour  
aggression  
truancy

8 Low self-esteem/self-worth  
Includes: Child feels s/he is no good/of no value

9 Behaviour/development outside normal range
General statement/s that cannot be coded more specifically
10 Child subject to other forms of abuse

Code:  
0 = no reference  
1 = ECA only if not physical abuse  
2 = ECA only if not sexual abuse  
3 = if child physically abused then also ECA  
4 = if child sexually abused then also ECA  
5 = if child physically and sexually abused then also ECA  
6 = ECA if child not physically or sexually abused

Coding Q6 Professional - Indicators in child of ECA

Col.s 49 & 50

Code:  
0 = no response  
1 = response  
2 = response not useful i.e. can't tell from response  
3 = don't know

Col.49 Child's behaviour/emotional responses - internalising

Includes:
- withdrawn  
- tearfulness, sadness, grief  
- avoidant, reticent, timid, shy  
- subdued, quiet, passive  
- scared, fearful, defensive  
- anxious, stress, nervous  
- despair, emptiness, hopelessness  
- distress, upset  
- sullen, sulking, inexpressive, flat affect, not smiling, listless, disinterested, (self) isolating  
- wary, (frozen) watchful(ness), suspicious, lack of trust  
- uncertain, hesitant, lack confidence, overly sensitive, apprehensive  
- feelings of rejection, insecure, confused  
- self-harm  
- substance abuse  
- mood swings  
- obsessive behaviour
Col.50  Child's behaviour/emotional responses - externalising

Code:
0 = no response
1 = response
2 = response not useful i.e. can't tell from response
3 = don't know

Includes:
- aggression, hostility, violence, threats, destructive
- acting out, testing out, tantrums
- defiance, answer back, resistant, unco-operative, oppositional, rebellious, uncontrollable, don't care attitude
- anger
- manipulative, belittle, bullying, lying
- attention seeking, hyperactive, too noisy
- offending, stealing, shoplifting, criminal behaviour
- running away, truancy, school refusal
- anti-social behaviour
Appendix 17: Coding for the survey P question on sources of the respondents' training and information on emotional child abuse

For each of the following code:
0 = no response
1 = response

1. Professional work/experience
   includes: participation in special interest groups
            supervision
            info. gained from other professionals/discussions

2. Professional study/training
   includes: training for profession other than current one

3. Training - other
   includes: programmes
            conferences
            seminars

4. No specific training in abuse area

5. Reading (general & specific)

6. Contact with children/clients in course of prof. work
   includes: listening
            talking with people who have experienced abuse

7. Experience with children other than in course of prof. work
   includes: parenting
             teaching
             Playcentre

8. Personal experience
   includes: of abuse
             of therapy

9. Life/world experience
   includes: being brought up
             general interest
             TV programmes/films
             gut feelings
Appendix 18: Parental/caretaker behaviours rated as constituting emotional maltreatment (Bally & Bally, 1986)

1. The parent seldom responds to, stimulates or shows affection toward the infant, and rarely, if ever, holds the child during feeding.

2. The parent shows unrealistic expectations of the infant by regularly scolding and yelling at the child whenever the child exhibits typical infant requirements, such as crying, or needing to be fed, changed or held. For latency age and adolescent children, the parent punishes, ostracizes or condemns when the child does not achieve far above the normal abilities in areas such as school, arts, sports and social status.

3. The parent shows little or no attachment to the child and fails to provide nurture by failing to call the child to meals, to wake the child, or recognize the child's presence, or by failing to keep promises or agreements, or otherwise act as if the child is not a member of the family.

4. The parent consistently singles out the child to criticize and punish, to perform most of the household chores and to receive fewer rewards.

5. The parent does not help the child learn basic skills of feeding, bathing and dressing, as well as other skills for independence, and the child is regularly ignored, rejected or cursed when the child asks for assistance.

6. The parent makes inappropriate demands on and exploits the child by requiring the child to care for the parent, be a companion, protect the parent from outsiders or perform household tasks/functions which the parent is unwilling to do and which clearly are beyond the child's capabilities.
7. The parent confuses the child's sexual identity by forcing the child to dress in clothing that is inappropriate for the age or sex of the child, which results in ostracism.

8. The parent provides no stability or security for the child.

9. The parent exposes the child to maladaptive and harmful influences by engaging in serious criminal activity with the full awareness of the child and by letting (or encouraging) the child to steal, lie, engage in illegal acts or attack others.

10. The parent does not permit the child autonomy or independent learning by prohibiting the child from playing with nearby children of close or similar age, without sufficient reason or alternatives, (for latency age and adolescence, by prohibiting the child's attendance at extra-curricular, sports or religious activities, or after school play with friends).

11. The parent regularly belittles and ridicules the child, stating without foundation that the child has many undesirable characteristics and that the child reminds everyone of a totally offensive or unacceptable person.

12. The parent sexually exploits the child by allowing or forcing the child to watch pornographic materials.

13. The parent uses excessive threats and psychological punishments.

14. The custodial parent undermines the child's attachment to the other parent by consistently refusing all legitimate opportunities or requests for visits between the child and other parent, or by using the child as a spy, ally or confidante in the parent's romantic relationships, marital or divorce matters.
15. The parent has consistently refused to permit any professional to assess the child's problems and also has announced that the child is prohibited from receiving any remedial or counselling services.
Appendix 19: The semi-structured interview

- From your experience how would you describe the emotional abuse? Are there any words or phrases that come to mind?

- What were the feelings that went with the emotional abuse? (e.g. hopeless, anger, unfair) Were these the same or different as a child? adolescent? adult?

- If as a child, someone had been concerned about you, what could they have said or done that would have enabled you to talk about the abuse? What kind of questions could they have asked? what kind of things could they have said?

- When you think about the other abuse/neglect you suffered, do you see the emotional abuse as related or separate?

- The types of abuse/neglect you experienced, did they all feel the same, have the same effects, or were they different?

- Was it things that were done to you that were inappropriate (abuse) or the lack of appropriate things (neglect) or both? Is this a distinction that you make/made?

- Would you say that the emotional abuse had the same effect on all areas of your life or was it different in different areas, at different times?

Follow-up on differences in different areas and at different times of life.

- What are the things that helped you to cope with or overcome the abuse as: a child, adolescent and now as an adult?

Check: significant other/s (details) including younger siblings and pets; sense of humour; intelligence; good at other things; saw self as a 'survivor', knew you would make it; responsibilities; hope/faith/religion; reading/drawing/playing with dolls

- How were other children in your family treated?
- How did you make sense of how you were treated as a child? (e.g. blame self; see parents as unfair)
- How do you make sense of it now as an adult?

- Was the abuse specific events or on-going everyday?
- Do you think other people can understand what it was like for you, the effects on you?

- How do you think people who know you see you now? what words would they use to describe you?

- Are there differences in the ways you have coped compared with your siblings?

- Do others know of your abuse? how?

- When/how did you decide to give your experience the label of emotional abuse?

- Any family/intergenerational patterns? how were parent/s parented?

- Have you ever talked with your parents/your siblings about the emotional abuse?

- When you think about (thought about) having children, what decisions have you made about rearing them the same way you were reared or rearing them differently? (if differently follow-up on where/how learned this)

- Anything you have done/are doing now/are thinking of doing to deal with the emotional abuse?

- There are many terms used in the literature to refer to ECA e.g. psychological maltreatment, mental cruelty, what term or phrase do you think best describes/defines your experience?

Thank participant for their time. Provide information on dissemination of findings.
Appendix 20: Ratings of Past Life Events (ROPLE)

As an important part of what I am doing, I want to hear your thoughts and feelings about things you have experienced in your past. Particularly, I am interested in your perceptions of how you have been treated by adults during your life.

On the line provided, please mark off how much you have been:

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<th>Mother</th>
<th>Father</th>
<th>Other</th>
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<td>physically abused (hit, slapped)</td>
<td>0......1.....2.....3</td>
<td>0......1.....2.....3</td>
<td>0......1.....2.....3</td>
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<td>sexually abused (touched in a way that made you uncomfortable)</td>
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<td>0......1.....2.....3</td>
<td>0......1.....2.....3</td>
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<td>exposed to violence between adults (physical fighting between your parents)</td>
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<td>0......1.....2.....3</td>
<td>0......1.....2.....3</td>
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<td>emotionally abused (criticised, yelled at, treated unfairly)</td>
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<td>0......1.....2.....3</td>
<td>0......1.....2.....3</td>
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<td>emotionally neglected (ignored, not paid attention to)</td>
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<td>0......1.....2.....3</td>
<td>0......1.....2.....3</td>
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<tr>
<td>physically neglected (e.g. not looked after properly)</td>
<td>0......1.....2.....3</td>
<td>0......1.....2.....3</td>
<td>0......1.....2.....3</td>
</tr>
</tbody>
</table>

If you have circled 'Other' please write who this is and what is their relationship is to you. Thank you.

KEY: 0 not at all 1 mildly 2 moderately 3 severely

Developed by: Dr Robin McGee, University of Western Ontario
Appendix 21  Gender, age, occupational group and experience of emotional child abuse (ECA) for the general public main sub-group (C-M) and the general public University Open Day group (C-U)

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<td>Don't know</td>
<td>2</td>
<td>14</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>14</td>
<td>100</td>
<td>128</td>
<td>100</td>
<td>142</td>
</tr>
</tbody>
</table>

Note: Chi-square comparisons of C-U and C-M groups:

¹ $\chi^2 (1,137) = 4.4$, N.S.

² Comparison of 21-40 yrs & 41-90 yrs collapsed categories $\chi^2 (1,140) = 2.5$, N.S.

³ Cell sizes too small

⁴ Comparison of Yes/No categories only $\chi^2 (1,142) = 13.6$, $p < .01$
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