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REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

ON..... 22 March 2005.....

Sec. Research Graduate School Committee

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Errata

- | | |
|---------------------|---|
| Page 17, line 9. | Delete the word "its" and replace with the word "their". |
| Page 25, line 21. | Replace the word "depathologised" with the word "de-pathologised". |
| Page 30, line 5. | Replace "Hart (1985)" with "Hart and Brassard (1987a)". |
| Page 38, line 25. | Add inverted commas at the beginning of the quote. |
| Page 63, line 31. | Replace "(1996)" with "(1996a)". |
| Page 64, line 23. | Add ")" after the word "abuse". |
| Page 65, line 11. | Replace the word "peripheral" with the word "periphery". |
| Page 66, line 33. | Replace "1987" with "1987a". |
| Page 74, line 14. | Replace the word "and" with the word "at". |
| Page 67, line 21. | Replace the word "are" with the word "is". |
| Page 70, line 11. | Replace the word "with" with the word "within". |
| Page 75, line 13. | Replace "1987" with "1983". |
| Page 76, line 25. | Replace the word "are" with the word "is". |
| Page 91, line 25. | Replace "(1999)" with "(1999b)". |
| Page 93, line 25. | At the end of the sentence, add the words "Institute of Health and Welfare, 2004." |
| Page 98, line 6-10. | Delete the entire paragraph. |
| Page 103, line 27. | Replace the word "principals" with the word "principles". |
| Page 108, line 1. | Replace "(1999)" with "(1999a)". |
| Page 143, line 13. | Replace the word "no" with the word "not". |
| Page 157, line 13. | Replace the words "drew resources from" with the word "explored". |
| Page 178, line 1. | Replace the word "trace" with the word "trail". |
| Page 179, line 19. | Replace the word "discardment" with the words "the discarding of". |
| Page 213, line 31. | Replace the word "she" with the word "he". |
| Page 243, line 36. | Delete the hyphen from the word "decision-making". |
| Page 247, line 17. | Delete the hyphen from the word "decision-making". |
| Page 265, line 11. | Replace the word "provide" with the word "provides". |
| Page 270, line 21. | Remove the space before the full stop. |
| Page 279, line 16. | Replace the word "the" with the word "they". |
| Page 281, line 28. | After the word "five", add the words "it was identified that". |
| Page 288, line 8. | Replace "(1991, 1993)" with "(1993, 1995)". |
| Page 321, line 20. | Replace "(1968)" with "(1986)". |
| Page 324, line 25. | Replace the word "not" with the word "no" and the word "recommended" with the word "recommend". |
| Page 326, line 11. | Delete the word "the" after the word "David". |
| Page 332, line 24. | Replace the word "jack" with the word "Jack". |
| Page 335, line 16. | Insert the word "most" between the words "the" and "challenging". |
| Page 344, line 2. | Replace the word "ass" with the word "as". |
| Page 346, line 13. | Replace the word "Joey" with the word "Joey's". |
| Page 346, line 30. | Move line to top of next page. |
| Page 347, line 9. | Replace the word "Louis" with the word "Louise". |
| Page 284. | Centre the figure on the page. |

Addendum

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|-------------------|---|
| Page 41, line 28. | Replace the words "the removal of the need to determine intent or motivation by adult carers is argued as possibly helpful" with the words "it is argued that the removal of the need to determine intent or motivation by adult carers is possibly helpful". |
| Page 301, line 8. | Add the reference: <u>Child and Family Services Act 1990</u> , Canadian Government Printers, Ontario, Canada. |
| Page 304, line 1. | Add the reference: Egeland, B., Sroufe, L. A., and Erickson, M. (1983). The developmental consequence of different patterns of maltreatment. <u>Child Abuse and Neglect</u> , 7, 459-469. |
| Page 319, line 6. | Add the following reference: State Director of Community Services Victoria (1991). <u>Internal memo to all Regional Directors</u> . Community Services Victoria, Melbourne. |

Towards an understanding of emotional and
psychological abuse: Exploring the views of
children, carers and professionals involved in
the child protection system in Victoria

Joseph Tucci

Thesis submitted to the Department of Social Work,
Monash University in fulfillment of the requirements for
a doctoral degree in Social Work.

November 2004

Statement of Declaration

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university and that, to the best of my knowledge and belief, the thesis contains no material previously published or written by another person, except when due reference is made in the text of the thesis.



Joe Tucci

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I have completed this thesis only with the support and resources of many significant people. In return, I can only offer a very simple and humble thank you.

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Abstract

The study of the emotional and psychological abuse of children is in its third decade. In its early stages, it was predicted to become the key organising concept for understanding and responding to all forms of child maltreatment (Garbarino, Guttman and Seeley, 1986; Hart, Germain and Brassard, 1987). Yet, research interest in the topic has remained low (Behl, Conyngham and May, 2003).

In reviewing the literature, it was noted that very little research has been undertaken that has explored the ways in which definitions of emotional and psychological abuse are operationalised in the practice of statutory child protection workers and other professional stakeholders. There have also been no studies that have analysed the experiences of emotional and psychological abuse from the perspectives of children and parents.

The current study used an exploratory and qualitative methodology to examine how definitions of emotional and psychological abuse are used and interpreted by a sample of 62 children, parents, carers, child protection workers and other community professionals in Victoria, Australia.

The findings of the study suggested that:

- informants preferred to use category definitions of emotional and psychological abuse over conceptual definitions because they were more tangible and offered more constructive resources in describing experiences and guiding decision making;
- the language available to informants in the study did not appear to adequately reflect the intensity of the experiences nor the nature of the impact of emotional and psychological abuse on children;
- the variation in ways that current definitional elements were used by informants provided the basis for proposing a number of additional

constructs that might be helpful in further developing an understanding of emotional and psychological abuse;

- there was a preference amongst informants for defining emotional and psychological abuse using its impact as a central construct;
- adult informants believed that definitions of emotional and psychological abuse needed to include a threshold marker; and,
- parental intent was an important construct in understanding emotional and psychological abuse.

In discussing the implications of the study, it is noted that definitions of emotional and psychological abuse have captured some but not all of the complexity of experiences of children. This outcome, it is argued, has been the result of a tradition of research which has emphasised reductionist methodologies. As such, instead of seeking to represent the diversity of children's experiences of emotional and psychological abuse, the literature has focussed on classifying it and containing it.

The conclusion of the thesis highlights the importance for future research to re-engage with phenomenological models of inquiry to build in an ongoing capacity to extend the catalogue of ways that adults perpetrate acts of emotional and psychological abuse on children. In so doing, it is hoped that researchers, practitioners and policy makers will approach the study of emotional and psychological abuse as if it were a "work in progress", suspending attachment to previous definitional elements in order to enable a less restricted approach to knowledge building.

Table of Contents

1.	Introduction	13
1.1	Community narratives about emotional and psychological abuse in the media	13
1.2	A tradition of attempting to define emotional and psychological abuse of children	15
1.3	A personal reflection on practice with cases of emotional and psychological abuse	17
1.4	The purpose of the study	19
1.5	The structure of this thesis	20
2.	Defining emotional and psychological abuse of children	21
2.1	Introduction	21
2.2	Definitional developments in child abuse and neglect	22
2.3	Definitional developments of emotional and psychological abuse	28
2.3.1	Conceptual Definitions	29
2.3.2	Category definitions of emotional and psychological abuse	46
2.3.3	The operationalisation of emotional and psychological abuse	66
2.3.4	Legal Definitions	76
2.4	Concluding reflections on the literature review	95
2.4.1	There is a paucity of research on emotional and psychological abuse	95
2.4.2	Knowledge about emotional and psychological abuse is fragmented	97
2.4.3	The language associated with definitions of emotional and psychological abuse require far greater attention	98
2.4.4	Key definitional debates require resolution	100
2.4.5	Greater understanding how emotional and psychological abuse is understood in practice is essential	101
3.	The Study Design	102
3.1	Introduction	102
3.2	Research questions	102
3.3	The methodological framework of the study	102
3.3.1	Discourse Analytic Research	103

3.3.2	Deconstruction.....	107
3.4	Research method.....	109
3.4.1	Sample	109
3.4.2	Ethical considerations.....	114
3.4.3	Interviewing approach	122
3.4.4	Data analysis	123
3.4.5	Validation	126
3.4.6	Writing Strategy	128
3.5	Methodological feedback.....	128
3.5.1	Children	129
3.5.2	Family members	130
3.5.3	Protective workers	132
3.5.4	Community Professionals.....	134
3.5.5	Foster parents	134
4.	Results	136
4.1	Presentation format.....	136
4.2	Sample Characteristics	136
4.2.1	Interviews Conducted	136
4.2.2	Background of cases in sample	137
4.2.3	Characteristics of children in sample.....	138
4.2.4	Family status recorded at time of emotional and psychological abuse	139
4.2.5	Child and young person's placement at time of interview	139
4.2.6	Case summaries.....	140
5.	Results - The vocabulary of emotional and psychological abuse	141
5.1	Children talk about emotional and psychological abuse	141
5.1.1	Emotional and psychological abuse is the same as physical abuse.....	141
5.1.2	If it's like physical abuse, it's embarrassing.....	142
5.1.3	Noting the impact of emotional and psychological abuse in order to define it	142
5.1.4	It's emotional and psychological abuse when it is a child's fault.....	143

5.1.5	Emotional and psychological abuse hurts as much as physical abuse	144
5.2	Parents talk about emotional and psychological abuse	148
5.2.1	Emotional and psychological abuse is created in relational environments	148
5.2.2	It is harder to define emotional and psychological abuse when you might be the perpetrator	150
5.2.3	Emotional and psychological abuse is a jigsaw puzzle with lots of pieces ..	153
5.3	Carers talk about emotional and psychological abuse	154
5.3.1	Defining emotional and psychological abuse with reference to outcomes for children	154
5.4	Community professionals talk about emotional and psychological abuse	157
5.4.1	Lack of nurturing as a definitional core for community professionals	157
5.4.2	Emotional and psychological abuse as acts of oppression	158
5.4.3	Positing a definition with references to outcomes	159
5.4.4	Tension is evident when a definition is used to label parents as emotionally or psychologically abusive	160
5.4.5	Emotional and psychological abuse is intangible and invisible	161
5.5	Child protection workers talk about emotional and psychological abuse	163
5.5.1	Recognising the difficulty of the task	163
5.5.2	The use of emotional and psychological abuse as a substantiation category	164
5.5.3	The use of emotional and psychological abuse in the Children's Court	169
5.5.4	Using emotional and psychological abuse to claim the "middle of the road" intervention	172
5.5.5	Alternative terms for emotional and psychological abuse	173
6.	Results - The relevance of category definitions in the operationalisation of emotional and psychological abuse	179
6.1	Introduction	179
6.2	Examining "rejection"	179
6.2.1	Rejection – deconstructing further	189
6.3	Examining "abandonment"	190
6.3.1	Abandonment – deconstructing further	198

6.4	Examining "verbal abuse"	199
6.4.1	Verbal abuse – deconstructing further	203
6.5	Examining "scapegoating"	204
6.5.1	Scapegoating – deconstructing further.....	207
6.6	Examining "inconsistent care"	208
6.6.1	Inconsistent care – deconstructing further	211
6.7	Examining "parentification"	213
6.7.1	Parentification – deconstructing further	217
6.8	Identifying un-named constructs.....	218
6.8.1	Transferral of distorted belief systems	218
6.8.2	Child perceived as burdensome	219
6.8.3	Child's needs made subordinate	221
6.8.4	Parental failure to enforce behavioural limits	224
6.8.5	Displacement.....	226
6.8.6	Child forced to minimise abuse	228
6.8.7	Inculcation	229
6.8.8	Parental Indifference	230
6.8.9	Punitive parenting.....	232
6.8.10	Ambivalent commitment	233
6.8.11	Involvement in parent to parent violence.....	234
7.	Exploring the issue of parental intent in framing child protection practice with cases of emotional and psychological abuse	242
7.1	Exploring intent	242
7.1.1	Is intent a prerequisite for defining emotional and psychological abuse?	242
7.1.2	The underpinning of intent.....	243
7.1.3	How does parental intent shape child protection practice?	247
7.1.4	The child is to blame.....	252
7.1.5	Parents blamed the department for their child's problems.....	253
7.1.6	Family dysfunction – Nobody is to blame or everyone is to blame	254
7.1.7	Is naming intention the same as identifying blame?	255

7.1.8	Parents unable to acknowledge responsibility to change	258
7.2	Concluding reflection.....	260
8.	Discussion and conclusion.....	263
8.1	Introduction.....	263
8.2	Contextualising the outcomes of the current study	263
8.2.1	What has the literature so far offered policy makers, practitioners and researchers when it comes to understanding the emotional and psychological abuse of children?	264
8.2.2	What are some of the points of tension and confusion in the literature in describing and defining emotional and psychological abuse?	267
8.3	The contribution of the current study to the understanding of emotional and psychological abuse.....	273
8.3.1	Mapping the contribution of the current study	274
8.3.2	Examining the key themes emerging from interviews with informants about emotional and psychological abuse	275
8.4	Appreciating the limitations of the current study	293
8.5	Directions for future research	295
8.6	Conclusion	296
	References.....	298
	Appendix A. Case summaries	
	Appendix B. Ethics application and approval	
	Appendix C. Invitation pack	
	Appendix D. Interview schedules	

List of Tables

Table 1.	Percentages of categories of abuse classified by each state's Child Protection Service System (1988-89) in Australia.....	86
Table 2.	Percentage of cases substantiated as emotional abuse by State and Territory in Australia, 1993 - 2003.....	87
Table 3.	Percentages of types of abuse substantiated in Victoria since 1988-89.....	93
Table 4.	Selection criteria for involvement in study.....	112
Table 5.	Breakdown of informant characteristics and interviews completed.....	137
Table 6.	Breakdown of overall sources of nomination for cases.....	137
Table 7.	Breakdown of interviews conducted compared with source of nomination.....	138
Table 8.	Breakdown of gender and age range of children included in sample.....	138
Table 9.	Family status at time children experienced abuse.....	139
Table 10.	Children's placement at time of interview.....	139
Table 11.	Gender breakdown of children according to placement at time of interview.....	140
Table 12.	Gender placement for young people according to placement at time of interview.....	140

List of Figures

Figure 1.	Proposing a threshold framework in cases of emotional and psychological abuse.....	284
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The positioning of key terms in this thesis

Given the variety of meanings which can be ascribed to words such as "psychological", "emotional", "abuse", "maltreatment" and "neglect", this short section provides a preliminary introduction to the way in which these terms will be used throughout this thesis. It should be noted that the preferred descriptor for each word has been chosen to facilitate the writing process rather than reflect a premature resolution of key definitional issues.

Throughout the thesis, the phrase *emotional and psychological abuse* is used to delineate the major parameters of interest of this project. Instead of the more common style of identifying either "emotional" or "psychological", the use of connective terminology is an attempt to avoid the often dichotomising tendency in the literature.

The term *abuse* is used to include concepts of neglect and exploitation. Again, this approach has been adopted primarily for ease of writing and not in any way demonstrative of an ambition to relegate the significance of neglect.

Other terms associated with emotional and psychological abuse are used when they are specifically described in that way by the authors cited in the text.

The term *child* is used to signify any person under the age of eighteen years.

The term *SOC1* describes a base grade statutory child protection worker. A *SOC2* is an advanced statutory child protection worker. A *SOC3* is a team leader and line supervisor. A *SOC4* is a Unit Manager responsible for overall management of two to three teams of child protection workers. They are authorised employees responsible for chairing and resolving all case planning decisions. All four categories of workers are employees of the Department of Human Services, Victoria.

1. Introduction

1.1 Community narratives about emotional and psychological abuse in the media

The story of nine year old Elian Gonzales was reported around the globe. He was found clinging to a buoy at sea after the boat carrying his mother and him from Cuba sank. Days before US President Clinton endorsed the removal by armed FBI agents of Elian from his relatives in Miami, government appointed psychologist, Dr. Irwin Redlener warned US Attorney-General Janet Reno that Elian was being psychologically abused.

Under the headline "**Cuban boy suffering emotional abuse**," journalist Mark Riley wrote:

"Cuban castaway Elian Gonzalez is being subjected to psychological abuse in the home of his Miami relatives and should be re-united with his family immediately, a United States Government psychologist has warned..."

"... 'Elian Gonzalez is now in a state of imminent danger to his physical and emotional well-being in a home that I consider is psychologically abusive' wrote Dr Redlener... 'In a less than politically charged environment, out of the limelight of what has become a media frenzy, appropriate child welfare workers and other public officials would have already been called upon to evaluate the safety of the current environment and, in my view, would have removed Elian from the custody of Lazaro Gonzales'... (p.11, Riley, 2000".

In another case (Beauchamp, 2001), Revered Roger Smith, an Anglican clergyman in London, publicly called for parents who divorce to be prosecuted for child abuse:

"...My view is that when a judge issues a divorce decree where children are involved, both parents should be investigated for child abuse – not physical, but mental and spiritual...(p. 36, Beauchamp, 1/4/01)".

Reported in Newsweek (Seligmann, 1988), seven year old Russell Baptist was found in the front yard of his family home in California with his hands tied behind his back to a chair, wearing a cardboard snout and a sign attached by his mother that read:

"...I'm a dumb pig. Ugly is what you will become every time you lie and steal...My hands are tied because I cannot be trusted. This is a lesson to be learned. Look. Laugh. Thief. Stealing. Bad boy... (p.48, Seligmann, 1988)".

Commenting on this mother's actions in the story, Anne Cohn, Executive Director of the National Committee for Prevention of Child Abuse in the US claimed that:

"...what this mother did was abusive. It was humiliating, it was embarrassing, it was degrading. Emotional abuse is the most heinous form of child abuse...Broken bones mend themselves. Broken spirits don't very easily... (p.48, Seligmann, 1988)".

In these three articles, the use of the terms "psychological abuse", "mental abuse" and "emotional abuse" infer various dimensions of meaning. In the first story, psychological abuse is applied to the relational environment created by Elian's family as they lobbied to prevent him from returning to his father's care in Cuba. Elian was described as experiencing psychological abuse because he was being heavily influenced to follow an agenda set by his maternal extended family which to one professional expert, at least, was contradictory to his best interests.

In the second article, Reverend Smith evoked religious and relational values to describe "mental abuse" as harmful to children and sufficiently critical to promote a child protection investigation. For an Anglican Minister, the choice by parents to separate and break up the resources of an intact family is harmful of children. The construct of a non-physical type of abuse with its emphasis on the mental and spiritual realms resonate with a criticism of family law and a plea to society for action to protect children vulnerable to the folly of their parents.

In the third article, emotional abuse is conceived as a gross violation to human dignity. The action of Russell's mother fell far beyond corrective intervention to assist him to learn a lesson. It crossed boundaries of decency and respect. She had Russell engaging in an activity aimed at his own humiliation whilst declaring him to not only be a child who had "acted badly" but "was bad" – a child who is stupid and untrustworthy.

From the perspective of his mother, Russell's shame is configured as an effective and intended outcome of her disciplinary strategy. From the perspective of an advocate empathising with the child's experience, Russell's shame is a "heinous" injury in

need of attention. In Anne Cohn's depiction, emotional abuse, unlike physical injuries, requires the intervention of another for reparation.

In current cultural narratives, emotional and psychological abuse appear to cover a wide terrain of concepts. Each story posits a variation in the way in which the interpretive elements of the terms emotional and psychological abuse are configured. Across all three stories, there are points of meaning which are shared. Yet, there are also points at which the constructs draw resources from different ideological frames.

1.2 A tradition of attempting to define emotional and psychological abuse of children

As far back as 1983, Carter wrote about emotional abuse as an emerging field of interest with many issues awaiting further clarification:

"...The concept of emotional abuse is untidy, overlapping and contradictory. It does not offer a neat, discrete piece of territory with observable labels behind which professionals might practice in confidence. It is not an area of intervention where the practitioner can be certain that he or she is doing more good than harm. The values which would support professional intervention are arguable and unclear...(p. 113, Carter, 1983)".

In the ensuing period, research about emotional and psychological abuse has remained low (Behl, Conyngham and May, 2003).

When emotional and psychological abuse has been the subject of interest, the literature appears to refer to a legacy of definitional uncertainty and highlight continued variability in the application of the terms across different contexts and jurisdictions. Running in parallel with such strands of hesitancy, there has been an important research stream which has generated claims about broader acceptance and heightened awareness of the impact of childhood experiences of emotional and psychological abuse on children, young people and adults.

For example, the leadership of a small group of authors (Garbarino, Guttman and Seeley, 1986; Brassard, Hart and Hardy, 1991; Garbarino, 1993; Glaser, 1993; O'Hagan, 1993; O'Hagan, 1995; Hart, Binggeli and Brassard, 1998; Glaser, 2002) has painstakingly sought to build definitional consensus and develop meaningful constructs which have validity across research, practice and policy domains.

Whilst acknowledging the general paucity of research, this significant community of stakeholders has argued for the centrality of experiences of emotional and psychological abuse in all forms of violence directed by adults towards children, in particular as part of intimate family relationships. They have worked towards creating frameworks of acceptance for their position in the broader research and policy paradigms of child and family welfare, statutory child protection, child and adolescent psychiatry and family law.

In contrast, other authors have continued to give expression to an ongoing undercurrent of uncertainty associated with the constructs of emotional and psychological abuse and their definitions.

For example, McGee and Wolfe (1991) maintained that:

"...despite consensus on the existence and importance of psychological maltreatment, far less agreement exists as to how it should be defined...(p. 3, McGee and Wolfe, 1991)".

Iwaniec (1995) began her book on the subject of child emotional abuse with the following introductory paragraph:

"...The literature (although not all that extensive) is full of contradictions. Some difficulties lie in the absence of a unified and precise definition of what exactly constitutes emotional abuse, and in how it is possible to provide measurable evidence that would be convincing and scientifically sound. The continuing debate is still far from resolving the thorny question of definition in a general and operational sense: lack of clarity and consistency when using appropriate labels further confuses this issue (p. 3, Iwaniec, 1995).

Similarly, Briggs and Hawkins (1997) observed that:

"...[emotional abuse] is the least reported and the one most difficult to define and prove...(p.22, Briggs and Hawkins, 1997)".

Even more recently, Shull (1999) seriously questioned the legitimacy of emotional and psychological abuse as the basis for state intrusion into the lives of children claiming that it is:

"...riven by conflict and contradiction, and the resulting incoherence makes it an unstable basis for intervention in families...(p. 1665, Shull, 1999)".

Also, there are the comments by Hamarman and Bernet (2000) who reflected that:

"...Although physical and sexual abuse are well recognized by the medical and legal systems, there has been difficulty and reluctance in addressing the issue of emotional abuse of children...(p.928, Hamarman and Bernet, 2000)".

The constructs of emotional and psychological abuse contain within its meanings this ongoing juxtapositioning of assertiveness and uncertainty, clarity and confusion, consensus and disagreement. The implications to the domains of child protection and child welfare practice, policy and research are significant, and as yet rarely examined.

1.3 A personal reflection on practice with cases of emotional and psychological abuse

It is not surprising then that as a child protection worker in my early career, it seemed to me that emotional and psychological abuse acted as a confusing but often valuable conceptual repository in the statutory system. Discussions about emotional and psychological abuse appeared to expose a host of contradictions about the focus of child protection work and the values which should frame any such intervention.

Whilst I worked as part of a short-term team charged with the responsibility to complete the initial investigations of child abuse reports, emotional and psychological abuse was viewed as an important category of abuse which required clear strategic intervention. Children who were emotionally and psychologically abused showed extensive behavioural symptoms. Parents who might be considered the perpetrators of emotional and psychological abuse rarely understood or appreciated the consequences of their parenting and relationship attitudes towards their children. Emotional and psychological abuse required an intensive response, because unchecked, the consequences for children would be long-standing and detrimental.

In long-term teams who focused on supervising children who had been placed on legal orders to ensure their protection, higher levels of emotional and psychological abuse appeared to be tolerated as workers focused on supporting parents in their

attempts to change entrenched patterns associated with their parenting and respond more supportively to their children.

It was often my experience that these colleagues in the long term team expressed a preferential view that emotional and psychological abuse of children should be considered an intrinsic part of all families. In this way, the statutory nature of protective practice brought families in which emotional and psychological abuse occurred closer to a normalising construct of "safe" families. Their most important assessment dimension was how the whole of the child's network, of which their carers were only one part, was able to provide experiences which compensated for the child's experiences of emotional and psychological abuse within their immediate family.

At court, the perception amongst child protection workers and other community professionals was that Magistrates were unwilling to support applications which were based exclusively on emotional and psychological abuse. Emotional and psychological abuse was difficult to prove and seemed to attract the most litigious response from parents, who vehemently refused to accept the views that attitudes and words could harm their children. Yet, statistically, each year in Victoria at least, emotional and psychological abuse continued to be the most frequently used legal ground for proving Protection Applications and the subsequent invoking of court ordered intervention with families (Tomison and Tucci, 1997).

I also heard child protection workers make the observation that emotional and psychological abuse was the category of abuse that should be used when there was no concrete proof that any abuse had occurred but workers remained convinced that the child was "at-risk". This comment seemed convincing as we all firmly believed that the experiences of physical and sexual abuse always, by definition, included an element of emotional and psychological abuse to children.

As I moved jobs and began to work as a child and family counsellor in a community based health service, I noted that some of the examples of parenting behaviour and attitudes towards children which I had previously defined as emotional and psychological abuse within a statutory child protection frame were being accepted and redefined as parenting difficulties, family isolation and cultural differences. Indeed, the statutory child protection staff in the new region I was then working in

refused to accept notifications of emotional and psychological abuse similar to those I had accepted during my time in that role.

It is this interplay of experiences that prompted my interest in researching the meaning of emotional and psychological abuse as ascribed by the various actors who have an active role in its reporting, assessment and intervention.

1.4 The purpose of the study

The purpose of this study is to explore how definitions of emotional and psychological abuse have relevance in the day to day practices of child protection.

It starts by tracing the emergence of emotional and psychological abuse as a site of interest. It also examines the status of current approaches to conceptualising emotional and psychological abuse. In so doing, it is argued that there is little understanding about which definitional elements of emotional and psychological abuse are preferred operationally, how they are applied and how they influence child protection intervention.

The review of the literature also suggests that there is even less knowledge about the extent to which any of the definitional constructs are used and supported by children and parents who become involved with the child protection system as a result of allegations of emotional and psychological abuse.

The research attempts to address the following two questions:

- How are definitions of emotional and psychological abuse understood and used by statutory child protection workers and other related professional stakeholders in practice?
- How do children and their parents or carers understand what is meant by emotional and psychological abuse?

The study reported in this thesis uses a qualitative methodology to compare the ways that protective workers, community professionals, parents and children talk about and use constructs associated with emotional and psychological abuse.

1.5 The structure of this thesis

The next chapter reviews the definitions of emotional and psychological abuse as conceptualised by a diverse body of literature over the past three decades. It also describes the legislative and policy framework of the Victorian child protection system in which the study was undertaken. Chapter Three sets out the research design, taking particular note of the ethical considerations of undertaking a study which involves interviewing children who have experienced abuse. Chapter Four gives details about the individuals who took part in the study. Chapter Five examines how meanings of emotional and psychological abuse are understood and used by children, parents and carers, statutory child protection workers and related community professionals. Chapters Six and Seven present an analysis of the ways in which key definitional elements are interpreted in the daily practices of child protection associated with emotional and psychological abuse. Chapter Eight discusses the implications of the findings of the study with reference to current issues highlighted in policy, research and practice literature on child protection. It also provides a conclusion to the study by examining the relevance of these findings for building a future research agenda that aims to explore further the meaning of emotional and psychological abuse to children, parents and professional stakeholders within the child protection and child welfare systems.

2. Defining emotional and psychological abuse of children

2.1 Introduction

The early work of Giovanni and Becerra in 1979 remains a critical landmark in locating a history of definitional developments about child abuse. Some seventeen years after Kempe's pioneering work on physical abuse (Kempe, Silverman, Steele, Droegenmuller and Silver, 1962), their research suggested that there was little professional agreement on the definitions of child abuse, neglect and sexual exploitation (Giovanni and Becerra, 1979). Moreover, they pointed to a number of contradictions inherent in the ways abuse was categorised and conceptualised.

Even before this, Hutchison (1990), quoting the words of Edward Zigler (the inaugural director of the USA Office of Child Development) speaking at the First National Conference on Child Abuse and Neglect in 1976, argued that achieving relevant definitions for child abuse was a key priority in the formative agenda of the child protection field. Zigler not only questioned the feasibility of investigating a phenomenon that lacked a widely acceptable definition, he was also reported to have suggested that:

"...resolving the definitional dilemma must become the first item of business among workers in the child abuse area...(p.61, Hutchison, 1990)".

Yet, despite such early interest in definitions, Gough (1996) has put forward a compelling case for suggesting that there has been insufficient attention paid to exploring the ways in which child abuse has been described and interpreted:

"...We spend little time examining what we specifically mean by the term, preferring to spend our energies on the effects of abuse, methods of intervention, or other more direct and practical enterprises. An examination of the meaning of the concept may be seen, at best, as an important but rather tedious and technical issue and, at worst, as an over-intellectual questioning of the meaning of abuse that implies that abuse does not really exist...(p.993, Gough, 1996)".

After reviewing the first twenty years of analysis about definitions published in the journal *Child Abuse and Neglect*, Gough concluded that the literature was fragmented and based on abstract and fraught concepts of abuse and risk. For Gough and others

(Hutchison, 1990; Garbarino, 1991; Barnett, Manly and Cicchetti, 1993; Portwood, 1999), the way in which child abuse is defined has a critical effect on decision making outcomes, including as Portwood has pointed out:

"...the reliability and validity of maltreatment statistics, research findings and conclusions, reporting, intervention strategies and key policy decisions...(p. 56, Portwood, 1999)".

This chapter examines the current status of definitions of emotional and psychological abuse. The first section (Section 2.2) sets a preliminary context for this outcome by briefly reviewing what has been variously described in the literature about child abuse as the "definitional maze" (Giovanni and Becerra, 1979), "definitional policy" (Barnett, Manly and Cicchetti, 1991) and the process of "social problem definition" (Parton, 1979).

The second part (Section 2.3) focuses on the conceptualisation of emotional and psychological abuse using a framework for categorising different groupings of definitions. It also describes the specific legislative and policy context operating at the time of this research project. It pays particular attention to the definitional dilemmas relevant to child protection practice with cases of emotional and psychological abuse.

The final section (Section 2.4) outlines the implications of the way in which definitions of emotional and psychological abuse have been proposed. This analysis establishes the rationale for the current study, references its aims and points to the reasons for the methodological approach that has been adopted.

2.2 Definitional developments in child abuse and neglect

Historically, the development of child abuse definitions has been influenced significantly by the purposes for which such definitions were then used.

Anderson (1989) traced the history of the field of child protection in the US from the 1880's. He concluded that years before the medical profession was interested in identifying child abuse, social workers carved out the need for professional recognition of child protection practice from the territory initially marked by the voluntary child rescue movement. In so doing, they legitimised a casework orientation which combined treatment with statutory authority. Definitions of abuse were used to support calls for specialist training for child protection workers (Anderson, 1989).

Child abuse was said to be "rediscovered" in 1962 (Goddard, 1996; Munro, 2002) with Kempe's publication of the influential article entitled the "Battered Child Syndrome" (Kempe et al., 1962). Kempe et al exposed a higher than publicly perceived prevalence of physical child abuse by applying improved radiology technology. It was Doctors John and Robert Birrell who used similar diagnostic procedures to highlight in mainstream medical literature the extent of physical child abuse in Australia (Birrell and Birrell, 1966).

Scheper-Hughes and Stein (1998) have posited three important questions in analysing the emergence of child abuse as a social problem in the USA:

- Why then?
- Why did it take so long to bring to consciousness and to respond to the problem?
- Why did public awareness await the medicalisation of child abuse before it acted?

For the first question, the authors argued that child abuse became an important social means of displacing the experience of communal guilt stemming from the American public's endorsement of radical changes to government policy which substantially reduced the perceived community system of support for children (Scheper-Hughes and Stein, 1998).

Such changes further required a shift towards the rationalisation of state welfare. Abused children became the politically expedient recipients of the state good, whilst abusing parents became the focus for state sanctions.

Finally, Scheper-Hughes and Stein argued that the medicalisation of child abuse was essential because it represented one of only a few social processes powerful enough to evoke mandated statutory intervention into the privacy of the family unit. Similarly, Pfohl (1977) maintained that it was crucial to the medical profession that medicine controlled the diagnosis and treatment of child abuse. The use of the term "syndrome" ensured that it was defined as an illness and not as a result of social deviance, thus preventing the management of the problem to non-medical professionals (Pfohl, 1977).

In the United Kingdom, Parton (1979) adopted a natural history approach to trace the emergence of the problem of child abuse and the social forces which "...facilitated,

influenced, initiated and reacted to... (p. 428)" the resulting definition of child abuse as a social problem. He suggested that the study of a social problem should incorporate who the key players are who define the problem and how much influence they exert. This determines how the problem is perceived, whether others become convinced that the problem is dangerous and ultimately the resulting actions taken to solve it.

Parton concluded that the emergence of definitions of child abuse followed distinct historical shifts prompted by Kempe's "battered baby syndrome", the impact of published research conducted by the National Society for the Prevention of Cruelty to Children (NSPCC), the inquiry following the death of Maria Colwell and a series of reports which further galvanised public opinion about the seriousness of child abuse. Ultimately, the definition of child abuse became symbolically powerful leading to the allocation of resources to a newly constructed social work model which emphasised statutory authority and inter-agency co-ordination. The definition itself incorporated neglect and focused on the adverse psychological affects to children's development and emotional well-being.

In his later work, Parton (1991) argued that prompted by a series of high profile public inquiries, the introduction of successive legislation in child protection in the UK has occurred as a reaction to the perceived need to:

- legitimise the state's function to care for its most vulnerable;
- delineate for the public, the limit of the state's power in relation to intervening in the private life of the family; and,
- make accountable the activities of the social workers authorised to act on the state's behalf (Parton, 1991).

For Parton, the increasing emphasis on legalism in the practice of child protection has aimed to enshrine over all other considerations the rule of law as judged by the courts. To the courts, definitions are benchmarks against which evidence is judged and decisions made. Legislative based definitions have sought to construct a meaningful system of language which can resist the scrutiny of legal enquiry and simultaneously balance the rights of children to safe and secure environment, the rights of parents to raise their children without intrusion from the state, and the state's responsibility to

protect the liberties of its citizens from overly authoritative acts of intervention by its authorised personnel.

Barnett, Manly and Cicchetti (1993) identified the following four perspectives which have influenced the proposition of child abuse definitions. Each has a basic ambition inherent in its construction.

- *Medical Diagnostic* – This perspective has been extremely influential. It served to reify the collection of physical evidence as the basis for the identification of abuse. It has also promoted the need to develop rich descriptions of human biological phenomena, including vocabularies for diagnosis and intervention. It claimed that the cause of child abuse was for the main part individual psychopathology with the possibility of exacerbation by environmental stress. Individual responsibility for abusive behaviour was paramount. The purpose of this category of definitions was to identify and cure the psychopathology of the perpetrator of child abuse. Kempe's use of the definition for "battered child syndrome" is clearly positioned within the medical diagnostic frame (Kempe et al., 1962).
- *Legal* – This viewpoint was characterised by efforts to determine which parental actions justified court action. These definitions have been aimed to standardise legal decision-making.
- *Sociological* – The central tenet of this perspective was the view that definitions of child abuse were social judgments about parental attitudes and behaviour compared against cultural standards and norms. This tradition depathologised maltreatment and examined society's role in supporting child abusive practices. Its aims were to control and label social deviance.
- *Ecological* – It encompassed the contribution of societal attitudes towards children, the socio-economic conditions related to poverty and the lack of social support. These definitions were developed in order to guide research on the multi-level social practices and policies which affect children's development. Gil's three tiered definition uses an ecological framework to construct child abuse as a site of individual, institutional and political concern (Gil, 1975).

Across these four perspectives, it appears that there are a number of dimensions of child abuse definitions which have gained shared support. These definitional elements make reference to:

- the physical, emotional, psychological/cognitive and sexual exploitation of children (Daro, 1988a; Goddard, 1996; Munro, 2002; Righthand, Kerr and Drach, 2003);
- both acts of commission and omission by parents or carers (Youngblade and Belsky, 1990; Browne, 1995; Goddard, 1996);
- the imbalance of power between the victim and the perpetrator (Finklehor, 1984; Parton, 1990; Macdonald, 2003; Fowler, 2003);
- acts towards children which are considered to be unacceptable within a continuum of culturally endorsed practices of interaction with children (Garbarino et al., 1986; Gough, 1996; MacDonald, 1998); and,
- the harm caused to the development and health of children as a result of such abusive acts (Gibbons, Gallagher, Bell and Gordon, 1995b; Gough, 1996; Rossman and Rosenberg, 1998).

In contrast, Gough (1996) has argued that there continue to be a number of definitional elements over which there appears to be a high degree of tension in the literature. These are:

- whether or not definitions should attribute responsibility for the abuse to an identified perpetrator;
- how definitions identify who should be considered a perpetrator – individual, group or institution;
- whether or not intent is significant in defining acts as abusive;
- the extent to which an individual or group can be held responsible for their actions and whether or not personal responsibility may be mitigated by personal history of victimisation or stress due to socio-economic conditions;

- whether or not definitions attempt to grade the harm caused to children, families and the community; and,
- how definitions deal with frequency and period of time in determining whether or not abuse has occurred.

Gough (1996) also proposed that an alternative to producing abstract or conceptual definitions is:

"...to examine how definitions are operationalised in practice... (p.998)".

For Gough, operational definitions of child abuse are context specific and organise their meaning to coincide with the specific purposes for which such definitions have been developed. These definitions configure the parameters of intervention to be used by professionals. They also provide a link between an individual practitioner's own values and experiences and those of his/her organisation.

According to Gough, there are dilemmas associated with operational definitions of child abuse. They are found in the idiosyncratic factors which affect the way their meaning is interpreted. Such factors involve the influence of broader social narratives on practitioner decision-making including their beliefs about:

- the relevance of state intervention in family life;
- the significance of children's rights;
- the saliency of one type of abuse over another; and,
- the status of the individual providing the information.

Concluding reflection

Whilst not commonly acknowledged as a crucial priority in the literature today, there is a degree of interest in the task of defining child abuse and neglect. There appears to be a level of shared commitment reached for a number of compositional elements of child abuse definitions. However, there are a number of outstanding issues yet to be resolved.

Currently, it seems that the literature uses a combination of abstract and category definitions to mark out the conceptual and linguistic resources made available to

stakeholders for identifying their focus of concern and their modalities of intervention. The way that definitions of child abuse are operationalised in everyday practice has been flagged as an important area requiring more research.

2.3 Definitional developments of emotional and psychological abuse

Historically, attempts at building definitions of child abuse appear to broadly embrace a number of parallels with the development of definitions for emotional and psychological abuse.

After reviewing the literature, it has been possible to categorise definitions of emotional and psychological abuse into the following four broad groupings:

- conceptual definitions which focus on statements which attempt to describe the ambitions and outcomes of the behaviour of parents and the experiences of children;
- category definitions which rely on discretely specified clusters of examples to provide a descriptive framework for identifying emotional and psychological abuse;
- operational definitions which have sought to construct frames for understanding the phenomena of emotional and psychological abuse through examining the interpretations made by practitioners; and,
- legal definitions which serve to delimit the site of interest and the boundaries of action by professionals in the child protection and child welfare field.

In this section, evidence of these four categories of definitions of emotional and psychological abuse is developed and reviewed.

2.3.1 Conceptual Definitions

■ *Early history*

As early as 1958, Mulford defined emotional neglect as deprivation suffered by children when parents fail to provide opportunities for experiences resulting in feelings of security and being loved.

But it was not until the mid 1970's that articles about emotional and psychological abuse began to emerge (Whiting, 1976; Garbarino, 1978; Dean, 1979; Rohner and Rohner, 1980; Kavanagh, 1982). Each of these articles appeared to respond to the fact that there had been:

"...little progress in conceptually and operationally defining emotional abuse...(p. 89, Garbarino, 1978)".

Lourie and Stefano (1978) proposed a two tier model for understanding emotional abuse which encapsulated the use of "mental injury" in clinically oriented intervention and the focus on the absence of parental willingness or ability to co-operate with intervention as the basis for a more restrictive legal definition.

Dean (1979) argued that:

"...there are no consistent, accepted legal criteria for the determination of emotional abuse, the legal interpretation may vary from court to court. Some courts may refuse to recognise even the concept of emotional abuse...(p.19)".

Whiting (1976) described the outcome of a community forum in which there was a distinction made between children who were experiencing emotional disturbance and children who were experiencing emotional neglect. To this end, Whiting concluded that the difference was not in the behaviour of children but in the parents' response to that behaviour. An unwillingness to attend to children's problems by parents was considered neglect and therefore precipitating a form of legal intervention.

The definition identified by Dean (1979) emphasised the persistent and chronic behaviour by parents towards their child which is detrimental to, or prevents the development of, a positive self-image in the child.

Similarly, Mayhall and Norgard (1983) included in their definition of emotional abuse the punishment of a child for positive normal behaviour, the discouraging of a child from developing a relationship with a caregiver, and penalising a child for showing positive self-esteem and social interaction skills.

Hart (1985) developed the concept of "mental health neglect" for parents whose actions did not lead to involvement in treatment for children with emotional difficulties. Kavanagh (1982) criticised the inclusion of the concept of mental injury in US legislation on the basis that there was no objective abnormal physical or psychological syndrome which could be reliably demonstrated to result from deviant parental behaviour. He further argued that the major medico-legal problem in defining emotional abuse was the imposition of legal standards which required the reporting of an injury in a situation where an observable injury did not always follow abuse.

In short, the predictive validity of the term emotional abuse was shaped by the purpose of its formulation:

"...Should the goal be detection for the purpose of mandating treatment or screening in order to offer preventive services? (p.175, Kavanagh, 1982)".

Kavanagh's answer was clearly that ill-defined enforced intervention is ineffective and inappropriate within a context of scarce resources. Instead, he opted for a focus on increasing available health care, education, social services and counselling for all families to better ensure that a minimum level of family health is achieved.

This early work lacked a theoretical tradition and contrasted clearly with subsequent efforts to ground a definition of emotional and psychological abuse in broader understandings of human social, cognitive and moral development (Garbarino et al., 1986).

■ *Families without hope: Carter's conceptualisation of emotional abuse*

In what can only be regarded as a pioneering study, Jan Carter (1983) was commissioned by the Department of Community Welfare in Western Australia to investigate the subject of emotional and psychological abuse. Specifically the aims of the project were to:

"...define the concept emotional abuse; assess whether it is a logically valid concept; describe what is known about the etiology or the causes of emotional abuse; provide a restricted range of practical definitions for its identification for practitioners in the field, particularly social worker; and, prepare a foundation for follow-up investigation...(p.iii, Carter, 1983)".

Within her introduction, Carter proposed a model for analysing emotional and psychological abuse based on the concept of children's positive and negative claim rights (Houlgate, cited in Carter, 1983). The model suggested that children have positive claim rights of their parents for the fulfillment of their basic needs, such as love and affection. They also have negative claim rights of their parents not to be physically abused. Positive claim rights entitle children to ideal and optimal care. Negative claim rights define minimal standards of treatment by parents that all children should be afforded.

According to Carter, emotional and psychological abuse should not be framed as a positive claim right as it would overly widen the role of the state in families. Instead, intervention to stop emotional and psychological abuse should be based on residual legislation that is specific about when and for what reasons the state is able to claim the right to modify parental behaviour in relation to their children.

Carter's position was supported by her analysis of her research which sought working definitions about what constituted emotional and psychological abuse from a sample of health and welfare practitioners and a sample of mothers. She found that emotional and psychological abuse had:

"...severe limitations as a label, logical and practical, since there is very little agreement on how to recognise it and no commonly agreed techniques about how to deal with it. These difficulties need to be set against the understandable tendency of professions which wish to expand their spheres of social influence. The conclusion is that the official adoption of the concept of emotional abuse at present would appear to have more negative than positive consequences...(p. 98, Carter, 1983)".

In addition, she maintained that the labelling of emotional abuse overly affected children and families from poorer backgrounds and was used to further stigmatise already marginalised families.

Carter's conclusions staked out a preliminary map of how emotional and psychological abuse should be treated within both legislative and clinical frameworks. Like Kavanagh, she was clearly not in favour of expanding the scope of coercive intervention with families. She argued in favour of:

- the adoption of clearer and more open definitions for emotional and psychological abuse by government departments;
- the introduction of increased barriers against which to test professional discretion, including
 - a first warning system for parents,
 - an independent review of all cases involving emotional and psychological abuse prior to them proceeding to court,
 - the use of conciliation counselling for families to resolve issues associated with emotional and psychological abuse;
- the expansion of what is considered expertise about parenting standards away from a "relatively small elite" group of qualified professionals and the greater inclusion of feedback from parents; and,
- increased emphasis on preventative models of support for families.

Carter (1983) summarised her position by proposing the following definition:

"...Emotional abuse is repetitive psychological ill-treatment or mental cruelty to a child, which causes a child avoidable suffering and which is inflicted continuously and deliberately by a parent or any other caretaker...(p. 103)".

Significantly, it was the first definition to introduce the term "avoidable" to distinguish between harm which is caused by parental behaviour that the parent could have prevented and harm that occurred which a parent is not able to stop or prevent. Carter argued for state intervention only when abuse could be considered to be inflicted continuously and deliberately.

■ *The seminal influence of James Garbarino*

In what is widely recognised as the seminal work in the field of emotional and psychological abuse, James Garbarino and his associates (Garbarino, 1978; Garbarino

et al., 1986) provided the foundation for most future attempts at defining what was termed "psychological maltreatment".

The title of the book *"The Psychologically Battered Child"* attempted to position psychological maltreatment in the same tradition as Kempe's "Battered Child Syndrome", and consequently acquire the weight of influence which accompanied the terminology. Perhaps sensing the need to reinforce the credibility of emotional and psychological abuse to legal and policy audiences, Garbarino and his colleagues also established an Advisory Panel for their book consisting of 33 influential academic and child welfare experts. Having done so, they then argued that psychological maltreatment is a core component of child abuse.

Despite earlier approaches being characterised by distinctions between emotional abuse and emotional neglect, Garbarino et al. chose to "bypass the dichotomy between abuse and neglect", preferring to argue that the "active/passive" distinction served to obscure the centrality of the concept and continue to cast:

"...psychological maltreatment as an ancillary issue, subordinate to other forms of abuse and neglect...(p.7, Garbarino et al., 1986)."

Garbarino et al. (1986) proposed that psychological maltreatment consisted of:

"... a concerted attack by an adult on a child's development of self and social competence, a pattern of psychically destructive behaviour...(p.8, Garbarino et al., 1986)".

In this definition, psychological maltreatment is conceptualised as deliberate behaviour which adversely affects the child's development by a person who is in a position of power over a child. It is underpinned by psychological language (self, social competence, psychically) that draws on a belief about the autonomy and personal agency of children. Significantly, it is considered a series of acts whose sum total result in harmful outcomes for children.

Psychological maltreatment was classified into the following five forms of parental behavioural patterns: rejection, ignoring, corrupting, terrorising, and isolating. Garbarino et al. (1986) maintained that each of these forms of psychological maltreatment has a differential effect on children depending on their passage through four major developmental stages: infancy, early childhood, school age and adolescence.

For example, rejection in infancy will result from a parent's refusal to accept and respond to a child's need for human contact and attachment. In early childhood, rejection is associated with a parent who actively excludes the child from family activities. At school age, rejection takes the form of a parent who consistently communicates a negative sense of identity to the child. Finally, in adolescence, rejection is identified by a parent's refusal to acknowledge the young person's need for greater independence and self-determination.

Garbarino et al. introduced the notion that a definition of psychological maltreatment needed to incorporate limits which established a threshold for intervention. In their view, intervention was necessary when parental behaviour was judged to seriously violate standards of parenting defined by a combination of community values and professional expertise.

Garbarino and his colleagues argued that the definitions of child abuse simultaneously arose out of changes in community attitudes towards the rights of children and also act to shape the nature of these changes. They concluded that just as Kempe's work created the social space for physical abuse and the feminist-inspired movement made it possible to consider the implications of sexual abuse for children, it was their hope that their book would commence the process for:

"...carving out a cultural and political space for psychological maltreatment as a concept linked to action on behalf of children...(p.232, Garbarino et al., 1986)".

The approach by Garbarino et al. provided a thorough analysis of both definition and application. In convincing manner, the framework used the legitimacy of already established developmentalist traditions to build a working set of constructs with relevance to practitioners and researchers alike.

Perhaps, the missing dimension from their approach was to elucidate a framework for conceptualising the types of intervention that should occur for the various sub-categories of psychological maltreatment. Whilst their proposal for a threshold for intervention was conceptually useful, its applicability has appeared limited and still being questioned in the literature (O'Hagan, 1993; Iwaniec, 1995; Stevenson, 1996; Glaser, 2002).

■ ***The contribution of Hart, Germain and Brassard: Building professional acceptance***

Reporting the outcomes of the first conference on emotional and psychological abuse, Hart, Germain and Brassard (1987) proposed that the following definition had achieved wide recognition by participants:

"...Psychological maltreatment of children and youth consists of acts of omission and commission which are judged on the basis of a combination of community standards and professional expertise to be psychologically damaging. Such acts are committed by individuals, singly or collectively, who by their characteristics (eg., age, status, knowledge, organisational form) are in a position of power that renders a child vulnerable. Such acts damage immediately or ultimately the behavioural, affective, or physical functioning of the child. Examples of psychological maltreatment include acts of rejecting, terrorising, isolation, exploiting and missocializing... (p.6, Hart, Germain and Brassard, 1987)".

Here, the definitional elements mirrored those proposed by Garbarino et al. It extended the possibility that the abuse can be perpetrated by more than one individual in a position of power over the child. Importantly, the definition also introduced a specific reference to the potential of neglect (acts of omission) being considered harmful. It was also significant that it built an argument for psychological maltreatment to be evaluated in relation to long-term outcomes for children.

However, it was silent on the issue of intent and threshold, two debates that had already been highlighted as requiring some resolution. It also appeared to draw a faint link between the outcomes for children and the behaviour of perpetrators of emotional and psychological abuse.

In an edited review of the proceedings of the conference, a number of papers were collected which discussed a range of the issues underpinning the development of a definition of emotional and psychological abuse.

Hart, Germain and Brassard (1987) extended the original typology of psychological maltreatment by including two other behaviours: the denial of emotional responsiveness and acts or behaviours which degrade children.

Wanting to add to the definition, Garbarino and Vondra (1987) argued for the inclusion of stimulus deprivation, influence by negative or limiting models, forcing children to

live in dangerous and unstable environments (eg, exposure to war, domestic violence, parental conflict), sexual exploitation of children by adults and parents who provide inadequate care while under the influence of drugs or alcohol.

Navarre (1987) attempted to clarify the relationship between abusive actions and damaging outcomes for children. She described the dynamics of psychological abuse as constituted by the effects of negative or distorted perception of the self and world, inadequate or destructive relations, effects of inadequate transmission of social knowledge, skills and perception. She categorised the impact of such abuse as an assault on the following:

- *the individual's perception of the self as valuable;*
- *the individual's perception of the self as being valued or potentially valued by others;*
- *the individual's perception of the self as competent or potentially competent to perform necessary life tasks;*
- *the individual's perception that other people and the general environment are responsive to the self;*
- *the individual's perception that the world is beneficent or neutral rather than innately hostile;*
- *the individual's ability to learn from and adjust to the environment through producing fear of interaction with the environment, through which learning might take place, or through producing a level of fear or pain that affects the ability to focus attention upon problem solving;*
- *the ability to identify emotions of the self and others accurately, and the development of appropriate and differentiated responses to those emotions;*
- *the ability to perceive and respond positively to the desires and needs of others;*
- *the ability to form and maintain relationships through which learning may take place.*

(p. 49, Navarre, 1987)

Navarre also argued that the intent to perpetrate emotional abuse is not a critical nor sufficient predictor of either positive or aversive outcomes for children. Many abusive acts by parents are perpetrated with the best of intentions but produce very harmful outcomes for children. Instead, she preferred that intent not be considered a prerequisite in justifying legal intervention on the basis that there are a number of individual factors which serve to distort the view of reality by parents such that they:

- underestimate the intensity and duration of the outcome of their behaviour on the child;

- do not perceive the level of responsibility for their actions; and,
- believe that they have the right to react in the way that they have in relation to the child.

Moreover, Navarre argued that intent also confuses efforts to define emotional and psychological abuse because some parental behaviour can be considered:

"...so common and acceptable in the culture or the community that the probability of a negative outcome is neither recognised nor believed... (p. 47, Navarre, 1987)".

As a conclusion to the collection of papers, Hart and Brassard (1987b) articulated a number of points of agreement emanating from the contributions to the conference. They argued that:

- a wide variety of manifestations of psychological maltreatment exist;
- psychological maltreatment should be placed on a continuum of care provided to children by adult caregivers;
- violence and coercion are at the core of psychological maltreatment;
- the subjective meaning ascribed to maltreatment by victims should be incorporated in definitions; and,
- it is essential that definitions are developmentally sensitive.

They also identified the following five issues requiring further examination:

- Should the focus be on developing broad or narrow definitions of psychological maltreatment?
- How can children's rights to protection from psychological maltreatment be implemented when there is no consensus and at best fractured support for a broader concept of children's rights?
- What is the nature of evidence necessary to establish or substantiate psychological maltreatment?

- How does children's vulnerability to psychological maltreatment affect the ways in which outcomes for children are evaluated?
- What should be the nature of effective models for prevention and intervention of psychological maltreatment?

Recently, Hart, Brassard, Binggeli and Davidson (2002) have offered the following broad conceptual definition of psychological maltreatment:

"...Psychological maltreatment means a repeated pattern of caregiver behaviour or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs...Psychological maltreatment includes (a) spurning, (b) terrorising, (c) isolating, (d)exploiting/corrupting, (e)denying emotional responsiveness, and (f) mental health, medical, and education neglect...(p.81)".

The work inspired by Brassard, Germain and Hart (Hart and Brassard, 1987b; Hart and Brassard, 1991; Brassard, Hart and Hardy, 1993; Hart et al., 1998; Hart et al., 2002) has made a substantial contribution to identifying the composition of definitions of psychological maltreatment, as well as outlining the central issues that necessitate attention.

■ **McGee and Wolf: The meaning of communication**

McGee and Wolf's (1991) proposal shifted the emphasis away from abusive parental behaviour in preference of defining abusive acts within a framework of parent-to-child communication. It is the message conveyed to the child as a result of a particular act or attitude which is critical to the experience of the abuse by the child. For example, destroying a child's toy is communicating "I hate what you value".

Utilising a developmental psychopathology perspective, they concluded that "...psychological maltreatment is any communication pattern that could undermine a child's resolution of important developmental tasks...(p.14, McGee and Wolfe, 1991)".

In the commentaries which followed in the special edition of Development and Psychopathology, a number of criticisms about McGee and Wolf's model are highlighted. In particular, these were:

- the need for a greater level of accountability when making decisions about statutory intervention based on concepts such as potential harm (Giovannoni, 1991);
- what constitutes maltreatment should not only be based on research but also on active interpretations of societal standards (Barnett et al., 1991);
- the lack of qualitative and quantitative research upon which to base the model (Egeland, 1991);
- the lack of attention paid to the cultural and historical context in which certain communications are examined (Garbarino, 1991, Sternberg and Lamb, 1991); and,
- a disagreement about the focus on potential harm when some studies have achieved increased understandings about the actual harm of psychological maltreatment (Hart and Brassard, 1991).

The major benefit of McGee and Wolfe's definition is that it offered an important framework through which the connection between parental acts of emotional and psychological abuse and the harm caused to children can be traced.

■ *O'Hagan's contribution: Attention to language*

O'Hagan (1993, 1995) identified the need to encourage the field's reflection on the language used to define and describe emotional and psychological abuse. He argued that there was inadequate rigour applied to the use of terms such as psychological maltreatment, emotional abuse, emotional maltreatment and emotional neglect. Indeed, O'Hagan questioned the apparent ongoing synonymity applied to emotional and psychological abuse.

According to O'Hagan, the emotional world of children is their experience and expression of feelings. Their psychological life describes the development of important mental capacities and faculties. O'Hagan did not deny that each sphere heavily influences the other in the development of personality and identity. However, he maintained that there is inherent imprecision in treating their meanings synonymously.

For O'Hagan, the expression of emotions to children is a form of communication which begins immediately following birth and continues in verbal and non-verbal interaction between carers and children. Emotions also reflect the internal states of children and require responses from carers to help children interpret their reactions to events and relationships and plan for possible action. O'Hagan emphasised the responses of carers to children's expression of emotions as a vital developmental experience for children.

On this basis, he defined emotional abuse as:

"...the sustained, repetitive, inappropriate emotional response to the child's expression of emotion and its accompanying expressed behaviour...(p.28, 1993)".

According to O'Hagan, appropriate emotional responses by carers to children's emotional expression communicates feedback which "refines and modulates" children's understanding and awareness of the importance of such feelings and the context in which they have been evoked. Conversely, inappropriate responses by carers "discourage and amplify" expression of particular emotions, seriously jeopardise their ability to socialise and distort the meaning they attribute to the expression of emotions.

The other major element to O'Hagan's definition, which is also included in his description of psychological abuse, is the focus on the repetitive and sustained nature of parental behaviour in establishing a threshold for what can be considered abusive. He contended that single and isolated acts of emotional or psychological abuse do not in general leave lasting detrimental consequences for children. However, it is abusive when such acts become a long-term pattern of relating and communication which reinforces the development of negative and destructive self-identity for children.

O'Hagan's definition of psychological abuse referred to the:

"...sustained, repetitive, inappropriate behaviour which damages, or substantially reduces, the creative and developmental potential of crucially important mental faculties and mental processes of a child...(p.33-34, 1993)".

The main cognitive processes that were the focus of O'Hagan's model were intelligence, memory, perception, recognition, attention, language and moral development.

In drawing distinctions between emotional and psychological abuse, O'Hagan has thickened the descriptive language upon which definitions of emotional and psychological abuse are drawn. He has developed an assessment framework with rich sources of possible data that can, in a very practical way, guide practitioners in their attempts to prove and intervene in cases of emotional and psychological abuse of children.

O'Hagan applied his definitions to a number of examples involving different types of parental behaviour and experiences for children. The use of his own framework provided a powerful argument as to the need for precise language in evaluating the emotional and psychological impact for children. The examples also demonstrated the quality of the observations required to assess emotional and psychological abuse in a way which informs future supportive and protective action by child care professionals.

Like McGee and Wolf, O'Hagan's focus appeared to rely on the content and form of the communication by carers to children as the primary locus for assessment. It also further confirmed the link between parental behaviour and attitude with detrimental developmental outcomes experienced by children.

This important connection clarified to an extent the debate about intentionality, which O'Hagan himself posed early in his introduction. The decision to prove emotional or psychological abuse does not hinge on whether parents meant to engage in behaviour which is emotionally and psychologically harmful for their children. Instead, the focus is on whether the behaviour occurred and how it has come to, over time, affect the emotional and psychological development of their children.

Importantly, such an approach created a legitimate opening for parents to consider changing their behaviour or attitude in light of its impact being brought to their attention in the process of investigating and assessing reports of child emotional and psychological abuse. Indeed, in a context in which change is often perceived to be promoted by non-blaming forms of intervention (Turnell and Edwards, 1994; Furlong and Young, 1996; O'Leary, 1998), the removal of the need to determine intent or motivation by adult carers is argued as possibly helpful.

Finally, O'Hagan has located the behaviour of individual carers within a broader historical, cultural and political heritage of emotionally and psychologically abusive action towards children. By describing the context in which he came to develop his

definitions, O'Hagan has also contextualised the limits of his definition and acknowledged the biases he has attributed to his view of children's developments and their rights.

Notwithstanding the boundaries of his definitions, O'Hagan's decision to include an analysis of emotionally and psychologically abusive practices and traditions served to substantiate the intricacy of the association between the public and private dimensions of parenting responsibility and child rearing.

Whilst not sufficiently recognised in the literature, O'Hagan's contribution has been significant. It was the first text to seek to reflect on the value base and implications of the language chosen to conceptualise emotional and psychological abuse.

■ *A tradition of false dichotomies: The contribution of Iwaniec*

Iwaniec (1995) has chosen almost exclusively to define emotional and psychological abuse in terms of child outcomes. She proposed that emotional and psychological abuse is:

"...hostile or indifferent parental behaviour which (if severe and persistent) damages a child's self esteem, degrades a sense of achievement, diminishes a sense of belonging and prevents healthy and vigorous development...(p. 14, Iwaniec, 1995)".

The emphasis of the definition was on the range of consequences through which emotional and psychological abuse can be identified. It also suggested that the threshold for intervention is set at "severe and persistent".

Her analysis of the connection between emotional and psychological abuse and failure to thrive highlighted the tendency by the literature to dichotomise neglect and emotional and psychological abuse as separate definitional categories. Citing numerous studies throughout 1940 – 1960 about the development of children in institutional settings, Iwaniec argued that organic failure to thrive can be further complicated by rejection, neglect and severe deprivation. She demonstrated that this combination of organic failure to thrive and emotional and psychological abuse is:

"...more common than was thought, and is apparent when treatment of what had seemed to be a clear-cut organic condition does not produce the expected improvement...(p. 1997, Iwaniec, 1997)".

This commentary also proposed the need to describe conceptual frameworks which can account for the impact of emotional and psychological abuse on its own but also in combination with other forms of child abuse and neglect. This issue remains unexplored within the literature, paralleling what many authors have argued is a tradition of artificial separation within child abuse definitions as exemplified by the distinction made between failure to thrive and emotional and psychological abuse (Skuse, 1989a; Skuse, 1989b; Iwaniec, 1997); the neglect of neglect in definitions of child maltreatment (Wolock and Horowitz, 1984; Garbarino and Collins, 1999; Gelles, 1999); the continued division between child abuse and family violence (Stanley and Goddard, 1993; Gelles, 1996; Stanley and Goddard, 2002); the lack of acknowledgement of emotional and psychological abuse in the context of separation and divorce (Preston, 1986; Klosinski, 1993); and, the paucity of research into the impact of emotional and psychological abuse when combined with physical abuse (Claussen and Crittenden, 1991; Crittenden, Claussen and Sugarman, 1994).

■ ***The work of Danya Glaser – Proposing a threshold for intervention in cases of emotional and psychological abuse***

Glaser has provided a critique of previous attempts at defining emotional and psychological abuse (Glaser, 1993; Glaser and Prior, 1997; Glaser, Prior and Lynch, 2001; Glaser, 2002) by arguing in favour of a classification system that is conceptually rigorous, draws on a psychosocial model of development and is able to have both clinical and research applicability.

She recently proposed a taxonomy for defining emotional abuse and neglect consisting of the following five categories (Glaser, 2002):

- emotional unavailability, unresponsiveness, and neglect - includes parental incapacity due to substance abuse or mental illness without providing an alternative for suitable care or nurture for the child;
- negative attributions and misattributions to the child - includes rejection and denigration of the child who is identified as deserving of this hostility;
- developmentally inappropriate or inconsistent interactions with the child - includes a number of different experiences for the child which involves exposure to domestic violence, parental suicide, over protectiveness and inappropriate

discipline. In this category, Glaser identified these interactions, whilst harmful, as thoughtless and misguided rather than intentional;

- failure to recognise or acknowledge the child's individuality and psychological boundary - includes the use of the child to fulfill parental needs. Examples include Factitious Disorder by Proxy and grievous custody disputes during divorce proceedings; and,
- failing to promote the child's social adaptation – includes corrupting a child by involving them in criminal activities and not providing adequate stimulation to promote experiential learning and cognitive development.

Glaser and Prior (1997) argued that the most critical element of finding a relevant definition for emotional and psychological abuse is found in the distinction between examples of abuse which are best described as discrete events or incidents and those which are most effectively descriptors of a harmful relationship. Physical abuse leading to injury and sexual abuse are self evident examples of the "event" model of child abuse definition. In contrast, emotional abuse and neglect are better conceived within the "relationship" model of child abuse definition. Here, "relationship" implies typical and recurring patterns of communication and interaction which are harmful and exploitative of children.

Glaser and Prior also pointed out that in sexual abuse and physical abuse, the perpetrator and primary carer of a child can be different people. However, in cases of emotional abuse, their research suggested that the abuser and carer are almost always the same person. In this sense, the intimacy of the relationship further complicates the harm experienced by the child. Freyd has coined the term "betrayal trauma" to conceptualise the additional affects of being harmed by a person with whom there is a trusting and primary attachment relationship (Freyd, 1994; DePrince and Freyd, 2001).

It is Glaser's treatment of threshold issues for intervention which appears most critically important. Firstly, she introduced the notion that whilst more than one category of emotional and psychological abuse can occur within an abusive relationship between child and carer, it is possible to identify which is the "...driving...(p.704)" category. The idea of allocating differential weighting to experiences for children has added an important dimension to the ways in which definitions of emotional and psychological abuse might be understood in practice.

Secondly, Glaser (2002) positioned children's experiences of emotional and psychological abuse at the centre of determining whether or not a threshold for intervention has been reached. For her, pervasiveness, onset and severity are the critical issues requiring assessment in order to develop the nature and urgency of the intervention to be offered to children who have experienced emotional and psychological abuse.

Glaser's efforts to find an alternative frame for classifying emotional and psychological abuse is a critical new development in the literature. It offers an opportunity to revisit and examine concepts proposed to date. However, there is still some ambiguity inherent in her terminology. For example, words such as "driving", "...inconsistent interactions...(p.704)", "...psychological boundary...(p. 704)" are left largely unattended. In many ways, Glaser remains bound by the very traditions she has attempted to review. Her classification system, like many before her, appears to treat the phenomena of emotional and psychological abuse and the words she proposed to describe it as largely void of implicative conflicts and tensions.

The issue of language and representational diffusion of emotional and psychological abuse is a key theme to be examined by this study.

Concluding reflection

When pieced together, there is a growing body of conceptual literature which has identified important definitional elements of emotional and psychological abuse. Many of the definitions have drawn from developmental, communication and trauma paradigms. The proposing of definitions has reflected a history of attempts to cement emotional and psychological abuse as a legitimate category of child abuse which require policy and intervention responses. The conceptual literature has attempted to address questions of inclusion and exclusion criteria, severity, and threshold for statutory and clinical intervention. It has also identified a list of issues requiring resolution through the application of more research. There is an emerging interest in understanding how various elements of definitions of emotional and psychological abuse are interpreted and used at a practice level by statutory child protection workers and related professionals.

The most notable limitation to date of the conceptual literature is its failure to examine the linguistic representation of key definitional elements of emotional and psychological abuse. It has been acknowledged by some authors that emotional and psychological abuse are social labels or socially constructed phenomena (Garbarino et al., 1986; O'Hagan, 1993; Stevenson, 1996). However, little attention has been paid to exploring the implications of the language chosen to describe it and the ways in which such language connects to constructs that promote and limit understanding at a practice level.

2.3.2 Category definitions of emotional and psychological abuse

Starting with the typology proposed by Garbarino et al. (1986), category definitions have been extensively used in the literature to help expand the intended meanings of concepts. In this section, a summary of these categories are examined. The review pays particular attention to tracking whether or not categories have been referenced directly in the literature specifically identified as being concerned with emotional and psychological abuse.

■ Rejection

According to Garbarino et al. (1986), rejection is parental or caregiver behaviour which communicates a refusal to acknowledge the child, the legitimacy of their needs and is often reflected in a denial of affection. Hart et al. (1987) gave the following dictionary-like definition of rejection:

"...to refuse to acknowledge, believe, receive; to decline, to refuse, to cast or throw away as useless, unsatisfactory. To discard; to relegate. To refuse to hear...(p. 7)".

The examples they included to help distinguish rejection are treating a child differently from siblings or peers in ways suggesting dislike for the child and actively refusing to act to help a child.

Rohner and Rohner (1980) provided a broad definition of parental rejection claiming that it is manifested:

"...around the world in two principal ways, in the form of parental hostility and aggression on the one hand, and in the form of parental indifference and neglect on the other...P. 190)".

Rejection included verbal and physical aggression, communication of thoughtless and cruel feedback about the child to the child, a lack of concern for the child's welfare, failure to attend to children's needs, expression of resentment to the child, an impaired bond of attachment. In more recent work on this issue, Rohner and Brothers (1999) described parental rejection as the absence or significant withdrawal of warmth, affection, care, comfort, concern, nurturance, support, or simply love that parents can feel and express toward their children, or that children can subjectively experience. They also argued that it can be expressed in a combination of four principal ways: cold and unaffectionate, hostile and physically or verbally aggressive, indifferent and neglecting or undifferentiated rejection. This last category refers to:

"...individuals' feeling that their parents do not really care about them or love them, without necessarily having clear behavioural indicators present of parental neglect, lack of affection, or aggression...(p. 85)".

Using close observation of mother-infant interaction, Main and Goldwyn (1984) identified rejection in children aged between 1-3 years as parental aversion to physical contact with their child, active rejection of their child's bids for contact, restriction of affect expression, display of angry or threatening behaviour towards the child, rough handling of the infant.

Recently, Rushton and Dance (Dance, Rushton and Quinton, 2002; Rushton and Dance, 2003) have proposed a variant on the theme of rejection with the identification of "preferential rejection". It refers to children who are treated more negatively than their siblings, including children who are:

- held responsible for misbehaviour committed by their siblings,
- punished more often than their siblings, and
- subjected to frequent negative comparisons with their siblings.

Their research with children in permanent placements indicated that children who had experienced preferential rejection in their early childhood showed poorer progress on a range of outcome measures. Similar results have also been found by Brody, Copeland, Sutton, Richardson and Guyer (1998).

More recently, hostile rejection has been incorporated into the revised category of spurning (Hart et al., 1998; Hart et al., 2002) and includes:

"...belittling, degrading and other nonphysical forms of overtly hostile or rejecting treatment; shaming and/or ridiculing the child for showing normal emotions such as affection, grief or sorrow; consistently singling out one child to criticise and punish, perform most of the household chores or receive fewer rewards; and, public humiliation...(p. 82, Hart et al., 2002)".

■ **Isolation**

Garbarino et al. (1986) defined acting to "isolate" a child as parental behaviour which prevented a child from participating in normal opportunities for social interaction. According to Hart et al. (2002), isolating includes caregiver acts that limit or deny the opportunities for a child to interact and or communicate with peers of adults.

Hart et al. (1987) gave two examples of this category:

"...locking in a closet or, for extended time, in a room alone; refusing to allow interactions or relationships with peers or adults outside the family...(p. 7)".

It could be argued that whilst both examples identify isolation, they imply different consequences and experiential processes for the child. In the first, the child is physically detained and prevented from physical contact with others. In a sense, this definition conjures images of physical restraint and physical abuse. It is closer to the definition of close confinement adopted by the US National Centre on Child Abuse and Neglect (National Centre on Child Abuse and Neglect, 1988) in the second study on incidence and prevalence of child abuse and neglect in the USA. The second example deals with carers' action to minimise interaction with others without physical restraint.

■ **Corruption**

Corrupting was identified by Garbarino et al. (1986) as behaviour by caregivers which encourages the child to develop false social values that reinforce anti-social or deviant behavioural patterns, such as aggression, criminal acts or substance abuse. Hart et al. (1987) described it using the following phrase: *"to maladapt to social needs or uses, to change from a state of uprightness, correctness or truth, to make putrid"*. They also provided the following examples:

"...teaching and reinforcing acts that degrade those racially or ethnically different; teaching and reinforcing criminal behaviour; providing antisocial and unrealistic models as normal, usual or appropriate via the public media...(p. 7)".

The National Centre on Child Abuse and Neglect (1988) positioned parental encouragement to use drugs or alcohol as emotional neglect.

■ ***Terrorising***

According to Garbarino et al. (1986) terrorising involves parents who threaten children with severe or sinister punishment, or deliberately develop a climate of fear or threat within the family. Hart et al. (1987) also included forcing children to observe violence directed toward loved ones and leaving a young child unattended. In contrast, the National Centre on Child Abuse and Neglect (1988) defined exposure to chronic or extreme spouse abuse or other domestic violence as emotional neglect.

■ ***Ignoring***

Garbarino et al. (1986) defined ignoring as patterns of interaction where a parent or caregiver is psychologically unavailable to children and fails to respond to their needs and behaviour. The National Centre on Child Abuse and Neglect (1988) positioned inadequate nurturance or affection by a parent and overprotective restrictions that foster immaturity or overdependence within the broad category of emotional neglect. Hart et al. (1987) preferred the term "denying emotional responsiveness" which was defined to incorporate isolating but also reflected the broader construct of parents who fail to provide sensitive and responsive caregiving necessary to facilitate healthy social/emotional development.

■ ***Abandonment***

Abandoning children to orphanages has a long history. Fuchs (1984) for example found that in nineteenth century France, parents abandoned children in devastating numbers – twenty percent of live births in the areas around Paris. Similarly, Duckworth (2002) traced a history of juvenile crime to the overwhelming number of displaced and abandoned children in England during the 1800's.

However, abandonment has not been specifically defined as a separate category within the literature on emotional and psychological abuse. It has been positioned within definitions for rejection (Garbarino et al., 1986; Hart, Brassard and Karlson, 1996), neglect (Garbarino and Collins, 1999) and terrorising (Garbarino et al., 1986). It has a definite reference in child protection legislation, being described for example in Section 63 (a) of the Victorian Children and Young Persons Act 1989. Under this provision, a child is need of protection if:

" the child has been abandoned by his or her parents and after reasonable inquiries – (i) the parents cannot be found; and (ii) no other suitable person can be found who is willing and able to care for the child...(p. 64, Children and Young Persons Act, 1989 (Reprinted 26/6/2000))".

In this context, the meaning of abandonment is related to a child whose guardianship has been forfeited by his/her carer and for whom a replacement guardian cannot be found without the intervention of the state. The provision can be used both on its own without reference to potential or realised harm to the child's psychological or emotional development or in conjunction with other provisions of the Act which position the abandonment with an abuse and neglect framework.

Garcia-Torres and Guerrero (2000) compared the internal relational schema about the quality of maternal relationships between abandoned and non abandoned children. They found that abandoned children were more compliant, more open to justify unfair maternal behaviour and less able to re-develop positive relationship with a rejecting parent.

Recently, Panter-Brick (2000) has sought to construct a definition of abandonment which centres on the breakdown of vital relationships between children, parents and their community. Abandonment involves a breach of responsibility by an individual or a group and the experience of significant displacement by a child. According to Panter-Brick (2000):

"...to be abandoned is to be both out of touch and out of place...(p.13)".

■ *Exploiting*

Hart et al. (1987) added "exploiting" to Garbarino's original typology. It was defined as:

"...to utilise; to get the value out of. To make use of basely for one's own advantage or profit...(p.7)".

Examples cited were sexual abuse of children, keeping a child home in the role of servant or surrogate parent in lieu of school attendance, and encouraging a child to participate in the production of pornography. In recent definitions, exploiting is linked to the category of corrupting (Hart et al., 2002).

■ *Verbal abuse*

Verbal abuse has been defined both as a form of emotional and psychological abuse and a modality through which such abuse is communicated. Murphy and Davis (1979) defined verbal abuse as:

"...words motivated by angry, hostile, frustrated, and resentful feelings, which are used intentionally to damage a child's self-esteem. When a child is frequently called stupid, clumsy, a liar, or a thief, he tends to accept this negative identity and grows up thinking of himself as he has been labelled...(p. 1087)".

The National Centre on Child Abuse and Neglect (1988) defined verbal or emotional assault as belittling, denigrating, scapegoating, and other overtly hostile or rejecting treatment, as well as threats of beating, sexual assault or abandonment.

After 300 hours of observation of parents and children in natural settings such as shopping centres, Davis (1996) found that it was commonplace for parents to yell and threaten their children with physical violence in order to make them comply with their wishes. Solomon and Serres (1999b) argued that what Davis termed verbal aggression can take the form of insulting, belittling, denigrating, disapproving, using sarcasm and threats of abandonment. In their analysis of records and questionnaires for 144 school children, Solomon and Serres found that verbal aggression by parents adversely affects children's self esteem and school marks. This result confirmed similar adverse findings by Ney (1987); Claussen and Crittenden (1991); Vissing, Straus, Gelles and Harrop (1991); and, Schaefer (1997).

Clearly, there is significant amount of overlap between verbal abuse and other categories of abuse. It is unclear whether the intention of the term is to reflect the experience of the hostility inherent in the pattern of communication (ie. parental aggression) or whether it is meant to signify the mode of communication through which the child comes to experience belittling, insults and fear. It does appear to incorporate a clear dimension of parental intentionality and is positioned similarly to the connotations of seriousness associated with physical or sexual abuse. Its behavioural dimensions make it easier to observe and therefore measure empirically in research.

■ *Child rearing violence*

In an interesting construction of emotional and psychological abuse, Hemenway, Solnick and Carter (1994) labelled the co-existence of physical violence and verbal assault as "child-rearing violence". They found that verbal and physical punishment of children were clustered together, such that parents who yelled at their children frequently were also more likely to use physical violence as a form of discipline. Similarly, Claussen and Crittenden (1991) found that the psychological abuse always occurred with physical abuse and that the significance of the impact on children was related more so to the psychological abuse than the severity of the injury suffered by the child. Hyman (1995) related the delay in banning corporal punishment in schools as a dimension of American society which serves to reinforce a tolerance for violence as normal parenting practices for children. He advocated shifts in public policy and community education to deter child abuse by convincing:

"...Americans that verbal and physical assaults are inherently abusive acts that, in too many cases, lead to violent behaviour by recipients... (p. 126)".

Grusec and Walters (1991) have similarly argued that parenting attitudes are central to the study of psychological abuse. These belief systems are premised on poor understanding of child development and can lead to over-authoritarian disciplinary practices, lack of responsivity and acceptance, extreme over protection. The impact of negative parenting and community attitudes towards children has been explored in separate attitudinal surveys about children's rights (Tucci, Goddard and Mitchell, 2001), physical punishment (Tucci, Saunders and Goddard, 2002), and violence against

children (Tucci, Mitchell and Goddard, 2003; Tucci, Mitchell and Goddard, 2004a; Tucci, Mitchell and Goddard, 2004b).

■ *Parentification*

In the structural family therapy literature (Minuchin and Fishman, 1981), parentification was seen as an unhelpful role reversal in children's relationship with their parents. The "parentified" child is viewed as accepting developmentally inappropriate responsibilities and inverting the parental executive management structure. Minuchin's observations of families with a parentified child led to the development of the concept of parental-child boundaries. In the emotional and psychological abuse literature, parentification has not been identified as a specific category. However, it has been partially referenced in categories such as exploitation and neglect.

■ *Scapegoating*

Pillari (1991) has argued that emotional abuse is deeply rooted in intergenerational patterns of scapegoating in families. Children are the source of blame for parents' inability to resolve the detrimental consequences of their own experiences of rejection and family trauma. Interestingly, Pillari commented that some professional systems continue to blame children for parental disturbances, further compounding the effects on children and minimising the potential for parents to change their behaviour and attitudes towards their children.

The scapegoated child is the burden bearer and is unfairly made responsible for problems in the family (Vogel and Bell, 1968; Pillari, 1991; Jones, Dickenson and Devereux, 1994; Yahav and Sharlin, 2002). Scapegoating has been conceptualised as an interplay between interactional dynamics between family members and intra-psychic responses from the child. In essence, the scapegoated child is chosen to serve the function of balancing family tensions and providing the family with a basis for solidarity. As the family pattern of scapegoating is established, the child comes to feel responsible for the family pain and relentlessly attempts to restore emotional equilibrium. The emotional and psychological costs for children are consistent with many of the sequelae of emotional and psychological abuse (Vogel and Bell, 1986; Pillari, 1991).

■ *Shaming*

Recently, Loader (1998) has argued that the experience of shame is an important but neglected consideration in child mental health and a core issue in child abuse. Retzinger (1991) has similarly argued that shame is an intrinsic form of emotional violence in families.

Loader (1998) described shame as:

"...our inner experience when we feel uncovered, when private aspects of the self are unwillingly or unwittingly revealed – including our physical bodies, our actions, our thoughts and wishes, and our fantasies. Shame relates to the exposed difference between how we want to be seen and how we are revealed to be... (p. 44-45)".

Loader has developed a framework for evaluating shaming mechanisms in the context of the family. He maintained that shaming is particularly harmful for children when it is done for the benefit of the parent for the following three key purposes: to regulate the self-esteem of the parent, to assist the parent to manage past suffering or abuse and as a means of controlling the child. The impact of shaming on a child should be evaluated according to its consistency, the degree of parental awareness of what they are doing and the availability for the child of other sources of support and affirmation. According to Loader, when the impact on the child is obvious:

"...it may be described under the broad rubric of emotional abuse... (p.52)".

A similar concept was proposed by Hart et al. (1987) in their definition of degrading, which involves labelling children as inferior and exposing them to public humiliation. Experiences of shame have also been identified as an important predictor of distress and trauma related symptoms in children and young people who have experienced sexual abuse (Feiring, Taska and Lewis, 1998; Feiring, Taska and Chen, 2002).

■ *Denial of reality*

Lesnik-Oberstein (1983) argued that parental denial of reality impairs a child's sense of reality by invalidating his/her perceptions and memories, resulting in a form of emotional abuse. In the case study described by Lesnik-Oberstein, a father denied to his daughter that he had sexually abused her causing her to question her confidence in her

memories of events. The therapy offered to the client suggested how parental denial undermines children's development of self-identity.

■ ***Emotional invalidation***

Recently, drawing on the work of Linehan (1993), Krause, Mendelson and Lynch (2003) have further examined the withholding of emotional expression by parents or the deliberate parental suppression of children's thoughts, feelings and sensations as a category of emotional and psychological abuse. They found that experiences of parental minimisation and punishment in response to their children's expression of distress was associated with chronic emotional inhibition in adulthood, a significant predictor of depression and anxiety symptoms.

■ ***Emotional and psychological abuse in the context of separation and divorce***

The literature on the impact of high conflict parental separation or divorce is extensive. As such, a full review is beyond the scope of this analysis. However, a number of important issues are examined in this section.

McIntosh (2003) has recently completed a thorough analysis of the research about the impact of parental separation and divorce on children. She argued that enduring parental conflict has significant negative consequences on a range of health, psychological and social measures for children to the extent that it serves to seriously:

"...confound the child's core psychodevelopmental tasks...(p.66)".

However, using the review completed by McIntosh as the basis, it appears evident that the literature rarely links the tension and conflict experienced by children in the context of divorce and parental separation with references to emotional and psychological abuse. The literature appears more likely to use constructs which do not impart blame onto parents, as in parental alienation (Faller, 1998; Bruch, 2001), high conflict divorce (Johnston, 1994; Ayoub, Deutsch and Maraganore, 1999), marital conflict (Grych and Fincham, 1990; Hyden, 2001; Cummings and Davies, 2002), marital discord (Harrist and Ainslie, 1998); and, alienated child (Kelly and Johnston, 2001).

In a recent study which analysed family court records of 200 families where child abuse allegations had been made during custody and access disputes, Brown and her

associates (Brown, Frederico, Hewitt and Sheehan, 2001; Brown, Frederico, Hewitt and Sheehan, 2000) found none in which emotional abuse had been alleged. Obviously, it is the definition of emotional abuse adopted by the study which has precluded it being identified rather than it not being present. For example, witnessing violence by children was alleged to have occurred in approximately 22% of cases.

Only two studies were identified in the literature which directly located emotional and psychological abuse within the context of high conflict parental separation and divorce. The analysis by Preston (1986) of Australian Family Court data on the impact of divorce and separation of children found circumstances where children suffered severe emotional and psychological abuse. Preston argued that severely abusive families demonstrated the following characteristics:

- there is a rigid cross-generational coalition between one or more children and a parent against the other parent;
- the children are continually exposed to denigration of one or both parents in their presence or directly in what is said to them; and,
- the parents are unable to co-operate at all with regard to the children and are insensitive to their problem and needs.

The second study by Klosinski (1993) found that children of separating or divorcing parents almost always experience psychological stress, particularly when the parents are in open conflict. As a result, he described a framework to assist practitioners to differentiate between tolerable experiences of stress by children and those that could only be described as abusive or harmful. Potentially emotionally abusive situations for children in the context of separation and divorce are:

- when feelings of guilt are deliberately induced in a child in order to draw the child to support one parent over another;
- when a child is used to fulfill a function serving to meet the needs or wishes of one parent;
- when a child is abducted or illegally retained by a parent; and,
- when children are exposed to physical violence from partner to the other.

■ *Overt and covert emotional and psychological abuse*

Loring (1994, 1997) has proposed a framework for understanding emotional and psychological abuse using the concepts of overt and covert mechanisms of communication. Overt abuse is openly demeaning and reflects most of the categories of emotional and psychological abuse already listed in this section. Covert emotional abuse draws its perspective from psychodynamic tradition and includes discounting of the child's experience, negation of the child's self worth, projection of blame and accusation, denial of abuse, negative labelling of children's behaviour and threats of actual physical and/or emotional abandonment. The distinction between overt and covert is a construct which is used by Loring to argue for greater recognition of the significance of emotional abuse even when it is not apparent to the victim that it is occurring. According to Loring (1994):

"...because they are often unaware of its essential violence, victims commonly react to covert abuse with feelings of despair and confusion. This kind of abuse consists of an insidious, sometimes complex pattern of negative feedback...leading to a diminution and destruction of the self. Victims describe feeling that the constituent parts of the self- the individual characteristics, abilities and skills, preferences and wishes, dreams and aspirations - no longer cohere...(p. 3-5)".

Marshall (1999) used a similar framework of subtle and overt communication to examine the impact of psychological abuse of adult women.

Covitz (1986) attempted to explore the parenting styles which perpetuate child emotional abuse through keeping alive generational patterns of what he termed the "family curse". In a text rich with clinical examples, Covitz argued that:

"...psychological child abuse is frequently the result of a combination of the inadequate personality development of the parents (who themselves have not had adequate role models) and the damaging effects of a culture that has abandoned much of its former respect for parenthood...(p xii, Covitz, 1986)".

Covitz identified a range of parenting styles which were not helpful to the development of healthy personalities. These included the inadequate parent, the devouring parent and the tyrannical parent.

■ *Sibling abuse*

Both Whipple and Finton (1995) and Crane (1997) have argued that psychological maltreatment by siblings is a common but unrecognised form of child abuse. It challenges those definitions which to date have focussed on parents or adult carers, extending the possibility that siblings who are in position of authority over a child also engage in abusive behaviour. The impact of the victimisation is further exacerbated by typical parental reactions which have been found to include a tendency to normalise, deny, disbelieve or ignore the maltreatment that occurred between children (Crane, 1997). In both studies, the harm caused by sibling abuse was considered to be as significant as if it was perpetrated by parents or adult carers.

■ *Munchausen Syndrome by Proxy*

Jones (1994) described Munchausen Syndrome by Proxy as consisting of:

"...the induction of an appearance, or a state of physical ill health in a child, by a parent, where the child is subsequently presented to health professionals for diagnosis. The mechanism of the harm to the child is through three principle routes: (a) parental fabrication of symptoms and/or signs; (b) alteration of laboratory specimens, such as urine or blood; or (c) through the direct production by the perpetrator of physical signs, or disease itself in the child...(p. 769)".

Clearly, the consequences to the child are serious and can be physical and/or psychological in nature (Rosenberg, 1987; Porter, Heitsch and Miller, 1994; Bools, Neale and Meadow, 1994). Sheridan (2002) has noted that Munchausen by Proxy remains under recognised. Recently, Schreier and Ayoub (2002) proposed that Munchausen by Proxy not be used to describe this phenomenon. Instead, they argued that it should be reconceptualised as "Paediatric Condition Falsification (p.160)" when describing the experiences of the child and "Factitious Disorder by Proxy (p.160)" when describing the parental motivation and behaviour which leads to the abuse of a child.

Interestingly, only Glaser (2002) appears to have explicitly made an association between Munchausen by Proxy and emotional and psychological abuse. The vast bulk of the literature on emotional and psychological abuse has not positioned Munchausen by Proxy within its focus of attention. Meadow (2002) has recently made the point that this may have occurred because the primary task of practitioners is to identify the harm

caused by a parent who creates symptoms of illness in children in order to meet their personal psychological needs. The symptoms themselves are in general physical in nature (eg. vomiting caused by poisoning) and as such are more easily interpreted within a physical abuse or neglect frame.

■ *Exposure to domestic violence*

The number of studies examining the trauma and risk associated with children who witness or are exposed to violence between adults in the family, variously called domestic, marital or family violence has increased dramatically over the past 10 years. Examples include studies on the impact of witnessing such violence on children (Silvern and Kaersvang, 1989; Suh and Abel, 1990; Randolph and Conkie, 1993; Campbell and Lewandowski, 1997; Graham-Bermann and Levendosky, 1998; Graham-Bermann and Hughes, 1998; Hughes and Graham-Bermann, 1998; Baker, 2000; Wolf, 2002; Onyskiw, 2003; Kalil, Tolman, Rosen and Gruber, 2003); factors which promote resilience in children who are exposed to family violence (Kolbo, 1996; Kerig, 2003); the mediating effects of parental characteristics of children's adjustment (Levendosky and Graham-Bermann, 1998; Lyon, 1999; Sullivan, Nguyen, Allen, Bybee and Juras, 2000); the identification of an increase in risk of abuse for children in the context of family violence (Stanley and Goddard, 1993; Ross, 1994; Tajima, 2000; Stanley and Goddard, 2002); and, clinical interventions which assist children's recovery (Ragg and Webb, 1992; Rossman, 2000; Carter, Kay, George and King, 2003; Johnston, 2003; MacMillan and Harpur, 2003).

However, despite this plethora of material, the literature for the most part appears to treat the basis of experiences of domestic violence and experiences of emotional and psychological abuse for children as separate definitions. The research often reflects tautological and illogical referencing of the two constructs. Even more concerning, there has been little commentary reflecting on the implications of the language which has been used to describe and examine key conceptual representations. The analysis leading to this conclusion is discussed below.

A number of authors have argued that research into domestic violence and child abuse has long followed two separate paths (Carroll, 1994; Edleson, 1999a; Whitney and Davis, 1999; Stanley and Goddard, 1993).

For example, Carroll (1994) commented that:

"...it is rare for child protection agencies to be involved, unless the child has also been injured. Simply witnessing violence is seldom assessed as an abusive experience...(p.7)".

She further argued that the provisions of the UK legislation of significant harm should apply to children who are exposed to marital violence, given the severity of the impairment to their emotional, social and psychological development described in a sound body of empirical and qualitative research. She concluded with a call for child protection agencies to recognise the trauma, respond appropriately and draw social attention to the significance of the problem for children.

Similarly, Farmer and Owen (1995) found that in their review of a sample of 29 child protection cases of physical abuse, neglect and emotional abuse:

"...only occasionally was the fact that the child was witnessing violence to the mother noted as unsatisfactory and in only two instances was there concern about the resulting effects on the child...(p.224)".

Edleson (1999b) has recently reviewed 35 studies over the past 25 years that mentioned an overlap between child abuse and adult domestic violence. Like others (Carroll, 1994; Shepard and Raschick, 1999; Stanley and Goddard, 2002), Edleson argued that different philosophical, policy and research traditions have led to fragmentation in the way child abuse and family violence are understood and responded to. In the past, children who have witnessed domestic violence have not been included in legal or policy definitions of child abuse. However, he noted that some state legislatures in the US have moved to address this definitional issue.

Edleson called for more precise terminology to lead the development of a research agenda which will provide for:

"...greater depth of understanding of how such dual forms of violence evolve in families and what social responses are most helpful to victims and perpetrators alike...(p. 152)".

McIntosh (2002) has made the observation that:

"...beyond a doubt, research indicates that bearing witness to spousal violence poses a significant threat to any child's emotional development, with many studies also highlighting cognitive and social ramifications...p.30)".

As an example of many articles researching the field of domestic violence and child abuse, McIntosh appears to treat the experiences of witnessing domestic violence as tantamount to a separate form of child abuse. She has not made any reference to emotional or psychological abuse in her article at all. This is despite her description of the impact of spousal violence on children clearly overlapping definitions of emotional and psychological abuse. This point is also made strongly by Conway (1996) who argued that the artificial separation of terminology for domestic violence and emotional abuse can have a dramatic influence on the capacity for legal practitioners to be able to intervene effectively with children.

In another significant example, McGuigan and Pratt (2001) argued that whilst there has been some research undertaken examining the co-occurrence of domestic violence and child physical abuse, there is little research which examines the link between domestic violence and psychological abuse or neglect. They described psychological abuse as encompassing:

"...mental injury, ridiculing, threat of harm, emotional abuse and emotional and mental health neglect...(p.870)".

Armed with this seemingly tautological definition, they found, not surprisingly, that domestic violence was a significant predictor of psychological child abuse. In another reading of such research, it is indeed possible to draw the conclusion that exposure to domestic violence for children is, in fact, emotional and psychological abuse.

In a very early study, Moore, Galcius and Peltican (1981) emphasised the severe emotional damage that marital violence had on children. They found that children most liked or most favoured by one parent were physically and emotionally rejected by the other. They also commented that:

"...perhaps the most disturbing group of children were those who were used as pawns in the marital battles. Children were used by one parent to punish the other...(p.148)".

Tutty (1999) argued that the place of emotional abuse has not previously been investigated when looking at the connections between spouse and child abuse. The results of her research suggested that one partner's psychological abuse of another partner, rather than physical abuse, is more significantly related to the abusing partner's treatment of his children. For Tutty, it makes sense to argue that men who use severe

and frequent emotional abuse with their partners will relate in a similar way to their children. This provides the impetus for research which separates out the impact of psychological and physical abuse of one partner to another on children.

For children, Mullender et al. (2002) recently found that the distinction between domestic violence and emotional and psychological abuse was not as valid as the literature had proposed. Following in-depth interviews with 1358 children and young people aged 8-16, psychological abuse, threats to hurt and controlling behaviour were considered by large proportions of the sample to be violence.

The literature is moving to position domestic violence as an umbrella term that encompasses physical, emotional, psychological and sexual abuse (Henning, Leitenberg, Coffey, Bennett and Jankowski, 1997; MacDonald, 1998; O'Leary, 1999; Lehmann, 2000; Mullender et al., 2002; Henning and Klesges, 2003). However, there is the need to examine how the language constructs within this umbrella are used and interpreted in practice.

■ *Neglect*

Garbarino and Collins (1999) have argued that the overwhelming focus of child maltreatment theory, research and practice has been about abuse, not neglect. In attempting to achieve a definition for neglect, they settled on:

"...the failure of the child's parent or caretaker who has the material resources to do so, to provide minimally adequate care in the areas of health, nutrition, shelter, education, supervision, affection or attention, and protection... (p. 12, Wolock and Horowitz cited in Garbarino and Collins, 1999)".

Garbarino and Collins argued that the term "failure" positions all definitions of neglect as an act of omission. Children's needs, in a variety of forms, are not met by their parents. Also important to this definition is that the parents are judged to have the capacity to meet these needs and then fail to do so. This differentiates parents who do not have the material or financial resources to ensure that basic physical needs are met. These parents are poor and require economic assistance and social support. Those who do have the capacity to provide children with basic requirements and fail to do so are considered neglectful.

The fulfillment of children's emotional or psychological needs seems ill-placed in this definition. It is difficult to make the link between material resources and psychological availability, and parental affirmation and affection. This appears to be the illogical nexus of the literature on emotional and psychological abuse and the literature exploring child neglect. Whilst emotional neglect is differentiated operationally from physical neglect, the two appear to remain bundled together. This confusion is further exacerbated by research findings which highlight a strong association between physical and emotional neglect (Minty and Pattinson, 1994).

Whilst as far back as 1976, Whiting had argued for the separation of emotional and physical neglect, current typology and definitions have yet to create meaningful operational frameworks which can assist practitioners in their decision-making (Zuravin, 1999). McKinsey Crittenden (1999) offered a partial resolution to this dilemma by analysing a number of fallacies in the argument that poverty is a sufficient or necessary cause of child neglect. Instead, she proposed that distortions in mental processing of information is an alternative cause of neglect and describes in detail three types of neglect: disorganised, emotionally neglecting and depressed. For each type, an understanding of the cause leads to different degrees of intervention. Similarly, Hart et al. (1998) have included mental health, medical and educational neglect within their taxonomy of psychological maltreatment.

■ *Impaired parental capacity*

This category brings together a number of lines of literature interest to examine the argument that children whose parents have a major impairment may experience adverse developmental outcomes. The focus of this area of research, practice and social policy to date has been on parents with an intellectual or physical disability, parents with a mental illness and parents who abuse illicit drugs or alcohol. This category is far from being well formed and is based on few research studies which attempt to make the case for a causative association between such impairment and psychological or emotional harm to children (Tomison, 1996a; Tomison, 1996b).

After reviewing the available literature, Tomison (1996a) concluded that the research on the association between child abuse and parental disability is virtually non-existent. However, he pointed to the study by Seagull and Scheurer (as cited in Tomison, 1996) that found that all 64 children who had at least one parent with an intellectual disability

had been classified as having experienced neglect. In addition, Seagull and Scheurer identified that no family in which a parent was significantly intellectually disabled achieved improvement in the care and protection of their children despite intensive and lengthy support. The presence of another adult in the family without impairment dramatically improved the level of care experienced by children in these families.

A number of recent authors have maintained that parents with intellectual disabilities are stigmatised by a tradition of prejudice that is not supportive of their abilities as parents, emphasising their limitations in interactions especially with child protection system (Swain, Goodfellow, Lee, Cameron and Bennett, 2002; Murphy and Feldman, 2002; Llewellyn, McConnell and Ferronato, 2003). They have gone onto argue that with adequate support and resourcing by welfare organisations, parents with intellectual disabilities can and do become "good enough" parents.

Tomison (1996b) found much stronger empirical evidence to connect child abuse, in particular emotional and psychological abuse, to parental substance abuse. Daro (1988b) found that substance abuse was most commonly identified in cases classified as emotional abuse (61%) compared with 58% of physical abuse cases, 53% of neglect cases, 50% of sexual abuse cases and 39% of cases classified as high risk. She also found that substance abuse was significantly more likely to be identified in families where more than one type of maltreatment was identified as having occurred (Daro, 1988b). Substance abuse is often employed as a risk factor in risk assessment instruments and case planning models (Department of Health, 1989; English and Pecora, 1994; Hemsworth, MacNamara and McPherson, 1997). Substance abuse (including illicit drugs and alcohol abuse has been identified as a risk factor for emotional and psychological abuse (Garbarino et al., 1986; Hart et al., 1987; Navarre, 1987; Patton, 2003; Patton, 2004).

Children with parents who have a mental illness have become a recent policy interest of government administrations, as recognition has grown for a wholistic approach to psychiatric treatment (Robbins, 1995; Byrne et al., 2000). Given the paucity of research into the impact of parental mental illness on children (Tomison, 1996a), current social policy is reticent to include children living with a parent who has a serious mental illness as emotional and psychological abuse. However, it is increasingly recognised that without adequate support or mediating influences, children will suffer emotional and psychological harm if a parent's mental illness is not appropriately or adequately

treated or a parent is non compliant with that treatment (Rickford, 1996; Aldridge and Becker, 1999; Focht-Birkerts and Beardslee, 2000). The role of statutory child protection services remains unexplored and unclear, given the tendency for policy to increasingly acknowledge the rights to specialist support for such parents to assist them to care for their children.

In a final development on the construction of this category, Aldridge and Becker (1999) have argued that instead of the disease model which promotes parental disability or illness as risk factors for detrimental outcomes on children, the emergence of a "young carers" paradigm positions children as benefiting from moderate degrees of responsibility in assuming some care roles for family members. This issue is currently on the peripheral of child abuse literature but it has relevance to emotional and psychological abuse. The experiences of "young carers" could tip across to experiences of harm if too much responsibility is given to children in these circumstances. Further research is required to understand the implications of this proposed construct.

Concluding reflection

The category definitions of emotional and psychological abuse identified in this section contain within them rhetorically different forms of constructs, some of which appear to be directly referenced in the literature about emotional and psychological abuse and others which are linked indirectly through language and conceptual similarities.

After reviewing the literature, it is proposed that three broad groupings of category definitions can be delineated.

The first are those which feature almost exclusively in the child abuse literature and have been written into definitions of emotional and psychological abuse from the outset (eg. rejection, isolation, corruption). They are now part of formal definitions of emotional and psychological abuse (Hart et al., 2002) and have been used consistently in research. They appear to hold the intellectual and evidentiary weight to form the basis for any review and extension of the general definition of emotional and psychological abuse (O'Hagan, 1995; Glaser, 2002). Their validity and capacity as descriptors are not often challenged.

The second category of constructs are those which have only peripheral presence in the child abuse literature (eg. shaming, emotional invalidation, parentification). Their

conceptual basis is found in other related research traditions, such as trauma and cognitive science or individual and family therapy. These descriptors are often argued to be better subsumed within one of the original categories of emotional and psychological abuse. However, interest in their application invariably continues – perhaps reflecting the need by practitioners, policy makers and researchers for a richer taxonomy of constructs capable of representing the nuisances of destructive interactions between adults and children.

The third category of constructs are those which have strong histories of research and examination both as part of and complimentary to the child abuse literature (eg. Munchausen by proxy, domestic violence, high conflict parental separation). Their relevance to emotional and psychological abuse is found in the close affinity between the way that the impact of the constructs and emotional and psychological abuse are described. For example, the impact of domestic violence on children is increasingly represented using terminology that has been used in the literature to define emotional and psychological abuse. The complexity of this group of categories is the inference that they are different to emotional and psychological abuse. As long as they are treated separately, the implication is that such categories are not emotional and psychological abuse. This differential positioning, given the similarities in the way the constructs are interpreted, is highly questionable.

An examination of the category definitions of emotional and psychological abuse serves to highlight the centrality of language in the evolution of constructs. With such evidence of variation in meanings, there is a need to analyse in greater detail the linguistic and corresponding conceptual resources for how emotional and psychological abuse is framed.

2.3.3 The operationalisation of emotional and psychological abuse

One theme identified consistently throughout the review of the definitional developments of emotional and psychological abuse has been the lack of operational definitions. For example, Hart and Brassard believed that:

"...the absence of an operational definition of psychological maltreatment and its subcomponents is the single greatest obstacle to research, legal intervention, and the development of social policy regarding psychological maltreatment... (p. 255, Hart and Brassard, 1987)".

Zuravin (1999) has succinctly summarised the definitional debates about child maltreatment. Her major interest was in appreciating how the purposes of various definitions impact on research, policy and practice developments. She pointed to two divergent arguments that appear irreconcilable. The first approach she identified was captured by recommendations made in the 1980's that separate standardised definitions be developed for legal, clinical, social service and research purposes. The second approach advocated that separate definitions would minimise the relevance of research outcomes to the other areas and vice-versa.

In reviewing the literature, Zuravin noted an increased commitment to the development of clear operational definitions. The ambitions of such a framework is to achieve a reliable and empirically validated taxonomy that would promote precision of understanding of the events, incidence, causes and consequences of child maltreatment.

The observation of de Montigny (1995) that operational definitions are needed to prove the actuality of socially constructed phenomena is also relevant to the development of definitions relevant to practice in cases of emotional and psychological abuse:

"...Researchers want operational definitions of child abuse so that it can be discovered, and so that it be determined to exist. They need an operational definition that allows all professionals concerned with a case to agree that this really is child abuse... (p.93, de Montigny, 1995)".

Zuravin's concluding analysis of neglect definitions are equally relevant to definitions of emotional and psychological abuse. The following statements reflect Zuravin's recommendations as they might be applied to emotional and psychological abuse definitions:

- Given that the aetiology and consequences of emotional and psychological abuse may differ from other types of maltreatment, emotional and psychological abuse should be a distinct type in any classification system.
- Emotional and psychological abuse is phenotypically diverse, encompassing a wide range of subtypes. The classification system should not only include conceptual definitions, but also seek to make explicit the operational definitions

of each subtype. It should also be multidimensional and include at least frequency and chronicity.

- These subtypes which are based on parental or carer behaviours need to be considered in the context of the child's developmental level.
- Operational definitions should be restricted to examples where responsibility for the abuse can be allocated, usually with the parents or carers.

In this section, the available research into the operationalisation of emotional and psychological abuse is analysed.

■ *Sharon's early work*

Sharon's study (1984) of definitions of emotional maltreatment by child protection workers has consistently been overlooked by the literature. Sharon used vignette responses to collect definitional data from 137 child protection workers from 72 County offices in the State of Wisconsin. The dimensions of worker's assessment frameworks analysed were: frequency of parental maltreating behaviours, intensity of children's injurious manifestations, causal link between parental and children's behaviours, parental intent, parental motivation, culture of the child and his family, and context of the event.

Sharon (1984) drew the following conclusion for each of these dimensions in relation to the threshold required in order for a case of emotional maltreatment to be identified and proven.

- Frequency of parental maltreating behaviours
 - A single event, yet conditioned to have massive and abrupt components to create a massive trauma.
 - Continuous repetition of parental behaviours which contain a negative emotional attribute.
 - Pile-up of parental behaviours which contain various negative emotional attributed clustering together.

- Intensity of child's injurious manifestations
 - Workers did not differentiate between actual and potential negative outcomes for children. Both were considered serious once proven using behavioural observation and standardised psychological testing.
- Causal link between parent's and child's behaviours
 - Child's manifestation of emotional and psychological harm which is not linked to parental behaviour cannot be considered emotional maltreatment.
 - Child's dysfunctional behaviour accompanied by his/her statements indicating parental emotional and psychological abuse was considered by workers to establish the strongest case of emotional and psychological abuse.
- Parental intent
 - The more explicit the intent which accompanies parental behaviour, the greater the impact of the trauma for the child, the greater the justification for legal intervention.
 - Child's developmental capacity to perceive the intentional component of parental behaviour is an indicator of the seriousness of the impact of the behaviour on the child.
- Parental motivation
 - Lack of parental acknowledgement of the impact of their behaviour increased the perceived seriousness of the behaviour for children.
 - Parental refusal to accept professional support adds to the seriousness of the case.
- Culture of the child and his family
 - A definition of emotional maltreatment should weigh the extent by which parental abusive behaviour towards the child and the child's exposure to such experiences deviates from the norms shared by a given culture.

- The larger the deviation from the shared cultural norm, and the greater the consensus as to how parents should interact with children, then the clearer a case of emotional and psychological abuse is constituted.
- Context of event
 - Emotional and psychological abuse should be identified only when parental behaviours consisting of negative emotional attributes far outweighs parental behaviours consisting of positive emotional attributes.

Whilst Sharon's terminology lacked precision, he was able to describe the key elements of the orientation used by child protection workers when they assess reports of children who have suffered emotional and psychological abuse. A number of these issues remain controversial with the literature on emotional and psychological abuse.

■ *A recent Australian study: Waugh's findings in New South Wales*

Waugh (1997) conducted a major research project of the responses of front-line child protection workers to notification of emotional abuse in the New South Wales Department of Community Services (DOCS).

Her objective was to identify the way in which child protection workers used official and unofficial definitions of emotional abuse to inform and guide their decision-making. The project consisted of tracking 114 emotional abuse notifications through different decision-making points in the investigation process as well as interviewing 39 staff about their practice with these cases.

Waugh made a number of important points in establishing the grounds for her research:

- The definition of child emotional abuse which is used in practice is not always similar to the official definition developed by policy makers.
- In NSW, a definition of child emotional abuse was first included in program material for DOCS staff in 1994. Before then, all practice and policy manuals had been silent on the definition.

deliberately and unintentionally, some workers believed that deliberate abusive behaviour was more entrenched and more difficult to change. The intensity and frequency of a parent's negative behaviour towards a child was also included by some workers in their definitional framework.

Waugh also found that only 10 of the 39 workers interviewed believed that emotional and psychological abuse was a component in cases of physical and sexual abuse. Finally, Waugh noted that even though there was an increased awareness of the seriousness of emotional and psychological abuse, reports of emotional and psychological abuse were more likely to:

- be considered less of a priority than reports of physical and sexual abuse;
- be more difficult to substantiate than reports of physical and sexual abuse; and,
- require assessment of families over time to "build a case" before applications to the Children's Court would be proven.

Waugh's study is significant because it represents one of only a handful that attempts to explore the constructs that are used in the every day practice of child protection.

■ *A New Zealand perspective: McDowell's contribution*

Having interviewed 30 social work professionals and members of the general public in New Zealand, McDowell (1995) attempted to establish a definition of emotional maltreatment that included components oriented towards the operationalisation of its meaning. She wrote that 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 (eg. age, status, knowledge, organisational 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:

- *Emotional neglect. This is passive and it is not willful.*
- *Emotional damage. This is active and it is not willful.*
- *Emotional negligence. This is passive and it is willful.*
- *Emotional abuse. This is active and it is willful.*

In all four forms, the detrimental effect on the child may be short or long term...(p.181)".

McDowell aimed to resolve a number of the controversial aspects of previous definitions. Her focus on differentiating between acts which are passive and active and wilful or not wilful offers new resources to guide how parental intent should be interpreted in definitions of emotional and psychological abuse.

■ ***Summary of other studies***

In an efficient summary of previous categories of psychological abuse, Burnett (1993) listed a number of definitions offered by previous authors. These were:

- close confinement of a child;
- encouraging a child's delinquency
- not allowing the social and emotional growth of a child;
- immoral parental behaviour;
- public humiliation;
- not providing a loving home;
- singling out one child in a family for special, unpleasant tasks or treatment;
- denying psychological treatment with a qualified mental health professionals has prescribed it;
- threatening a child with physical harm or abandonment; and,
- severe verbal abuse.

After interviewing 833 subjects, Burnett found that there was high level of agreement that the following behaviours were considered emotionally abusive: confining a child to

a small space, severe public humiliation, singling out one child for rejection, severe verbal abuse, encouraging or coercing a child into delinquency, threatening a child, denial of psychological maltreatment, not allowing social and emotional growth, not providing a loving and supportive atmosphere (Burnett, 1993).

Based on data drawn from 151 mental health professionals and parents, Schaefer (1997) found that there was 80% agreement that the following ten categories of verbal abuse were never acceptable and therefore constitutive of emotional and psychological abuse: rejection or withdrawal of love, verbal put downs, perfectionism, negative prediction, negative comparison, scapegoating, shaming, cursing or swearing at the child, threats, inducing guilt. Similarly, Seaberg (1993) found that there was an 81% level of agreement between professionals about what constitutes emotional and psychological abuse and how to judge its seriousness in relation to the impact it has on the child.

Recently, Auburn (2003) surveyed 429 students in North Harris Community College and the University of Houston and found that there was substantial support for four of the five categories originally proposed in the typology of Garbarino et al. (1986). Only corrupting was not supported as a form of psychological maltreatment.

■ *Operationalisation through understanding impact*

As already discussed, another significant approach to generating operational definitions of emotional and psychological abuse has been through studies which have described the harm it causes. An extensive account of the literature on the effects of emotional abuse on children is beyond the scope of the current review. Hart et al. (1998) have recently produced an extremely comprehensive review of the outcome of research published since 1980. The following summary details some of the research findings to date.

In children, emotional and psychological abuse has been associated with problems in managing anger (Hoglund and Nicholas, 1995); increased aggressiveness (Egeland and Sroufe, 1981; Telzrow, 1987; Gross and Keller, 1992); psychosomatic disorders, including allergies, disturbed body image, stuttering (Preston-Shoot and Agass, 1990; Rohner and Rohner, 1990); delays in intellectual development (Cicchetti and Braunwald, 1984; Hart Germain and Brassard, 1987); depression (Preston-Shoot and Agass, 1986; Hart, Germain and Brassard, 1987); poor self esteem (Egeland, Sroufe and Erickson, 1983; Cicchetti and Braunwald, 1984; Briere and Runtz, 1990); poor

- In 1986, the classification of emotional abuse was substantially reviewed with the introduction of the Client Information System. The grounds for accepting emotional abuse notifications were expanded and included:
 - Specific parental behaviours: severe verbal abuse, continual rejection, continual scapegoating, social/physical isolation as punishment;
 - Descriptions of child behaviours which might indicate emotional abuse: failure to thrive, child's behaviours to self/others indicates abuse;
 - Parental conditions which might lead to emotional abuse: parent's emotional state threatens child's safety, parent's psychiatric disorder leads to emotional harm, parent's developmental delay leads to emotional harm, parent's alcohol/drug abuse leads to emotional harm;
 - A catch-all category for workers to use in the event that the above grounds were not perceived to be relevant: other emotional.
- In 1994, after a further review of the classification system, emotional abuse due to exposure to domestic violence was added.
- The definition adopted by DOCS in 1994 was consistent with a "harm" based model of assessing notifications. Workers were not only required to prove that a parent or carer engaged in emotionally abusive behaviour towards their child, but that that behaviour lead to demonstrable harm to the child.

Waugh found that there were no significant differences in definitions of emotional and psychological abuse according to worker's age, gender or ethnic background. However, years of experience in child protection appeared to affect individual worker's capacity to interpret departmental guidelines and articulate a definition of emotional and psychological abuse which was helpful to guide their decision-making orientation. The majority of workers also expressed their concern that the definitional categories for emotional and psychological abuse continued to be too broad.

Waugh also found that the degree of harm experienced by children and an assessment of family dynamics were central to their definitions of emotional and psychological abuse. The most common sub-categories mentioned by workers were: verbal abuse, scapegoating, and rejection. Workers also included non-specific behaviours, such as adult behaviour that is emotionally inappropriate or that causes damage to a child's self-esteem. Whist emotional and psychological abuse was considered to occur both

language development (Cicchetti and Beeghly, 1987); negative self concepts (Kinard, 1980; Cicchetti and Beeghly, 1987; McCarthy, 1990); difficulties in forming relationships with peers (Kinard, 1980; Egeland, Sroufe and Erickson, 1983); underachievement (Hart and Brassard, 1987a); delay in physical growth (Kavanagh, 1982; Skuse, 1989a; Skuse, 1989b); inorganic failure to thrive (Kavanagh, 1982; Schakel, 1987; Iwaniec, 1997); increased hospitalisations (Rosenberg, 1987; Moeller, Bachmann and Moeller, 1993; school refusal (Hyman, 1987, 1995; Nesbit and Karagianis, 1987); substance or alcohol abuse (Cohn, 1987; Roy, 1999); and increased mental health problems (Kinard, 1980; Garbarino et al., 1986; Zweig-Frank and Paris, 1991; Mullen, Martin, Anderson, Romans and Herbison, 1996; Kent and Waller, 1998).

Many of the downstream costs of emotional and psychological abuse are conceptualised in relation to disrupted child-caregiver attachment (Aber and Cicchetti, 1985; Egeland, Sroufe and Erickson, 1987; Cockett and Tripp, 1994; Hart et al., 2002).

Loring (1997) has also drawn heavily on trauma and attachment theory to suggest that emotional abuse occurs within a frame of relationships which exploit one person for the benefit of another. Loring described emotional abuse as consisting of:

- the disintegration of the self – processes which destroy an experience of personal agency and influence of the basic actions in life;
- the fragmentation of the self – whereby the emotionally abused person becomes estranged from their emotions;
- despair – resulting from the anguish and terror of disconnection from the perpetrator of the abuse; and,
- anxious attachment – whereby a parent may be impatient, inattentive and lacking in warmth toward a child, creating uncertainty and fear in the child's continuing experiences of relationships (Loring, 1997).

This is significant because attachment theory appears to be positioned as an important orientation through which definitions of emotional and psychological abuse are interpreted. However, it remains unclear as to how it is used in practice to guide decision-making. For example, Sheehan (1996) found that some Children's Court Magistrates considered children's attachment to their parents when trying to make a

decision about a protection application based on emotional abuse grounds. When questioned further, the magistrates had little specific knowledge about attachment theory or its implications for outcomes for children.

Concluding reflection

There are only a limited number of definitions whose construction have been situated in attempts to understand and reflect the way key terms associated with emotional and psychological abuse are used in practice by stakeholder professionals, such as statutory child protection workers. The contribution of these efforts are found in the seemingly greater emphasis placed on the elements of definitions which inform decision-making. In this sense, the way workers respond to parental intent or the level of agreement between workers about whether a behaviour is considered abusive or not give a measure of the potency of a particular definitional element.

Waugh's proposal (1997) that workers use official and unofficial definitions of emotional and psychological abuse in their decision making provides an insight into how systems themselves are subverted according to the value base and needs of those who are charged with responsibility for implementing that system. The operational interpretations of definitions of emotional and psychological abuse offer an insider's knowledge on the workings of the child protection system as it negotiates issues of threshold and the differences between what Graziano has termed "abusive/harmful" and "subabusive/nonharmful" experiences for children in families (Graziano, 1994).

2.3.4 Legal Definitions

The examination of legal definitions proposed in relation to emotional and psychological abuse is a significant undertaking. A general comparative overview of seven countries has recently been completed by Elliott, Sian and Thomas (2002). In this section, the positioning of emotional and psychological abuse in the legislation of three different countries are presented and critiqued. The three have been chosen because they provide examples of variations in approach adopted by legislators in attempting to delineate how concerns about emotional and psychological abuse will be responded by state child protection systems. The implications of such definitions to incidence studies of emotional and psychological abuse are discussed for each jurisdiction where such research is available.

Finally, this analysis is used as an introduction to a review of the Victorian legislative and policy context for emotional and psychological abuse at the time that this study was conducted.

■ ***The legal framework in the USA: Legislating to prevent "mental injury"***

According to Corson and Davidson (1987), the passing of federal legislation entitled the Child Abuse Prevention and Treatment Act on January 31, 1974 in the USA signalled the first co-ordinated effort to deal with resourcing the protection of children. They also pointed to its significance as the first and only federal law to recognise the concept of mental injury or emotional abuse. The federal legislation served as a:

"...general guideline to the states as to what they must include in their own definitions of abuse and neglect if they wished to receive funding under the Act... (p.186, Corson and Davidson, 1987)."

The inclusion of "mental injury" apparently caused a deal of controversy in congress with a dissenting view expressed that such abuse would be impossible to define and would lead to widespread discrepancies in legislation in each of the fifty states.

Corson and Davidson contended that the confusion related to the definition of mental injury was one of two major difficulties in the states enacting relevant legislation. Indeed, in the first year that grants under the federal law were made available, only three out of 57 state and territories qualified for funding. This finding was also supported by Yates (1982).

Corson and Davidson (1987) classified state laws into the following nine categories:

- statutes which included some reference to the infliction of mental injury in their neglect and/or abuse definitions;
- states which defined abuse and/or neglect as harm or threatened harm to child's health or welfare and included mental injury or a comparable phrase as one possible cause of such harm;
- states which defined mental injury;

- states that defined emotional abuse and/or neglect by specifically describing the child's condition or behaviour;
- states that permitted intervention for impairment of emotional health only when it has been caused by physical injury or inadequate physical care;
- states that used the terms "mental", "psychological", and "emotional" only when defining neglect;
- states that referred to "endangering" the mental condition of the child;
- states with unusual usage of the terms "mental", "emotional", "psychological" or other comparable terms; and,
- states whose child abuse and neglect laws do not include the use of terms "mental", "emotional", "psychological" or other comparable terms.

The level of detail recorded in this analysis is used to exemplify the range of approaches adopted within the one country to specify emotional and psychological abuse. Interestingly, it is Corson and Davidson's attention to detail in their article which illuminates a number of significant peculiarities in the definitional history associated with emotional and psychological abuse.

For example, in Mississippi, Corson and Davidson reported that the legislation forced:

"...all Mississippi counties to process these types of cases when presented, whereas previously, there were some that refused to do so...(p. 188, Corson and Davidson, 1987)".

In essence, the child protection workers of Mississippi reflected in such refusal their unwillingness to work with ambiguity of definitions. Such lack of certainty may be an important context which shapes the individual decisions of protective services in relation to intervening in reports of child emotional abuse.

Mississippi also included within their definition the following terms:

"...In addition to physical injury, abuse encompasses a situation in which a child's mental health has been adversely affected in some substantial way as determined by examination by competent health professionals...(p. 191, Corson and Davidson, 1987)".

The importance of health professionals in determining the mental health of children is enshrined clearly with such wording. Similarly, Corson and Davidson also found this special paragraph in the statute from Iowa:

"...A child in need of assistance is an unmarried child who is in need of treatment to cure or alleviate serious mental illness or disorder, or emotional damage... and whose parent, guardian, or custodian is unwilling or unable to provide such treatment... (p. 191, Corson and Davidson, 1987)".

In this definition, there is no mention of the source of the mental illness or disorder. However, a parent's lack of action to alleviate such distress is the trigger for the protective intervention.

According to Hamarman, Pope and Czaja (2002), the Federal Child Abuse Prevention and Treatment Act 42 defined psychological maltreatment as:

"...a repeated pattern of caregiver behaviour extreme incidents that convey to children that they are worthless, flawed, unwanted, endangered or only of value in meeting another's needs...(p.304, Hamarman et al., 2002)".

In their recent research into the area, Hamarman and colleagues have argued that this definition is vague and ambiguous. The lack of consensus and clarity about definitions of emotional and psychological abuse is the basis they believe for the fact that only twenty states had by 1997 introduced legislation that specifically addressed concerns about emotional abuse (Hamarman and Bernet, 2000; Hamarman et al., 2002).

In their most recent study, Hamarman et al. (2002) used published rates of child abuse in the US in 1998 to compare the implications of variations in state statutes on the reporting and substantiations of cases of emotional and psychological abuse. Firstly, they found that there was a 300 fold variation in rates of child emotional abuse across 42 individual states in the US. This compares dramatically with only a 13 fold and 12 fold difference for sexual abuse and physical abuse respectively. They concluded that the most likely explanation was that the lack of uniform legislation is the driving force behind the large variation across states. They highlighted the need for:

"...child maltreatment researchers and child advocates to develop clear consensus definitions to aid the legal community in adopting uniform inclusive statutes (legal definitions) to protect children from emotional abuse...(p.310)".

In the most recent published statistics about child abuse in the US, 6.8% of the approximate 903 000 children who were substantiated victims of abuse and neglect in 2001 were found to have suffered emotional or psychological maltreatment (US Department of Health and Human Services, 2003). This figure is undoubtedly an under representation of actual victims, as the report pointed out that another 19.5% were coded in the category of "Other", which included "abandonment, threats of harm to the child and congenital drug addiction".

■ *The legal framework in the United Kingdom – Introducing harm*

The Children's Act 1989 in the United Kingdom side stepped the need to produce a definition of emotional and psychological abuse altogether, preferring to develop a "harm" based framework for decision-making. Under Section 31(2), a child is in need of protection only if the court is satisfied that:

"...the child concerned is suffering significant harm, or is likely to suffer significant harm and the harm or likelihood of harm is attributable to – the care given to the child, or is likely to be given to him if the order was not made, not being what it would be reasonable to expect a parent to give to him, or the child's being beyond parental control..(p. 74, White, Carr and Lowe, 1990)".

However, the Act provided definitions for a number of the key terms used in this provision. According to Section 31 (9):

"...harm means ill-treatment or the impairment of health or development; development means physical, intellectual, emotional, social or behavioural development; health means physical or mental health; and, ill-treatment includes sexual abuse and forms of ill-treatment which are not physical...(p. 79, White et al., 1990).

The British Act is inclusive of concepts of emotional and psychological abuse. Indeed, it offers a degree of clarification for the scope of attention for the court. Its "harm" orientation requires the need for the establishment of a link between parental behaviour and outcome for the child.

According to White et al. (1990) the threshold criteria established under Section 31 (2) are to be interpreted according to the following principles:

"...that there should be harm or likely harm to the child; the criteria should reflect the care which would be reasonable for the particular child; it should be necessary to show some substantial deficit; and, the source of the harm should be the absence of a reasonable degree of parental care... (p. 77, White et al., 1990)".

The Act also established that the harm experienced by the child should be occurring at the time the application is taken to court. The court's attention is to focus on current or future harmful experiences for the child. Experience of past abuse may only be judged relevant if it provides additional information about the likelihood of the abuse being repeated.

The Act also directs the threshold for intervention to proof that the impairment experienced by the child is demonstrable and substantial. For emotional and psychological abuse, this is an important benchmark, but still requiring clarification.

According to the British Home Office (1991) guide "Working Together Under the Children's Act", the provisions of the Act can be interpreted to identify emotional and psychological abuse as:

"...an actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill-treatment or rejection. All abuse involves some emotional ill-treatment. This category should be used where it is the main or sole form of abuse... (p.49, Home Office, Department of Health, Department of Education and Science and Welsh Office, 1991)".

Importantly, this definition establishes a practice framework able to single out emotional and psychological abuse as a discreet category. It also links harmful outcomes for children based on repeated and severe abuse. However, it is silent on the issues of perpetrator and is tautological – reverting to a description of the effects of the maltreatment to define the acts which constitute it. Rejection is given a prominence in the definition over other key terms.

However, O'Regan (1990) has argued the threshold for legal intervention was set so high that cases of emotional abuse fall under the preventative provisions of the Act which require services to safeguard and promote the welfare of "children in need" within their families. Here a "child in need" was defined as a child who is:

"...unlikely to achieve or maintain a reasonable standard of health or whose development is likely to be significantly impaired or further

impaired without provision of appropriate services... (p. 124, O'Regan, 1990)".

According to O'Regan, this shift towards a framework based on need has required emotional and psychological abuse to be defined with a greater emphasis on parental behaviour since it is only by assessing such behaviour that children who are not presently experiencing harm or impairment can be identified as being likely to do so. O'Regan suggested that cases which clearly reflect demonstrable harm for a child fit with interventionist models of protection, whereas cases where the behaviour of parents are considered abusive but have not as yet led to demonstrable harm for the child should be treated with a family support and secondary preventive services.

The issue of threshold in cases where children may be in need of support but have not shown effects of demonstrable harm has become the subject of major attention over the past decade in the United Kingdom, particularly in relation to balancing the resourcing of family support services and forensic type child protection services (Department of Health, 1995; Gibbons, Conroy and Bell, 1995a; Farmer and Owen, 1995; Munro, 2002).

The proportion of children who have been placed on Child Protection Registers in England under the category of emotional abuse has increased from 4% in 1990 (Department of Health, 1992) to 17% in 2002 (Department of Health, 2003). According to Glaser (2002), in 1997, when the data collection process permitted joint registration of emotional abuse with other categories, the rate of registration of emotional abuse rose to 24%.

■ *Legal definition in Canada*

The Canadian Child and Family Services Act 1990 defined emotional and psychological abuse in Section 37 (2) in situations where a child is deemed to be in need of protection because:

- (f) the child has suffered emotional harm, demonstrated by serious,*
- (i) anxiety,*
- (ii) depression,*
- (iii) withdrawal,*
- (iv) self-destructive or aggressive behaviour, or*
- (v) delayed development,*
- and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of*

neglect on the part of the child's parent or the person having charge of the child;

(f.1) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;

(g) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child;

(g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm;

(h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition;

(i) the child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.

The Canadian legislation draws heavily on a "harm" based framework to delineate its parameters of concern. Instead of setting a nominal threshold through the use of the word "significant", it attempted to be more prescriptive through specifying the kind of harm that children may demonstrate in order for them to be considered in need of protection. It differs further from both the British and American legislation because it more clearly pronounces the responsibility of parents in the equation with the use of the following phrase:

"there are reasonable grounds to believe that the emotional harm suffered by the child results from the action, failure to act or pattern of neglect on the part of the child's parent".

This wording is repeated in the section covering situations in which children are at risk of suffering harm. In this phrase, a direct link is made with parental or carer behaviour. In other sections, the failure or refusal by parents to engage in services which might

alleviate the experiences of emotional harm by children is also considered abusive or neglectful. Abandonment is featured in a section which connects parental incapacity (death or lack of availability) with parental unwillingness to exercise their obligations to care for their child.

Trocme and Wolfe (2001) examined a representative sample of 7672 child maltreatment investigations conducted by state child protection workers throughout Canada in 1998. They found that emotional maltreatment was identified as the primary reason for the investigation in 19% of cases in the sample. However, the neglect category, which was the largest at 40%, included cases in which parents were reported for permitting maladaptive or criminal behaviour and abandonment or refusal to take custody of their child. If these two subtypes of neglect were included into the category of emotional maltreatment, an additional 10% of cases examined would have emotional maltreatment as the primary reason for investigation.

Emotional maltreatment had the highest substantiation rate of all the four categories of abuse investigated. Just over half of the cases which were reported with emotional maltreatment as the primary reason for the investigation were substantiated, as compared to a third for physical and sexual abuse cases and 40% for cases of neglect.

It was also significant that emotional maltreatment was the most likely category of abuse to continue beyond six months.

■ *Legal definitions in Australia*

A number of comparative studies of state child protection systems in Australia have been completed (Boss, 1986; Zabar and Angus, 1995; Australian Institute of Health and Welfare, 1999b; Liddell and Liddell, 1999, 2000). This section attempts a brief evaluation of this material in relation to its treatment of emotional and psychological abuse.

In 1986, Boss found that most state legislation to that point included constructs about emotional and psychological abuse in provisions such as:

- “likely to suffer physical or mental or emotional injury” - South Australia;
- “disruption in family relationships having deleterious effect on child” – Queensland;

- “administers or subjects child to drugs, neglects or interferes with physical, nutritional, mental or emotional well-being of child, leading to suffering or its likelihood, including psychological damage: - Tasmania; and,
- “is living under such conditions or is found under such circumstances or behaves in such a manner that his or her mental, physical or moral welfare is likely to be in jeopardy” – Western Australia.

In reviewing state legislation in 2000, Liddell and Liddell argued that there had been an increased homogenisation of principles guiding intervention to protect children from abuse. They found that status offences (provisions related to moral and social consequences for children) have been removed from legislation. In addition, there had been a move towards greater precision in identifying abuse categories, including emotional and psychological abuse. They pointed to the specific inclusion of exposure to domestic violence in changes to New South Wales legislation as a clear indicator of this trend. Finally, they also noted a trend towards the use of definitions which included concepts of harm, risk and threshold.

In a review of systems of child abuse recording by state welfare departments, the Australian Institute of Health and Welfare (1999b) found that the wide disparity between states about what constitutes child abuse has provided limited scope to make national comparisons of reporting and substantiation figures.

According to Tomison and Tucci (1997), there is currently no national, legal definition of child abuse and neglect in Australia. The Australian Institute of Health and Welfare provided a general definition of child maltreatment, as applied to substantiated child abuse notifications reported to the State and Territory child protection services. Emotional and psychological abuse was defined as:

“...any act by a person having the care of a child which results in the child suffering any kind of significant emotional deprivation or trauma... (p. 75, Broadbent and Bentley, 1997)”.

However, what constitutes “significant” emotional deprivation or trauma has not been defined.

Substantiation rates of emotional and psychological abuse highlight the range of differences in state to state child protection practices, legislation and policy contexts in Australia. The first ever available national statistics (Table 1) describing rates of proven child abuse were presented at the opening of the Australian Child Protection Conference in 1990 in Sydney (Calvert, 1990).

Table 1. Percentages of categories of abuse classified by each state's Child Protection Service System (1988-89) in Australia

STATE	PHYSICAL	EMOTIONAL	NEGLECT	SEXUAL
SA	39.5	6.0	24.2	29.0
NT	32.0	3.0	34.0	31.0
VIC	15.0	18.3	28.2	8.5
TAS	52.0	4.0	7.0	30.0
NSW	24.1	17.5	29.7	28.4
WA	30.3	3.2	29.8	36.7
QLD	26.1	16.7	37.7	19.5
Australia	31.4	14.1	27.7	26.2

NOTES: South Australia 1.3% of cases were classified as unknown
Tasmania 6.0% of cases were not classified
New South Wales Figures represent new referrals only

As Goddard and Carew (1993) observed:

"...Even a cursory glance at this table reveals extraordinary differences in how abuse is defined, with almost half (48.3 per cent) of the referrals in Victoria classified as emotional abuse compared to an average of just over 8 per cent for the other states (ranging from 3 per cent in the Northern Territory to nearly 18 percent in NSW). Even allowing for differences in reporting and data collection, it can only be assumed that even within Australia child abuse is defined differently ... (p.208, Goddard and Carew, 1993)".

Unquestionably, the category of emotional abuse reflected the widest range of substantiation rates in comparison to other abuse types. It was also apparent from these figures that across Australia, it is impossible to gain a comprehensive picture of substantiation rates because of a lack of consistent operational definitions.

The wide disparity in the range of substantiation rates of emotional and psychological abuse nationally has continued over the past decade as indicated by a sample of state comparisons reflected in Table 2. No other form of child maltreatment matches the order of difference found in emotional and psychological abuse between states.

Table 2. Percentage of cases substantiated as emotional abuse by State and Territory in Australia, 1993 - 2003

STATE	1993 - 94	1995 - 96	1997 - 98	1999-2000	2001-02	2002-03
SA	14%	17%	32%	15%	23%	23%
NT	8%	7%	6%	10%	16%	11%
VIC	30%	36%	42%	43%	44%	44%
TAS	11%	6%	11%	5%	6%	5%
NSW	33%	38%	10%	17%	11%	33%
WA	5%	4%	7%	29%	10%	11%
QLD	16%	19%	23%	40%	32%	34%
ACT	37%	24%	15%	27%	39%	40%

The figures in Table 2 have been compiled from a number of different reports: 1993-94 figures drawn from Angus and Woodward, 1995; 1995-96 figures drawn from Broadbent and Bentley, 1997; 1997-98 figures drawn from Australian Institute of Health and Welfare, 1999a; 1999-2000 figures drawn from Australian Institute of Health and Welfare, 2001; 2001-2002 figures drawn from Australian Institute of Health and Welfare, 2003; 2002-2003 figures drawn from Australian Institute of Health and Welfare, 2004.

■ **Relevant legislation in Victoria**

Under Section 63 (e) the *Children and Young Persons Act 1989* in Victoria, the basis for state intervention in cases of emotional and psychological abuse is found in the following wording:

"...The child has suffered, or is likely to suffer, emotional or psychological harm of such a kind that the child's emotional or intellectual development is, or is likely to be, significantly damaged and the child's parents have not protected, or are unlikely to protect, the child from harm of that type...(p. 65, Children and Young Persons Act, 1989 (Reprinted 26/6/2000))".

A number of key terms in this section of the legislation require interpretation. Obviously, the phrase "emotional and psychological harm" requires clarification. Even more pivotally, the term "significant" is also critical to the process of decision-making in child protection. It delivers a threshold marker for guiding inclusion and exclusion criteria.

In an attempt by the courts to identify a clearer specification of the meaning of significance, Justice O'Bryan in the Supreme Court of Victoria on 11/12/92 declared that:

"...in my opinion, in choosing the word significant the legislature intended that harm to the child's emotional or intellectual development will be more than trivial or insignificant but need not be as high as serious...The word significant means 'important', 'notable', 'of consequence'...For the purposes of the act 'significantly damaged' means that the child's emotional or intellectual development is likely to be damaged in some respect that is important or of consequence to the child's emotional or intellectual development...."

This judgement has not assisted greatly in achieving a more reliable conceptualisation of the term significance (Tomison and Tucci, 1997). This was most notably reflected in the very first recommendation outlined in Victorian State Parliament Inquiry into Sexual Offences Against Children and Adults released in May 1995. It recommended that:

"... that the word 'significant' be defined within the Children and Young Persons Act 1989 to ensure appropriate investigation...(p. xiii, Victorian Parliament Crime Prevention Committee, 1995; Victorian Parliament Crime Prevention Committee, 1995)".

At the time the interviews for this research were conducted, emotional abuse was the preferred official term and was said to occur:

"...when a child/young person is repeatedly rejected, isolated or frightened by threats or the witnessing of family violence. It also includes hostility, derogatory name calling and put downs, or persistent coldness from a person, to such an extent that the behaviour of the child/young person is disturbed or their emotional development is at serious risk of being impaired...(p.14, Protective Services for Children and Young People, 1992b)".

The definition was written in the passive tense and largely did not position the need to identify a perpetrator responsible for the actions. It utilised sub-categories to portray a

framework of examples that as a whole constitute emotional and psychological abuse. It did not provide any sense as to whether the definition was supposed to comprise other subcategories. It relied heavily on observable outcomes as displayed by disturbed behaviour or impaired emotional maltreatment.

The definition was operationalised through the implementation of Victoria's first computerised Children at Risk Register (CARR). Introduced in 1992, CARR provided an exclusive set of categories which were to be used by child protection workers to record their substantiation decision (Protective Services for Children and Young People, 1992a).

From this list, a child protection worker was required to provide a primary substantiated abuse type, ie the type considered by the worker to be most serious. The worker was then given an opportunity to register another five abuse types. The worker was also required to determine a risk level from the following possible options: moderate, significant, very severe or no further risk. The risk level identified the seriousness of the harm experienced by the child.

Of the 43 abuse types permissible, fifteen related to emotional and psychological abuse. Interestingly, whilst labelled "abuse type", the framework appeared to identify both abusive and neglectful acts as well as harms resulting from those acts.

The specific abuse types associated with emotional and psychological abuse on CARR were:

- Abandonment/desertion;
- Developmental delay;
- Environmental neglect;
- Substantial emotional trauma;
- Functioning affected by exposure to domestic violence/psychiatric illness;
- Failure to ensure safety;
- Failure to thrive;

- Misuse of drugs, medical or surgical procedures;
- Medical neglect;
- Parents dead or incapacitated;
- Substance misuse;
- Severe social, physical and emotional isolation;
- Severe scapegoating or rejection;
- Suicide threats/attempts; and,
- Severe verbal abuse.

■ *Understanding the Victorian context*

The high registration rate of emotional abuse in Victoria compared to other states in Australia (as indicated in Table 1) evoked a response in the way abuse was categorised. Research undertaken by the Protective Services Branch (Dwyer and Bevan, 1991) argued that a significant proportion of emotional abuse (between 14-22%) cases placed on the Children At Risk Register (CARR) were registered inappropriately. The key conclusion of the report was that the confusion around defining emotional abuse was due to an emphasis on "emotional interaction" in the welfare-oriented training of the state's protective service staff.

That is, child protection staff appeared to focus on the emotional distress of the child associated with the experience of abuse rather than classifying the case on the basis of the actual types of maltreatment suffered. This was perceived in some cases to result in a minimisation of the concerns.

There was little mention of the policy, legislative and resource context in which child protection workers' decisions were made. The report also did not appear to address its central conclusion and recommend changes to the way protective staff were trained about how to understand and intervene in cases of emotional abuse.

An alternative explanation not considered by Dwyer and Bevan (1991) was that the inappropriate registration of emotional abuse was influenced by the prevailing

ideological and resource climate of the Department at that time, which was characterised by the following themes as identified by Tomison and Tucci (1997):

- consistent opposition to involuntary state intervention in family's life;
- the belief that child abuse is a result of the stress endemic to families struggling to survive in a society riddled with escalating economic and personal poverty;
- a history which has emphasised the development of "voluntary" based family support and therapeutic agencies who believe it is outside their mandate to work with abusive families who are unco-operative; and,
- a lack of clarity in the community about how the roles of protective worker and the police differ in investigating reports of child abuse.

Tomison and Tucci (1997) also argued that re-defining and inappropriately registering some cases involving other forms of abuse into emotional abuse may have assisted in:

- encouraging the voluntary family support network to become involved, as emotional abuse is more suited to such agency mandate and philosophy;
- precludes the involvement of police at any level, thereby circumventing the conflict inherent in police/protective services relations; and,
- protects the service itself from a burgeoning list of unallocated cases through minimising the possibility of court evoked long-term statutory involvement.

Such a position is supported by other Australian research (Goddard and Hiller, 1992; Tomison, 1994) which identified the propensity of child protection workers in some instances to use official labels to misclassify cases. It was argued that misclassification occurred because emotional abuse and neglect cases were generally dealt with by the provision of family support services, whereas sexual and physical abuse cases are more likely to require statutory action.

Similarly, the Australian Institute of Health and Welfare (1999) noted the following feedback:

"...In discussions with Victorian Child Protection Program Management personnel, they suggested that in Victoria emotional abuse

may be masking other areas such as sexual abuse, as in their view emotional abuse is easier to substantiate than sexual abuse...(p. 29, Australian Institute of Health and Welfare, 1999b)".

On 13/9/91, there was a memo circulated from the State Director of Community Services Victoria to all Regional Directors. It read:

"...As you are probably aware the branch has recently conducted research into the issue of comparatively high rates of emotional abuse registrations in Victoria. In view of the findings of this research, the following alterations to CARR [Children at Risk Register] codes have been initiated and are included on updated CARR forms: the code 'EH - Likelihood of Significant Emotional Harm' will no longer be available..."

With one memo, emotional abuse was relegated from the system in an apparent hope to decrease its usage by protective service staff. In a sense, however, emotional abuse could not be removed altogether as it continued to form the basis for statutory intervention into families as established by the *Children and Young Persons Act, 1989*. The effect of the memo was immediate, with the rate of substantiation decreasing progressively to a rate of 30% in 1993-94 (Clark, 1995). The decrease is demonstrated by the figures represented in Table 3.

Table 3. Percentages of types of abuse substantiated in Victoria since 1988-89

	PHYSICAL	EMOTIONAL	SEXUAL	NEGLECT
1988-89	15	48	28	9
1990-91	18	40	20	30
1991-92	25	31	12	31
1992-93	28	30	14	28
1993-94	30	30	11	29
1994-95	29	34	9	28
1995-96	28	36	10	27
1996-97	26	40	8	26
1997-98	27	42	8	23
1998-99	34	32	9	25
1999-2000	27	43	8	22
2000-01	26	43	8	23
2001-02	25	44	7	23
2002-03	25	44	8	24

The figures in Table 3 have been compiled from a number of different reports: 1991-92 figures drawn from Angus, Wilkinson and Zabar, 1994; 1992-93 figures drawn from Angus and Zabar, 1995; 1993-94 figures drawn from Angus and Woodward, 1995; 1994-95 figures drawn from Angus and Hall, 1996; 1995-96 figures drawn from Broadbent and Bentley, 1997; 1996-97 figures drawn from Australian; 1997-98 figures drawn from Australian; 1998-99 figures drawn from Australian; 1999-2000 figures drawn from Australian; 2000-01 figures drawn from Australian; 2001-2002 figures drawn from Australian Institute of Health and Welfare, 2003; 2002-2003 figures drawn from Australian.

Since the introduction of mandatory reporting legislation in 1993-94, the notification rate of emotional abuse has risen by 53%, the highest percentage change for all forms of abuse. This increase has occurred in spite of the legislation being limited to reports of physical and sexual child abuse (Clark, 1995).

After an initial dip in substantiation figures, emotional abuse as the primary category of abuse has returned to the 1988-90 rate.

In addition, 33% of the protection applications lodged with the Children's Court in Victoria during 1993-94 were on the grounds of jeopardy to the emotional or

intellectual development of a child. This was followed by physical injury (27%), sexual abuse (11%), combined emotional/ intellectual / physical development and health of a child jeopardised (8%), physical health jeopardised (8%), parent dead or incapacitated (7%), abandoned (5%) (Health and Community Services Victoria, 1995).

This is despite Goddard's contention that emotional abuse is "virtually impossible to persuade the courts to recognise (p.38, Goddard, 1996)". Sheehan also commented that Victorian Children's Court magistrates were concerned about the extent of emotional abuse cases which appeared before them and the difficulty they experienced in finding such matters proven (Sheehan, 1996).

Concluding reflection

Legal definitions of emotional and psychological abuse have been criticised for their lack of clarity and specificity. The very ambiguity of these definitions appears critical in the evolution of a practice climate which has so far, in at least two countries (USA and Australia), led to huge variation in decision-making about the notification and substantiation of cases of emotional and psychological abuse between state based legal jurisdictions. It is interesting to note that Hamarman et al. (2002) appeared as if surprised to make the observation that their:

"...findings highlight the impact that policy can have on practice... (p.310)".

The legal definitions of emotional and psychological abuse connect with intersecting frameworks that shape the minutiae of practice in criminal prosecutions, policy about resources and funding, and ultimately, attitudes about when and how far the state is permitted a mandate to intervene. To date, legal definitions have sought to deal mainly with issues of threshold and the link between poor developmental outcomes for children arising from parental action/inaction and parental responsibility for causing such harm. They have required, and continue to do so, a secondary linguistic and conceptual system to decipher their intended meaning and align their objectives across policy and practice domains.

2.4 Concluding reflections on the literature review

In many ways, the review of the literature attempted in this section was ambitious. It not only centred its attention on the often cited areas of work about emotional and psychological abuse, it also examined concepts in the literature of related, but frequently positioned as peripheral, fields of interest. In so doing, it was able to highlight the following five themes:

- there is a paucity of research about emotional and psychological abuse;
- the research which has been completed reflects a fragmented conceptual base;
- there is a need to analyse the language base and implications of current definitions of emotional and psychological abuse;
- there are a number of important definitional debates which require attempts at resolution; and,
- it is essential for more research to be undertaken which examines the ways that emotional and psychological abuse is interpreted in the context of child protection practice.

In the proceeding sections of the literature review, each of these themes is discussed in more detail.

2.4.1 There is a paucity of research on emotional and psychological abuse

In comparison to sexual abuse and physical abuse, research into emotional and psychological abuse is considered to still be in its infancy (Geffner and Rossman, 1998; Behl et al., 2003).

Very little research has been undertaken which examines emotional and psychological abuse in relation to its aetiology, its impact on children, the way it is interpreted in practice and its implications in the decision-making of statutory child protection workers and other professional stakeholders.

In particular, there has been no research which has explored the meaning given to experiences of emotional and psychological abuse from the perspectives of children and families.

In the most part, the review found that the literature to date has reflected an emphasis on building conceptual definitions of emotional and psychological abuse. As a result, these frameworks of understanding have been developed around a number of repeatedly used parameters. These are detailed below:

- Emotional and psychological abuse undermines the development of children's cognitive competency and skills.
- Emotional and psychological abuse directly affects the way children trust, form relationships and express emotions.
- Emotional and psychological abuse affects children differently at different points in their development.
- Emotional and psychological abuse is best conceptualised as *patterns* of adult behaviour and thinking which adversely affect children's psycho-social development. These patterns can be identified because they are sustained and repeated over time.
- It is recognised that children's emotional, social, moral and psychological needs are conceptualised using culturally specific normative models of human development. Parental and carer behaviour is emotionally and psychologically abusive when it is considered to be inappropriate according to the culture in which it is being displayed.

The literature also echoes a distinct lack of confidence and hesitancy in the validity and applicability of the definitional elements proposed to date. It has recently been exemplified by Danya Glaser (2002) when she made the following observation:

"...It is invariably stated in publications on the subject that emotional abuse or psychological maltreatment are difficult to define and, therefore, to recognise reliably...(p. 699, Glaser, 2002)".

For the most part, this uncertainty is reflected in the following themes highlighted in the literature analysed in this chapter:

- Definitions of emotional and psychological abuse have yet to achieve broad ranging consensus in the literature.
- Definitions have yet to be developed which can span usefully and relevantly across practice, policy and research domains.
- There are still unresolved debates about critical concepts associated with emotional and psychological abuse.
- Community standards about appropriate parental or caregiver behaviour are constantly changing and are not homogenous nor easily identifiable. As a result, it appears very difficult to make judgements about when emotional and psychological abuse has occurred.

The outcomes of this analysis suggest that greater confidence in the constructs relevant to emotional and psychological abuse will be achieved with the development of knowledge gained through research using a variety of methodologies.

2.4.2 Knowledge about emotional and psychological abuse is fragmented

The preceding review found that constructs relevant to emotional and psychological abuse are dispersed across a range of conceptual, disciplinary and research literature.

For example, rejection is a longstanding member of the emotional and psychological abuse lexicon of concepts. It has been applied in practice and used in the research literature with a focus on child emotional and psychological abuse. Rejection also features in the massive field of interest examining the impact on children of parental conflict during separation and divorce. Yet, in this specific literature, emotional and psychological abuse appears rarely employed, even though the descriptions of the experiences of children in highly conflictual parental separation are extremely similar to the experiences of children who are identified as being subject to emotional and psychological abuse.

In turn, the literature with a focus on emotional and psychological abuse, has infrequently located parental conflict during separation and divorce as explicit

examples of any of its category definitions. This pattern is repeated in the areas of domestic violence, parental drug and alcohol addiction, parental disability and others.

It is without doubt that one implication of such diversity and lack of connection between areas of research is a fragmented knowledge base about the issue.

As others have indicated, separate sites of concern, following their own unique histories of research and practice, represent their ideas differently. Yet, clearly, there is value in understanding the overlap in language and conceptual referencing. For the emotional and psychological abuse field, the overlap is a critical area of concern, because its existence validates its own claims that emotional and psychological abuse is at the core of all forms of child maltreatment.

2.4.3 The language associated with definitions of emotional and psychological abuse require far greater attention

Whilst some authors have provided the impetus for analysing the implications and value base of the language used to construct definitions of emotional and psychological abuse, it has not been a central focus of concern in the research and conceptual literature.

As noted by Carter (1983), the study of emotional and psychological abuse is strewn with overlapping and unclear definitional categories. The terminology used has implications for the triggering of state intervention with children and families. Yet, there has been little attempt to understand the inherent assumptions and the way the connotations of seemingly synonymous concepts are interpreted by community, legal and statutory child protection professionals.

The imprecise and confusing terminology has had a number of consequences in the development of effective public policy, the evolution of practice and the focusing of research associated with child emotional and psychological abuse.

Firstly, the ambiguity has positioned emotional and psychological abuse with overtones of leniency and the need for broad exoneration. If experts cannot agree about what it is, then how could an average parent know if they are enacting it? Who could blame a parent for doing something that is not clearly defined? The hesitation associated with emotional and psychological abuse may enable the community to keep at a distance the

very real possibility that there are culturally endorsed parenting practices which are emotionally and psychologically abusive of children. This includes the use of physical punishment.

The uncertainty in the language may have also served to devolve accountability for emotionally and psychologically abusive parenting behaviour to easier domains to accept for parents such as questions of parenting styles or problems with parenting approaches.

Secondly, it appears to have placed emotional and psychological abuse within a hierarchy of maltreatment that identifies it as a less serious form than physical and sexual abuse. It can therefore be used as a more palatable outcome in the contestable processes of statutory child protection investigations and/or the Children's Court, offering parents the opportunity to negotiate away from more damaging allegations of abuse and violence. As noted earlier, it also circumvents the need to involve the police and minimises the follow up potential of criminal investigations.

Thirdly, it may have allowed threshold levels for state intervention to be readily manipulated by child protection administrations when faced with escalating numbers of notifications which cannot be adequately resourced without parallel increases to departmental budgets.

Fourthly, the continual doubt raised about assessing and intervening in cases of emotional and psychological abuse may have served to keep professional involvement within a stringent domain of expertise. Child protection workers and magistrates alike appear to believe that there is a higher burden of proof for emotional and psychological abuse. Its lack of tangible dimensions has encouraged the use of psychologists and psychiatrists who are able to establish their credibility more easily than social workers. Indeed, many of the leading authors have been from disciplines other than social work. It may be in the interests of these disciplines to maintain a degree of uncertainty in the concept which only they can address.

The credibility of the incidence and prevalence data for emotional and psychological abuse has also been questioned. There appear to be unambiguously wide variations between countries and within states of the same country in the incidence rates of child emotional and psychological abuse reported, substantiated and used as the basis for

court sanctioned protective involvement with children. Without confidence in this information, state governments and their administrative bodies have been able to avoid resourcing efforts to prevent it.

At a public policy level, the lack of resolution of core definitional elements about severity and impact has become central to the argument for the rebalancing of child protection and family support resources. In this sense, emotional and psychological abuse is not viewed as domain of concern for statutory child protection workers. It does not require a crisis or emergency response – particularly in systems which have been characterised by episodic intervention as distinct from long-term or ongoing resourcing of families (Glaser and Prior, 1997; Department of Human Services, 2002). It is perceived as more amenable to family support intervention. With such ideologically framed policy gaining momentum, the perceived ambiguity of emotional and psychological abuse definitions continues to give weight to those who oppose state intervention into the lives of families.

Finally, at a research level, the lack of attention to language has contributed to an emphasis on establishing a taxonomy to describe the phenomena. In so doing, it has limited the evolution of a body of knowledge about practice and intervention. Knowing how to intervene to assist children is much more complex than determining whether or not emotional and psychological abuse has occurred. The priority for research about the development of definitions has helped the field to dodge the more thorny questions of what to do and how to do it.

It is clear that the language used to construct current conceptual and category definitions of emotional and psychological abuse needs to be a site for analysis through research.

2.4.4 Key definitional debates require resolution

There are a number of key debates which need to be resolved in order for definitions of emotional and psychological abuse to evolve further.

The significant debates identified within the review of the literature are summarised by the following questions:

- Is parental intent required in order for emotional and psychological abuse to be substantiated?
- What is the threshold that should trigger statutory child protection intervention in order to protect children from emotional and psychological abuse?
- How is severity to be measured and accommodated in definitions of emotional and psychological abuse?

2.4.5 Greater understanding how emotional and psychological abuse is understood in practice is essential

It is imperative the doubt and hesitancy in the literature about emotional and psychological abuse is addressed with more research. It was clear that the review of the literature identified a paucity of studies which examined how the definitional elements, categories and conceptual underpinnings of emotional and psychological abuse are interpreted and used in practice by health and welfare professionals. There was even less research which sought the views of children and parents about the utility and relevance of constructs associated with emotional and psychological abuse.

This type of research would give an insider's view about the confidence with which users of the concepts relevant to emotional and psychological abuse engage with and apply their meaning. It would also give some indication about the stability of constructs in the day to day decision making processes of child protection workers and other related professionals. Even more significant, the research would provide some insights into how the end result of the decisions based on such constructs are experienced by children and their families.

The study undertaken in this thesis starts from this point. In the next chapter, the aims and methodological approach of the research are described.

3. The Study Design

3.1 Introduction

In this chapter, the methodological approach adopted to carry out this study is described. In the first section, the research aims are articulated. In the second section, the argument is made for using deconstruction and discourse analysis as relevant methodological forms for exploring the meaning ascribed to the constructs of emotional and psychological abuse in the practices of child protection. In the third section, a record is made of the steps undertaken to secure a relevant sample, conduct interviews and encode and analyse the data. It also includes a discussion of the ethical considerations of implementing a study design involving individuals with special vulnerabilities and needs, in particular abused children. Finally, the fourth section sets out a brief summary of participant feedback about the way in which the methodology was executed.

3.2 Research questions

The aim of the current study was to examine how meanings of emotional and psychological abuse are interpreted and applied by child protection workers, related community based health and welfare workers, parents or carers and children.

Specifically, the study seeks to answer the following two research questions:

- How are definitions of emotional and psychological abuse understood and used by statutory child protection workers and other related professional stakeholders in practice?
- How do children and their parents or carers understand what is meant by emotional and psychological abuse?

3.3 The methodological framework of the study

The current study is located within the traditions of qualitative research. According to Denzin and Lincoln (1998) and Parker (1999b), qualitative research involves a variety of methodological approaches which aim to make sense of and interpret experiences and phenomena in terms of the meanings that people bring to them. They also argued

that qualitative researchers use established techniques or invent their own in order to achieve richness of description and interpretation. The field of concern for qualitative researchers is the:

"constraints of the every day social world. They see this world in action and embed their findings in it...(p.10, Denzin and Lincoln, 1998)".

The current study situates its interest with the direct experiences of child protection workers, community professionals and children and parents during their involvement in the statutory child protection system resulting from a report of emotional and psychological abuse. Its focus is the meaning they ascribe to key terms and constructs when they talk about emotional and psychological abuse. In this respect, it is the words and phrases, the language of the respondents that is the data of the study.

This type of data lends itself well to the specific methodological approaches of discourse analysis (Potter and Wetherell, 1994; Potter, 1996; Willig, 1997) and deconstruction (Parker, 1992; Burman and Parker, 1993; Parker, 1999a). Both analytical strategies relate everyday practices and talk to political, cultural and historical contexts.

In this section, a brief summary of the elements of each approach is presented. Along with key dimensions of qualitative research strategies, discourse analysis and deconstruction represent the cluster of methodological approaches that have informed the planning and execution of the current study.

3.3.1 Discourse Analytic Research

Discourse analysis is embedded in the writings of Michel Foucault. The following discussion is attributed to his inspiration and sourced in the following secondary literature: Dreyfus and Rainbow (1983); Rainbow (1986); Potter and Wetherell (1987); Lee (1992); Wetherell and Potter (1992); McNay (1994); Fairclough and Wodak (1997); McHoul and Grace (1998).

As a guiding set of principals, proponents of discourse analysis would most likely support the implications of the following statements:

- Universalist explanations of phenomena and experience have little validity.

- The users of a language are also the subjects of that language. The reality experienced by such a subject is constructed by the relationships of power within a community in which the subject interacts.
- Language is always referential. Descriptions of phenomena rely on other words which act as linguistic references for that phenomena. The meaning of experience is always mediated through language.
- Language is ordered through and by texts. These texts have multiple transitory and context bound meanings, all of which hold legitimacy, but not all of which are supported or agreed with.
- The meaning of a text is not held by the author. Rather, it is created in the interplay between the reader and the text, evaluating both the interpretative frame of the reader and the values and assumptions underpinning the text.
- As designations in language become accepted, a speaker using the language is constrained by such designations in communication with others and in the generation of new ideas. Language structures and frames reality and the experience of that reality by the people speaking and listening.
- The formation of meanings attributed to experience is structured by higher order systems of language which combine cultural, historical, political and ethical themes and constraints.
- A discourse is best understood as a system of possibility for knowledge. They are clusters of meaning which reflect a specific way of making sense of the world.
- Discourses are representations of the systems of thought which make possible statements about truth and identity. Discourses are rooted in historical and political frameworks of social organisation that make some social actions possible while precluding others.

Central to discourse analysis is the view that interwoven in the use of language is the possibility of several different meanings. Alternate meanings offer different propositions for action and understanding.

Discourse analysis is the process of contextualising the language used by an author or speaker as a way of identifying possible alternative interpretations which link meanings relevant in the text to the historical, cultural and social traditions in which the use of such language has been embedded.

Burman and Parker (1993) argued that the number of alternative discourse analytic approaches have proliferated to the point where bewilderment may be the most common experience of researchers new to the area. Rather than attempt a synthesis, Burman and Parker delineated the common characteristics of the styles of analyses offered under the broad umbrella term of discourse analysis.

These common elements are:

- a concern with the way that language produces and constrains meaning;
- an emphasis on texts (written, verbal, pictorial) as the data undergoing analysis;
- an attention to the social values, themes or conditions which give rise to the forms of text which are available for use;
- a belief that language not only reflects a version of reality it aims to represent, it also acts to shape what reality is possible; and,
- the meanings given to text are multiple and shifting.

In addition, Burman and Parker detailed three key reference points underpinning discourse analytic research in social psychology.

The first of these is referred to as repertoires and dilemmas. Drawing on the work of Potter and Wetherell (1987), Burman and Parker described discourse analysis as a method of enquiry which attempts to identify the linguistic repertoires available to individuals as they talk about themselves and the meaning they give to experiences. In later work, Wetherell and Potter (1992) have referred to these resources as "interpretive repertoires" or:

"...broadly discernible clusters of terms, descriptions and figures of speech often assembled around metaphors or vivid images...systems of signification...used for manufacturing versions of actions, self and social structures of talk...(p.90, Wetherell and Potter, 1992)."

These repertoires are the resources from which individuals draw to make sense of their world, construct factual versions of phenomena and allow them to take certain actions whilst preventing them from taking others.

According to Wetherell and Potter, interpretive repertoires are primarily a means to understand the content of discourse, rather than analyse at an epistemological level how discourses interact with each other to produce in a metaphoric sense someone's identity or experience of culture. In this frame, Wetherell and Potter are mostly concerned with discourse as social practices reflected in examples of actual instantiation, mostly talk and texts.

Even more importantly, Wetherell and Potter distanced themselves from focusing on the grammatical analyses sometimes applied in discourse analysis associated with the study of language. Rather, their scope of discourse is:

"...language use, what is achieved by that use and the nature of the interpretive resources which allow that achievement... (p. 91, Wetherell and Potter, 1992)."

Burman and Parker's reference to dilemmas reflected on the ways in which people manage the experience of being caught in dilemmas of interest or stake. Billig, Condor, Gane, Middleton and Radley (1988) described ideological dilemmas which occur when individuals are caught between contrasting public and private ideas. Similarly, Wetherell and Potter developed the activity of rhetorical analyses to appreciate how people experience the dilemma of:

"...performing any potentially offensive, problematic or sensitive action which could be reacted to as interested, biased or motivated... (p.97, Wetherell and Potter, 1992)."

This interest in rhetoric production through language is clearly exemplified in Wetherell and Potter's account of white New Zealanders in interviews in which they attempt to manage highly racist accounts of Maori culture without being heard as or considered to be racist.

Burman and Parker's second reference point challenged the reader to consider concepts such as "repertoires" or "dilemmas" as constructions of the author, and as such in and of themselves open to the possibility of analysis and critique. Drawing on the traditions of ethnographical studies as pioneered by Garfinkel (1967), they argued that it may be

more critical to understand how the subjects of the research themselves understand and interpret what they say about themselves and their worlds. Burman and Parker highlighted the significance of the language used by participants to establish a base for later analysis and meaning making attempts by researchers. They proposed the need to first develop "a sensitivity to the way language is used" by an interviewee and then to focus on the "inferential and interactive" aspects of the talk used in the conversations being studied.

Burman and Parker's third and final reference point for discourse analytic research is the influence of postmodernism in framing the constructions of objects and subjects in the social and institutionalised practices of a community. In this sense, texts have come to be analysed in order to appreciate more fully the ways in which objects come into being and are experienced as real by those who use and engage with them. Classical examples of the objects constructed through discourse are gender, sexuality, culture, prejudice.

Potter and Wetherell (1987) have articulated a ten step process for analysing discourse. Whilst they emphasise that there is no single method to discourse analysis in the way that traditional conceptualisations of experimental method are made. They prefer to argue that their ten stages are:

"...intended as a springboard rather than a template...(p. 175)".

The methodological framework adopted in this thesis broadly follows the ten steps outlined by Potter and Wetherell (1987): framing the research questions, selecting a sample, collecting records and documents, conducting interviews, transcription, coding, analysis, validation, writing the report and application.

3.3.2 Deconstruction

In introducing deconstruction as a research methodology, Norris argued that to present it as:

"...a method, a system or a settled body of ideas would be to falsify its nature...(p.1, Norris, 1991)".

Deconstruction is grounded in the work of Jacques Derrida (Derrida, 1978; Bennington and Derrida, 1999). The following discussion is also based in the following secondary literature: Culler (1982); Grosz (1990); Norris (1991); Eagleton (1993); Parker (1999a).

Parker (1999) offered this description of deconstruction as an:

"...intensely critical mode of reading systems of meaning and unravelling the way these systems work as texts. Texts lure the reader into taking certain notions for granted and privileging certain ways of being over others...Deconstructive unravelling works through a kind of anti-method which resists a definition or prescription, for it is looking for how a problem is produced the way it is rather than wanting to pin it down...(p. 1-2)".

Like discourse analysis, texts (including written, oral, musical, drawings – any form of communication) are the attention of deconstruction. The text is interrogated in an interactive way to tease out the meanings ascribed to the phenomena that is the subject of that text. It is not an act of exposing meaning which is hidden. It is instead a playful connection with alternative meanings, often referenced as contradictory or complimentary, offered by the very text itself. It is important to note that the author's/actor's/painter's intended meaning for the text is not necessarily relevant to the act of deconstruction. Whilst it holds a place as one possible interpretation, it is not afforded any privilege. Deconstruction is the act of contextualising the meaning of text with reflections about the nuance of the language chosen to evoke that meaning. It is considered critical because its ambition is destabilisation of meaning, in particular those meanings which seem too easily acceptable, too familiar, too stable. Without such destabilisation, the text itself exerts its power to restrict the possibilities of interpretation.

According to Parker (1999), deconstruction and discourse analysis are linked through their joint reference to context and tradition. Deconstruction traces its history to a study of language and thought, whilst discourse analysis might reflect on its identity through genealogical examination of systems of description and truth generation.

Deconstructive methods have been adopted in a range of disciplines. Of particular interest to this study is the application of a partly etymological methodology which attempts to identify the "key" words used consistently in discussion about a particular issue, experience or set of relationships (Jay, 1998). The appeal in this approach lies in what Attridge (1987) has argued is a process which can be used to:

"...unsettle ideology, to uncover opportunities for change, to undermine absolutes and authority – and to do so without setting up an alternative truth-claim...(p.202, Attridge, 1987)".

The focus of such an analysis are the words regularly encountered in communication and which most easily represent solid and simple concepts. Jay has argued that such words:

"...do their work not merely by melting into one another, but by positioning themselves in shifting force fields with other words, creating unexpected constellations of counter-concepts and antonyms, as well as a spectrum of more or less proximate synonyms...(p.3)".

The methods used by the cultural semantics protagonists encourage reflection on how the inclusion and exclusion of such terms assist in the formation of particular constructs or identities and generate meanings which become relevant across various discursive contexts.

In this thesis, the application of deconstruction and key word analysis are particularly relevant in the analysis of the interview transcripts.

3.4 Research method

3.4.1 Sample

■ Identifying informants

Gilchrist (1992) has argued that the way in which informants for qualitative studies are identified helps to set the parameters and scope of the possible findings. In this sense, the selection of informants becomes an important strategy in establishing the validity of the research outcomes.

It is clear from the literature that there have been a number of conceptual and category definitions of emotional and psychological abuse proposed. However, very little research has been undertaken which seeks to understand how such definitions are applied in practices of workers who are obliged to use them. The aims of the research clearly established the need to involve statutory child protection workers and other community based professionals who are involved in the care, supervision and support of children who have experienced emotional and psychological abuse.

The study went one step further and attempted to also for the first time seek to understand the perspectives and experiences of children who have experienced emotional and psychological abuse and their parents or carers.

The body of literature seeking client views of social work and child care dates back at least thirty years (Mayer and Timms, 1970; Sainsbury, 1975; Sainsbury, Nixon and Phillips, 1982; Fisher, Marsh, Phillips and Sainsbury, 1985). Opinions have also been sought specifically from consumers of child protection services. These studies have focused mainly on parents. For example, there has been research which has interviewed children who have been physically abused and their parents (Brown, 1984; Corby, 1987; Gough, Boddy, Dunning and Stone, 1993), parents' views of how effectively protective intervention addressed their concerns about the safety of their children (Magura and Moses, 1984), sexually abused children and their mothers (Hooper, 1989; Roberts, Taylor, Dempster, Smith and Bonnars, 1992), and parents who have been involved in child protection case conferences (McGloin and Turnbull, 1986; Thoburn, Lewis and Shemmings, 1990). Farmer and Owen (1995) have completed a large study which described the experiences of children and parents in relation to the impact of child protection interventions.

In Australia, the validity of such research is gradually being established with an increasing number of studies completed which focus on the experiences of parents of abused children (MacKinnon and James, 1991, 1992; Scott, Lindsay and Jackson, 1995; Thomas, 2002).

Children traditionally have had to rely on adults to have their voices heard. They have been viewed as too vulnerable to comment on the effectiveness of services which impact directly on their health and welfare (Finklehor, 1994). However, over the past decade, there has been a steady increase in research seeking the views of children in relation to their experiences of the child protection and support systems (Butler and Williamson, 1994; Westcott and Davies, 1996; Mason and Falloon, 1999; Strickland-Clark, Campbell and Dallos, 2000; Create Foundation, 2000; Mudaly and Goddard, 2001; Mudaly, 2002; Mullender et al., 2002).

This study has drawn on this emerging tradition to seek the views of children and their parents or carers about their experiences of emotional and psychological abuse and the ways in which they received support and intervention from child welfare practitioners.

■ *Sampling approach*

Kuzel (1992) has reviewed a long list of sampling strategies identified as relevant to the endeavours of qualitative research. He has argued that identifying which sampling approach is most relevant to a particular study is driven by an ambition to illuminate the specific research questions and increase the scope and range of descriptions of experience. The focus of effective sampling is in producing information rich data for analysis. Similarly, Potter and Wetherell (1987) argued that the crucial determinants of discourse analysis research are the specific research questions and the availability of textual data.

In this study, the research questions defined a desire to explore the meaning of constructs of emotional and psychological abuse from the perspectives of child protection workers, community professionals and the children and families who come to be involved in the child protection system.

The strategy chosen for the current study sought a purposeful sample of cases set according to an established criteria for inclusion. The criteria was defined by the focus of the study, the parameters determined by the Standing Committee on Ethics in Research on Humans at Monash University and the availability of key informants to take part in the interview process. The criteria for inclusion is described in detail in the next section.

■ *Securing a sample*

It took approximately six months of negotiation before the management of the regional state child protection service in Victoria gave their consent for their staff to participate in the study. The negotiation centred on resolving the following issues: the time commitment for staff, the ethical implications for participants, the procedures for identifying relevant cases, the way that children and parents would be invited to take part and how the results would be used.

The sample was chosen according to a pre-determined set of criteria. Protective workers were asked to nominate children who were older than seven years of age and had been the subject of a substantiated report of emotional and psychological abuse as the primary abuse type. The criteria for inclusion into the study is described in Table 4.

Table 4. Selection criteria for involvement in study

- The investigation had substantiated a form of emotional and psychological abuse drawn from the centralised computer register of notifications and investigations as the primary abuse type.
- The case could include family situations in which other forms of abuse also occurred.
- The emphasis of the protective assessment and intervention needed to be perceived by workers to revolve around emotional and psychological abuse.
- Children/families should only be nominated if the children are over the age of seven years.
- Children/families should only be nominated **post** substantiation decision.
- Children/families on Children's Court orders were able to be included.
- Children/young people on guardianship orders to the Department of Human Services were able to be included.
- Children/young people not living with natural families were able to be included.
- Children/young people needed to have been involved with Department of Human Services in the past twelve months.
- Children/young people where Department involvement had ceased were able to be included.
- Children/young people who were currently involved with Department of Human Services were able to be nominated.

A different invitation process occurred for children who were and were not on Guardianship Orders granted through the Children's Court of Victoria.

For children on a Guardianship Order, the manager of the child protection service gave formal consent for the case to be used in the study. The manager also gave consent for child protection workers employed at the unit to participate in the study. Whilst consent was provided by the manager, children, carers and child protection workers were given the opportunity to opt into or out of the study. A letter was sent to the child protection worker outlining the study and asking for their agreement to take part. A staff member

working in the child protection service forwarded a letter of invitation to the child and his/her carer explaining the study and inviting them to take part (See Appendix C). All invitational correspondence was accompanied by a letter from the manager of the child protection service confirming his support for the study. Responses were returned by mail to Monash University. If written agreement was received, follow up contact was made by phone with the aim to organise a suitable interview appointment.

For children whose guardianship resided still with their parents, a staff member working in the child protection service forwarded a letter of invitation to the child and his/her carer explaining the study and inviting them to take part (See Appendix C). Responses were returned by mail to Monash University. Guardians were given the option to agree to:

- their child to be interviewed, and/or
- be interviewed themselves, and/or
- the child protection worker and his/her supervisor to be interviewed.

If written consent was received, a letter was sent to the protective workers involved with the case inviting them to participate in the study. If written agreement was received, follow up contact was made by phone with the aim to organise a suitable interview appointment.

Between 12/10/95 and 6/11/95, a total of twenty-two children were nominated by child protection workers. From this original group, an initial sample of three children gave their consent to take part in the study. Interviews with children, carers and child protection workers were conducted by the end of January, 1996.

In response to the low take-up rate by individuals approached to take part in the study, it was decided to offer a payment of \$30 for children and \$70 for families in their letter of invitation. The payment was a way of acknowledging the time commitment involved in taking part in the study and to encourage their participation. The ethical implications of this decision are discussed further in Section 3.4.2.

At this point, the manager of the child protection service with whom the contract to conduct the research moved to another position. The subsequent manager asked to review the original proposal before agreeing to another sample of children and families

to be nominated for the study. Approval for the project was referred to the State Assistant Director of the Protection and Care Service. She questioned the validity of the research and claimed that it would not provide a balanced view of the practice of the child protection system. After much correspondence, a letter was received on the 16/9/96 terminating the original agreement for the service to take part in the research.

It took the concerted effort of the Head of the Department of Social Work, Monash University to finally have this decision over turned. Written approval to re-commence the project was received on the 20/12/96, almost 12 months after the data collection phase had commenced.

As a step to ensure that an adequate sample was obtained, separate approval was gained from a regional family support service to undertake the research with children and families who had been referred by state child protection workers on the grounds of emotional and psychological abuse. This service was able to nominate three children and families where emotional and psychological abuse had been substantiated by the regional child protection service. In these cases (Case 20-22), child protection workers were not interviewed because the parents did not agree for these interviews to take place. For this sample, parents, children and the family counsellor were interviewed.

From May 1997 – October, 1997, a total of thirty-four children and families were nominated by child protection workers as meeting the criteria for the study. Of this group, seventeen children and parents consented to take part. All interviews were completed by May 1998. The data collection phase had taken two years and eight months to complete.

The process of negotiating and re-negotiating organisational approval for the study with the child protection service has been described in some detail in this section because it forms part of the "audit trail" which enables methodological decisions made during the research to be critically examined (Lincoln and Guba, 1985). This process assists to establish the validity of the research as it locates the conditions in which the data itself was generated (Denzin, 1994).

3.4.2 Ethical considerations

As a number of authors have pointed out (Minichiello, Aroni, Timewell and Alexander, 1990; Punch, 1994; Bouma, 2000), ethical considerations in qualitative research centre

on the need to balance any costs to participants with the benefits of gaining knowledge about a particular topic, group or experience. In particular, the following four issues have been identified as requiring consideration in the development of ethical research methodology: consent, harm, privacy and confidentiality.

In addition to addressing each of these elements, the study involved abused children as participants. There is growing recognition that given their developmental vulnerabilities, research with children raises a range of distinct ethical concerns (Berglund, 1995; Glantz, 1996; Hill, 1997; Thomas and O'Kane, 1998; Edwards and Alldred, 1999; Mudaly, 2002).

Kinard (1985) argued that the ethical questions involving abused children are even more complex, given their experiences of trauma and more complicated family contexts. Mudaly (2002) has provided an excellent recent review of the ethical issues inherent in undertaking research with children who have experienced abuse and family violence.

Each of the ethical issues considered for the study are discussed below.

It should be noted that ethics approval was obtained for the project from the Standing Committee on Ethics in Research on Humans, Monash University (Approval Number: 150/95). A copy of the Ethics Application and Approval is attached in Appendix B.

■ *Consent*

Informed consent for adult participants was achieved by providing them with a letter of invitation and explanatory statement, which clearly articulated the aims, methodology and the expected benefits of the study. The invitation pack (attached in Appendix C) also documented the ethics approval from Monash University and the protocol for referring any complaints about the conduct of the study. Consent was indicated by the participant signing a form contained in the invitation pack and returning it to me at Monash University. In addition, prior to interviewing commencing, an explanation about the study was provided again with another opportunity to ask questions and affirm their agreement to continue.

The legal guardians of the children were first asked to give their permission for interviews to be conducted with the relevant child protection workers and community

professionals, and if appropriate the children. All other key informants were invited to participate in the study only after the legal guardian of the child provided his/her consent for information about the child and family could be made available to the researcher.

For children, the issue of informed consent is more complex. Whilst the National Health Medical Research Council (Australia) guidelines make provisions for guardians to give consent for their children to participate in research, they also allow for children's consent to be sought when their maturity or competence makes it practicable to do so (Berglund, 1995). There is also growing consensus that whilst children may not be legally able to give their consent, their assent or agreement should be secured prior to their participation in research (Berglund, 1995; Glantz, 1996; Hill, 1997; Thomas and O'Kane, 1998; Mudaly, 2002).

In the current study, children were asked in their own right to give their permission and agree to take part in the research.

The second ethical consideration associated with children related to whether adults make decisions which are in the child's best interests or are influenced by their own individual motivations (Stanley and Sieber, 1992; Glantz, 1996). Kinard (1985) has noted that:

"...in the case of abused children, the consent issue is complicated by the potential adversarial relationship between abusing parent and abused child. The abusing parent may be reluctant to grant consent because of fear that the abused child will disclose information detrimental to the parent in the course of the research...(p. 302)".

In this study, it was not possible to circumvent decisions by a child's guardians to not take part in the research, regardless of any prior knowledge about their motivation. This may have limited the opportunity for children to take part if they wanted to but their guardian did not.

For children on guardianship orders through the Children's Court of Victoria, initial consent was provided by the manager of the child protection service who was authorised to do so. An invitation pack was then sent to the carer of the child asking them to consider the impact of the research on the child and discuss the possibility with the child directly. This enabled important adults involved in the care of the child to help

determine whether participation in the study may adversely affect the child. It also provided an opportunity for the child to consider their participation within a relationship that was neutral to the outcome of the request.

■ **Harm**

For each group of participants, a list of potential adverse effects was developed in conjunction with a series of strategies which addressed them. These strategies helped to plan responses to subsequent issues which eventuated during the research interviews.

• **Protective workers and community professionals**

1. Possible adverse effects: Workers operate in an environment of resource constraints, competing demands and priorities. An evaluation of individual case practice can discount this context such that workers may experience this form of review as critical of their case-work decisions. For them, this may be associated with feelings of disempowerment and embarrassment.

Response Strategy: Following the interview, workers had access to their supervisors for debriefing around issues arising out of the research process in relation to their case practice and their perceived professional competencies.

2. Possible adverse effects: Workers have experienced previous research involving child protection as critical of their organisational practice standards and service delivery. Workers have commented that they then feel personally responsible for the criticisms raised leading to dissatisfaction with their job performance and a sense of demoralisation.

Response Strategy: In the interviews, workers were provided with direct opportunities to discuss the political, legislative, community and resource constraints related to their work. These sorts of questions aimed to re-introduce the context of day-to-day child protection practice. In so doing, responsibility for the quality of case practice shifts from individual workers to the agency as a whole.

3. Possible adverse effects: Given the constant demands for workers' time, their involvement in the research may add further pressure and increase their levels of stress.

Strategy: As part of the research process, it was negotiated with senior management of the respective organisations for workers to be relieved of some of their workload to facilitate their participation in the research.

- **Parents and carers**

4. Possible adverse effects: Parents may have been aware of child protection practice to seek information from a variety of sources to assist in the assessment of reports of child abuse and in the planning for children and young people on Children's Court orders. As such, they may have carried concerns that any negative feedback they provide about the standard of service provided by child protection services may adversely affect the ongoing or future relationship between the services and themselves. Parents may have had concerns about how the information they provide will be processed and stored, and the confidentiality of access to it.

Response Strategy: The invitation packs outlined steps taken to safeguard individual's identity and the confidentiality of the information that they would provide. In addition, following the interview, a signed note was provided to each of the informants confirming the researcher's commitment to confidentiality and describing how the information will be stored, handled and accessed.

5. Possible adverse effects: Parents may have felt judged about their capacity to care for their children.

Response Strategy: The themes covered in the interview were included in the invitation pack. The themes indicated that the focus of the interview was on their experience of the process of involvement with child protection services and other community professionals rather than specific details about their behaviours towards their children or parenting attitude.

Response Strategy: Parents were given access to de-briefing about issues raised for them in the interview with a psychologist at no cost to them.

6. Possible adverse effects: Through responding to questions in the interview, parents may have experienced some level of psychological distress associated with retelling the stories related to the involvement of child protection services and/or forms of violence or abuse which may have occurred in the family.

Response Strategy: Parents were given access to de-briefing about issues raised for them in the interview with a psychologist at no cost to them.

- **Children**

7. Possible adverse effects: Children may have felt some embarrassment due to being interviewed by someone unknown to them.

Response Strategy: The researcher spent time prior to conducting the interview with the child establishing a level of rapport and answering any questions the child may have had about the interview. In addition, children were given the opportunity to have another person with whom they felt comfortable present with them during the interview.

8. Possible adverse effects: Children may have become distressed during the interview process.

Response Strategy: The researcher is an experienced child and family counsellor and able to use this experience to monitor and regulate the degree of emotional intensity during the interviews. The researcher employed a range of techniques to ensure that the interview experience was supportive for the child. This approach was also used for interviews with parents, carers, child protection workers and community professionals.

9. Possible adverse effects: Children may not have been able to verbalise how the research interview affected them, and hence there may not have been an indication of the need to offer the child support.

Response Strategy: The researcher discussed with the carers of the child the need for them to monitor the child's behaviour and emotional condition.

Response Strategy: The child was given access to de-briefing about issues raised for them in the interview with a psychologist at no cost.

10. Possible adverse effects: Children had already been through a number of interviews with a variety of professionals, including protective workers, police, counsellors. The research interview may have represented another of these experiences and cause some confusion and emotional stress.

Response Strategy: The researcher clearly outlined his role and spent time discussing the difference between the research role and the role of other people who may have interviewed them.

Response Strategy: The interview itself did not focus on the details of their experience of abuse, minimising the possibility of it being interpreted as a therapeutic type of interaction.

11. Possible adverse effects: Responding to questions in the interview may have evoked past trauma associated with their experience of abuse and/or their experience of child protection involvement with their family.

Response Strategy: The child was given access to de-briefing about issues raised for them in the interview with a psychologist at no cost.

■ **Privacy**

The interviews were audio-taped and transcribed by a professional transcription agency. A confidentiality clause formed part of the contract with the agency. Following coding conventions outlined in Punch (1994) and Minichiello et al. (1990), all tapes were labelled with a pseudonym and reference number. No identifying information was recorded on the tape or transcript. The audio tape, master list and interview transcripts are held in a secure cabinet. These will be destroyed after a period of five years following the completion of the project.

In the data-analysis phase, summaries of each case history have been produced (Appendix A). Details which may lead to the identification of any individual have been changed.

■ **Confidentiality**

As indicated by Kinard (1985), complete confidentiality cannot be assured. Provisions must be made in the research method to respond to information being gathered during the interview process which may suggest that children are at risk of abuse in their current living situation.

In the study, guardians, parents, carers, and children were informed prior to giving their agreement to participate in the research about the responsibility of the researcher to report any new information gained during the interviewing process to child protection services which may lead to any children being considered at risk of abuse. The safety and welfare of children was used as the principle to guide decisions about the need to report concerning information to statutory child protection services. No such information was gained during the interviews.

The other significant issue in relation to confidentiality was the decision to make available transcripts of the interview to participants as part of data validation strategy (Minichiello et al., 1990; Stiles, 1993). In this context, the need to provide interviewees with an opportunity to ensure that their views have been accurately recorded and represented is balanced with the potential for harm if the interview transcripts are lost or read by others. The potential for negative consequences is even greater for children, given the nature of power imbalance between children and adults.

All adult participants were given the opportunity to receive a copy of the transcript after it had been completed. All participants who requested a transcript were provided with a copy that had been de-identified.

As Mudaly (2002) has pointed out, the decision to provide children with documents that refer to their experiences of abuse has a number of potential negative implications, including the possibility that the perpetrator of the abuse may read it and further harm the child. Mudaly addressed this concern by providing children who took part in her research with the opportunity to view their interview (which had been video recorded) with her. This process enabled the child to ask questions or comment further about their narrative.

Children who took part in the current study were offered the opportunity to sit with the researcher and listen to part or all of the audio tape of their interview. None of the children in the sample took up this offer.

■ *Payment to children and families*

As noted, after the poor response to the initial set of invitations, it was decided to offer children and families payment for participating in the study. \$70 per family or \$30 for a child living away from their family of origin was offered as a way of providing families

and children with compensation for the time they invested in the study and as an incentive for their participation.

The ethical issue involved in this payment concerned whether the amount was of a significant amount that children and families would feel compelled to participate even though they may not have wanted to do so (Grinnell, 1993; Fine and Sandstrom, 1988; Weithorn and Scherer, 1994). It was clear that the amount of money offered was sufficiently large enough to pressure families and children to take part in the study if they were not motivated to do so by other reasons as well.

Families were paid by a cheque made out to the guardian. For children who were to receive a direct payment, the caregiver and worker negotiated, prior to the child/young person giving their consent to participate in the study, about the most appropriate form for the payment to be offered to the child. The options offered were a cheque payable directly to the child or a shopping/activity voucher chosen by the child.

In deciding the amount, guidance was sought from previous research in which payments had been offered to the participation of parents and family members. In a study completed by Farmer and Owen (1995) in the United Kingdom, parents and other family members were paid thirty pounds for their time.

The funds were sourced from a grant from the Monash University Research Fund specifically for this purpose.

3.4.3 Interviewing approach

A semi-structured interview design was chosen which focused on a range of themes identified from my literature review and practice experience. The interviews were adapted according to the roles and needs of particular participants. The interviews for adults ranged from 30 min to 3 hours. For children the interview length ranged from 20 minutes to 1 hour. The interview formats are attached in Appendix D.

Following the principles outlined by Potter and Wetherell (1987), the interview schedules were constructed to provide opportunities for participants to be as expansive as possible in their answers. This is designed to maximise the diversity of the constructs used and drawn on by participants to give meaning to their responses. The style of the interview emphasised a conversational encounter which allowed the researcher to

express his point of view or raise issues that have been discussed by previous participants in the study. One strategic element of the interview was to ensure that specific issues were explored more than once by participants. This enabled the informant's connections to constructs to be examined from different starting points, often using a range of examples as the basis.

The interviews were conducted following the principles of in-depth interviewing outlined by Minichiello et al. (1990) and Fontana and Frey (1994). In addition, some therapeutic techniques were adopted in the interviewing process. This combination focused on building rapport with participants, using the language of participants to frame questions, reflecting together on shared meanings of terminology, appreciating areas of emotional discomfort, questioning the meaning of emotions experienced by the interviewee, judging the pace of the interview and knowing when to stop.

With children, the interviews were conducted in such a way that they understood the role of the researcher, they were given the opportunity to express their agreement with proposed lines of questioning before they answered them and they were able to determine the extent to which a topic was examined. The interview was conducted around a table microphone which facilitated their participation whilst they were free to move around the room. Most of the interviews with children were interrupted with periods of play and other exploration. Engaging in these activities was an important component of helping to establish a positive rapport.

3.4.4 Data analysis

■ *Transcription*

The taped interviews were transcribed into a word processor file. As developed by Potter and Wetherell (1987, 1994), the convention used to represent the exchange focused on ensuring the accuracy of the language and less so on the qualitative nuances of speech. Given that the scope of the current study emphasises the construction of meaning of key terms pertinent to emotional and psychological abuse, the level of analysis of the data did not require an understanding of specific speech patterns as is the case in linguistically driven projects (Hoey, 1994; Tomlin, Forrest, Pu and Kim, 1997; Kress, Leite-Garcia and van Leeywen, 1997).

In this case, the only qualitative phenomena which was included in the transcript were breaks or pauses of longer than three to five seconds. These often marked changes in direction of the speaker and were hence useful in the coding process. The transcript recorded both the researcher's comments and questions as well as the interviewee's responses.

■ **Coding**

According to Potter and Wetherell (1987), coding:

"...is quite different from doing analysis itself. The goal is not to find results but to squeeze an unwieldy body of discourse into manageable chunks. It is an analytic preliminary preparing the way for a much more intensive study of the material...coding has the pragmatic rather than analytic goal of collecting together instances for examination and is done as inclusively as possible...(p. 167)".

The coding process involved categorising specific examples of conversational exchange which referenced any of the key words identified in the literature as relevant to the construction of emotional and psychological abuse. Other possible categories of emotional and psychological abuse which so far had not been identified in the literature but were being used by informants were also a focus of the coding process. In addition, examples of experiences of decision-making and consequences for children and families were also recorded. Following Potter and Wetherell's guide, as many portions of transcripts were coded as possible including those that appeared to have borderline relevance. This ensured that a range of examples were made available for the analysis process.

QSR NUDIST software was used to code the transcripts. This package allowed for the electronic coding of multiple documents with the added advantage of a code management system that permitted different coded pieces of transcripts to be clustered around specific themes.

■ **Analysis**

The analysis process is the most essential in the discourse analysis and deconstruction studies. It began with reconstructing a summary of each of the cases which form the sample for the study. The summaries are described in Appendix A. In order to protect the identity of the informants, the names and family structures were altered. Some of

the details of each case study were also changed. However, each summary reflects accurately the issues experienced by the professionals and families in each case. The summaries for the most part, used the language drawn from the interview transcripts to build the case material.

The summaries have provided the backdrop for understanding the context of decision-making which had occurred during the child protection intervention.

In the next two sections, the approach to analysing text according to the two methodological approaches chosen for the study are summarised. The ambitions of the analysis were driven by the research questions. The transcripts were examined to:

- identify the constructs used to by informants in describing and referring to emotional and psychological abuse;
- analyse the interpretive repertoires employed by informants to interpret the meanings of emotional and psychological abuse in practice; and,
- contextualise such meanings within broader socio-political discourses about child-rearing, government intervention into family life and the objectives of statutory and therapeutic practices in the work of child protection and child welfare with children who have been subject to emotional and psychological abuse.

The guiding principles adopted throughout the process focussed attention on:

- allowing the text to speak for itself – providing enough of an example of the transcript to enable readers of this thesis to engage in acts of interpretations about meaning for themselves;
- maintaining an engagement with the text in order to interrogate it for variations in meaning; and,
- ensuring that the meanings which were generated in the analysis were also open to review for the values and assumptions underpinning them.

3.4.5 Validation

Altheide and Johnson (1994) argued that positivist research answers the question of the degree of validity of a research finding by reverting to the reliability of the method engaged to produce that finding. Reliability is equated with replicability, generalisability and statistical power. Conversely, the validation of qualitative research is fundamentally determined by the credibility of the description, analysis and conclusions presented (Janesick, 1994). Traditional validation strategies include triangulation (Gilchrist, 1992), respondent validation (Stiles, 1993), thick description (Gilchrist, 1992), catalytic validation (Stiles, 1993), reflexive validity and analytical plausibility (Gilchrist, 1992). According to Potter and Wetherell (1987), there are four main techniques for validating the findings of discourse analytical research: coherence, participants' orientation, new problems and fruitfulness.

In this study, a combination of methodological and validation strategies were used to support the interpretations drawn from the interview transcripts and the analysis. These included the theoretical sampling and coding strategies previously described, as well as the following.

■ *Coherence*

Potter and Wetherell (1987) have argued that coherence reflects the degree of attention given to both the detail and the broad patterns of the themes contained in the data. In the analysis undertaken in the current study, there is an interactive referencing of the deconstruction of key words and concepts within selected examples of transcripts to exploration of the discourses which are tied to the production of these meanings. The analysis is transparent and attempts to clearly position the acts of interpretation alongside references to relevant constructs identified in the literature review.

■ *New problems*

The outcomes of discourse analysis not only provides a description of how discourse fits together and the way in which real effects and functions are produced, it will also propose problems that it cannot solve (Potter and Wetherell, 1987). The existence of such tensions both confirm the strength of the discourse and question its ambition to achieve universality. The analytical process is reported in a self-reflexive process that

raises a number of concerns about the stability of the meanings that are generated from the text.

■ *Fruitfulness*

Potter and Wetherell (1987) described fruitfulness as:

"...the scope of an analytic scheme to make sense of new kinds of discourse and to generate novel explanations...if they can be used to generate fresh solutions to the problems in a field of research then we accord them more respect...(p. 171)".

The fruitfulness of the project outcomes are for the reader of this study to judge. This issue is explored in the discussion section of the thesis, where the contribution of this study is examined in detail.

■ *Catalytic validation*

Stiles (1993) has defined catalytic validity as the degree to which research processes, reorient, focus and energise participants. It works on the supposition that the validity of the research is enhanced by feedback of positive effects by participants. At the end of each interview, informants were asked to review and comment on the research process. A sample of answers to this question are provided in Section 3.5. Overall, the feedback from participants was positive especially about the opportunity the interview afforded them to reflect on their experience of practice and key decisions.

■ *Triangulation*

Triangulation establishes the validity of qualitative research outcomes by obtaining and comparing perspectives from different sources in relation to similar phenomena (Lincoln and Guba, 1985; Gilchrist, 1992). The design of the study was established to facilitate the collection of responses from a multiple sources. For any one case, informants included children, parents, carers, protective workers, senior protective workers and community professionals. In addition, the analytical outcomes were compared to theoretical issues identified in the literature review.

3.4.6 Writing Strategy

Potter and Wetherell (1987) have provided an extremely well documented set of principles for the report writing stage of a project. The central principles of this discussion are listed below. They describe the guidelines that were followed in relation to compiling the results and discussion sections of this study:

- The report is more than a presentation of the research findings – it constitutes part of the validation procedures for the project.
- The major objective of the report is to describe the analysis and conclusions in a way that the reader is able to evaluate the researcher's interpretations and claims.
- The analytic section presents examples from the text, the analysis undertaken by the researcher and the reflection of the researcher in relation to their interpretations. It is by nature considerably longer than the corresponding section of traditional empirical research reports.
- The extracts chosen are examples of the data and are the raw material for the analysis.

In conclusion, Potter and Wetherell stated that discourse analysis:

"...involves fluid movement between the different stages, with coding, analysis, validation and writing each leading back to earlier phases and ultimately to the talk and writing which were the original point of departure...(p. 174)".

3.5 Methodological feedback

As a way of reviewing the experience of the interview and initial research process, a selection of feedback from the various groups of informants are presented. Overall feedback about participation in the interview was positive. Typical statements from participants have been included below to demonstrate how the interview process was experienced.

3.5.1 Children

Josh in Case 1 was pleased with his involvement in the interview process because he felt that it allowed other children to possibly benefit from his experiences:

Interviewer: Not very bad at all, no. Do you think it will help other kids?

Josh: I think it will help plenty of other kids.

Interviewer: Yeah, how come? How is it going to help other kids?

Josh: They're just gonna, listen to the advice probably and take it. They're probably just gonna do it like me.

This sentiment was repeated in some form by twelve of the fourteen children and young people interviewed as part of the research.

Another important theme of the children's feedback was that the research interview provided them with an opportunity to talk about their experiences in a way that assisted them to feel different.

For example, Joey, in Case 16, made the following observation:

Joey: Well, I look back on a lot of stuff and it's like, I just say, stuff it, it's behind me, I don't want to know about it any more. I just leave that and just block it out until someone mentions it again and then I remember. It's kind of like blocking the signs, you stay there, sit there, don't eat, like that. Then when I want to eat I'll block it and move out.

Interviewer: What was this interview like then?

Joey: It was good because it kind of let you talk about that stuff and you don't have to block it as much then...I don't know.

This theme was supported by Shelley (Case 20) as reflected in the following exchange:

Interviewer: Do you think I should change anything about the interview?

Shelley: No.

Interviewer: No, so it was all right?

Shelley: Mmmm.

Interviewer: What was good about it?

Shelley: Letting out my feelings.

Finally, five out of the fourteen children and young people specifically mentioned that the interview had been respectful and allowed them to reflect on positive qualities about themselves. This is typified in the comment made by Louise during her interview:

Interviewer: Do you think that you've got rights? Like even before you turn 18? Do you think you've got rights? You know kids talking about having rights and stuff?

Louise: Well I don't really know. I suppose it's what is the law there and um it's must be a reason why you have rights. Safe and be independent and be mature. Talking to you has made it feel safe and mature. It's kind of like you thought I had the right to say what I have said.

3.5.2 Family members

All family members indicated their support for the methodology and interview orientation. Examples of the feedback are listed below:

"...Well I know what David has been through and that, but I was pleased to hear David speak up, especially about his mum, because she has been very cruel to him, I don't agree to her having access to him and I am not going to hide that fact, she has done so much damage to that child..."

Rose, David's grandmother, Case 2

"...Where have you been for all these years? Why in the heck haven't you been in charge of them! Fair dinkum! If you have got that understanding!"

Diane, Christopher's mother, Case 5

In addition to direct feedback about the methodology, this part of the interview also served to open up the possibility of respondents giving feedback about their experiences of other helping professionals with whom they had contact. For example, in this exchange, Sandy (Case 20) described her experience of the help provided to her by her counsellor:

Interviewer: Was that, yeah that was comfortable and the questions were OK?

Sandy: Yeah they were fine.

Interviewer: Were they, were some of them too much to ask?

Sandy: No.

Interviewer: There was nothing that was too hard to answer?

Sandy: No. I'm glad I did it.

Interviewer: Yeah in what way, why do you say that?

Sandy: Because you feel comfortable, I wouldn't do it if I don't feel comfortable but I feel comfortable.

Interviewer: With that interview with Melinda, did you think that was OK with her the way that I did that?

Sandy: Yeah. I was surprised by how much she talked. I mean she's just a shy person anyway. I mean she doesn't like talking to a tape recorder because she's gonna hear her own voice you see but she was fine. I mean if you had the tape recorder hidden it wouldn't have made any difference because you know with the tape recorder she's gonna hear her own voice and she's going to be embarrassed.

Interviewer: She did all right though.

Sandy: She enjoyed it too.

Interviewer: Anything else you want to say.

Sandy: I just want to say something about my counsellor. I enjoyed working with her...I mean I enjoyed talking with her and she helped me a real lot, more or less to see that I don't need to put up with all the crap that he put me through and that really helped me out immensely. I mean I wouldn't be here today if I didn't have counselling with her. I think I would've been dead I suppose. Or I would've still been in the same situation...

Finally, another important theme emerged from these comments and is captured in the following excerpt from the interview with Petra (Case 21):

"...I mean part of why I was willing to talk to you is because I want to have my say because if any of this sort of stuff can feed back and help make the Service a better service, whether it is Community Service or whether it is volunteer agencies or government run agencies, I think it is well worth it if it will help one family..."

Petra was motivated by a desire to ensure that her story could inform the practice of organisations who deal with children and families. Feeling enabled to describe her experience seemed an important component of the interviewing process.

3.5.3 Protective workers

Feedback was generally positive about the methodology adopted in the research from statutory child protection workers. With interviews lasting between one to two hours, some protective workers expressed their concern about the time commitment required to take part in the research.

Whilst this was a general concern, protective workers agreed with the format of the interviews and structure of the research. For example, specific feedback from the SOC2 in Case 5 reflected her agreement with the interview not being heavily structured:

Interviewer: Could you give me any feed-back about making it different or changing it in any way?

SOC2: It's really a very open type of interview, because you have to get an understanding of where you are interviewing me from, and how they are involved with that particular client to really be able to identify the questions. But I suppose because of what you're focusing on, around the emotional abuse stuff, that you really need an overview of everything, because emotional abuse is involved with everything. So, I don't know if you could have more, have it more structured because I think you need to be able to throw questions when things come up, because each case is so unique. So, it would be very difficult to develop some kind of format, because what may be the right questions for this case is not at all in - like, probably in any of my other cases for example. So I think it's good, I think it needs to be open-ended.

Mostly, the comments from protective workers appeared to demonstrate a sense that they had been offered an opportunity to stop and reflect on their practice and the decisions they had made in relation to specific cases. This was viewed as positive. Examples of these comments are noted below:

"...It was good actually to reflect on the case because we often don't get time to actually look fully. When I think about it now I think there's a few more things I could have done. Maybe it would be important to do this early on in the case to sit down with your supervisor and maybe think that in a year or two's time somebody is going to maybe audit the case and so you should do everything you possibly can. Time constraints I suppose is what it really is. Yes, I think the interview has been really great for me in some ways..."

SOC2, Case 17

"...It was probably quite interesting for me actually to sort of recall Josh, it made me aware of some of the things I had just forgotten, which you just need to refresh yourself on. But, yes, it was probably good really to have an opportunity just to go through it..."

SOC2, Case 1

"...I think the interviews have been great. I think that I've verbalised stuff, even today about Stephanie, that I've probably never had to do before and I think if we could do this with every one of our clients it would be really great. It's sort of like a supervision regressing and I think it's great, because there's stuff there that you make decisions on intuitively perhaps and educationally, but sometimes you don't put the two together. You might up here but you don't sort of get it out, and I think it's been valuable..."

SOC2, Case 7

"...For me to talk things out, it's been okay..."

SOC2, Case 15

"...It was good. It got me thinking a lot about the case and a lot about the questions. I suppose it was a good chance to go over what my theory and what my practice is like with the case..."

SOC2, Case 6

SOC2: I thought it was very good in terms of - I can see what sort of information you are requiring. I think it is interesting in that, you know, I didn't have any preparation about the cases so I am relying on my own memory of them and what the main issues were and how we have tried to look at those in ongoing supervision.

SOC2, Case 4

Finally, protective workers in management positions expressed similar views about the value of the interview experience:

"...Oh yeah, very much so, yeah it gave me an opportunity to reflect on, reflect on what we do and there's probably a lot of other things I would add if I was a little bit more clearer I would think but no, no I think it's good, I would support any research or any body of research that contributes to our practice issues I think is good. We don't have a lot of it going on do we? There's not a lot.

SOC3, Case 8

"...We could talk cases until the cows come home sort of thing, but it is probably not bad to have an opportunity to sit back and talk about some cases that are interesting and the effects of them, that positive thing. I don't find it a waste of time..."

SOC3, Case 14

"...in some ways it helps us to determine whether we are doing our job; I mean if people are giving us feedback about - and if their feedback makes sense, then, and if their feedback is recommending changes - then yes, we should. And quite often whether it is at the end of an order or whether it is at critical times I will be asking - I generally ask families what - you know 'tell us what you are thinking' because if there are things that we need to do quickly well if what you are suggesting makes sense, we will do it. So yeah this affirmed all of that..."

SOC4, Case 4

3.5.4 Community Professionals

Similar support was reflected for the research area and methodology by community professionals interviewed. This is exemplified by the following two excerpts:

"...It was good. I think it's good that people are researching emotional abuse. It does go on unnoticed and it happens quite a lot in our society these days, especially with our Act it's really easy to just dump the child basically, to go to the department and say, I refuse to have this kid at home. We get quite a lot of that in our placement programs because they're kids first time in care and it's because mum and dad are refusing to take this child home. So, I think it needs to change from the top. I think parents need to become more accountable and not have the, I don't care attitude, but need to be made responsible. So, I think it's good that it's being researched, I really do..."

Youth Support Worker, Case 5

"...It's been very thorough. I mean, I think we've covered a lot. It's actually made me remember a lot of things about the case that I had forgotten. So, yes, it's certainly been thorough enough to be able to bring out some of the forgotten stuff, so, yes, it's fine, I think..."

Family Counsellor, Case 21

3.5.5 Foster parents

Foster parents were very vocal about their support for the current methodology. Some commented that it was an opportunity for the children in their care to openly discuss their experiences. The foster parent caring for Josh in Case 1 made the following evocative comments about this topic:

"...Just seeing Josh's frustration, his removal and how he is spoken to by child protection workers and how he is treated. I mean, as I said to him earlier on, there was a lot of negative. Everything I heard from Josh about child protection was negative, and I sort of educated him on, well, they're there for you and your well being. And he says, yes, but why weren't they honest with me. Why couldn't they tell me the truth.

As soon as I got your letter and explained to him the research you were doing, "great, wonderful", here is how I think he can give them some advice and tell them how they should be doing it because "this is wrong, and this confused me and I didn't know what I was doing", and there was no security there for him. He had no idea in what direction he was going. So yeah, the research has been great...I think children need to be shown more respect and they need a lot of counselling, a lot of talking, a lot of listening, before such decisions....just informing the children while they're being removed, cause all they can see is their heart being torn out and all they know is being ripped away...."

Other foster parents saw the research as a helpful way for them to give feedback to a variety of stakeholders about their experience of the levels of support offered to them and their involvement in decision-making about the children. For example, one foster parent looking after Kylie and Maggie in Case 11 made the following observation:

"...If anything comes out of this research, it will be that foster care workers and child protection workers really listen to what foster parents say and support us more..."

Finally, one foster parent expressed her support for the research because it enabled her to express the joys and difficulties associated with foster parenting:

"...She was both the toughest and best challenge of my life...Her behaviour was uncontrollable, but her need for love was also amazing. I wanted to have my say about that, your research gave me a chance to do it..."

4. Results

4.1 Presentation format

In the next three chapters, the findings of the study are described in detail. In this brief chapter, a summary of the characteristics of the sample is outlined as a prelude to the presentation of the major themes emanating from an analysis of the interview transcripts. In chapter five, the ways that emotional and psychological abuse are defined and used by children, parents, carers, community professionals and child protection workers are explored. In chapter six, the relevance of category definitions of emotional and psychological abuse in the practices and experiences of these four stakeholder groups is analysed. Finally, in chapter seven, the impact of the construct of "parental intent" on defining emotional and psychological abuse is examined.

4.2 Sample Characteristics

4.2.1 Interviews Conducted

A total of 62 interviews were completed. The participants comprised children and young people (23%), parents and extended family members (11%), carers (20%), child protection workers and managers (31%), and community child welfare professionals (15%). By far the majority of informants were female (68%). A breakdown of the interview sample is provided in Table 5.

Table 5. Breakdown of informant characteristics and interviews completed

Informant	Interviews completed	Male	Female
Child (7-12 years)	7	4	3
Young Person (13-17 years)	7	4	3
Biological Parent	5	2	3
Extended Family Member	2	-	2
Carer	13	6	7
SOC 1/SOC 2	13	-	13
SOC 3	3	1	2
SOC 4	3	1	2
Community Welfare Professional	9	2	7
Total	62	20	42

4.2.2 Background of cases in sample

A total sample of 22 cases were examined in the study. As indicated in Table 6, the majority of cases were nominated to the study by DHS (86%).

Table 6. Breakdown of overall sources of nomination for cases

Organisation From Which Sample Was Drawn	Number Of Cases
Statutory child protection services from the Department of Human Services (DHS)	19
Family Counselling Program from a regional Family Support Service (FSS)	3
TOTAL	22

In Table 7, the number of interviews conducted for each of the cases from the three source organisations are described.

Table 7. Breakdown of interviews conducted compared with source of nomination

Informant	Nominated by DHS	Nominated by FSS	Interviews completed
Child (7-12 years)	6	1	7
Young Person (13-17 years)	7	-	7
Biological Parent	2	3	5
Extended Family Member	2	-	2
Carer	13	-	13
SOC 1/SOC 2	13	-	13
SOC 3	3	-	3
SOC 4	3	-	3
Community Welfare Professional	6	3	9
Total	55	7	62

4.2.3 Characteristics of children in sample

As described in Table 8, a total of 29 children made up the focus of the 22 cases examined in the study. Of these children, just over half (58%) were male. The age of the majority of children in the sample was 12 years and under (66%), compared with young people 13 years and over (34%).

Table 8. Breakdown of gender and age range of children included in sample

Number of children in sample of cases	Male	Female	Total
Child (7-12 years)	10	9	19
Young Person (13-17 years)	6	4	10
TOTAL	16	13	29

4.2.4 Family status recorded at time of emotional and psychological abuse

At the time that the emotional and psychological abuse occurred, 61% of children were in the care of a single parent, 12% were in the care of two biological parents, and 27% of children were in the care of two parents where one was a step-parent (Table 9).

Table 9. Family status at time children experienced abuse

Family status at time of abuse	Total
Single parent biological family	17
Two parent biological family	3
Two parent blended family	9
TOTAL	29

4.2.5 Child and young person's placement at time of interview

At the time of interview, 41% of children were living with their biological or extended family compared to 59% who were being cared for in foster-care or residential units (Table 10).

Table 10. Children's placement at time of interview

Children's placement at time of interview	Total	Percentage
Biological family	8	27%
Extended family	4	14%
Fostercare	6	21%
Residential Unit	11	38%
TOTAL	29	100%

Males represented the highest group of children and young people who were placed in residential care (73%). Of the other care arrangements, 66% of children in foster placements were females (Table 11),

Table 11. Gender breakdown of children according to placement at time of interview

Child's placement at time of interview (7-12 years)	Male	Female	Total
Biological family	2	4	6
Extended family	2	2	4
Fostercare	2	3	5
Residential Unit	4	-	4
TOTAL	10	9	19

Only 2 out of 10 (20%) young people over the age of 13 years were still residing in the care of their biological family or extended family at the time of interview compared with 10 out of 19 children (53%) between the ages of 7 and 12 years (Table 12).

Table 12. Gender placement for young people according to placement at time of interview

Young Person's placement at time of interview (13-17 years)	Male	Female	Total
Biological family	1	1	2
Extended family	-	-	-
Fostercare	-	1	1
Residential Unit	4	3	7
TOTAL	5	5	10

4.2.6 Case summaries

Summaries of the details for each case examined in the study are presented in Appendix A.

5. Results - The vocabulary of emotional and psychological abuse

In this second chapter of the results, the views of children, parent, carers, community professionals and statutory child protection workers are presented and explored. Excerpts from their interviews are examined in relation to the ways that definitional constructs are used to describe emotional and psychological abuse in day to day experiences.

5.1 Children talk about emotional and psychological abuse

Many of the children interviewed appeared to have difficulty in articulating what they meant by emotional and psychological abuse. Some had not heard the term before, others could not answer the question at all. In many of the following examples, the children's words reflect partial details of their understanding. The definitional constructs they used to decipher meanings about emotional and psychological abuse were mostly found in snippets of conversation related to their experiences of relationships with adult carers. The following themes have been organised around examples that appeared most compelling from the discussions with the sample of children.

5.1.1 Emotional and psychological abuse is the same as physical abuse

Children appeared convinced that emotional and psychological abuse included physical abuse. For example, Josh in Case 1 made the following observation:

"...I think it means punching and kicking, yeah. But one day I put the Santa sack near me and mum came out and punched my back when I was in bed. She screamed...I think that is what it means, screaming and yelling and punching..."

Joey in Case 16 defined emotional and psychological abuse as physical abuse. Then, he added a comment about verbal abuse and how he ranked it compared to abuse involving physical force:

Joey: If you smash, break, things like that, a child's bones or hurt a child in any way.

Interviewer: Do you think it's emotional abuse if you kind of call kids names, you know?

Joey: Oh, that's verbal abuse.

Interviewer: You see that as verbal abuse?

Joey: Yep.

Interviewer: Do you see that as part of child abuse or is that different?

Joey: It's different. It's not as serious.

5.1.2 If it's like physical abuse, it's embarrassing

In the next excerpt, Millie (Case 18) gave a definition which combined physical and emotional and psychological abuse. Interestingly, Millie did not appear to want to apply the term "abuse" to her family experience, possibly because of a perceived level of stigma associated with the term:

Interviewer: Okay, and if I asked you what emotional abuse is, what do you reckon you'd say?

Millie: I don't know, parents beating the crap out of their kids, not giving them what they need and if they haven't got it then that's okay but if they do have it and don't give it to them, then maybe that's abuse. I don't know, that's about it.

Interviewer: Do you think that emotional abuse has got anything to do with you and your family, or not really?

Millie: No.

Louise, in Case 17, expanded further on the component of embarrassment associated with the term emotional abuse when she made the following comments:

"...It's not a really good thing, it's an embarrassing thing too because you wouldn't expect men to hurt you or do anything to you like that and it's not really pleasant and it's against the law as well and um it's not pleasant telling people what happened and it's not really good what happened between both of you..."

5.1.3 Noting the impact of emotional and psychological abuse in order to define it

In the interview with Christopher (Case 13), he used his experiences of the impact of abuse to define it:

Christopher: Child abuse sucks.

Interviewer: It sucks, why?

Christopher: Not only do they hurt you mentally but they also hurt you physically and they hurt your health. The only reason I started smoking was because of peer pressure and because of what my dad done to me. You may not see it as a good excuse but that's how come I started smoking.

Interviewer: What did smoking help you with?

Christopher: Just relaxes you. It gets the tension out, but the tension is still there, it's just this covers it.

Interviewer: Yeah. So do you feel like there's always a bit of tension around for you?

Christopher: When I've got people around me it's no so bad but when I've got heaps of people giving me shit about things it's really bad.

For Millie (Case 18), emotional and psychological abuse signified a combination of unfair punishment, a lack of inclusion in family activities and physical confinement:

"...At home we got you know punished, I had to write lines and yeah, it goes up to 100 or something and I never get to finish it, because for the slightest reason she would give me another hundred lines, so it builds up all the time- well, yeah - so I never really got out with the family much, you know - I would get left out... when the family goes out they used to lock me up in this cellar, where they had wine underneath where they had packed it all outside, and they locked me down there - until they come home..."

The physical confinement was a demonstrable way of simultaneously punishing her misbehaviour and communicating to Millie that she was not part of the family.

5.1.4 It's emotional and psychological abuse when it is a child's fault

The words of Louise (Case 17) reflected an important dimension of emotional and psychological abuse. In this portion of her transcript, she described how responsibility for the abuse was transferred to her, despite her attempts to believe the contrary:

Louise: Oh I feel that's it good in a way but it was embarrassing, it's actually um my stepdad's fault, but I still feel that it was my fault. My mum always told me that it's my fault, and I thought that it is too in a way but um now I suppose I think it's not, actually it's my fault, it's really hard to know anymore, how I speak to my mum is in a way she

thinks is my fault but it's how things happened and then in Australia I think it's not my fault, as well, he's an adult he shouldn't do that...

What happened was that my step father is very aggressive and he would swear at me, he's very aggressive and angry easily and things like that, so I didn't like living there. If he was like, wasn't like that I would probably live there longer and live part of my family but I just been living so much nicer here and I've been moving so much and things been happening, so many things in the year, so things are settling down so which is good and I've done pretty well.

Interviewer: Do you know what emotional and psychological abuse is?

Louise: Um emotional and psychological abuse is like how you feel inside and being abused, yeah.

Interviewer: So it's how you feel inside you when may be if you've experienced abuse or something like that?

Louise: What I feel inside is not comfortable and not pleasant.

To Louise, the interactions with her aggressive step-father were a key component of emotional and psychological abuse. It is also the impact of her mother's attempt to blame her for the abuse which appeared to add considerable confusion for Louise. She did not know how to reconcile her views that adults should accept responsibility for their behaviour with the messages from her parents that it was her behaviour which instigated the abuse. The discomfort was felt by Louise as she reflected on her experience.

5.1.5 Emotional and psychological abuse hurts as much as physical abuse

Perhaps the clearest discussion about what constituted emotional and psychological abuse emerged in the interview with Joey (Case 16):

Joey: Oh, hang on. Manipulation. That's a term of abuse.

Interviewer: Is it?

Joey: Yes.

Interviewer: How come - what do you mean?

Joey: Manipulation is a term of abuse because it's not just saying, that kid's a dick-head, it's more like saying, this kid's seen as a dick-head. So I can go up to some person in the street, right, and call them a dick-head

and then they may file a report or something. But then if you go down to the school and say, you kids are dick-heads, they look around and say, they're like you, you kids are dick-heads.

Interviewer: That's manipulation?

Joey: Yeah. When somebody has got more power over the other person and they put them down or call them names and you think that's abuse. That's what I'm saying, that's what verbal abuse is. It's like when kids come home from school and they get told, oh, your fucking father that sort of shit, if you got that every single day.

Interviewer: Do you reckon that's child abuse, do you, is that what you're saying?

Joey: Yes, definitely.

Interviewer: That can hurt as much as being hit?

Joey: Yes. I mean, you can basically put verbal abuse along with physical abuse anyway, because if it's physical you should have a lot of marks to go along with it.

Here, Joey has defined emotional and psychological abuse using the constructs of manipulation and verbal abuse. Manipulation is given a connotation of an abuse of power to name or label children's identities. Verbal abuse is the action through which that naming takes place. Verbal abuse has force, enough to hurt as physical abuse.

Josh (Case 1) found his own way of describing the force of emotional and psychological abuse. For him, emotional abuse was directly associated with his experience of what his mother had convinced him to fear:

"...But I'll tell you one thing. Mum and I used to share a bed together because, just for half the night because I was scared, so, I had nightmares about the AIDS virus, yeah..."

In the next exchange, Josh described how he protected himself from the threats of being hurt from his mother:

Interviewer: Mmm, do you remember anything that happened when you were living with mum?

Josh: Um, yeah

Interviewer: What do you remember?

Josh: She was bashing me up also, she was going to bash me, she would always yell and tell me she would bash me.

Interviewer: Was that pretty hard for you?

Josh: I was tougher

Interviewer: You were tougher than that?

Josh: And now I am tougher, because I have been running all the time because I am tougher from running and I have got a big fist now, I'll show you - it goes whump. And when everyone cries, always I am tougher.

Interviewer: So you can protect yourself if you have to?

Josh: Yeah, when I was at Auntie Carmen's, um, last week, when Christmas was on, well when I was there, Charles was following me - and I was tougher, and Charles said - I was tougher and I said Charles are you tougher and he said yes, he said I am very tougher to hurt you and he said yeah and then I done it - it went whoosh - I picked my hand up, smacked him and then punched him...

Interviewer: Oh, that sounds as if it would have hurt.

Josh: I smacked him and then punched him. I smacked Charles. Every time he kicks me I kick him back when he does it to me - always.

Josh demonstrates how his self-protection extends into his current life. Starting with his mother's threats, he has developed a capacity to fight off fear, to be tougher than others who pose a threat to him. Importantly for Josh, faced with Charles who was bigger and stronger, he hit first and he did it repeatedly. The impact of threats and fear seem all rolled into a thicket of emotions and responses.

In the following excerpt, Christopher (Case 13) talked about his experiences of physical and mental abuse:

Interviewer: What was it like living with your dad for that time?

Christopher: It was good until everything just went haywire. The only reason my dad bashed me was because my brother was pulling my ears and I pushed him up against the table and my dad only seen me push him, he didn't see my brother pull my ears as hard as he can and I just started running to my bedroom trying to close the door but I couldn't, he was right on my tail, he got in there and he went to hit me and I said "Please don't" and then I started crying and then he hit me, he hit me hard the first time and I landed on my bed, got up, he hit me again and I went flying into some bunks and then I was um knocked out cold for a couple of minutes.

Interviewer: Really? You were unconscious for a while?

Christopher: For about a couple of minutes yeah. I still remembered what happened and then I got up, looked at the front door and I just started bolting down to my friend's house and my dad said "don't ever come back you little cunt" and that yeah.

Interviewer: Sounds pretty shocking.

Christopher: It is but why worry it's my past.

Interviewer: Did it affect you in any way do you reckon, like did it affect you?

Christopher: Mentally.

Interviewer: How? What's that mean mentally?

Christopher: Um I was sort of depressed for about 6 months after it happened. Thinking it was my fault which it wasn't it was my older brother's. And yeah.

Interviewer: So when you were depressed what was that, what do you mean?

Christopher: What was it like? It was upsetting. Very upsetting. I just felt down. Didn't do any schoolwork.

Interviewer: Did you think about it lots? Like did it go?

Christopher: Yeah every minute of the day I thought about it.

Interviewer: Did you? Like about dad hitting you, about what he said, what hurt more? Being hit or what he said?

Christopher: What he said.

Interviewer: How come? How come that hurt more?

Christopher: I don't know, just the way he said it really meanly, just hurt more. It was mental abuse.

Interviewer: So this mental abuse stuff that your dad kind of dished out to you? What do you mean by that, what do you mean "mental abuse"?

Christopher: It's hard to explain but it is every time I try and do something else, they come straight back into my brain, just say "Christopher you're not doing this, Christopher that, Christopher, can you bloody shut up."

Interviewer: Yeah so it kind of keeps coming back even if you don't want it to, back into your head?

Christopher: Yeah. It does occasionally now but I just put it behind me and just keep working out what I'm doing. Just every time, like when I first moved into foster care, I was walking across the road one day, and um nearly got hit by a car, I was walking across the road and then all of a sudden it came to me, it just struck me in the middle of the road for about 10 seconds or more. I just stopped then like this pause. A bit later I kept moving.

This excerpt has been presented in some detail because it offers an extended opportunity to examine the meaning of Christopher's experiences of violation. Christopher begins his discussion with a graphic description of being physically assaulted by his father. For a moment, he gives the impression that he has tried to forget the incident. But he explains how his memory of his interaction with his father affected his mental state and his motivation to engage with important activities in his life. His father's words hurt more and return to him more repeatedly than his memories of the physical abuse. His particular examples of verbal put downs were about being prevented from doing things, being told that he could not do what he wanted to try. He described how his recollections of the abuse were literally immobilising and how they appeared to control his behaviour at times. In this one excerpt, Christopher's own words give a clear indication of what emotional and psychological abuse can mean to children – it is trauma and negation.

5.2 Parents talk about emotional and psychological abuse

For the five parents who were interviewed, the task of describing emotional and psychological abuse was complex. Like their children, definitional concepts were found dispersed amongst their descriptions of their experiences with their children and the professionals who had attempted to assist them.

5.2.1 Emotional and psychological abuse is created in relational environments

Sandy, Shelley's mother (Case 20), framed emotional and psychological abuse as an oppressive environment in which children experienced very little freedom:

"...It's hard to describe what emotional abuse is. It's like the kids, the kids don't deserve to grow up watching their mother get belted or watching their mother get screamed at all the time. They deserve a

peaceful life. I mean they don't deserve to have the Police around every week you know because they're gonna get fearful of the Police, the Police are coming again, I mean all the dramas that go on, the cycle that goes on and that, they don't deserve you know to watch their mother getting beaten up. They deserve a peaceful life where they can make a mess if they want to, because Desmond was very very tidy, they weren't allowed to make any mess um they deserve to put all their toys in their room. If they want to live in that room, they can live in that room, if they don't want to clean it up they don't have to um but just a peaceful life, to have friends around, them to go to friends'/peoples' places and play. And just be normal kids. That's what they deserve, you know they deserve love and affection too, they don't really deserve not having that...."

Clearly, Sandy identified with the consequences of Desmond's violence for Shelley and Laura. The fear of their step father stopped the children experiencing peace and affection. Their actions, their living space, their choices about contact with friends were controlled by the needs and requirements of the perpetrator. The scope of what was possible in this family was set by the perpetrator. The family was forced to live by his agenda. Emotional and psychological abuse in this sense was imbued in the relational exchanges of every day living. It was repeated and reinforced at every turn by the perpetrator.

For Sandy, the antidote to this abusive experience for her children is the reverse of the oppression they endured for years. It is freedom to set their own agenda – to mess up their room, to have friends stay over. In her answer, she related the children's experiences of abuse as unfair, preferring to believe that they deserved so much better. In this sense, emotional and psychological abuse violates children's entitlements to peace and normality.

Andre, Madeline's father (Case 22), aligned his definition of emotional and psychological abuse in the centre of his child's experience of the parental separation:

"...I think that emotional abuse for Madeline is about what the effect of separation on a child...with Lidya and my separation, it has been a very tormenting type thing, where - but I seem to be coming across more now is that statements like - you are just like your father - and um, sometimes I wish that Madeline wasn't like me at all, because she must be feeling - yeah, mum doesn't like dad and if I am like dad, she doesn't like me too - I don't know if they are thoughts that she has. But the thing that worries me a lot...I am starting to wonder whether Lidya is just trying to cause a lot of worry for me is that she says that she regrets ever having had Madeline, she wishes that she wasn't there - that's emotional abuse too..."

In the preceding excerpt, Andre associates emotional abuse with his daughter's experience of being likened to him and as a result being disliked by her mother. It is as if the tension between parents spills over to Madeline. The final reflection he made in this excerpt depicts his concern that Madeline will come to experience retrospectively not being wanted by her mother. In this context, Andre appears to believe that because of the conflict and ill feeling between the parents, Lidya is reconsidering the value and significance of all the relationships in which he has a part, including relationship with her daughter. Even though Andre tended to construct emotional abuse as resulting from his separation from Lidya, it was also apparent that throughout the interview Andre did not situate any of his actions or attitudes as emotionally abusive of his daughter.

5.2.2 It is harder to define emotional and psychological abuse when you might be the perpetrator

Whilst very different in content, the interviews with both Sandy (Case 20) and Andre (Case 22) highlighted that emotional and psychological abuse can be identified and described as such by parents themselves if the perpetrator is not the parent being interviewed.

Certainly, the definition of emotional and psychological abuse differed for those parents who had been described by community professionals or statutory child protection workers as having been the alleged perpetrator of the abuse. For example, Petra (Case 21) did not understand how a label of emotional and psychological abuse could have been applied to her family situation:

"...I didn't really understand how they could say it was emotional abuse. I was trying really hard to look after the kids. Emotional abuse is much more to do with parents who don't give a damn about their kids. It's got to do with not loving them, not showing them, sort of, any affection. I was always telling them that I loved them. It was the kids who just wouldn't listen to me. It was the kids who just acted as if I didn't matter at all..."

Petra's words here clearly demonstrate that the intent to cause emotional damage is significant in defining emotional and psychological abuse. In her case, a label of emotional and psychological abuse was not relevant because she showed children affection and care. This was in contrast to the experience she received from her children who would not listen to her and who engaged in a range of difficult and challenging

behaviour. For her, the children were dismissive of her as a mother. She did not feel able to change this situation despite seeking the assistance of a number of different health and welfare professionals.

Similarly, Angela (Case 4) defined emotional and psychological abuse as:

"...the way that parents talk to their kids that tells them they are not wanted...they kept saying that about me, but I kept telling them that I did want Brendan, but only when he would behave himself...only if he listened to me and not fight with his brother. I think that Brendan always knew that I wanted him...I am not sure that Brendan wanted to be with me..."

Like Petra, she did not believe that the label of emotional and psychological abuse applied to her. Angela had defined it mainly in terms of rejection. In this sense, she could more easily apply it to Brendan's behaviour than to herself.

Jack, Christopher's father in Case 5, expressed disagreement about what he believed was an unfair definition of emotional and psychological abuse:

"...Where the system says that if the parent you know, yells at their child because they have done something, then that means that they are emotionally and verbally abusing that child and that, that is wrong, I am sorry, I just don't agree with it..."

Jack highlights that the definition of emotional and psychological abuse as applied to him in his relationship with Christopher may have been overly sensitive. He continued to explain his rationale for this observation with the following words:

"...Um, pardon me. I mean maybe I am a bit old fashioned, but if I did something wrong, you know, in my household I was given a smack on the backside or you know, whatever else. If – I mean, I come from the days of – and I do agree that in some cases it has gone too far, and there had to be some sort of controls, but in my day at school, if I did something wrong, you know, you were up to the headmaster and you know, you got the cane on the hand or you got the ruler on the hand or something.

My first wife was a teacher, a primary teacher, and she – oh I don't know, she lost it with a child one day who was, oh a right little devil, and I have seen this child because I have been up to the school a number of times helping with various projects and that, and this child was an absolute little devil – and one day she just lost her cool and she got a ruler and she slapped it on the desk – didn't – nowhere near the child, slapped it on the desk and said

"now, knock it off, shut up" – next day the parents were up there saying "well look, you know, you do that again you are emotionally abusing my child, I will sue you"

As Jim this friend of mine said that is the American disease of sue, sue, sue taking hold here in Australia. Look I understand that there had to be controls because kids were being abused, and I mean, you know this Daniel Valerio I think was one case that comes to mind – that sure, yes, kids were being abused and there had to be huge controls put on it, but I think the pendulum has gone too far; but when you can't speak to a child in a negative way, or you know, say – no – then I think that personally that is wrong and I really believe it is wrong..."

Jack has relied on several themes to position a definition of emotional and psychological abuse as overly dramatic and linked to intrusive attempts by the state to control parental discipline. He accepts the need to regulate abuse, because he does not want children to be harmed as in the case of Daniel Valerio, a two year old boy, whose death resulting from severe physical abuse by his stepfather was widely reported in the media and led to the introduction of mandatory reporting in Victoria (Goddard, 1993; Goddard and Liddell, 1993; Mendes, 1996). In comparison, yelling at a disobedient child is clearly for Jack not in the same league as physical abuse. Instead, it is legitimate and important to do so. It is also appropriate for him to use some form of physical punishment as it has been traditionally sanctioned. He summons a sense of frustration that legal actions against parents has become so easy to initiate because of the apparent transportation of a propensity to litigate into Australia from the USA.

Jack went onto describe the implications for Christopher of this trend towards overzealous regulation of parental behaviour:

"... And now Christopher is in to that – Christopher is a part of that – Christopher is totally consumed by that system, so I don't think that anybody has ever got any hope really with Christopher; because Christopher has come from one side being, well you know – no, you don't do that – to a case of – well, let's go and do this; not a "no" but steering him away – and I think the kid is totally confused and I don't think anybody can ever do anything with him. We are of the belief now, we are just waiting for a phone call, to tell us that Christopher is in jail. And I mean, that is an honest belief of ours..."

This all comes back to again I suppose perspective – from my point of view, I mean, when I was a kid as I told you, you know if I did something wrong then I got, you know, a whack on the backside – these days it is a case of you are not allowed to say no, you are not allowed to, you know, do that, you just have to steer the child into a different direction or take your son, you know, somewhere else!

As I said when it comes to perspective I believe that you know, if you do something wrong, then you should get punished. They obviously believe that if I do that, then I am emotionally abusing him because I have told him – no. And that doesn't gel, it just doesn't gel with me – um, I mean, that is my understanding – I could be wrong – I could be totally wrong...”

Emotional and psychological abuse is a construct that Jack has located within the same field of interest as parenting strategies. For him, placing limits on a child's behaviour is reasonable. It is unreasonable for this sort of limit setting to be construed as emotional and psychological abuse. For Jack, being identified as a perpetrator of emotional and psychological abuse is inaccurate because the very definition of the terms was invalid.

5.2.3 Emotional and psychological abuse is a jigsaw puzzle with lots of pieces

It was interesting to note a consistent theme running through all the interviews with parents that seemed to define emotional and psychological abuse as an aggregate of a number of experiences.

Sandy, Shelly and Laura's mother (Case 20), made the following comment:

“...It was never only one thing that did the damage to the children...it was the repetition, it was the constant fear that he made them feel. It was like a jigsaw puzzle that had all of these pieces – you could not see the whole picture until the last one was fitted in. Then you just had to cry because you knew how really bad it was for the kids...”

It was almost as if the experiences of emotional and psychological abuse for children were elusive. For Sandy, it was in part because she clearly felt threatened and vulnerable herself to the violence from her partner. The impact did not register until it was significant. When it did, when she realised the degree to which her children were traumatised, she was overwhelmed and distressed.

Petra explored the issue of interconnectivity in relation to experiences she had with her children:

“...I couldn't keep doing it. It was clear that our family didn't work, but no-one could put their finger on it...it was almost as if the moment you did see a problem, another one even more important would come up and block the view...I couldn't see straight anymore, I knew that the children were struggling...”

In this example, Petra identified the sense that one issue led to another which in turn led to an even more significant one. The relationship between her problems and her experiences for her children prevented her from making sense of the difficulties. The links between issues were not clear.

5.3 Carers talk about emotional and psychological abuse

In this section, the themes about defining emotional and psychological abuse as identified in the interviews with carers are examined.

5.3.1 Defining emotional and psychological abuse with reference to outcomes for children

The most significant theme from interviews with carers was their emphasis on defining emotional and psychological abuse with reference to the outcomes experienced by the child.

For example, the foster father of Kylie and Maggie (Case 11) defined emotional and psychological abuse in the following manner:

"...it is the experiences children have when they are young that makes them have no trust in others. It's about being told what to believe and when. It's about feeling frightened. It's about not feeling secure..."

The foster father in this definition has articulated a series of outcomes that he has noticed as resulting from Kylie and Maggie's rejection by their parents. He listed their lack of trust and their ongoing experiences of fear and insecurity. He appears to give little attention in this definition as to how these outcomes are realised for children. The most important part of the mechanism of emotional and psychological abuse for this foster parent is the imposition of a distorted belief system by the parents onto their children.

Similarly, the foster parent for Josh (Case 1) identified the transference of a distorted belief and value system as the source of difficulties for Josh:

"...it's emotional abuse because she taught him to believe in stuff that just isn't true. I guess that is what emotional abuse is...giving kids a reality that doesn't help them fit into their world, giving them a reality

that is just too hard for them to know what to do with...I don't think she meant to do that...Josh was scared, wanted to be in control all of the time, always knew what was right and had no room for new information that contradicted what his mother had told him..."

Here, emotional and psychological abuse is the outcome of his mother's distorted view of the world due to her mental illness. The definition is put in terms of the impact on Josh of being "taught" to believe a "reality" that was unhelpful and led him to feel frightened. It also left little opportunity for Josh to receive and integrate information which could challenge the way that he understood relationships. For this fosterparent, intent is not a relevant concept in defining whether or not a child's experience is emotional and psychological abusive. Even if Josh's mother did not mean to pass on this complex and potentially harmful worldview, Josh was left with it as very real.

Charlie's foster parent (Case 15) saw emotional and psychological abuse as what happens when children are deprived of the experiences needed to have positive developmental outcomes:

"...Well, I suppose it's being deprived of the things that to us just comes naturally without even thinking about it, you know, giving them that closeness or building up a relationship with them and it's such - I mean, I suppose I realised after a while that it's probably in those first two years, everything that Charlie had missed, you just wonder whether it can be got back at a later date, which it's pretty awful when you think about it. But it does seem to be, I would just think back and look at people with their children and look at it in a whole different way as to those first two years of life., you might be tempted to think that when you're playing with children or just spending time with them that it's a waste of time. But you just realise how much benefit it has when they're older...Emotional abuse is when kids grow up to and they feel different to other kids because they don't know otherwise..."

For this foster parent, emotional and psychological abuse is evident when parenting does not include intimacy. The definition is put here in terms of children not being able to feel close to others because they have not been able to feel close to their parents.

Brett and Sandy's carer (Case 6) defined emotional and psychological abuse as the emotional impact of being exposed to violence without any sense that you can change it. In effect, children who feel trapped and cannot protect themselves or their mother:

"...I call it emotional abuse because I believe witnessing your parents fighting like that and the drinking and the kicking in of doors and windows...I just see that as emotional abuse that must affect the child.

Some children probably don't deal with it, they just lock it away and tell themselves it didn't happen, and then later on in life it will come up when they have to deal with it...It's emotional abuse because children are backed into a corner and they can't save themselves and they can't save their mum and the violence and the yelling just keeps going on and on and on..."

Joseph's carer (Case 9) was clear that emotional and psychological abuse was a failure by a parent to perform his/her role adequately, leading to children not knowing how to take care of themselves:

"...I think emotional abuse is what happens when parents don't do their job properly. In the end, they leave their kids without knowing how to do the basics they need to get by and be a responsible sort of citizen...Kids have to learn to look after themselves as they get older and if they have no grounding for that then it's emotional abuse..."

More than any other carer, Dorothy, Stewart's carer as outlined in Case 8, summarised her view about how emotional and psychological abuse affected children. She defined emotional and psychological abuse by making the following observation:

"...As I said before, emotional abuse has more of an impact on a child than adult because they can't always process it...you can never really tell exactly what effect it's going to have and you don't see it as a scar...you don't see emotional abuse, what you see about emotional abuse is the effect, the behaviour that results from it... so emotional abuse has ramifications and sometimes you don't know what the emotional abuse is causing..."

Dorothy considers emotional and psychological abuse as the interplay between a child's developmental capacity to deal with the communication from the parent which is abusive and the impact of those messages on children as reflected in their behaviour, and, as noted in the next excerpt, on their sense of self-esteem:

"... you have children like Stewart with certain behaviours that are a reflection of the fact that they've been emotionally abused. Now if no-one ever had brought up the word emotional abuse we would have thought they were just naughty children which they're not. There is emotional abuse, which is such a wide range really, it's a huge umbrella, I mean it can be just as harmful as assaulting, and it has effect on self-esteem. Children who are emotionally abused will have an affected self-esteem. Children who are depressed all the time, there's emotional abuse, they don't think anything positive of themselves and it's sometimes really hard to pick up on it if you're not looking for it..."

5.4 Community professionals talk about emotional and psychological abuse

In this section, the themes relevant to the definitional constructs drawn from the nine interviews conducted with community professionals are examined. Specifically, these included:

- lack of nurturing as a definitional core for community professionals;
- positing a definition with references to its outcomes;
- tension when a definition is used to label parents; and
- the invisible and intangible nature of emotional and psychological abuse.

5.4.1 Lack of nurturing as a definitional core for community professionals

A major theme in the transcripts with community professionals in terms of defining emotional and psychological abuse drew resources from the concept of nurturing and love. For this worker, emotional and psychological abuse is clearly a child's experience of a relationship in which a sense of love is absent:

"...I think emotional abuse for me is when love is withheld, but I think that also extends when love is not given, not that it is deliberately withheld, but love is not given and therefore able to be received..."

Love is an exchange of affection - it is given and received. Emotional and psychological abuse is an interruption to the exchange. It is both a process - the withdrawal of the experience of love - and the outcome - the impact on a child's capacity to receive love into the future.

In the transcript with Christopher's youth worker (Case 5), emotional and psychological abuse is identified as the outcome of a lack of nurturing. This in turn is equated with a lack of commitment to promoting a child's development through not supporting his education:

"...I guess I think of emotional abuse as rejection or not being cared for adequately; kids with low self-esteem who haven't been nurtured and are basically unloved. In relation to Christopher, probably the lack of education I would see as emotional abuse, not caring enough to assist

him in his education. The fact that it was very hard for him to, he hasn't got a very good relationship with either mum or dad, and he's just accepted that they don't care about him. He was very open to having a relationship with workers and caregivers, so I mean that's a good thing, but I would say he was craving for that because he was a child who just had never been loved ..."

For Christopher, the major impact of emotional and psychological abuse was identified to be an unmet desire for relational experiences.

In the next comment, a family counsellor positioned emotional and psychological abuse as the ultimate in withdrawal of love, acceptance and belonging. It is clearly associated with not being wanted and not being accommodated within a family:

"...I actually think it's the worst of all abuses, I think it's worse than sexual or physical abuse, because a lot of the victims of physical abuse or sexual abuse, the parents still may want to work with them or may want to become involved, but I've never met a case in emotional abuse where the parents want the kids back. The kids are dealing with emotional abuse because of rejection from the people that they are supposed to get love from, so I think it's the worst form of abuse..."

5.4.2 Emotional and psychological abuse as acts of oppression

It was also clear that emotional and psychological abuse was defined by some community professionals as an active negative response to a child's emotional state or mood. For example, the foster care worker for Stephanie (Case 7) made the following observation:

"...I also see emotional abuse as extremely akin to other behaviours - in other words, whenever a person has a normal emotional response and that is trampled under, ignored or not acknowledged, then abuse is taking place..."

The foster care worker for Kylie and Maggie (Case 11) defined emotional and psychological abuse in terms of promoting experiences in children which confined or limited the opportunity for relationships with others outside that of the emotional and psychological abusive parent:

"...I also think that emotional abuse also has to be considered where the emotions, the extremes of the emotions - in other words, somebody loves somebody too intently and doesn't let them go, it can become abusive because it becomes oppressive to the child. So, therefore, I see it as

being even as expressions of emotion that can be destructive...especially in a relationship where the parent does not allow others to relate to the child..."

The foster care worker for Stephanie (Case 7) also noted examples in which Stephanie's mother deliberately created opportunities to taunt and harass her:

"...Her mother used to really torment her from what, I mean Stephanie had talked about stories where, for example, the mother knew she was terrified of spiders and when she was in the bath would throw fake spiders into her so she would absolutely scream in terror... Telling her that she was hopeless and giving a lot of very very sort of hurtful negative messages that she was no good and things were her fault when they weren't and she was responsible for things that there was just no way she was responsible for..."

Charlie's foster care worker (Case 10) defined emotional and psychological abuse as acts by parents which repress disagreement and create homogenous belief systems within a family:

"...It is an act of oppression, it really is. It is when a parent says to a child you will only see what is right and wrong the way I say you will see it. The parent creates an environment in which children cannot disagree, and even if they do, they are ridiculed for it..."

As an act of "oppression", emotional and psychological abuse makes children helpless to challenge or attempt to modify their relational environment. Children become focused on maintaining and supporting a parent's worldview, even though it may be damaging and harsh.

5.4.3 Positing a definition with references to outcomes

Community professionals showed a preference to define emotional and psychological abuse by citing in the definition the outcome they perceived the child to experience from the abuse.

One community professional proposed that emotional and psychological abuse was the outcome of a lack of a significant relationship with an adult carer:

"...Well, issues like rejection, the lack of bonding with a significant carer, whether it is the mother or, you know, somebody else; when the child's needs are not being met, you know. When they sort of develop these feelings of, you know, not being able to trust people..."

Similarly, another identified emotional and psychological abuse as being enacted in a child's inability to form attachments with other significant adults:

"...emotional and psychological abuse occurs when children are so damaged that they are unable to make new attachments with other carers. It is really best defined as what happens to children when their normal bonding processes are disrupted..."

The youth worker for Christopher (Case 5) made the following observation:

"...How would I define emotional abuse? I think the thing you see in emotional abuse is a child who just believes the worst about themselves...the definition is all about what happens to them in the end, it is the impact of everything they have been through...it becomes a self destroying prophecy for them - like, well I've been told that I'm no good, therefore this needs to happen..."

Here, the resultant outcome for Christopher is his negative self belief. It is evidence of the impact that helps to define the communication from parents to children as emotional and psychological abuse.

5.4.4 Tension is evident when a definition is used to label parents as emotionally or psychologically abusive

One of the family counsellors from a family support service described the application of emotional and psychological abuse to one mother's actions and behaviour as too harsh. This theme is exemplified by the following exchange in her research interview:

Counsellor: To have them listened to...that was the problem and that was where we felt it was sort of emotional abuse, where the physical and the other things - the other side of it was fine, but that was what we were concerned about - the level of emotional abuse...it just sounds a hard word, but, you know, just the fact that she wasn't available to the children emotionally in many ways.

Interviewer: In terms of the concept of emotional abuse, you said that emotional abuse might be a bit hard for this family.

Counsellor: It is difficult. I find it a difficult word to use, isn't it, because you're not quite sure what is - I don't know, somehow to me abuse has connotations of someone being aware of what they're doing...that might be just a completely false statement but somehow I felt with this mother that she wasn't... there was no deliberateness in her behaviour towards the children. It was more that there was a mind set and an attitude that had started fairly early on in the children's lives and it had just become

so much part and parcel of the way she saw her family that it was very difficult to get beyond that and around it in some way. I don't think her behaviour was deliberately destructive towards the children. She actually is very protective of them in her own way...it was just some of them were viewed as bad from an early age and that was really hard to get around, really impossible for us to get around.

The above excerpt from the interview transcript has been quoted to highlight the resistance experienced by this particular worker to using the term emotional and psychological abuse to describe the interaction between children and mother. Such resistance seems exacerbated by parental conditions which reduce their capacities to understand their actions or their obligations.

5.4.5 Emotional and psychological abuse is intangible and invisible

A significant theme for community professionals was the privileging of more tangible manifestations commonly associated with physical and sexual abuse over the less tangible consequences associated with emotional and psychological abuse.

For example, one community professional made the following observation:

"...I think, you know, it goes unnoticed, like, with physical and sexual abuse are visible to the eye, people respond on that straight away or refer it to the police. But with emotional abuse the kid may still be in a safe environment, so they don't take any action on it..."

According to this worker, the visibility of emotional and psychological abuse is in part implicated in the lack of commitment to take action to stop it.

The counsellor in Case 22 also made reference to the invisible nature of emotional and psychological abuse and as a result the consequences of attempts to define it:

Counsellor: I think that is very relevant. In this case, of course, I had no idea what the ongoing climate was like with Lidya, they may have had some very good times, I don't know.

Interviewer: There was a whole unseen area?

Counsellor: All I am hearing from Andre is one side, but Lidya would have her side too, and that's where the department needs to investigate. It's something that is unclear in that whole area. I guess that's that I'm trying - hopefully they have something to say about how the department might make some judgments around climate on children, because emotional abuse is intangible...

The difficulties of defining emotional and psychological abuse lie in being able to assess the emotional environment through which children experience their world. The counsellor argued that parenting standards are required to be set and promoted as the basis for being able to make any evaluation in cases of emotional and psychological abuse:

"... I basically think we should be doing far more public education. We should have some guidelines, strong guidelines there in terms of what is acceptable and what isn't in the environment of the home and do bits of education..."

The emphasis on physical signs of abuse, according to one worker, promotes the view that emotional and psychological abuse is a less significant form of abuse and not warranting the intervention by other community or statutory professionals:

"...Yes. I guess one of the difficulties is that you wouldn't probably pick it up as much unless you spent time with the child like you would physical abuse because there's a visible sign of it that you could even see in one visit to a family, whereas the child with emotional abuse it would be hard to pick up because you would have to spend a fair bit of time with the child with the family to see what's going on, that is one of the dilemmas, but certainly seeing a child that was always extremely traumatised, you know, crying... Unless you can see some negative impact, it is not considered abuse and will not be responded to by protective services..."

A similar theme is identified by the foster care worker in Case 11 as highlighted in the following excerpt from her interview:

"...I'd say it's extremely hard, because if you put in a notification, again the people or workers, I guess, are trained to look for physical signs of abuse and emotional you can't see... Yes, it's pretty hard to actually put on a scale and say this is not okay. I haven't seen many cases. Unless the parents are rejecting the child and saying that they refuse to have him at home, you wouldn't actually - it would be very hard to prove, especially if the parents were willing to keep the kid that they are emotionally abusing..."

In this paragraph, the worker highlights the fraught nature of intervention offered to children who have experienced emotional and psychological abuse.

5.5 Child protection workers talk about emotional and psychological abuse

5.5.1 Recognising the difficulty of the task

Verbalising a definition of emotional and psychological abuse did not appear to be an easy exercise for child protection workers. Every worker was able to provide an answer. However, their apparent confidence about the content of their answers varied greatly.

For example, a SOC4 with at least 15 years of experience, began her answer with the following statement:

"...Oh God. Um I think it's really difficult to conceptualise because I think it covers a wide gamut and as I was talking about before like when does emotional and psychological abuse start, when do, you know, little things become emotional and psychological abuse..."

A SOC3 responded with this opening remark:

"...That's very difficult. Um I think that emotional and psychological abuse is really difficult to define. I think it encompasses so many things..."

One SOC2 found it difficult because she expressed the view that emotional and psychological abuse was associated with a set of features which was qualitatively different to other categories of abuse:

"...I'd hope that everyone on the floor would know that emotional and psychological abuse happens throughout, although it may be difficult to prove - we know it's there. I'd hope we'd know it's there. Like I said, everyone I think has been through and been affected emotionally by another at some point in their lives...I don't know whether you call it abuse or not, it's different mannered. I suppose it's finding that order and what's abuse and what's not..."

Finally, one SOC3 argued that emotional and psychological abuse was complex to define because of its relationship to the broader social perception of children and parenting. She makes this clear in the following excerpt from her interview:

"...And sometimes I think we do get it wrong with some emotional and psychological abuse... I think increasingly it's a problem that society

won't face, if society's saying that a lot of these people with intellectual disability and psych illnesses can have children which it is now I guess then we also have to acknowledge that these people need ongoing support during the parenting process but do we punish them by then saying protective services will be involved from today until your child is 17 years or older - on the one hand we have moral responsibilities to provide them with support services and not punish them by intervening and removing...on the other hand I think we need to take it a step further, and question whether or not they should be parents...that's just too hard in this liberal society for us to choose...that really worries me, and it always worried me because I've done a lot of work here with parents with an intellectual disability and I think it's well, they go off and have child after child and then we move in and we remove them. I think, it remains totally unaddressed ...not addressed at all..."

In this discussion, the SOC3 positions emotional and psychological abuse within the context of the debate about how parents with specific cognitive or psychological limitations are able to care for their children. She highlights a seeming contradiction contained in the view that parents with difficulties should be allowed to care for their children but not without adequate support being offered to them for as long as is required.

5.5.2 The use of emotional and psychological abuse as a substantiation category

A number of child protection workers and managers questioned the reliability of the term emotional and psychological abuse as a category of substantiation within the child abuse notification and investigation process.

Some argued that emotional and psychological abuse was used as a "catch-all" category which was excessively broad. For example, one SOC2 stated:

"...I think it's a broad definition...I mean it's all inclusive I think. And I know in terms of, I mean in terms of the practice definition that's quite broad but we also would be including emotional and psychological abuse and I think we always will do, when there's sexual abuse and when there's physical abuse notifications as well probably even abandonment..."

Similarly, another SOC2 argued that the substantiation process itself defined abuse and its impact on children in a fragmented fashion which did not reflect the experiences of abuse. She commented that:

"...in some ways I think - it is crazy for us to maintain the division I think, where we talk about the sexual, physical and emotional as if they are all separate - I know I have harped on this a bit, but it just seems that we have got to get away from that - we have got to make the assumption that you know, physical and sexual abuse also involve emotional and psychological abuse..."

One SOC2 argued that the breadth of the definition of emotional and psychological abuse had also relegated its significance as a category of abuse in the community and subsequently within the child protection system. She stated:

"...I don't think it's not been seen as a serious abuse type if you like...and it's not seen as valid abuse type of itself....It's a little bit like 'oh yeah emotional and psychological abuse, oh yeah'... And people do have to put some thought into in fact what does it mean...again I think perhaps it's one that you know a little bit of community education could be helpful... I know that there's a lot around physical abuse and there's been a fair bit around sexual abuse and again it's about community standards and what's acceptable..."

This theme was reinforced by a SOC4 when she argued that:

"...if a kid is belted, then people react with shock and horror. If a kid is sexually abused, then people react with shock and horror. If a kid is yelled and screamed at, I think the response more is - 'oh that is terrible, but the kid is not going to die of a verbal belting, the kid will die of a physical belting'. And I think too, I mean I am fairly much an old school person, I was brought up in the old school and you know, kids were yelled at, and I think there is a lot of people in our society who would look at it in the same way and say - well, everybody expects a kid to be yelled at and screamed at, it is part of growing up, part of character building; probably wouldn't have the same leniency as the others..."

The previous SOC2 believed that the application of emotional and psychological abuse definitions by protective services appeared to be guided by the different attitudes of protective workers towards socio-economic status of families. She argued that protective services were more likely to intervene strongly where there was a suspicion of child emotional and psychological abuse in a family from a poor socio-economic background:

"...I mean the joke is you know lots of middle class parents do yell and scream and verbally abuse their children all the time, and yet we're not removing them. I think there's some unfairness in this application ... that's in terms of natural justice for people and again you know our clients are the lower socio-economic end of the scale and that's where I

guess there's lots of unfairness in terms of its application because I think there's a lot of what we're now calling emotional and psychological abuse going on out there anyway...I mean I certainly have witnessed lots of it amongst my own family and I've probably done it myself a bit to "shut up you f.....creep" that's emotional and psychological abuse though according to this definition... I do think it's very broad and I think that the danger is perhaps we've unfairly applied it..."

An important theme to emerge from the interviews with child protection staff was the significance some appeared to attach to the need to distinguish cases according to the severity of harm arising from the abuse identified during their investigation of a report of child abuse.

One SOC3 argued that the official statistics about child abuse substantiation in Victoria were inaccurate because workers failed to add a priority structure to the way in which they determined which type of abuse was registered first. She maintained that:

"...perhaps emotional and psychological abuse is misrepresented in the statistics...because workers don't necessarily and they should but they don't necessary always register according to the severity of the harm...emotional and psychological abuse might be the first one you're registering on because alphabetically "e" is the first..."

This was supported by the comments from other child protection workers. For example one SOC2 stated that:

"...I think with emotional and psychological abuse perhaps what we do is tag it on to every other abuse, category or code..."

Another SOC2 claimed that:

"...I think it is often used as a back-up..."

A SOC3 made the following observation that:

"...because emotional and psychological abuse is easy to find when we're registering, people aren't always aware that it should be in terms of the hierarchy of risk... that if emotional and psychological abuse comes first it would be connected statistically...I think that's quite interesting because I think ... that's just a practical error...I think that we end up with having far more emotional and psychological abuses cases perhaps registered as the primary maltreatment when in fact the primary maltreatment might be physical or sexual..."

One SOC4 developed the following argument in relation to this theme:

"...Yeah, I would say what happens is that it's probably high because people put it in, like as a secondary, I'd be interested if it's a primary one or the secondary one. I think with anything it would come as a back-up and that's going back to what I said about people will always leave that, that abuse type in..."

One SOC4 extended this theme further and suggested that the over-representation of emotional and psychological child abuse was as a result of a systemic and practical bias:

"...We're registered as having more cases and the fact is that I had a real issue with seeing the old statistics... because I know from myself as a relatively inexperienced worker trying to negotiate all the computers and you click on emotional and psychological abuse first 'cause alphabetically it is first...It would be quite interesting to do a bit of a random sort of sampling assignment, OK emotional and psychological abuse clicks on first, so on it goes and it's and it's then registered as the primary whereas in fact it could be in a kid that's just had you know the hell bashed out of them - that's actually physical abuse..."

In the latter part of this quote, her statement develops a potentially more sinister implication for children. She appears to begin arguing that physical abuse is wrongly categorised as emotional and psychological abuse.

However, all of this is tempered by one SOC4 who argued that emotional and psychological abuse is under represented in the types of categories available for protective workers when making the decision to register an outcome of an investigation. For example, he stated:

"...I mean even if you look at the categories that we are given or to the phrases that we can use to - as a primary treatment - most of those relate to physical or sexual, there is probably only one or two out of well, twenty, that are related specifically to emotional and psychological abuse and they are pretty wishy washy intangible sorts of things..."

This is an important statement. The SOC4 has identified that even within the classificatory system used by the Department of Human Services, the taxonomy applicable to cases of emotional and psychological abuse is severely limited both in scope of description, but also more significantly in credibility. The two terms available for emotional and psychological abuse are intangible and not relevant to the examples of emotional and psychological abuse which are the

stock of child protection cases.

The SOC4 then argues that the limited descriptors for emotional and psychological abuse act to minimise workers considering its consequences in their decision-making practices:

"...I think that it's more accurate to have it in there because as I said you don't get that sort of abuse without having some sort of emotional harm, it doesn't make any sense. The same with physical abuse, I mean you don't get that without having some sort of emotional harm to the child. So, so I think it makes more sense to have it in there and may be, may be it's an unsaid thing but may be it needs to be said as well because I think you miss out on a rounded picture of a child. I mean yeah people can see a hit child and that's what they think "oh that's terrible" but they wouldn't think of what impact that that hit will have on the child, you know, you don't just say "oh snap out of it OK it happened you know, let's get on with your life" um, it's sort of rounds out the picture and possibly makes, it's a way of making people aware I guess look there are greater things that you need to think about. Particularly workers. If you just go in and think about physical abuse. OK dad might not be hitting the child anymore but what else is happening that caused him to hit the child and what impact was all that was happening? I mean the hit for the child was only part of the story, it wasn't the whole story and it didn't tell you what happened and what was the build-up to the hit. I mean what was being said. You know what had been going on prior to that, what was the family like? So you actually miss out on quite a bit of the picture if you take emotional and psychological abuse out..."

Without due consideration of emotional harm suffered by children, irrespective of the abuse experience, this SOC4 argued that assessments of risk and the basis for case planning decisions are ultimately flawed. It does not reflect the totality of the child experiences nor the family factors which are present upon which an evaluation of the risk to the child is developed. The answer also highlights his view that child protection workers are oriented towards physical proof of abuse. In doing so, this framework serves to minimise the seriousness of the impact of emotional and psychological abuse on the child. It leads to decision-making which emphasises neglect, physical and sexual abuse as a central focus of child protection whilst excluding emotional and psychological abuse as peripheral.

The SOC4 argued further for the continuation of emotional and psychological abuse as a legitimate form of child abuse that requires statutory response. He also identified the

need to ensure that workers are supported to maintain an interest in the emotional and psychological consequences of abuse for children:

"...My preference is to have it in there because it does give people more of a choice, and it also makes people actually take account of well there was emotional impact in here...so it actually gets workers to think about that too and I think that's very important that we don't miss it 'cause it could be one that we miss if we don't think about it....I guess it makes us look a bit harder and not only believe our eyes, but look at more at what people are saying and to analyse what people are saying not just what they're doing. If we only look at what their behaviours are we don't actually get the true picture. You need to look at what they're saying and how they're communicating and what is going on in there..."

It is almost as if the application of emotional and psychological abuse commits workers to an orientation which is thorough and complete, striving to understand the total needs of children within a family rather than assessing risk narrowly on the basis of physical danger. In the view of this SOC4, emotional and psychological abuse is a core component of child abuse investigations.

5.5.3 The use of emotional and psychological abuse in the Children's Court

There was a diverse set of views expressed about the use of emotional and psychological abuse in protection applications to the Children's Court. One SOC2 argued that she believed that emotional and psychological abuse was used very frequently:

"...I think it is actually the one we use most often though – when I have a PA it has always been in there..."

However, another SOC2 argued that the section directly related to emotional and psychological harm (Section 63E) contained in the Children and Young Persons Act was inappropriately used by child protection staff. She made the observation that:

"...I mean Ground E seems to be tacked on to a lot of things. I think often, often there's not much thought at all that goes into it, it's like oh if the child's physically abused we tack on Ground E. I think that's a mistake because it's probably I think the most important factor, the child's emotional and psychological well-being..."

She also argued that the over-use of this specific reason for issuing a protection application ran the risk of diluting the impact of all categories of abuse on children's emotional and psychological well-being:

"...I think it really underpins all of them. I mean if a child's sexually abused or physically abused or neglected what we're concerned about is the effect it will have on their emotional and psychological health and how that's going to affect them in the long-term so I don't think it should be seen as something that's tacked on, it's really critical and I don't think it's very well understood or used..."

Another SOC2 commented that the use of emotional and psychological abuse in the Children's Court was interesting in that it appeared to be treated as an acceptable category of abuse by solicitors representing parents and parents themselves trying to argue against protection applications. For example, she commented that:

"... most people won't argue about the emotional one because it's pretty obvious if you've sexually abused your kids, then you've done emotional harm...If you've physically abused your kids, you've done emotional harm. If you're neglecting your kids you're doing emotional harm so most people won't argue about that... they are more likely to argue that 'I don't wanna be done for sexual abuse, I don't wanna be done for anything else.' Um so I can understand why it would be high and I think most solicitors and barristers would just let it go as well. They wouldn't actually fight tooth and nail on that one whereas they might 'hey look you're in the Children's Court, something is going on' whereas they might fight tooth and nail against physical abuse..."

One SOC2 argued that in her experience, emotional and psychological abuse was the form of abuse least open to challenge or negotiation in the court process. For example she made the observation that:

"... I've never been asked to take it off...it's never been questioned in court... in terms of OK get rid of this or delete this or it's quite expected..."

In her opinion emotional and psychological abuse has become accepted by the courts as legitimate concern requiring intervention. She stated that:

"...I think that it's quite acceptable in terms of domestic violence now. It's been quite institutionalised so that we've got magistrates and convenors at pre-hearings saying yep that's an abuse type because that's acceptable in a family law court..."

She even argued that she had not experienced any parental disagreement with the protection applications that she had submitted to the Children's Court:

"...I'd like to see, I don't think that we've ever had a contest on an emotional and psychological abuse case have we? ..."

In stark contrast, another SOC2 highlighted virtually the opposite experience of cases she had taken to the Children's Court. She stated that she had found it:

"... very difficult to get emotional harm through on its own unless it's very clear emotional and psychological abuse to take to the Children's Court...It's more likely to get through for adolescents than getting it through for younger kids..."

Interestingly, her final observation appeared to reflect that age was important in considering the significance of the harm suffered by children.

One protective worker summarised her perception of the framework which is applied by the courts in interpreting evidence in cases of emotional and psychological abuse. She noted that Magistrates appear to emphasise a forensic approach to examining the testimony of workers. Most importantly, there is a requirement to establish a clear link between specific parental behaviour and an impact on a child. She commented that:

"...That is how the court would argue – well how are you saying that self harming is linked to conflict with her mother? And you can't say that she spoke to her mother on the 15th and the evening of the 15th she self harmed, I mean, yeah that is how concrete that they would see you would need to be..."

The need to establish a cause and effect is also explored in subsequent sections of the thesis. However, it is worth noting here that one SOC3 argued that the realm of outcomes for children who were alleged to have been emotionally and psychologically abused relied on the perceived expertise of the practitioner giving evidence. The particular implication from her quote is that emotional and psychological abuse as a definition which is applied and interpreted in the courts is open to greater contestability than other forms of abuse, where the evidence supporting trauma and outcomes for children is more self-evident:

"...I think it's more so with emotional than the other types of abuse because at least if there's physical evidence you know or actual disclosure of sexual abuse, that's cut and dried, you know, we're authorised to sort of put that down on paper and we're not going to be

challenged on that, but when it comes to you know making statements about psychological harm or damage well that's you know, are you a qualified psychologist? You're not qualified to make that statement..."

5.5.4 Using emotional and psychological abuse to claim the "middle of the road" intervention

Some protective workers appeared concerned about the impact on parents and children about the category of abuse applied to the family following their investigation. It would seem that the breadth of the definition of emotional and psychological abuse served as a way of mediating the sense of blame imparted to parents by the child protection system.

One SOC3 experienced some hesitation to using emotional and psychological abuse when referring to children under the age of two years because of the potentially damaging implications of the label for children and their families. She commented that:

"...I think it is interesting in terms of your own work and we've got cases of under 2's or young children and I think again that labelling is a bit of a question mark for emotional and psychological abuse and perhaps we're reluctant to add it on to or include it in our thinking about cases involving younger kids..."

The focus of the impact of emotional and psychological abuse with the potential to label and stigmatise families was explored in the following discussion with a SOC3. In this exchange, she argued that the application of emotional and psychological abuse was helpful to her intervention because it was acceptable to both child and parent:

Interviewer: What is the impact of that sort of ground being used, emotional and psychological abuse ground being used for the young person – do they – how do they foresee that?

SOC3: I think OK in the respect that it means at some point that they don't feel as blamed for their acting out – I mean their parents might be thinking – well, it is not me, it is because they are acting out that this is the most appropriate ground, but I think for the young person it feels OK because it means that they have in some way suffered and that is why they are not responding in this way with their parents.

Interviewer: Mm – so it is a kind of a middle label one, that is acceptable to both kind of parties?

SOC3: Yeah, yeah.

Similarly, the SOC3 involved in Case 14 demonstrated some reluctance to call a parent's behaviour towards her child abusive. Her use of the term "rejection" was the

limit she was willing to entertain. This was particularly relevant for her because the mother's responsibility for her actions was curbed by her lack of insight due to her intellectual disability:

"...I'm just thinking of the way I sort of conceptualise it. I suppose for me, when I think about Barbara's 'behaviour' I don't want to use, I don't want to say you know rejection, that means enough, I can say that, I don't want to go beyond that. All right. So Tristan's mother has got an intellectual disability which limits her capacity to I suppose respond or parent in a way that we would call responsible parenting because she lacks the capacity for insight, and therefore for me when there's no insight, she can't..."

5.5.5 Alternative terms for emotional and psychological abuse

A number of child protection workers made the suggestion that emotional and psychological abuse should be replaced with mental suffering on the basis that it:

- was a clearer term which was derived from a legal framework and hence fitted more easily into the context of child protection investigations and interventions;
- reflected stronger connotations about harm or injury;
- insisted that protective workers make a judgement about severity of the suffering in making recommendations for case-planning or court intervention.

For example, one SOC2 stated that:

"...I don't think that the definition of emotional and psychological abuse is that conclusive. There isn't, and I think that the literature supports this, that perhaps as an abuse type, it should go out the door and who was it that suggested that mental suffering or mental pain might be a better term to use. I mean I would be far happier with say something like that..."

Another protective worker clearly preferred mental suffering because:

"...I suppose for me mental suffering is a term that I'm aware of in terms of legal framework and I think it has to be consistent..."

A SOC3 also argued for the use of mental suffering because it implied a causal link to the outcome experienced by the child. She stated that:

"...We have to have consistent, I call them codes...for me legally I suppose mental suffering...is OK for consistency...After all, we are working with lawyers, barristers and magistrates...for them emotional and psychological abuse is woozy, I mean it's not a very good word...so mental suffering...implies that there has been an act or there has been a series of acts again commission or omission that have caused this person mental suffering...I just find that less nebulous, I think it's a little bit more specific, a little bit more universal, I mean we're aware of the term mental suffering..."

This SOC3 also went onto argue that there was a lack of guidelines which could help point protective workers to know how to and therefore become better at explaining the behavioural and psychological consequences of emotional and psychological abuse.

This commentary is reflected in the following excerpt from her interview:

"...He or she is doing a, b, c to that child. I know that it is a psychological process but I haven't seen enough, I haven't seen any literature to sort of point to how it then affects the child...That's why I sort of think in terms of mental suffering which is a broad term that can help show that some pain is there...It goes into interpretation so a kid whacks a door or you know a child hit someone on the head and cracks their head open...someone says she's very damaged... someone else says oh yes, well you know she's crying out for help...someone will say it depends on professionals...someone will say "she's OK she just needs some ongoing counselling"... someone else says "this kid's got some serious psychological issues..."

According to one child protection worker, a different term would highlight the need for practice guidelines to be developed with cases of emotional and psychological abuse.

On this basis, she too argued for the use of mental suffering as reflected in this quote:

"...At times where perhaps it shouldn't have been applied.. I think it does have to go back to emotional...I actually would probably prefer that we delete emotional and psychological abuse, we bring in a category of you know mental suffering... Then we can say this is the legal definition, this is the practice definition, this is when it applies, this is how it's to be used. I think that it has to be consistent with the other abuse types and we very clearly know what physical abuse is...and we need to very clearly know what emotional and psychological abuse is...I suppose you know more research obviously needs to be done..."

Concluding reflection

In the preceding section of the results, the views of children and young people, parents, carers, community professionals and statutory child protection workers were examined in relation to how they defined and described emotional and psychological abuse. A number of themes have been drawn from their answers about the ways in which the constructs of emotional and psychological abuse were interpreted and understood in the experiences of these individuals. In this concluding reflection, a further exploration of these themes is presented.

It is clear that emotional and psychological abuse has a variety of meanings in the experiences of children, young people, parents, carers and workers. The meanings relate to the position from which the experience is approached.

For children, the experience of emotional and psychological abuse is direct and powerful. Some likened it to being physically violated. Children described it as resonating in their mind, confusing them, creating voices that spoke critically about them. It caused internal tension and feelings of humiliation. It was difficult to talk about and understand. It required children to develop protective armour that they generalised to other situations and other relationships, often getting them further into trouble. It hurt.

For parents, the descriptions seemed to differ according to whether or not they felt they had themselves experienced problems or abuse. For those who were themselves targets, the language used to describe their children's experiences was evocative and strong. It wove together their personal struggle in their relationship with the perpetrator and their views of the impact of the abuse on their children. There appeared to be an intimacy in the understanding of the experience described by these parents. Their definition of emotional and psychological abuse seemed to focus on the damaging messages that children received from the perpetrator of the abuse. The relational environment filled with day to day exchanges and communication was the means through which children were hurt. There was a sense that the pain and horror of the experiences of their children was being acknowledged in the narrative of these parents.

For those parents who believed that they were being described as the perpetrators of emotional and psychological abuse by workers, their language distanced themselves from responsibility. It also reflected a tendency to downplay the significance of their

behaviour or attitudes towards their children. The language they used to invoke definitions built arguments for how such definitions did not apply to them. In their experience, they felt misunderstood by a range of professionals and not respected for their attempts at trying to raise their children according to their beliefs and values.

For foster parents and carers, emotional and psychological abuse was described with an insider's knowledge emanating from the day to day reality of living with and caring for children with these experiences. Their perspective is one of trying to figure out the cause of children's misery and difficulties from the effects, putting together observations about children's behaviour into a more complete map for responding to children's needs. To them, emotional and psychological abuse is the process through which children's behavioural and emotional templates are established. Inevitably, because of their abuse, such templates are harmful, distorted, filled with messages about being unlovable, about being the one to blame. For carers, emotional and psychological abuse are experiences that act as lasting signifiers of torment, unknowing and unconscious orientations configuring children's behaviour and feelings.

For community professionals, their language reflected experiences of tension in their attempts to define emotional and psychological abuse. There was the presence of reluctance to label a parent as a perpetrator of emotional and psychological abuse. There were descriptions that identified emotional and psychological abuse as invisible, less noticeable, perhaps of less importance than more tangible forms of abuse. Whilst acknowledging the detrimental impact of emotional and psychological abuse on children, there was concern expressed that its lack of physical parameters meant that it was more likely to be overlooked and less likely to attract intervention to prevent or stop it.

For statutory child protection workers, attempting to define emotional and psychological abuse was fraught with uncertainty and competing conceptual frameworks. There was friction between legal, practice and bureaucratic ambitions for definitions. There was confusion amongst workers about how it was being used as a category for substantiation. There were also differing opinions about the extent to which it was viewed by magistrates in the Children's Court as a valid form of abuse in proving protection applications and sanctioning state intervention with children and families. For some, there was a belief that it had been over used in the system and now was virtually meaningless. It led a number of them to express the view that emotional

and psychological abuse did not convey the severity of the impact of the experience on children. As such, there was the preference expressed for the use of the phrase "mental suffering".

Overall, the further removed an individual was from the day to day experience of emotional and psychological abuse, the less likely it was that the language conveyed the intensity of the impact. Children's descriptions resonated with pain and hurt. Parents and carers spoke from the knowledge of being in contact with children in regular exchanges and interaction. In this context, definitions were narrow and specific to the circumstances of each child. For these groups, definitions of emotional and psychological abuse brought resources that enabled disparate experiences to be brought together and understood within one framework of interpretation.

Community professionals and child protection workers were more likely to engage with broader definitions of emotional and psychological abuse, emphasising the rhetorical objectives their descriptions needed to achieve in convincing stakeholders to believe their views about specific children. For these groups, definitions were temporary resources that organised arguments and endorsed strategies for intervention.

Overall, it appeared that the language available to children, parents, carers, community professionals and child protection workers is insufficient to describe the intricacy of the experiences of children and the connection to how such experiences affect their emotional, psychological and relational functioning.

Clearly, the concepts children drew on were experiential. They knew how it felt to be on the receiving end of taunts or put downs or violence. In the main, they also knew what the experience led them to do or feel. For parents and carers, their understanding of emotional and psychological abuse drew on observations and their understanding of parenting traumatised and hurt children. They spoke of the need for love and nurture as symbolic and every day strategies to repair what had been broken.

For the most part, community professionals and child protection workers appeared to rely on a broad brush understanding of how emotional and psychological abuse shaped the way that children behaved or thought. They drew from a range of interpretive resources, preferring mainly developmental and psychological constructs. Definitions were highlighted in terms of outcomes for children – not being able to form attachments, not being able to trust, low self esteem.

The need to be able to explain the trace from input (emotionally and psychologically abusive parental behaviour) to output (harmful impact on child) was noted. However, the interviews were filled with a sense of struggle to articulate a framework that could understand the internal and relational processes in children with respect to their experiences.

At times, some of these processes were unearthed and examined. For example, there was an emerging theme that linked the children's experiences of every day relational oppression with the development of cognitive schema that suppressed their motivation for fantasy, reverie and fun. In this frame of explanation, children experiencing daily fear arising from the behaviour of an adult come to use it as an emotional and cognitive prism through which all other feelings are experienced and interpreted.

All in all, the vocabulary of most adults interviewed appeared to lack access to a sophisticated resource list of ideas that could help them engage, understand and make sense of the experiences of children who were subject to emotional and psychological abuse.

6. Results - The relevance of category definitions in the operationalisation of emotional and psychological abuse

6.1 Introduction

In the literature review, a number of category definitions were identified as relevant to understanding emotional and psychological abuse. Category definitions were noted to be discretely specified clusters of examples that have been used in the literature to help expand the intended meaning of key concepts. The use of such categories commenced with the typology proposed by Garbarino, Guttman and Seely (1986).

In this chapter, the category definitions of emotional and psychological abuse are examined in relation to their usage in the common experiences of children, parents, carers, community professionals and child protection workers. The analysis of these concepts includes the parameters in which they are understood and the meanings ascribed to them by individuals in their interviews. Where appropriate, the discussion also formed the basis for suggesting additional constructs for consideration.

6.2 Examining "rejection"

The construct of rejection has been a cornerstone of all definitions of emotional and psychological abuse. It has been included in some US and Australian statutes. Its traditional meaning has implied the active non-acceptance and discardment of children by parents.

The following transcript with the SOC3 involved with Louise (Case 17) was chosen to exemplify how pivotal the use of "rejection" was in the interview transcripts with many of the adults who took part in the study. As such, the excerpt is presented in considerable length:

"...We are working with another family currently with a 16 year old young woman named Louise. She was sexually abused by her step-father from the age of 7 to 12 at which time she contracted herpes. She says mum knew but didn't take action, but when she contracted herpes and she was notified, mum took action- well the step-father actually went into a psychiatric hospital and a couple of days after the notification suicided. Mum was suffering depression and I mean, she has lots of

characteristics of borderline personality sort of, very bizarre behaviour...

We believe that mum is extremely emotionally abusive to Louise – she sees Louise as having to meet all of her needs, she is her best friend, she says things to Louise – she says about when Louise's step-father died 'Louise, you have lost your lover besides your father' – which sends some very bizarre messages to Louise about what the nature of her abuse was, what the meaning of that abuse was – threatens, frequently threatens Louise that if she can't see her, she will put her dogs in the pound.

Mum has numerous self harming or suicide attempts, will then refuse any medical intervention when she is taken to the hospital, unless she can talk to Louise on the telephone, so Louise has got this enormous guilt that she is responsible for mum's health and welfare, and then Louise fluctuates from having a level of insight to that, to being absolutely committed about 'I have to stay at home', running away incessantly from her placement, mum has other men stay there, she wants Louise to have sexual relationships because she is wanting to become a grandmother or something...Some really bizarre attitudes this mum...

We are arguing now for an extension of the custody order, we are saying that mum is extremely emotionally abusive, and we are using a lot of stuff in the reports saying that mum threatens Louise with either total rejection, she says I will never see you again Louise if you refuse to see me on this day at this time, or with death through her suicides or self harming and then refusing medical intervention unless Louise sees her, or threatening to kill her dog, take it to the pound. She also doesn't allow Louise ever to have the opportunity to talk about the impact of the abuse, her sexual abuse, sort of dismisses that as – it is all over now so it doesn't matter, didn't know it was happening although there is a huge question mark around that...

...what we are saying is that we think that Louise has anxiety, or she suffers lots of anxiety, she mimics lots of mum's behaviours, like her physical presentation, her posture, mum is very crouched over and she will imitate that, and Louise also has had periods of severe self harming, either overdosing, cutting herself, swallowing glass, that sort of stuff – and we are saying that there is a real anxiety attachment between mother and child – that every time that Louise attempts to stabilise in placement then mum ups the anti again..."

In this transcript, emotional and psychological abuse is constituted as an endemic property of the relationship between Louise and her mother. The SOC3 draws on the following interpretations and observations to support her view of emotional and psychological abuse:

- The words that Louise's mother uses is considered to be one abuse medium. The worker cites a number of distinct phrases which are identified as abusive because of their impact on Louise's understanding of her relationship with her father and brother.
- The interweaving of Louise's guilt resulting from her mother's attempts at self-harm and suicide is pivotal to the worker's definition of Louise's experience.
- The relationship between Louise and her mother is defined by her mother. The mother communicates that Louise is her mother's best friend, her mother's protector, her ally and her competitor for her father's affection. Throughout the transcript, the worker positions Louise as a passive participant in the definitional game employed by the mother to map the nature of the mother-daughter relationship.
- The SOC3 identified that Louise was not given an opportunity by her family relationship to develop and discuss a framework through which she can give meaning to her sexual abuse by her father and brother. The means for analysis by Louise is the model offered to her by her mother. A model filled with contradictions, confusion and self-interest. A model which the worker identifies as dismissive of the significance of the abuse on Louise's functioning.

It is also notable that the worker relies heavily on the concept of rejection to underpin her application for an extension to Louise's custody order. The worker describes a vivid narrative of Louise's life and uses rejection as the key construct through which Louise's experiences are labelled and interpreted. Her emotional and psychological abuse is painful, complex and undermining. Louise is not supported by her mother despite repeated disclosures of sexual abuse by her father. She is repeatedly given confused messages about how important she is to her mother. She is forced into a role beyond her developmental capacities in being asked to help meet the mental health needs of her mother. She imitates the self-harming behaviour of her mother and is not given the opportunity to try to make sense of her abuse trauma.

In this context, rejection may seem a negligible descriptor for Louise's story. At a very minimum, the use of the term rejection undervalues the claims of the child protection worker for the continued need for statutory involvement to ensure Louise's protection.

The construct of rejection appears to hold with it the SOC3's narrative of Louise's abuse and a frame with which to consider the mother's treatment of Louise. This proposed frame is juxtaposed to the reader's own experience of the narrative as reflected in the SOC3's account, leaving rejection to capture some, but not all, of the meanings of the abuse to Louise.

Louise's rejection by her mother is not the only component of her experiences of emotional and psychological abuse. In this context, rejection demonstrates some limitations in adequately portraying experiences of child emotional and psychological abuse, despite its prominence in the literature and the vocabularies of the individuals in the study.

Rejection is used so abundantly that in many ways it appears to act as a shorthand symbolic representation of emotional and psychological abuse. Its meaning is diluted and even when used specifically according to the frameworks proposed within the literature on the subject, it fails to hold much descriptive value.

In Case 14, Tristan's carer outlined his thoughts about how rejection was manifested in the interaction between mother and child:

"...They are quite spiteful to each other when face to face and she basically I think, if she never had to see him again in her life she wouldn't be terribly upset. It's outright rejection. Even though she sees him it's almost like a chore rather than something she wants to do. It's just something you're meant to do like going to a funeral for your family or you know catching up for Christmas every Christmas day and something she does because otherwise people talk and badmouth her not because it's something she gets pleasure from or wants to do. And so it's very painful for both of them to be in the same room together..."

Rejection here conforms to its traditional construct of discardment. It also collects a tone of viciousness and enmity on the part of Tristan's mother. This dimension is perhaps what leads the carer to define it as "outright" or absolute rejection. There is little redeeming quality to the mother's communication to Tristan. She is said to experience criticism for not having a minimum base of contact with her son. Her response to such criticism is the only motivation for continuing to engage with him. The resulting experience for both is painful and distressing.

At another point in the interview, the carer also makes the following comments:

"...I've heard her say in a case meeting in front of Tristan what a rotten kid he is and how he won't do anything, he won't clean himself and so on, he's just absolutely useless. I think that sort of rejection was fairly early on his life and he believes it so now he can't sit for an exam or study for an exam or anything like that. Anything where there's a judgement involved. He'll just shit himself and disappear. And make sure everyone stays 10ft away from him 'cause he smells too much..."

Here, the worker describes the establishment of a causative association between his mother criticising Tristan and his unwillingness to expose himself to situations where he might be judged (ie, exams). It is the openness of the criticism so that Tristan can hear it which draws the attention of the carer. The message is reinforced to the point where Tristan believes it and assumes some part of it as an element of his narrative. The message is repetitive and targets a vulnerability in Tristan's abilities, his hygiene.

In the following exchange, the SOC2 associated with Tristan's case introduces an important reflection about the impact of rejection on workers' experiences of family dynamics:

"...In the past he's said things like, oh, no mum didn't come round 'cause, you know, she had to do something with her new boyfriend, there'd be disappointment there, but you know, this was the first time that he'd actually said it to me. It was quite distressing. Because in a way I suppose it was easy for me, while Tristan didn't seem to sort of have much insight into the fact that he basically had been rejected by his mum, because he sort of went along without really understanding that, that's what made it easy for me, I didn't have to deal with that with him...not until this time..."

The SOC2's words reflect a theme of resisting or not accepting the experiential consequences of rejection for children. In a frank admission, the worker describes not engaging with Tristan about his response to his rejection by his mother because of the level of distress. Such distress is relevant for both Tristan and the SOC2. Rejection may be too painful for its significance to be appreciated. The impact of the rejection on Tristan was suppressed until his distress was so visible, it demanded attention by the worker. This theme of under-rating children's lived experience of emotional and psychological abuse is analysed more substantially in the discussion.

In Case 15, the foster care worker invokes the concept of rejection as an outcome of interactions between parent and child, an experience felt by children as a result of parental communication and behaviour:

"...I see it that he'd never been able to form a trusting relationship with anybody and I guess that just would have made life sort of real insecure, really unstable for a little child and that feeling of rejection from his mother. I think there was only one contact during the placement and just those feelings of rejection must have been so strong. I mean, I guess its got to come out some way. Charlie did have a lot of anger and I think that came out in the soiling and the bed wetting. You know, just the need to control situations, I see that because he didn't have any control over anything...he couldn't live with his mum and he was just put into placement and nobody ever said to him that was going to be a permanent thing because it wasn't, and it was very difficult for me to say what was going to happen because I knew that it was not the caregivers aim to ever have him long term. So, there was always this sort of big question mark about what would happen for him and I guess he felt that...I am sure it must have been quite devastating for him to have that sort of knowledge - really rejecting..."

The foster care worker uses the phrase "feeling of rejection" to articulate the effects on Charlie of a range of acts of communication from his mother and his carers which have resulted in his "...life sort of real insecure, really unstable...". Indeed not being able to control the investment of adults in caring for him is viewed as a significant factor in his soiling and bed wetting behaviour. The worker also contends that rejection as an outcome is further exacerbated by not securing a stable long term placement for him. In this sense, the antidote to feelings of rejection is the possibility of being exposed to and hopefully engaging with family relationships which are accepting and unconditional.

The theme of offering compensatory experiences for children is suggested as the ultimate ambition of any intervention for a child who has been rejected.

In Case 17, the SOC2 positioned rejection as serving to displace a child from her family, as reflected in the following excerpt:

"...I think it deprived Louise of a sense of personal worth - of personal right to be in a family, to be cared for, to - for people to be put out for you. I think the other person has the right to think - well, yeah I probably am at sometimes a handful, but I have the right to be that way. Deprived her of that; really I think retarded her personal growth of herself, she was sort of on the back foot to begin with, not thinking that she was worth a hell of a lot and even perhaps in her academic achievement, she does have a very low IQ, but I think that without that support that has affected that as well, so perhaps she hasn't been able to do as well in those areas as she could. I just think the ongoing rejection and not feeling that she does have a place, that feeling of aloneness all the time has been really, really detrimental for her. She has had to do

a lot of the work to maintain the relationships with the family and that is a big burden for a 16 year old, I think..."

In this version of the rejection construct, the protective worker attributes a rights connotation to the concept of discardment. The child is not only ejected from her family relationship, her right to be part of a family is also invalidated. This is even more serious for the child protection worker because it establishes a potential dynamic which encourages separateness and segregation, supporting the child's history of experiencing aloneness and lack of support. In a sense, without a belief in the right to a family or grouping (even if it be peers), the child prevents herself from joining others and seeking support and comfort.

In the next few excerpts taken from interviews with respondents involved with Christopher (Case 5), rejection is used as the central theme to describe and justify actions and experiences. In the first excerpt, the SOC2 maintained that the act of rejecting Christopher was shared by both his mother and step father:

"...Well, I first met Christopher about two years ago, I suppose, and my first impression was that he was at the centre of a lot of family turmoil. The department had been involved and things weren't really progressing for Christopher. I think at that time that particular time his mother was in a new relationship and had a new baby, also a boy. And she was at that time very angry with Christopher, as was her husband Trevor. They were both very rejecting of him at that time. In fact, she said at a meeting in here that she never wanted to have access with him again and sadly this was in front of the child. She left that meeting very early...I just think that the total rejection was unbearable, particularly by the mother, I think, sitting there with another little baby on her lap at the meeting and saying, "I don't want access with you ever..."

The rejection was complicated further because Christopher was given the message that whilst he was being discarded from the family, his younger sibling was being accepted. This juxtapositioning is viewed as critical in communicating to a child that he is not wanted by his family.

The experience of not being wanted was highlighted in Christopher's own words as reflected in this exchange from his interview:

Interviewer: How come, how come he kind of picked on you more than he did on Natalie?

Christopher: He didn't want me. It was like being rejected by someone who was supposed to love you.

Interviewer: You're pretty clear about that.

Christopher: Yeah.

Interviewer: How come? How do you know that he didn't want you?

Christopher: He told me. And my sister found out, she sort of overheard conversations and she found out.

Interviewer: She found out what?

Christopher: That dad didn't want me.

Interviewer: And what does that mean?

Christopher: Well Natalie my sister went into the room and said I overheard the conversation "why don't you want Christopher?" and dad just shut up.

Interviewer: And do you think that mum wanted you?

Christopher: She did but my stepdad was pushing her the wrong way, like to take him before me. Well that's what I think anyway.

Interviewer: And you could tell that?

Christopher: Because every time my stepdad would try and take me to Turana or Beltara, my mum would stand at the car and go "you're not taking him". He would say something and she goes "all right" and um one night when he was totally pissed I spoke to him while we were over half way there and we went home and mum was crying because she thought he would really have taken there.

Interviewer: What was he taking you to Turana for?

Christopher: He didn't like me much.

Interviewer: So he was gonna get you locked up or something? Is that what you thought?

Christopher: Yeah, for a couple of days.

Clearly, Christopher not only experienced being disliked by his step-father, not supported by his mother, he also labelled this experience as rejection. He was able to draw this conclusion not necessarily from what his parents explicitly told him, but from his own interpretation of their attitude towards him. When his sister told him that his step-father had discontinued the conversation when she had asked him about his

feelings towards Christopher, it was not what he said but what he failed to say which confirmed for Christopher that his step-father disliked him. Rejection does not need to be made explicit but can be communicated through interaction.

In the next two transcripts, Christopher's mother Diana placed her own spin on the construct of rejection. She attributed Christopher's behavioural problems with being rejected by his father when he was very young:

"...Kids, just go for a ride in Daddy's car. Oh no, he would say, I haven't got room for you Christopher, you have got to do this or you have got to do that, and he just didn't get to share those sort of things. You know, and so in that way I suppose he felt terribly rejected, pushed aside and hurt by his father and if anything went wrong, Christopher was the one at fault. I think even back then, even though I didn't realise it, he was looking for attention and any sort of attention, be it good or bad, he didn't care as long as he got it – so 9 out of 10 times Christopher was the one at fault – but it was automatically assumed he was the one at fault, even if he wasn't..."

According to his mother, Christopher was rejected by his natural father. The impact of this set up a dynamic that saw Christopher inappropriately seek attention and then be blamed by his father for causing the disruption.

She further confirmed her view that her recent history of difficulties with Christopher could be sourced to his early experience of rejection by his natural father in the following quote:

"...Well I could give you a sort of quick run down of how we ended up being there, he was a difficult child, a lot of people said it was to do with separation, a lot felt it was to do with his father, what is the word, ignored him, pushed him aside...rejected, from what I can understand, his father rejected him from a very early age...His father had a car accident the day he was born, because I had gone into labour you see and he had to go to the hospital, and it sort of went on that – he in his father's eyes, couldn't do anything right, and Christopher started on with – he was going to commit suicide, he was going to kill himself, and we went from oh, I hate to think how many organisations we went to for help..."

The reason for the father's rejection was attributed to the association of his car accident and Christopher's birth. This initial perception of Christopher as a problem solidified over time with more and more incidents additionally proving to his father how much Christopher was to blame. Even at an early age, Christopher expressed suicidal ideation

to such an extent that professional support was sought. The construct of rejection in this context is entreated with an evolutionary quality that extends over time. It is suggested that rejection has a genesis that can be identified and traced. Rejection in this sense includes a history which also embodies how children's behaviour might be used by parents to further justify their continued rejection of the child.

Given that the protective worker had found Diana to have rejected Christopher as well, Diana's statements which place responsibility for Christopher's problems largely with his father may be motivated by her own need to shift culpability away from herself. Instead, throughout the interview, she maintained that she was forced into cutting off contact with Christopher because of his behaviour. She was not prepared to accept that she had also rejected him.

In Case 13, Kerry's grandmother (Carolyn) invokes rejection as a repeated pattern of parental communication to his/her child:

"...She was trying to feed her and was saying just open your mouth and let me...do this' and Kerry was pulling away and crying like they do when they are teething, they go through a lot of pain - and she got the saucer and she said 'oh look, just take the lot' and just threw it down her face, down her throat - and it took her breath away with the lemon juice, she was really gasping for breath; and I grabbed her, she was in one of those walkers, the baby walkers, and Jessica just stormed inside, just threw everything on - I'm going - just grabbed her purse and off she went, and left me there with Kerry and there was another guy hanging around there; and I picked her up out of the baby walker and patting her on the back, trying to get her breath back, I was really concerned, and she didn't come back. I was down there for a couple of hours and I ended up bringing Kerry home, because no one was there and I think we had her for 5-6 days that time, no phone calls to see how she was, where she was...This was the sort of pattern of rejection that went on..."

Carolyn defines rejection as a series of interactions between Kerry and Jessica ending with Kerry left in Carolyn's care without contact from her mother for periods of up to a month. Rejection in this instance occurs repeatedly and reinforces the key message that there are more important, more valuable, more urgent activities that Jessica prioritised than Kerry's care. According to Carolyn's own words, this repeated pattern of rejection stemmed from the Jessica's inability to tolerate or respond to the child's needs in a way that appreciated the limitations imposed by her stage of developmental. It was reactive and sourced in frustration. Within the case history, Jessica continued to

maintain her desire to have her returned to her care. It is arguable that Jessica would have viewed her behaviour as rejecting Kerry. Yet, for Carolyn, the repeated nature of similar incidents positioned it clearly as rejection.

6.2.1 Rejection – deconstructing further

The construct of rejection did not appear to be used outside of a tightly defined core meaning involving the displacement and ejection of children from significant relationships with parents. Yet, the nuances of the concept of rejection possibly uncovered by the preceding analysis suggests some additional constructs for consideration. Examples of these alternative constructs are presented below.

Dislocation – the impact of communication aimed at separating a child from sources of support by undermining the child's confidence in relationships with parents/carers. It is an outcome of experiences which reflect a failure to commit to looking after a child by his/her parents and other possible adult carers.

Malign – the act by parents to repeatedly over time engage in feedback to a child which highlights and reinforces the parents' perception that the child is at fault for causing difficulties experienced by an individual parent or by the whole family. One of its ambitions is to transfer responsibility for the emergence of problems from parents to children. Maligning is experienced by children as dislike or animosity from parents. It serves to reinforce the features of a child's identity which are singled out by parents as destructive, malevolent and oppositional.

Repudiation – the act by parents of disowning their child. The parents engage in behaviour which communicates publicly their refusal to recognise their responsibility for the child's care or protection. In this interaction, a child will be left without a guardian/carer should a third party not intervene.

Denial of right to belong – The act by parents which undermines the child's experience of support from individuals, families or peers to the extent to which the child no longer believes that they have the right to seek out such groupings for support, guidance or comfort. In this scenario, the child is actively sequestered from social connection and is unable to engage in ways which will encourage the development of relationships.

6.3 Examining "abandonment"

In this first extract, the traditional usage of the term abandonment is used by Marina, the foster parent to describe how responsibility for Trisha's (Case 12) care was transferred to the state:

Marina: Trisha is 16.

Interviewer: So, she has been in care since she was two weeks old?

Marina: That's right, she was abandoned very young.

Interviewer: Do you know if she has had any contact with her family or does she have any contact with her family?

Marina: No, she hasn't. I don't know if she had contact with her family when she was in the foster care placement in her early childhood, but, no, she hasn't had any contact with her family recently. The chances are not really of her having any contact.

In essence, abandonment here is understood as a relinquishment of responsibility, obligation and custody to a third party, mainly the state. It is also associated with a subsequent total lack of contact between child and parent. Abandonment serves to communicate a range of possible motivations for parental action, eg, an unwanted child, incapable parents, unprepared parents, uncompromising extended family, community shame. For Trisha, such motivations are not needed to understand the absence of biological family connectedness in her life. Significantly, according to this version of the construct, abandoned children stay abandoned.

In the next excerpt, the support worker (Case 16) invokes the term abandonment to describe his mother's decision to leave Joey with his father at the age of three:

"...Joey had a drug addicted mother who was a prostitute for quite a long time in and out of his life. She ended up at one stage beating him black and blue as a 3-year old and he was abandoned at the doorstep of dad just one day with a note saying I'm gonna kill this baby take it off me. This is before he could speak. He was abandoned. So DHS put him in a foster family, one foster family which was brilliant until he was about 9 and then at that point he started behaviours that were just destroying their house, he started really acting out and they just decided that with what foster parents earn, and they've got their own kids and all the rest for everyone's interest, they couldn't keep him any more and the Department made the absolutely ridiculous decision to put him back with his mum. After 9 years of not being with her and she just had

another kid. He ended up being a mother to the kid, we found out after a while that mum was still on drugs and Joey would go and score grass off. He'd be doing half the house shopping and he was responsible for the upkeep of his younger brother, who was at the time about 6 months of age and largely for feeding mum as well..."

Abandonment here does not have a finality to it – it is construed more as way of portraying the enormity of the action taken by the mother who accompanied her decision to leave Joey with a threat to kill the child should he be returned.

Abandonment attempts to relay the significance to both Joey and his mother of Joey's disposal to his father. Interestingly, the term abandonment was used despite the support worker knowing that Joey was later placed in the care of his mother – challenging the consistency with which abandonment is able to dispel any commitment by his mother towards Joey. At age 9, she was sufficiently willing to care for him to agree for DHS to return him to his care.

According to this version of the construct, abandoned children may not need to be abandoned forever.

In the following excerpt, the SOC4 in Case 13 uses abandonment to describe Kerryn being left temporarily by her mother without adequate adult supervision:

"...I think one of the significant reasons for Kerryn needing therapy was – a very strong memory of being left in a car, abandoned by mum, and a lot of anxiety and confusion and fear arising from that, also the mother finding it difficult to accept the intervention and court decisions and would go to the grandmother's home and beat on the door and create a scene and the child was very fearful of being taken away and maybe she would probably – I think it is possible the police might have been called –so she may well have been fearful of what the mother had to go through as well...and also just the mother's inability to provide that emotional security, or be available for the child..."

In this sense, abandonment is equated with Kerryn's mother not seeing the need for a plan in which the child would be cared for in her absence. The abandoned baby in the car is a classic example of a popular cultural narrative about parents prioritising a preferred activity over the needs of the child. For example, parents have left babies in cars parked outside gaming venues whilst they went into gamble, only to find the child taken into protective custody by the police or close to death. In Kerryn's case, the subtext was that her mother had left her in the car to go away to find and use drugs.

Like a lost wallet, abandoned children are set aside to be collected later by neglectful parents.

Interestingly, Kerryyn herself supports the significance of being left in the car by her mother in the following excerpt from her interview:

Interviewer: How did you come to be here with Barbara?

Kerryyn: Um – well, my mum takes drugs and she is naughty – she left me in the car.

Interviewer: Can you remember when that happened or was that when you were a little baby?

Kerryyn: I can still remember a little bit

Interviewer: You can still remember a little bit. OK. And, um – you know when you were saying that your mum is naughty – what do you mean?

Kerryyn: Um – well, she leaves me in the car sometimes

Interviewer: And do you remember being left in the car? What was that like?

Kerryyn: Um – scary.

Interviewer: Yeah – scary. How long do you reckon you were in the car for?

Kerryyn: Two hours.

Interviewer: Two hours? During the day or during the night?

Kerryyn: During the day.

Interviewer: During the day – and did you know where mum had gone?

Kerryyn: Um – no.

Interviewer: Did you know whether she was coming back?

Kerryyn: Um – I don't know.

Interviewer: How come you – how did you sort of stop living with her?

Kerryyn: Um – well, because she left me in the car and she didn't come back. The baker took me into his shop because he found me outside the baker's shop and so the people in the baker's looked after me and then

they rang up the Police and they took me, and I went to the Police station and they rang up my nana and she came over and then she took me home and I have been living with my nana

Interviewer: Fine. OK. And just one last question about your mum, you know when you said that mum taking drugs – do you know what drugs do to people who take them?

Kerryn: Yep – they can kill you and they make you mean and nasty,

Interviewer: Do you think that mum has stopped taking drugs now?

Kerryn: No

Throughout her interview, Kerryn spoke very little about her mother other than for this short exchange. The importance of the memory of being left in the car by her mother continued to stay with Kerryn. She also clearly associated her mother's drug habit as the motivation for her leaving her. Drugs in her mind had made her mother treat her badly. Perhaps for Kerryn, a term like abandonment, with its connotations of desertion fits accurately with her experience.

In case 10, the protective worker applied the construct of abandonment to repeated incidents where Adrian was left to ensure his own safety by his mother and step father:

"...They then moved out. George went back interstate for business reasons, to tie up business things, and we got another notification that Adrian had been abandoned when George wasn't there... Carly had taken Adrian in a taxi to MacDonald's and then the pub and then headed down to visit a friend. She had had a fight with the taxi driver, jumped out and disappeared for 3 days. Adrian was left in the taxi. Carly's view was that he knew where he lived, he's a bright little boy, he can cope...

There was another incident of, I suppose it would be termed abandonment. I'd been out and I'd spoken to them about strategies in sort of dealing with Adrian and I talked about the time out concept and George had said to me, yes but I tell him to go to his room and he won't go, and I said well, you know, why don't you remove yourself, you know, go and sit in the loo and read a book for 5 minutes, remove the power base, just for 5 minutes, go away. So then we got news that they'd taken Adrian to the video shop, which is a couple of kilometres away, and he stacked on a turn because he didn't get his way, so they actually got in the car and drove home to have a cup of coffee and left him there, and then, they were going to go back and get him anyway, but that was the way they handled it and when I sort of tackled them about it, and they said, but you told us to use time out, retreat and I'm saying, well yes, but, you know, like into the next room, not abandon him, he felt abandoned ... Again their response was he knows the way home, he

knew how to get there...and I was trying to say perhaps even if you had said to him, well we need to get away from this until you calm down and then go to sit in the car so that he knows that you're there. But they just couldn't see that, it was just, well you told us to have time out and he knew where we lived and he knew the man in the video shop..."

In this context, the use of the term abandonment was based on the worker's perception of the experience of Adrian in response to being left by his parents to fend for himself. Adrian was not abandoned as in previous examples, because his parents always intended to return to care for him. However, the worker chooses the word abandonment to apply to their treatment of Adrian.

The foster care worker applied the construct of abandonment to the decision by Tim and Tarryn (Case 11) to not have access with their children whilst they were in state care:

"...No, I have to go back and say that four years ago, Tim - that's the father of the children - and Tarryn - the mother of the children - both in the same month stopped having access with the children. They just cut themselves off, wouldn't have any more contact, abandoned them..."

For Tim it was because he wanted to have unsupervised access. Tim actually punched one of the child protection workers and as a result of that he was actually responded to by punitive measures, so when he came back have access with the children, the department was not prepared to let him have it unsupervised. Tarryn had supervised access because she wasn't mentally stable all the time. So, Tim said - without talking to children, they had no connection with each other - Tim said, "I'm not going to have access any more until I have unsupervised access, I hate this two hours with someone looking over my shoulder." It was a punitive measure of the department but he wasn't able to see how it had an enormous impact on the girls. Tarryn stopped because her mental condition got worse and she said, "I'm not going to have access until I get all my children back", which of course was never going to happen. So, suddenly the children were cut off, chopped off from their roots, if you like. Actually much of their current emotional disturbance has been tied to that, rather than necessarily the fact that they were taken into care..."

Abandonment is used here because it appears to fit with the parents' decision to cease contact with their children as well as the impact of such a decision on the children. Interestingly, the foster care worker introduces the idea that Tim was unwilling or unable to appreciate the children's experience of his decision to withdraw from his

children. Whilst an active process, the process of abandonment also infers a separation for parents from engaging with the consequences for the child being abandoned.

Perhaps too painful to consider, abandonment appears constructed with an inclination for the narrator and the audience to believe that exceptional mitigating circumstances must have been present for the parent to take such a drastic course of action. No parent would give up their child without a background of difficulty, guilt and remorse. Abandoned children come to symbolise the failed hope of a community. The construct of abandonment seemed to take most hold for informants in this study when the need to inscribe hopelessness into children's relationship with their parents occurred. In the context of this foster care worker, abandonment invoked a tragedy for child and parent alike.

In Case 18, the SOC3 summoned the concept of abandonment to underpin her description of the relationship between Millie and her mother:

"...I think it is really severe, I don't think we should underestimate the impact at all, of that complete abandonment, you know it is a complete emotional abandonment, particularly as you are working for your adolescents and you are trying to find out who you are and why you are here, and where do you fit in to the world, if your family has abandoned you and you are attempting to draw some meaning about yourself from your family – well that must say something to you about the sort of person you are – I think that that is often interpreted in that way and they get very negative messages, very emotionally destructive messages. With Millie, the aim of our intervention has been to improve the quality of the relationship between mother and daughter – and that has been really important to do – because if we had have allowed mum to throw up her arms and say she is really too hard and yes, we will get back to you when she is completely behaving herself before you two can start a relationship, it may never have occurred..."

Abandonment is the emotional withdrawal of the parent from the relationship despite the relationship itself continuing to exist. Here, abandonment is associated with the communication of destructive messages about the young person's identity. It is the revocation of the right for support from a parent to a child. It is also devised as retraction of affection and affirmation. Millie's behaviour is justification enough for the parent to render the relationship invalid and require change before future commitments will be even considered.

Abandonment is equivocal, able to be reviewed by the parent upon the achievement of positive changes in the young person's behaviour and attitude. In this context, confused messages about parental motivation to continue contact without an emotional investment in the relationship are communicated to the child. The mother has been forced to abandon Millie because of Millie's behaviour. Responsibility for the abandonment rests squarely with Millie.

The SOC2 in case 7 similarly applies the term "emotionally abandoned" in the following commentary:

"...It looks like Stephanie was emotionally abandoned, you know, any of Stephanie's needs were never met because mum was too busy meeting her own, whereas the other two children at the time Troy had his needs met because he became a little adult and mum related to him, Buffy had her needs met because she was a hyperactive little baby that grizzled and look at me, look at me, so her needs had to be met because she was so vocal, whereas Stephanie was the quieter one that would sit back hoping to be noticed and never was..."

Stephanie wasn't wanted. Her mother rang her on her birthday and said she was the most horrible child in the world and she never wanted to see her again..."

Stephanie was abandoned in the sense that her mother failed to find a way to engage with her. Her emotional needs were sacrificed in order for her mother to attend to the requirements of her siblings, both of whom occupied a relationship with their mother based on behavioural extremes. Like Millie in the previous case, Stephanie was abandoned despite the continuation of a relationship with her mother.

Both foster parent and foster care worker believed that Charlie (Case 15) had been abandoned by his mother because of her perception that his birth had resulted in her daughter being physically assaulted by her partner.

In this excerpt from the interview with the foster parent, abandonment takes on many of the qualities previously discussed, including tragic circumstances, and the abandoned child being responsible for the parent's decision to abandon him/her:

"...Charlie's mother wasn't able to love him and she at various times it came through to us that she blamed him for his sister who was bashed by one of her boyfriends while she was in hospital having Charlie. She blamed, well, she said, if I hadn't been having Charlie that wouldn't have happened...that was the way she looked at it for some period of

time anyway, whether she does now or not. But, you know, it just seemed as though she didn't, then she did say that she'd give him up for permanent care and, you know, it just seemed, well, it seems such an awful situation. Even though his grandfather certainly had the strongest feelings for him, he just didn't feel that he could take him on full-time. He just seemed so alone, really abandoned, it was heartbreaking..."

More than any other quote chosen for analysis in this section, this foster parent's experience of sadness and possibly pity for Charlie is worthy of comment. The construct of abandonment appears capable of eliciting strong feelings and positioning its value as a rhetorical device. It may be this very quality which entices its proponents to use it.

The foster care worker also used "abandoned" to describe the attitude communicated to Charlie by his mother:

"...My understanding is he was pretty much abandoned by mum at birth, and this was due to a domestically violent incident that happened with her partner at the time when she was in hospital having Charlie, and Charlie's sister suffered some kind of head injury as a result of that and ended up in intensive care. From what I've been told, mum blamed this very much on Charlie - you know, if she hadn't been in hospital having the baby then, you know, the situation wouldn't have happened to his sister...Mum also had a problem with drugs..."

She implicates rejection and blaming as the pillars of abandonment. Charlie was blamed for the injuries caused to his sister while he was being born. His mother feeling guilty for leaving her daughter at risk transforms her reaction to blame and anger at her newly born son. She is not able to form an attachment and subsequently leaves him in the care of the state because she cannot deal him or what he represents. Abandonment here is proposed as the final and serious outcome of rejection.

This is further supported by the child protection worker involved with Charlie's case:

"...Charlie came into care basically because his mother had been expressing antipathy and hostility towards him. She considered that if he wasn't removed from her care she would harm him. She'd had a period of having Charlie in respite care to a voluntary agreement for a specified period of time and when the agreement came to an end she was unable to make a decision as to whether she wanted to resume care of him or not. At that time she said that this had all happened as a result of an interruption in bonding between Charlie and herself and there were no significant deficits in her relationship with him. At this

time it was thought that mum was suffering from depression and was also using some speed, but she was saying that her depression had made her unable to care for Charlie and it had also caused her to reject him..."

6.3.1 Abandonment – deconstructing further

In the preceding section, the various implications and assumptions of the concept of abandonment were explored. Having done so, it is possible to suggest constructs which may communicate some of the additional meanings of abandonment as used by individuals who took part in the research.

Renunciation – the act of parents relinquishing the care of their child to the state. It is not accompanied by rejection of a specific child but reflects external conditions which prevent parents maintaining guardianship and custody. It is permanent in nature. It is imperative that an assessment of the parents' motivation for relinquishing care is elicited.

Emotional and psychological withdrawal – the act of parents disengaging from their relationship with their child and retracting affirmation, support and care from all interactions with the child. The child is left emotionally and psychologically alone, despite a relationship with the parent continuing at some level. For the child, this environment is confusing, undermining and uncertain.

Desertion – the act by parents of temporarily leaving a child to protect and care for him/herself. This act is often accompanied by a misunderstanding of children's capacities and developmental vulnerabilities. Parental motivation includes modelling survival to children, attraction to an activity with higher short term rewards, reacting to conditions without considering the impact on the child.

Relationship forfeiture – the act by parents of sacrificing their relationship with a child for gain in another relationship area. This includes the disavowal of a child emotionally and practically in order for the parent to:

- maintain a relationship with a partner who does not engage with the child;
- promote the survival of another sibling;
- alleviate a personal crisis associated with their identity;

- continue to satisfy an addiction; and,
- divest themselves of painful emotional connections with their history, child and/or family.

Repulse – the act by parents of communicating unequivocal rejection of a child. This is the total abdication of responsibility to care for a child stemming from a dislike, aversion or antipathy of qualities or characteristics specific to a particular child.

6.4 Examining “verbal abuse”

Verbal abuse is a term frequently used by respondents throughout their interviews. Like abandonment, verbal abuse appears to hold a diverse set of meanings with various implications.

The SOC2 in Case 6 identified verbal abuse as common place in a large proportion of her caseload:

“...Okay, so how would I define verbal abuse now? Things like yelling and screaming, I suppose that would have been part of it. I know in the other families that I have as well, you know, the swearing that goes on, the put-downs, the name-calling, all that sort of stuff happens with practically all my cases, you know. So, verbal abuse to me would be seen as an ordinary thing to register in various instances, especially in Brett and Sandy’s case...”

In this context, verbal abuse is associated with communication from parents which denigrate children. Verbal abuse in this excerpt is an activity accompanying family conflict (yelling and screaming) and portrayed as intrinsic to family culture in which child abuse occurs. Verbal abuse has hostile overtones and is perceived here to occur from parents to each other and to children.

In a sense, by claiming that verbal abuse occurs in “practically all my cases”, the worker may be positioning it as an activity which is so “ordinary” that its significance can be overlooked or downplayed. It is implied that verbal abuse on its own may not hold the attention of the worker.

Interestingly, Millie (Case 18) expressed her feelings of animosity towards her mother resulting from her experience of their relationship, including their continued interaction whilst she was in foster care:

Millie: Yeah, we hated each other for the first couple of months or something.

Interviewer: How did that kind of show, that you were hating each other?

Millie: What do you mean?

Interviewer: Like, were you not talking to each other?

Millie: Yeah, we were not talking to each other and she rang me up at one time and verbally abused me, she said a lot of shit to me and called me a slut and all that, and that's about it really. Then my dad sent me a letter. I hadn't spoken to him for a couple of years and two weeks later he said he wanted me to come and stay with him and all that and move to Queensland with him.

In this excerpt, Millie associated verbal abuse with the experience of being vilified by her mother, Katrina. This particular reference was made about Millie's desire to go out with friends whilst in foster care, an activity which her mother did not endorse and would not have permitted had Millie remained in her care. The verbal abuse occurs in the dynamic where Katrina attempts to extend her authority and control of her daughter's behaviour into the foster care arrangement. The vilification serves to remind Millie that her mother has not changed, that she still believes that she has the right to set expectations/limits and that punishment of rule breaking will result in a severely negative experience for Millie.

The foster care worker involved with Stewart (Case 8) similarly positioned verbal abuse alongside belittling of a child, as reflected in this excerpt:

"...He should've been taught to communicate a lot earlier. He should've been discouraged to stop his pinching, he should've been toilet trained like every other child but instead he was verbally abused like "he's a retard, you don't teach retards to go to the toilet" which is really sad because now Stewart's got control he's just so happy. Just to see the look on his face, it's just classic. He knows he's allowed to make the choice..."

However, she also appears to connect verbal abuse with identity defining attitudes of his parents which situated him as a child not worthy of education or respect. In this

sense, the construct of verbal abuse is used to convey the parental beliefs about the lack of abilities and poor qualities of the child. The verbal abuse or the statements of deprecation about Stewart appear as an outward expression of a possible resentment, anger, hatred, dislike of the child by his/her parents. In Stewart's case, the verbal abuse served to further reinforce his parents' view that his disability defined for them a flawed identity with severe limitations. Clearly, he would not be accepted because of that disability. The impact on Stewart of providing a compensatory experience is immediate and positive as he responds to support and choice.

In Case 5, the SOC2 linked verbal abuse with qualities of rejection and continual non-acceptance:

"...they will tell him that he is not wanted there, because with regard to the stealing of the money from the wallet there was apparently a big fight and both Trevor and Diane were yelling at Christopher, accusing him of stealing and being a liar for saying that he didn't steal and they basically told him that they are not going to have kids like him in their house and that he is bad and that he can go home and they don't want to see him and they don't want to talk to him, and that's it, he's not welcome in their home. So, they do tell him, they tell him in no uncertain words how much they don't want him, but the time when they do, or if they do make contact they don't really tell him that they do want him either, you see. It's repeated verbal abuse..."

For Christopher, the SOC2 assembled a narrative which portrays him as unwanted by his parents elicited through their communication to him. To this worker, verbal abuse are both the content and the tone of the message. Christopher is told he is a thief, liar and bad. He is put into a grouping of bad children who because of their behaviour do not deserve the right to participate in family life. The verbal abuse also consists of the parents not telling Christopher about any commitment they might have towards him even when the opportunity to do so exists. In this context, verbal abuse is both what is said but also what is communicated when affirmation is denied.

Christopher himself labelled his treatment of his step-father as verbal abuse as reflected in this quote from the interview:

Christopher: Yeah and police told me to go home as soon as possible. So I went home, wasn't looking forward to it, soon as I opened the door dad started yelling at me, calling me "woosy" things like that.

Interviewer: How come? Why was he calling you those sorts of names?

Christopher: Because I ran off from him.

Interviewer: And did he want you to stay and fight or something?

Christopher: Yeah most probably, my dad's an arsehole. Someone told me that it's verbal abuse.

Reading from her report to court about Josh (Case 1), the SOC2 used verbal abuse in the following manner:

"...This includes Josh and his mother physically and verbally abusing each other. At times this has resulted in a third party having to break up the fight. Anna has also been heard to threaten Josh with calling child protection and foster care..."

In Josh's case, verbal abuse is located within the relationship dischord between parent and child. It is possible that children can verbally abuse their parents. Indeed this worker extends this possibility further by inferring that Josh was able to abuse his mother to the extent that a third party was required to settle the conflict.

Verbal abuse here also involves threats of removal of Josh from his mother and placement outside his family to an unknown foster family. This dimension serves to open the construction of verbal abuse (as depicted in previous examples) to include communication meant to destabilise, control and admonish children.

Finally, the foster care worker involved with Stephanie (Case 7) encountered both verbal abuse and physical aggression from Troy (brother) to Stephanie:

"...He made fun of Stephanie because she was scared of being left in the car because their father had attacked them once when they were in the car so she was afraid of being left alone in the car without an adult, and that she was afraid of the dark. ...And the pieces of information about their fighting was true but it was understated a lot. So basically Troy (brother) spent his whole time verbally abusing her, putting her down, every comment she made he would have to make a comment back and put her down and he was very physically aggressive towards her, in very obvious ways but also in sort of ways like he'd put his foot out so he'd trip her and he'd do those sort of more underhanded sort of things but also just very openly sort of attacking her..."

The verbal abuse here has an ambition to reinforce the physical aggression and communicate intimidation. Troy had been the sibling in control whilst they were in their mother's care, he wished to continue to be so. He used denigration to prove to

both himself and his sister that he was better, smarter and physical violence to prove that he was stronger. Both equating to a communication that he is in control. In this context, verbal abuse is more akin to a baton being used to overpower an opponent.

6.4.1 Verbal abuse – deconstructing further

The preceding discussion points to the postulation of additional constructs which can be used to replace, alternate or support the construct of verbal abuse.

Denigration – the parental act of communicating to a child that he/she holds no value or worth. It is accomplished by parents engaging in critical and negative commentary about qualities and/or capacities of the child. Its ambition is to cause a child to experience humiliation, embarrassment, and shame. However, the explicit aims by parents may be to invoke remorse and regret in the child for misbehaviour. In combination with conflict between child and parent, it is a powerful means of reinforcing hostility and animosity from parent to child.

Vilification – the act of communicating to a child that an identity or identities with which he/she has affiliated are invalid and deficient. Its ambition is to induce stigma and cast ascription on the character, motivation and qualities of the child. It can unsettle children from engaging in other supportive peer-like relationships, effectively increasing the child's experience of isolation and dependence on the parent for affirmation.

Oppressive reinforcement – the use by parents of strategies (verbal and physical) which reinforce their control over the child. It invokes fear and subordination to the parent's belief and value system. It aims to minimise children's experience of choice and opportunity to shape decisions which affect them.

Threatening contact – Communication by parents aimed at undermining and weakening the confidence and sense of stability experienced by a child within the set of family relationships. Parents use the possibility of extreme negative repercussions in order to achieve an impact on the child in the present.

6.5 Examining "scapegoating"

There did not appear to be many differences between respondents in their use of the construct of scapegoating. In the main, scapegoating referred to the singling out of a particular child within a sibling group as the target of victimisation. For example, the SOC2 in Case 5 argued that Christopher was scapegoated because his father chose to not have access with him, but continued access with his sibling:

"...the agreement during the meeting was that he felt if he didn't turn up for access his father should ring and find out why and that didn't happen. So once again it is reinforcing for Christopher that, well, they agree to do these things and they don't, so they don't really want me I am being scapegoated and they don't really care..."

Similarly, the protective worker in Case 17 identified the possibility of Louise being scapegoated by her mother in efforts to prevent information about her sexual abuse by her step-father:

"...The mother became very angry towards protective staff when she learned of the Department's involvement. Her reaction suggested that she blamed Louise for the sexual assault and wanted to keep knowledge of the incident a secret, even within the family. This potentially exposed Louise to further emotional abuse and scapegoating..."

Interestingly, the worker in this excerpt distinguishes between emotional and psychological abuse and scapegoating. Scapegoating is related to emotional and psychological abuse but not a part of its broad classificatory system. Here, scapegoating is used to implicate the act of singling out an individual for differential treatment. The construct of "emotional and psychological abuse" is left to reflect the detrimental consequences for the child. The juxtapositioning of emotional and psychological abuse alongside scapegoating is also used to strengthen the significance of each construct. The connection but separateness of the two constructs opens the possibility for examining how emotional and psychological abuse constructs are used in combination and to what effect.

For example, scapegoating here refers to a purposeful attempt by the mother to influence the child to stop releasing further information about the sexual abuse to others. Scapegoating is differentiated from the previous example because of its intentions. In Case 5, it is positioned as communication which amplifies the impact of

the rejection. In Case 17, the scapegoating is set to augment the impact of the sexual abuse on Louise, by separating her from potential sources of support within her family.

The foster-care worker in Case 7 described Stephanie's experience of scapegoating as resulting from both her mother and brother:

"...Her background was that she was sort of useless, the kicking board for mum. Troy and mum used to gang up on Stephanie and tease her and Troy told me one day that the mum... They used to draw spiders and they'd cut them up and throw them in the bath when she was in the bath and terrify her, and she was put in the rubbish tin in the street one day. Yeah, she was just made, you know, she was the kicking board, she was scapegoated I suppose. So, she had it pretty bad and Troy was the apple of mum's eye. She had a pretty bad time..."

In this excerpt, the mother engaged Troy in terrorising Stephanie. Scapegoating contrasts the fear inducing treatment of Stephanie with the affirmation of Troy as the "apple of mum's eye". Without referring to it, the worker also identifies the potential for Troy to be experiencing some level of possible distress or tension for being involved in a dynamic which victimises his sister in order to continue to be accepted by his mother. This reversal of consequence is not acknowledged here by the worker. However, elsewhere in the interview, she argues that there had been a cost for Troy of this dynamic.

A "scapegoating dynamic" is used by the protective worker in Case 18 as she described her analysis of the relationships between parent and children:

"...So Millie fell into that kind of role - the good sibling, the bad sibling type of relationship and so she consumed that whole and fulfilled it...because what we see played out in this house all the time is scapegoating dynamics in relationships of families and they're brought into here and we know nothing about them but we kind of observe them and try and work out well you know where's that coming from you know and that is quite often a dynamic..."

The implication of the term dynamic in this quote is its linkage to the formation and experience of Millie's identity. It appears suggested that Millie is differentiated from her sibling because of her difficult behaviour. She steps into this role and into a relationship pattern which reinforces to her mother why she needs to be treated differently. In so doing, the notion of "scapegoating dynamics" shares some of the responsibility with Millie's perceived identity of the "bad sibling". This transfer of

liability in child protection practice with adolescents where the rationale used by parents to justify their action towards their child is perceived to soften the significance of the abuse experienced by the adolescent. Parents of bad, out of control, undisciplined teenagers evoke sympathy and understanding for being pushed to the limit. A "dynamic" construct reinforces this position.

In this final excerpt, Tina (Case 19) herself described how she was singled out for physical abuse, whereas her half-siblings were rarely touched:

Tina: So, it's with the two little ones, they don't get hit, but us, and you know I don't get it why we were the ones, the step-children we get the blame, he didn't blame them... my dad was hardly home, he was always working, could come home later and all that and my step-mum I think because she, to me I think she's cruel and she doesn't like Keith and all that, but because she just wanted to show my dad how much she loves us but she doesn't, and she just - in front of us she is this and that, she teaches us and tells us I am teaching you, but at home she even tells her friend that, she does love my dad a lot but she just says they are step-children. If she does love us she would say these are my daughters and sons, you know.

Interviewer: So, she treated you differently to their own children?

Tina: Yeah. But I understand. I mean, a step-mum is like that, I understand. I mean, I've never had a step-mum before but from other kids I learn from them and other kids tell me about their step-mums, so it wasn't sudden for me, I was expecting that.

Whilst not directly using the term scapegoating, the meaning of the construct has relevance to Tina's responses. It is significant that children are able to identify the different treatment they receive in relation to more privileged or favoured siblings. For Tina, her best explanation is to resort to the "Cinderella-evil stepmother" narrative and argue that stepmothers love their biological children more than their step-children. Biological ties are perceived as increasing affinity and attachment. Without this framework, Tina is at a loss to understand the differential treatment leaving room for all sorts of machinations.

This experience is similarly described by Christopher in his interview (Case 5):

Christopher: Once Natalie stole some money, and it got blamed on me. And then they found it was her and they just said oh well life goes on. They didn't do nothing to her.

Interviewer: They didn't apologise to you?

Christopher: No. I am use to getting really shitted on. My sister would get spoilt. When she put her head through a cabinet on a stereo case dad goes "get to your room now" about 10 minutes later he goes "Natalie you can come out now" and with me, he'll just keep me in there and just make me stay in there. I wouldn't get no food or nothing for that night. I still don't know why.

Unlike Tina, Christopher did not understand his parent's reason for being treated differently to his sister. Such confusion may be important in postulating the impact of scapegoating in particular on children.

6.5.1 Scapegoating – deconstructing further

Scapegoating appears to be positioned as an affiliate construct in describing emotional and psychological abuse. It is not a parental strategy which occurs in isolation, but in combination with other constructs of emotional and psychological abuse. As such, it holds rhetorical value as a construct which acts to augment the practices of rejection, isolation and terrorism.

Scapegoating is clearly defined by the children who have been the targets of it. They are able to describe their experience of being singled out by parents and treated worse than a sibling or sibling group. It appears that their experience leads them to question the motivation by their parent to victimise them in contrast to a sibling. This questioning leads to behaviour which may test out certain hypotheses in their interaction with their parents. In a circular way, this behaviour is then used by parents to justify their attitudes and actions towards the child.

Circularity assists in explanations of the development of problematic identities for children who have been scapegoated. However, it also may serve to diffuse responsibility from the parent to the child.

Constructs that attend to culpability and parental accountability intersect with the construction of scapegoating. These issues will be explored in more detail in the section on parental intent (Chapter Seven).

6.6 Examining "inconsistent care"

The phrase "inconsistent care" was a favourite for a number of respondents. An initial orientation to establish the boundaries of the current analysis might describe it as the range of parental behaviour which results in children being looked after intermittently by parents, often with a number of other adults involved haphazardly in providing care. It is built on the premise that children require stable care relationships, particularly in their early years. Parents who are not routinely available for their children may be viewed as neglecting and/or emotionally abusing them. In this section, the construct of inconsistent care is examined in the hope of appreciating the diversity of its application and its meaning to the practice of child protection.

In the first example, Kerryn's paternal grandmother (Case 13) invokes inconsistent care to mean changes to living environments as well as a lack of a predictable routine to meet Kerryn's basic hygiene needs:

"...There was no other solution to it – Kerryn's care was always inconsistent...the house was never locked, it was like a half way house; different undesirables coming in and out – and they were on a busy main road and no gates or anything in the place – and it was days on end when she hadn't had a bath or you know her hair was matted together and it got to that point I was really concerned, and spoke with her mother. Her mother used to ring me up and say – look, can you come down, Jessica has been on drugs and she has been out in the freezing cold for a couple of hours looking through all the pebbles, you know, hallucinating, looking for stones to make a path for a house.... Apparently she has had numerous boyfriends since Scott died and she has had about – well she had 14 moves at different places she was living in – 14 moves in less than 4 years..."

The construct of inconsistent care relies heavily on the counterpoint development of the ideal of stable and predictable care for children. Children's physical and emotional needs are met within an enduring set of relationship and unvarying living environment. Disruption poses significant threats to children's well-being. The experience of security is considered the ultimate aim of parenting - the basis for learning and development.

Clearly, Jessica's drug taking is sourced as the reason for her failure to settle into one home and ensure that Kerryn's care is stabilised. No gates to protect her from wandering and no bath to protect her from disease equates to an irresponsible mother who prioritises her need for drugs and relationships over the needs of her child. The

parenting offered by Jessica is perceived as fragile and tenuous, neither qualities sufficiently adequate to build the foundation of a stable personality for Kerryn.

The SOC2 involved with Kerryn also constructed inconsistency in relation to the unpredictability of her mother's response to her whilst under the influence of illicit drugs:

"...the mother was totally inconsistent with how she responded to Kerryn's needs. I think the one aspect of substance abuse is that the parents just aren't responsive and may not respond when the child cries or when they're hungry and their needs aren't being met..."

Not responding when required is the most detrimental dimension of inconsistency. The child is perceived to need reliability above all from a parent.

The early care of Adrian (Case 10) was characterised by the protective worker as inconsistent:

"...She was drinking quite a lot, she was having multiple boyfriends, she was dumping Adrian, she was leaving him locked in the bungalow they lived in overnight alone while she went out drinking with the landlady, she was putting him in and out of respite, I think we documented about 8 respite placements, to go away with a new boyfriend with a motor bike, it just seemed absolutely chaotic and inconsistent, and yes there was a car accident. She was extremely drunk and fortunately they weren't damaged and yes they were in hospital and the hospital decided to try and keep Adrian in hospital as long as they could because they felt that Carly couldn't look after him. And I think then after that there was an incident where Adrian's natural father, who was in and out of the scene, attacked Carly with a hammer..."

Inconsistency here revolved around the multiplicity of people to whom Adrian was exposed: mother's multiple boyfriends, respite placements, hospital staff, Adrian's natural father. The relationship environment for Adrian was "chaotic and inconsistent". Emotional security and the dependability which comes from reliance on limited relationships is clearly lacking in the experience of inconsistent care.

Inconsistency was also equated with frequent change as outlined in the excerpt from the SOC2 involved with Case 15:

"...Apparently he had been aggressive and difficult to manage. I will give you some more details about that. Mum also said at that time that Charlie had suffered physical abuse at the hands of one of her partners,

and it seemed like mum had had a fairly erratic sort of lifestyle with real inconsistent parenting... Charlie had been subjected to all manner of experiences at the hands of all manner of people. It seemed like mum had been using drugs for a long time and the kids were just, you know, there were lots of changes of address and lots of changes of schools, things like that. When Charlie started to become a bit too difficult mum just decided that, you know, it was all too hard..."

Here again, inconsistent parenting is associated with parental substance abuse. There is an undercurrent in the text suggesting that the frequent change in circumstances was an attempt to cover up a lack of commitment to caring for Charlie, which was ultimately realised with her decision to relinquish his care when he "started to become a bit too difficult". It highlights a dimension of inconsistent care that circles with interest the development of attachment between parent and child.

The maternal grandmother in Case 2 (David) used "inconsistent" in relation to the movement of David's mother in and out of his life:

"...Well, at that time he was only 2- 3 years of age - he knew his mum, he always wanted to talk to his mum and see his mum; but she was there one day and gone the next, inconsistent, and then she would wait a few months and then she would come back you know, and we were the only one thing that he actually clung on to - no one could get anything out of him, only us. When David first came to us, he couldn't walk, he couldn't talk..."

David's relationship with his mother is contrasted with his relationship with his grandparents. In the face of mother's unpredictable and intermittent presence, his grandparents became an anchor for him to "cling on to". Again, reliability and stability are favoured over inconsistency. The sense that David could not know when his mother would next appear is an additional dimension of inconsistent care. It had an impact on his psychological development, but more than that he is portrayed as being in shock – unable to talk and engage in relationships. The passage of time and the knowledge that his grandparents will be there day in, day out, is set as the likely intervention to have helped him overcome such shock.

This sort of unpredictable pattern is further highlighted in the interview with the protective worker associated with Christopher (Case 5):

"...he is so desperate, he is so desperate for his parents' love and attention, and he so desperately wants them to want him but he is constantly being hurt by them over and over again. His parents come in

and out of his life on a regular basis, you could almost time it. It is approximately every six months that you will have one parent who will suddenly want to be involved in his life again, not a great deal but just have contact. It's just too inconsistent... But they are not involved, they don't support him financially, or really care about what is going on at school or anything like that..."

In addition to infrequent contact between Christopher and his parents, there is an element of parental choice inculcated into the construct of inconsistent care.

Christopher's parents choose when they want to engage with him and to what degree. It is this awareness, that later in the interview, the child protection worker argues is the most damaging to Christopher.

Finally, in case 4, the SOC3 equated inconsistency with differential treatment and scapegoating:

"...Well, I think it's perhaps that mother is inconsistent in her dealings with the boys, that sometimes she is perceived by Brendan as favouring the boys and therefore not loving him and that may be articulated as well, but certainly he has a sense sometimes that she doesn't love him, that she loves them more and that gets back to the earlier scapegoating of him in times of great physical sort of activity between the boys in terms of bashings, throttlings, very heavy stuff..."

Not quite as harsh as scapegoating, the inconsistent protection that Brendan's mother afforded him is perceived to have led Brendan to question his mother's commitment and affection for him. The differential treatment he experienced in relation to his siblings was itself not always consistent and therefore able to offer Brendan some experiences of affirmation. However, it is positioned here as a confusing and insipid experience of relationship whose impact is amplified because there is no pattern around which Brendan can develop an understanding. His positive experiences with his mother and siblings is intermittent, leading to an ever present suspicion that he is not loved by his mother.

6.6.1 Inconsistent care – deconstructing further

Inconsistent care is an important construct of emotional and psychological abuse. It describes a basic failure of parents to provide an experience of certainty in and around the relationships they offer their children. Security, stability and safety are positioned as

the three most significant qualities of life that parents should establish and maintain for their children.

The partial deconstruction of inconsistent care in the preceding section suggests the possibility of a number of additional options to be considered.

Exposure to multiple caregiver relationships – Actions by parents which result in a child being cared for by an inordinate number of individuals with no real investment in a relationship to that child or the parent. In and of itself, such exposure constitutes abuse because it reflects parental failure to recognise or unwillingness to appreciate the emotional and psychological consequences for children

Transitory care – Parental failure to maintain a regular and ongoing relationship with their child. In this sense, parents have an expectation that they are able to engage and disengage contact with their child without any significant detrimental consequence to the child's development. The impact on the child is accommodation and ultimate suppression of their own interest or need in experiencing the affection of their parent.

Contingent parenting – Parental acts which communicate that their commitment to engage in a relationship with their child is contingent on:

- the child's appropriate behaviour,
- conducive circumstances in the parent's life,
- the parent's own motivation at any given time,
- the parent's perception of whether or not the relationship is fulfilling to them,
- the child's support for the parent's terms of the relationship, including its conditional nature.

Clearly, in this context, engagement with a child is a deliberate choice made by the parent. The child is left confused about how to re-engage their parent when they have disengaged.

Illusionary affirmation – Acts by parents which serve to undermine the affirmation and support received by children in their interaction with their parents. Without

observable cause or justification, parents vary between communicating affection for the child and a lack of commitment to the child.

6.7 Examining "parentification"

Parentification of a child has been traditionally defined as the acceptance of the role and responsibilities of parenting by a child. It is viewed as potentially abusive because it requires children to perform duties for which they are not capable or emotionally prepared. It has had particular relevance in the structural model of family therapy proposed by Salvador Minuchin (Minuchin, 1977; Minuchin and Fishman, 1981) which relies heavily on the concept of boundaries between family sub-systems to ensure the organisation and functioning of a family unit. In charge is the parental sub-system which excludes children and allocates responsibility to the adults in the family to care for the needs of the children and the family as a whole. Children form another sub-system and engage with parents at the boundaries between the two groupings representing the rules and expectations of behaviour. If these boundaries are overly rigid, then children are not afforded responsibility or opportunity to demonstrate initiative. It effectively maintains children in helpless and unstimulating relationship with their parents. If these boundaries are too diffuse, children are encouraged to accept responsibility for family tasks which are inappropriate for their developmental capacity. The classically defined "parentified child" lies in this diffuse boundary set between parent and child.

In this section, versions of the "parentification" description are sourced and discussed as to their relevance to constructs of emotional and psychological abuse.

In the first version of parentification, Josh (Case 1) is portrayed as being in charge of decisions more so than his mother, as reflected in the comments by the child protection worker:

"...Josh was clearly a little boy who was in control, very parentified. Because he was quite a bright boy, too, he was really calling the shots with his mother, Anna. If they went shopping on occasions Josh would put in a packet of \$6 dinner mints and anything else that happened to take his fancy and Anna would have no control over that, in fact she would say that she was entitled to the child's support..."

Parentification is equated here with the child exerting control over decisions which affect him and his parent. The last phrase also suggests that the parent has relinquished such control to the child, believing in a distorted fashion that she in turn would receive support from her son.

In a similar fashion, the SOC2 associated with Joey (Case 16) described his parentification as resulting from being forced to care for his mother whilst she was affected by drugs:

"...There has been a lot of turmoil and him moving around and she's moved around a lot as well. She's also had a drug problem and stuff like that, so they've got a few issues to deal with. My understanding too is that Joey was parentified because he used to look after his mum when his mum wasn't very well and stuff like that, so he used to play that role in the family home..."

The carer looking after Brett and Sandy (Case 6) invoked the construct of parentification to describe how an older sibling cared for a younger sibling in the context of their mother not able to assume the role given her abuse of illicit drugs and alcohol:

"...Brett's carried a lot. He's been like a parent to Sandy too, and she resents him for that. He can't help it, he's done it all his life and he's still like it with her and I tell him, look, live your own life, forget Sandy, I'll look after Sandy, I'll deal with it. He still tells her what to do and he tells her, tidy up your room, clean up your mess, he's always at her..."

This view was also reinforced by the child protection worker involved with Brett and Sandy in her interview:

"...I think he took on a bit of a parentified role and a father figure role - he would try and help out his mum in any way possible, protect her from the partner, protect Sandy from the partner, take on that male role, you know, I will protect you both and take responsibility for certain things and there is a lot of guilt and anger and regrets and a whole wide range of emotions that he had been needing to address..."

The extent to which Brett attempted to protect his sister was reflected in the carer's discussion about the level of adult to adult violence in the family home:

"...I was just a weekend visitor, but there was a lot of alcoholism in the home. There was a lot of domestic abuse. The children themselves were never abused physically, but emotionally and mentally very damaged,

like, when mum and dad would fight, Brett would grab Sandy and they'd run and hide or they'd run out, or if the police came they'd run and hide and the police were always getting called to the house apparently. There were a lot of incidents like that..."

Parentification in both instances is equated with the child's desire to protect his mother and sister from harm. Similarly, parentification is imbued with the realisation that there is little chance of success for the child to fulfill his/her expectations of protecting or caring for others. It is the encouragement of this role by the parent which is positioned as abusive.

Interestingly, Shelley's mother in Case 20 added her insight into how a child's need to protect is transformed into parentification:

"...Once he'd start she would be more or less on the lookout all the time. She more or less, I can't really work it out, but she more or less became the mother. I was more or less the person sitting in the corner you know waiting for the next hit and she would be 'Are you all right mum, are you all right mum?' You know being the mother to me instead of the other way around, me saying to her 'are you all right Shelley'. She would come to me and say 'Are you all right?' and she was more or less looking out for me all the time. If Desmond would start I'd say to her stay out the front until I can get Laura out of the house and then we'll be going and she would go and ring the Police. Go over to the phone. She would take responsibility for what's going on in the house. You know. Because I wouldn't be able, I wasn't in control whatsoever, because he was always in control. You know if you didn't do what he said you'd get a hit anyway...I mean she still does today, tries to take over you know with mothering Laura and I have to put her back, you know 'No Shelley, I'm her mother, I'll tell her off if she's naughty'..."

The process of moving from protection to parentification is set off by an awareness in the child of increased vulnerability in the parent. It was fuelled by the parent instructing Shelley to take certain actions when her step-father would begin to be violent. Shelley is faced with escalating fear that reinforces her desire to act to protect herself, her mother and her sibling. When the danger is over, the parent moves to regain control but is met with resistance as Shelley continues to engage in her parenting/protector role. The ambition of the application of parentification here is to describe the real effects on children of being exposed to a level of violence for which they are overwhelmingly not in a position to prevent or alter. Parentification/protection is a construct related to terrorism and significant violence directed at the child and others for whom the child cares.

The family counsellor who had supported Mark, Sean and Greg (Case 21) discussed parentification as the focus for the therapeutic intervention they offered the family:

"...Another observation too, when I saw Mark as having a kind of a mediator role - he had more of a parentified role and was actually trying to keep Greg in control...This was in the face of the mother becoming very passive and powerless in her parenting role and we really felt that in a lot of ways Mark had taken over a parenting role of kind, and we were wanting to bring her back to be the more central figure in the family..."

Parentification occurs as the children's mother is less and less active in caring for the children. It is almost as if the power vacuum created by her passivity pushes a child to step into the role of parent to ensure the survival and functioning of the family. Parentification deals in subverted power relationships between parent and child and the claims to power by one child over his/her siblings. The intervention implemented by the family counselling team aimed to displace Mark's centrality to the family and empower the mother to assume more leadership and responsibility. At its core, parentification recognises and endorses the need for a power structure within a family. In so doing, it sets up the possibility of that power being used to the disadvantage of children. Families cannot survive with a flat structure of relationships, legitimising the hierarchical nature of family relationships. However, the message remains that hierarchical relationships are also vulnerable to take over by individuals who may not have the ability to sustain them.

The failure to maintain family structures is experienced by children negatively, as noted by the SOC2 involved with Josh (Case 1):

"...The bond between Josh and his mother appears strong but confusing for a child of his age. He needs a parent to set limits and maintain appropriate child care and boundaries. For example, sleeping arrangements between Anna and Josh appear to be inappropriate as they continue to share a bed. Josh has been heard to describe his mother as 'wife' and Anna call Josh her 'boyfriend'...In response to Josh being encouraged to sleep in his own room, he said something like, "I don't tell you whether you should sleep with your wife or not." It was concerning..."

That children are not able to set or maintain limits on their own behaviour is the fundamental logic for parental control. Not only is Josh able to make choices about his care without influence from his mother, he is also supported into believing that he is

entitled to see himself as his mother's peer, or worse still, his mother's partner. The mother's collusion or lack of challenge to this notion spills out into Josh's sense of power in his interaction with others as reflected in the gruffness of his remarks to being asked to sleep in his own bed.

Moreso, the protective worker gave example after example of how Josh perceived himself to be in charge of his relationship with his mother. One example included the following comments:

"...The psychiatrist said to Josh, 'Who is in charge when you're with Dad?' And Josh said, 'Dad.' He went through a few of those situations, then he said, 'When you're with mum, who's in charge?' and Josh said, 'I am.' There was just a bit of a smirk to the psychiatrist and Josh said, 'There you go, you've got it...'"

In this instance, Josh is fully aware of his power and is forward in representing it to third parties. The implications are summarised by the worker in this excerpt:

"...The fact is a mother like this tends to relate to the child more as an equal, that places responsibilities on the child, his handing out the medication - mum's psychiatric drugs and probably controlling what goes in the shopping trolley and deciding what he has for dinner. It's just too much..."

6.7.1 Parentification – deconstructing further

Parentification, as a construct, appears to have been used with only the slightest hint that it is caused by a parent in a relationship with his/her child. Its tradition, rooted in the circular epistemology of systems theory, implicates a diffuse connotation of responsibility. In this sense, it engages the possibility that the unequal capacities of parent and child serve to minimise parental accountability and promote the significance of children's behaviour. The construct of parentification may obscure the very real behaviour and communication engaged in by parents to support the subversion of the parental role by the child. With this analysis in mind, the following constructs are postulated for consideration.

Endangerment – acts by parents which expose children to an imminent possibility of violence directed against them. Child parentification should not be used in the circumstances where children are forced into a role of protecting other family members from possible violence. In this contest, parentification should be considered an outcome

at best. At worst, its application shifts responsibility away from the impact of the violence onto the child's behaviour. Consistent exposure to violence for children acts as a powerful reinforcement for ways of relating with the perpetrator of violence which attempt to reduce the further escalation of the violence. Parentification is consistent with this experience for children.

Role contamination – parental acts which support the transferral of parental responsibility to the child. Along with the role reversal described as parentification, the message is communicated that the child is unlikely to succeed in this role. They are set up to fail and to experience failure by the parent. This enables the parent to justify attempts to re-assert their authority in the parenting relationship. The resistance to change by the child stems from confusion imposed by the parent's withdrawal of endorsement for the child's role.

6.8 Identifying un-named constructs

In this section, the interview transcripts have been analysed to describe and explore constructs which are relevant to defining emotional and psychological abuse. Unlike the previous section, these constructs have not already been named specifically in the literature or directly by individuals who took part in the study. They are suggested from the ideas and orientation embedded in the interview transcripts. A brief example from the interview texts is used to support the proposal of these constructs.

6.8.1 Transferral of distorted belief systems

The protective worker associated with Josh (Case 1) pointed to the influence of mother's mental health in shaping his belief system:

"...Anna would talk about her fears, she had a lot of fears with AIDS, and Anna would talk to Josh about how he had to be careful and a lot of adult issues that really, that people wouldn't put onto a child. Anna in her belief system she was passing this onto Josh and this was actually causing Josh a lot of anxiety too, because he had a real fear at one stage that if they didn't go to hospital, something was going around the hospital, what was it called, some terrible thing - so Anna was very concerned about this so she decided that if they didn't go to hospital that they would be okay. So, Josh had this real belief, that, okay, you can't go to hospital, and, of course, if something had happened at school and he split his head open, you know that would have caused a huge dilemma for him..."

In this excerpt, the possibility that a parent could transfer to her child a belief system which was not only distorted but also oriented the child's behaviour in specific harmful ways. Josh was so anxious about attending hospital that it may have prevented him from receiving appropriate medical attention if required. This belief system was grounded in the mother's own approach to interaction with individuals.

Whilst, Anna's distorted perceptions were seemingly affected by her mental illness, the protective worker in Case 19 described the transfer of a belief system of a parent based more on preventing information about the family being disclosed to individuals not part of the family:

"...Amanda is very much about keeping secrets in the family and not letting people know – the department is the enemy, don't tell them anything, they are liars, they will just trick you (she had actually said these things) – the department will trick you into telling things and then use them against you – those sort of messages which meant that initially when we became involved, the children very much didn't trust us, and it has taken a long time to be able to prove those messages weren't right. So, a lot of that stuff was being said 'don't tell anybody at the placement your business - it was very much about 'it is your business, don't tell anybody' or 'they just don't really care for you, they are paid, they don't really care, they are paid to do this job' and so when they came back to the placement, they didn't know what to think, you know – well yeah, we are paid, they kind of take on some of the things that were said to them in every aspect, and eventually Tina just said she couldn't deal with it anymore..."

The message in both excerpts is clear – “do not trust outsiders because they will only do the family harm”. The extent to which children adopt the implications of this communication from their parent affects their capacity to seek, receive and utilise the support offered by health, welfare and legal professionals. It is undermining also of children's capacity to judge for themselves individuals with whom they come to relate outside of the family. The ambition of the communication is undoubtedly to restrict children's access to a social network, promote the parent as the sole source of information, affection and relationship and minimise the possibility of change being introduced to the family system.

6.8.2 Child perceived as burdensome

There were a number of examples of children being perceived as a burden by their parents. This attitude, when articulated, appears to have affected the parents'

disposition and willingness to commit to the child. For example in Case 17, the SOC2 identified the occasions where Louise's step-mother informed Louise that she considered her a burden, an obligation she was forced to uphold because of respect for her father:

"...Because they have told her and this is where the emotional abuse began I believe, um, because they made her feel, I think, that she was a burden and that originally the step mother said oh its too much for me to care for you I can't keep caring for you its a burden for me..."

The "burdensome child" is set easily within the refrains of a duty that is imposed externally on the parent. In this context, children are not only burdens but encumbrances which the parent has had very little control in choosing to support. The possibility is very real then for the parent to attempt to evoke empathy for the misfortune of her position.

The parental perception of being overburdened with the care of a child sets the boundaries of the relationship that can be expected by a child. This is vividly described by Stewart's carer (Case 8) in discussing her experiences of organising access for Stewart with his mother:

"...She whinges about it all the time. She hates it. She finally got it changed from, it used to be 48 hours, she wants to get out of it, she wants to back out of access completely, she doesn't like having access because he disrupts her life which is pretty sad when it's her child...so she managed to cause enough stink with the whinging and the complaining that instead of picking him up Friday after school and bringing him back Sunday afternoon, I now drive him down Saturday mornings and pick him up Sunday night..."

In this first instance, the mother's lack of interest in having Stewart on access on weekends is highlighted. She is experienced as complaining and making all sorts of attempts to increasingly restrict the time they have together. In the next excerpt, the lack of interest in Stewart is further defined by her failure to understand his behaviour and needs:

"She will say to me, he's getting bored after two nights. And I'm like well "Der, if you give him stuff to play with he wouldn't be bored" - that's the way they operate and there's nothing we can do about it., I don't like, it's painful to watch what's happening... and I go down there and I feel like sometimes grabbing her and you know saying "will you just pay him some attention, treat him like he's a person, give him stuff"

and "oh he shits me when he ripped up his doona again today". I'm like "well why didn't you stop him, God?" "How do you stop him?". "Take the doona away from him..."

The carer shows her rising frustration in response to the mother's total abdication of responsibility to commit to some sort of relationship with her son as reflected in the final excerpt:

"...I have to stay there and have a cup of coffee with her and hear about her week and I mean I just thought, it's not my job and I don't want to do it, I'd rather her come up here and get him and take some responsibility because she's not taking any responsibility. She doesn't want him, she's tried so hard to get access cancelled, the only time it ever got cancelled was when she went up to Queensland and that was because she didn't want to take him with her..."

The perception of child as a burden is the foundation for rejection and abandonment. It establishes a frame in which parents become increasingly comfortable in reducing their commitment to forming and maintaining an affectionate, caring and supportive relationship with their child. It is almost as if parents use the guilt and unease arising from their desire to become less involved with their child to support their orientation to do so. The more tension they experience, the harder it is for them to engage with the child, the easier it is to remove themselves from the relationship and in so doing justify their feelings of being unfairly burdened with the care of this child.

In the first case, Louise was made aware of her step-mother's attitude towards her. In the second, it is implied that Stewart could tell, but there is no definite evidence to know for certain given his disability. It would appear that the communication to the child of the parental perception is inevitable. The perception of the child and the communication to the child of that perception are constructed both as abusive and harmful to the child's developing identity.

6.8.3 Child's needs made subordinate

The construct of "needs" was significant in the conversations of the respondents. Needs were aligned with entitlements and requirements. For example, the child's need for affection. Its use implies the child's right to be loved, an experience essential to human development and a desire for warmth and acceptance within a relationship with a parent. Children were in general afforded entitlements in both physical and emotional/

psychological elements. It seemed that the greater the physical dimension of the need (ie, food, shelter, education, protection) the more its application emphasised it as a critical requirement. The greater the emotional dimension of the need (ie security, love, acceptance, affiliation), the more it was positioned as a desirable requirement.

A framework of needs is a prerequisite to identifying a number of constructs underscoring respondents' descriptions of children's experiences of emotional and psychological abuse. The first of such constructs referred to the prioritisation of children's needs by parents. Almost by definition, the discourse of parents giving up everything of importance for their child permeates the discussion about needs. In this respect, the participants in the study firstly confirmed the influence of this discourse. Then in comparison, they described those interactions in which parents made their children's needs subordinate to their own. The consequence for the child is highlighted by the significance of their needs not being adequately met by their parents.

For example, the SOC2 involved with Chris in Case 3 described with amazement how his mother contacted her to inform her that she no longer was willing to care for him:

"...She just decided, she had been speaking to this counsellor on the phone and she just decided that she wasn't meant to be a mother and that she wanted to look after herself now, she's been looking after these boys all her life and it's time to take care of her own needs... So, within a week of receiving that phone call we went to court and we had a guardianship order on both boys. It was like - it was Christmas..."

Here the protective worker contrasts the mother's decision to look after her own needs with her decision to no longer look after the children. She questions her motivation to be a mother and seemingly instantly chooses to stop. Her needs are prioritised and her children's needs made subordinate. She cannot in this context achieve both. The swiftness with which she follows through relinquishing care is captured in a later excerpt from the protective worker's interview:

"...so that night I went to get them and I arrived and there were about 16 garbage bags out the front of the house full of all their clothes, all their toys, and the boys were like running up to the car, dragging the bags - I hadn't even opened up the back of the boot - couldn't get in the car fast enough, see you mum, goodbye. I sort of pulled her aside and I said, "What have you told the boys about what's happening?" and she said "They know that they just can't live with me any more, I just can't have them." I said, "Well, do they think that's for a week or overnight?" and she said, "No, they know that they won't be coming back to live with

me ever, I just can't have them." It is hard to know with Chris whether he really understands what forever is, but Michael was - he was sort of excited about meeting a new foster family, but then later on in the night it was sort of hitting him what was happening. But Chris when we took him to the place it was, how are you going so-and-so, where's my room..."

The mother had packed up the children and moved them on. Trustingly and without question, the children continue to believe that their mother is acting in their best interests and accept the new arrangements. Perhaps with less of an understanding of the permanence of mother's decision than his brother, Chris begins to engage with his new foster-parents almost immediately. There is a sense that whilst mother's decision was instant, the children had been aware of her ambivalence prior to the change. The resolution of uncertainty may have provided some welcome relief to the children. Perhaps because they moved to a place where their needs may now be restored in terms of priority.

At a practical level, the SOC2 associated with Tristan (Case 14) described interactions between him and his mother resulting in a competition to determine whose needs would be met:

"...But, what happened was that Tristan and his mother and her boyfriend had a big argument over what to get for dinner and I think it was a toss up between Red Rooster and KFC and Tristan wanted Red Rooster, wasn't able to have Red Rooster, and became quite upset and agitated and began to act out and I think that was the straw that broke the camel's back with Trish and so she phoned up us and told us to come and get Tristan, that she didn't want him any more....If something doesn't happen, I mean you really have to follow through on things with him and if it doesn't happen, you know, there's very little understanding, it's, I've missed out here, me, me, me, me, me, me, and it's really interesting that we got exactly the same thing from Barbara..."

Tristan and Barbara fought over whose right it was to choose dinner. Their competition according to the worker was to ensure that their communication of "me, me, me, me" was heard and addressed. The tone of the remarks suggest that whilst Tristan may have been a difficult child, his mother's own needy disposition interfered with her capacity to understand and respond to Tristan. This is a theme reflected by Tristan's carer as reflected in the following excerpt:

"... Well I think his mother was so needy to build her own self-esteem and I think that she tried in her desperation was being a mother and when she couldn't really control some of Tristan's behaviours and support him she had to turn around and make it Tristan's fault. She couldn't accept either blame or make any changes or adapt or learn from anyone else receiving support so the only way she could deal with that sort of failure would be pure rejection and that's what she's done with Tristan. She couldn't understand that Tristan had huge numbers of needs and needed to grow up and needed far more perhaps than she could offer. That would've been a failure in itself or to come to that realisation would have been an admission to failure..."

Becoming a parent was a means through which Tristan's mother would be able to build her self-esteem. However, with Tristan not living up to her ideals about children, her failure as a parent only served to remind her more of her vulnerabilities and her needs. Mother and child are positioned as requiring each other, and failing each other. Very little attention is drawn to the lack of contact from Tristan's father. With so much at stake, the carer is convincing in his reflection that fulfillment of Tristan's needs could never win out over the needs of his mother.

The SOC2 involved with Brett and Sandy (Case 6) also invoked the idea that the mother was too caught up in fulfilling her own needs that there was no room for her to be able to meet the needs of her children:

"... Well, yeah, and I think I read out one of the reasons for the initial PA was a lack of supervision, kids being able to write their own notes to school. I think mum was so - I could just see her being so caught up in her own needs and protecting herself and stuff that the children's needs probably weren't being attended to, you know, their education, I don't think that they attended school very often..."

As a result, their education suffered. More than that, the children were drawn into mother's choices and encouraged to support her by creating the appropriate stories of accountability to divert interest away from the family's limitations.

6.8.4 Parental failure to enforce behavioural limits

Another element of the needs framework is the belief that children require discipline to ensure that their behaviour is acceptable to their parents and their community. Without such limits, children are perceived to not learn to abide by rules and hence are inadequately socialised. Children are harmed because they engage in behaviour which may be criminal, harmful towards others and disruptive to their own development.

Parental failure to define and support behavioural rules was identified by some respondents as an important dimension of emotional and psychological abuse. An example of this view is reflected in the following excerpt from Tristan's carer (Case 14):

"...I think this is causing his peer problems because adults might provide him with something but kids are only going to provide another kid with something if they get something in return and Tristan hasn't learnt that lesson so he's very good at taking but has absolutely no idea how to give in a peer relationship. And it's because I think that he has learnt that his relationships are all one way. His mother did not have the strength to follow through and makes sure stuff happens. It's always been that if he kicked up a big enough stink, he didn't have to do his chores or didn't have to do whatever is required...the limits weren't set and the expectations really weren't followed through in setting behaviour..."

In this discussion, Tristan's mother is described as failing to ensure that Tristan meets her expectations. The consequence of which is Tristan's current difficulties with peer relationships.

The failure to enforce limits and behavioural boundaries was considered to be severe emotional and psychological abuse by the SOC3 associated with Louise (Case 17):

"...We had a number of cases of adolescents whose parents weren't able to place appropriate boundaries on their behaviour and on those grounds the response team were taking it to court for emotional abuse because it led to their child frequently absconding without the parents knowing their whereabouts...and the young person was also using drugs and having a sexual relationship with a 19 year old...we had probably about 4 young women under 16 who had relationships with 19 year olds, and were frequent absconders and maybe smoking marijuana - our involvement had no impact upon that, and that was considered quite severe emotional abuse, it was being substantiated as severe emotional abuse - it would go to court - with the focus on the parents not able to enforce boundaries on this young person..."

The failure by parents to be able to enforce family rules is linked to the possibility of young people suffering harm from illicit drug use, sexual and physical assault and homelessness.

Finally, the most notable outcome for children of parental failure to maintain behavioural boundaries is in descriptions of children asserting control and power, as noted by Josh's carer (Case 10) in his interview:

"...from day one here it was just full on – quite disastrous. The young lad was just so powerful, he just had so much power over his natural mother and his past cottage mother that he had them to the point where he was completely holding them to ransom – at all times standing over them, he just had them completely under his control..."

The power comes from the child's disregard for parental rules and expectations. The control is viewed as inappropriate for his age and abilities, as well as jeopardising the child's developmental progress.

6.8.5 Displacement

Within the discourse of needs, another important dimension was the ways in which parents prioritised their relationship to a partner over satisfying the needs of their children.

For example, Kerry's grandmother (Case 13) described the way in which Kerry would be displaced whenever Jessica (Kerry's mother) would become involved with a new partner:

"...Kerry was just a toy to cuddle, she would give her lots of big hugs and kisses – oh I love you so much bubby – but it was like a doll, for someone to put in to bed with her when she didn't have a boy with her, someone to cuddle; but as soon as a boyfriend was on the scene she didn't want to know Kerry and Kerry became a nuisance, to get out of the way; but, yeah – clearly a toy..."

The relationship was valid for as long as there is not another relationship available for the mother to engage in. The decision to do so was motivated by the mother's need for contact and affection. Kerry represented a source of affirmation to her mother.

Similarly, in case 14, the child protection worker gave a detailed account of how Tristan was made to feel displaced by his mother in the lead up to her wedding with her new partner:

"...The implications of the relationship for Tristan between Barbara and her new boyfriend have meant that on many occasions Barbara has

placed great priority on her relationship with her partner over her relationship with Tristan, which has caused stress for Tristan and feelings of rejection...She has continued to do that even up to the day of the wedding. You know, Tristan wasn't really included all that much and didn't get to stay over the night before the wedding, when that's usually his Friday night access and, you know, sort of wasn't there the morning of the wedding, he went off and played hockey or something and then went to the wedding in the afternoon..."

Here, Tristan's experience of rejection is the outcome of being displaced from his relationship with his mother. Consistently, the frame used to interpret the parental act is a failure to prioritise the child. The real implications are that children are not included in day to day interactions with their parent, are prevented from developing a meaningful relationship with the parent's partner and are frozen out of interaction that would encourage them to belong to a re-constituted family. Displacement does produce stress and feelings of being left out.

Finally, the foster care worker in case 7 pointed to how awareness of the possibility of being displaced by their parent's new partner prevented children from expressing their reactions about the new partner to their parent:

"...It's very interesting actually because in a couple of assessments, they did say that they hated him but they would never have said that to their mother because I mean they weren't stupid. If this guy's in mum's favour at the moment, they're not going to and particularly when she has a child with him and they know she's pregnant to him - they're not going to say anything against him..."

The fear of displacement is enough to ensure that children accept a new partner without open questioning. Importantly, children are positioned to have an understanding of how easily their parent can choose to marginalise them from the family to be replaced by an adult relationship which is more meaningful to their parent.

There is a word of caution in this preceding analysis because in all cases quoted, it was a mother who was identified as substituting a partner in the place of her children. The caution lies in not leaving a gender analysis out of the discussion. In many of the circumstances, the children's fathers had themselves already prioritised their own needs over their children by separating from the family and having little contact again. Yet, the time-frame in which the work of child protection is carried out scrutinises the mother's attitude and interaction with her children.

Importantly, the discourse that women need to be partnered to be considered successful or at least not spurned plays loudly in the conversation of the participants in the study. It is the mothers who are portrayed as making choices to prioritise partner over children. Respondents were silent on the influence of the male partner in shaping the mother's commitments. There is no discussion about whether or not the partner wanted the children to remain part of the family. It is assumed that the mother (protector of children, nurturer) should naturally choose her children in the event that a partner is not willing to accept them.

It is complex demand to reconcile the caution with the very real effects of children of the outcome of being displaced. A tentative option can be perhaps reached by incorporating into the framework of displacement the orientation that responsibility for the child feeling left out is shared between mother, separated father and new partner.

6.8.6 Child forced to minimise abuse

An important construct of emotional and psychological abuse appears to be the ways in which children are encouraged to minimise the significance of abuse they have experienced within the family. The protective worker in Case 17 identified this theme clearly as part of the rationale for issuing a protection application for Louise and removing her from her parent's care:

"...The disclosure of sexual assault has cast shame upon the family. Louise is at risk of minimising the abuse in order to minimise the family shame..."

The act of minimising the abuse experience by the child involves the active discouragement by parents of the claims made by the child in relation to the extent and nature of the abuse. The child's memory of the events is questioned along with a downplaying of the intention by the perpetrator. In Louise's case, the sexual abuse was minimised through the mother's continued efforts to prevent her from talking to individuals within and external to the family in the name of reducing the humiliation suffered by the whole family as a result of the abuse being uncovered. Elsewhere in this thesis, Louise's experience has been discussed in relation to acts of isolation by the step-mother.

The encouragement of abuse minimisation is identified in other cases nominated for the current study. In particular, Brett and Sandy (Case 6) were motivated to reduce the

extent of their mother's drug habit and her contact with her abusive partner in their conversations with child protection workers. According to their carer, the children continued to suffer extreme guilt from lying to the protective worker who visited them on the day in which their mother was murdered by her partner in front of them. Brett described feeling torn between protecting his mother from the child protection workers assessment and not wanting her to have contact with her partner. Brett continues to be confronted with his failure to tell, leading to the death of his mother.

6.8.7 Inculcation

Inculcation is the act of allocating blame. In the context of emotional and psychological abuse, it is proposed to use inculcation to describe parental communication which blames children for the difficulties experienced by the parent and/or family. For example, the carer in Case 14 made the following observation about the source of Tristan's mother's negative and abusive attitude towards Tristan:

"...I think part of it, she's not so disabled that she doesn't know she hasn't got a disability. I think she's very frustrated and very angry at the world for her disability and I think Tristan was blamed for this and copped quite a lot from his mother..."

The SOC2 in Case 5 paraphrases Christopher's own words to describe how a sense of blame has been internalised by Christopher in his interaction with his parents:

"...It's all his fault, it's all his fault, if he wasn't born everything would be fine and his parents would still be together, and it's all his fault when there are problems in the family because, I shouldn't have annoyed my sister, and then you know that's why dad got angry and that's why dad hit me and all that, I couldn't go, or there's a lot going on for mum at the moment and that's why I can't go and see her. He absolutely feels it is all his fault, that's how he sees it. It's my fault that my parents aren't together, my dad didn't want me and now they're all separated and everything's all wrong now, so that's how he sees it, it's all his fault..."

Christopher views himself as an unwanted child responsible for the separation of his parents and the ultimate demise of his family. This is a message that has been reinforced by both parents. The impact on Christopher is a negative self-image that he applies to other relationships and tasks. He is not worthy of positive interactions or success and believes that he creates difficulties for others.

The foster parent who took care of Charlie (Case 10) also believed that his mother had passed onto him the view that he was to blame for his sister's physical abuse and subsequent injuries:

"...Charlie's mother wasn't able to love him and at various times it came through to us that she blamed him for his sister who was bashed by one of her boyfriends while she was in hospital having Charlie. She blamed him - she said, if I hadn't been having Charlie that wouldn't have happened, you know, that was the way she looked at it..."

Charlie experienced this communication negatively and according to the foster parent found it difficult to trust and invest in subsequent care relationships. According to her, Charlie's guilt based on his perception of what his birth had meant for his sister was a significant factor behind his explosive anger and intolerance of even the most subtle limit setting.

Louise (Case 17) made the observation that being blamed for the sexual abuse by her step-father was hurtful:

"...I feel that's it good in a way but it was embarrassing...it's in a way actually my step-father's fault, but I still feel that it was my mother always telling me that it's my fault, it was really unfair...it hurt me a lot..."

Being blamed is equated with unjust treatment and a failure by a parent to accept responsibility for their action. It is the transfer of responsibility for abuse and the internalisation of the justification by parents for continuing to abuse their children that lies at the heart of inculcation.

6.8.8 Parental Indifference

Parental indifference compliments the category of ignoring (Garbarino et al., 1986) by adding a motivation dimension to the construct. Indifference implies that a child or a parent's relationship with a child is insignificant and unimportant. This message is communicated to the child, undermining his/her sense of self-worth. Children grow in a feedback vacuum, not knowing what value to ascribe to their personality and capacities.

Kerryn's grandmother invoked the construct of parental indifference when she described one occasion where she had tried to bring Kerryn back to her mother:

"...And Kerryyn would be in the car saying – Hi mum, hi mum – she didn't even acknowledge that Kerryyn was even there – she just stared past her and said, it's not the right time now. She was totally indifferent to her..."

According to the grandmother, Kerryyn was not important in her mother's life because it was so subsumed by using illicit drugs and its associated lifestyle. The message to Kerryyn, which according to her grandmother she remembers, was that drugs were more important to her mother than her daughter.

According to the grandmother, Kerryyn was so insignificant to her mother that she did not realise how often she endangered Kerryyn. For example, she described the following occasion:

"...When I got there, she told me that Jane, who was not quite six, was taking Kerryyn (who was three) for a walk in the pusher, down to the shops - this was a really busy intersection, at that time of night- and I mean, anything could have happened to her – but she didn't have any concerns at all about that. And many times she has taken Kerryyn out in her arms and collapsed in the street, from drugs – dropped Kerryyn on the pavement, hit her head on the concrete..."

Parental indifference is recreated as not caring too much about the safety and welfare of the child. It demonstrates a limited commitment to being active in the child's care and reflects disinterest in risks.

The influence of parents can also extend to siblings as reflected in the portion of transcript from the interview with Stewart's carer (Case 8):

"...None of the family really interact with Stewart. The sister who is in sixth grade now is becoming a bit more involved but I think it's mainly because of comments I've made to her. I can remember one day saying to her not long after I met her, "Do you know what autism is?". She said "no". I said "Do you know that Stewart can hear?". She said "Can he hear?" and I thought you've known Stewart all your life and you didn't know that he could hear you. I said "Do you ever play with Stewart?" and she said "No". "Why not?" She said "Oh 'cause he's retarded." I said "No he's not retarded, he's got intellectual disability and he's autistic but you can play with him"... They don't talk about him but when they do, they talk about some of the really horrible things he does while he's in the room, they don't acknowledge him. It's almost as though he doesn't exist. He's just, he's like may be a dog or something that they have to put up with or tolerate... They are not really interested in him as a person..."

It is clear that the carer describes Stewart as being actively ignored by his parents and his sister. She frames their attitude as part of an overall disinterest in him and his disability. The sister's lack of knowledge about the implications of autism for Stewart is reflective of her parent's lack of understanding or motivation to find out how they can better communicate with their son. The impact for Stewart is failure by his family to engage with him in a relationship which offers any meaningful support or affection. Stewart's behaviour on access is disruptive and at times violent. However, at his placement, his behaviour is managed more effectively and he has not demonstrated any outbursts or aggression.

Parental indifference, using ignoring as its main strategy, communicates a disregard for the importance of children to a family.

6.8.9 Punitive parenting

The construct of punitive parenting developed from responses that outlined a parental attitude that missed the need to positively reinforce children's good behaviour but over-emphasised the need to punish misbehaviour. In most cases, the punishment strategy applied by parents was not moderated according to the significance of the misbehaviour. For example, a child would receive the same punishment for forgetting to clear the dishes after dinner (considered a minor transgression by the parent) as he would for swearing at his parent (considered a serious transgression by the parent). Indeed, the punishment almost always involved physical abuse accompanied by the withdrawal of affection by the parent and critical verbal feedback to the child.

Punitive parenting in this context refers to an excess of punishment and a failure by the parent to apply variable forms of discipline. This was exemplified in the interview with the foster parent of Joseph (Case 9):

"...He was dealt with by some pretty hairy punishments when he really used to get into a real dither and be yelling and screaming and swearing he would have mustard put on his tongue... and he has talked of instances when he has had wooden spoons sort of broken over him – there were lots of times when he missed out on lots of things and denied lots of things – um.. yeah, it is sort of like he was badly treated, and I would say certainly a lot of it was physical abuse but also I would gauge a lot of what he talked about was emotional sort of stuff; now – there was the complete cut off from his family..."

Tina (Case 19) described her experience of being constantly punished for even the most minor of transgressions in the family:

Tina: Like, they punish us, like my mum and dad wouldn't let us eat. They would tell us in a hundred thousand ways, you know, and they would tell us to do chores after other chores, and we didn't have time to do our school work and they didn't let us go out anywhere. They hit us, like, hit us anywhere, never hit us on the bottom or whatever, they just kick us around really. I wasn't a naughty kid at all, but my step-mum expected us to be up and expect us to remember everything, expect us to do good things all the time...I mean you end up and you get tired and you can't be bothered doing any more and then we'd get hit and that's all.

Interviewer: If you forgot to do some things?

Tina: Or put things away or whatever you'd get write lines and all that.

Interviewer: Was it your step-mother or your dad that would punish you more?

Tina: Well, they hit more than they punish, well, they hit you and then after that they punish you. Like, one time I was going to get school work, do something for my mum to bring it home for her, and I can't find it - I told her the truth but then she said, tell me the truth, and yeah, she just hit me and then punished me and made me write lines. At one time, you know, I was at school, I was really sick and the nurse had to ring her up and tell her to take me home and all that and she got mad at me and said, why did you get sick and dad was at home and then dad started to hit me more because of that silly reason.

Tina's experience of her parents was oppressive. She was allowed little freedom to make mistakes and was treated harshly when she did not live up to the expectations of her parents. To Tina, her parents were not justified in using the disciplinary strategies they employed. She believed that she was well-behaved and that encouragement would have helped her to learn more effectively than the constant application of physical abuse in the name of discipline.

6.8.10 Ambivalent commitment

Parental ambivalence about committing to the care of a child was another construct which appeared to be favoured by some respondents. An example of ambivalent commitment is found in this portion of transcript from Adrian's carer (Case 10):

"...there were just lots and lots of threats - lots of really brow beating him and really putting him down and false promises until they go out of

fashion, and all the time, just playing with his emotions... just making all these promises and threats – if you don't do this you won't get that – unbelievable promises which you know she just has to keep and she keeps – and that makes him stronger, and yet you know she has all this false affection and she is just saying how much she wants him home, and yet you know – out of his hearing, she is saying the exact opposite – it is all sort of being taken down, it is all written up by her and everybody else and it is just straight out – I don't want him, I don't want him... We are now back to the point of him going back and all of a sudden she has rung up and say 'take him back, I don't want him' and this is what we are saying – you shouldn't have him because he is still the same kid – we haven't fixed him like you wanted us to..."

In the first part of this answer, the carer positioned Adrian's mother as deceitful in her communication about her affection for him and her commitment to having him return to her care. In the second part, the deceit becomes more transparent when she communicates to the child protection staff about her desire not to have him return home. Finally, her ambivalence about committing to his return is unmasked when she has direct contact with Adrian and tells him that she no longer wants him.

Ambivalent commitment is expressed as a pattern of parental engagement and then renouncement of a relationship with a child. The inconsistency is experienced by the child as confusing as indicated by the following view of Adrian's carer:

"...in the end, Adrian didn't know whether he was going or staying, how could he trust her, feel confident that she wanted to be his parent...it stopped him from feeling loved and being able to invest his love into any other relationship..."

Ambivalence breeds further ambivalence in children. It is understood to prevent the consolidation of children within placements and destabilises their sense of stability and continuity.

6.8.11 Involvement in parent to parent violence

Respondents described a high degree of violence between adult members of households. The child's repeated observation of such violence was clearly identified as a construct consistent with emotional and psychological abuse.

For example, a number of respondents involved with Adrian (Case 10) described how he had witnessed repeated violence at home. Adrian's carer made the following observation:

"...there is a lot of behaviour that we have seen in him which comes from what he has seen at home and certainly he has seen a lot of violence, like in the times he has been with his mother...she has been charged with firearm offences..."

Adrian's protective worker also described the volatile conditions at home:

"...And I think then after that there was an incident where Adrian's natural father, who was in and out of the scene, attacked his mother with a hammer and quite severely beat her and I think Adrian witnessed all of that..."

Exposure to extreme violence was common place for children in the sample of cases reported in the sample. Brett and Sandy's carer vividly portrayed the experience of the children on the day they witnessed her murder by her de-facto. This is the very de-facto who was supposed to have been prevented from having any contact with the family as a result of the Children's Court imposed Supervision Order:

"...That was a single stab wound here, I saw the photos, through the liver into the main artery behind it. So, like I said, the jury made the right decision, because even though they were both very, very drunk - like, her blood alcohol content was .29 or something...To me it was a deliberate act...to me it was a deliberate single stab in a vital area...Yes, she bled to death, from what I saw of the amount of blood on the floor, which I've never seen anything like that, I just knew that she'd bled to death. And Sandy did put in her little statement that she made that she thought mum had died but she actually died in the hospital just shortly after she arrived..."

So, they didn't see the actual event, but they were on the scene within a few seconds and they saw her dying on the floor. Apparently she looked up at Brett and she said, 'I love you', they were the only words she spoke, apart from 'Help me, help me'...

From what he's told me, he flew down the stairs and David still had the knife in his hand and he turned around and said to Brett, "See this?" and he showed them the knife with the blood on it to both of them and Sandy was just apparently screaming and screaming, and Brett just flew at him...Brett just went for him and he said he was beating his fists on his chest and that's when he came out with this comment, that the bitch deserved it...

He actually picked Brett up and threw him against the front door of the flat, so he was able to open the door and run out and there were two guys standing up the other end of the balcony and he just flew all the way down and said, "Quick, quick, he's stabbed my

mum", and they ran back in but while all that was going on David had Sandy sort of, he was across the doorway and he had her in the room with Heather and she was just screaming and screaming apparently and he wouldn't let her out. Anyway, the two guys, young chaps they were, came running in and saw what had happened and they just king-hit David and kept him there until the police arrived..."

Brett and Sandy did not only witness this violence, they were forced to participate in it. Brett here is compelled to try to protect his mother and sister from further attack with the knowledge that he himself may be hurt as well. Sandy is exposed to her mother's death as well as being trapped by her murderer without any capacity to protect herself. Exposure to domestic violence seems an insufficient construct to describe the terror experienced by these children. It is more akin to the terrorism concept originally proposed by Garbarino et al. (1986). The entire scene is littered with emotional and psychological trauma targeting all of the children's senses. The extreme nature of the experience positions it outside of any construct. In order to be respectful of the impact of such violence, its description almost demands a narrative form leaving the audience to gage for themselves how to respond.

It can be argued that such violence is so extreme that it is the exception rather than the rule for cases identified as emotional and psychological abuse. However, other similar examples are also present in the sample of cases analysed in the project.

The foster care worker associated with Stephanie (Case 7) described the episode involving mother's attempted suicide which led to the removal of the children from her care in the following excerpt:

"...Basically what happened was that the worker was just sort of going around to do one of her visits, came into the house, and Troy and Stephanie were running around in an absolute panic. She described it to me like chooks with their heads have been just chopped off. They were just running around not knowing what direction to go in, in an absolute panic saying that their mother was out the back trying to kill herself. So the worker went out the back and the mother was in the car and she connected a hose, I don't know if it was the exhaust or the petrol tank or something from the back of the car into the car and was drinking and had taken something else as well and apparently her eyes were bulging out of her head and she was a very off colour and that sort of thing and Buffy was jumping up and down on the trampoline and saying in a very sort of monotone voice, "mummy's trying to kill herself, mummy's trying to kill herself" and just kept repeating that jumping up and down..."

The scene here did not involve adult to adult violence as in the previous example. However, the scene is just as traumatic and chaotic for the children. Clearly, the children were aware that their mother was attempting to kill herself. They were however not in a position to stop her from doing so. The self violence in this case still engages the children to move to protect their mother. The youngest sibling, Buffy, can only respond by fixating on her mother's action and attempt to find some relief by engaging in an activity which she enjoys.

The third example of this level of extreme violence was provided by the family counsellor in Case 20. In the excerpt from her interview, she describes her knowledge of the siege where Desmond, who had been violent towards Sandy for months, was eventually captured by the police:

"...Actually it wasn't the first lot of violence. He had started verbal abuse that kept getting worse and worse and that's what brought Sandy back and then of course there was the big one... When there was the siege and she was really frightened by that because she knew that their lives were definitely at risk at that time...

She tried to put Laura in the car, Shelley was already at the front of the house and he started verbally abusing her, she tried to get hold of Laura and he tried to break her leg - he was out of control, he was punching her... Shelley then ran off to get the Police, or to get help and then the Police came and he had a knife at that time and he threatened to kill Sandy and she offered to die in order to calm him down to save her kids. He said to the Police he threatened to kill her and the kids. Desmond threatened the knife at Laura and then he threatened the knife at the Police..."

The narrative is picked up here by Sandy herself in her interview:

"...The Police were outside with me, getting us to get into the car although as we went out the front door he went out the back and I was just about to put the kids in the car and he came at one policeman who was out the front of the driveway up here and just yelled to us to get up to the divvy van, well we ran up the driveway and he came up the driveway with a knife. Then the Police had the gun on him and he just kept coming and Police are shooting..."

And Shelley you know heard all this stuff and we jumped in the back of the divvy van and they locked us in and they both got in the car themselves and I mean I don't think they wanted to shoot him in front of the kids anyway and took off in the divvy van and as we were taking off he was throwing things at the car, you know, chairs, plates, whatever, you name it he was throwing what ever was out the front, throwing it at the Police car...

We took off down the corner down here and got changed over into another car, they had another car, and the Police came back here. He held himself inside the house till 1 o'clock in the morning. Poured petrol over himself, or threw petrol bombs out the front and the back of the house until the Police got him out at 1 o'clock...

This was after I mean I've had a lot of bruises, real lot of bruises. He was not stupid that he would hit me in the face where it would show, it was more or less the rest of the part of the body, it was all black and blue where you could cover it up. I mean there was knives and axes and petrol...

But it just kind of...escalated every time until it got to the stage where he would belt me every week..."

Here, Shelley and Laura were exposed to increasing levels of violence from Desmond towards their mother, culminating in the siege incident in which eight police officers were called into subdue Desmond and protect Sandy and the children. Interestingly, the family counsellor noted that she had not made a notification to the statutory child protection services at any point throughout her involvement. Her rationale was that she believed Sandy to have the capacity to protect the children from harm, even though she admitted to not being able to protect herself from repeated beatings. During the research interview, the counsellor acknowledged that she would have in retrospect reported the matter to child protection.

There is no doubt that the construction of the children's experiences of the interaction between Desmond and Sandy framed the limit of the possibilities considered by the counsellor in planning and implementing her intervention. The impact of the violence on the children was cancelled because it was not the central concern for the counsellor. Her client was the mother, whom she was trying to support and empower.

This framework offers an invaluable insight into the orientation which lies at the heart of how violent environments for children are conveyed and positioned within the practices of child protection.

Children are not considered victims of abuse and therefore in need of protection until their physical welfare is endangered. There is insufficient emphasis placed on the impact of violent environments on children. Current constructions of domestic violence position children as witnesses of emotional and physical violence from parent to parent. The language of the literature refers to children who are exposed to domestic violence.

Exposure equates more to observation than involvement. In all these cases, the children were engaged in the violence through their emotional reactions (fear, confusion), acting to protect themselves or others and running from the scene. In some of the cases, the children were also actively in danger of being physically hurt by the perpetrator of the violence.

The preference for "exposure" over "involvement" is an act of minimisation of the seriousness of the emotional, psychological and physical costs to the children. It procures an orientation which does not locate children in the firing line and reduces the options available to practitioners to respond by notifying child protection services and/or acting to remove children or the perpetrator from what can only be seen as repeated occurrences of violence.

This deconstructive analysis leads to the need for review of current labelling of exposure to domestic violence with terms which more effectively communicate the abuse experienced by children as a result of their forced involvement with parent to parent violence.

Concluding reflection

In this chapter, a number of important themes have emerged from the talk of children, parents, carers, community professionals and statutory child protection workers. These are summarised below. They are further analysed in the discussion contained in Chapter Eight.

- The constructs of rejection, abandonment, verbal abuse, scapegoating, inconsistent care and parentification consist of large umbrella frameworks on which multiple meanings are hinged. Hidden in the nuances of each word is a honeycomb repertoire of ideas and background propositions. For example, verbal abuse is used both as a mode for transmitting destructive messages to children and as a form of emotional and psychological abuse itself. Similarly, abandonment involves acts which can leave children without a parental relationship ranging from a number of hours to days to indefinitely.

The saliency of these terms in the day to day usage of individuals interviewed may well reflect the particular focus that has been given to them in the literature on emotional and psychological abuse over the past three decades. Whilst they

are possibly the most explored, they also appear to be the most diffuse. The danger inherent in this equation is that the terms:

- carry little strength when applied to the intensity of children's experiences,
- do not provide assistance for workers in their decision making,
- offer little validity as a basis for further research.

In contrast, the variety of meaning infused by individuals into these constructs create an opportunity for related ideas to be proposed and explored. The deconstructive methodology adopted in this thesis has allowed for the subtlety of definitional elements to be teased out from the overburdened constructs of rejection, abandonment and others. A number of additional terms were proffered including contingent parenting, transitory care, denigration, vilification and threatening contact.

- It was also possible to delineate as yet un-named constructs that had a relevance for those interviewed when they spoke about emotional and psychological abuse. These constructs included the transmission of distorted belief systems from parent to child, communicating to the child that he/she is perceived as a burden, acting to displace children's needs, parental failure to adequately socialise their children through failing to enforce behavioural limits, forcing a child to minimise the true extent of his/her abusive experience, making a child responsible for his/her abuse, ambivalent commitment and indifference from parents to the care and well being of their children.

These constructs share conceptual backgrounds with many of the category definitions identified in the literature review. At the same time, they begin to distinguish referential markers that may have relevance for the decision making community professionals and statutory child protection workers. They also may indeed serve as the scaffold for future research aimed at exploring further how definitions of emotional and psychological abuse are operationalised in practice.

- It is clear that from only one interpretive reading of the words of children, parents, carers, community professionals and statutory child protection workers that many concepts relevant to emotional and psychological abuse can be described and examined. The process itself has highlighted the need for more research that endeavours to plot the definitional contours of these terms based in

the lived experiences of important stakeholders. It possibly suggests a reversal in and a challenge to the reductionist tradition so far evident in the literature associated with emotional and psychological abuse.

7. Exploring the issue of parental intent in framing child protection practice with cases of emotional and psychological abuse

The question of parental intent has been a key issue raised by a number of authors in their discussion of emotional and psychological abuse (Navarre, 1987; O'Hagan, 1993; Hart et al., 2002). At its core is the debate between what constitutes acts of commission or omission, alternatively framed as abuse or neglect.

If parents do not intend to cause harm to their children but nevertheless do so through their actions and/or attitudes, can parents be accused of emotionally or psychologically abusing their children? Is the lack of intention a marker for a different approach to statutory intervention? Is the child's experience different in situations where parents did or did not intend to cause them harm?

How are those cases where parents did not intend to cause harm treated by the child protection system in comparison to those cases where parents purposefully cause harm to children through their behaviour and/or attitudes?

7.1 Exploring intent

In this section, quotes from the transcripts have been selected which underscore how parental intent is understood and used by the informants in this study.

7.1.1 Is intent a prerequisite for defining emotional and psychological abuse?

There was agreement between all respondents who were able or willing to answer this question that it was not necessary for parents to intentionally set out to cause emotional and psychological harm to their children for it to be considered emotional or psychological abuse.

For example, one SOC2 made it plain that a parent's behaviour should be considered emotionally and psychologically abusive even where that parent is not deliberately wanting to harm his/her child but continued to be unable to provide a reasonable standard of care resulting in detrimental developmental opportunities for a child:

"...I suppose the trust initially, the trust in the caregiver, the parent, I think when that is unclear that a child can't develop emotionally and function in a way that is even going to be to a reasonable standard. I think when those things are affected that you would have to say that it is emotional and psychological abuse even in the case that a parent isn't necessarily doing it deliberately, because I don't think in that case that it was deliberate - I think this mother's capacity was limited and she was just unable to provide what he needed for his emotional needs..."

This view was supported by a number of practitioners in the sample. Examples were given by the following three protective workers in their interviews:

Interviewer: Do you think that parents need to be aware of what they're doing for it to be emotional abuse?

SOC2: No. I mean, most of them would be totally impervious to what they were doing, I would imagine, they wouldn't be thinking about it, they would just be - you know, lots of people, parents don't even think about what they're doing. They certainly don't think about what the impact of what they're saying has on the child. Yes, it's only people like us that think about those sorts of things, like, obviously the old Joe Blogg out on the street doesn't, he just reacts to situations and if the child, you know, the child's there and he's angry and cross and feeling bad with the world and the child will bear the brunt of that.

SOC3: No I don't think it does because I think in the broader sense, omission or commission, abuse is occurring...there are a lot of parents who aren't aware that they're causing this child any harm because nothing physically is happening to the child... I mean personally if you've got literature you can draw my attention to and I'd be interested I haven't found all that much literature on emotional abuse.

SOC2: I'm sure it can be intentional, but I think in lots of cases it's probably not.

7.1.2 The underpinning of intent

Interestingly, even though parental intent was not perceived as a prerequisite for emotional and psychological abuse to have occurred, workers made a number of comments which seemed to equate intent with parental insight and the degree of understanding parents have about the impact of their behaviour on their children.

Parental lack of awareness about the consequences of their behaviour for children appears to be an important marker guiding the decision-making of child protection workers. It acts to draw attention to how strong a response is provided to a family in

which emotional and psychological abuse has occurred. Intent is viewed as an indicator of greater destructiveness for children because it reflects a value base held by the parents which at a minimum is not supportive of children and at a maximum is viewed as sadistic.

Many of the child protection workers take up stances which argue that most emotional and psychological abuse, as they understand it, is not deliberate. Indeed, they cannot believe that parents would wilfully want to harm their children – parents want the best for their children. This was demonstrated in the quotes of child protection workers identified in the previous section. Additional comments also highlight this point.

For example, one SOC4 argued this very point in the following portion of the interview transcript:

"...Look, I guess I have a personal view that no abuser wants to abuse, that a parent wants to be a parent and he/she wants to be a good parent, they don't want to abuse their kids and their problem is they don't know how to do anything differently - and that when they do abuse they see it as a failure and that may reinforce for them a whole lot of things about themselves and therefore may just continue to reinforce them to abuse and they see themselves as a failure and it goes round and around..."

This answer is situated in discourses affirming the primacy of the parent-child bond. Abusers are separated from parents both by actions and ambitions. Parents are prevented from being good parents because of a lack of understanding or knowledge. The act of abusing sets parents back to unresolved patterns of relating which reflect to them poor dimensions of their identity. This experience for them is further disempowering, removing reasons for resisting their impulse to engage in more abusive behaviour. Abuse is positioned as a circular process of failure with no escape for the parent. Interestingly, this whole description is used to minimise parental responsibility in cases of emotional and psychological abuse. Parents are imbued with positive motivations to care appropriately for their children. Not even abusive parents want to hurt their children intentionally. From this perspective, emotional and psychological abuse is almost always unintentional.

Later in the interview, this SOC4 also argued that:

"...So in a lot of them, I guess the difference that we see a lot with emotional abuse is that apart from obvious scapegoating, it's often not something that parents do and I can't think of the word that you'd use

but it's often something, it's by omission not commission I'd guess you'd say, it's an omission on their part and they're not understanding what their children need..."

One SOC3 observed that parental impairment (disability or mental illness) diminished the parent's capacity for insight about his/her behaviour in relation to the child. In these circumstances, children can be considered to have been emotionally and psychologically abused. However, the implication is that the parent is not to blame for this outcome:

"...So his mother has got an intellectual disability which limits her capacity to I suppose respond or parent in a way that we would call responsible parenting because she lacks the capacity for insight. If she can't, she doesn't have the capacity to recognise that her, and I'm putting it in broad terms, her behaviour has an impact on that child. If we look at say psychological abuse you know, that the child's there for the parents, to meet the parents' needs then in those terms I think that she would have diminished responsibility in those terms because of her capacity and that's where we get into complex issues with parents who have intellectual disabilities or mental illness, but that's a reality we're dealing with, these people increasingly having children and I think that that's also another side of it, with the emotional abuse, 20 years ago they would not have been parents, they would all have been sterilised in the institutions, society is now saying that these people can parent, therefore there are going to be consequences. Some of these consequences are going to be that these children I think really do experience mental suffering..."

In this excerpt, the SOC3 offers a vague picture of whether she would then support more active statutory intervention or not. The positioning of the comment about sterilisation provides at least a comparison of the worker's vision of past methods of dealing with the issue. When she returns her focus to the present, the SOC3 broadens her discussion about intention to propose that the current political context of rights shapes the limits of what is determined to be intentional and what is not.

One SOC4 appeared to argue that it is the intangible quality of emotional and psychological abuse itself which is at the heart of any discussion about intention. She made the following observation:

"...I think it is far more blurred, and again it comes back to the tangibility of emotional abuse....if somebody belts the hell out of a kid you have got a specific purpose, if you have a kid being sexually abused you have a specific person, emotional abuse - it is intangible - and it can

be a number of people and it is harder to define, and yet it is as I said before, it leaves more scarring than anything else..."

In a sense, if outcomes of emotional and psychological abuse cannot be easily identifiable, or at least not commonly supported, these outcomes remain more vulnerable to opposition. Certainly, the outcomes for children resulting from emotional and psychological abuse are viewed as far from solid. As a result, this SOC4 expresses her discomfort with laying responsibility with a particular person within a child's family for causing vaguely measured and uncontained harm to children. However, for this worker at least, intention is an intrinsic part of sexual and physical abuse.

According to this protective worker, parents may not intentionally seek to physically abuse their children, but they do set out to use force for a specific purpose. In turn, this protective worker does not accept that perpetrators of sexual abuse against children could have been mistaken in their behaviour or unaware of the impact of their behaviour. Even if such perpetrators make other claims about the motivation for their behaviour, they are not believed. It is the intention of the person perpetrating sexual abuse to do so.

However, the status of intentionality within definitions of emotional and psychological abuse remains unclear in comparison.

This SOC4 continued her answer with the following comments:

"...It is an extremely good question - my view is that all parents, no matter who they are or how good they are to some extent emotionally abuse their children, and if you class emotional abuse as demeaning a child or yelling at a child or not providing them with the emotional stimulation or psychological stimulation or not setting the right limits, we all do that because we are all human and we all make mistakes - where it becomes emotional abuse that requires our attention is where I think where you are looking at a spectrum where a parent is not just demeaning but really demeaning, where they, the child is being significantly - we are seeing it in the way the child presents and where it has got to a point where despite the assistance that may be given to the parents to try and change the way that they are operating, the parents are not able to make the changes. They are not able to understand the impact that their behaviour is having on their child..."

Here, parental intent cannot be part of a definition of abuse which is widespread across a community. Indeed, intention is minimised as a human fallacy and an inherent quality of human interaction.

The impetus for the continued involvement of statutory child protection services remains severity in cases of emotional and psychological abuse. In practice, intention is dissolved in the face of assessing the significance of the harm caused to the child. Yet, intent is also viewed as a factor to be assessed in understanding the level of significance of the experience of the child. It is not surprising then that intention remains a fraught concept for protective workers. It remains complex and yet seemingly pivotal to assessments of emotional and psychological abuse.

Protective workers were silent on whether parents could be unaware of the impact of their behaviour but also be intentional in their attitudes and actions towards children. Awareness is not separated from parental support for their child-rearing orientation. Parents may be aware that their child's development is impaired but may not agree that it is their actions or approach which is causing the impairment. Parents may not be intentionally harming their child, but they may intentionally not be willing to accept the connection between their behaviour and the impact on the child.

7.1.3 How does parental intent shape child protection practice?

A number of protective workers made a comment about the extent to which parental intent acted to shape their decision-making practices in cases of emotional and psychological abuse.

In the case of Christopher (Case 5), the SOC2 reflected a sense of resignation about the lack of awareness demonstrated by both sets of parents involved in his care. She believed that without insight into their own behaviour, there was limited basis to effect change in the parents:

Interviewer: Do you think that is the case with Christopher's family, that they don't perceive any, they don't perceive that the things that they've done have been harmful to him in any way?

SOC2: They don't have a full understanding of that, no.

Interviewer: It's interesting, isn't it?

SOC2: It's the lack of insight maybe. There's nothing to work with really, there's very little to work with, and so you go in a very circuitous way to try and get them to understand where you are coming from.

Intervention is framed here as a gradual educative process through which parents come

to understand the point of view expressed by the protective worker. Indeed, re-educating parents was the most common form of intervention described by protective workers in cases of emotional and psychological abuse. Educating parents appeared to consist of the following elements:

- teaching parents skills about limit-setting and behaviour modification;
- labelling for parents which aspects of their behaviour are abusive and instructing them to stop engaging in it;
- identifying emotional triggers which lead to conflict within the family and developing alternative responses to those triggers;
- explaining to parents how their behaviour was affecting their children; and,
- increasing parents' understanding about children's developmental, social, emotional, physical and psychological needs.

The process of education is not considered therapeutic. It is more akin to a process of knowledge transfer. The difference between the two orientations is assumptions about the state of readiness in parents for such knowledge to be received. Parental motivation to appreciate and accept the views offered by child protection workers is a factor considered in assessment but rarely tackled in the make up of the intervention provided to a family.

It is raised here because parental motivation is consistently critical to achieving change both by participants in the study and the literature review.

One SOC2 made it clear that parental intent did not alter the experience of the abuse by the child. She made this statement within a context in which she believed that emotional and psychological abuse was always deliberate on the part of the parent:

"...I do think it is relevant in trying to work with a family who are perpetrating the abuse, but I don't think it makes any difference to the young person in how they experience it. If they are caused such distress that their emotions are all over the place, I don't think that is – whether it was deliberate or not...I suppose I think it is always deliberate – I think we should try and understand why. I think in this case it comes from a lack of understanding and nobody is ready to take responsibility for this young person..."

In a sense, parental intent is an important factor to consider in planning intervention with families in which emotional and psychological abuse has occurred. The dimension of parental intent is the degree to which carers are willing to accept responsibility for the overall care of children and young people. The act of responsibility taking in this instance is focused on understanding children's needs, prioritising their role in the family and possibly acknowledging the role of parents to respond to and care for the emotional realm of children's experiences.

The concept of intent is drawn away from the heated associations of blame and accusation and directed towards conversations about the emotional ambitions for parenting. Emotional and psychological abuse becomes more about the degree to which the emotional world of children is attended to by parents. This is an important development in framing intervention from the perspective of statutory child protection services.

The following excerpt from a SOC4 demonstrates a number of important points for discussion in relation to how concepts of intent shape the approaches and practice frameworks of child protection workers.

Firstly, he compares the ease with which families can be engaged in cases of emotional and psychological as distinct from cases of physical abuse:

"...Look I can only talk in general terms, but I think - like if you are going in to investigate a matter it is far easier to go in and talk to a family about a specific issue like hitting - you are hitting, doing this because of this reason and you sort of know it. The stuff around emotional abuse - the yelling, all parents yell at their kids, you know, what is wrong with that, do you expect me not to yell, you know, the kid did something wrong, you expect me not - so it is far more difficult for a parent to get their head around an emotional abuse issue than around the physical, even though you obviously still have difficulties with the sexual abuse and physical abuse but I think it is far more difficult around the emotional abuse but I would say though that the emotional issues - you can use them a bit more; I know that often if a family or a parent won't admit to physical hitting because sometimes it is difficult for them to admit, because there may be criminal charges attached, but you can often engage a family at an emotional level..."

In this quote, the SOC4 argues that allegations of physical abuse provide more of a specific basis for discussion with parents than emotional and psychological abuse. Through the use of the example of "yelling at children", he also appeared to intimate

that parents had access to a pool of justifications to explain the behaviour which was being labelled as emotional and psychological abuse. These appeared to include that emotional and psychological abuse is justifiable because:

- it is common place;
- children bring emotionally abusive parenting approaches onto themselves by misbehaving; and,
- all reasonable parents are able to resort to yelling at children if pushed to the limit by their children.

These justifications provide a natural smokescreen to accepting responsibility for their own behaviour by parents. In making the comment that parents "sort of know" that hitting children is unacceptable, the SOC4 appears to position physical abuse within a framework of self-evident community standards. In contrast, the community benchmark for emotional and psychological abuse is more fragmented and negotiable.

Intention is again associated with the admission of an act. Whilst emotional and psychological abuse is experienced by protective workers and parents as complex and difficult to identify with, it is easier than physical abuse to admit to because the ramifications are not as serious.

In emotional and psychological abuse, parents may be more willing to admit their intent. However, in doing so, they are in a stronger position to argue for mitigating circumstances which minimise the degree to which they may be willing to be held accountable for the impact of their behaviour.

The shift to decrease the degree of responsibility for behaviour willing to be accepted by parents appears to be an intrinsic reaction to the process of intervention. In the next excerpt from the same SOC4, he discussed his experience that parents can simultaneously deny responsibility for some aspects of their behaviour and yet entertain and even engage with the pain that such behaviour may have caused their children:

"...I can remember one instance where this father had hit the children, he wasn't admitting to all of that, but what we did was engage in an emotional - and we talked about - what did he see in the eyes of his children, when all this was going on. And that registered, whereas he was denying flatly all the other things and was quite defensive, when we

got on to the emotional stuff he couldn't argue with that, because I am sure it registered with him the look on his kid's eyes. So in one way it is difficult to get their head around it, but if you can engage and if you can use it in a way that is somewhat manipulative I suppose, in some ways it is an easier thing to register with, because it hits the deepest of their emotions and they can't argue with that, they know it here, they can't intellectualise it, they can't excuse it because they have felt it - and so in some ways it - they can understand it because it is felt rather than just talked about ... does that make sense..."

The practices of child protection are characterised by the concept of minimal action to ensure safety. Unlike this SOC4, other less experienced child protection workers talked rarely about using strategies to encourage parents to change their view of their own approaches and relationships with children. The focus appeared to be more pre-occupied with proving allegations of abuse and holding parents accountable for their behaviour, as if in itself this process is effective in reducing the risk of further abuse to children.

Intent in this next excerpt is located between the talk and the behaviour of a parent:

"...Yeah I think intent is really critical. Um, it's often interesting, I mean we've got another case where mum's saying you know she's absolutely committed to the child but when it came to a choice between her partner who was quite abusive to her and to her daughter, the daughter didn't matter at all. So it's often they're saying one thing but their actions are quite clearly I want it all and if I can't have it all then I'll choose this one, so it's often difficult to pin people down. Often their words are very different to what their behaviours are, like in that case, I mean her words are all "yes I'm committed, I want this, I want that, you have to make sure my child has this medication and that medication" and yet her actions are I'll stay with this man who's abusive, he's got an alcohol problem but I'll stay with him..."

Parents can exaggerate their commitment to children, but behave in ways which do not reflect that commitment. Intent is constructed as the choice not to harm a child, but to choose a living arrangement or lifestyle that has a high potential to result in emotional and psychological abuse to the child. In this context, parental commitment to a child is the essential element. It is the basis for the child's protection. Yet, it is undermined significantly by the parent's behaviour.

7.1.4 The child is to blame

Clearly, parents used a number of strategies to deflect responsibility for causing the harm resulting from their parenting attitudes or behaviour. One interview with a SOC3 held particular interest with regard to the issue of responsibility and intent. In the following extended excerpt, a number of themes are analysed.

Firstly, this SOC3 described how parents in one particular case were so focused on the child's difficult behaviour and lack of responsiveness to earlier attempts at discipline and limit setting that they seemed to ignore that the grounds for statutory intervention were framed as emotional and psychological abuse by the child protection workers:

Interviewer: Do you think that the parents accepted that they were emotionally abusing the kids?

SOC3: No – I don't think that they did, and I think often the way it was seen is – the parents overlooked the notion that it was being called emotional abuse and focused more on the child's behaviour and not being able to manage. So although it was defined in the application report as emotional abuse, the parents not being able to enforce appropriate boundaries, because a lot of it was blamed on the young person's acting out behaviour and the parent being ineffectual, and that seemed to be palatable to the parents.

The SOC3 went on to describe how parents are able to more readily accept statutory intervention because it is framed and reinforced as the child as the source of the family's problem. She made the following observations:

"...In those circumstances, I think that the parents externalise it – they are seeing it as their kids acting out as opposed to them being emotionally abusive, and I think that that is somehow explained to them, too – that there isn't a better ground in which to prove under the Child and Young Person's Act, that you are saying that you want – frequently those parents actually want the involvement of the department, they are usually parents that are quite keen to have protective workers when they first come on orders, they are the ones that often ring and say - my son or daughter is on supervision order and I haven't heard from a new worker yet – so they want the support of the department and I think - I don't think that they understand what is meant by emotional abuse, but I also think that it is probably sold to them by their own legal reps that this is the most appropriate thing..."

Interestingly, she argued that there needs to be recognition that emotional and psychological abuse has occurred as a prerequisite for change:

"...Talking about the difference from the families that have experienced lots of disruptions and changes, but I think again you need to have an acknowledgement from the parent, that there has been abuse or rejection or whatever it might be, in order for there to be change; or else you are never going to actually see change..."

7.1.5 Parents blamed the department for their child's problems

Another way that responsibility for harm is shifted in the case examples included in the sample was for parents to blame the child protection service itself for causing emotional and psychological problems for their children.

For example, the foster care worker involved in Case 7 described how Stephanie's mother continued to place the blame on the child protection service for deciding to remove the children from her care:

"...And still the mother's view has always been that the reason these children have their behavioural issues and their emotional problems is because they were taken out of her care. That it's the Department's fault and our fault for taking them away and because I guess, she never really did understand or never sort of demonstrated to me that she understood why the children were like that and she may have had a very difficult situation to deal with but there were things she could've done differently. I mean you can't send children back to that..."

The SOC3 involved in Case 10 also explained how Adrian's mother continued to argue in court that his psychological problems were due to the system's standard of care:

"...Well, they blamed the department in some ways for who he was, rather than seeing the issues of how he was originally brought up and whether the ADD was a factor then, they believed that being in the system caused Adrian to be as he was, so to speak, so therefore the system which has stuffed him up should fix him up, and then they would take him off..."

In this excerpt, the worker seems to contend that whilst the parents argued that Adrian's problems were related to the way he was cared for, they also did not wish to admit that they had any influence over his personality as they had cared for him in his younger years. The parents were able to justify their call for Adrian to be returned home using the argument that he was continuing to be abused by the system. The SOC2 involved with Adrian extended this interpretation by claiming that the mother in particular

needed to find someone else to displace responsibility so that she could perceive herself positively:

"...Yeah, yeah, I think she needs to blame. I think that she needs to think it's not her. I think that she needs to believe that she's a good mother and I think she needs to believe that it's us saying she's a bad mother, not that she is a bad mother..."

Here, the worker proposes that there is a benefit to the mother of being able to mark out her identity as a parent by contrasting her view of herself with the view about her proffered by statutory child protection workers. Blame in this respect becomes representational. It discusses the failure of parents to fulfill their own ambitions about parenting. The child and his/her difficult behaviour becomes a reinforcement of the failure. Parents who reject do so intentionally to rid themselves of the poisonous recognition of their failure offered by the child's problematic behaviour. However, this frame also has its costs for parent and child alike. Neither the parents or children would perceive the parents as intentionally causing harm. Yet, the parents act deliberately to protect themselves from the continued critical feedback from the child.

7.1.6 Family dysfunction – Nobody is to blame or everyone is to blame

In the following excerpt, one of the family counsellors examined how intent underpinned her conceptualisation of abuse. Whilst she was clear that all the children in the particular family had suffered negative effects of their mother's parenting approach, she stopped short of apportioning responsibility to the mother for the outcomes. Instead, the family counsellor appeared to be in favour of framing the mother's pattern of relating to her children as the source of the harm:

"...It is difficult. I find emotional abuse is a difficult word to use, isn't it, because you're not quite sure what is - I don't know, somehow to me abuse has connotations of someone being aware of what they're doing. I mean, that might be just a completely false statement but somehow I felt with this mother that she wasn't, there was no deliberateness in her behaviour towards the children, it was more that, as the father had said before, there was a mind set and an attitude that had started fairly early on in the children's lives and it had just become so much part and parcel of the way she saw her family that it was very difficult to get beyond that and around it in some way. I don't think her behaviour was deliberately destructive towards the children. She actually is very protective of them in her own way, it was just some of them were viewed as bad from an early age and that was really hard to get around, really impossible for us to get around..."

Clearly, in these circumstances, the children's experiences of their relationship with their mother was not abusive. Consistent with this orientation is the counsellor's discomfort to apply the word emotional and psychological abuse to the children or the mother. It is not surprising then that the counsellor had not made a notification to protective services despite expressing a number of serious concerns for the emotional and psychological well-being of the children. A report to child protection was subsequently made by another source.

One SOC4 also maintained that intention was not an important concept if the frame for assessment focused on an interactional family perspective:

"...I suppose it is omission and ..that is mixed up...Yeah, where the kids end up thinking differently – or having a different perspective – it could be deviant...I probably see it more with the adolescent client, where you might have some who are, you know describe a dysfunctional family or, but are still able to sort through things and maybe there are some good things happening in their lives but you also get the really extreme ones who are self harming and into criminal activities – mm – I guess that is the spectrum..."

7.1.7 Is naming intention the same as identifying blame?

For children, the answer is a resounding no. For example, in this extended excerpt from Josh (Case 1), he is more willing to accept responsibility for causing his mother stress than he was to blame her for her behaviour towards him:

Josh: I mean talk to her, you know, just talk to her. We were talking to her like something "Oh, mum, can you please have a normal life" and we told her the things that I wanted to. If I went back to her now I would've learnt all the things, I would've had my breakfast in the morning, would've cleaned my teeth without no fuss, because I used to clean my teeth without no fuss. I mean I used to clean my teeth with fuss. And I wouldn't have argued with her in the morning and as soon as she said "get up", I would've got up. Yeah. But I don't blame her. I won't blame her for that. I think I did the wrong thing and it was wrong. I don't blame her for anything, I don't blame her for doing that.

Interviewer: Don't you?

Josh: No, I didn't.

Interviewer: Why not?

Josh: I don't blame her for that, I don't blame her for that. I'd stick up for her if they said it was child abuse, I'd stick up for her.

Interviewer: Would you stick up for your mum?

Josh: Yeah, I'd stick up for her.

Interviewer: How come you'd stick up for your mum?

Josh: Because I love her.

Interviewer: Cause you love her?

Josh: Yeah. And because, oh, that's so what.

Interviewer: Yeah. Do you think that anyone did blame your mum for what happened with you?

Josh: Oh, I think so, because all the people across the road kept on ringing child protection - Tom, Dick and Harry's they were.

Interviewer: Why do you think they were ringing up Health and Community Services?

Josh: Cause um, because they, because they just wanted to get us in trouble.

Josh's responses drew attention away from his mother's responsibility. He blamed himself and he blamed his neighbours. Importantly, his motivation to not blame his mother is his love for her. This equates to the other side of the view expressed by protective workers that no parent wants to deliberately abuse their children. Here, the child invokes love as the force that ensuring that his mother would not have meant to harm him, that is why she is not to blame.

In this next excerpt, Christopher provides a changing position about whose responsibility it was for the way he was treated:

Christopher: My dad bashed me 2½ years ago and before that when I first got into a first home for a month my mum said "no I don't want to see you any more so get lost" in other words. Then I was living with my mum when she said "get f..... I never want to see you again".

Interviewer: Yeah, what was going on then?

Christopher: Oh just a little bit of shit. I was pinching a bit of money and things. I don't sort of blame her for any of this.

Interviewer: What do you mean?

Christopher: I'd pinch money and buy lots of chocolates and lollies and things like that and share them with my friends.

Interviewer: Because?

Christopher: Because I didn't have any friends. I found it really hard as well.

Interviewer: To make friends did you?

Christopher: Yeah.

At first, he resorts to the view that his misbehaviour was enough of a reason for his mother to reject him. In the next excerpt, he shifts the source of blame to his mother and father and becomes less willing to blame himself:

Interviewer: Do you think it was fair, how mum treated you?

Christopher: No, but it was her choice to treat me how she did. No-one else's.

Interviewer: What do you mean it was her choice?

Christopher: It was her choice to kick me out of home and say "get f..... I never want to see you again".

Interviewer: Yeah so you're saying it's not your fault?

Christopher: I used to think it was my fault.

Interviewer: How, did you think that?

Christopher: I did.

Interviewer: Why did you think it was your fault?

Christopher: Because everything I always done, even if I'd done it right I'd be blamed wrong and everything that my brother's done wrong would be blamed on me.

Interviewer: So how did you stop thinking it was your fault? What helped you to do that?

Christopher: Reading the bible.

Interviewer: Yeah, how come, what did that sort of teach?

Christopher: Reading the bible and going to Christian Youth Camps has just helped me forget about it totally and then you stop thinking that it was your fault.

Interviewer: And is that the same with dad, like do you think dad was fair the way that he treated you?

Christopher: Um as I said before it was his choice. It's his choice how he wants to treat people and who he wants to treat.

The construct of blame for this child is essential for his own mental state. Self blame is exacerbated by messages that he received from his parents about his achievements and behaviour. It is part of an experience that required a form of correction to help him change his view. When the element of "fairness" was added into the discussion, Christopher was much clearer. He positioned his parents' decisions to eject him from their homes as their choice. Here, their actions are intentional, but mitigated by his misbehaviour as outlined earlier. Blame is a powerful quality of interactions. It also affects self-perception. Its connection to intent is strong but confusing, at least for children.

7.1.8 Parents unable to acknowledge responsibility to change

The final dimension of parental intent that seeks attention from the interview transcripts is related to the example of parents who fail to acknowledge the need to change their attitude or behaviour towards their children in order for the emotional and psychological abuse to stop. Typically, this lack of recognition is described as resistance to change. It questions the need to examine whether resistance to change itself should be considered intentional.

The SOC2 associated with Adrian (Case 10) made the following observation about the mother's unwillingness to participate in support options that may have made a difference to Josh's behaviour:

"... not that she is a bad mother. I'd think that she is unable to understand the effects that anything she does has on Joshua and she is unable to accept that anything she's done has made Joshua what he is. But I think it's more an inability than an unwillingness to change her way of thinking or accept our support..."

Here inability is equated with unintentional, whilst unwillingness is positioned closer to intentional. The failure to accept support or change her way of thinking are devised as

impediments to improving her relationship with her son. She stopped short of calling the mother resistant to intervention. However, the protective worker in Case 3 is more willing to invoke the concept of resistance in describing Christopher's mother's constant reference to Christopher as the problem which necessitated intervention:

"...I remember when I got it all I was told that this mother was very resistant to any intervention because she saw what was happening with Christopher as being his problem and his fault and that it was for us to fix him and then sort of bring him back all better. She didn't want to take any responsibility for that, therefore every time we made a referral to come to see her she would just say, 'Look, it's for Christopher not for me.' She would not accept the need to change herself, it was Christopher who had to make the changes. I think she wanted to believe it herself because it would confirm that she was not helpful to the kids..."

The mother's resistance to intervention is really resistance to accept responsibility for changing. The worker could only guess that the motivation to keep responsibility for change with Christopher was in order to relieve the need for her to engage with her own limitations as a parent. This question of parental identity is a frame that continues to be used in relation to how workers understand and assess emotional and psychological abuse. It is significant because it creates the basis for comparison with the ideal. It legitimises the workers own hope for optimal care for children by using parents own expectations about their capacity to parent as the way to embed in their language concepts such as resistance, parental unwillingness to recognise responsibility and parental inability to identify the need for change. If these were to be imposed directly by workers as an evaluation of the parents' attitudes, it would be experienced as judgmental bordering on imperialist. Because it is contained within the parent's own frame of understanding, it is softened and admissible as an intrapsychic consideration in worker's assessment of risk and intervention planning.

Finally, the family counsellor involved in Case 21 described how parents can use their commitment to attend counselling to disqualify the need for statutory involvement with their family:

"...In reaction to the protective issues, Marg said that she had had protective concerns but handed them over to the family counselling service. By coming here, she expected us to do something about it in a sense. She also minimised the family problems - so that when Protective Services challenged her with all these issues, she said, yes - I have concerns too, that's why I went to family counselling- what else did you

expect, so there is no reason for you to stay involved. I have already taken the step to remedy that..."

Here, acknowledgement of the need for change is a strategy to mitigate the concerns raised by the child protection workers and convince them to withdraw from the family. The counsellor saw through the tactic as a way of the mother minimizing her responsibility to make any changes. Responsibility was diffused to the family and the counselling service's ability to help the family make the changes. This is positioned as a deliberate strategy to deflect the attention of protective services away from the family.

7.2 Concluding reflection

The construct of parental intent is intrinsic to the way that emotional and psychological abuse is understood and acted upon in the practices of child protection.

Firstly, it is positioned centrally as a measure of severity. If a parent sets out to deliberately emotionally and psychologically abuse their child, the outcome is considered to be significant. Intent underscores dimensions of cruelty, planning and implementation. Under these circumstances, children are most vulnerable because of their relational dependency to their parents. Children become attuned to not only the messages they receive from their parents but how those messages are systematically and repetitively communicated.

Secondly, intent is aligned with parental self awareness and choice. If a parent is aware about the impact of their behaviour or attitude on their child and they persist with such behaviour, it is then considered a choice – a choice to act against the best interests of their child. In this dynamic, the intent to harm is the very basis for the emotional and psychological abuse experienced by the child. It reflects and establishes the relational environment in which children's needs are made to be subverted in favour of parental agendas and ambitions.

Intent is also involved in the frames of blame and responsibility. Responsibility for emotional and psychological abuse was variously apportioned to parents, children, family dynamics and the standard of care provided by the child protection system.

Three different dynamics related to the construct of responsibility can be suggested from the previous analysis. The notion of "diminished responsibility" seemed to be used in conversations where parents blamed children for causing the problems in the

family. "Displaced responsibility" seemed relevant when parents blamed the child protection system for their child's problems. "Diffuse responsibility" seemed to be employed when a frame was applied in conversations which focused on family dysfunction, apportioning blame simultaneously to everyone and no one in the family system.

In this sense, the different dynamics of responsibility shifting in cases of emotional and psychological abuse was important because accepting responsibility was identified as instrumental in achieving change and protecting children. Delineating who should be held responsible served to orient the decisions about the target and mode of intervention that was attempted.

As noted already, sitting along side the dynamics of responsibility was the construct of blame. Blame was evident in the conversations of children. Some children did not want to blame their parents for the way they were treated, insisting instead that an external threat to the family should be held accountable for their experiences of hurt. Other children preferred to allocate blame to themselves as a way of protecting themselves from further harm and keeping alive the hope of maintaining a relationship with their parents. Still, other children felt compelled to blame their parents for their experience of mistreatment. These children appeared to do so as acts of resistance to the very messages communicated to them by their parents that they were at fault.

Blame was also present in the interviews with community professionals and statutory child protection workers. It was mostly inferred with a great deal of discomfort and usually followed up with mitigating factors that acted to debilitate parental capacity to nurture and care for children.

Finally, an examination of intent provided an insight into the nature of the intervention that should be provided to parents. Whether the abuse was initially intentional or not, the first step in the intervention process should be to highlight to parents the impact of their attitudes and behaviour on their children. In response, it was noted that parents typically respond with denial, acceptance or distraction. Acceptance was most likely to lead to a solid basis for change and protection. Denial was positioned as a choice to not change and indicated the likelihood of the abuse continuing, leading to a more intrusive statutory response. Distraction required assessment and further engagement to

determine whether or not its aim was to mask resistance or reflect a process of preparation for change.

The construct of intent is a basic requirement in the development of operational definitions of emotional and psychological abuse. This analysis offers only a preliminary attempt at teasing out key themes and evaluating their relevance to how emotional and psychological abuse is understood and interpreted in the practices of child protection. It points clearly to the need for more research.

8. Discussion and conclusion

8.1 Introduction

In this chapter, the research project is examined in relation to its possible contribution to the study of emotional and psychological abuse of children, in particular as it relates to the broader practices of child protection and child welfare.

Firstly, the review of the literature undertaken in the second chapter is re-considered reflecting on the complexity inherent in developing an understanding of emotional and psychological abuse of children.

Secondly, the possible contributions of the current study are analysed in this context. The major themes identified in the preceding results sections are examined with reference to the two research questions proposed in Chapter Three. This discussion also seeks to locate the possible implications of the findings within the current practice and policy debates occurring in the child protection system in Victoria, the site of the study.

Finally, this chapter concludes with a review of the methodology, including the advantages and limitations of the approach. A possible research agenda reflecting the questions highlighted as a result of the current study is also presented.

8.2 Contextualising the outcomes of the current study

The study of the emotional and psychological abuse of children is in its third decade. In its early stages, it was predicted to become the key organising concept for understanding and responding to all forms of child maltreatment (Garbarino et al., 1986; Hart et al., 1987). Yet, the research interest in the topic has remained low, particularly in comparison to the investigation of child sexual and physical abuse (Behl et al., 2003).

In this section, the literature review is summarised and re-interrogated as the backdrop for exploring and contextualising the possible contribution of the current thesis.

8.2.1 What has the literature so far offered policy makers, practitioners and researchers when it comes to understanding the emotional and psychological abuse of children?

In Chapter Two, it was argued that definitions of emotional and psychological abuse have been developed to meet the varying needs of practitioners, policy-makers and researchers. As such, they have reflected a range of different starting points, linguistic preferences and attempts to resolve ideological and practice dilemmas.

The review of the literature identified a range of conceptual definitions of emotional and psychological abuse. When analysed, these conceptual definitions were found to comprise a number of themes which appear to offer some positive resources for stakeholders to use in interpreting meanings of emotional and psychological abuse in their decision-making and practice. These themes are not definitions in and of themselves. They are more like constituent elements of definitions which seem to have found a degree of shared support amongst a number of authors who have written about emotional and psychological abuse. These themes are summarised below:

- Emotional and psychological abuse is integral to all forms of child maltreatment. However, it can occur on its own (Garbarino et al., 1986; Zuravin, 1999; Glaser, 2002; Hart et al., 2002).
- Emotional and psychological abuse is almost always perpetrated by an adult carer individually or collectively (Hart and Brassard, 1987b; Navarre, 1987; O'Hagan, 1993; Stevenson, 1996). It can also be perpetrated by siblings and other children (Whipple and Finton, 1995; Crane, 1997).
- Emotional and psychological abuse is transmitted through repeated acts of communication in relationships which are instrumental in the formation of children's identity (McGee and Wolfe, 1991; O'Hagan, 1995).
- Emotional and psychological abuse can be the outcome of either or both intentional and unintentional communication by a perpetrator (Carter, 1983; Garbarino et al., 1986; Navarre, 1987; O'Hagan, 1993).
- Emotional and psychological abuse is based on a judgment that the parental/carer behaviour or attitude through which it is perpetrated is not acceptable within the

traditions and cultural norms of the community in which the parent/carer and child lives (Garbarino et al., 1986; O'Regan, 1990; Navarre, 1987).

- Emotional and psychological abuse is best understood within a developmentally sensitive framework with its impact causing differential harm to children depending on their abilities and vulnerabilities (Garbarino, 1986; Iwaniec, 1995; O'Hagan, 1993; Glaser et al., 2001; Hart et al., 2002).
- Emotional and psychological abuse leads to detrimental consequences for children in a range of intrapersonal and interpersonal ways (Hart et al., 1998; Hart et al., 2002).

In Chapter Two, it was also maintained that a secondary taxonomy of categories has been proposed which provide examples of emotional and psychological abuse and assist with a more specific reading of its meaning. Category definitions have been extensively used in the literature to assist in expanding the intended meaning of conceptual definitions of emotional and psychological abuse.

These definitions were divided into three broad groupings. There are those which feature almost exclusively in the child abuse literature and have traditionally been included in attempts to define emotional and psychological abuse. There is a second group which have only a peripheral presence in the child abuse literature but which can be argued are another way of describing existing categories. Thirdly, there are those definitions which can be considered complimentary to emotional and psychological abuse but are treated separately by the literature.

In the face of an ongoing level of uncertainty associated with conceptual definitions, category definitions, such as rejection (Rohner and Rohner, 1980; Garbarino et al., 1986; Rohner and Brothers, 1999; Auburn, 2003), verbal abuse (Sharon, 1984; Claussen and Crittenden, 1991; Vissing et al., 1991; Davis, 1996; Solomon and Serres, 1999a) and scapegoating (Pillari, 1991; Jones et al., 1994; Brody et al., 1998; Yahav and Sharlin, 2002) have offered tangible examples of emotional and psychological abuse. They seem to have been used frequently in the research examining the assessment and impact of emotional and psychological abuse.

Additional interpretive resources for practitioners have also been made available through the analysis of a small number of studies which have specifically examined

how definitions of emotional and psychological abuse are translated in practice (Sharon, 1984; Burnett, 1993; Seaberg, 1993; Waugh, 1997; McDowell, 1995; Auburn, 2003). The outcomes of these research projects tentatively suggest that a number of elements have been found to be influential in orienting the decision making of child protection workers in cases of emotional and psychological abuse. These were as follows:

- the frequency and intensity of the emotionally and psychologically abusive behaviour;
- the scale of intent and motivation shown by parents to harm their children; and,
- the degree of harm experienced by children arising from their experience of emotional and psychological abuse.

The review of legal definitions suggested that there are a number of other constructs used to build the parameters in which emotional and psychological abuse is interpreted by practitioners who work in and around court settings (Corson and Davidson, 1987; O'Regan, 1990; Zabar and Angus, 1995; Liddell and Liddell, 2000; Trocme and Wolfe, 2001; Hamarman et al., 2002). Internationally, there are examples of legislation in which emotional and psychological abuse has been defined through:

- using only specific category definitions;
- treating emotional and psychological abuse as if it were an assault;
- positioning it close to the concept of endangerment; and,
- emphasising an explicit set of negative outcomes which need to be demonstrated and linked to the action or inaction of parents/carers.

In Australia, as in the United Kingdom (White et al., 1990; Gibbons et al., 1995; Munro, 2002), there has been a clear shift to adopting a "harm" based model (Liddell and Liddell, 2000; Tomison, 1995; Allen Consulting, 2003). In this approach, the legislation does not define emotional and psychological abuse directly. Instead, it refers to the emotional, psychological and social "harm" on children caused by the attitudes and behaviour of parents or carers.

The literature to date has sought to offer guidance to practitioners about how to understand emotional and psychological abuse. The review suggested that only limited success has been achieved to date. There are a number of outstanding issues which remain unresolved. These issues are described in the next section.

8.2.2 What are some of the points of tension and confusion in the literature in describing and defining emotional and psychological abuse?

Throughout the literature review in Chapter Two, a number of points of tension and confusion were identified and examined. It was argued that these themes raised uncertainty about the adequacy of definitions of emotional and psychological abuse to support decision making by practitioners and accurately reflect the experiences of children and families. These themes are summarised below.

- ***A lack of research contributes to confusion and uncertainty about how to understand emotional and psychological abuse.***

Whilst a range of conceptual, category and legal definitions have been proposed, the literature review also noted strong themes of ambivalence and hesitancy whenever the topic of emotional and psychological abuse was considered. As noted by many, consensus has yet to be achieved about the composition and configuration of the range of definitional elements proposed to date. For example, Auburn (2003) has recently demonstrated that over the years, key authors have moved categories around, collapsed some to form new ones and introduced brand new categories to original taxonomies. This has further added to the confusion about which of the definitions should be used and for what reasons.

It was also argued that this lack of definitional clarity is in part a broader reflection on the state of knowledge in the field of child protection (Gough, 1996; Stanley and Goddard, 2002; Munro, 2002). Chadwick (1999) maintained that:

"...serious physical abuse and sexual abuse have statutory definitions, but still lack definitions that meet the needs of science or public health. Other recognised forms of maltreatment such as neglect and emotional abuse also require extensive definitional work...These definitional tasks need to be accomplished if the effort [of preventing child abuse] is to have credibility...(p. 958, Chadwick, 1999)".

Stevenson (1996) maintained that not only is more research needed about emotional and psychological abuse, the data that is available needs to be better organised in ways that actually assist decision making and planning at both practice and policy levels.

- *The lack of research fails to reflect the extent of the problem in the community and its impact on children.*

A number of authors have pointed out that the epidemiological tracking of emotional and psychological abuse has been hampered by questions of definition. Acknowledging these limitations, it has been estimated for example that the number of known victims of emotional and psychological abuse in the USA in 2001 was 61 500 with up to another 176 000 victims recorded within categories that could have also been included as emotional and psychological abuse (US Department of Health and Human Services, 2003). After reviewing the literature on the incidence of childhood experiences of emotional and psychological abuse in the adult population, Hart et al. (2002) recently concluded that:

"...psychological maltreatment appears to be the most pervasive form of maltreatment, with approximately one third of the adult population having experienced it in childhood and 10% to 15% of all persons having experienced psychological maltreatment in its more severe and chronic forms... (p.98)".

In Australia, a report by the Australian Institute of Health and Welfare (2004) found that some 10 000 reports were formally substantiated by statutory child protection services as having been the subject of emotional and psychological abuse in 2002-2003 - almost double the number of reports which were proven as sexual abuse.

Paradoxically, this level of emotional and psychological abuse has been registered despite its likely under-recording arising from the forensic focus of state child protection systems which have sought to marginalise it as a site of concern. For example, in Victoria, specific groups of professionals are only mandated to report physical and sexual abuse – not emotional and psychological abuse – under amendments to the Children and Young Persons Act 1989 passed in the mid 1990's.

In reviews of the literature which have examined its impact on children, there seems to be an emerging view linking experiences of emotional and psychological abuse with a range of poor developmental outcomes for children (Hart et al., 1998; Hart et al., 2002). For example, Hart et al. (2002) concluded that:

"...psychological maltreatment, broadly defined, is associated with poor appetite, lying and stealing, encopresis and enuresis, low self esteem or negative self concept, emotional instability or emotional maladjustment, reduced emotional responsiveness, inability to become independent, incompetence or underachievement, inability to trust others, depression, prostitution, failure to thrive, withdrawal, suicide, and homicide... (p. 86)".

Arguably, the lack of research does not reflect the significance of emotional and psychological abuse as a widespread problem with serious consequences for children.

- ***There appears to be a continuing lack of integration of knowledge between the literature examining child emotional and psychological abuse and other related and complimentary areas of study.***

Early in its history, it was hoped that the study of emotional and psychological abuse would act as a unifying paradigm for research that examined the impact of all forms of abuse and their consequences for children (Garbarino et al., 1986; Navarre, 1987). Yet, the review of the literature completed in this thesis suggested that current approaches to conceptualising emotional and psychological abuse are clearly fragmented.

It noted how infrequently authors writing about child emotional and psychological abuse appeared to reference other areas of emerging and established knowledge in related fields of interest and vice versa. The literature, for example on domestic violence, childhood trauma and high conflict parental separation, has not traditionally used the constructs commonly adopted to describe the experiences and impact associated with child emotional and psychological abuse. Similarly, authors who have written about child emotional and psychological abuse have rarely cited, for example, the rapidly expanding research base about the impact of abuse related trauma on brain development in children.

Unlike the study of trauma in which practitioners and researchers are seeking to synthesise and build knowledge collaboratively (DePrince and Freyd, 2001), there is not the same level of interconnection in the field of child protection and child welfare (Macdonald, 2004).

Stevenson (1996), in particular, has argued in favour of moving away from compartmentalising child abuse, i.e. treating each form of maltreatment as if it was separately constituted and experienced. She maintained that the disconnection of

emotional and psychological abuse from experiences of physical abuse and inadequate supervision for many children was artificial that served no purpose for them. It furthermore divided professionals' approach to assessment and intervention.

Stevenson clearly preferred the adoption of an integrative model that requires the development of understanding across categories of abuse and neglect and between topics of research and knowledge building. The need for greater synthesising of knowledge to reflect the complexity of children's experiences of abuse and family violence has also been noted by (Rossman and Rosenberg, 1998; Masten and O'Dougherty Wright, 1998; Geffner and Rossman, 1998; Saunders, 2003; Stanley and Goddard, 2004).

- *There has been little research examining how definitions of emotional and psychological abuse are operationalised by statutory child protection workers and related health and welfare professionals.*

It was noted in the literature review that there had been very few studies which had sought to understand how definitions of emotional and psychological abuse were interpreted in the day to day decision making of child protection workers and other relevant stakeholders. The lack of operational research has left a number of definitional debates unresolved.

Firstly, it is not clear whether practitioners define emotional and psychological abuse according to the behaviour and attitudes of perpetrators, or the impact such behaviour has on children or a combination of both .

Secondly, it is not clear how a threshold for differentiating emotional and psychological abuse from inadequate or poor parenting is delineated by practitioners, if at all. It is also unclear whether or not parental intent is perceived to increase the severity of the impact of the abuse and should be considered integral to delineating a threshold for identifying emotional and psychological abuse.

Thirdly, there is uncertainty about whether criteria for proving emotional and psychological abuse should be limited to the actual harm caused to a child or should it also be able to include a determination of the potential for harm resulting from abusive parental or carer behaviour and attitudes.

Finally, there is an ongoing debate about how to determine the best form of intervention for families in which emotional and psychological abuse occurs, in particular being able to differentiate between times when statutory intervention is required and when preventative support services should be offered. Importantly, there has been little attention paid to delineating the best modes of therapeutic and statutory intervention for the different categories of emotional and psychological abuse.

- *There has been little Australian research which has examined local implications of the ways that emotional and psychological abuse is constructed and applied in practice.*

Only a handful of studies were found in Australia that specifically considered issues of emotional and psychological abuse (Carter, 1983; Dwyer and Bevan, 1991; Sheehan, 1996; Waugh, 1997). This research has found that the constructs of emotional and psychological abuse were poorly understood and confusingly applied. In one of the few large scale studies in Australia, Waugh (1997) tracked 114 reported cases of emotional and psychological abuse into the child protection system. She found that reports of emotional and psychological abuse were considered a lower priority than reports of physical and sexual abuse. They were also considered to be more difficult to substantiate and prove in court. She noted that the majority of workers expressed concern about the lack of clarity offered by current definitions of emotional and psychological abuse.

The lack of research attention in Australia points to a critical failure on the part of policy makers to consider it as a form of maltreatment that requires practice frameworks and intervention resources. For example, Waugh (1997) reported that prior to 1994, no practice and policy manuals in the Department of Community Services in New South Wales included a definition of emotional and psychological abuse.

Tomison and Tucci (1997) also argued that the lack of emphasis on examining the effectiveness of definitions of emotional and psychological abuse as guiding principles for practice has allowed it to be used as a strategy to minimise sexual and physical abuse in order to avoid the involvement of police and encourage the intervention of voluntary family support services.

Finally, the lack of Australian research has consistently failed to provide insights into the consistently large variation in the proportion of emotional and psychological abuse

substantiated within different state jurisdictions. For 2002-2003, it varied between 5% in Tasmania to 44% in Victoria (Australian Institute of Health and Welfare, 2004).

■ *There has been little analysis of the language used to construct definitions of emotional and psychological abuse.*

Whilst many authors have referenced emotional and psychological abuse of children as a social construction, there has been little research which has attempted to use methodological approaches that are consistent with the traditions of social constructionism to explore its meanings. As such, the language used to build conceptual and category definitions of emotional and psychological abuse has remained largely unanalysed.

The constructs have largely been treated as "objective" descriptors of those behaviours and attitudes which harm children. The language and cultural context of these definitional elements have been subject to limited scrutiny in relation to what they portray, what values they draw from, what assumptions and worldviews they perpetuate and how relevant they are in capturing the experiences of emotional and psychological abuse for children and its impact on them.

The notable exception in this area is the considered analysis undertaken by Shull (1999). In his essay, Shull highlighted the often circular and tautological language inherent in legal, research and practice definitions of emotional and psychological abuse.

Shull objected to the tendency in the literature on emotional and psychological abuse to repeatedly frame its discussion:

"...by referring to the tortured and unresolved history of efforts to define it adequately...(p. 4)".

For Shull, the outcome of this persistent "incoherence" has its benefits and its disadvantages. On the positive side, its conceptual instability allows for emotional and psychological abuse to stay a problem for the field of child protection, enabling research to continue to recast its boundaries in search of more accurate ways to decipher the experiences of children and the behaviours of parents. The major costs of the definitional ambiguity is that emotional and psychological abuse seems to hold little significance to the community in which it is applied. It is, he also argued, easily

negotiated away or minimised in both popular culture and within a practice context highly influenced by legal imperatives to establish independent ways of proving injury and damage.

Shull concluded his review with the suggestion that:

"...shrewd advocates might attempt to manipulate the discursive system of psychological abuse to achieve some kind of social change...(p. 3)".

Shull's unique analysis has provided a tentative marker about the need to incorporate the analysis of language in research about emotional and psychological abuse.

- ***There is virtually no research which has sought feedback from children or their parents or carers about their experiences of emotional and psychological abuse.***

Traditionally, children's descriptions of their experiences of victimisation have been missing from research about child abuse and child protection (Finklehor, 1994; Mason and Falloon, 1999; Mudaly and Goddard, 2001; Mudaly, 2002; Tucci and Goddard, 2004). However, over the past decade, there has been increasing interest in seeking out the views of children in relation to a range of issues, including parental disciplinary practices (Konstantareas and Desbois, 2001); their experiences of family life (Anyan and Pryor, 2002; Haudrup Christensen, 2002; Sandbaek, 1999); interparental conflict and family violence (Kolko, Kazdin and Day, 1996; Jenkins and Buccioni, 2000); the development of reform agendas in child welfare (Goddard, 1999; Munro, 2001; Grover, 2004); and, their experiences of child protection and foster care systems (Thomas and O'Kane, 1999; Andersson, 1999; Prior, Lynch and Glaser, 1999; Thomas and O'Kane, 2000; Ruegger, 2001; Thomas, 2002).

Despite this growing focus of research, the review of the literature undertaken in Chapter Two found no studies which specifically sought the views of children who had been subject to emotional and psychological abuse nor the views of their parents or carers.

8.3 The contribution of the current study to the understanding of emotional and psychological abuse

In this section, the relevance of the current research to the study of emotional and psychological abuse is described. In Chapter Three, it was noted that the study aimed to answer the following two research questions:

- How are definitions of emotional and psychological abuse understood and used by statutory child protection workers and other related professional stakeholders in practice?
- How do children and their parents or carers understand what is meant by emotional and psychological abuse?

These two questions are answered in this section of the thesis. In the first part (8.3.1), a summary is provided of the tentative contribution of the project. In the second section (8.3.2), the key themes emerging from the interviews with the informants are analysed.

8.3.1 Mapping the contribution of the current study

The current study used an exploratory and qualitative methodology in an effort to make a small contribution to the current understanding of emotional and psychological abuse of children.

Firstly, the current research confirmed the complexity inherent in trying to develop definitions of emotional and psychological abuse. The literature review undertaken in Chapter Two offered, possibly for the first time, a comprehensive analysis of conceptual, category, operational and legal definitions of emotional and psychological abuse. It not only examined the literature traditionally cited in references which have focused on emotional and psychological abuse, it also sought to reflect on the research developed in the related fields of family therapy, parental separation, family violence and parenting capacity. The review highlighted that these lines of inquiry continue to be treated separately despite their similarities with the research about emotional and psychological abuse. It has perhaps offered a starting point for establishing the need for the development of a research agenda that is able to integrate sites of concern, definitional elements and methodological approaches.

Secondly, the study provided for the first time an opportunity for a small group of children to relate their own experiences of emotional and psychological abuse and how it has affected them. The methodology adopted by the study, also documented the views of parents and carers, community based health and welfare professionals and statutory child protection workers. The analysis of the interview transcripts provided a preliminary comparison between these groups of informants about the ways that they

draw on, organise and use the definitional elements currently proposed as relevant to understanding emotional and psychological abuse.

Thirdly, it has focused on the ways that the constructs of emotional and psychological abuse are interpreted in its day to day operationalisation. It has sought to source the relevance of various definitional elements in the descriptions of experiences by key informants in situ. The tentative themes which have emerged from the analysis of the findings have offered an opportunity to reflect further on a number of the critical debates still left unresolved within the literature.

Finally, and perhaps most significantly, the study used a methodological approach combining discourse analysis and deconstruction as the basis for exploring the language used by informants in the study. In so doing, it has recorded preliminary evidence which recognises that current conceptual and category definitions of emotional and psychological abuse are very overcrowded in their meaning.

As a result, it is argued that current definitions of emotional and psychological abuse should remain referenced as "works in progress". In this way, the possibility remains open for new definitional elements to be "discovered" which reflect and describe the myriad of ways in which parents and carers emotionally and psychologically abuse their children.

8.3.2 Examining the key themes emerging from interviews with informants about emotional and psychological abuse

A number of key themes emerged from the interviews with children, parents and carers, community based health and welfare professionals and statutory child protection workers. These are examined in turn.

- *There appears to be a preference amongst informants for an operational taxonomy of emotional and psychological abuse.*

In the introductions to the analysis of the transcripts with each of the key informant groups in Chapter Four, it was noted that they found conceptual definitions of emotional and psychological abuse difficult to identify. There was hesitation amongst many interviewees that reflected a sense of being overwhelmed by the complexity of pulling together and addressing the variety of issues inherent in the task of proposing an overall and abstract definition of emotional and psychological abuse.

When they were proposed, the definitions appeared to draw on a broad range of conceptual and linguistic resources which included:

- a privileging of developmental theory to determine the impact of the abuse on a child's functioning;
- references to benchmarking the needs, rights and entitlements of children in order to achieve positive identity and social outcomes;
- an interest in the ways that parents created relational environments with their children through which emotional and psychological abuse was perpetrated; and,
- an attention to the use of violence and power to set, reinforce and communicate an agenda by the perpetrator to children about the parameters of daily living.

In this sense, the conceptual definitions posited by individuals in the study reflected the writings of the following authors:

- Garbarino, Guttman and Seely (1986) who positioned emotional and psychological abuse within a developmental framework and later as a infringement of children's rights;
- Hart and Brassard (Hart and Brassard, 1987b; Brassard et al., 1991; Hart et al., 2002) who incorporated the significance of power relations into a conceptual definition of emotional and psychological abuse; and,
- McGee and Wolf (1991) who proposed emotional and psychological abuse as acts of communication.

There appeared to be a number of difficulties reflected in the informants' attempts to produce conceptual definitions of emotional and psychological abuse. Firstly, it was perceived by many informants to be complex to define because it was intangible and invisible. It had few concrete parameters for evaluation, relying instead on a combination of direct observation of parental practices and deductive reasoning derived from assessing the impact of such practices on children.

Secondly, child protection practitioners, in particular, described it as a negotiable category of abuse and sometimes forming part of a bargaining strategy in proving protection applications in the children's court. Such experiences themselves have possibly contributed to the view that there is a certain elasticity in definitions of emotional and psychological abuse. It is a concept that is perceived by workers as having the potential to be pulled and moulded to fit circumstances.

Finally, community professionals and child protection workers found it difficult to define emotional and psychological abuse in isolation to other forms of maltreatment. From this basis, workers seemed to find themselves frequently using circular language that reflected a sense of struggle to find helpful conceptual and interpretive resources.

In comparison, conversations which used elements offered by category definitions appeared to be easier for informants to use and articulate. Category definitions seemed to be more helpful because they:

- supported the user to speak with less hesitation;
- accessed shared and culturally valuable narratives about the ways that emotional and psychological abuse affected children;
- were experienced as discrete constructs with definable parameters;
- could be remembered and referenced more easily in the background practice of workers and their supervisors;
- more readily offered a language that was acceptable by key stakeholders for describing the experiences of emotional and psychological abuse on children; and,
- provided some direction that oriented decision making in practice.

The most common category definitions used by the interviewees have a longstanding presence in the literature. As noted in the conclusion of section 5.7, the most frequently cited categories were rejection, abandonment, scapegoating, verbal abuse, inconsistent care and parentification. Despite their emphasis in the literature to date, these categories were not discretely homogeneous and clear in their usage. Instead, the analysis

highlighted subtle and obvious disparities amongst users in both the meaning and intent of these concepts.

Through deconstructive strategies, the multiple nuances of the meanings of these cluttered words were re-read to suggest alternative terms that offered additional interpretive resources for understanding and action. In addition, it was possible through this analysis to suggest a tentative taxonomy of hitherto unnamed concepts with significance to the interviewees in their discussion about emotional and psychological abuse. These included for example: renunciation, relationship forfeiture, threatening contact, vilification, transitory care and contingent parenting.

■ *Parental intent appeared to be an important construct in understanding emotional and psychological abuse.*

The question as to whether parental intent should be included in definitions of emotional and psychological abuse was documented in the literature review (Navarre, 1987; O'Hagan, 1993; Gough, 1996). It was noted that there had been little research examining how intent may be used by professional stakeholders in practice (Sharon, 1984; McDowell, 1995).

The analysis conducted in Chapter Seven suggested that parental intent to cause emotional and psychological abuse to children seemed to act as a pivotal construct in interpreting definitional elements of emotional and psychological abuse in practice. For many of the informants, parental intent appeared to reflect a deliberate motivation to harm children. It reflected an apparent belief that the more deliberate the behaviour, the greater the investment by parents in achieving their objective to abuse and the more harmful the outcome for the child. Experiences of family violence represented the clearest example of the impact of perpetrators intentionally creating a relational environment that reinforced their power to make children, and often the other parent, feel terrified, isolated and powerless.

Whilst an important element in the descriptions of many of those interviewed, intent also appeared to be a fraught concept. Of particular relevance was its connection with views about responsibility taking and responsibility shifting by parents. Three different dynamics related to the construct of responsibility were suggested from this analysis. It was noted that diminished, displaced and diffuse constructs of responsibility reflected

strategies by parents aimed at minimising the degree to which they would accept responsibility for causing detrimental outcomes for their children.

Each of these dynamics seemed infused with connotations of apportioning blame. A number of the adults interviewed, and indeed some children, seemed reluctant to blame parents for their behaviour or attitudes. The rationale given for such caution included:

- parents not knowing any better because of their own experiences of being poorly parented;
- cultural differences in parenting practices that were unknowingly continued;
- sharing responsibility amongst all family members (including the children) using a systemic understanding of family dynamics;
- arguing that parents are entitled to raise their children according to their values and belief systems; and,
- a view that parents, under stress, remain unaware of the impact that their behaviour or attitudes are having on their children.

Often, a position of blaming parents was not viewed as helpful by community welfare and statutory child protection workers because they acknowledged that they had a vested interest in building and maintaining a relationship with parents in order to promote change.

Some of the children on the other hand, especially adolescents, felt empowered when they found a way of blaming their parents for their experiences of being treated unfairly and harshly. Other children experienced further shame if they thought that they were part of a conversation that gave the impression that their parents were to blame for their experiences. Often, these children were more ready to blame themselves, preferring to agree with the views they had heard their parents give of why problems existed in the family.

Unfortunately, apportioning blame appeared inextricably linked with identifying responsibility for the abuse. As such, responsibility was a diffuse concept. It sometimes led to discussions reflected that the belief that responsibility for children's poor outcomes was negotiable and could be shared amongst parents, the child protection

system and even children themselves. Child protection workers argued that in the Children's Court parents and their legal advocates were often prepared to accept emotional and psychological abuse as a grounds for state intervention because it was conceptualised as a lesser form of abuse lacking an identifiable perpetrator.

Some parents who felt that they were unfairly treated by child protection workers argued that responsibility for emotional and psychological abuse rested with the system's propensity to give children too many rights and the freedom to choose to not live with their parents. In these circumstances, responsibility for emotional and psychological abuse was also transferred to the child for causing the conflict because of misbehaviour and unwillingness to follow the rules of the household.

It is not surprising that children grappled with trying to understand how they could be implicated in their own emotional and psychological abuse.

The interconnection of intent, blame and responsibility represents a extremely complex equation in child protection practice with cases of emotional and psychological abuse. It is clearly a critical site requiring further examination, especially because it appeared to be associated with a significant level of angst and confusion for many of the individuals interviewed. It also offers the most promising opportunities upon which to evolve both restorative and protective intervention for children and families in which emotional and psychological abuse has occurred.

For example, as outlined by some authors to date (Carter, 1983; O'Hagan, 1993; McGee and Wolfe, 1991; McDowell, 1995), intervention with parents can suspend the construct of intent initially and begin with identifying and providing feedback to them about which of the behaviour and attitudes are harmful to their children. In so doing, they are supported with strategies about how to change and modify their emotionally and psychologically abusive behaviour. At issue then is parental willingness to accept the validity of the feedback, their capacity to understand what is required and their ability to implement the changes. Intent and responsibility are integral components of parental responses, not in the past, but to the current prospect of improving the relational environment for their children. Should they be unwilling or unable to make the changes, then the grounds for more intrusive intervention are available.

Intervention with children may also be able to use the dimensions of blame to examine the meaning given to their experiences of emotional and psychological abuse. Using

this frame, opportunities for recovery may emerge in which children can name and challenge self-blame, understand parental motivation to behave abusively and allocate responsibility more accurately to the perpetrators of emotional and psychological abuse.

As recently argued by Sorsoli (2004), the success of such paths of intervention are predicated on consolidating community and stakeholder acceptance for the validity of emotional pain and trauma. The traditions of locating trauma in the physical and corporeal remains an inhibitor to generating narratives which encourage empathy for and engagement with children's emotional and psychological suffering. In a more accepting and believing community of decision-makers, the emotional and psychological abuse of children will more likely be a focus of concern, leading to investments in resources for intervention, research and knowledge building.

■ ***Adult informants believed that definitions of emotional and psychological abuse needed to include a threshold marker.***

First raised by Garbarino et al. (1986), the need to determine a threshold to initiate intervention has been identified a number of times within the literature (O'Regan, 1990; Iwaniec and Herbert, 1999; Glaser, 1993, 2002).

It was also a consistent issue raised in the majority of interviews with adult informants.

As noted by Shull (1999), the issue of threshold is pivotal in casting definitions of emotional and psychological abuse. He argued that definitions which are in particular:

"...act-descriptive and damage-inferring distinguish between abuse and typical family stress in the same way physical abuse is often distinguished from corporal punishment – by resort to a reasonableness threshold...(p. 5)..."

In the interview transcripts analysed as part of this study, it appeared that the construct of a threshold was connected with concepts based on continuums associated with parental behaviour and a framework for identifying the needs and entitlements of children.

In Chapter Five, community and statutory child protection workers appeared to hold the view that a threshold requiring the involvement of the state was said to be reached when parents acted in ways which caused significant and ongoing harm to their

children. For many of the adult informants interviewed, the threshold seemed to be reached at a point along four parallel continuums, each influencing the other.

The first continuum appeared to be about parenting. At the positive end of this continuum, parenting involved nurture, care, affection and developmental sensitivity. At the other end, emotionally and psychologically abusive parenting would involve the active rejection of children, the use of denigration and humiliation as disciplinary strategies, the removal of a sense of relational belonging, and an attack on the integrity of a child's developing sense of self and personal agency.

The second and third continuum involved identifying the physical, emotional, cognitive and relational needs of children and the degree to which parents expressed and enacted their commitment to meeting such needs. Children's needs seemed to be divided into physical and emotional/psychological domains. In the analysis highlighted in section 5.8.3, it appeared that children's physical needs (food, shelter, education, supervision, protection from physical danger) were afforded greater significance than their emotional and psychological needs (security, stimulation, acceptance, affection).

As a result, state intervention was perceived by a number of the adult informants to be easier to initiate when the physical dimension of children's needs were not met. Conversely, a threshold for state intervention seemed more complex when the children's emotional and psychological needs alone were being compromised. This perhaps reflects the episodic orientation of the statutory child protection system which requires some form of crisis to initiate action and is less likely to be prompted as a result of cumulative and chronic harm caused by parents (Allen Consulting, 2003).

The fourth continuum measured the developmental outcomes and identity formation of the child. Here the positive end of the continuum was perceived as the achievement of social, cognitive and relational milestones. At the negative end of the continuum, children experienced trauma, developmental delay and behavioural and emotional difficulties.

A tentative framework for delineating the threshold for intervention with children and families in which emotional and psychological abuse has occurred is diagrammatically represented in Figure 1.

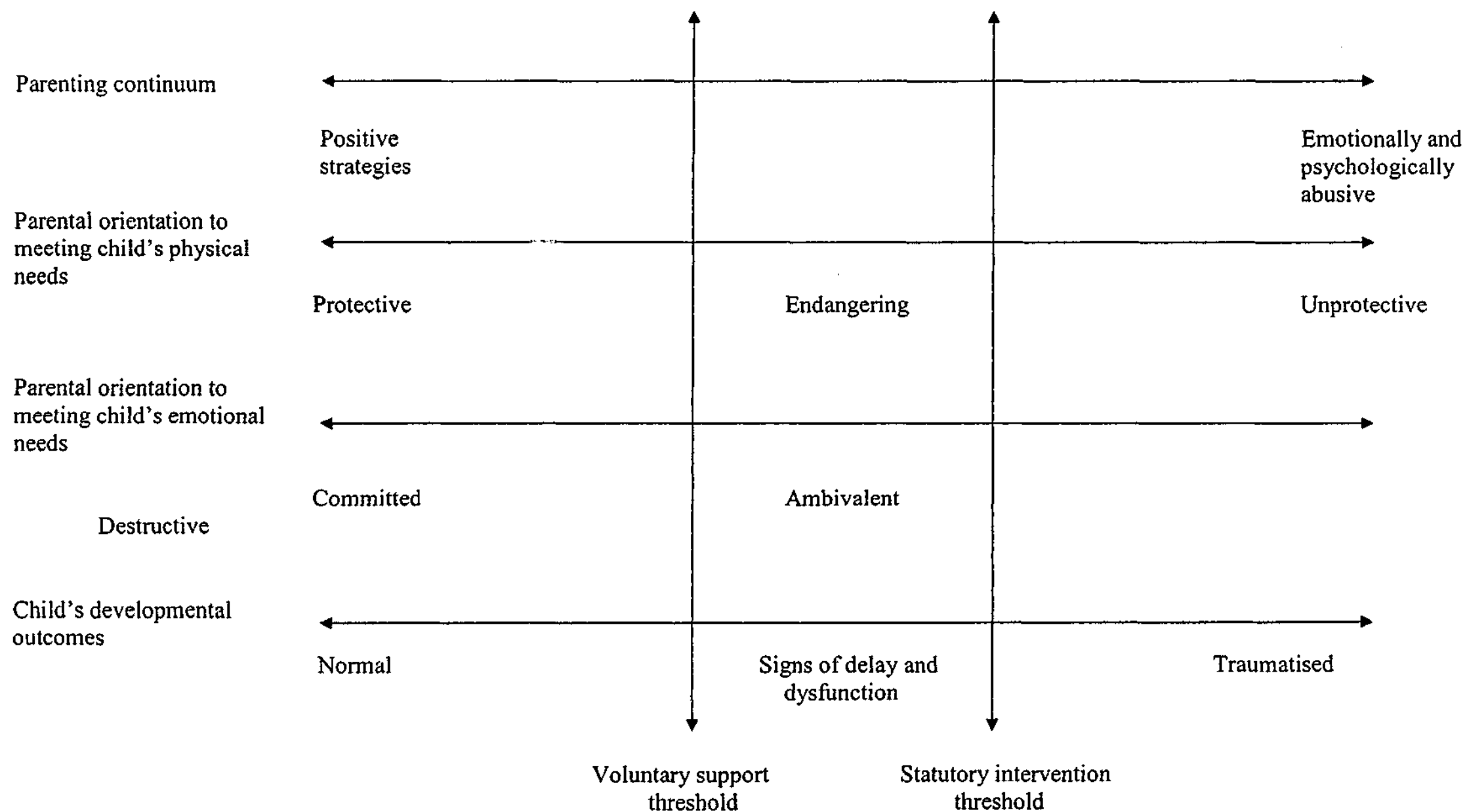
Using a reading of the descriptions of the informants outlined in section 5.8, it appears that there are two thresholds to be considered. The first threshold for statutory child protection intervention appears to be achieved when parents engage in strategies which physically endanger children **and/or** when they demonstrate a high degree of ambivalence to meeting the emotional and psychological needs of children **and** when there are already emerging signs of delay and dysfunction in children.

The second threshold triggering the need for voluntary support services occurs when parents are not endangering the physical safety of their children, when they still show some commitment to meeting the emotional/psychological/relational needs of their children and there are very early signs of developmental delay or difficulties.

The proposed framework is not definitive and relies heavily on the vagaries of interpreting terms such as endangering, ambivalent and commitment. These terms are not used in this context to portray a sense of objectivity and stability in their meanings. Instead, they are offered speculatively as the basis for teasing out what may be prominent constructs relevant to conceptualising the notion of a threshold within definitions of emotional and psychological abuse.

The proposed framework also provides little guidance about the nature of the intervention that should be offered to children and families when these thresholds are reached. Further research is required to examine the effectiveness of different intervention modalities for children who have experienced different forms of emotional and psychological abuse.

Figure 1. Proposing a threshold framework in cases of emotional and psychological abuse



However, this tentative framework does offer a preliminary template for how carers, community professionals and statutory child protection workers believe that decisions involving intervention thresholds are made.

It is also important to note that according to some of the comments made by a number of adult informants, it appears that the intervention thresholds for both voluntary and statutory services may currently be set much closer to the destructive end of the continuum for children. Some community professionals and child protection workers believed that substantial evidence of emotional and psychological abuse is required in order to trigger and maintain statutory intervention.

These high threshold levels are supported by an analysis of the reporting and substantiation rates of cases of emotional and psychological abuse presented in section 2.3.4. It was noted that Tomison and Tucci (1997) had identified a propensity for the state system in Victoria to focus on cases of physical and sexual abuse. In so doing, it aimed to relegate emotional and psychological abuse to the voluntary family support network and reduce the number of reports it claimed to fit within the parameters of the legislation. Similarly, Irwin, Waugh and Wilkinson (2002) found that statutory intervention for cases of emotional and psychological abuse involving domestic violence reported to statutory child protection services in New South Wales were less likely to be investigated, and more likely to be closed or referred elsewhere compared with referrals for other forms of abuse and neglect. These high threshold rates have been also been criticised by the media and community (Tucci, Goddard, Saunders and Stanley, 1999; Szego, 2002; Davies, 2004; Goddard and Tucci, 2003; Nader, 2004).

The individual, community and public policy factors which influence where the threshold for intervention is set in cases of emotional and psychological abuse is an obvious starting point for further research.

- *There appeared to be a preference amongst informants for defining emotional and psychological abuse using its impact as a central construct.*

As already noted, a continuing debate exists in the literature as to whether or not to limit definitions of emotional and psychological abuse to the acts of perpetrators or also include the actual or potential harm caused to children resulting from such abuse or some combination of both (Hart et al., 2002).

In this respect, many of the informants appeared to prefer building their understanding of emotional and psychological abuse around the impact of the abuse on the child rather than the parental or carer behaviour. Children, parents, carers, community professionals and child protection workers all used references to outcomes for children as a way of establishing their definitions of emotional and psychological abuse.

A number of possible explanations can be suggested to understand this theme from the results.

Firstly, it possibly reflects the emphasis of the "harm" oriented model adopted by the Victorian Children and Young Persons Act 1989. As pointed out in the literature review, in this legislation, emotional and psychological abuse is not directly defined. Instead, a child falls under the provisions of the act and is deemed to be in need of protection if:

"...the child has suffered or is likely to suffer emotional or psychological harm of such a kind that the child's emotional or intellectual development is or is likely to be significantly damaged and the child's parents have not protected or are unlikely to protect the child from harm of that type...(p. 65, Children and Young Persons Act, 1989).

The "harm" model does not require the identification of a perpetrator. It also privileges the effects experienced by the child as the means through which the need for protection is determined. It is not surprising therefore that there is reluctance on the part of some community professionals to label parents as responsible for abuse which leads to emotional or psychological harm. It is also not surprising that the impact of emotional and psychological abuse is inextricably included in the definitional proposals made by many of the informants who took part in the study.

Secondly, outcomes are viewed as tangible and concrete measures of emotional and psychological abuse. They are often easier to identify and describe. For example, many of the children in the sample had suffered depression and anxiety. Many demonstrated reactive and challenging behaviours, including suicide attempts, aggression, absconding and serious developmental delay. Consistently, they were identified as finding it difficult to form positive attachments with replacement carers.

Finally, a focus on harm enables the threshold level for intervention to be higher for emotional and psychological abuse. In short, intervention is warranted only for those children for whom the impact can be demonstrably proven to be arising from abuse and the failure of parents to protect.

not examined, they will likely continue to render invisible the experiences and needs of children who are subject to emotional and psychological abuse.

- *The language of emotional and psychological abuse does not appear to reflect the intensity of the experience for children, parents and carers.*

Children, parents and carers who took part in the study appeared to engage with how much hurt was caused by emotional and psychological abuse in their lives. It included characteristics of shame, blame, unfairness, manipulation and a feeling that relationships were destroyed irrevocably. It highlighted the relevance of O'Hagan's (1991, 1993) emphasis on providing a rich and detailed account of the emotional and cognitive domains of children's experiences. Children spoke of humiliation, embarrassment, anger, and mistrust.

They provided a small insight into how the attitudes of parents are mimicked by internal voices that live within them, arguing against their abilities, promoting the view that they are unlovable and unworthy of affection. These voices seem most compelling in their strength and validity.

Some of the parents and carers saw and named the emergence of a pattern of interpreting experiences by children that was shaped by the agenda of the perpetrator of the emotional and psychological abuse. From living with and trying to support children with this degree of violation, they knew that such frameworks needed to be challenged slowly and carefully, often needing to respect the bond between child and parent. They also explained the simple effect of replenishing children with care and nurture through relationships that reinforced different ways to children of feeling and behaving.

In contrast, community professionals and child protection workers used more abstract language to describe the experiences of children who had suffered emotional and psychological abuse. They appeared to only rarely engage with the hurt and pain that children experienced, preferring to respond in the here and now. Whilst they recognised the impact of the abuse on children, their objective was to ensure that legal and statutory outcomes were met. They were likely required to negotiate with parents, other professionals and the courts. It is perhaps not surprising that the hurt and pain experienced by children needed to be transformed in discipline specific language with sufficient rhetorical power to convince what they perceived as less than interested stakeholders.

The way that community professionals talked about their commitment to children and the importance they ascribed to their protection shed some light on the possibility of a deeper sense of connection with the lived experiences of children with whom they worked. They acted as the strongest advocates for children, often feeling the frustration at not being able to communicate effectively enough about the real and detrimental impact of emotional and psychological abuse. However, whilst the suffering of children may have been felt by workers, it rarely emerged in their descriptions of cases.

As noted in the analysis, the current lexicon associated with emotional and psychological abuse seems to fail to capture the intensity of the experiences of children. It serves as a limitation for the capacity of adults to engage with what it really means for children to experience emotional and psychological abuse. It also minimises its legitimacy and seriousness by keeping the toxic effects of such abuse at a safe emotional distance from decision makers and the community as a whole.

■ ***The current definitional elements of emotional and psychological abuse are overcrowded with meaning.***

The deconstructive methodology was particularly effective in highlighting the multiplicity of meanings contained within the terminology used to represent category definitions of emotional and psychological abuse. For example, *abandonment* was used to mean both a child who was temporarily left by his parents to walk home from the local shops and a child whose guardianship was renounced by parents because of a disability in the child. Similarly, *inconsistent care* was used to describe parental actions which exposed children to multiple caregiver relationships as well as examples of parents themselves moving in and out of contact with their child with the expectation that there would be no detrimental impact on the child.

The analysis of the findings suggested that the meaning of the constructs were possibly over-crowded with variations ranging from subtle differences to far reaching tension.

In addition, it was possible to identify a number of as yet un-named constructs which emerged as relevant to informants as they discussed their understanding of emotional and psychological abuse. These constructs included forcing children to minimise the true extent of their abusive experience, making children believe that they are responsible for their abuse, and communicating to children that they are perceived as a burden.

This conclusion is perhaps the most important contribution of the current study. It has acknowledged that there are too few categories to fit the large range of meanings required in order to adequately and accurately describe children's experiences of emotional and psychological abuse. In so doing, it possibly exposes the limitations of the methodological route adopted so far by the literature as it has attempted to define emotional and psychological abuse.

As noted previously, in the mid 1980's, emotional and psychological abuse was argued to be the core component in all forms of child maltreatment (Garbarino et al., 1986; Hart and Brassard, 1987b; Navarre, 1987). There was growing interest in its elevation on international research and policy agendas. These early authors attempted to position the definition of emotional and psychological abuse within a tradition that sought to establish this field of inquiry with the legitimacy that had been garnered for child physical abuse by Kempe's battered child syndrome (Kempe et al., 1962).

It is possible now to trace a prominent legacy from this kind of start to the privileging of a reductionist orientation to building knowledge (Putnam, 1973; Conrad, 1993; Holman, 1993; Andersen, 2001). As the key orientation in the physical sciences, reductionism uses recursive methodologies to build, test and validate theories of understanding of phenomena. Its focus is to drill down and find core rules that have generalisable applications for naturally occurring events. Knowledge builds on and around the core rule, positioning it as the central influence in defining the parameters of research and analysis.

Reductionism in the social sciences and, even recently in the disciplines covering the study of the physical sciences, has been challenged as not reflecting the complexity inherent in the organisation and production of knowledge required to understand experience and behaviour (Chargaff, 1997; Lego, 1997; Mikulecky, 2001; Van Regenmortel, 2001; Castellani, 2002; Inayatullah, 2002).

For example, Mikulecky (2001) has argued that:

"...complexity science has grown out of a general lack of satisfaction with traditional scientific practices and their failure to find a way of capturing anything but a shadow of complex reality...(p.341)".

The search for a unifying conceptual definition of emotional and psychological abuse with a related and limited taxonomy of subcategories in the literature to date reflects a

strong influence of reductionist methodologies. Instead of representing the diversity and intensity of children's experiences of emotional and psychological abuse, research has been content to classify it and contain it.

As an example, the most recent article by Glaser (2002), in which she argues for changes to the classificatory system adopted by the American Psychological Association about emotional and psychological abuse, seems to highlight a preoccupation with rearranging terminology rather than an interest in reviewing the limits imposed by current constructs and definition.

There are clear parallels in this regard with the continued challenges in defining neglect as recently highlighted by Dubowitz, Pitts and Black (2004):

"...It has been difficult to develop a consensus regarding a definition of neglect. Major issues include (a) whether to separate or combine subtypes of neglect; (b) whether to focus on parental omissions in care or children's experiences...; (c) whether to use definitions based on CPS data or alternative measures; and (d) whether to establish categories of 'neglect' and 'no neglect' or to treat the phenomenon as existing on a continuum... (p. 345, Dubowitz et al., 2004)".

Here, Dubowitz et al attempt to grapple with the complexity of the construct of neglect. They move between holding the complexity of meanings inherent in the term or deferring to more simple framework for understanding that seeks to reduce available streams of knowledge into a more manageable unit.

The implications of this reductionist tradition for understanding emotional and psychological abuse has been the restriction of research for the most part to what has already been previously identified. The current findings challenge this position by proposing that the language and the constructs suggested to date require further expansion. It also encourages an open mind to the possibility of new categories of emotional and psychological abuse being identified, described and offered as resources for understanding to relevant stakeholders.

It is a view shared by Inayatullah (2002) when he notes that embracing complexity as the basis for knowledge building:

"...assumes that the novel may emerge in our research. Our research findings must therefore be open ended and ready to be discarded if a new paradigm provides more elegant, informative and explanatory

insights...Complexity also includes emergence, that is, the new can emerge from the old...(p. 298)".

Two examples recently have highlighted the emergence of the possibility that we have yet to uncover the ways through which children can be subject to emotional and psychological abuse.

In what has been a controversial and landmark ruling by the Chief Justice of the Family Court of Australia, a 13 year old girl on a guardianship order to the Victorian Department of Human Services was granted leave to undertake hormonal therapies as the precursor to a sex change operation to become a boy (Spriggs, 2004; Sandor, 2004).

In summarising the description of "Alex's" early childhood experience as depicted in the Family Court judgment, Goddard and Tucci (2004) suggested that her:

"...history is a sad one. Her affectionless mother repeatedly rejected her. Her father had an unusual relationship with her – they slept in the same bed, bathed and showered together. He tried to make her a boy, even teaching her 'to pee like a boy'...(p.14)".

The court accepted a medical diagnosis of gender dysphoria followed by a recommendation for medical treatment. It did so, Goddard and Tucci argued, without virtually any reference to the fact that Alex had been subject to abuse. They went onto propose that Alex had experienced a category of emotional and psychological abuse which they named "gender abuse" as noted in the following excerpt:

"...On the evidence, it is reasonable to describe what happened to Alex as gender abuse: she spent her early years being denied her gender. Alex's mother abandoned her, accusing her of being a 'follower of the devil' who would 'kill' family members...(p.14)".

Martin (1996) drew a parallel conclusion when she described and examined the ways in which homophobic heterosexual parents may contribute to the psychological abuse of their homosexual children, particularly during adolescence, through forcing them to deny and publicly modify their sexual orientation.

Goddard and Tucci's attempts to unravel a complex set of experiences in this case to suggest alternative interpretive elements which are aligned to emotional and psychological abuse further advances the conclusions of this study.

In a second example, Gervis and Dunn (2004) have recently expanded the concept of emotional abuse to take into account the experiences of elite child athletes by their coaches. After interviewing twelve former elite child athletes, the authors noted that each of them reported that the behaviour of their coaches changed and became more negative after they were identified as elite performers. In this context, these children reported that significant adults in their lives humiliated, scapegoated and ignored them in a determined effort to ensure that they "win at all costs". Gervis and Dunn contended that this coaching approach is an institutionalised practice requiring review in order to ensure that alternative strategies are developed which do not expose children to emotional and psychological abuse.

It is important for future research to re-engage with phenomenological models of inquiry to build in an ongoing capacity to extend the catalogue of ways that adults perpetrate acts of emotional and psychological abuse on children.

At the core of such research is a focus on listening to, recording and respecting children's own descriptions and insights about the many subtleties of the messages communicated to them by their parents or carers in relationships which are oppressive and dismissive of their individual rights to emotional, psychological and physical integrity.

8.4 Appreciating the limitations of the current study

There were a number of limitations in the current study. These are listed and examined below:

- There were a number of limitations with the sampling strategy which were imposed by requirements of the statutory child protection authority. Firstly, the sample of cases were identified by child protection workers themselves as being substantiated as emotional and psychological abuse. As a result, it may not have included the widest variety of examples of children's experiences of emotional and psychological abuse. For example, it may not have included those cases as found by Dwyer and Bevan (1991) to have been cases of physical and sexual abuse which had been incorrectly classified as emotional and psychological abuse.

Secondly, the sample size of each grouping of individuals interviewed was small. In particular, there were fewer children, parents and carers who took part in the study compared with the number of community professionals and statutory child

protection workers. As such, the findings which stem from comparisons made between groups have an additional note of caution in their conclusions.

Finally, it was often difficult to know how constrained statutory child protection workers were in talking about their work on specific cases. In a sense, they are constantly aware of public and media criticism of their decisions. As such, they may have felt some tension and hesitation in disclosing their position and understanding of emotional and psychological abuse. The research process, for as much as it attempted to remain neutral to issues of practice, was sometimes viewed as having the potential to reflect poorly on the outcomes of the individual decision making of workers.

- Another limitation of the study was the lack of access provided to the researcher to examine the case files of the children who were nominated for the study. The files would have provided additional data about specific timing and processes of investigating and intervening with notifications of child emotional and psychological abuse. The files would have also provided greater detail in relation to the details and evidence gathered about the daily experiences of children in families in which emotional and psychological abuse occurred.
- It would have been interesting to interview more community professionals who provide therapeutic intervention for children who have experienced abuse. They provide another set of descriptions that may have offered additional insight into the interpretive processes for children as they give meaning to the emotionally and psychologically abusive communication with their parents or carers. Particular relevance would have been interviews with staff from Child and Adolescent Mental Health Services as their focus often is on assessing and responding to children who have experienced abuse related trauma.
- Finally, it is clear that the methodology produced a rich repertoire of themes which could have been explored as part of this thesis. The word limits of the thesis has meant that there are more themes emanating from the transcripts which could have been reviewed but have not. These will be explored further in journal articles.

The implications of this emphasis on outcomes rather than on parental behaviour in the operationalisation of emotional and psychological abuse has a number of significant implications for children.

Children who do not show any demonstrable harm are unlikely to be viewed as having experienced or be at risk of emotional and psychological abuse. They will not be included in official statistics and not be eligible for services. In this context, potential harm has seemingly no place in current definitions being used in practice.

There is the very real possibility that in practice, parental behaviour without concomitant evidence of detrimental effects on children will in and of itself not be classified as abusive. Again official statistics will not include those children as having been emotionally and psychologically abused.

In this frame, it is also unlikely that parents will be held accountable for their behaviour. This message to children is that if the parents are not responsible for their abusive behaviour, then more than likely children are to blame. This kind of message reinforces the ever present narrative that implicates children as the cause of family problems. Goddard (1996) for example criticised early ecological theorists who described children as being able to provoke their own abuse through their behaviour or the additional pressure they placed on parents.

With a propensity to blame children, intervention is more likely to be directed at children in order to "fix" them. Little intervention is likely to be offered to the parents. This scenario was identified as having occurred by a number of community professionals and statutory child protection workers in this study.

This particular finding highlights the potentially serious cost to children of the continued lack of attention to the issue of emotional and psychological abuse. In a very real way, the preceding analysis in this section has provided an initial commentary about a number of the practices which act to minimise the true extent of the problem of emotional and psychological abuse experienced by children. If adequately addressed, a response to these factors may ultimately be at the heart of the development of effective public policy that names emotional and psychological abuse for what it is and examines the resources and services required to prevent it, stop it and support children to recover from it. If they are

8.5 Directions for future research

It is suggested that the analysis undertaken in this study points to an agenda for future research based on expanding the current language and taxonomy of constructs associated with emotional and psychological abuse.

As such, future research should seek the views of the following:

- children about their experiences of emotional and psychological abuse with a specific focus on the how they interpret communication and exchanges with their parents or carers;
- children about the strategies which were helpful in assisting them to understand and recover from the effects of emotional and psychological abuse;
- parents and carers who were identified as perpetrators of emotional and psychological abuse with a focus on what they believed they were communicating to their children, their motivation to do so and the background experiences which contributed to their relational and parenting approach with their children;
- community professionals with a variety of roles with children, including teachers, mental health workers, and doctors about the ways they define and use constructs relevant to understanding child emotional and psychological abuse.

Future research should also continue to explore the issue of threshold in the decision making processes of individuals who work in the child welfare and protection system. As indicated, a fruitful line of inquiry in this respect would be to examine the ways in which community attitudes, public policy and government resourcing interconnect to shape where thresholds for intervention are set for children who are subject to emotional and psychological abuse.

There also needs to be a greater emphasis on exploring questions of intervention to support and protect children who have been subject to emotional and psychological abuse. For example, in the current study, a number of alternative constructs were described that were associated with abandonment. For each, different intervention strategies can be suggested.

For relationship forfeiture – the act by parents of sacrificing their relationship with a child for gain in another relationship area - intervention could focus on providing a therapeutic response to address the factors undermining the relationship climate between child and parent. In these cases, there should be an early evaluation of the extent to which the relationship can be salvaged.

For renunciation – the act of parents relinquishing the care of their child to the state - it is important that an assessment of parental motivation for relinquishing care is elicited. Case plans could include long term placement planning and substitute relationship development as quickly as possible.

It is self-evident that future research needs to further understand the relevance of such categories in practice. If demonstrated to be valid operationally, more attention could be paid to understanding how these concepts might inform the development of intervention pathways that offer guidance decision making by professional stakeholders.

Any future research agenda should approach the study of emotional and psychological abuse as if it were a “work in progress”, suspending attachment to previous definitional elements in order to enable a less restricted approach to knowledge building.

Phenomenological and deconstructionist methodologies will have a number of advantages in contributing a language that is more reflective of the diversity of concepts and descriptions needed to recognise the impact of emotional and psychological abuse on children.

8.6 Conclusion

It is too early in the history of research on emotional and psychological abuse for the task of developing conceptually resourcing definitions to be viewed as complete. Furthermore, the current list of category definitions for emotional and psychological abuse is far from exhaustive.

The field of research on child emotional and psychological abuse appears to have been constrained with the revisiting of the most familiar concepts to the point where their meaning is over-crowded and possibly diminished. There is an overemphasis on too few constructs, reflecting the containment of knowledge rather than an interest in knowledge development.

Emotional and psychological abuse is a pervasive and exceptionally destructive form of child maltreatment. It creates patterns of thought and behaviour in children that undermines the developmental resolution of their identity and disrupts their relational capacity. It is frequently transmitted through language and yet language fails to accurately reflect the intensity of the impact on children.

It is hoped that this thesis highlights a challenge to researchers, practitioners and policy makers. It asks for a commitment to continue to be open to the possibility that there are still more ways that children can and do experience emotional and psychological abuse. In so doing, it requires these stakeholders to engage with the pain that children feel in daily exchanges with their parents or carers.

Inayatullah (2002) noted that the analysis of complex phenomena without reverting to overly simplistic explanations:

"...requires learning about not only things we don't know but things we don't even know we don't know about them...(p. 298)".

To date, definitions of emotional and psychological abuse have captured some but not all of the complexity of experiences of children. They are "works in progress". As Hart (1998) has pointed out:

"...Our lack of effectiveness in understanding and combating child maltreatment is probably substantially due to the tendencies of theorists, researchers and intervenors to reduce it to 'understandable' dimensions and overtly invest themselves in the territories they establish...(p. xix)".

It is imperative that we realise the extent to which our traditions of thinking and inquiry restrict our capacity and willingness to more completely understand the phenomenon of emotional and psychological abuse.

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Appendix A. Case Studies

A summary of each of the 22 cases which form the sample for the study is described in this section. In order to protect the identity of the informants, the names and family structures have been altered. The details of each case study has also been changed.

Each summary reflects accurately the issues experienced by the professionals and families in each case.

The legend for the genograms is defined below.



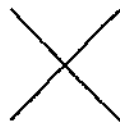
Male



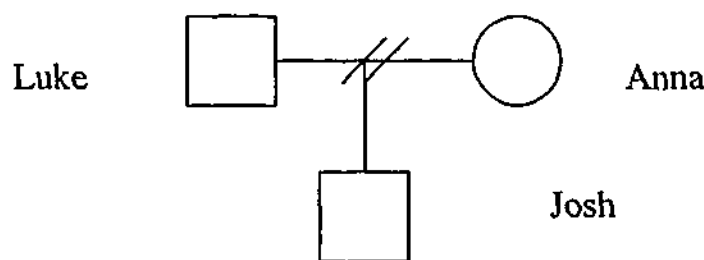
Female



Indicates separation



Indicates death

Case 1.**Josh, 9 years**

DHS received a notification in relation to Josh describing concerns about Anna's escalating mental illness. In particular, she was exposing Josh to her paranoid delusions. As a result, Josh appeared to be caring for his mother and did not seem able or willing to accept any limits she attempted to place on his behaviour. There was open conflict and at times physical violence from both Anna to Josh and vice-versa.

Upon investigation, DHS worker substantiated the notification. They instituted a case plan which included family support services and specialist education program for Josh. In addition, Luke was asked to increase his access with Josh in order to provide a degree of respite to Anna. The case plan included monitoring by DHS for a maximum period of three months.

However, at the end of approximately six months, the support programs continued to raise concerns about the emotional and psychological well-being of Josh in his mother's care. The family support service communicated their decision to DHS that they were no longer willing to support the family unit as it appeared that Anna was not prepared or able to institute any suggested changes to her parenting approach. They believed that Josh continued to be emotionally abused and recommended DHS remove him from his mother's care.

DHS issued a protection application by notice and wanted to recommend at least a Custody Order for Josh. However, given the emotional abuse nature of the case, DHS recommended that a Children's Court Clinic assessment be undertaken to assist with the final shape of the case plan.

The Clinic responded with an assessment that emphasised that further support should be offered to Anna and Josh in order to facilitate a more stable care environment. The Clinic recommended a Supervision Order with a range of additional support services.

The protective worker believed that they had no choice other than to recommend a Supervision Order with Josh remaining in Anna's care. According to the protective worker, the decision to not remove Josh immediately resulted from the chronic nature of the case and the apparent inconsistency this decision would have reflected in Court given that DHS had remained involved with Josh and his mother for an extended period of time.

The recommendation at the time was not supported by the school and the family support service. Anna opposed the recommendation and the Department involvement.

However, after six weeks of the final hearing, DHS breached the Supervision Order and removed Josh from Anna's care. The breach cited that Josh had suffered emotional and psychological harm in his mother's care. Specifically, the protective worker proposed the following reasons for the decision to breach the order:

- The child psychiatrist made a clear recommendation that Josh be removed from his mother's care;
- The education program suspended Josh from attending due to his escalating violent behaviour and Anna's verbal abuse of other children at the school;
- Anna and John were not co-operative with the case plan;
- Anna became threatening and verbally abusive to the protective workers;
- The context of care for Josh was assessed as deteriorating.

DHS recommended a 12 month guardianship order. According to the protective worker, the magistrate made a statement at the beginning of the hearing about his view that DHS had mismanaged the intervention. The psychologist from the Children's Court Clinic who had made the recommendation for original order changed her mind at this time and supported DHS call for a guardianship order.

Importantly, Anna did not oppose the recommendation for Guardianship.

After hearing the evidence, the Magistrate made a guardianship order for 24 months – the maximum length of time for which such an order can be made under the Children and Young Person's Act 1989.

Josh was placed in foster care with a single parent household. The carer, Georgina, had no other children. She had a background in specialist education. According to Georgina, Josh exhibited a number of difficult and anxious behaviours when he first came into her care. The most challenging to Georgina were:

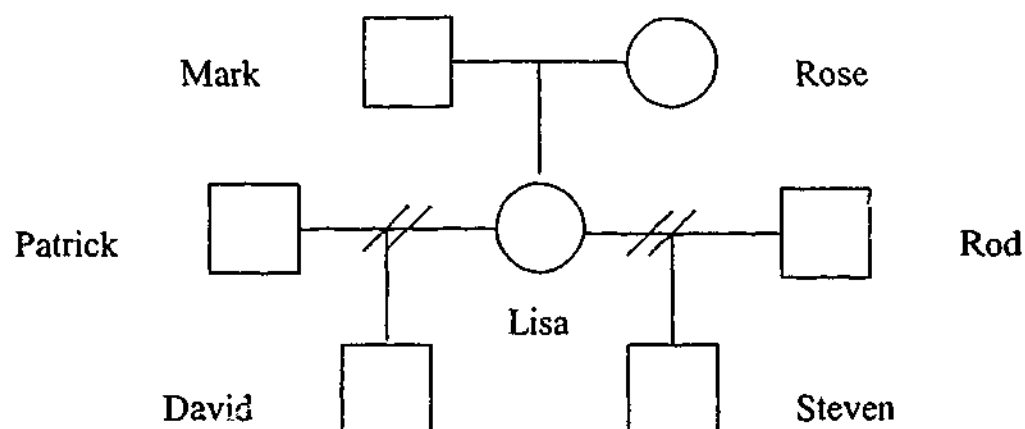
- A constant need for attention and re-assurance about his own capacities;
- Incessant questioning of the rules she set for him;
- A lack of self-confidence;
- A fear about engaging with people he did not know;
- Anxiety about his own death; and,
- Confusion and anger about his experience of his relationship with his mother.

Georgina believed that her most useful response to Josh was her patience in communicating the legitimacy of all of Josh's questions and an attempt to answer as many as she could. She suggested that this approach provided Josh with a framework for understanding his experiences which he appeared to lack. In addition, she persisted with implementing a routine for meals, sleep and self-care.

After 12 months in care, both Georgina and Josh described Josh having settled into his placement and experiencing a "normal" life which included regular attendance at school, a positive and supportive relationship between the two and extension of the network with whom Josh felt comfortable to interact. In addition, Georgina believed that Josh had accepted most of the family rules, he no longer felt the need to ask as many questions and his expressed fear about his own death had decreased substantially.

According to Georgina and the protective worker, the remaining issues were how to structure access between Josh and his father and mother, planning for his long-term care and accessing the resources to therapeutically assist Josh deal with his experience of separation from his mother.

Interviewed: Child, Foster-parent, SOC1, SOC2, SOC4.

Case 2.**David, 7 years**

David was notified to DHS when he was 1 month old. At this stage, Lisa was known to be a heroin and alcohol user. A protection application was issued following a 4 week investigation by DHS and David removed from his mother's care.

He was placed in emergency foster care for a period of 3 months. Over the subsequent 5 years, David was placed on a succession of Supervision and Custody Orders. These included periods of time where his care was shared between Lisa and her parents, Rose and Mark. Lisa and Steven were also placed in a parent-baby intensive support unit for a period of 4 months in order to promote attachment.

In this period, Lisa did not demonstrate that she could be drug-free for longer than 4 months. According to the protective worker, when using drugs, Lisa was not able to prioritise the physical care of David. She frequently left David in the care of others, particularly her mother, Rose for up to one month at a time. During this period, Lisa did not contact Rose to enquire about David's welfare.

Lisa has also been diagnosed with a Borderline Personality Disorder and receives mental health treatment.

At the age of 5, David was kidnapped from his Grandmother's care by Lisa and Patrick for a period of four weeks. During this time, Lisa and Patrick continued to use drugs heavily. They were eventually captured in New South Wales and David returned to Rose's custody. At this stage, DHS issued a protection application which was proven. David was placed on a 2 year Guardianship Order. He was formally placed in the care of Rose and Mark, where he has continued to reside.

Since then, Lisa commenced and separated from second relationship with Rod. She gave birth to Steven, who is 18 months old. Steven was removed from Lisa's care after 3 months due to Lisa demonstrating similar behaviour and parenting approach as she did with David. Steven was placed on a Guardianship Order and resides in foster care.

The protective worker and Grandmother described Lisa as inconsistently demanding the return of both children to her care. Whilst initially agreeing to drug-testing, rehabilitation and therapy, Lisa has repeatedly shown that she cannot maintain a commitment to achieving a more positive life-style which would be supportive of her care of her children. She has acted aggressively to both protective workers and her extended family.

Rose reported a number of behavioural difficulties experienced by David whilst in her care.

Most notably were:

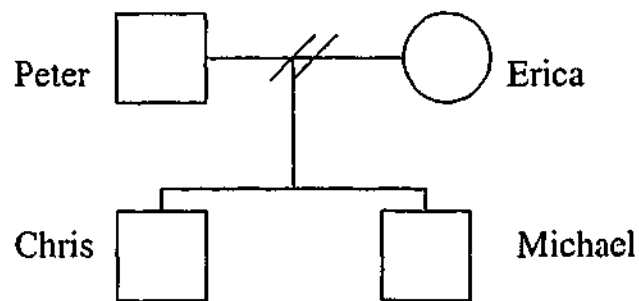
- Nightmares;
- Fecal smearing;
- Constant distress;
- Destructive behaviour, particularly after access with his mother.

Rose has benefited from the support offered to her by a consultant child psychiatrist who has been involved with David. He has centred on providing behaviour management advice and explaining to Rose and Mark the developmental consequences of David's experience of rejection and separation from Lisa.

The protective worker has raised a number of questions as to Lisa's true commitment to assuming the care of David and Steven.

There is no case-plan for family re-unification for David. DHS were discussing the option of permanent care with Rose and Mark. The case-plan for Steven continues to include the possibility of family re-unification. However, with Lisa's continued drug taking behaviour, the protective worker is of the opinion that a permanent care option for Steven will also be sought.

Interviewed: Child, Grandparents, SOC2, SOC3, SOC4.

Case 3.**Chris, 11 years**

Chris had a history of 5 separate notifications dating back to the age of 6 years. The first involved a short term intervention from DHS due to physical neglect leading to Chris having lice and hygiene problems. Subsequent notifications consisted of reports

- from Erica that Chris was being physically violent towards her;
- from neighbours that Chris was seen repeatedly walking unsupervised late at night near a main road and shopping precinct; and,
- that Chris was again noticed to be neglected and suffering from poor hygiene.

The protective worker stated that her involvement was predicated upon previous assessments that Erica was resistant to support from DHS or any other support service. In their first meeting, the protective worker described Erica only wanting to focus on Chris as the source of difficulty for the problem. She requested that therapeutic support be given to Chris in order to help him modify his aggressive behaviour and encourage him to not wander out of home late at night.

Erica had referred Chris for specialist psychiatric input about his aggression and encopresis. Erica reported to the protective worker that she had stopped attending when they had asked her to become directly involved in the therapy sessions with Chris.

According to the protective worker, Erica failed to notice any developmental delay in Chris and had not taken any steps to secure specialist educational intervention to assist him with his learning ability. Indeed, Chris had missed more than 40% of the scholastic year without any valid reason.

After 2 months of involvement by DHS, a Protection Application was issued by notice on the grounds that Chris had suffered harm from physical and emotional abuse and that his parent was unwilling or unable to protect him from such harm. This corresponded to Section 65 (d) and (e) of the Children and Young Persons Act 1989.

Erica initially endorsed the Protection Application, believing that this was to be the avenue through which Chris would receive the support he required to help him address his behaviour. However, she withdrew her consent for the court action when she read the court report and believed that the reasons state for the protection application reflected her as a "bad" mother.

After preparing for a contested application for a period of 2 months, Erica contacted the protective worker and requested that she be relinquished of the care of both children. According to the protective worker, Erica stated that "she wasn't meant to be a mother, and that after looking after her children for some time now, she had decided to look after her own needs first".

Within one week of this contact, both Chris and Michael were placed on Guardianship orders for 12 months.

Chris and Michael were placed in a foster-care placement. However, after a period of three months, Chris was moved to a family group home due to his escalating conflict with his brother.

According to the Family Group Home Co-ordinator, the major problem with Chris from the onset of the placement was that he expected others to assist him with all components of his self-care, including washing, dressing and eating. It was the carer's opinion that Chris had relied almost exclusively on his brothers support to look after himself. There was a high degree of distress from Chris in the early days of the placement when the carer would not organise for Michael to come to help Chris.

In addition, Chris appeared to repeatedly accept responsibility for his mother's behaviour and attitude towards him. According to both protective worker and carer, Chris was quick to blame himself for any difficulties he experienced in his interaction with his mother. This was particularly true when Erica failed to match expectations that she had set in relation to access with Chris.

Both protective worker and carer reported that Erica more frequently missed or changed access with Chris than with Michael.

Chris also exhibited the following difficulties in his new accommodation:

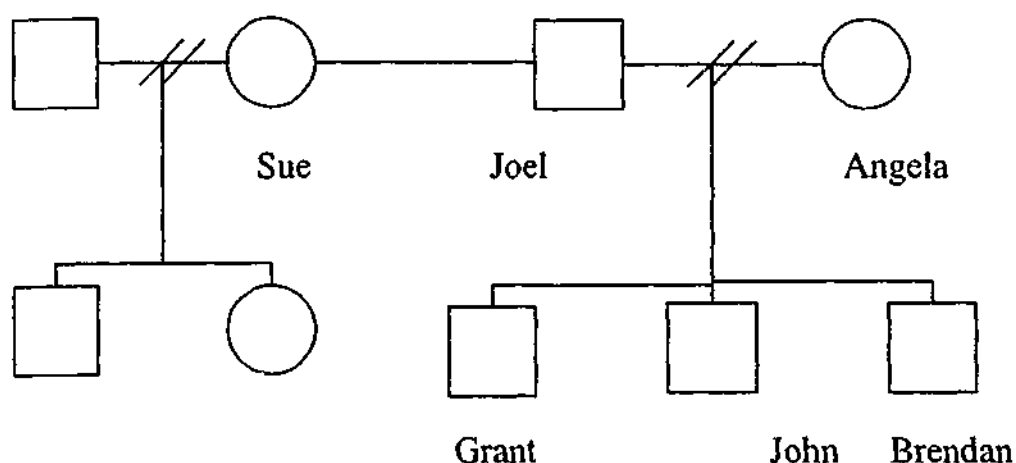
- he did not accept the limits and rules of the household;
- he did not appear to learn from feedback given to him in relation to his behaviour;
- he was not able to control his bowel movements during his sleep - as a result they had already had to replace two mattresses in six months;
- he exposed himself to risk in the early months of the placement by leaving his room at night through the window; and,
- he had a fascination with opening electrical equipment and increased the possibility of electrocution because he did not follow instructions of the carers to refrain from such behaviour.

The ongoing issues for Chris at the time of his participation in the interview were:

- his continual request to return home to his mother's care;
- uncertainty about the viability of family re-unification;
- stabilising access with his mother and brother;
- attempting to increase the sense of belonging Chris has with current carers;
- ongoing problems with fecal smearing and encopresis;
- finding the resources to address his developmental delay; and,
- effectively preventing Chris from leaving the house at night.

Interviewed: Child, Carer, SOC2, SOC3, SOC4.

Case 4. Brendan, 14 years



Brendan is the youngest of three children. At the age of 11, Angela organised for Joel to resume custody of Brendan after she had experience increasing difficulty in managing his behaviour. According to Angela, Brendan was constantly challenging of her, engaging in verbally abusive behaviour towards her and at times had threatened to physically hurt her. He also stole from her and engaged in shoplifting of minor items from the local shopping precinct.

During the same time, Brendan was fighting with his two older brothers which had resulted in destruction of furniture and walls at home as well as some injuries to Brendan.

In his father's care, Brendan would not accept the rules of the family and was argumentative with both Sue and Joel. In particular, Brendan fought regularly with his father about his failure to attend school.

Both Joel and Angela had used physical discipline to respond to Brendan's behaviour. This included the use of the wooden spoon and a leather belt.

Following one such incident, Joel threatened to stab Brendan with a knife. In response, Brendan contacted DHS and reported the threat. DHS made an immediate visit and issued a protection application and removed him from his father's care.

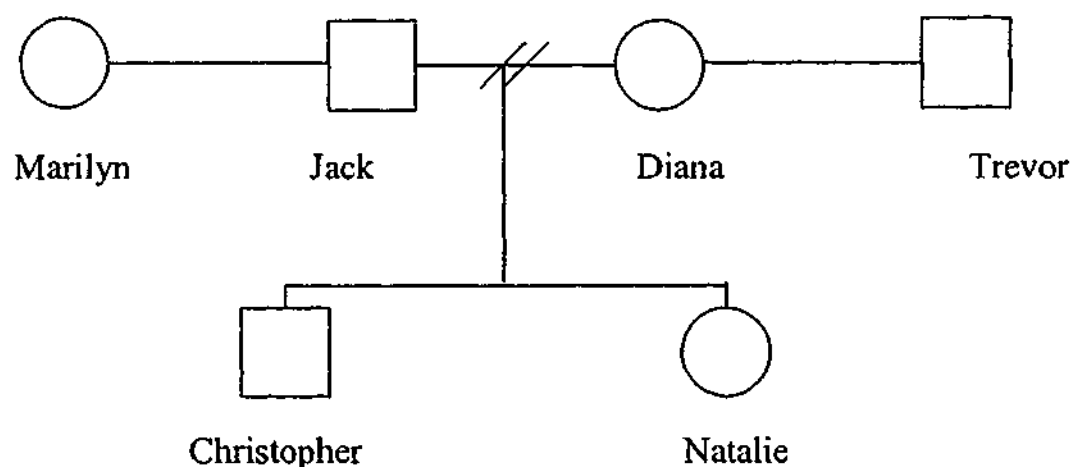
According the protective worker, Angela had refused to resume any care of Brendan, believing that there had been no changes in Brendan's behaviour. The worker described Angela as scapegoating Brendan, identifying him as the instigator of many of the family conflicts. She stated that she would only want Brendan returned to her care when there had been sufficient change in his attitude towards her and his siblings.

He was placed on a Custody Order and directed to reside in a Family Group Home for a period 18 months. The case plan was to support Angela to resume care of Brendan.

DHS referred the case to the Intensive Family Support Program to identify clear re-unification goals and work to achieve them. The most important of which, according to Brendan and Angela was Brendan's acknowledgement of his patterns of relating with his siblings and his mother. This support enabled Angela to feel more confident about parenting Brendan. Brendan was returned to Angela after spending 18 months in the custody of DHS.

Interviewed: Young person, Parent, SOC2, SOC3, SOC4 .

Case 5. Christopher, 13 years



Christopher was first notified at the age of 9 when Diana had taken him to the local police to have him warned as a result of him stealing some change from her purse. The investigation and subsequent intervention over a period of 4 months substantiated that Christopher was being scapegoated and verbally abused at home. DHS ceased their involvement after having stabilised the family conflict and encouraging the family to attend counselling.

Some six months later DHS accepted a second notification as a result of Christopher having made a suicide attempt. Upon investigation, the protective worker found that Diana and Trevor's scapegoating of Christopher has increased dramatically. Diana and Trevor had decided to relinquish their care of Christopher due to his ongoing stealing and answering back at home.

Christopher had gone to live with Jack and Marilyn. However, they also identified Christopher's behaviour and aggressive attitude as a significant problem. They had attempted to send him back to Diana and Trevor's care. They, in turn, had refused. It was at this stage that Christopher had attempted suicide.

DHS negotiated for Christopher to be placed voluntarily in a short term residential unit whilst they developed a case plan which attempted to resolve the parents' concerns and return him to one or the other's care.

The protective worker described that over a period of 6 months, no substantial change was evident in both sets of parents' attitude towards Christopher. Her assessment was that the parents continued to be rejecting and scapegoating of Christopher. The worker formed the view that Christopher remained at risk of suicide, given the negative emotional environment continued despite attempts at change.

A protection application was issued on the grounds that Christopher had suffered both physical and emotional abuse. The protection application was proven and Christopher placed on a Custody Order. He has remained on this similar order for the past 2 years.

Christopher was maintained in the same placement in which he had developed a positive relationship with the carer. In the placement, Christopher demonstrated a number of difficult behaviours including:

- a lack of emotional connection with peers or adults;
- verbal aggression towards support workers;
- destructiveness of household items; and,
- lack of motivation to attend school.

The protective worker believed that Christopher continues to crave some sort of positive relationship with his mother, in particular. However, he is constantly rejected by her in ways that end up with him feeling responsible for the rejection.

In the interview with Diana and Trevor, they expressed a great deal of frustration at interactions with DHS which left them feeling like they were "bad parents". They believed that DHS were totally aligned with Christopher's view of the events and failed to see how they had attempted to change Christopher's behaviour in the hope that he may have returned to their care.

They felt constantly misunderstood by the range of workers who were supporting Christopher. Their focus throughout the interview was on their view that DHS had failed to define for them exactly how their approach towards Christopher was abusive.

They did not believe that Christopher would ever return to their care given his continued behavioural difficulties. However, they remained positive that they would be able to establish some ongoing relationship with him.

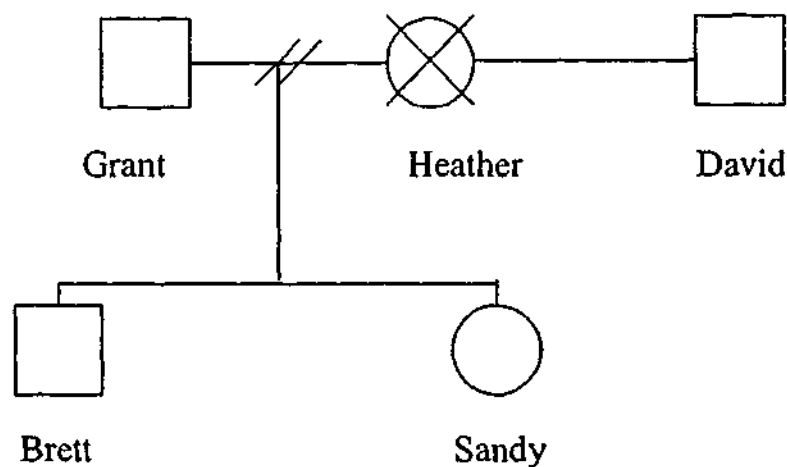
In his interview, Christopher was extremely expressive about his sense that he had been discarded from his place within his family. He described at least 4 separate incidents of physical abuse by Jack, Diana and Trevor. These were always accompanied by him being thrown out of the house and asked to go to the care of the other parent.

Christopher expressed positive feedback about his involvement with protective worker and support workers. He believed that he would not return home ever. He was happy his current care arrangements and appreciated the opportunity to get to know his carer on a long term basis.

Interviewed: Young person, Parent, Youth Support Worker, SOC2, SOC3, SOC4.

Case 6.

Brett, 9 years and Sandy, 6 years



DHS received their first notification for Brett and Sandy when they were 8 and 5 respectively. The allegations included that

- David had sexually abused Sandy;
- Heather abused amphetamines and alcohol, leaving the children without adequate supervision.

A protection application was issued and proven immediately. The children were placed on an Interim Protection Order with the condition that they remain in their mother's care and David to have no access to children.

The subsequently allocated protective worker could not locate the children after the order had been issued due to their eviction from their previous accommodation. The worker received a subsequent report that Heather had allowed David to continue to visit the family. In the interim period in which the protective worker tried to contact the family, the children witnessed David stab Heather to the neck. They escaped the house and managed to contact the police. Heather subsequently died in hospital as a result of her wounds.

Brett and Sandy were placed in the care of a family friend, Simone, who had had ongoing contact with the children throughout their lives. She has continued to care for them. Brett and Sandy have been placed on Guardianship Orders.

In the interview with Simone, she spoke of her history of concerns for the children as a result of Heather's drug addiction. Heather had asked Simone to care for the children for periods of three months at a time without contact during that time. On each occasion, Simone was not sure of the process of how best to help the children without interfering in Heather's rights as a parent. This acted to prevent her from contacting child protection.

Simone described the challenges which faced her and the children following Heather's death.

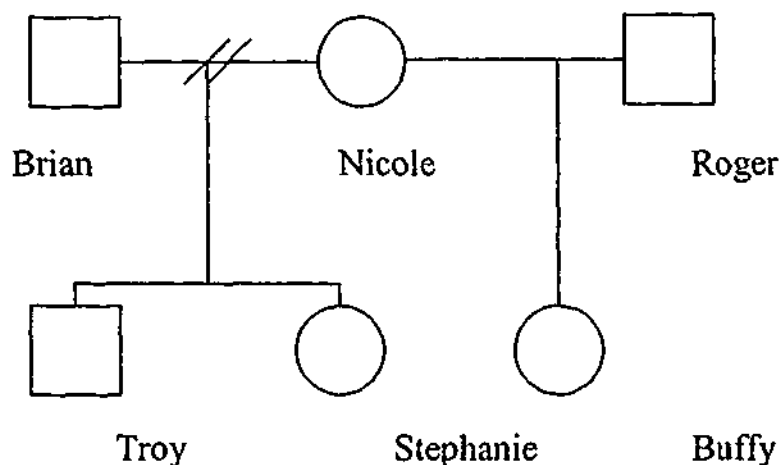
Sandy did not communicate verbally for over six months. She has difficulty eating and appears constantly distressed at meal times. She is fearful of strange adults, particularly men. She is very close to her brother and found it difficult to separate from him in even small ways.

Brett acted out destructively for the first three months, but has settled positively into relationship with Simone. His major focus has been his motivation to exact some revenge on David. He has also required a great deal of preparation to give evidence in David's trial for murder.

Simone believes that she has received most support from the police and the children's therapist. In particular, she found his capacity to explain the children's behaviour in relation to their experiences most important part of therapy.

DHS are in the process of applying for a permanent care order for the children to reside with Simone.

Interviewed: Extended Family Member, SOC2, SOC3, SOC4.

Case 7.**Stephanie, 10 years**

Troy (12) and Stephanie (10) have been on a Guardianship Order with DHS for a period of 4 years. Buffy (5) was removed from Nicole's care at the age of two. The concerns for the children's care with Nicole was her diagnosis of a borderline personality disorder. She had attempted suicide in front of the children on 8 separate occasions.

A number of supports had been offered to Nicole to stabilise her ability to care for the children over a period of two years. This included respite foster care, psychiatric counselling, intensive family support services. However, these services did not appear to effect any change in Nicole's mental stability. She continued to express strong suicidal ideation with sporadic suicide attempts.

As a result of this environment, the children had developed entrenched behavioural difficulties. Stephanie, in particular, demonstrated extended periods of rage and destructiveness which lasted between 1 – 3 hours at a time. These continued after Stephanie and Troy were placed in foster care.

The foster parent, Melanie, was extremely experienced in caring for children with behavioural difficulties. However, in her interview, she described the children's behaviour as the challenging and destructive she had ever witnessed. They were physically abusive toward each other to the point where both Troy and Stephanie had required medical attention for injuries inflicted on each other. Troy had also demonstrated sexually inappropriate behaviour with Stephanie.

After 12 months of joint placement, the protective worker and foster care worker made the decision to place Troy separately to Stephanie.

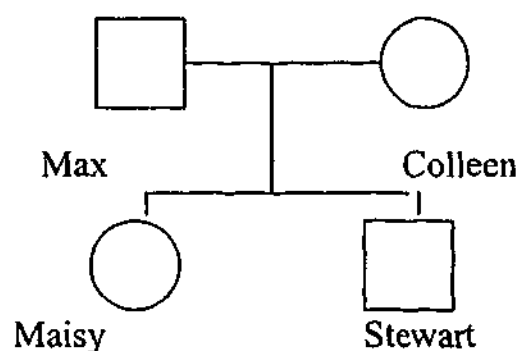
Stephanie remained in the care of Melanie. Melanie described Stephanie's rages as overwhelming and incomprehensible. The rages were exacerbated by access with Nicole. The strategy which seemed to work was to move Stephanie to her room and sit there whilst she would scream, cry and throw items around. Melanie had removed all objects which might have caused any personal injury.

After 18 months, these rages subsided. Stephanie's behaviour has settled. DHS are moving towards obtaining permanent care orders for all three children and limiting their access to Nicole. Nicole fluctuates between wanting them returned to her and acknowledging her inability to provide them with stable and consistent care.

Interviewed: Child, Foster-parent, Fostercare Worker, SOC2, SOC3, SOC4.

Case 8.

Stewart, 14 years



Stewart was placed on a Guardianship Order at the age of 9 as a result of his parents decision to relinquish his care to the DHS. Stewart is autistic and at the beginning of his involvement in the child protection system was not communicative.

According to the protective worker, Max and Colleen reacted negatively to Stewart's condition and special needs. They attempted to treat him like they had engaged with Maisy (18) during her development. They were unwilling to organise or follow through with treatment options offered to them for Stewart. They increasingly isolated him from their extended family network, claiming to be embarrassed about his behaviour in public.

At this point, Max and Colleen contacted DHS and asked to be relinquished of his care.

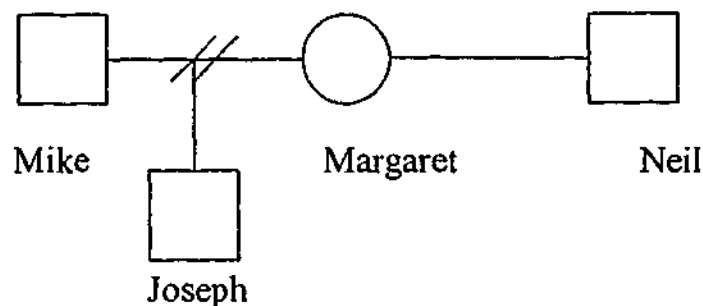
In care, Stewart's behaviour made it difficult to obtain an appropriate foster placement for him, despite his young age. He was placed in a family group home. His behaviour initially prompted three changes of carer in the space of 12 months. However, the new carer, Dorothy, appointed to look after him, has managed to develop a positive relationship with Stewart.

With a background in special education, Dorothy used a range of strategies to encourage Stewart to communicate and shape the more difficult aspects of his behaviour.

There is monthly weekend access between Stewart and his family. However, it is evident that Stewart is not stimulated during these times. He is unresponsive and extremely energetic upon his return from access.

Stewart will remain in care of DHS until he is 18. Plans for ongoing support are currently being developed.

Interviewed: Carer, SOC2, SOC3, SOC4.

Case 9.**Joseph, 11 years**

Joseph was placed on a Guardianship Order at the age of 2 years. At this time, Margaret was diagnosed with schizophrenia. Her mental illness was so severe that she was not able to provide basic physical care for Joseph. The report stated that Joseph had also left unsupervised for periods of time. Margaret also left him in the care of a number of her friends for up to a month without contact.

In addition, Mike was found to have been physically abusive towards Margaret. Joseph was exposed to consistent violence from Michael to Margaret.

Joseph has been in care for the past 7 years. Three separate attempts have been made to re-unify Joseph with Margaret. These have been prompted by periods where Margaret's condition was stabilised by medication. However, on each occasion, Margaret's mental state deteriorated substantially with the added pressure of having to care for Joseph.

Joseph has experienced each of these failures as additional rejections by Margaret. Joseph's behaviour became very difficult to manage after each occasion. The protective worker attributed the breakdown of four placements to the problems experienced by foster parents as a result of Joseph's behaviour.

According to his current carer, Joseph's reaction to the most recent attempt reflected the distress with which he felt let down by his mother. He engaged in verbally aggressive behaviour towards the carers and other children in the household. He also destroyed most of the items in his bedroom, including a bed and cupboard. This behaviour appeared to last about one month following his return to care.

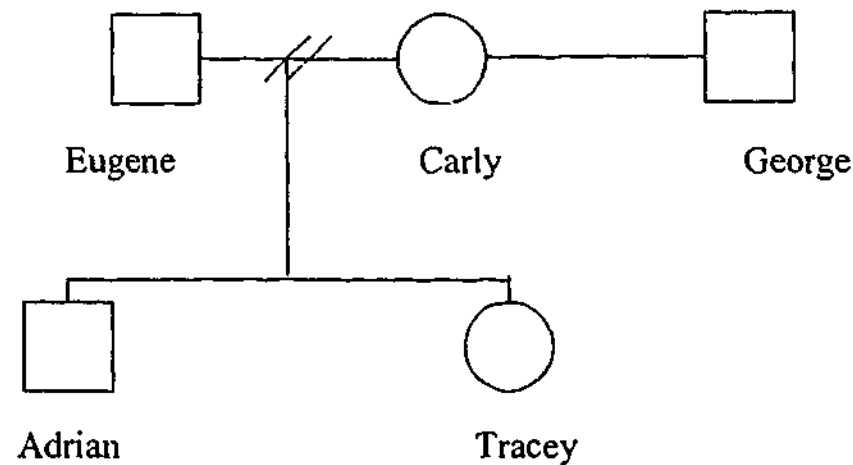
Mike has refused to have any contact with Joseph, having separated from Margaret soon after Joseph's placement in Departmental care.

According to the protective worker, the failed attempts at re-unification were required because Joseph had continued to express a desire to return to his mother's care. In this context, DHS believed it important to facilitate such contact. His carer described his current concerns for Joseph as:

- continued uncertainty about Joseph's future care;
- his lack of sense of belonging to a family;
- the endless litany of questions about his mother's mental illness.

There are no plans to attempt any future re-unification between Joseph and Margaret. However, it is unclear whether DHS will seek to stabilise his care using a Permanent Care Order.

Interviewed: Carer, SOC3, SOC4.

Case 10.**Adrian, 9 years**

Adrian was placed on a Guardianship order at the age of two years. At this time, Carly was described as abusing alcohol and leading an extremely chaotic lifestyle. She was found to have left Adrian unsupervised and in the care of multiple people. She was recorded to have had Adrian in respite placements on eight separate occasions in a period of six months.

The protection application was issued and proven following an incident where Carly was found to have caused a motor vehicle with Adrian in the car as a result of driving whilst under the influence of alcohol. Adrian was injured and required hospitalisation.

In addition, whilst recovering from the accident, Eugene was charged for hitting Carly with a hammer, which caused her injuries requiring hospitalisation. DHS were concerned about Adrian's physical safety and his emotional development.

Whilst in hospital, nursing staff described Adrian as an extremely distressed child who cried every time that Carly approached him. He also bit, scratched, kicked and hit staff.

At this time, Carly was also required to attend a detoxification unit for alcohol and drug addiction.

Carly did not oppose the final recommendation for Guardianship by DHS.

Adrian was cared for by the same foster-parents for a period of 5 years at which time he was returned to the care of Carly. Carly had moved interstate, met and married George and appeared to have stabilised her lifestyle.

According to Adrian's current carer, the decision to return Adrian to Carly's care by DHS was not planned and facilitated by the difficulties in maintaining a positive care environment for Adrian. The foster-parents had separated and Adrian had gone to live with the foster mother. Adrian experienced additional rejection from the loss of the foster-father. Indeed, he believed that he was responsible for the marriage break-up.

According to the protective worker, Carly has maintained that Adrian was a normal child before being placed in care. However, as a result of negative care experiences, Adrian developed Attention Deficit Disorder. She believed that Adrian's behaviour deteriorated significantly. After two years in the care of his mother and step-father, George, Adrian was returned to the care of DHS by Carly.

After having placed Adrian on a plane bound for Melbourne, Carly contacted DHS and informed them that she was no longer willing to care for Adrian.

Adrian was subsequently put on a Guardianship Order and placed in a residential unit.

In the 12 months that Adrian had been in the residential unit, the carer described how he

- had broken 22 windows – 11 on the one day;
- urinated into power points such that additional circuit breakers were forced to be installed;
- would use pens, pencils, knives to cut into his arms and body;
- smeared faeces on bedroom walls and into cupboards;
- destroyed shower screens and bedroom walls;
- had assaulted a teacher for which he was expelled from his school;
- plotted revenge against other children in the household.

Adrian has been diagnosed with conduct disorder and attachment disorder and receives regular psychiatric treatment, including medication.

According to the carer, the behaviour escalated dramatically following access with his mother and step-father.

Both the protective worker and carer described implementing strategies which attempted to set and maintain consistent support structures and limits. However, these were undermined by Carly, who would secretly communicate with Adrian via notes through his window late at night about the validity of the house rules.

Carly constantly argued that she wanted Adrian home. However, on 2 separate occasions during weekend access, she had left Adrian to return to his residential unit on his own after an incident in which Adrian had verbally abused and threatened her.

With George's support, Carly opposed the application by DHS to extend the Guardianship Order. DHS believed that any future contact between Adrian and Carly would be to the detriment of Adrian. This recommendation was supported by Consultant Child Psychiatrist and a number of support services involved with Adrian.

The outcome of the hearing was unusual in that it defined an untraditional role for DHS and the Children's Court Clinic. The magistrate found that the protective worker and the carer were biased against the parents. As such, the supporting evidence from community professionals was equally biased and did not represent accurately the changes which had been made by Carly and George, nor their commitment to caring for Adrian.

The magistrate ordered that DHS have no further involvement with Adrian or his family. She requested that the Children's Court Clinic supervise the re-unification process. She held the matter part heard so that Adrian's return to his mother's care could be facilitated. When this had occurred, the magistrate indicated that she would dismiss the extension of the Guardianship Order and permit Adrian to return inter-state with Carly and George.

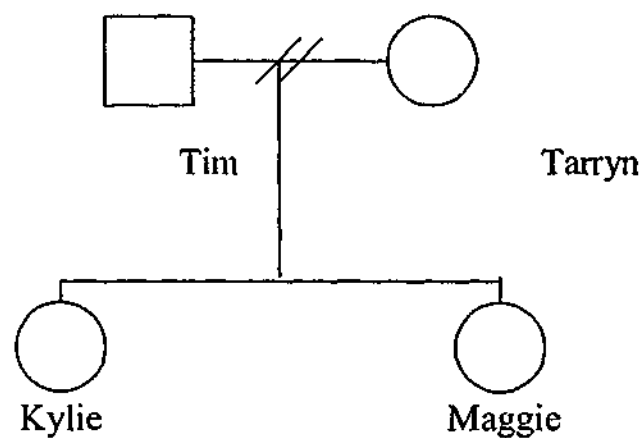
In the interview, the protective worker expressed her sense of outrage at the order and could not fathom how the magistrate had arrived at her decision. She made the observation that the magistrate had reflected a strongly held value about the rights of parents and the importance of family life to children. The decision served to confirm this framework.

In handing down her decision, the magistrate made special reference to the fact that the child protection system had failed to deliver stable and supportive care for Adrian. This was reflected in his continuing behavioural and emotional problems. She did not believe that the departmental care would be more effective than the care proposed by Carly and George.

Interviewed: Carer, SOC2, SOC3, SOC4.

Case 11.

Kylie, 9 years and Maggie, 6 years



Kylie and Maggie were placed on Guardianship Orders at the ages of 5 and 2 years respectively.

Tarryn suffered a psychotic episode, following which she was unable to care for the children. Tim had separated from Tarryn leading up to the onset of her mental illness and had moved to a regional town. He severed all ties with the children and Tarryn. Tim had a history of violence towards Tarryn.

Kylie and Maggie were placed in separate foster-placements as there were none available at the time which would accommodate them together.

After 12 months, Kylie came to live with Maggie. The foster-parents described Kylie as a difficult child who refused to trust them. She used meal times as an opportunity to test the foster-parents limits. As a result, her weight became a significant source of concern for her carers. Kylie also appeared to find it difficult to engage positively with the foster-parents, acting timidly and withdrawn for the length of the placement.

Maggie responded to Kylie joining her by regressing and relying on Kylie to care for her. She acted increasingly helpless and reverted to communicating with baby language.

The foster parents agreed to an inpatient admission at a family psychiatric unit. This process enabled them to better understand the children's behaviour and responses. They became convinced that the success of the placement was conditional on Kylie's commitment to them and their relationship.

At the time of the interview, the foster-parents had attempted to assist Kylie to feel at home and secure in their relationship. Kylie had responded by questioning even more whether she wanted to remain in their care.

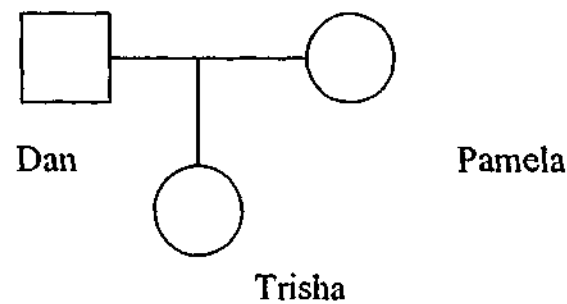
The foster-parents and foster-care worker both agreed that the children's early experience of rejection by Tim and Tarryn has made it more difficult for them to develop a secure attachment with the foster-parents.

Access with Tarryn has been decreased to twice per year. The foster-parents are willing to support an application for permanent care if Maggie and Kylie express a similar commitment to them.

Interviewed: Foster-parents, Fostercare Worker, SOC3, SOC4.

Case 12.

Trisha, 16 years



Trish was placed in care at the age of 6 months. She has a substantial intellectual disability.

The reason for entering care on a Guardianship Order was that her mother was intellectually disabled, and as a result could not meet the physical or emotional needs of her daughter.

Trisha was placed in a residential unit until she was 5. As part of a special needs foster placement program, supportive foster-parents willing to care were found.

Trisha has resided in this placement for the past 11 years.

The foster-parent described Trisha's behaviour as stable as long as clear routines are adhered to and communicative when supported to do so. The major difficulty in the early stages of the placement was Trisha's obsessive behaviours. In particular, she tore material and newspapers. This behaviour subsided over a period of 12 months with reinforcement of limits.

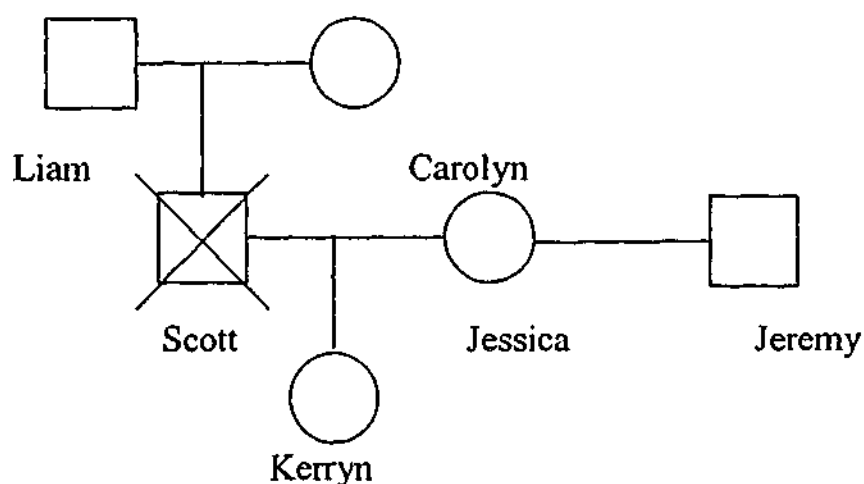
The most important contribution made by the foster-parents have been their ongoing commitment to providing stable and consistent care to Trisha.

The case-plan centres on supporting the placement and Trisha's transition into adulthood.

Interviewed: Foster-parent, SOC4.

Case 13.

Kerryn, 7 years



DHS issued a protection application for Kerryn when she was 3 years of age. This followed an incident in which Jessica had left Kerryn in a car in a shopping strip for over 2 hours. Kerryn was noticed by a local shop-keeper who called the police.

Kerryn was placed in the care of her paternal grand-parents, Carolyn and Liam. They had cared for Kerryn routinely in the period leading to the Children's Court action.

The assessment by DHS found that Jessica was a chronic heroin user, with a history of not prioritising the needs of Kerryn. According to Carolyn, Jessica's drug use escalated dramatically after Scott's death in a car accident. This occurred whilst Jessica was pregnant with Kerryn. Carolyn believes that she made over 50 calls to child protection and the police immediately following Kerryn's birth because of her concerns for Kerryn's safety.

Carolyn was called regularly by Jessica in the middle of the night to come and take Kerryn to her place because Jessica wanted to go out. She did not provide basic care for Kerryn with concerns raised by welfare professionals that she was not putting on sufficient weight.

According to Kerryn, she remembers her mother's drug use and incidents where she was left alone with strangers. At these times, she felt extremely frightened.

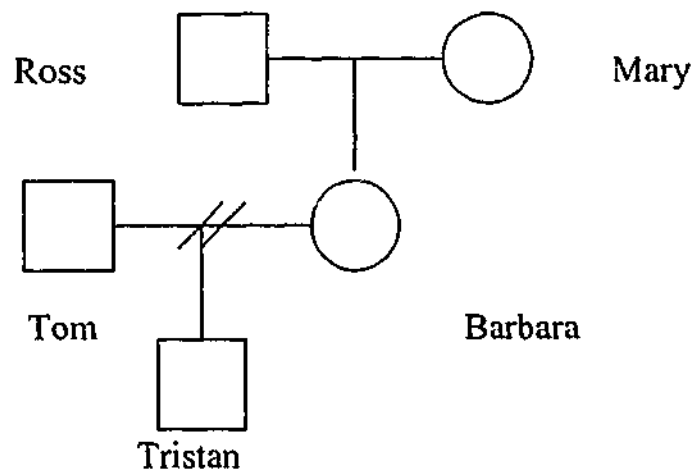
After a 12 month period on a Custody order where DHS attempted to unsuccessfully support Jessica to withdraw from heroin, a guardianship order was granted in relation to Kerryn. This order has been extended on 2 additional occasions.

Kerryn, Carolyn and the protective worker described a strong and positive bond between Kerryn and her grand-mother. Kerryn has not shown any difficult behaviours and is settled at school with a positive peer group.

Carolyn's only observation is that Kerryn requires clearly demonstrable signs of her commitment and affection towards her. Typically, she asks for material evidence, including CD's, videos and clothes. On the occasions that Carolyn has attempted to limit these requests, Kerryn's behaviour has deteriorated. She became more challenging and seemed intent on rejecting any alternative signs of affection from Carolyn.

The issue remains as to the long-term care of Kerryn. At the time of the interview, DHS were preparing an application for a permanent care order with Kerryn residing with Carolyn. This application may be contested by Jessica, who has continued to maintain a view that she wants Kerryn returned to her care.

Interviewed: Child, Grandmother, SOC2, SOC3, SOC4.

Case 14.**Tristan, 12 years**

Tristan was placed on a Guardianship Order at the age of 10 years because he was assessed as experiencing a number of emotional, behavioural and social problems. These included:

- being paid by his mother to attend school;
- verbally abusing his mother and grandmother;
- not attending to his personal hygiene;
- not respecting household rules; and,
- insisting that his mother and grandmother purchase games and toys which they could not afford.

According to the protective worker, Barbara has been assessed as borderline intellectually disabled. As a result, she did not appear to understand Tristan's developmental needs. She found it difficult to ensure that even the most basic routines were maintained.

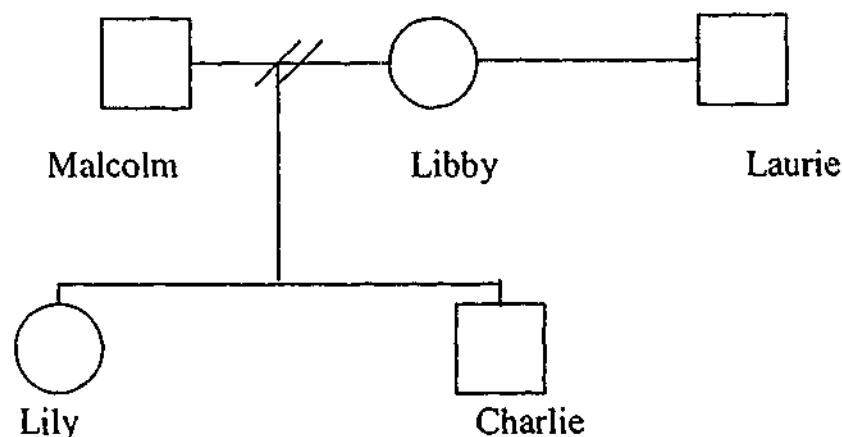
More seriously, Barbara was observed over a period of time to be denigrating of Tristan's abilities and difficulties. In particular, she verbally berated him and highlighted his poor hygiene and academic record to strangers in front of Tristan. She held the attitude that Tristan's problems required specialist treatment. However, she did not follow through with any offers of support and intervention.

The case plan for Tristan whilst on the Guardianship Order has remained to return to his mother's care. However, the protective worker believes that insufficient progress has been made by Barbara in addressing her own parenting approach. The protective worker and Tristan's current carer, Bert, are developing the opinion that Barbara may not be able to demonstrate positive changes. Currently, she maintains that it is Tristan who is required to make the changes to his behaviour.

In care, Tristan is described as an emotionally unavailable child by Bert. He is unable to name any of the emotions he appears to feel. His most common response is detachment and disinterest. His hygiene problems have escalated, whereby he has on occasions smeared his faeces in his bedroom and bathroom. Bert identifies this behaviour as an avenue for gaining a sense of control over the direction of his life. Tristan continues to miss school regularly.

In his interview, Tristan expressed very little about important issues in his life. He concentrated mostly on activities he enjoyed taking part in. He did not answer any questions associated with his experience of relationships or dreams and hopes he had for his life.

Interviewed: Child, Carer, SOC2, SOC3, SOC4.

Case 15.**Charlie, 10 years**

Libby notified herself to DHS when Charlie was 5 years old. At that time, she asked for Charlie to be removed from her care. According to the protective worker, Libby was believed to have suffered from post-natal depression following Charlie's birth. This was exacerbated by her occasional use of amphetamines.

It is recorded in the file that Libby claimed that she had not been able to bond with Charlie. This lack of relationship with Charlie occurred because she felt that it was his birth which had prompted her to leave Lily in the care of Malcolm whilst she was in hospital. During this time, Malcolm physically abused Lily to the point where she received significant head injuries and required hospitalization. As a result of the subsequent DHS investigation and intervention, Libby separated from Malcolm in order to ensure the safety of both children.

During the proceeding three years, Charlie has demonstrated a range of difficult behaviours which Libby could not manage or tolerate. These included:

verbal and physical aggression by Charlie towards Libby and Lily;
Charlie threatening to hurt peers and teachers at school; and,
Charlie refusing to accept rules and engaging in tantrums to get his own way.

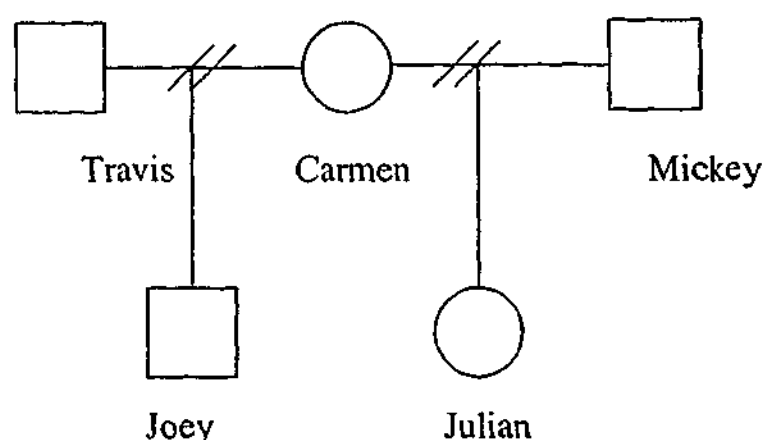
Over the past 12 months, Libby has consented to a permanent care order for Charlie.

The foster-parents described Charlie as a child who appeared to be devoid of emotional expression. His most common response was a blank look to most questions. However, in care, Charlie was capable of destroying his bedroom if challenged about his behaviour. He fought constantly with the foster-parents' biological children and often incited conflict between members of the whole family.

Charlie remained in the foster placement for over 4 years. However, the foster-parents decided to not be considered as a permanent care placement due to his difficult and demanding behaviour. One attempt was made to place Charlie in an alternative placement. This lasted for a period one week, at which time the new foster parents refused to continue to care for him.

Charlie has been placed in a residential unit, awaiting the outcome of the DHS permanent care application. The case-plan centres on finding and facilitating Charlie to live in a family environment. He receives ongoing psychiatric treatment.

Interviewed: Fosterparent, Fostercare Worker, SOC2, SOC4.

Case 16.**Joey, 16 years**

Joey was placed on a Guardianship Order at the age of 2 years as a result of Carmen's heroin addiction, which she refused to acknowledge. The protective worker noted that Carmen has demonstrated an ambivalent attitude towards caring for Joey. At the time of the initial protection application, Carmen did not contest DHS action or recommendation. She was also found to have left Joey with a number of carers.

Joey had experienced a total of 8 separate placements in his time in care. For the past two years, he had lived in a residential unit with other adolescents and rotating staff.

Whilst there had been 4 separate attempts to return Joey to Carmen's care, Carmen had not provided a consistent framework of care, including keeping appointments for counselling, supporting Joey to attend school regularly, placing and maintaining limits on his behaviour.

On two of the four occasions, Carmen had requested that Joey be placed back into care.

In his interview, Joey understanding for being in care was that his behaviour made it too difficult for his mother to look after him. He did not appear to be aware of Carmen's history of drug use. Each failure at re-unification was understood by Joey as his failure to live up to his mother's expectation about behaving himself.

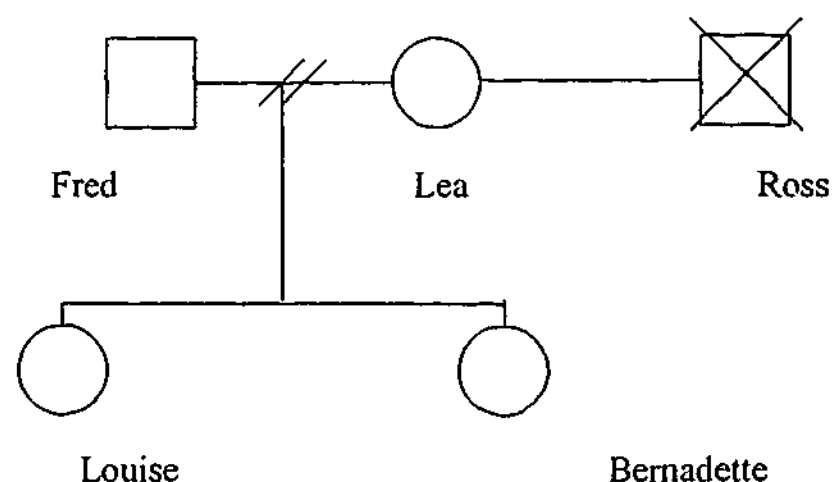
According to the protective worker, Joey engaged in self-harming and destructive behaviour between the ages of 11-14. The self-harming behaviour included cutting his arms and torso with razors and sniffing butane. Joey received weekly psychotherapy for a period of 3 years with a child psychiatrist. Joey's feedback about therapy was that it was helpful because he was able to talk about anything he wanted to with his counsellor. However, he did not understand the point of it.

Joey's current carer described him as respectful and insightful. However, his major challenges continue to be managing and controlling his anger and making a commitment to attending school.

The protective worker and support worker for Joey believe that no future attempts at returning Joey to the care of his mother will be attempted. This view is supported by Joey.

Interviewed: Young person, Carer, Support Worker, SOC2, SOC3, SOC4.

Case 17.**Louise, 16 years**



Louise was placed on a Custody Order at the age of 15 years after having disclosed being sexually abused by her step-father, Ross. Lea reacted to the disclosure by labelling the abuse an affair which was prompted by Louise's seductive behaviour. This message was communicated clearly to Louise, who was then asked to move out of the home.

Three days after Louise had been taken into care by DHS, Ross committed suicide.

DHS attempted to persuade Lea of the extent of the abuse and the inaccuracy of her version of events. However, Lea remained convinced that the affair was the responsibility of Louise and completely rejected her.

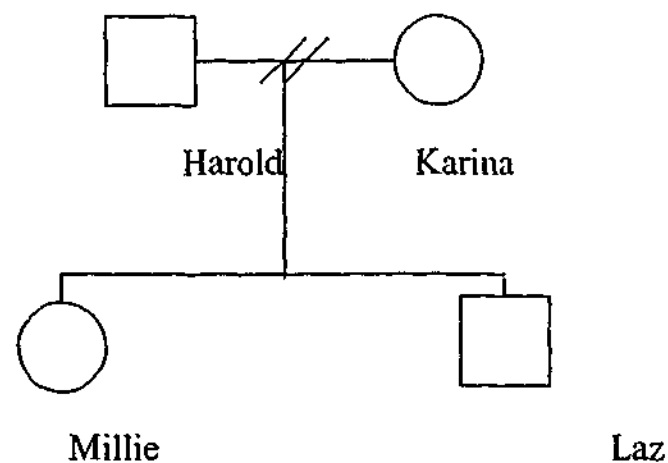
In care, Louise was subsequently hospitalised for three psychotic episodes. She was diagnosed with depression and placed on medication. According to Louise, the medication had a significant impact on her mood and concentration.

Since moving out of home, Louise has settled into her residential unit and appreciates the support of the other young people who share the accommodation. She has been able to maintain her academic grades.

Louise has found that her weekly counselling sessions as the most useful experience of support since making the disclosure. The counselling has allowed her to see that she was not responsible for the abuse and that her mother's reaction had not reinforced the truth of the events which occurred.

The protective worker and carer identified Louise's low self-esteem as the major challenge for her development.

Interviewed: Young person, Carer, SOC3.



Millie was placed on a Guardianship Order at the age of 13 years, during the investigation of the first notification by DHS. At this time, Millie had received minor bruising to her arms and legs as a result of being hit by Karina with an open hand. According to Millie, this incident had been the culmination of 3 years of escalating conflict between her and her mother.

Both Millie and the child protection worker believed that Karina was a perfectionist who had an extremely rigid view about how children should behave. According to Millie, Karina constantly perceived her behaviour as warranting discipline. This discipline consisted of long periods of time locked in her bedroom, having to write lines and extra chores. The discipline was also accompanied by Karina telling Millie that she was "stupid and lazy". According to Millie, the statements that she remembers the most vividly was Karina's refrain that she regretted Millie being born.

According to the child protection worker, Karina had wanted to relinquish the care of Millie to DHS because Millie was engaging in irresponsibly and potentially harmful behaviour. This included the abuse of alcohol, sexually provocative behaviour with older males and disrespectful attitude towards her and her brother Laz.

Despite the child protection worker's attempt to introduce Karina and Millie to counselling to help address these issues, neither agreed to participate.

In the care of DHS, Millie experienced three placements, finally living in a residential unit. Her carer, Vanessa, described Millie as initially resistant to the rules of the household. However, Millie appeared to respond to a model of participative decision-making in which she helped set the rules and the nature of the discipline which followed those rules being broken.

Millie described her relationship as extremely positive and helpful. In particular, she discussed the difficulties she had experienced in trusting Vanessa in the beginning. However, it was Vanessa's commitment to working problems out that had helped Millie to trust her more and more.

According to all informants, the relationship between Millie and Karina had improved. Millie believed that the improvement had resulted from not living together and the changes she had made in her attitude towards her mother. She described this as wanting

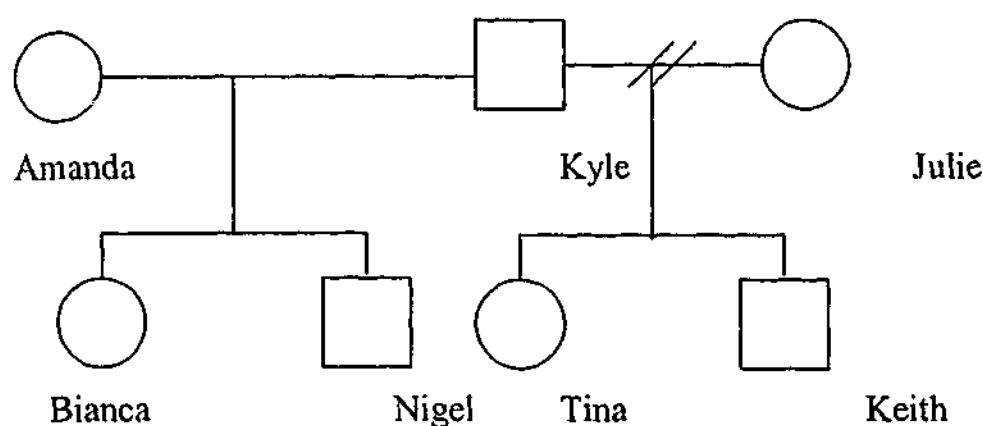
to please her more and try to be happier when they were together. Millie continued to believe that Karina was too strict in her approach towards her.

Whilst the case plan for DHS was to re-unite Millie with her family, Millie did not believe that she could ever live with her mother again. She preferred the distance that was afforded to them both as a result of being in the care of DHS.

At the time of the interview, Millie was concerned about a move of placement for her. This was brought about because DHS had decided to close the residential unit she lived in. Millie was to be placed within a adolescent family placement.

Interviewed: Young person, Carer, SOC3.

Case 19. Tina, 15 years and Keith, 13 years



Tina and Keith were placed under the Guardianship of DHS as a result of Amanda and Kyle's refusal to continue to remain their primary cares.

According to Tina, she had also been physically abused by Amanda who was responsible for the discipline of the children within the household. Tina also stated that she had been sexually abused by Amanda's brother, Duncan, on two occasions. Nigel corroborated Tina's allegation as he had witnessed Duncan enter their room at night and stayed on Tina's bed for over an hour.

Neither, Kyle or Amanda were willing to believe Tina and Keith's disclosure of sexual abuse by Duncan.

In her interview, Tina described Amanda as a punitive and harshly critical person who constantly compared her unfavourably to her own children. She insisted that Tina write out 500 lines for even minor misbehaviour, which included not keeping her room tidy, fighting with Keith, not cleaning up after dinner.

Tina could no longer cope with the stress she experienced as a result of the conflict between her and Amanda and had disclosed her problems to a school teacher. She subsequently revealed the details of her sexual abuse to a doctor when she believed that she was going to be returned to her parents' care, following the initial investigation by DHS.

Tina was adamant that she no longer wanted to live with the family. However, she had found it distressing to leave them. According to the protective worker, Tina engaged in extreme attention seeking behaviour immediately following the decision to place her in care. She had absconded twelve times in a period of three months. She had been brought back by the police who had found her associating with an all male street gang in the inner city area.

The protective worker was concerned that Tina remained suicidal and depressed. Tina had been hospitalised twice in an adolescent mental health in-patient unit. She was diagnosed with bipolar disorder and was medicated. Away from the hospital environment, Tina frequently refused to take the medication.

In her interview, Tina described missing her biological mother, with whom she did not have any contact as she lived overseas. She had a number of questions about her mother, including her rationale for the lack of contact.

Tina also expressed her anger towards her father because he had sided with Amanda in the decision to relinquish her care. She blamed her father for not supporting her more in relation to Amanda's attitude towards her and Keith.

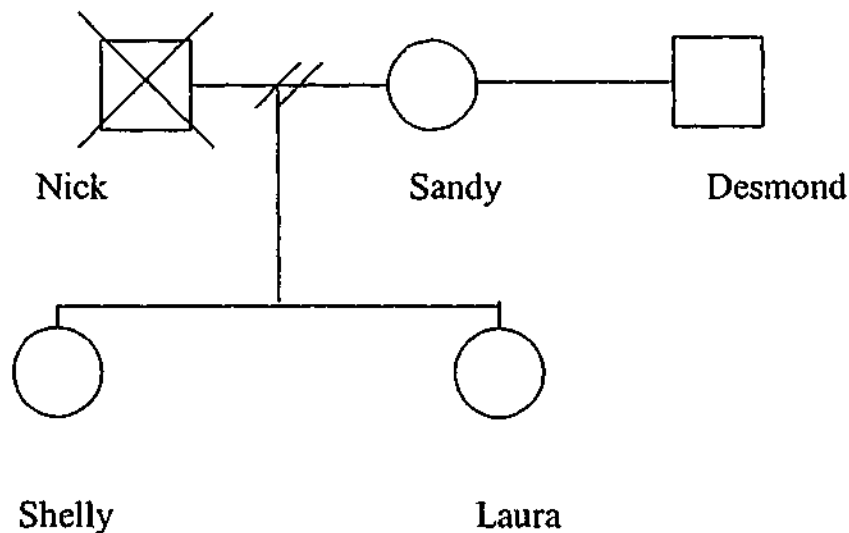
In his interview, Keith expressed his concern for Tina's state of mind and his own limitation in being able to support her. He stated that he had used his removal from his parents' care as an opportunity to change schools and establish a whole group of new friends. He was clear that the move away from his family was positive and he did not intend to return home. He enjoyed his placement and felt very supported by the staff who worked there.

According to the child protection worker, Keith had engaged positively with all the consequences of the changes to his care arrangements. He was liked by his carers and peers. Keith was also a positive influence on Tina's behaviour. However, they had not been able to place them together because of their age and gender difference.

The protective worker did not believe that family re-unification was being considered part of the case plan for Keith or Tina.

Some attempts had been made to contact Julie. However, so far none had been successful.

Interviewed: Young person (x2), Carer, SOC2, SOC3.

Case 20.**Shelley, 8 years and Laura, 3 years**

The family counsellor began counselling Sandy when Shelly was 2 years old following the unexpected death of Nick. At that time, Shelly displayed a number of difficult behaviours. The counselling focused on the family's grief at the loss of Nick.

Sandy returned for counselling as a result of Desmond's aggressive threats towards her and the children. Desmond constantly consumed large quantities of alcohol and became verbally and physically aggressive towards Sandy. At these times, Shelly and Laura witnessed the violence despite Sandy's best efforts to hide it from them.

According to Sandy, Shelly was extremely protective of her mother and would often attempt to divert Desmond's attention away from Sandy when the conflict arose. The family counsellor focused on supporting Sandy to make protective decisions for her and the children. Sandy took out an intervention order against Desmond preventing him from coming within 100 meters of her or the children.

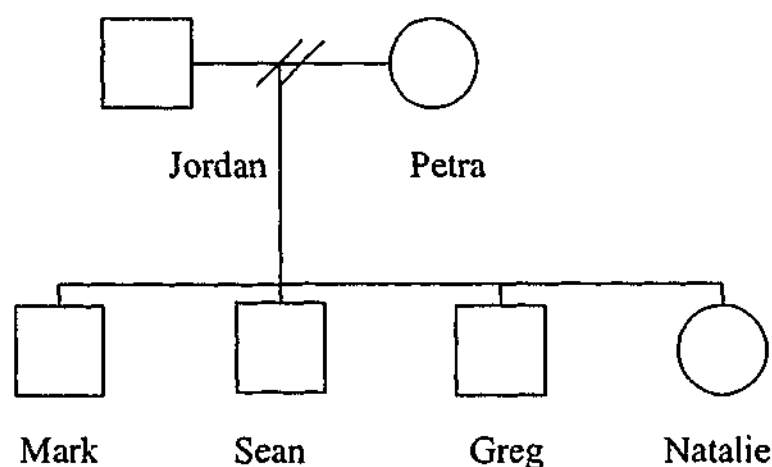
However, the history of conflict and violence culminated in an incident in which Desmond held Sandy and Laura in a siege with the police for a period of three hours. Desmond threatened to kill himself and Sandy and Laura because he was not allowed to see them anymore. Shelly had managed to run out of the house and call the police at phone box down the street. Desmond was convicted for assault and is serving a 2 year prison sentence.

In the interview, Shelly described feeling extremely frightened of Desmond and felt responsible for making sure that Sandy and Laura were safe from his violence. She expressed a great deal of distress about the siege. She describes still remembering what happened but not wanting to talk about it as it was too difficult.

Sandy recognised the impact of the environment created by Desmond on Shelly and Laura. She described Laura as extremely emotional and easily distressed. She found it particularly difficult on those occasions when Sandy attempted to leave Laura in day care. Sandy attributes this to the fear about Desmond's aggression and violence.

The family counsellor did not make a notification about Laura and Shelly because she believed that throughout this period of time, Sandy was able to protect the children and prioritise their emotional and physical needs. In the interview, the family counsellor acknowledged that in retrospect she may not have made the same decision. At no time did the family counsellor offer to provide or refer Shelly with individual counselling.

Interviewed: Child, Parent, Family Counsellor.



Petra referred herself for family counselling because she was having increasing difficulty in managing all four children's behaviour. According to Petra, Mark and Sean were physically abusive towards each other. Greg was both verbally and physically aggressive towards Natalie and Petra. Petra felt that she had attempted a range of interventions suggested to her by over 7 different welfare professionals, including child psychiatrist, pediatrician, and specialist family therapist.

Petra had resorted to withdrawing from the conflict. She described securing a lock to her bedroom door so that she could retreat there from the children's demands.

The family counselling team's assessment was that Petra had yielded her authority as a parent in the face of the overwhelming demands of her children. As she did this, the children's behaviour escalated and further reinforced the need for Petra to withdraw.

The team attempted to support Petra to re-instate her authority by using strategies which defined rules and expectations. The counselling team also began work with each individual child to help them understand their experiences of family living.

The team believed that Petra was emotionally abusive because she communicated extremely fixed views about which of the children she liked and disliked. In particular, she expressed her belief that Greg was genetically pre-disposed to his aggressive behaviour. This was a trait passed onto him from his father.

In the middle of the involvement with the counselling team, DHS commenced an investigation into a notification about Greg engaging in sexual behaviour with Natalie. According to Petra, DHS issued a protection application in relation to all four children.

She is unclear as to the reasons for the protection application. She contested the application on the basis that the concerns were inaccurate. In addition, she remained willing to seek and take part in any support service which would assist the family to change.

Petra stated that the protection application was withdrawn by DHS because they had insufficient evidence to proceed.

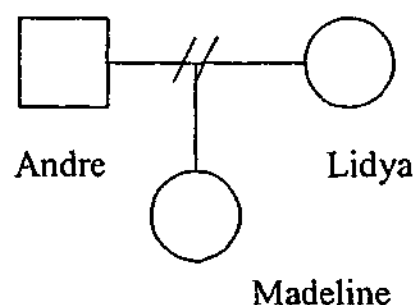
Petra stopped attending appointments with the family counselling team. She found a pediatrician who diagnosed Greg with Obsessive Compulsive Disorder and placed him on medication.

At the time of the interview, Petra believes that the medication was having no effect on Greg's behaviour.

She maintains that DHS involvement did not help her family, serving to accuse her of being a bad parent. She is convinced that she is a good parent with children who exhibit difficult behavioural problems. She would have preferred if DHS had offered to help her with support services rather than take court action as they did.

Petra stated clearly that the family situation was not improving. She did not know what steps she could take to assist her children.

Interviewed: Parent, Child Counsellor, Family Counsellor.



Andre referred himself for counselling because he required advice about how to support his wife, whom he claimed was suffering from post-natal depression. He started this counselling when Madeline was 5 years old.

Over the course of the next three years, Andre and Lidya separated with Lidya retaining custody of Madeline. According to the counsellor, Andre identified his own escalating aggressive and violent behaviour towards Lidya as the major reason for separation. Andre joined a group program for violent men based on responsibility taking. The counsellor believed that Andre made positive progress in the group.

In his interview, Andre expressed his concern that Lidya's continued depression put Madeline at risk. He described a number of occasions where Madeline had contacted him asking him to pick her up because her mother had asked her to leave the house.

Andre had made a report to DHS. According to his report, DHS was never able to substantiate any of his concerns and, against his judgement, did not intervene to protect Madeline or increase her safety by insisting that Lidya attend counselling.

The counsellor believes that Madeline is suffering emotional abuse as a result of being caught in the middle of the ongoing tensions between her parents. It had been reported to the counsellor that Madeline suffered from sleep and eating disturbances. However, she was not in the position to confirm or deny these accusations.

Andre remains concerned about the emotional and psychological development of Madeline. His preference would be for Madeline to live and be cared for by him. However, he has lost hope that any part of the child protection system will take his concerns seriously and act.

Instead, he believes that action will only occur when Madeline physical health is jeopardised by Lidya's failure to care for her adequately.

Interviewed: Parent, Counsellor.

Appendix B. Ethics application and approval

CHECKLIST

1. Please RETURN THIS FORM WITH YOUR APPLICATION.
2. Ensure that the following documents are included with your application:
 - i) Copy of proposed Consent Form
 - ii) Copy of explanatory material for participants and plain language statement

Note: Incomplete applications will be returned to the researcher unprocessed

- iii) Evidence of approval by another Ethics Committee - if applicable
 - iv) Copy of questionnaire/s to be used in the project - if applicable
3. Applications relating to projects seeking external funding should also include:
 - i) Copies of relevant sections from funding application
 - ii) Copy of any ethical approval form requiring signature
(eg. NH&MRC Attachment 1 Certificate)
3. If applicable see Question 12:
 - i) Evidence of clearance by the Radiation Officer
 - ii) Evidence of clearance by the Biosafety Officer

Projects will not be considered without written clearance

4. Have all signatures been obtained? (see Page 7)

**Please do not write below this line.*

A copy of this Checklist will be returned to the applicant as an acknowledgment of receipt.

Received by Secretary: ____/____/____

Project Name & No.:

This project will be considered at the next SCERH meeting on: _____

Please quote the above project number in any further correspondence.

Any documents listed above which have not been received should be forwarded to the Secretary prior to the meeting to ensure that consideration of the project is not delayed.

Date: _____

Secretary: _____

MONASH UNIVERSITY

STANDING COMMITTEE ON ETHICS IN RESEARCH ON HUMANS
APPLICATION FOR ETHICAL APPROVAL OF A PROJECT USING HUMANS

Applications may be typewritten on this form or word processed on plain paper following the same format but ensuring that this page is retained, and should be forwarded to:-

The Secretary
The Standing Committee on Ethics
in Research on Humans Project Number
Research Ethics Unit (Office Use Only)
Monash University, Clayton 3168

Please refer to the Explanatory Notes attached when completing this form.

Short Project Title used on grant submission (see Note 1). Limit to ten words.

Understanding and Responding to Child Emotional Abuse

Name(s), Title(s), Qualifications and Department/Location of Chief, Associate and Co-Investigators (see Note 2). Where a student is involved, indicate who is student and who is Supervisor.

Joe Tucci BSc (Hons), BSW (Hons)
Department of Social Work
Phd Student

Dr. Chris Goddard
Associate Professor, Department of Social Work
Supervisor

Contact Person: Joe Tucci

Dept/Full Address: Department of Social Work
Monash University
Wellington Road
Clayton Vic 3168

Telephone No: 9905 4321
Facsimile No: 9905 4281

Have you applied for external funding?

YES / NO

If YES, name granting body/ies: Victorian Health Promotion Foundation

Has funding been approved?

Yes / No / Pending

Project Type: Student Research

Name of Degree: PhD

If applicable please give previous Monash University project number:/.....

Proposed Commencement Date: 1/8/95 Proposed Duration of Project: 6 Months

Has this project been submitted to any other Ethics Committee? (see Note 4): Yes / No

If YES, name of committee:

Has approval been granted? Yes / No / Pending. Attach copy of the approval if available.

SECTION A - GENERAL INFORMATION

1. Give a succinct but comprehensive statement of the aims, hypotheses and potential significance of the project (See Note)

Emotional abuse is increasingly considered to be the core issue in all forms of child abuse and neglect. It has been argued that it is the emotional and psychological trauma associated with physical and sexual abuse that has the most detrimental impact on the development of children. Yet, research into the impact and prevalence of this form of abuse has a relatively short history seemingly plagued with disagreements about how to define it, measure it and treat it. As a result, the effectiveness of the response to emotionally abused children has been questioned by a number of authors.

This study aims to produce more accurate definitions of child emotional abuse and generate innovations in the way emotionally abused children are protected and helped to recover from its impact.

The specific objectives of the project are:

1. To examine how definitions of emotional abuse are operationalised in the management of statutory investigations of reports of child emotional abuse.
 2. To identify how definitions of emotional abuse affect the way decisions are made about
 - a. initiating state protective involvement for reports of child emotional abuse;
 - b. removing children who have been emotionally abused from their families;
 - c. the types of court orders made for emotionally abused children;
 - d. providing short and long term care for children who have been emotionally abused;
 - e. the input needed from community support and counselling agencies to assist children to recover from the impact of emotional abuse.
 3. To develop an assessment framework which can identify emotional abuse more effectively.
 4. To link this framework with a conceptualisation of how to promote change in families who emotionally abuse their children.
 5. To develop a model of responding to children who have been emotionally abused which
 - a. combines therapeutic and statutory dimensions; and,
 - b. is relevant to the legislative and policy context of child protection system in Victoria.
2. Give a succinct but comprehensive statement of the academic background to the project and project plan

The impetus for the proposed project draws on a number of questions raised from a review of the literature, the results of two previous studies and my own casework experience in counselling children who have been emotionally abused.

2.1 Literature Review

The central issues from the literature review revolve around the disagreement about how to define emotional abuse in a way that attempts to resolve the following questions:

- a. whether such abuse is considered intentional. For example, emotional neglect reflects that caregivers may not be aware that their behaviour or attitude towards their children are abusive. Mental cruelty and psychological battering. On the other hand, firmly place caregivers' intent to harm children as a key assumption.

- b. whether there is a difference in the processes which are affected by this form of abuse. For example, psychological maltreatment focuses on the impact on the mental abilities of a child, such as intelligence, memory, recognition, attention. However, emotional abuse places a greater significance on the impact of this form of abuse on a child's feelings, capacity to express emotion and develop relationships.
- c. which descriptive term is most able to fit within a legislative framework requiring differing levels of proof to aid in decision-making.

Such an analysis critically introduces the need to examine the connotations of the language chosen in the process of defining child emotional abuse.

The disagreement in definitions of emotional abuse is best illustrated by the wide range of substantiation rates of emotional abuse nationally. In 1991-92, only 1% of reports to statutory protective services in the Northern Territory were substantiated as emotional abuse. The rates of emotional abuse substantiation in the remaining states are as follows: Western Australia - 4%; Tasmania - 5%; South Australia - 10%; Queensland - 16%; ACT - 19%; Victoria - 31%; New South Wales - 32%. Indeed, no other form of child maltreatment appears to match the order of difference found in emotional abuse.

In addition, the literature appears to reflect significant confusion about

- a. how to assess emotional abuse within the short-term framework associated with other forms of abuse;
- b. what forms of intervention are the most effective to protect children who have been emotionally abused;
- c. the grounds upon which statutory involvement is recommended for cases of emotional abuse.

2.2 *Previous studies*

Since 1991, I have been involved with Dr. Chris Goddard in conducting two major studies examining the decision-making of professionals during the investigation of a report of suspected child maltreatment. From this research, we found that protective workers consistently identified their own confusion about how to assess emotional abuse, how to intervene effectively with children who have suffered emotional abuse and their families, how to use their legislative powers to effect change, how to help other community professionals involved with children and families identify emotional abuse and realise its damaging impact on children's lives.

2.3 *Reflections on my casework experience*

From the literature, little attention has been paid to how best help children recover from the traumatic effects of emotional abuse. A number of conceptual and practice models have been proposed to work with sexual and physical abuse which incorporate legal and therapeutic dimensions. No specific model has yet attempted this combination for emotional abuse. Furthermore, from my own work with abused children, I have become acutely aware of the lack of evaluation of the therapeutic and protective strategies currently employed for assisting children who have been emotionally abused.

2.4 *Conclusion*

In this study, my aim is to elicit feedback about the involvement of statutory child protection services from statutory protective workers, parents and children. The juxtapositioning of the various narratives provided from these alternative positions will provide an opportunity to explore how different versions of the abuse story are used by protective workers to construct an assessment about the type and severity of abuse suffered by the child and develop a plan to ensure his/her safety. The design seeks to elevate the views of children about their experience of the outcomes of the protective and therapeutic practices to which they were subjected as the basis for the development of a model of intervention which is relevant and helpful for them.

Finally, I also aim to gather specific information related to the behavioural indicators and developmental consequences of emotional abuse on children.

3. Is there any alternative to using humans, eg. prior computer modelling, laboratory or animal experiments? Yes ☒ No

4. Briefly describe all procedures to be used with humans (see Note)

A series of in-depth personal interviews will be conducted which cover a range of issues relevant to how emotional abuse is defined, the goals for statutory intervention, the restraints which may prevent these goals being achieved, the impact of statutory and therapeutic professionals on assisting children to recover from abuse. The major themes of the interviews are outlined in the accompanying plain language statement (Appendix A).

- 4a. Will any subject's records, file information, or stored data be used in the research? Yes ☒ No If no, please go to Q.5 If yes complete section C

5. Give the number, type and age range of all participants including controls

5-10 statutory protective workers employed by the Department of Health and Community Services (HACS).

5-10 senior protective workers employed by HACS.

5-10 parents of children who have been involved with protective workers from HACS in the past 12 months.

5-10 children who have been involved with protective workers from HACS in the past 12 months. The ages of the children will be limited to above 7 years old.

6. Source and means of recruitment (See Note)

Names and addresses of potential families will be provided by HACS. As such personal information is confidential, a HACS staff member has agreed to send out invitational letters to identified families on my behalf. These details are set out in the letter attached to this application (Appendix A). Only those families who return a signed consent form will then be followed up as part of the study.

As the form indicates, the guardians of the children in question are asked to indicate on the form whether they agree to each or all of the following proposed interviews:

1. Parents to be interviewed.
2. Children to be interviewed.
3. Protective workers involved with the relevant family to be interviewed.

Protective workers who were involved with those families who agree to be interviewed will be asked to participate after the families have returned signed consent forms. Refer to attached letter from Mr. Simon Gardiner, Manager of Protective Services, HACS - Eastern Metropolitan Region outlining his agreement for relevant staff to be involved in the study and to provide all necessary information.

For those children under the guardianship of HACS, Simon Gardiner, Manager of HACS - Eastern Metropolitan Region will provide consent for children to be interviewed as their legal guardian. In this situation, a letter to the subject child and adult caregiver will be sent outlining the project. The letter will ask the caregiver to discuss the research with the child and ascertain their level of willingness to be interviewed by research student. The student researcher will contact the adult caregiver to follow-up the child's response. An interview time will be organised if the child is willing to be involved. See Appendix B for details of this letter.

7. Will any special relationship exist between the recruiter and the participants?

No

8. Criteria for exclusion (See Note)

Children will not be interviewed if they are under 7 years old.

9. Details of any proposed payment (See Note)

None

10. Where will the procedures involving humans be undertaken?

All HACS workers will be interviewed at their place of employment, Box Hill Office of HACS.

Children and parents will be interviewed in their places of residence.

11. What facilities are available for dealing with contingencies? (See Note).

If necessary, all participants will have access to counselling services of

Dr. Petra Staiger
Clinical Psychologist
Tara Clinic
406 Elgar Road
Box Hill 3128

This will be at no cost to the participants of the study.

12. (a) Will radioactive substances be used? No

- (b) Will the use of recombinant DNA techniques, toxins, mutagens, teratogens or carcinogens be involved? (See Note) No

INFORMED CONSENT:

13. Who will explain the project to the potential participant?

Joseph Tucci via invitational letter.

For children under the guardianship of HACS, the caregiver of the child is deemed in the best position to explain the research proposal to the child. By doing so, the child is not introduced to research student unless they indicate their willingness to be involved. In addition, the protective worker and caregiver will be consulted about their views of the impact on the child of being interviewed as part of study. Overall, children will not be included in the study if it is perceived by the child's significant adults that such participation by the child would be detrimental to their emotional or psychological well-being.

14. Is there a special relationship between the person explaining the project, or any of the investigators, and a participant? (see Note to Question 7)

For all those families who receive an invitational letter, the issue of a pre-existing relationship between person explaining the project and potential participant is not relevant.

In those cases where children are under the guardianship to HACS, the caregivers of the child will explain the project to the child.

15. When will the explanation be given?

For HACS workers, explanation will be provided through a series of consultative meetings at their place of employment prior to recruitment of families and participation in interviews. Family members will have explanation provided to them via the invitational letter prior to their decision to consent to participate in interview process.

Children under guardianship of HACS will have explanation of project provided to them via introductory letter written in simple language appropriate to their level of understanding (See Appendix B). The caregivers of the child(ren) will also receive information about the project and details about issues to clarify with the child(ren). The caregiver will have access to student researcher for further support about any issues.

16. Will the participants be capable of giving consent themselves? ☒ Yes/No

If not, why? To whom will the project be explained and whom will give consent?

As indicated, it is proposed that a number of children be interviewed. For all children to be interviewed, the child's guardians are asked to provide their written consent on behalf of the child. As children's developing capabilities appear to increase as they grow older, it is proposed that the guardians discuss the research with the children prior to making a decision. If the child concerned is considered competent by the guardian to give their consent as well, provision is made on the consent form for them to sign as well. It is anticipated that this provision will be used in the main by adolescents.

17. Will written consent be obtained from all participants? (see Note)

☒ Yes/No

18. Who will act as witness?

I believe that a witness may not be necessary in this case since participants will need to consciously act to become involved in the study by returning the consent form. This action of itself presumes that participants have understood the information provided to them about the project and have chosen to take part on the basis of that information.

SECTION B - ETHICAL QUESTIONS

19. How will information be handled to safeguard confidentiality both during and after completion of the research project (see Note)

Each individual who is interviewed will be associated with a code number. Personal details will not be recorded with information given in the interview. The interview will be transcribed using the code numbers only.

A master list of code numbers and identifying details will be kept by senior researcher on computer. Access to information will be restricted through password to senior researcher and research student.

Pseudonyms will be used when the results of the research are written and discussed.

The tapes of the interviews will be kept by senior researcher for five years in secure cabinet at Department of Social Work, Monash University. Access to tapes will be restricted to senior researcher and research student.

19. The original transcripts of all interviews will be kept by senior researcher for five years on computer located in his office in Department of Social Work, Monash University. Access to information will be restricted through password to senior researcher and research student.

Copies of the interview transcripts will be kept by research student for purposes of analysis until thesis is completed. The copies will then be destroyed.

Copies of the transcript will be provided to individual respondents.

The original interview tapes and transcripts will be destroyed at the end of five years by senior researcher.

All adults and children will have explained to them in the invitational letter and plain language statement that confidentiality of the information they provide and their identity is limited. In particular, their attention will be drawn to my responsibility to report any new information gained during the interviewing process to the Department of Health and Community Services which may lead to any children being considered at risk of abuse.

20. **What demands, inconvenience or discomfort will be involved? Explain the possible dangers, risks or ill effects of these procedures and the precautions to be taken to prevent or minimise them.** (see Note)

The study has a number of potential ramifications for the four groups of respondents.

Group 1. Protective Workers

1. Workers operate in an environment of resource constraints, competing demands and priorities. An evaluation of individual case practice can discount this context such that workers may experience this form of review as critical of their case-work decisions. For them, this may be associated with feelings of disempowerment about wanting to do more.

Strategy 1. Following the interview, workers to have access to their supervisors for debriefing around issues arising out of the research process in relation to their case practice and their perceived professional competencies.

Strategy 2. In previous research, I have found that within the interview an opportunity can be made for workers to reflect on their decision-making and through doing so recognise the ways in which the worker assisted the family to change and/or ensure the protection of the child(ren).

2. Workers have experienced previous research involving child protection as critical of the HACS practice standards and service delivery. Workers have commented that they then feel personally responsible for the criticisms raised leading to dissatisfaction with their job performance and a sense of demoralisation.

Strategy 3. In the interview, I am aware of providing an direct opportunities for workers to discuss the political, legislative, community and resource constraints related to their work. It is my belief that these sorts of questions re-introduce the context of day-to-day child protection practice. In so doing, responsibility for the quality of case practice shifts from individual workers to the agency as a whole.

3. Given the constant demands for worker's time, their involvement in the research may add further pressure and increase their levels of stress.

Strategy 4. I have negotiated with senior management of HACS for worker to be relieved of some of their workload to facilitate their participation in the research.

20. **Group 2. Senior Protective Workers**

1. The issues for this group are similar to the previous group.

Group 3. Parents/Guardians

1. (a) Parents are aware of HACS practice to seek information from a variety of sources to assist in the assessment of reports of child abuse and in the planning for children and young people on Children's Court orders. As such, they may carry concerns that any negative feedback they provide about the standard of service provided by HACS workers may adversely affect the ongoing or future relationship between HACS and themselves.

(b) Parents may have concerns about how the information they provide will be processed and stored, and the confidentiality of access to it.

Strategy 1. I have attempted to clearly outline to them the steps taken to safeguard their identity and the confidentiality of the information that they provide (Refer to answers to Question 19). In addition, following the interview, I will provide them with a signed note confirming commitment to confidentiality and describing how the information will be stored, handled and accessed.

2. Parents may feel judged about their capacity to care for their children.

Strategy 2. As indicated by the themes to be covered in the interview, the focus is on their experience of the process of involvement with HACS and other professional rather than specific details about their behaviours towards their children or parenting attitude.

Strategy 3. Parents will have access to de-briefing about issues raised for them in the interview with psychologist, as previously indicated.

3. Through responding to questions in the interview, parents may experience some level psychological distress associated with retelling the stories related to

- (a) HACS involvement in their family's life; and/or
- (b) forms of violence or abuse which may have occurred in the family.

Strategy 4. Parents will have access to de-briefing about issues raised for them in the interview with psychologist, as previously indicated.

4. Information may be gathered during the interview process which may suggest that children/young people are at risk of abuse in their current living situation.

Strategy 5. Parents and/or caregivers will be informed prior to giving consent to participating in the research about my responsibility to report any new information gained during the interviewing process to the Department of Health and Community Services which may lead to any children/young people being considered at risk of abuse.

Strategy 6. Decisions about passing on concerning information to the Department of Health and Community Services will be made in consultation with Dr. Chris Goddard.

Strategy 7. The safety and welfare of children/young people will be used as the principle to guide decisions about the need to report concerning information to protective workers from the Department of Health and Community Services.

20. **Group 4. Children/Young People**

1. Children may feel some embarrassment due to being interviewed by someone unknown to them.

Strategy 1. I will spend some time prior to conducting the interview with the child establishing a level of rapport and answering any questions they may have about the interview or myself. In addition, children have the opportunity to have another person with whom they feel comfortable present with them during the interview.

2. Children may not be able to verbalise how the research interview affected them, and hence there may be no indication of the need to offer the child support.

Strategy 2. I will discuss with the caregivers of the child the need for them to monitor the child's behaviour and emotional condition.

Strategy 3. The child will have access to de-briefing about issues raised for them in the interview with psychologist, as previously indicated.

3. Children will already have been through a number of interviews with a variety of professionals, including protective workers, police, counsellors. The research interview may represent another of these experiences and cause some confusion and emotional stress.

Strategy 4. I will clearly outline my role as researcher and spend time discussing the difference between my roles and other people who may have interviewed them.

Strategy 5. The interview itself will not focus on the details of their experience of abuse, minimising the possibility of it being interpreted as a therapeutic type of interaction.

Strategy 6. I will be able to answer any questions the child may have about the research following the interview through the child's caregiver or protective worker.

4. Responding to questions in the interview may evoke past trauma associated with

- (a) their experience of abuse; and/or,
- (b) their experience of HACS involvement with their family.

Strategy 7. The child will have access to de-briefing about issues raised for them in the interview with psychologist, as previously indicated.

5. Given children's developmental vulnerabilities, they may not be in the position to give consent to participate in the research. Adult guardians are asked to give their consent establishing the possibility that children may feel pressured to take part.

Strategy 8. I believe that what is in children's best interests will guide the decision to include them in the study. Guardians, caregivers and workers will be consulted about their views on the appropriateness of the child being interviewed as part of the study.

Strategy 9. Children will only be interviewed if they are able to indicate a preference about doing so, regardless of whether guardians have given their consent on the child's behalf.

Strategy 10. Children's formal consent will be sought if it is considered by significant people that they are able to understand the notion of consent and are willing to explore the decision on their own behalf.

20. **Group 4. Children/Young People**

6. Information may be gathered during the interview process which may suggest that children/young people are at risk of abuse in their current living situation.

Strategy 11. Children/young people will be informed prior to giving their agreement to participating in the research about my responsibility to report any new information gained during the interviewing process to the Department of Health and Community Services which may lead to any children being considered at risk of abuse.

Strategy 12. Decisions about passing on concerning information to the Department of Health and Community Services will be made in consultation with Dr. Chris Goddard.

Strategy 13. The safety and welfare of children/young people will be used as the principle to guide decisions about the need to report concerning information to protective workers from the Department of Health and Community Services.

21. **Are there any other ethical issues raised by the proposed project? What is your response to them? In many research projects involving humans there is a trade-off to be made between the cost of the interventions to those participating in them. (eg. in terms of discomfort, health risk, loss of privacy etc.) and the value to be achieved by carrying out the research. The Committee must be in a position to evaluate clearly that trade-off.**

1. The costs for participants.

The details of the costs for the participants are described in the previous question. In this section, I provide a summary of what I believe to be the main issues.

- (a) Participants may feel criticised or judged about their performance or abilities.
- (b) Possibility that information given by respondents is used for purposes other than the research.
- (c) Participants may experience a loss of control over issues which are private and personal to them.
- (d) Given children's developmental vulnerabilities, they may not be in the position to give consent to participate in the research.
- (e) Responding to questions in the interview may lead to experiences of emotional or psychological trauma for respondents.
- (f) Children may be particularly sensitive to the impact of being interviewed about topics related to their experience of their family and abuse.
- (g) Children being asked to participate in a process they may not fully understand.

2. The value of the research.

- (a) It is becoming increasingly established that the inclusion of feedback from consumers of services about how services can be made more relevant to consumer needs and sensitivities can initiate major reforms in the provision of those services. Examples of this tradition include changes to psychiatric, intellectual disability, aged and homeless youth services due to the promotion of the voices of the people using those services.

- (b) This research engages with this process to seek feedback from parents and children who have experienced the involvement of the child protection system. The outcome of the research will attempt to
 - (i) model a methodological process which emphasises the importance of listening to children's voices as part of research aimed at improving services to children; and,
 - (ii) ensure that protective and therapeutic responses to child emotional abuse are relevant to the needs of children and families.
- (c) The study will produce more accurate definitions to be used for providing a more effective protective and therapeutic response to emotionally abused children.
- (d) The results of the study will add to the current knowledge about the causes and the consequences of child emotional abuse.
- (e) It will generate innovations in the way children are helped to recover from the trauma associated with emotional abuse.

SECTION C - USE OF INFORMATION FROM FILES AND RECORDS

The Privacy Act applies to all "personal information" held by a "Commonwealth Agency" (Refer to Notes to Q.22 and 23 for an explanation of these terms). Research which uses any records subject to the Privacy Act must comply with its requirements for information privacy, ie. the form of the 11 Information Privacy Principles summarised in appendix A. IPP 11 requires that information may only be disclosed by a Commonwealth Agency to a researcher with the consent of the subject of the information. The only exception to this is where the research complies with the NH&MRC Guidelines for the Protection of Privacy in the Conduct of Medical Research, which set out a list of specific issues to be considered by researchers and the Ethics Committee. The Guidelines, are available on request from the Secretary to the Standing Committee on Ethics in Research on Humans, telephone (03)9905 2076 or facsimile (03)9905 3866. This applies to all research, whether or not it is medical research.

Researchers should refer to the explanatory notes and must have read Appendix A before completing this section.

22. Records to be Used

- (a) Describe the type(s) of information which will be collected eg. medical records.
Case notes and file reports.
- (b) Who, or what organisation, holds the information?
Department of Health and Community Services (Victorian Government)
- (c) Has the organisation agreed to provide the information? (Attach a copy of letter)
Yes
- (d) State any conditions imposed by the organisation on the release of information.
Information will be released only with written consent from guardian(s) of children to be included in study.
- (e) Is any organisation listed in (b) above a "Commonwealth Agency"? (See Note to Q.22)
No

23. **Personal Information and Privacy**

- (a) Does the data collection enable access to identifying information about any individual?
(See Note to Q.23) ☒ Yes / No (If No go to Q.24)
- (b) If Yes will that individual's consent be sought by the researcher? If No please give reasons.
(See Note to Q.17) ☒ Yes / No
- (c) List the names of people who will have access to the original research data.

Joseph Tucci
Dr. Chris Goddard

- (d) Outline the arrangements for safeguarding individual privacy in accessing, collating, storing and publishing results.

See answer to question 19.

- (e) Describe the arrangements for retention of data and the eventual destruction of data.

All data held on computer will be erased.

All hard-copies of interview transcripts and master-lists of identifying codes will be shredded.

All cassettes holding original interviews will be wiped.

24. Does the Privacy Act Apply?

If the data used are held or to be collected by a Commonwealth agency (see Q.22(e)) and collection will or might enable identification of any individual (see Q.23(a)) then the Privacy Act 1988 applies.

(a) Does the Privacy Act apply to the proposed data collection? Yes / ☒ No

The Department of Health and Community Services is not a Commonwealth agency and hence not covered by the Privacy Act 1988. However, provisions for the collection, storage and publication of data have been put in place to comply with privacy legislation.

.....
Signature of Chief Investigator

.....
Date

Declaration

I/We, the undersigned, have read the current NH&MRC Statement on Human Experimentation and the relevant Supplementary Notes to this Statement and accept responsibility for the conduct of the research detailed above, in accordance with the principles contained therein and any other condition laid down by the Monash University Standing Committee on Ethics in Research on Humans. In addition, I/we undertake to notify the Monash University Ethics Committee in writing immediately if any changes to the protocol are proposed after the approval of the Committee has been obtained. The Associate Investigator will assume responsibility for the project in the absence of the Chief Investigator.

Signature of Chief Investigator or Supervisor:

Name: Dr. Chris Goddard

Signature:

Date

Signature/s of Co-Investigator/s

Date

Head of Department/Division

I certify that I am prepared to have this project undertaken within my department.

Name:

Signature

Date

Department of Social Work



MEMO

17 August 1995

Dr C Goddard
Social Work
CLAYTON CAMPUS

Re: Project 150/95 - Understanding and Responding to Child Emotional Abuse

The Standing Committee on Ethics in Research on Humans at its meeting on Tuesday, 8 August 1995 considered the above submission and appreciated the opportunity of discussing the research with you. Members approved some editorial amendments to the 'Summary of Research Proposal' document as appropriate eg. Source 2 and 3 to be revised and the words "withdraw from" to be added to the last sentence in point 7 ("stop being part of" to be deleted). The Committee, noted your advice regarding the responsibility of researchers to report new information about emotional abuse received in the course of the research to the Department of Health and Community Services. Members approved the proposed amendments reflecting this advice for incorporation into the submission. Thank you for your assistance in this matter.

The Committee approved the project as conforming to NH&MRC Guidelines subject to the following provisos:

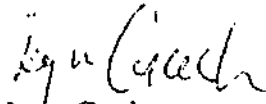
- (a) that Appendix A be revised to include the paragraph beginning "This letter is an invitation etc" as the introductory paragraph,
- (b) that the consent forms be revised to include a sentence acknowledging that the participants (parents and caregivers) have read the explanatory statement and understand that the interview will be recorded on a cassette.

The Committee noted the emphasis placed by HCS on the interests of the child or the young person, when considering eligibility for inclusion in the study. Members agreed that this concern should be noted by the researchers particularly in circumstances where guardians and children were approached to participate. The possibility for co-ercion may place children under pressure regarding participation or, non-participation.

This approval is of the project as submitted and if any changes are subsequently made, the Committee should be advised. Please quote the project number above in any further correspondence.

Institutional Ethics Committees are required by the NH&MRC to monitor research projects until completion to ensure that they continue to conform with approved ethical standards. The Committee undertakes this role by means of annual progress reports and termination reports. Please ensure that the Committee is provided with a brief summary of the outcomes of your project when the project has concluded.

The Chief Investigators of approved projects are responsible for the storage and retention of original data pertaining to a project, for a minimum period of five years. You are requested to comply with this requirement.



Lyn Gash

Secretary

Standing Committee on Ethics
in Research on Humans

c:\ethics\goddard1

*Department of Social Work
and Human Services*

Clayton Campus
PHONE: 9905 4291
FAX: 9905 4281

5/2/96

Ms. Lyn Gash
The Secretary
The Standing Committee on Ethics in Research on Humans
Research Ethics Unit
Monash University
CLAYTON VIC 3168

Dear Lyn,

PROJECT TITLE: Understanding and Responding to Child Emotional Abuse
REFERENCE NUMBER: 150/95

I write to make an amendment to the research protocol set out in the ethics application associated with the above project.

The specific amendment is to now include within the research design the provision for a payment of \$70 per family and \$30 for a child/young person living away from their family of origin.

To this date, I have sent out thirty invitations to families and children who have been involved or are currently involved with the Department of Health and Community Services involving allegations of emotional child abuse. We have received no replies to any of these invitations.

I believe that payment is warranted as it

1. will provide families and children with some compensation for the time they invest in the study;
2. will provide an incentive for their participation in the study.

The proposed payment is based on an approximate rate of \$35 per hour. We do not believe that the amount of money offered is sufficiently large enough to pressure families and children to take part in the study if they are not motivated to do so by other reasons as well.

I am aware that there is a precedent for such payment specifically in studies seeking to gain feedback from parents and family members about their experience of statutory child protective services. In a study recently completed by Farmer and Owen (1995) in the United Kingdom entitled *Child Protection Practice: Private Risks and Public Remedies - A study of decision-making, intervention and outcome in child protection*, parents and other family members were paid 30 Pounds for their time.

For children/young people who would receive a direct payment, the caregiver and worker will negotiate, prior to the child/young person giving their consent to participate in the study, about the most appropriate form for the payment to be offered to the child. One option may be a shopping or activity voucher chosen by the child/young person. Another option may be to offer the child/young person part payments over a period of time. For example, \$10 per week for three weeks.

I have also included revised letters of invitation and plain language statements to incorporate the proposed amendment. The changes are highlighted for your convenience.

Please do not hesitate to contact either me (9421 0638) if there are any issues you would like clarified.

Yours faithfully,

Joe Tucci

2 June, 1996

Department of Social Work
Clayton Campus

Mr and Mrs Smith,
12 Happy Street
Melbourne Vic 3001

Dear Mr and Mrs Smith,

This letter is an invitation for you and your child(ren) to participate in a research study about your experiences with protective workers from the Department of Health and Community Services. At this stage, none of your personal details have been given to me by the Department as this information is protected by privacy laws. However, they have sent this letter to you at my request.

My name is Joe Tucci. I am a social worker studying for my Phd, supervised by Dr. Chris Goddard from the Department of Social Work at Monash University. I am conducting an independent research study about how emotional child abuse is understood by parents, children and protective workers from the Department of Health and Community Services.

In order to do this, I would like to hear from parents and children who have been involved with the Department of Health and Community Services where an allegation of emotional child abuse has been reported. The research will give you and your child(ren) the opportunity to evaluate from your point of view the way protective workers from the Department of Health and Community Services carried out their investigation of reported child abuse.

The results of the research will be used to

(a) improve the way in which protective workers from Health and Community Services conduct their investigations into reports of child emotional abuse; and,

(b) develop more effective ways for professionals to respond to and support those children and their families.

It is important for you to know that you and your child(ren)'s involvement with the research is totally up to you. You are not obliged to take part in the study in any way.

If you do choose to take part, you and your family will receive \$70 in recognition of your time and effort.

What you say as part of the research is confidential. However, I have a responsibility to report any new information to the Department of Health and Community Services which may lead to children in your care being considered at risk of abuse.

If you choose to participate, I will ask you to sign a consent form and return it in the pre-paid envelope. Even if you do agree to take part, you are free to withdraw from the research at any time.

Accompanying this letter is a summary of what the research is about and what commitment you might expect if you decide to take part.

If you feel that you would like some more information prior to making a decision or have any further questions, please do not hesitate to contact me at the Department of Social Work during office hours on 9 905 4299.

I would like to thank you for the opportunity to present my research proposal to you for your consideration.

Yours faithfully,

Joe Tucci

SUMMARY OF RESEARCH PROPOSAL

*Conducted by Joe Tucci
Supervised by Dr. Chris Goddard
Department of Social Work, Monash University*

1. *What will happen in the research.*

The research aims to find out more about how emotional child abuse is understood by parents, children and protective workers from Health and Community Services.

In the study, it is proposed that information about a range of issues will be gathered and compared from three different sources.

- Source 1. Interview protective workers from the Department of Health and Community Services (HACS) who conducted a formal investigation of child abuse and neglect.
- Source 2. Interview parents who have experienced an investigation by protective workers from HACS of a report of suspected emotional child abuse.
- Source 3. Interview children and/or young people who have experienced an investigation by protective workers from HACS of a report of suspected emotional child abuse.

2. *The issues which will be covered in the interviews.*

The interviews will cover the following general areas from the perspective of all three groups:

- 1. How children and parents were affected by the involvement of a protective worker in their lives?
- 2. What did parents and children believe were the goals and outcomes of the investigation?
- 3. Did the protective worker provide any assistance for the child or parents?
- 4. Did the protective worker cause further problems for the child or parents through their involvement?
- 5. What did it mean to children and parents to be investigated by protective workers from the Department of Health and Community Services?
- 6. What suggestions could children and parents give to protective workers from Department of Health and Community Services about the way
 - a) the protective workers explained their role and authority?
 - b) the protective workers handled various pieces of information they gathered?
 - c) the protective workers made decisions throughout the investigation?
- 7. What do children and parents believe the protective workers should change about the way they conducted their investigations?
- 8. How could protective workers improve the way they conducted their investigation?

3. *What will the interview be like?*

I estimate that each interview will take between one to two hours for adults and about forty-five minutes for children and young people. If you give your consent to participate in the study, I will arrange to interview you at your home at a time that is convenient for you and your children. You are more than welcome to have someone else there during the interview if that makes you feel more comfortable.

4. *The identity of all participants will be kept confidential.*

At no stage will your individual or family name, address or other identifying detail accompany the tape or typed version of the interview. Apart from your family, no one other than myself and Dr. Chris Goddard will read or have access to the interview. Your answers will be used alongside the answers from other parents and children to illustrate your experience of the investigation process. In all reports based on the research, you and your children will be identified by a pseudonym, for example Ms. D, Mr. F.

Also, any information contained in the interview which may identify you or any other family member will be altered.

5. *The confidentiality of the information.*

The interview will be recorded on a cassette. When we have finished, the entire interview will be typed up. I will send you this typed version of the interview for you to check over and adjust if you think it is necessary. I will then revise the interview and send you a copy for you to keep. I will also send you the findings of the research at its completion if you are interested.

The original cassette and the final typed version of the interview will be kept by my supervisor, Dr. Chris Goddard in a secure cabinet at Monash University. This information will be kept for five years and then destroyed. Access to this information will be restricted to myself and Dr. Goddard during this time.

It is important for you to note that I have a responsibility to report any new information to the Department of Health and Community Services which may lead to children in your care being considered at risk of abuse.

6. *Giving your consent to participate in the study.*

By completing and signing the consent form attached to this summary, you will be indicating your agreement for

- a. you to be interviewed by me about the issues previously outlined; and
- b. me to interview the protective workers who were involved with you and your child(ren).

7. *Giving your consent for your child(ren) to participate in the study.*

As your child(ren) is/are not old enough to give their formal consent to participate in this sort of research, I would ask you to provide your consent as their guardian. Perhaps, you may want to discuss the research with your child(ren) and together make a decision about their involvement. If you believe that they are old enough to understand what it means to give consent, then there is provision for them to sign on the form with you.

I have worked as a counsellor with children and young people for the past eight years. As such, I can assure you that the interview will be sensitive to their feelings and their stage of development. During the interview, children can have anyone with them that may help them to feel more comfortable if they wish. As with you, your child is able to withdraw from the research at any stage.

8. *Acknowledgment of your participation.*

If you choose to participate, whether or not you give your consent for your children's participation, you and your family will receive \$70 in recognition of your time and effort in taking part in the research interviews and later on reviewing the transcript of the interview. Even if you decide to withdraw from the study, you will still be paid.

9. *Support after the interview.*

I have made arrangements with a psychologist if you or your children feel disturbed or upset as a result of the interview. The psychologist is an experienced child and adult counsellor. She will be able to discuss any issue or problem that may arise from the interview. This will be at no cost to you. Her name is Dr. Petra Staiger. She works at the Tara Clinic, 32 Arnold Street, Box Hill, 3128. Her phone number is 9 899 7144.

10. *What to do if you want to take part in the study but not your child(ren).*

The final page of this letter is a consent form. It is divided into two parts.

You will need to complete and sign the first part of the consent form only. Please return it to me in the stamped addressed envelope by 30/2/96.

I will then contact you and make a time to meet with you.

11. *What to do if you want to take part in the study WITH your child(ren).*

You will need to complete and sign both the first and second part of the form if you agree to give your consent for you and your child(ren) to be interviewed by me. I have allowed space for your child(ren) to sign as well, if you believe that he/she/they is/are old enough to understand what consent means and they wish to do so.

Please return it to me in the stamped addressed envelope by 30/2/96.

I will then contact you and make a time to meet with you and your child(ren).

12. *What to do if you decide not to participate in the study.*

If you decide to not take part, then do not return the form.

13. *Complaints procedure.*

Should you have any complaint concerning the manner in which this research is conducted, please do not hesitate to contact The Standing Committee on Ethics in Research on Humans at the following address -

The Secretary
The Standing Committee on Ethics in Research on Humans
Monash University,
Wellington Road, Clayton, Victoria 3168
Telephone: (03) 9905 2052 Fax: (03) 9905 3866

SECTION 1. CONSENT FORM FOR PARENT TO PARTICIPATE IN RESEARCH

Parent 1. My name is _____

Parent 2. My name is _____

I/We have read the information contained in the summary of the research proposal and I/we give my/our consent

- (a) to be interviewed personally by Joe Tucci which will be recorded on a cassette as outlined in the accompanying letter; and,
- (b) for Joe Tucci to interview the protective workers from Health and Community Services who were involved with my family.

My/Our personal details are:

ADDRESS: _____ POSTCODE: _____

PHONE: _____

SIGNED: _____ SIGNED: _____

DATE: ____ / ____ / 1996 DATE: ____ / ____ / 1996

SECTION 2. CONSENT FOR CHILDREN TO PARTICIPATE IN RESEARCH

I/We are the legal guardian(s) of _____
(Please fill in name of all child(ren) or young people who are to participate)

I/We have read the information contained in the summary of the research proposal and I/we give my/our consent

(Please fill in name of all child(ren) or young people who are to participate)

to participate in the research as proposed by Joe Tucci in the accompanying letter.

Guardian's signature

Guardian's signature

Child/Young person's signature: _____

Child/Young person's signature: _____

Child/Young person's signature: _____

Date: ____ / ____ / 1996

Please return in stamped addressed envelope to:
Joe Tucci
Department of Social Work, Monash University
Wellington Road, Clayton, VIC, 3168

**LETTER TO CHILD/YOUNG PERSON UNDER GUARDIANSHIP OF DEPARTMENT OF
HEALTH AND COMMUNITY SERVICES**

Department of Social Work
Monash University
Wellington Road
Clayton VIC 3168

5 February, 1996

Pat Smith
14 Happy Street
Sun Patch VIC 3000

Dear Pat,

My name is Joe Tucci. I am a social worker doing a project at Monash University to find out from children and young people about what it has been like for them to be involved with workers from the Department of Health and Community Services.

What I would like to do is ask you, your worker and maybe your mum and/or your dad some questions about what you think of the way that workers from Health and Community Services have helped you and taken care of you.

At the end of the project, I hope that I will have some ideas based on what everyone has said about ways in which workers from Health and Community Services can best support children and young people in your situation.

It is important for you to know that I have a responsibility to report any new information to the Department of Health and Community Services which may lead to you or other children not being protected from abuse.

I have also sent your caregiver a letter which explains a bit more about what I hope to do. They will be able to answer any questions for you or explain things that don't make sense to you. You should talk to your caregiver about whether you would like to be involved in the project and be interviewed by me.

You don't have to take part if you don't want to. Even if you start out saying yes and then change your mind later, you can stop any time you like and everything will be okay.

If you do choose to take part, you will receive \$30 in recognition of your time and effort. This may be in the form of a shopping or activity voucher.

In the next few days, I will contact your caregiver to find out whether you would like to talk to me.

I look forward to meeting you if you decide that you want to.

Take care!

Joe Tucci



MEMO

8 March, 1996

Dr C Goddard
Social Work
CLAYTON CAMPUS

Mr J Tucci
Social Work
CLAYTON CAMPUS

Re: Project 150/95 - Understanding and responding to child emotional abuse

The Standing Committee on Ethics in Research on Humans (SCERH) at its meeting on 5 March 1996 considered your request for an amendment to the above project to include payment to those who participate, (\$70 per family and \$30 per child/young person).

The Committee approved this request with the proviso that a sentence be added to the explanatory statement to explain that participants who decided to withdraw from the study will still be paid.

Thank you for referring this matter to the Committee.

Lyn Gash
Secretary
Standing Committee on Ethics
in Research on Humans

Appendix C. Invitation packs

**LETTER TO CHILD/YOUNG PERSON UNDER GUARDIANSHIP OF DEPARTMENT OF
HUMAN SERVICES**

Department of Social Work
Monash University
Wellington Road
Clayton VIC 3168

15 November, 2004

Pat Smith
14 Happy Street
Sun Patch VIC 3000

Dear Pat,

My name is Joe Tucci. I am a social worker doing a project at Monash University to find out from children and young people about what it has been like for them to be involved with workers from the Department of Human Services.

What I would like to do is ask you, your worker and maybe your mum and/or your dad some questions about what you think of the way that workers from the Department of Human Services have helped you and taken care of you.

At the end of the project, I hope that I will have some ideas based on what everyone has said about ways in which workers from the Department of Human Services can best support children and young people in your situation.

It is important for you to know that I have a responsibility to report any new information to the Department of Human Services which may lead to you or other children not being protected from abuse.

I have also sent your caregiver a letter which explains a bit more about what I hope to do. They will be able to answer any questions for you or explain things that don't make sense to you. You should talk to your caregiver about whether you would like to be involved in the project and be interviewed by me.

You don't have to take part if you don't want to. Even if you start out saying yes and then change your mind later, you can stop any time you like and everything will be okay.

If you do choose to take part, you will receive \$30 in recognition of your time and effort. This may be in the form of a shopping or activity voucher.

In the next few days, I will contact your caregiver to find out whether you would like to talk to me.

I look forward to meeting you if you decide that you want to.

Take care!

Joe Tucci

**LETTER TO CAREGIVER OF CHILDREN UNDER GUARDIANSHIP OF DEPARTMENT
OF HUMAN SERVICES**

Department of Social Work
Monash University
Wellington Road
Clayton VIC 3168

November 15, 2004

Ms. Caregiver,
14 Happy Street
Sun Patch VIC 3000

Dear Caregiver,

My name is Joe Tucci. I am a social worker studying for my Phd, supervised by Dr. Chris Goddard from the Department of Social Work at Monash University. I am conducting an independent research study about how emotional child abuse is understood by parents, children and protective workers from the Department of Human Services. Emotional abuse seems to be hard for professionals and the community to define and I am hopeful that this research will help resolve this problem.

In order to do this, I would like to hear about the experiences of parents and children who have been involved with the Department of Human Services where an allegation of emotional child abuse has been reported.

The results of the research will be used to develop more effective ways for professionals to respond to and support those children and their families.

As legal guardians of the child(ren) in your care, DHS have given their consent for Pat Smith to be involved in the research project outlined in the attached summary. I have included a copy of a signed consent form.

As you are a central figure to them, I would like to ask you to discuss the contents of the letter that I have sent them and explore their feelings about being interviewed by me.

Pat is under no obligation to take part in the study. Pat will also not become involved if you and the protective worker believe that it is not in his best interests to do so. If Pat does choose to take part, he will receive \$30 in recognition of his time and effort. This may be in the form of a retail or activity voucher.

More information about the study is attached in the summary accompanying this letter.

If you feel that you would like other details or have any further questions, please do not hesitate to contact me on my work phone number 9870 6261.

I will contact you in a few days to discuss Pat's responses to the proposals.

Thankyou for your co-operation.

Yours faithfully,

Joe Tucci

SUMMARY OF RESEARCH PROPOSAL

*Conducted by Joe Tucci
Supervised by Dr. Chris Goddard
Department of Social Work, Monash University*

1. *What will happen in the research.*

The research aims to find out more about how emotional child abuse is understood by parents, children and protective workers from the Department of Human Services.

In the study, it is proposed that information about a range of issues will be gathered and compared from three different sources.

- Source 1. Interview protective workers from the Department of Human Services (DHS) who conducted a formal investigation of child abuse and neglect.
- Source 2. Interview parents who have experienced an investigation by protective workers from DHS of a report of suspected emotional child abuse.
- Source 3. Interview children and/or young people who have experienced an investigation by protective workers from DHS of a report of suspected emotional child abuse.

2. *The issues which will be covered in the interviews.*

The interviews will cover the following general areas from the perspective of all three groups:

- 1. How children and parents were affected by the involvement of a protective worker in their lives?
- 2. What did parents and children believe were the goals and outcomes of the investigation?
- 3. Did the protective worker provide any assistance for the child or parents?
- 4. Did the protective worker cause further problems for the child or parents through their involvement?
- 5. What did it mean to children and parents to be investigated by protective workers from the Department of Human Services?
- 6. What suggestions could children and parents give to protective workers from Department of Human Services about the way
 - a) the protective workers explained their role and authority?
 - b) the protective workers handled various pieces of information they gathered?
 - c) the protective workers made decisions throughout the investigation?
- 7. What do children and parents believe the protective workers should change about the way they conducted their investigations?
- 8. How could protective workers improve the way they conducted their investigation?

3. *What will the interview be like?*

I estimate that each interview will take about forty-five minutes for children and young people. If they become involved in the study, I will arrange to interview them at home at a time that is convenient for you and them. They are more than welcome to have someone else there during the interview if that makes them feel more comfortable.

4. *The identity of all participants will be kept confidential.*

At no stage will the child/young person's individual or family name, address or other identifying detail accompany the tape or typed version of the interview. Apart from the child or young person, no one other than myself and Dr. Chris Goddard will read or have access to the interview. Their answers will be used alongside the answers from other parents and children to illustrate their experience of the investigation process. In all reports based on the research, they will be identified by a pseudonym, for example Ms. D, Mr. F.

Also, any information contained in the interview which may identify them or any other family member will be altered.

5. *The confidentiality of the information.*

The interview will be recorded on a cassette. When we have finished, the entire interview will be typed up. I will send them this typed version of the interview for them to check over and adjust if they think it is necessary. You might like to help them with this process. I will then revise the interview and send them a copy to keep. I will also send the child or young person the findings of the research at its completion if they are interested.

The original cassette and the final typed version of the interview will be kept by my supervisor, Dr. Chris Goddard in a secure cabinet at Monash University. This information will be kept for five years and then destroyed. Access to this information will be restricted to myself and Dr. Goddard during this time.

It is important for you to note that I have a responsibility to report any new information to the Department of Human Services which may lead to any children being considered at risk of abuse.

6. *Gaining consent for child(ren) on guardianship orders to DHS to participate in the study.*

As the child(ren) is/are not old enough to give their formal consent to participate in this sort of research, I have been given consent from DHS their legal guardian. However, the children will not participate in the study if

- a. they do not want to; and/or
- b. it is considered by the protective worker and yourself that it is not in the best interests of the child to do so.

7. *The child/young person's consent.*

On the accompanying consent form, I have allowed space for the child(ren) to sign as well, if you believe that he/she/they is/are old enough to understand what consent means and they wish to do so.

8. *Acknowledgment of the child/young person's participation.*

If the child/young person chooses to participate, he/she will receive \$30 in recognition of his/her time and effort in taking part in the research interviews and later on reviewing the transcript of the interview.

If there is any issue related to how the children may spend their money, the payment can be offered in the form of a shopping or activity voucher for the child/young person. This will be negotiated with plenty of warning for the child/young person, so he/she will know how the money will be paid prior to his/her decision to participate in the research.

9. *My experience in interviewing children.*

I have worked as a counsellor with children and young people for the past eight years. As such, I can assure you that the interview will be sensitive to their feelings and their stage of development. During the interview, children can have anyone with them that may help them to feel more comfortable if they wish. They are able to withdraw from the research at any stage.

10. *Support after the interview.*

I have made arrangements with a psychologist if the child/young person feels disturbed or upset as a result of the interview. The psychologist is an experienced child and adult counsellor. She will be able to discuss any issue or problem that may arise from the interview. This will be at no cost to you or the child/young person. Her name is Dr. Petra Staiger. She works at the Tara Clinic, 32 Arnold Street, Box Hill, 3128. Her phone number is 9 899 7144.

11. *Complaints procedure.*

Should you have any complaint concerning the manner in which this research is conducted, please do not hesitate to contact The Standing Committee on Ethics in Research on Humans at the following address -

The Secretary
The Standing Committee on Ethics in Research on Humans
Monash University,
Wellington Road, Clayton, Victoria 3168
Telephone: (03) 9905 2052 Fax: (03) 9905 3866

CONSENT FOR CHILDREN UNDER THE GUARDIANSHIP OF DHS TO PARTICIPATE IN THE PROPOSED RESEARCH BY JOE TUCCI, MONASH UNIVERSITY

The following child(ren) are subject to Guardianship Order to the Director General Of the Department of Human Services under Section 106 of the *Children and Young Person's Act*, 1989.

Child 1. _____

Child 2. _____

Child 3. _____

Child 4. _____

Child 5. _____

As delegated guardian of the children, I give my consent for the above named to participate in the research study proposed by Joe Tucci.

Signature: _____

Name: Mr. Stuart Lidner

Title: Manager, Protective Services

Address: Eastern Metropolitan Region
Health and Community Services
Locked Bag 2015
Box Hill VIC 3128

Phone: 9248 7248

Date: ____ / ____ / 1997

Child/Young person's signature: _____

Child/Young person's signature: _____

Date: ____ / ____ / 1997

SAMPLE LETTER

November 15, 2004

Mr. and Mrs. Smith
15 Victoria Street
Ringwood VIC 3134

Dear Mr and Mrs Smith,

You will find attached to this letter an invitation to take part in a research study to be carried out by Joe Tucci from the Department of Social Work at Monash University.

The details of the research and what you can expect if you decide to participate are contained in the remaining documentation.

Your decision to respond is totally up to you.

Let me assure you that your personal details have not been disclosed to Joe or any other person. The confidentiality of this information is protected by strict privacy laws.

Thankyou for your time.

Yours faithfully,

Mr. Simon Gardiner

Manager, Protective Services
Eastern Metropolitan Region
Department of Human Services

Dear Parent(s) or Caregiver(s),

This letter is an invitation for you and your child(ren) to participate in a research study about your experiences with protective workers from the Department of Human Services. At this stage, none of your personal details have been given to me by the Department as this information is protected by privacy laws. However, they have sent this letter to you at my request.

My name is Joe Tucci. I am a social worker studying for my Phd, supervised by Dr. Chris Goddard from the Department of Social Work at Monash University. I am conducting an independent research study about how emotional child abuse is understood by parents, children and protective workers from the Department of Human Services. Emotional abuse seems to be hard for professionals and the community to define and I am hopeful that this research will help resolve this problem.

In order to do this, I would like to hear from parents and children who have been involved with the Department of Human Services where an allegation of emotional child abuse has been reported. The research will give you and your child(ren) the opportunity to evaluate from your point of view the way protective workers from the Department of Human Services carried out their investigation.

The results of the research will be used to develop more effective ways for professionals to respond to and support those children and their families.

It is important for you to know that you and your child(ren)'s involvement with the research is totally up to you. You are not obliged to take part in the study in any way.

If you do choose to take part, you and your family will receive \$70 in recognition of your time and effort.

What you say as part of the research is confidential. However, I have a responsibility to report any new information to the Department of Human Services which may lead to children in your care being considered unsafe.

If you choose to participate, I will ask you to sign a consent form and return it in the pre-paid envelope. Even if you do agree to take part, you are free to withdraw from the research at any time.

Accompanying this letter is a summary of what the research is about and what commitment you might expect if you decide to take part.

If you feel that you would like some more information prior to making a decision or have any further questions, please do not hesitate to contact me at my office on 9421 0882.

I would like to thank you for the opportunity to present my research proposal to you for your consideration.

Yours faithfully,

Joe Tucci

SUMMARY OF RESEARCH PROPOSAL

*Conducted by Joe Tucci
Supervised by Dr. Chris Goddard
Department of Social Work, Monash University*

1. *What will happen in the research.*

The research aims to find out more about how emotional child abuse is understood by parents, children and protective workers from the Department of Human Services.

In the study, it is proposed that information about a range of issues will be gathered and compared from three different sources.

- Source 1. Interview protective workers from the Department of Human Services (DHS) who conducted a formal investigation of child abuse and neglect.
- Source 2. Interview parents who have experienced an investigation by protective workers from DHS of a report of suspected emotional child abuse.
- Source 3. Interview children and/or young people who have experienced an investigation by protective workers from DHS of a report of suspected emotional child abuse.

2. *The issues which will be covered in the interviews.*

The interviews will cover the following general areas from the perspective of all three groups:

- 1. How children and parents were affected by the involvement of a protective worker in their lives?
- 2. What did parents and children believe were the goals and outcomes of the investigation?
- 3. Did the protective worker provide any assistance for the child or parents?
- 4. Did the protective worker cause further problems for the child or parents through their involvement?
- 5. What did it mean to children and parents to be investigated by protective workers from the Department of Human Services?
- 6. What suggestions could children and parents give to protective workers from Department of Human Services about the way
 - a) the protective workers explained their role and authority?
 - b) the protective workers handled various pieces of information they gathered?
 - c) the protective workers made decisions throughout the investigation?
- 7. What do children and parents believe the protective workers should change about the way they conducted their investigations?
- 8. How could protective workers improve the way they conducted their investigation?

3. *What will the interview be like?*

I estimate that each interview will take between one to two hours for adults and about forty-five minutes for children and young people. If you give your consent to participate in the study, I will arrange to interview you at your home at a time that is convenient for you and your children. You are more than welcome to have someone else there during the interview if that makes you feel more comfortable.

4. *The identity of all participants will be kept confidential.*

At no stage will your individual or family name, address or other identifying detail accompany the tape or typed version of the interview. Apart from your family, no one other than myself and Dr. Chris Goddard will read or have access to the interview. Your answers will be used alongside the answers from other parents and children to illustrate your experience of the investigation process. In all reports based on the research, you and your children will be identified by a pseudonym, for example Ms. D, Mr. F.

Also, any information contained in the interview which may identify you or any other family member will be altered.

5. *The confidentiality of the information.*

The interview will be recorded on a cassette. When we have finished, the entire interview will be typed up. I will send you this typed version of the interview for you to check over and adjust if you think it is necessary. I will then revise the interview and send you a copy for you to keep. I will also send you the findings of the research at its completion if you are interested.

The original cassette and the final typed version of the interview will be kept by my supervisor, Dr. Chris Goddard in a secure cabinet at Monash University. This information will be kept for five years and then destroyed. Access to this information will be restricted to myself and Dr. Goddard during this time.

It is important for you to note that I have a responsibility to report any new information to the Department of Human Services which may lead to children in your care being considered at risk of abuse.

6. *Giving your consent to participate in the study.*

By completing and signing the consent form attached to this summary, you will be indicating your agreement for

- a. you to be interviewed by me about the issues previously outlined; and
- b. me to interview the protective workers who were involved with you and your child(ren).

7. *Giving your consent for your child(ren) to participate in the study.*

As your child(ren) is/are not old enough to give their formal consent to participate in this sort of research, I would ask you to provide your consent as their guardian. Perhaps, you may want to discuss the research with your child(ren) and together make a decision about their involvement. If you believe that they are old enough to understand what it means to give consent, then there is provision for them to sign on the form with you.

I have worked as a counsellor with children and young people for the past eight years. As such, I can assure you that the interview will be sensitive to their feelings and their stage of development. During the interview, children can have anyone with them that may help them to feel more comfortable if they wish. As with you, your child is able to withdraw from the research at any stage.

8. Acknowledgment of your participation.

If you choose to participate, whether or not you give your consent for your children's participation, you and your family will receive \$70 in recognition of your time and effort in taking part in the research interviews and later on reviewing the transcript of the interview. Even if you decide to withdraw from the study, you will still be paid.

9. Support after the interview.

I have made arrangements with a psychologist if you or your children feel disturbed or upset as a result of the interview. The psychologist is an experienced child and adult counsellor. She will be able to discuss any issue or problem that may arise from the interview. This will be at no cost to you. Her name is Dr. Petra Staiger. She works at the Tara Clinic, 32 Arnold Street, Box Hill, 3128. Her phone number is 9 899 7144.

10. What to do if you want to take part in the study but not your child(ren).

The final page of this letter is a consent form. It is divided into two parts.

You will need to complete and sign the first part of the consent form only. Please return it to me in the stamped addressed envelope as soon as possible.

I will then contact you and make a time to meet with you.

11. What to do if you want to take part in the study WITH your child(ren).

You will need to complete and sign both the first and second part of the form if you agree to give your consent for you and your child(ren) to be interviewed by me. I have allowed space for your child(ren) to sign as well, if you believe that he/she/they is/are old enough to understand what consent means and they wish to do so.

Please return it to me in the stamped addressed envelope as soon as possible.

I will then contact you and make a time to meet with you and your child(ren).

12. What to do if you decide not to participate in the study.

If you decide to not take part, then do not return the form.

13. Complaints procedure.

Should you have any complaint concerning the manner in which this research is conducted, please do not hesitate to contact The Standing Committee on Ethics in Research on Humans at the following address -

The Secretary
The Standing Committee on Ethics in Research on Humans
Monash University,
Wellington Road, Clayton, Victoria 3168
Telephone: (03) 9905 2052 Fax: (03) 9905 3866

SECTION 1. CONSENT FORM FOR PARENT TO PARTICIPATE IN RESEARCH

Parent 1. My name is _____

Parent 2. My name is _____

I/We have read the information contained in the summary of the research proposal and I/we give my/our consent

- (a) to be interviewed personally by Joe Tucci which will be recorded on a cassette as outlined in the accompanying letter; and,
- (b) for Joe Tucci to interview the protective workers from Health and Community Services who were involved with my family.

My/Our personal details are:

ADDRESS: _____

POSTCODE: _____

PHONE: _____

SIGNED: _____ SIGNED: _____

DATE: ____ / ____ / 1997

DATE: ____ / ____ / 1997

SECTION 2. CONSENT FOR CHILDREN TO PARTICIPATE IN RESEARCH

I/We are the legal guardian(s) of _____
(Please fill in name of all child(ren) or young people who are to participate)

I/We have read the information contained in the summary of the research proposal and I/we give my/our consent _____
(Please fill in name of all child(ren) or young people who are to participate)

to participate in the research as proposed by Joe Tucci in the accompanying letter.

Guardian's signature

Guardian's signature

Child/Young person's signature: _____

Child/Young person's signature: _____

Date: ____ / ____ / 1997

Please return in stamped addressed envelope to:
Joe Tucci
PO BOX 4035, Ringwood VIC 3134



AUSTRALIA

Department of Social Work
Monash University
Wellington Road
Clayton VIC 3168

Phone: 9905 4299

29 October, 1996

Dear Parent(s) or Caregiver(s),

This letter is an invitation for you and your child(ren) to participate in a research study about your experiences of helping professionals who have been involved with your family. At this stage, none of your personal details have been given to me as this information is protected by privacy laws. However, the workers from Yarra Valley Support Services have sent this letter to you at my request.

My name is Joe Tucci. I am a social worker studying for my Phd, supervised by Dr. Chris Goddard from the Department of Social Work at Monash University. I am conducting an independent research study which evaluates how effective professionals are in helping families resolve problems they may experience.

In order to do this, I would like to hear from parents and children who have received professional input to help address communication problems, parenting difficulties, family violence and/or emotional abuse. The research will give you and your child(ren) the opportunity to evaluate from your point of view the way professionals have tried to help your family.

The results of the research will be used to develop more effective ways for professionals to respond to and support children and their families.

It is important for you to know that you and your child(ren)'s involvement with the research is totally up to you. You are not obliged to take part in the study in any way.

If you do choose to take part, you and your family will receive \$70 in recognition of your time and effort. This money is made available through the Monash University Research Fund.

What you say as part of the research is confidential. However, I have a responsibility to report any new information to the Department of Human Services which may lead to children in your care being considered at risk of abuse.

If you choose to participate, I will ask you to sign a consent form and return it in the pre-paid envelope. Even if you do agree to take part, you are free to withdraw from the research at any time.

Accompanying this letter is a summary of what the research is about and what commitment you might expect if you decide to take part.

If you feel that you would like some more information prior to making a decision or have any further questions, please do not hesitate to contact me at the Department of Social Work during office hours on 9905 4299.

I would like to thank you for the opportunity to present my research proposal to you for your consideration.

Yours faithfully,

Joe Tucci

CLAYTON CAMPUS
WELLINGTON ROAD
CLAYTON
VICTORIA 3168
AUSTRALIA
FAX: +61 3 990 54007
TELEPHONE: +61 3 990 54000

CAULFIELD CAMPUS
900 DANDENONG ROAD
EAST CAULFIELD
VICTORIA 3145
AUSTRALIA
FAX: +61 3 990 32400
TELEPHONE: +61 3 990 32000

PENINSULA CAMPUS
McMAHONS ROAD
FRANKSTON
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TELEPHONE: +61 3 990 44000

GIPPSLAND CAMPUS
SWITCHBACK ROAD
CHURCHILL
VICTORIA 3842
AUSTRALIA
FAX: +61 3 990 26300
TELEPHONE: +61 3 990 26200
LOCAL: (051) 22 6200

PARKVILLE CAMPUS
381 ROYAL PARADE
PARKVILLE
VICTORIA 3052
AUSTRALIA
FAX: +61 3 990 39581
TELEPHONE: +61 3 990 39000

SUMMARY OF RESEARCH PROPOSAL

Conducted by Joe Tucci

Supervised by Dr. Chris Goddard

Department of Social Work, Monash University

1. What will happen in the research.

The research aims to find out more about how effective the input from helping professionals is in helping families, who have experienced problems with communication, parenting difficulties, family violence and/or emotional abuse.

In the study, it is proposed that information about a range of issues will be gathered and compared from three different sources.

- Source 1. Interview parents who have experienced professional input from staff at Yarra Valley Support Services and possibly other supports.
- Source 2. Interview children and/or young people who have experienced professional input from staff at Yarra Valley Support Services and possibly other supports.
- Source 3. Interview professionals from Yarra Valley Family Support Services who have been involved with you and your family.

2. The issues which will be covered in the interviews.

The interviews will cover the following general areas from the perspective of all three groups:

- 1. How children and parents were affected by the involvement of professionals in their lives?
- 2. What did parents and children believe were the goals and outcomes of the input from the professionals?
- 3. What were the ways in which helping professionals assisted families in addressing their problems?
- 4. What did it mean to children and parents to be involved with professionals for these types of difficulties you experienced?
- 5. What suggestions could children and parents give to professionals about the way
 - a) they explained their role?
 - b) they handled various pieces of information they gathered?
 - c) they responded to the needs of children within their family?
- 6. What do parents and children find helpful/unhelpful about the way relevant professionals attempt to help families?
- 7. What do children and parents believe that professionals should change about the way they approach working with families who have experienced problems similar to yours?
- 8. How could professionals improve the way they work with parents and children?

3. *What will the interview be like?*

I estimate that each interview will take about 90 minutes for adults and about 45 minutes for children and young people. If you give your consent to participate in the study, I will arrange to interview you at your home at a time that is convenient for you and your children. You are more than welcome to have someone else there during the interview if that makes you feel more comfortable.

4. *The identity of all participants will be kept confidential.*

At no stage will your individual or family name, address or other identifying detail accompany the tape or typed version of the interview. Apart from your family, no one other than myself and Dr. Chris Goddard will read or have access to the interview. Your answers will be used alongside the answers from other parents and children to illustrate how you experienced professional input. In all reports based on the research, you and your children will be identified by a pseudonym, for example Ms. D, Mr. F.

Also, any information contained in the interview which may identify you or any other family member will be altered.

5. *The confidentiality of the information.*

The interview will be recorded on a cassette. When we have finished, the entire interview will be typed up. I will send you this typed version of the interview for you to check over and adjust if you think it is necessary. I will then revise the interview and send you a copy for you to keep. I will also send you the findings of the research at its completion if you are interested.

The original cassette and the final typed version of the interview will be kept by my supervisor, Dr. Chris Goddard in a secure cabinet at Monash University. This information will be kept for five years and then destroyed. Access to this information will be restricted to myself and Dr. Goddard during this time.

It is important for you to note that I have a responsibility to report any new information to the Department of Health and Community Services which may lead to children in your care being considered at risk of abuse.

6. *Giving your consent to participate in the study.*

By completing and signing the consent form attached to this summary, you will be indicating your agreement for

- a. you to be interviewed by me about the issues previously outlined; and
- b. me to interview the professionals from Yarra Valley Support Services who were involved with you and your child(ren).

7. *Giving your consent for your child(ren) to participate in the study.*

As your child(ren) is/are not old enough to give their formal consent to participate in this sort of research, I would ask you to provide your consent as their guardian. Perhaps, you may want to discuss the research with your child(ren) and together make a decision about their involvement. If you believe that they are old enough to understand what it means to give consent, then there is provision for them to sign on the form with you.

I have worked as a counsellor with children and young people for the past nine years. As such, I can assure you that the interview will be sensitive to their feelings and their stage of development. During the interview, children can have anyone with them that may help them to feel more comfortable if they wish. As with you, your child is able to withdraw from the research at any stage.

8. Acknowledgment of your participation.

If you choose to participate, whether or not you give your consent for your children's participation, you and your family will receive \$70 in recognition of your time and effort in taking part in the research interviews and later on reviewing the transcript of the interview. Even if you decide to withdraw from the study at a later stage, you will still be paid.

9. Support after the interview.

I have made arrangements with a psychologist if you or your children feel disturbed or upset as a result of the interview. The psychologist is an experienced child and adult counsellor. She will be able to discuss any issue or problem that may arise from the interview. This will be at no cost to you. Her name is Dr. Petra Staiger. She works at the Tara Clinic, 32 Arnold Street, Box Hill, 3128. Her phone number is 9899 7144.

10. What to do if you want to take part in the study but not your child(ren).

The final page of this letter is a consent form. It is divided into two parts.

You will need to complete and sign the first part of the consent form only. Please return it to me in the stamped addressed envelope by _____.

I will then contact you and make a time to meet with you.

11. What to do if you want to take part in the study WITH your child(ren).

You will need to complete and sign both the first and second part of the form if you agree to give your consent for you and your child(ren) to be interviewed by me. I have allowed space for your child(ren) to sign as well, if you believe that he/she/they is/are old enough to understand what consent means and they wish to do so.

Please return it to me in the stamped addressed envelope by _____.

I will then contact you and make a time to meet with you and your child(ren).

12. What to do if you decide not to participate in the study.

If you decide to not take part, then do not return the form.

13. Complaints procedure.

Should you have any complaint concerning the manner in which this research is conducted, please do not hesitate to contact The Standing Committee on Ethics in Research on Humans at the following address -

The Secretary
The Standing Committee on Ethics in Research on Humans
Monash University,
Wellington Road, Clayton, Victoria 3168
Telephone: [REDACTED] Fax: (03) 9905 3866

SECTION 1. CONSENT FORM FOR PARENT TO PARTICIPATE IN RESEARCH

Parent 1. My name is _____

Parent 2. My name is _____

I/We have read the information contained in the summary of the research proposal and I/we give my/our consent

- (a) to be interviewed personally by Joe Tucci which will be recorded on a cassette as outlined in the accompanying letter; and,
- (b) for Joe Tucci to interview the professionals from Yarra Valley Support Services who were involved with my family.

My/Our personal details are:

ADDRESS: _____
_____ POSTCODE: _____

PHONE: _____

SIGNED: _____

SIGNED: _____

DATE: ____ / ____ / 1996

DATE: ____ / ____ / 1996

SECTION 2. CONSENT FOR CHILDREN TO PARTICIPATE IN RESEARCH

I/We are the legal guardian(s) of _____
(Please fill in name of all child(ren) or young people who are to participate)

I/We have read the information contained in the summary of the research proposal and I/we give my/our consent for _____
(Please fill in name of all child(ren) or young people who are to participate)

to participate in the research as proposed by Joe Tucci in the accompanying letter.

Guardian's signature

Guardian's signature

Child/Young person's signature: _____

Child/Young person's signature: _____

Child/Young person's signature: _____

Date: ____ / ____ / 1996

Please return in stamped addressed envelope to:
Joe Tucci
Department of Social Work, Monash University
Wellington Road, Clayton, VIC, 3168

Appendix D. Interview schedules

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UNDERSTANDING AND RESPONDING TO CHILD EMOTIONAL ABUSE

Joe Tucci

*Department of Social Work and Human Services
Monash University, Wellington Road, Clayton VIC 3168*

PROTECTIVE WORKER INTERVIEWS - DHS

Introduction:

Let me start by thanking you for agreeing to take part in this research. As outlined to you in the letter you received, the aim of the study is to explore how emotional child abuse is understood by parents, children and protective workers from the Department of Human Services.

In order to do this, I am talking to parents and children who have been involved with the Department of Human Services where an allegation of emotional child abuse has been reported. I will also interview the protective workers who have been involved with the particular family. I am then hoping to match up the information gained from these sources to examine the factors which influence decision-making, the ways family react to protective services, and the outcomes for children who receive this sort of professional involvement.

The results of the research will be used to

(a) suggest alternative practice options for DHS workers throughout their investigations into reports of child emotional abuse; and,

(b) develop more effective ways for professionals to respond to and support those children and their families.

The interview should take about ninety minutes. I will be taping it using the equipment in front of you. The tape will be kept at the Department of Social Work and Humans Services, Monash University for five years. After this time, we can return it to you or destroy it.

As I have already explained, the information you give and your identity will be kept confidential.

Do you have any questions before we begin?

1. Family structure

Who is in this family? Please describe the family-tree.

How would you describe the sort of relationships between members of the family?

2. Tracing the path of the investigation

I would like to discuss with you your understanding of the critical events and decisions which have been made during the investigation and subsequent protective intervention with the child(ren) and family in question. In conjunction with the worker, trace the *investigation path* as reflected in the file. Attempt to represent the path of the current notification diagrammatically using specific dates and/or timelines wherever possible. Ensure that answers to the following prompts can be drawn from the diagram.

Nature and outcome of any previous protective involvement (consultation\notification) with

- (a) the notified child;
- (b) other currently notified siblings;
- (c) currently non-notified siblings.

Include information about:

- * reporter sources
- * Protective Services decisions and rationale
- * type of abuse identified in past
- * level of registration if past abuse substantiated
- * the identification of alleged perpetrators
- * the result of previous police involvement with alleged perpetrators
- * previous professionals involved
- * previous community case plans instigated as a result of Protective Services involvement
- * previous protection applications
- * children's court orders
- * duration and/or currency of any children's court orders.

3. If the way you understand emotional abuse was important to your work in this case, what would we need to talk about in the rest of this interview for you to feel confident that you had portrayed its relevance to me?

4. Initial contact with DHS

What did you understand were the concerns that were raised by the protective workers on their first visit to the family?

Do you believe that the concerns changed at any time throughout the investigation process?

5. Initial impact of DHS

What do you think was the family's initial reaction to DHS involvement?

What was your initial reaction to becoming involved with this family?

Looking back on that reaction, what do you make of it now?

On reviewing these events, what do you think was the most helpful actions you took in the initial contacts with the child/family?

6. Impact of DHS processes/decision-making

What were the decisions/meetings/issues/processes that affected the children?

What in your view were the decisions/meetings/issues/processes that affected other family members?

7. Re-constructing important events

What stood out most for you during your involvement with the child and family?

8. Exploring language

What do you think are the most critical terms/words/phrases you use in your work?

What do you mean by the terms

- * abuse/neglect?
- * risk?
- * assessment?
- * substantiation?
- * significant?
- * harm?

What do you think that the child(ren) understood by these terms?

What do you think that the adult caregivers understood by these terms?

9. Reflecting on DHS assessment

What do you think was the assessment that you developed about the family?

How would you describe your assessment of the risk to the child?

What input from the child did you incorporate into your assessment?

What input from other family members did you incorporate into your assessment?

What issues/information might have contradicted your assessment of the child/family?

10. Registration process

What do you think the child(ren) and family understood about the registration process?
From your point of view, what are the types of abuse that the caregivers believed were substantiated by you?

From your point of view, what are the types of abuse that the children believed were substantiated by you?

What was the outcome of the protective investigation?

If case closed or no investigation possible, what was reason for closure identified?

11. Responsibility

Who did you view as responsible for the abuse experienced by the children in this family?

12. Agreements/disagreements

What issues did you agree on with

* the child?

* the caregivers?

* other family members?

What issues did you disagree with?

13. Experience of legislative authority

How do you believe that you used your legislative mandate in this situation?

What do you think is relevant in this case if I was to ask you about power?

What do you think might be interesting to explore that may highlight issues of control in your work with this family?

14. Reflecting on the experience of the process

Are there moments you remembered as tense and difficult for yourself, the children, the caregivers?

Were there things that they tried to say to you that you weren't prepared to listen to?

Were there times which were not easy to understand why a topic was talked about?

Were there times when you wanted to talk about something but didn't find it easy, so it was not talked about?

Were there times you tried to say something they didn't hear?

What were the hardest things to talk about with the child/family?

What were the riskiest things to talk about with the child/family?

What were the hardest things to talk about with your senior protective worker?

What were the riskiest things to talk about with your senior protective worker?

15. Evaluating DHS involvement

How do you think the child/family experienced the impact of DHS involvement?

What do you believe you did which may have been perceived as useful/helpful by the child/family?

What do you believe you did which may **not** have been perceived as useful/helpful by the child/family?

16. Comparing aims of DHS involvement

What would your ideal outcome be for the notified child and family as a result of Protective Services intervention?

Have or will you come across any restraints preventing this outcome from being achieved?

What do you think the child/family perceived as the goals for DHS involvement?

What do you believe were the child/family's goals?

Can you comment on the differences or similarities of these two sets of goals.

17. DHS interventions

How would you describe the interventions you planned and put into place for the child/family?

What were these interventions designed to achieve?

How effective do you believe were these interventions in

- * protecting the children?
- * addressing risk?
- * promoting change for the child?

How might these interventions differ for cases of emotional abuse as compared with other forms of abuse?

How might these interventions be similar for cases of emotional abuse as compared with other forms of abuse?

18. Turning points

What do you believe were any turning points for you that occurred during your involvement with the child/family?

19. Examining change

What change, if any, did you perceive to have occurred for the child/family as a result of DHS involvement?

Who do you see is responsible for any change which may have occurred in the family?

20. Family resources/strengths

What do you think you discovered about this family that you did not expect or may have surprised you?

21. Realising an outcome

What do you think was achieved as a result of DHS involvement for the child(ren)?

What do you think was achieved as a result of DHS involvement for other family members?

How much hope did you have that you could resolve this situation to your satisfaction?

22. Exploring disqualified information

What sort of information do you think was important to you to gather as a DHS workers?

What do you think family would say were your reasons for gathering the sort of information you did?

What other things were going in the family's life throughout the investigation?

Looking back over your involvement with this child/family, is there any information that you believe you have gathered which you have not used?

23. Professional network

What was the involvement of other agencies/workers from the community with the child/family?

24. In supervision with your senior protective worker, what do you believe are the key issues that he/she considers in his/her decision-making about this child/family?

- * Agreements/disagreements
- * Political issues
- * View of reported concerns
- * Involvement of other agencies
- * Involvement of Police
- * Extent of influence in decision-making process

25. Supervision process

How might your supervision with your senior protective worker differ for cases of emotional abuse as compared with other forms of abuse?

How might your supervision with senior protective worker be similar for cases of emotional abuse as compared with other forms of abuse?

26. Drawing out feedback

What feedback would you like to receive from the child/family about

- * the way you conducted your investigation?
- * decisions you made?
- * information you provided to them?
- * how you listened to them?
- * what you should be listening to?

Looking back over your involvement with this child/family, what do you think you could have done differently?

27. Reflecting on the research interview

During this interview, what should I have asked you that I did not?

Are there any other points or issues you would like to raise that my questions have not addressed?

28. Constructing parenthood

What do you think that your involvement with the family says about how you see families, parents, children?

On reviewing these events that took place, what do they tell you about what is really important for

- * you as a protective worker?
- * for children?
- * for parenthood?
- * for families?

29. Reflecting on the impact of the research

What impact would it have on you to receive feedback from families about your involvement with them?

CONFIDENTIAL

UNDERSTANDING AND RESPONDING TO CHILD EMOTIONAL ABUSE

Joe Tucci

*Department of Social Work and Human Services
Monash University, Wellington Road, Clayton VIC 3168*

SENIOR PROTECTIVE WORKER INTERVIEW - DHS

Introduction:

Let me start by thanking you for agreeing to take part in this research. As outlined to you in the letter you received, the aim of the study is to explore how emotional child abuse is understood by parents, children and protective workers from the Department of Human Services.

In order to do this, I am talking to parents and children who have been involved with the Department of Human Services where an allegation of emotional child abuse has been reported. I will also interview the protective workers who have been involved with the particular family. I am then hoping to match up the information gained from these sources to examine the factors which influence decision-making, the ways family react to protective services, and the outcomes for children who receive this sort of professional involvement.

The results of the research will be used to

- (a) suggest alternative practice options for DHS workers throughout their investigations into reports of child emotional abuse; and,*
- (b) develop more effective ways for professionals to respond to and support those children and their families.*

The interview should take about ninety minutes. I will be taping it using the equipment in front of you. The tape will be kept at the Department of Social Work and Humans Services, Monash University for five years. After this time, we can return it to you or destroy it.

As I have already explained, the information you give and your identity will be kept confidential.

Do you have any questions before we begin?

1. In supervision with the allocated protective worker in relation to this case, what do you believe were the key issues that you took into account in supervising the work with the child(ren) and family in question?

Prompts:

- * Family's strengths
 - * Capacity to use supports (present and past)
 - * Links with community
 - * Willingness to co-operate with Protective Services
 - * Willingness to accept supports
 - * Age of child
 - * Family relationships
 - * Nature and extent of abuse/neglect
 - * Intent by perpetrator
 - * Effect of abuse on child's development
 - * Capacity to protect child from further abuse/neglect

 - * Ability of professional(s) to address specific concerns
 - * Motivation of community professional's to monitor and re-contact Protective Services
 - * Capacity to contain concerns to an acceptable level
 - * Relationship of other professionals with family
 - * Capacity of other professionals to continue to work with family
 - * Understanding of professional community of Protective Services role
- 2. What do you think were the critical decisions made by you and other workers throughout DHS involvement with this child(ren) and family?**
- 3. What do you believe were the key issues considered by the allocated protective worker in presenting their assessment and conclusions to you?**
- 4. How relevant do you think that the notion of emotional abuse was to the decision-making in this case?**
- 5. If the way you understand emotional abuse was important to your work in this case, what would we need to talk about in the rest of this interview for you to feel confident that you had portrayed its relevance to me?**
- 6. Supervision process**

How might your supervision with the allocated protective worker differ for cases of emotional abuse as compared with other forms of abuse?

How might your supervision with the allocated protective worker be similar for cases of emotional abuse as compared with other forms of abuse?

7. Impact of DHS processes/decision-making

What were the decisions/meetings/issues/processes that affected the children?

What in your view were the decisions/meetings/issues/processes that affected other family members?

8. Re-constructing important events

What stood out most for you during your involvement with the child and family?

9. Exploring language

What do you think are the most critical terms/words/phrases you use in your work?

What do you mean by the terms

- * abuse/neglect?
- * risk?
- * assessment?
- * substantiation?
- * significant?
- * harm?

What do you think that the child(ren) understood by these terms?

What do you think that the adult caregivers understood by these terms?

10. Reflecting on DHS assessment

What do you think was the assessment that you developed about the family?

How would you describe your assessment of the risk to the child?

What input from the child did you incorporate into your assessment?

What input from other family members did you incorporate into your assessment?

What issues/information might have contradicted your assessment of the child/family?

11. Registration process

What do you think the child(ren) and family understood about the registration process?

From your point of view, what are the types of abuse that the caregivers believed were substantiated by you?

From your point of view, what are the types of abuse that the children believed were substantiated by you?

12. Experience of legislative authority

How do you believe that you used your legislative mandate in this situation?

What do you think is relevant in this case if I was to ask you about power?

What do you think might be interesting to explore that may highlight issues of control in your work with this family?

13. Reflecting on the experience of the process

Are there moments you remembered as tense and difficult for yourself, the protective worker, the children, the caregivers?

Were there things that someone tried to say to you that you weren't prepared to listen to?

Were there times which were not easy to understand why a topic was talked about?

Were there times when you wanted to talk about something but didn't find it easy, so it was not talked about?

Were there times you tried to say something they didn't hear?

What were the hardest things to talk about with the child/family?

What were the riskiest things to talk about with the child/family?

What were the hardest things to talk about with the protective worker?

What were the riskiest things to talk about with the protective worker?

14. Evaluating DHS involvement

How do you think the child/family experienced the impact of DHS involvement?

What do you believe you did which may have been perceived as useful/helpful by the child/family?

What do you believe you did which may not have been perceived as useful/helpful by the child/family?

15. Comparing aims of DHS involvement

What would your ideal outcome be for the notified child and family as a result of Protective Services intervention?

Have or will you come across any restraints preventing this outcome from being achieved?

What do you think the child/family perceived as the goals for DHS involvement?

What do you believe were the child/family's goals?

Can you comment on the differences or similarities of these two sets of goals.

16. DHS interventions

How would you describe the interventions you planned and helped to put into place for the child/family?

What were these interventions designed to achieve?

How effective do you believe were these interventions in

* protecting the children?

* addressing risk?

* promoting change for the child?

How might these interventions differ for cases of emotional abuse as compared with other forms of abuse?

How might these interventions be similar for cases of emotional abuse as compared with other forms of abuse?

17. Turning points

What do you believe were any turning points for you that occurred during your involvement with the child/family?

18. Examining change

What change, if any, did you perceive to have occurred for the child/family as a result of DHS involvement?

Who do you see is responsible for any change which may have occurred in the family?

19. Family resources/strengths

What do you think you discovered about this family that you did not expect or may have surprised you?

20. Realising an outcome

What do you think was achieved as a result of DHS involvement for the child(ren)?

What do you think was achieved as a result of DHS involvement for other family members?

How much hope did you have that you could resolve this situation to your satisfaction?

21. Exploring disqualified information

What sort of information do you think was important to you to gather as a DHS workers?

What do you think family would say were your reasons for gathering the sort of information you did?

What other things were going in the family's life throughout the investigation?

Looking back over your involvement with this child/family, is there any information that you believe you have gathered which you have not used?

22. Drawing out feedback

What feedback would you like to receive from the child/family about

- * the way you conducted your investigation?

- * decisions you made?

- * information you provided to them?

- * how you listened to them?

- * what you should be listening to?

Looking back over your involvement with this child/family, what do you think you could have done differently?

23. Reflecting on the research interview

During this interview, what should I have asked you that I did not?

Are there any other points or issues you would like to raise that my questions have not addressed?

24. Constructing parenthood

What do you think that your involvement with the family says about how you see families, parents, children?

On reviewing these events that took place, what do they tell you about what is really important for

- * you as a protective worker?
- * for children?
- * for parenthood?
- * for families?

25. Reflecting on the impact of the research

What impact would it have on you to receive feedback from families about your involvement with them?

CONFIDENTIAL

UNDERSTANDING AND RESPONDING TO CHILD EMOTIONAL ABUSE

Joe Tucci

*Department of Social Work and Human Services
Monash University, Wellington Road, Clayton VIC 3168*

UNIT MANAGER INTERVIEW (SOC4) - DHS

Introduction:

Let me start by thanking you for agreeing to take part in this research. As outlined to you in the letter you received, the aim of the study is to explore how emotional child abuse is understood by parents, children and protective workers from the Department of Human Services.

In order to do this, I am talking to parents and children who have been involved with the Department of Human Services where an allegation of emotional child abuse has been reported. I will also interview the protective workers who have been involved with the particular family. I am then hoping to match up the information gained from these sources to examine the factors which influence decision-making, the ways family react to protective services, and the outcomes for children who receive this sort of professional involvement.

The results of the research will be used to

(a) suggest alternative practice options for DHS workers throughout their investigations into reports of child emotional abuse; and,

(b) develop more effective ways for professionals to respond to and support those children and their families.

The interview should take about ninety minutes. I will be taping it using the equipment in front of you. The tape will be kept at the Department of Social Work and Humans Services, Monash University for five years. After this time, we can return it to you or destroy it.

As I have already explained, the information you give and your identity will be kept confidential.

Do you ha. . any questions before we begin?

1. In supervision with the senior protective worker in relation to this case, what do you believe were the key issues that you took into account in supervising the work with the child(ren) and family in question?

Prompts:

- * Family's strengths
- * Capacity to use supports (present and past)
- * Links with community
- * Willingness to co-operate with Protective Services
- * Willingness to accept supports
- * Age of child
- * Family relationships
- * Nature and extent of abuse/neglect
- * Intent by perpetrator
- * Effect of abuse on child's development
- * Capacity to protect child from further abuse/neglect
- * Ability of professional(s) to address specific concerns
- * Motivation of community professional's to monitor and re-contact Protective Services
- * Capacity to contain concerns to an acceptable level
- * Relationship of other professionals with family
- * Capacity of other professionals to continue to work with family
- * Understanding of professional community of Protective Services role

2. What do you think were the critical decisions made by you and other workers throughout DHS involvement with this child(ren) and family?

3. What do you believe were the key issues considered by the senior protective worker in presenting their assessment and conclusions to you?

4. How relevant do you think that the notion of emotional abuse was to the decision-making in this case?

5. If the way you understand emotional abuse was important to your work in this case, what would we need to talk about in the rest of this interview for you to feel confident that you had portrayed its relevance to me?

6. Supervision process

How might your supervision with protective workers differ for cases of emotional abuse as compared with other forms of abuse?

How might your supervision with protective workers be similar for cases of emotional abuse as compared with other forms of abuse?

7. Impact of DHS processes/decision-making

What were the decisions/meetings/issues/processes that affected the children?

What in your view were the decisions/meetings/issues/processes that affected other family members?

8. Re-constructing important events

What stood out most for you during your involvement with the child and family?

9. Exploring language

What do you think are the most critical terms/words/phrases you use in your work?

What do you mean by the terms

- * abuse/neglect?
- * risk?
- * assessment?
- * substantiation?
- * significant?
- * harm?

What do you think that the child(ren) understood by these terms?

What do you think that the adult caregivers understood by these terms?

10. Reflecting on DHS assessment

What do you think was the assessment that you developed about the family?

How would you describe your assessment of the risk to the child?

What input from the child did you incorporate into your assessment?

What input from other family members did you incorporate into your assessment?

What issues/information might have contradicted your assessment of the child/family?

11. Registration process

What do you think the child(ren) and family understood about the registration process?

From your point of view, what are the types of abuse that the caregivers believed were substantiated by you?

From your point of view, what are the types of abuse that the children believed were substantiated by you?

12. Experience of legislative authority

How do you believe that you used your legislative mandate in this situation?

What do you think is relevant in this case if I was to ask you about power?

What do you think might be interesting to explore that may highlight issues of control in your work with this family?

13. Reflecting on the experience of the process

Are there moments you remembered as tense and difficult for yourself, the protective workers, the children, the caregivers?

Were there things that someone tried to say to you that you weren't prepared to listen to?

Were there times which were not easy to understand why a topic was talked about?

Were there times when you wanted to talk about something but didn't find it easy, so it was not talked about?

Were there times you tried to say something they didn't hear?

What were the hardest things to talk about with the child/family?

What were the riskiest things to talk about with the child/family?

What were the hardest things to talk about with the protective worker?

What were the riskiest things to talk about with the protective worker?

14. Evaluating DHS involvement

How do you think the child/family experienced the impact of DHS involvement?

What do you believe you did which may have been perceived as useful/helpful by the child/family?

What do you believe you did which may **not** have been perceived as useful/helpful by the child/family?

15. Comparing aims of DHS involvement

What would your ideal outcome be for the notified child and family as a result of Protective Services intervention?

Have or will you come across any restraints preventing this outcome from being achieved?

What do you think the child/family perceived as the goals for DHS involvement?

What do you believe were the child/family's goals?

Can you comment on the differences or similarities of these two sets of goals.

16. DHS interventions

How would you describe the interventions you planned and helped to put into place for the child/family?

What were these interventions designed to achieve?

How effective do you believe were these interventions in

- * protecting the children?
- * addressing risk?
- * promoting change for the child?

How might these interventions differ for cases of emotional abuse as compared with other forms of abuse?

How might these interventions be similar for cases of emotional abuse as compared with other forms of abuse?

17. Turning points

What do you believe were any turning points for you that occurred during your involvement with the child/family?

18. Examining change

What change, if any, did you perceive to have occurred for the child/family as a result of DHS involvement?

Who do you see is responsible for any change which may have occurred in the family?

19. Family resources/strengths

What do you think you discovered about this family that you did not expect or may have surprised you?

20. Realising an outcome

What do you think was achieved as a result of DHS involvement for the child(ren)?

What do you think was achieved as a result of DHS involvement for other family members?

How much hope did you have that you could resolve this situation to your satisfaction?

21. Exploring disqualified information

What sort of information do you think was important to you to gather as a DHS workers?
What do you think family would say were your reasons for gathering the sort of information you did?

What other things were going in the family's life throughout the investigation?

Looking back over your involvement with this child/family, is there any information that you believe you have gathered which you have not used?

22. Drawing out feedback

What feedback would you like to receive from the child/family about

- * the way you conducted your investigation?
- * decisions you made?
- * information you provided to them?
- * how you listened to them?
- * what you should be listening to?

Looking back over your involvement with this child/family, what do you think you could have done differently?

23. Reflecting on the research interview

During this interview, what should I have asked you that I did not?

Are there any other points or issues you would like to raise that my questions have not addressed?

24. Constructing parenthood

What do you think that your involvement with the family says about how you see families, parents, children?

On reviewing these events that took place, what do they tell you about what is really important for

- * you as a protective worker?
- * for children?
- * for parenthood?
- * for families?

25. Reflecting on the impact of the research

What impact would it have on you to receive feedback from families about your involvement with them?

CONFIDENTIAL

UNDERSTANDING AND RESPONDING TO CHILD EMOTIONAL ABUSE

Joe Tucci

*Department of Social Work and Human Services
Monash University, Wellington Road, Clayton VIC 3168*

CHILD/YOUNG PERSON INTERVIEW

Introduction:

First, let me say thanks for saying yes to being part of this research. As I have told you in the letter you received, I am trying to find out more about how people understand emotional abuse of children and young people.

In order to do this, I am talking to parents and children who have been involved with the Department of Human Services where there has been a report of emotional child abuse. The interview is about giving you a chance to say what you think about how protective workers from the Department of Human Services helped you and /or your family. I will also be talking to workers from DHS to hear what they have to say.

When the research is finished, I hope that it will be used to *improve the way protective workers from DHS and other professionals listen to and help out children and their families.*

The interview should take about forty-five minutes. I will be taping it using the equipment in front of you. The tape will be kept at Monash University for five years. After this time, we can return it to you or destroy it.

As I have already explained, the information you give, your name and other details will be kept confidential. However, I have to tell the Department of Human Services if you give me any information which might lead to me think that you are not safe.

Do you have any questions before we begin?

1. Family structure

Who is in your family? Please describe your family-tree.

How would you describe the sort of relationships between members of your family?

2. Initial contact with DHS

Describe to me why you think Protective Services first became involved with your family. What do you remember were the things that the protective workers talked about with you and your mum and dad on their first visit to your family?

Do you think that you had any problems or worries at that time?

Do you think that Protective Services were right about their worries about you?

3. Initial impact of DHS

What was it like for you when DHS workers first got involved with you and your family? What do you think it was like for mum and dad?

4. Impact of DHS processes/decision-making

Were there any meetings that you remember going to?

What were they like?

Were you asked any questions at these meetings?

What were they?

Do you remember any important decisions being made about you?

Do you think you had a say at these meetings or in any of these decisions?

Do you think that your say was taken into account when decisions were made?

5. Re-constructing important events

What stood out most for you during the time DHS were involved with your family?

6. Exploring language

What did you think DHS workers meant by the term abuse/neglect?

What do you mean when you say child abuse/neglect?

7. Reflecting on DHS assessment

What do you think the DHS workers thought about you?

What do you think the DHS workers thought about your family?

8. Registration process

What do you understand about the registration process?

From your point of view, what are the types of abuse that have been recorded by DHS?

9. Responsibility

Who do you think DHS saw as responsible for the abuse you experienced?

10. Agreements/disagreements

Was there anything the DHS worker did or said that you agreed with?

Was there anything the DHS worker did or said that you disagreed with?

11. Experience of legislative authority

What do you understand about the laws that are supposed to protect children?

What was it like for you to deal with workers who have that sort of legal power?

Who do you think was in control of your life during DHS involvement?

12. Reflecting on the experience of the process

Are there moments you remembered as hard or scary?

Were there times which were not easy to understand why a topic was talked about?

Were there times when you wanted to talk about something but didn't find it easy, so it was not talked about?

Were there times you tried to say something that no-one listened to?

What were the hardest things to talk about with the DHS worker?

What were the riskiest things to talk about with the workers?

What was asked of you that you were not sure how to answer?

13. Evaluating DHS involvement

What did you find helpful/useful about what DHS workers did or said?

What did you think was not helpful/useful about what DHS workers did or said?

Was the overall experience of DHS positive or negative?

14. Comparing aims of DHS involvement

What do you think DHS workers meant to do with you and your family?

Do you think they achieved this?

If they did, how do you think they did it?

If they didn't, what do you think stopped them?

What do you think that the DHS workers should have been trying to do that maybe they didn't?

15. Turning points

Do you remember any times when things started to be different?

Do you remember when you first started to notice any change?

16. Examining change

Did anything change during that time?

What do you think helped things to change?

What do you think got in the way of things changing?

17. Realising an outcome

What do you think came out of DHS involvement for you?

How much hope did you have that things would finally be okay for you and your mum and dad?

18. Exploring disqualified information

What do you think that DHS workers wanted to hear about?

Why do you think it was important for them?

What should they have asked that they didn't?

Were there things that you thought were important that the workers did not ask you about?

Tell me about what other things were going on for you and everyone else in the family during the time that DHS workers were involved?

19. Professional network

Was there anyone else trying to help you or your family at that time?

20. Drawing out feedback

What would you like to say to the DHS workers about

- * decisions they made?
- * information they provided to you?
- * how they listened to you?
- * what they should be listening to?

What do you think the DHS workers could have done differently that would have it made it better for you?

21. Reflecting on the research interview

During this interview, what should I have asked you that I did not?

Are there any other things you would like to talk about that I have missed out?

22. Reflecting on the impact of the research

What difference should it make to DHS workers having heard what you have to say about their work?

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UNDERSTANDING AND RESPONDING TO CHILD EMOTIONAL ABUSE

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PARENT/CAREGIVER INTERVIEW

Introduction:

Let me start by thanking you for agreeing to take part in this research. As outlined to you in the letter you received, the aim of the study is to explore how emotional child abuse is understood by parents, children and protective workers from the Department of Human Services.

In order to do this, I am talking to parents and children who have been involved with the Department of Human Services where an allegation of emotional child abuse has been reported. The interview is designed to give you and/or your child(ren) the opportunity to evaluate from your point of view the way protective workers from the Department of Human Services carried out their investigation of reported child abuse.

The results of the research will be used to

(a) improve the way in which protective workers from DHS conduct their investigations into reports of child emotional abuse; and,

(b) develop more effective ways for professionals to respond to and support those children and their families.

The interview should take about one hour. I will be taping it using the equipment in front of you. The tape will be kept by Monash University for five years. After this time, we can return it to you or destroy it.

As I have already explained, the information you give and your identity will be kept confidential. However, I have a responsibility to report any new information to the Department of Human Services which may lead to children in your care being considered at risk of abuse.

Do you have any questions before we begin?

1. Family structure

Who is in your family? Please describe your family-tree.

How would you describe the sort of relationships between members of your family?

2. Initial contact with DHS

Describe to me your understanding of how Protective Services became involved with your family.

What did you understand were the concerns that were raised by the protective workers on their first visit to your family?

Do you believe that the concerns changed at any time throughout the investigation process?

What is your view of those concerns?

If you believed there were some problems/worries facing your children, what ere these from your point of view?

3. Initial impact of DHS

Can you describe the impact of having DHS first enter into your life.

What was your initial reaction to DHS investigation?

Looking back on that reaction, what do you make of it now?

On reviewing these events, what do you think was the most helpful actions you took in response to the investigation?

4. Impact of DHS processes/decision-making

What were the decisions/meetings/issues/processes that affected you during DHS involvement?

What in your view were the decisions/meetings/issues/processes that affected your children?

5. Re-constructing important events

What stood out most for you during the period of DHS involvement with your family?

6. Exploring language

What did you think DHS workers meant by the term abuse/neglect?

What do you mean when you say child abuse/neglect?

7. Reflecting on DHS assessment

What do you think was the view that DHS developed about your family?

What is your opinion of their view?

How open do you believe that DHS were in listening to points of views about their assessments which contradicted their viewpoint?

If you disagreed with the view developed by DHS, how did you encourage/convince DHS workers to accept your views of the concerns?

8. Registration process

What do you understand about the registration process?

From your point of view, what are the types of abuse that have been substantiated by DHS during their involvement?

9. Responsibility

Who do you think DHS saw as responsible for the abuse experienced by your children?

10. Agreements/disagreements

What did you agree on?

What did you disagree with?

11. Experience of legislative authority

What do you understand about the laws which are associated with protecting children?

What was it like for you to deal with workers who have that sort of legal power?

Who do you think was in control of your life during DHS involvement?

12. Reflecting on the experience of the process

Are there moments you remembered as tense and difficult for yourself, your children, the workers?

Were there things that they tried to say to you that you weren't prepared to listen to?

Were there times which were not easy to understand why a topic was talked about?

Were there times when you wanted to talk about something but didn't find it easy, so it was not talked about?

Were there times you tried to say something they didn't hear?

What were the hardest things to talk about with the DHS worker?

What were the riskiest things to talk about with the workers?

What was asked of you that you were not sure how to answer?

13. Evaluating DHS involvement

What was the impact of DHS involvement on you as parents?
What was the impact of DHS involvement on your child(ren)?
What did you find helpful/useful about DHS involvement?
What did you not find helpful/useful for you or your children?
Was the overall experience of DHS positive or negative?

14. Comparing aims of DHS involvement

What do you think were the goals of DHS involvement with your family?
What was your view of these goals?
How did the goals you have for your family differ from the goals DHS had for your family?
Were there any issues which may have prevented these goals from being achieved?
What do you believe should have been DHS goals from your point of view?

15. DHS interventions

How willing were you to follow through with suggestions that DHS workers made?
What suggestions did you find useful for your family?

16. Turning points

What do you believe were any turning points for you that occurred during DHS involvement?

17. Examining change

Looking back from this vantage point, what did you notice yourself doing differently as a family following DHS involvement?
What other developments were occurring around that time which you believe were not related to DHS involvement?
What may have actually changed in your family?
Who do you see is responsible for any change which may have occurred in your family?

18. Family resources/strengths

Are you aware of any past achievements that might in some way provide a backdrop for the way you responded to DHS involvement?
What do you think you discovered about your family as a result of DHS involvement?
What do you think DHS discovered about your family which you were not aware of?

19. Realising an outcome

What do you think was achieved as a result of DHS involvement for you?

What do you think was achieved as a result of DHS involvement for your child(ren)?

How much hope did you have that you could resolve this situation to your satisfaction?

20. Exploring disqualified information

What sort of information do you think was important to DHS workers?

What sort of information do you believe would be helpful for DHS workers to attempt to gather that they did not from your experience?

What do you think was the point of the information gathered by DHS workers?

What do you think DHS workers would say were their reasons for gathering the sort of information they did?

What other things were going in your life throughout the investigation?

21. Professional network

What was the involvement of other agencies/workers from the community with your family?

22. Drawing out feedback

What feedback would you like to give to the DHS workers about

- * the way they conducted their investigation?

- * decisions they made?

- * information they provided to you?

- * how they listened to you?

- * what they should be listening to?

What do you think DHS could have done differently?

23. Reflecting on the research interview

During this interview, what should I have asked you that I did not?

Are there any other points or issues you would like to raise that my questions have not addressed?

24. Constructing parenthood

What do you think were the messages that DHS gave to you about your family, yourself as parents?

On reviewing these events that took place, what do they tell you about what is really important

- * to you?

- * for your children?

25. Reflecting on the impact of the research

What difference should it make to DHS workers having heard your feedback about their performance?