

January 27, 2026
Maryland General Assembly 2026 Legislative Session
SB111/HB0137 Family Law-Child Custody Evaluators- Qualifications

Favorable with Amendments

Melissa Krawczyk
Jarrettsville, MD

To the Honorable Members of Judicial Proceedings and Judiciary Committee,

I am writing to lend my support in favor of SB222/HB0137 Family Law-Child Custody Evaluators- Qualifications *with amendments*.

This is now the sixth time that such a bill has been proposed, and while this bill is markedly better than previous versions, and is again no doubt well intended, there are still areas that are lacking or will better serve with clarification.

You'll read testimony from my colleagues that voices concerns over ambiguity in experience and qualifications. I echo those concerns. Outlined in (E)(1)(V)(A), (B), and (C) (Page 2, lines 26-30, Page 3, lines 1-2) is "... WITH AT LEAST TWO YEARS OF EXPERIENCE IN" (A) "ONE OR MORE AREAS LISTED IN SUBSECTION (F)(4)" and (B) "CONDUCTING CUSTODY EVALUATIONS," and (C) ANY COMBINATION OF THE EXPERIENCE DESCRIBED IN ITEM A OR B OF THIS ITEM." The reality is that custody evaluations mandate an evaluator who is wholly competent in *all* areas of (F)(4), not just "ONE OR MORE..." Further, it would be ideal for there to be a minimum number of evaluations completed rather than just a time in practice. What if the evaluator only performs evaluations once in a while? That could leave them with only a few evaluations over two years rather than a minimum number of evaluations. **A proposed amendment would be to clarify number of evaluations using the AAML Guide that Maryland Courts already rely on for training curriculum^{1,2}.**

The second concern with SB222/HB0137 is the list of qualifications for custody evaluators. As you are aware, custody evaluations require highly skilled and versed professionals with a broad and deep range of knowledge. This breadth of knowledge is nonnegotiable when considering custody decisions regarding the life, welfare, and future of children and especially for children who are already the subject of contested custody. While the areas of knowledge listed in (F)(4) seem comprehensive, section (II) fails to include psychological and emotional abuse along with physical abuse, even though psychological abuse has been identified as being as equally harmful³.

It is perplexing why bill sponsors continue to avoid addressing psychological abuse in child custody legislation, considering:

¹ https://aaml.org/wp-content/uploads/MAT201_3.pdf page 12.

² <https://www.courts.state.md.us/legalhelp/family/custodyandvisitation>

³ <https://www.apa.org/news/press/releases/2014/10/psychological-abuse>

1. A 2025 report⁴ published in the journal Child Protection and Practice opens: “The magnitude of the challenge child maltreatment poses to individuals and societies is now recognized by major human rights instruments and international policy goals.” The paper continues that major international organizations, including UNICEF’s *International Classification of Violence against Children* **now clearly recognise childhood emotional abuse as a significant type of maltreatment, which warrants action.**” The paper (included with this testimony) provides several operational definitions of emotional abuse and clarifies that emotional abuse is synonymous with psychological maltreatment or psychological abuse.
2. In testimony for HB0137’s companion SB222, bill sponsor Senator Carozza reaffirmed her pride in her participation in the 2019 DV Workgroup report⁵. The final report mentions emotional abuse nine times and emphasizes the detrimental **permanent** effects of emotional abuse: “*The brain of a child who has experienced early emotional abuse may be permanently altered in its ability to use serotonin, which helps produce feelings of well-being and emotional stability.*” (Page 19.) The report has a suggestion to add emotional abuse as an expanded child abuse definition and recommends that in addition to physical safety, *psychological* safety must also be a primary best interest factor (Page 33):

The workgroup therefore recommends that specific definitions should be added to Title 9 for child abuse (physical abuse, sexual abuse, and emotional abuse) and child neglect; these added definitions should appropriately align with the best interest of the child standard. As noted above, the workgroup also recommends that the physical and psychological safety of a child must be the *primary* best interest factor. That recommendation in conjunction with more inclusive definitions will better ensure that the courts appropriately account for all incidents of abuse or neglect by parents in evaluating the best interest of a child. The workgroup

3. Maryland Courts already already recognize the importance evaluators to be knowledgeable with parent-child contact problems, yet this item continues to be unrecognized by any past and current proposed legislation⁶.

The question then remains: Why is the Maryland Legislature so resistant to acknowledging and adding into Custody Evaluator Qualifications child emotional abuse, given that emotional abuse

⁴ <https://doi.org/10.1016/j.chipro.2024.100093>

⁵

https://dls.maryland.gov/pubs/prod/NoPblTabMtg/CmsnChdAbuseDomViol/FinalReport_Workgroup_to_Study_Child_Custody_Court_Proceedings_Involving_Child_Abuse_or_Domestic_Violence.pdf

⁶

<https://www.courts.state.md.us/sites/default/files/import/family/pdfs/custodyvisitationtrainingguidelines.pdf>
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already recognized by courts' training documents, its harm is well documented in literature, and the Maryland DV Workgroup recognizes it as needing to be included in decision making? I urge adapting clarifications to (E)(1)(V)(A), (B), and (C) and urge the legislature to once and for all understand the peril psychologically abused children suffer and address it in the mandated training requirements for evaluators. Maryland children deserve protection from all forms of abuse

Thank you for your work in protecting Maryland children.

Sincerely,
Melissa Krawczyk
Jarrettsville, MD

custody cases is what is in the best interest of the child. For example, in regard to abuse that is nonphysical and nonsexual in nature, the “mental injury” of a child as defined in § 5-701 is the “observable, identifiable, and substantial impairment of a child’s mental or psychological ability to function caused by an intentional act or series of acts, regardless of whether there was an intent to harm the child.” In contrast, CDC refers to “emotional abuse” as behaviors that harm a child’s self-worth or emotional well-being and specifies examples of name calling, shaming, rejection, and withholding love.¹³ It may be difficult to prove that behaviors such as name calling and rejection are impairing a child’s ability to function, as required by the definition of “mental injury” in § 5-701. However, having a parent engage in such behaviors against a child would likely harm a child’s self-worth or emotional well-being, as specified in CDC’s “emotional abuse” definition. While conditions such as an *observable and substantial impairment* may be appropriate in cases that will result in involvement by the government, **parental actions should not have to meet such a stringent threshold before a finding of child abuse can be made for the purposes of determining custody and visitation.**

The workgroup therefore recommends that specific definitions should be added to Title 9 for child abuse (physical abuse, sexual abuse, and emotional abuse) and child neglect; these added definitions should appropriately align with the best interest of the child standard. As noted above, the workgroup also recommends that the physical and **psychological safety of a child must be the *primary* best interest factor.** That recommendation in conjunction with more inclusive definitions will better ensure that the courts appropriately account for all incidents of abuse or neglect by parents in evaluating the best interest of a child. The workgroup is not submitting precise definitions as part of its recommendations but does note that those shown below as derived from CDC definitions¹⁴ can serve as a starting point for legislative consideration.

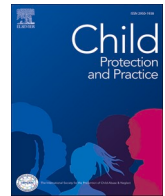
- Physical abuse is the use of physical force, such as hitting, kicking, shaking, choking, burning, or other demonstrations of force against a child that result in actual or potential harm to the child’s physical or emotional health, survival, or physical or emotional development.
- Sexual abuse is the inducement or coercion of a child to engage in sexual acts. Sexual abuse includes behaviors such as fondling, penetration, and exposing a child to other sexual activities.
- **Emotional abuse is a pattern of behaviors that harm a child’s self-worth or emotional well-being. Emotional abuse includes name calling, shaming, rejection, withholding love, and threats.**

¹³ U.S. Centers for Disease Control and Prevention, <http://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>.

¹⁴ Id.

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Child Protection and Practice

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Childhood emotional abuse is becoming a public health priority: Evidentiary support for a paradigm change

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ABSTRACT

A growing evidence base is demonstrating that childhood emotional abuse – often also referred to as psychological abuse – is a particularly harmful form of maltreatment compared with most other maltreatment types. Recent rigorous national surveys have generated epidemiological data indicating the prevalence of emotional abuse is substantial, and may be increasing. Theoretical analyses of the concept of emotional abuse, and major international policy documents, evince an emerging consensus about the proper conceptualisation and definition of this form of child maltreatment, and the need for societies to accelerate a public health approach to prevent it and respond to it. However, despite international advances in these domains, at the national level of domestic policy and child protection systems practice, the longstanding lesser priority afforded to emotional abuse continues. Emotional abuse does not yet receive the same attention in domestic policy and practice as physical abuse, sexual abuse, and neglect. This discussion article considers the nature of childhood emotional abuse generally, and verbal abuse in particular, and calls for a shift in domestic policy to afford greater priority to preventing and responding to this problem. In Part 1, we first identify the emerging consensus in science and international policy about the appropriate conceptual and definitional understanding of emotional abuse. In Part 2, we then highlight key research about the significance for health and development of emotional abuse in general, and verbal abuse in particular, and outline the pathways of its associated distress and injury. Part 3 summarises the prevalence of emotional abuse, both globally and in diverse countries, and draws on recent data from the USA and Australia to understand population-wide trends by age group, indicating that emotional abuse may be increasing in prevalence in some nations. Finally, in Part 4, we then situate this evidence within domestic child protection policy and practice and its traditional and continuing approach to different types of child maltreatment. We argue for intensified priority for investment and prevention of emotional abuse, using a rigorous, responsible public health model of child health promotion and child maltreatment prevention.

1. Introduction

The magnitude of the challenge child maltreatment poses to individuals and societies is now recognized by major human rights instruments and international policy goals. Major international policy documents, including UNICEF's *International Classification of Violence against Children* (United Nations Children's Fund, 2023), now clearly recognise childhood emotional abuse as a significant type of maltreatment, which warrants action. This enhanced international policy attention to emotional abuse may be attributed to effective, value-driven advocacy by leading scholars, non-government organisations and civil

society organisations, which in turn has been informed by a developing body of theoretical, conceptual and empirical research that has accumulated over several decades.

Over time, a degree of convergence has emerged in the scientific literature and in international policy documents about the appropriate conceptualisation and definition of emotional abuse. While work remains to solidify this convergence, there is now substantial agreement about the specific acts and omissions that are deemed to constitute emotional abuse, in both theoretical domains (e.g., Brassard, Hart, Baker, & Chiel, 2019; Brassard, Hart, & Hardy, 1993; Smith Slep, Glaser, & Manly, 2022; Kairys, Johnson, & the Committee on Child Abuse and

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Neglect, 2002) and international policy (e.g., United Nations, 2015; United Nations Children's Fund, 2023; United Nations Committee on the Rights of the Child, 2011; World Health Organization, 2016). This emerging consensus, especially at the international policy level, also reflects the growing recognition of the gravity of emotional abuse, and its salience for individual development and wellbeing, and for public policy.

Yet, emotional abuse remains poorly understood within the contexts of domestic child protection systems policy and practice, and public policy more generally. Emotional abuse has long been described as both the least recognized and least addressed form of maltreatment (e.g., Baker & Brassard, 2019; Brassard, Hart, & Glaser, 2020; Egeland, 2009). The high-level gains in the international scientific and policy domains have not yet filtered down to policy and practice in domestic settings as exemplified through child protection systems, or to broader research and public discourse. For various reasons, and perhaps understandably, other types of child maltreatment, including physical abuse, sexual abuse, and neglect, have attracted much more attention and investment. In particular, child protection systems have not yet developed equivalent and justified approaches across multiple dimensions of the regulatory and practice landscape, including legal models, policy frameworks, data system architecture, procedural guidelines, practitioner education and training, and prevention programming.

Mirroring the lesser attention by domestic policy to emotional abuse, the scientific literature investigating its associated outcomes is also less developed. Indeed, recent important scientific studies have acknowledged that compared with other maltreatment types, there is a smaller body of rigorous studies of the outcomes associated with emotional abuse and its various different manifestations (e.g., Bellis, Hughes, & Ford, 2023; Christ et al., 2019; Hashim et al., 2024; Schlenso-Schuster et al., 2024). However, as will be summarised further below, robust studies have demonstrated that emotional or psychological abuse, including verbal abuse, is both highly prevalent, and is particularly harmful for a range of health and behavioural outcomes. Indeed, a growing body of literature is demonstrating that emotional abuse is more strongly associated with significant harms than other maltreatment types, and is associated with harms not presented by some other types of maltreatment.

Ours is not the first work to highlight the relative lack of attention to emotional abuse. Other work by leading authorities on emotional abuse has also identified the longstanding lack of attention and priority afforded by policy-makers and child protection systems to emotional abuse, and the need to engage in comprehensive reform (e.g., Hart, Brassard, & Wernham, 2022; Hart & Glaser, 2011; Hibbard, Barlow, MacMillan, & the Committee on Child Abuse and Neglect and American Academy of Child and Adolescent Psychiatry Child Maltreatment and Violence Committee, 2012). However, our purpose in this discussion is to support and advance the case for a paradigm change in domestic policy and practice, in child protection and health systems, to give greater attention to emotional abuse. We synthesise the current consensus on the nature of emotional abuse in science and international policy, and bring together recent evidence from multiple domains indicating the concerning prevalence and severe outcomes associated with emotional abuse. Informed by these developments, we assert the current state of knowledge regarding emotional abuse demands that domestic national child protection systems now accelerate the recalibration and development of policy and practice to better prevent, identify and respond to child emotional abuse.

2. Emerging consensus in science and international policy about the appropriate conceptual and definitional understanding of emotional abuse

2.1. Scientific understandings of the concept of emotional abuse

A precondition to concerted policy response to a significant social

problem is the generation of consensus about its conceptual and operational nature. Engagement with the problem of emotional or psychological abuse has witnessed a sustained and persistent challenge in generating consensus about the appropriate conceptualisation of emotional abuse, and this has long been acknowledged (Baker, 2009; Barnett, Manly, & Cicchetti, 1993; Smith Slep et al., 2022; Tonmyr, Draca, Crain, & MacMillan, 2011). To begin with, we can note that much early theoretical work used the concept "psychological abuse" or "psychological maltreatment", rather than "emotional abuse" (e.g., Barnett, Manly, & Cicchetti, 1991; Brassard et al., 1993; Hart & Brassard, 1987; McGee & Wolfe, 1991; Navarre, 1987). The term "emotional abuse" has gradually become more frequently used, both in social science and health literature (e.g., Berzenski, Madden, & Yates, 2019; Glaser, 2002, 2011; Glaser & Prior, 1997; Riggs, 2010; Stoltenborgh, Bakermans-Kranenburg, Alink, & Van Ijzendoorn, 2012; Taillieu, Brownridge, Sareen, & Afifi, 2016; Wolfe & McIsaac, 2011; Yates, 2007; Zurbriggen, Gobin, & Freyd, 2010). However, the synonymous term "psychological abuse" is also commonly used in contemporary scientific literature and policy documents. For most purposes, the two terms can be understood synonymously, as exemplified by the UNICEF *International Classification of Violence against Children* approach being premised on the definition of "psychological violence" noting that is synonymous with "emotional violence" and other synonymous terms (United Nations Children's Fund, 2023, p. 32, fn 119).

Despite the challenges intrinsic to developing an agreed understanding of the concept, a significant degree of convergence has emerged through an extensive body of work over several decades. Early work posited that emotional abuse occurs "when a person conveys to a child that he or she is worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs" (Navarre, 1987), and several subsequent models substantially endorsed this approach. Brassard et al. (1993) approached psychological maltreatment as "a repeated pattern of behavior that conveys to children that they are worthless, unloved, unwanted, or only of value in meeting another's needs". The American Professional Society on the Abuse of Children (1995) defined emotional abuse as "a repeated pattern of caregiver behavior or [an] extreme incident(s) that convey to the child that they are flawed, unloved, unwanted, endangered, or of value only in meeting another's needs". Kairys, Johnson, and the US Committee on Child Abuse and Neglect (2002) defined emotional abuse conceptually as "a repeated pattern of damaging interactions between parent(s) and child that becomes typical of the relationship". Glaser (2011, p. 436) posited that emotional abuse consists of "persistent, non-physical, harmful interactions with the child by the caregiver, which include acts of both commission and omission".

In 2019, the American Professional Society on the Abuse of Children (APSAC) proposed a model of psychological maltreatment as (Brassard et al., 2019, p. 4):

a repeated pattern or extreme incident(s) of caretaker behavior that thwart the child's basic psychological needs (e.g., safety, socialization, emotional and social support, cognitive stimulation, and respect) and convey a child is worthless, defective, damaged goods, unloved, unwanted, endangered, primarily useful in meeting another's needs, and/or expendable" ... The term psychological, instead of emotional, is used because it better incorporates the cognitive, affective, conative (involving volition; i.e., decision making, acts of will), and interpersonal aspects of this form of child maltreatment ... PM includes acts of commission (e.g., verbal attacks on the child by a caregiver) and acts of omission (e.g., emotional unresponsiveness of a caregiver).

Elements of the proposed conceptual models differed slightly, around components including the requirement for repetition or persistence, the relationships within which emotional abuse could occur, the presence or risk of harm, and the gravity or potential gravity of that harm. In a recent attempt to resolve these inconsistencies, Smith Slep

et al. (2022) proposed a new conceptual model, with an accompanying detailed operational definition. The conceptual model proposed was (2022, p 3):

Psychological maltreatment refers to caregiver behaviors toward or involving, a child (excluding physical/sexual abuse and physical neglect) which cause or have a strong potential to cause serious harm to a child's emotional, cognitive, social, interpersonal, or physical wellbeing or development. Psychological maltreatment could reflect a single caregiver act or omission or could reflect repeated caregiver behaviors. Caregiver refers to any adult responsible for attending to the needs of a child as defined by the system using these definitions.

While not identical, conceptual models of emotional abuse have developed to share several similarities. They require the infliction by parents or caregivers (typically parents), typically in a sustained or repeated pattern, of non-physical acts (acts of commission, which involve a threat to the child's safety or wellbeing), or failures to act (omissions, which involve depriving the child of important experiences such as emotional availability, interaction or protection), where these acts or omissions also breach specific cultural norms, and which pose sufficient risk of harm (Barnett et al., 1991; Brassard et al., 1993; Garbarino, Guttman, & Seeley, 1986; Glaser, 2002, 2011; Hart & Brassard, 1987; Hart et al., 2011; Kairys et al., 2002; McGee & Wolfe, 1991).

2.2. Translating the concept into operational definitions

The connected challenge was to arrive at a justified translation of this abstract concept to concrete manifestation in lived experience: informed by this conceptual model, what acts and omissions by parents could constitute emotional abuse? A set of operational examples proposed as long ago as 1983 by the International Conference on Psychological Abuse of Children and Youth included "acts of rejecting, terrorizing, isolating, exploiting, and mis-socializing" (Hart & Brassard, 1987). Hart and Brassard (1987) endorsed the generic approach proposed by this Conference, but pointed to additional operational examples, namely: acts of degradation, corruption, and of denial of emotional response. Garbarino et al. (1986) identified emotional abuse as comprising acts of rejection, isolation, terrorizing, ignoring, and corrupting.

Domestic policy organisations periodically attempted to draw these constructs together and provide clearer assistance to researchers, policy-makers and clinicians, often with the involvement of leading researchers. In the US, the APSAC Practice Guideline (1995) identified a range of behaviours that could constitute emotional abuse, and this approach was endorsed by Kairys et al. (2002, p. e68):

If severe and/or repetitious, the following behaviors may constitute psychological maltreatment.

1. Spurning (belittling, degrading, shaming, or ridiculing a child; singling out a child to criticize or punish; and humiliating a child in public).
2. Terrorizing (committing life-threatening acts; making a child feel unsafe; setting unrealistic expectations with threat of loss, harm, or danger if they are not met; and threatening or perpetrating violence against a child or child's loved ones or objects).
3. Exploiting or corrupting that encourages a child to develop inappropriate behaviors (modeling, permitting, or encouraging antisocial or developmentally inappropriate behavior; encouraging or coercing abandonment of developmentally appropriate autonomy; restricting or interfering with cognitive development).
4. Denying emotional responsiveness (ignoring a child or failing to express affection, caring, and love for a child).
5. Rejecting (avoiding or pushing away).
6. Isolating (confining, placing unreasonable limitations on freedom of movement or social interactions).
7. Unreliable or inconsistent parenting (contradictory and ambivalent demands).

8. Neglecting mental health, medical, and educational needs (ignoring, preventing, or failing to provide treatments or services for emotional, behavioural, physical, or educational needs or problems).
9. Witnessing intimate partner violence (domestic violence).

In turn, the approach posited by Kairys et al. (2002) was endorsed (e.g., Hibbard, Barlow, MacMillan, the Committee on Child Abuse and Neglect, and the American Academy of Child and Adolescent Psychiatry, Child Maltreatment and Violence Committee, 2012). Similarly, although with some differences, the 2019 APSAC conceptual model was translated into the following subtypes, each of which was further articulated as to their multiple forms: spurning; terrorizing; exploiting/corrupting; emotional unresponsiveness; isolating; and mental health, medical, and educational neglect (Brassard et al., 2019).

Areas of difference remained. For example, some of the dimensions noted by Kairys et al. (2002) and others could be seen by many to be better understood as forms of neglect rather than abuse, or as warranting their own demarcation as a child maltreatment type (e.g., witnessing domestic violence; neglect and various sub-types). Glaser (2011) posited five dimensions of emotional abuse, which embraced most but not all of the nine dimensions embedded in Kairys et al. (2002).

Similarly, there are ongoing debates about the content of specific dimensions, as shown by the extensive model proposed by Smith Slep et al. (2022), and the need to be able to distinguish between emotionally abusive acts and those that are not. Yet, what is important for present purposes is to note that, as with the broader concept, a degree of convergence has emerged in relation to the specific acts and omissions that are deemed to constitute emotional abuse (Barnett et al., 1991; Brassard et al., 1993; Garbarino et al., 1986; Glaser, 2002, 2011; Hart & Brassard, 1987; Hart et al., 2011; Hart et al., 2010; Kairys et al., 2002; McGee & Wolfe, 1991). Operationally, the acts or omissions that are generally understood as being able to constitute emotional abuse include those of: (1) spurning or hostility; (2) rejection; (3) isolation; (4) corruption or exploitation; (5) denial of emotional responsiveness; and (6) terrorization.

Childhood verbal abuse (CVA). Significantly, verbal abuse can be understood as synonymous with acts of spurning or hostility, as exemplified by insults and name-calling that belittle, denigrate or degrade the child, as well as verbal shaming or ridiculing or humiliation of the child. The category of rejecting words can also be understood as a form of verbal abuse through which the child experiences an immediate feeling of being unloved and abandoned (Dube et al., 2023). What is clear from the level of consensus generated to date is that the acts constituting emotional abuse in general, and verbal abuse in particular, are neither trivial, nor innocuous. Contemporary interpretation of the concept of spurning, for example, would include parental insults and belittling of the child (consider, for example, statements such as "You're stupid", "You're useless", "You're no good to anyone", and "You'll never amount to anything"). Similarly, interpretation of the concept of rejection would include parental verbal statements to the child that they hated them, didn't love them, wished they were dead, or wished they had never been born (Amene et al., 2024; Mathews et al., 2023).

2.3. International policy documents

This convergence of consensus is also reflected in the definitions promulgated by major international policy bodies. The World Health Organization and the International Society for the Prevention of Child Abuse & Neglect (2006, p. 10) define child emotional abuse as including "both isolated incidents, as well as a pattern of failure over time on the part of a parent or caregiver to provide a developmentally appropriate and supportive environment. Acts in this category may have a high probability of damaging the child's physical or mental health, or its physical, mental, spiritual, moral or social development." The WHO and ISPCAN (2006, p. 10) also endorse the commonly accepted operational definitions of emotional abuse established in the scientific literature,

acknowledging that: “Abuse of this type includes: the restriction of movement; patterns of belittling, blaming, threatening, frightening, discriminating against or ridiculing; and other non-physical forms of rejection or hostile treatment”.

Various United Nations bodies also embrace this general consensus. Reflecting an initial acknowledgment of the significance of emotional abuse, the United Nations Convention on the Rights of the Child 1989 expressly included it in the core provision on child maltreatment prevention. Article 19 demands that “States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”. Subsequently, the Committee on the Rights of the Child in its *General Comment 13: The right of the child to freedom from all forms of violence*, adopts a similarly detailed understanding of the nature of emotional abuse (United Nations Committee on the Rights of the Child, 2011). Moreover, the United Nations Sustainable Development Goals Target 16.2 aims to end all forms of violence against children, and requires governments to report on their efforts to do so (United Nations, 2015). SDG Target 16.2 does not ignore emotional abuse; one of the measures of progress towards achieving this target, Indicator 16.2.1 expressly requires governments to report on the “Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month”.

Most recently, UNICEF’s comprehensive approach to the definition of “psychological violence” in the *International Classification of Violence against Children* (ICVAC) (United Nations Children’s Fund, 2023) strengthens this convergence. The ICVAC’s primary purpose is to guide nations about the proper definition of various types of violence against children, in order to create international agreement on these concepts and definitions, so that internationally there can be “a standardized and consistent approach to classifying statistical data on violence against children” (p. 8). The core purpose of establishing this common foundation is to enable nations to consistently chart progress against the Sustainable Development Goal 16, and Target 16.1 (significantly reducing all forms of violence) and 16.2 (ending abuse, exploitation, trafficking and all forms of violence against children). ICVAC also states that this definition can be applied for other similar purposes, including in epidemiological surveys, and national administrative data collections.

Section 4 of ICVAC conceptualises psychological violence against a child as: “Any deliberate, unwanted and non-essential act, verbal and non-verbal, that harms or has a high likelihood of harming the development of a child, including long-term physiological and mental health consequences” (United Nations Children’s Fund, 2023, p. 32). It then sets out key operational domains of psychological violence, with illustrative examples and specific inclusions and exclusions. Extracts from the UNICEF approach indicate main, specific categories or types of emotional abuse (United Nations Children’s Fund, 2023, pp. 32–34) (Appendix 1).

These international policy definitions are important not only by bestowing on them the imprimatur of major global authorities, but because they indicate the application of the concept across cultural settings. This is significant because it is important to distinguish emotional abuse from normative poor or dysfunctional parenting, especially when this is limited to isolated instances (Wolfe & McIsaac, 2011). Similarly, Barnett et al. (1991, p. 24) argued that understanding of what constitutes emotional abuse needed to be informed by theory and research, but also connected to “societal standards of appropriate parental behavior” so that ultimately there are relatively clear lines of distinction between “inadequate parenting, subclinical maltreatment and maltreatment proper”.

In sum, over time, in the scientific literature and in international policy documents, a degree of convergence has emerged in relation to the specific acts and omissions that are deemed to constitute emotional abuse. In the past, scientific research, child protection systems, and

other policy and public domains may have given lesser attention to these types of acts, perhaps because they were so ubiquitous (as shown by prevalence studies synthesised by Stoltenborgh et al., 2012), or because the lack of physical or sexual contact was assumed to minimise its importance, or because they were rhetorically mischaracterised as merely teasing, joking, or words. Yet now, informed interpretation can readily see that experiencing these acts – especially when persistent – can have grave consequences for children, whose personalities and self-concept are in formative developmental stages, and who lack the cognitive resources and affective attributes to process and repel their pathological nature. The gravity of these acts helps to explain their severe outcomes, and the mechanisms for these outcomes.

3. Associated outcomes of emotional abuse, and pathways to outcomes

3.1. Associated outcomes of emotional abuse

As shown above, emotional abuse involves acts inflicted directly towards the child, typically by the child’s parent, and typically in a persistent, repeated manner. While research studies of the outcomes associated with emotional abuse have employed different understandings of the concept, a compelling body of evidence has accumulated to demonstrate that emotional abuse, including verbal abuse in particular (e.g., Dube et al., 2023), is a particularly harmful form of maltreatment that substantially increases the likelihood of mental disorders, health risk behaviours and other adverse outcomes, both in youth and through the lifespan. The experience of childhood emotional abuse, including verbal abuse, whether alone or in combination with other types of maltreatment, is strongly associated with significant disorders that are both significant and typically resistant to treatment (Taillieu et al., 2016). A series of high quality research studies have reached similar conclusions about the distinct contribution of emotional abuse to adverse outcomes, even when taking into account other types of maltreatment.

Early work included the analyses in the original Adverse Childhood Experiences Study, which found that compared with other forms of maltreatment, emotional abuse through spurning and terrorizing was equivalently strongly associated with adverse health outcomes (Anda et al., 1999), and had the highest odds ratio for both associated lifetime and recent depressive disorders (Chapman et al., 2004, p. 221) and for lifetime attempted suicide (Dube et al., 2001). This advance laid the foundation for subsequent research which has also identified the significant and differential impact of emotional abuse on mental disorders and health risk behaviours. Several reviews and meta-analyses synthesise these studies (e.g., Carr, Duff, & Craddock, 2020; Dube et al., 2023; Gardner, Thomas, & Erskine, 2019; Hashim et al., 2024; Norman et al., 2012; Teicher & Samson, 2016). Individual large population-based studies in single nations or across multiple nations also demonstrate these outcomes, and these studies continue to develop in their rigour (Bellis et al., 2023; Folker et al., 2024; Lawrence et al., 2023; Scott et al., 2023; Spinazzola et al., 2014; Taillieu et al., 2016).

Recent studies have examined the associated outcomes of emotional abuse in youth and later life, while controlling for the experience of other types of maltreatment and other confounders (e.g., Christ et al., 2019; Lawrence et al., 2023; Schlenso-Schuster et al., 2024; Scott et al., 2023). For example, Christ et al. (2019) considered the specific association between three different maltreatment types (physical, sexual, and emotional abuse) and mental health outcomes in adolescence and early adulthood, taking into account co-occurring maltreatment, and found that only emotional abuse was associated with depressive symptoms, emotion dysregulation and interpersonal problems. The analysis by Schlenso-Schuster et al. (2024) also identified the differential impact of emotional abuse on internalizing disorders, with a large sample of children aged 3–16. Scott et al. (2023) examined a nationally representative sample of participants aged 16 and over to determine the

relative contribution of all five maltreatment types to major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder, controlling for co-occurring maltreatment and other confounders. This study found that of all five maltreatment types, emotional abuse and sexual abuse were the most strongly associated with these mental disorders, with the influence of emotional abuse exceeding even that of sexual abuse. From the same study as Scott et al. (2023), Lawrence et al. (2023) found emotional abuse and sexual abuse to be the most powerful predictors of self-harm, suicide attempts, self-harm, cannabis dependence, and smoking.

3.2. Mechanisms and pathways to outcomes

Several theoretical pathways are commonly posited to explain the gravity of these outcomes, and their persistence. A substantial literature has developed in relation to these pathways, but for our purposes here a brief summary will suffice. The unifying theme of this body of work is that the trauma of emotional abuse in general, and of childhood verbal abuse from adults to children in particular, has profoundly important significance for child health and development, spanning all stages of development from when the child is in utero, through infancy, early childhood, middle childhood, and adolescence, and has enduring effects through adulthood.

Drawing on the developmental literature, theorists have posited that childhood verbal abuse and consequently, emotional abuse, undermines development of the child's secure attachment to one or both parental caregivers, which is seen as essential for healthy development (Riggs, 2010; Riggs & Kaminski, 2010). Instead, when communication through words is emotionally abusive, it creates insecure attachment, manifesting as attachment anxiety (lacking self-worth, and fearing abandonment) and attachment avoidance (viewing others as unreliable and discounting the importance of emotions and relationships). Significantly, insecure attachment corrodes the child's feeling of security and safety, impairs the child's self-worth, and compromises the child's capacity to regulate emotion (e.g., to be aware of emotions, obtain emotional clarity, and control impulses: Christ et al., 2019). These corrosive effects on security and self-image, together with consequent negative cognitive models through internalization of the parent's abusive attributions, in turn crystallise as harmful coping mechanisms and mood disorders (e.g., major depressive disorder), anxiety disorders, and substance abuse disorders (McNeil, Andrews, & Cohen, 2020; Schlenso-Schuster et al., 2024; Sheridan & McLaughlin, 2020). Notably, it has been posited that the child's internalization of their parent's negative attributions is particularly potent when the emotional maltreatment is inflicted through acts of commission (threats), rather than those of omission (deprivation) (McNeil et al., 2020; Sheridan & McLaughlin, 2020; Taillieu et al., 2016).

A biological mechanism through which a child's exposure to verbal insults, shouting, and denigrating words is associated with adverse outcomes is through the toxic stress response. In short, the child's experience of verbal abuse is a form of toxic stress, which in turn sensitizes the child's stress response system, leading to dysregulated responses to acute stress through childhood, adolescence and adulthood. Toxic stress involves "strong, frequent, and/or prolonged activation of the body's stress-response systems in the absence of the buffering protection of adult support ... The defining characteristic of toxic stress is that it disrupts brain architecture, affects other organ systems, and leads to stress-management systems that establish relatively lower thresholds for responsiveness that persist throughout life, thereby increasing the risk of stress-related disease and cognitive impairment well into the adult years" (Shonkoff, Boyce, & McEwen, 2009). The toxic stress response is therefore a "maladaptive and chronically dysregulated stress response that occurs in relation to prolonged or severe early life adversity" (Nelson, Bhutta, Burke Harris, Danese, & Samara, 2020). The experience of emotional abuse has a unique capacity to initiate long-standing alterations in neurophysiological stress response systems which

in turn heighten vulnerability to stress, anxiety, and depression (Duprey, Oshri, Liu, Kogan, & Caughy, 2021; Nelson et al., 2020; Shonkoff, Garner, & Siegel, 2012; Yates, 2007). This stress response is particularly heightened when the child experiences severe and or sustained trauma, and is further amplified when this trauma is not buffered or countered by protective factors such as parental warmth and support. Associated structural and functional alteration to brain development have been posited as essential albeit maladaptive adaptations to cope with the reality of traumatic, stressful lived experience, and the exposure to past threats to security, and anticipated future threats (Teicher & Samson, 2016; Teicher, Samson, Polcari, & McGreenery, 2006).

4. Prevalence of emotional abuse

4.1. Global, regional and nationwide prevalence

The lack of policy priority to childhood emotional abuse could perhaps be more understandable if its prevalence was extremely low. However, an irrefutable body of evidence indicates it is as or more common than other maltreatment types. A starting point in considering the prevalence of emotional abuse is the global meta-analysis of self-report studies by Stoltenborgh et al. (2012), which identified combined prevalence of emotional abuse across all included studies of 36.3%, with similar prevalence among girls (38.4%), and boys (36.3%). This analysis found combined prevalence in self-report studies of prevalence of childhood emotional abuse across childhood up to age 18 of 35.0%. It also found similar overall rates across several continents, including Africa (46.7%), Asia (41.6%) Europe (29.2%) and North America (36.5%).

Substantial variance in prevalence of emotional abuse has been found by large national surveys in different countries. To a large extent, this variation is likely attributable to differences in definitions of emotional abuse and the questions asked about these experiences. The wide range of differing approaches has been identified by a systematic review of measurement approaches (Tonmyr et al., 2011), and by a systematic review of national prevalence studies of multiple types of child maltreatment (Mathews, Pacella, Dunne, Simunovic, & Marston, 2020), which revealed prevalence rates ranging from 4% to 83%. It is likely that some studies may include questions that could count as emotional abuse experiences that are at the lower end of the spectrum of such experiences, while other studies may exclude experiences that should be counted as emotional abuse. Other artefacts of survey instrumentation can also contribute to substantial differences in prevalence estimates, including the number of questions asked (which equates to the coverage of different sub-types of emotional abuse), the specific behaviours embedded in the questions, whether questions are framed using comprehensible concrete experiences rather than abstract concepts, and whether the estimates generated apply any chronicity threshold to qualify a participant's experience as being counted as a case of emotional abuse.

Here we can illustrate examples of different findings, but what is significant is that in multiple countries, using proven approaches whether narrow or broad, the prevalence of emotional abuse is substantial. The Juvenile Victimization Questionnaire-R2, which includes one compound item assessing several forms of emotional abuse, has been used in studies in multiple countries, including three iterations of the National Survey of Children's Exposure to Violence (NatSCEV) in the USA. The most recent NatSCEV study identified prevalence of emotional abuse of 14.5% (Finkelhor, Turner, Shattuck, & Hamby, 2015). The same instrument and approach to emotional abuse measurement was used in a national study in the UK, which found prevalence of 6.9% (9.6% for females and 4.3% for males) (Radford, Corral, Bradley, & Fisher, 2013). In contrast, a multi-country study in the Balkans used a modified version of the ICAST-CH, with 17 items for 11 year olds, and 19 items for 13 and 16 year olds, and generated substantially higher prevalence rates in all eight countries, ranging from 64 to 83%

(Nikolaidis et al., 2018).

Multiple Violence Against Children Surveys (VAC Surveys) have employed the ICAST-R to measure emotional violence against children in diverse nations. The VAC Surveys are designed to generate a new understanding of the prevalence of child maltreatment in developing economies, with host country governments expressing commitments to support the survey and respond to the findings (Nguyen, Kress, Villaveces, & Massetti, 2019). In one sense they are therefore a significant positive policy development to child maltreatment, including emotional abuse, although in a stricter sense, governments are not bound by any commitment to respond to findings and so any concrete policy action is uncertain. Nevertheless, the epidemiological advance is notable. The ICAST-R approach to measuring emotional abuse includes three core items about three key sub-types of emotional abuse. For example, the VAC Survey in Malawi defined emotional violence as “a pattern of verbal behaviors over time or an isolated incident that is not developmentally appropriate and supportive and that has a high probability of damaging a child’s mental health, or his or her physical, mental, spiritual, moral, or social development” (Fan et al., 2021). The Malawi VAC Survey asked respondents aged 13–24 if a parent or caregiver: (a) ever told the respondent that he or she was not loved, or did not deserve to be loved; (b) ever said they wished the respondent had never been born or were dead; and (c) ever ridiculed the respondent or put them down (for example, if they ever said that the respondent was stupid or useless). This approach yielded prevalence before age 18 of 28.9%. This approach is commonly adopted in VAC Surveys, and has revealed different prevalence across nations. The VAC Survey in Zambia found prevalence of 17.3% (Lee, Massetti, Perry, & Self-Brown, 2022), while Amene et al. (2024) estimated combined prevalence across five sub-Saharan nations (Cote d’Ivoire, Kenya, Lesotho, Mozambique, and Namibia of 9.2% for females and 7.7% for males.

A recent Australian study adopted an approach similar to the VAC Surveys, and found similarly significant prevalence. The Australian Child Maltreatment Study (ACMS) surveyed a nationally representative sample of 8500 participants aged 16 years and over, using an adapted version of the Juvenile Victimization Questionnaire-R2 (Mathews et al., 2023). Measurement of emotional abuse was informed by conceptual models of emotional abuse, and used behaviourally-specific questions assessing the experience of three types of emotional abuse: hostile interaction/denigration; rejection; and emotional unavailability. Both hostile interaction, and rejection, can be understood as acts of verbal abuse. Parental hostility/denigration was measured by asking participants: “Did any of your parents insult you, humiliate you, or call you hurtful names?” Parental rejection was measured by asking participants: “Did any of your parents tell you they hated you, didn’t love you, wished you were dead, or had never been born?” Emotional unavailability was measured by asking participants: “Did any of your parents often ignore you, or not show you love and affection?”. The ACMS applied a chronicity threshold, only counting a person’s experience as emotional abuse if it occurred over a period of at least weeks and excluding those that occurred over only days. On this basis, the ACMS found population-wide prevalence of emotional abuse of 30.9% (Mathews et al., 2023). Sub-domains of emotional abuse were reported at varying rates: hostile interaction (23.8%), rejection (8.8%), and emotional unavailability (21.6%).

4.2. Trends in prevalence: is verbal abuse measured as emotional abuse becoming more common?

The widespread prevalence and associated harms of emotional abuse are sufficient reasons to afford it intensified policy attention. However, a further compelling reason for reshaping our policy priorities would emerge if there was evidence that the prevalence of this phenomenon is increasing. The conduct of repeated studies in a nation at different points in time, or the use in one comprehensive survey of a sampling method allowing consideration of trends across generational age groups,

would yield valuable insights into whether emotional abuse is becoming more or less widespread. There are few examples of such studies, and indeed, there is a need for further baseline studies in many nations, given that relatively few nations have conducted surveys of self-reported prevalence with representative samples of the population (Mathews et al., 2020; Stoltenborgh et al., 2012). The NatSCEV studies in the USA have found broadly similar rates among youth samples, with the most recent study finding prevalence of 14.5% (Finkelhor et al., 2015). These surveys collected data from separate samples of youth over a period of years, and inform an understanding of trends over time, although due to their closeness in time this does not extend to a broader multi-generational analysis. These NatSCEV studies do indicate though, that there is not a decline in emotional abuse in that country, and if anything there has been a slight increase. A recent population-wide study of adults’ self-report data in the US using the Behavioural Risk Factor Surveillance System more clearly indicates an increase in emotional abuse, comparing those in younger age groups (18–24: 43.1%; and 25–34: 42.5%) with those in older age groups (35–44: 36.3%; 45–54: 35.7%; 55–64: 31.8%) (Swedo et al., 2023).

Similarly, analysis of data from the Australian Child Maltreatment Study indicate generational increases in important forms of emotional abuse, namely parental hostility or denigration, and parental rejection (Mathews et al., 2023). Trends by age group show a significant increase in prevalence of parental hostility/denigration comparing those aged 45 and over (20.5%), with those aged 25–44 (27.0%), and with this increase being maintained in the group aged 16–24. This increase is largely attributable to higher prevalence reported by women, comparing those aged 45 and older, with women aged 25–44 and 16–24). Similarly, these data show a significant increase in prevalence of parental rejection comparing those aged 45 and over (7.0%), with those aged 25–44 (10.4%), again being statistically significant, and with this increase being maintained in the group aged 16–24 (Table 1).

5. Domestic child protection systems and the need for a paradigm shift in attention to emotional abuse

Given emerging evidence indicating emotional abuse in some societies may be becoming more common, and increasingly compelling evidence of the serious outcomes associated with emotional abuse, the contemporary recognition in international policy of the importance of

Table 1
Prevalence of hostile interaction/denigration and rejection in childhood, by age group and gender.

Age group	Hostile interaction/denigration		Rejection	
	Number	Prevalence (95% CI)	Number	Prevalence (95% CI)
All ages	2154	23.8% (22.6–24.9%)	810	8.8% (8.0–9.6%)
Women	1275	28.4% (26.7–30.1%)	475	10.2% (9.1–11.4%)
Men	805	18.3% (16.8–19.7%)	303	7.0% (6.0–7.9%)
Gender diverse	74	55.2% (42.3–68.0%)	32	25.0% (14.3–35.6%)
16–24 years	962	27.7% (26.0–29.3%)	386	11.2% (10.1–12.4%)
Women	551	33.8% (31.2–36.3%)	226	13.7% (11.9–15.5%)
Men	356	20.0% (17.9–22.1%)	136	7.8% (6.4–9.2%)
25–44 years	533	27.0% (24.8–29.1)	202	10.4% (9.0–11.9)
Women	323	33.1% (29.9–36.3)	226	13.7% (11.9–15.5)
Men	195	20.0% (17.2–22.7)	74	7.8% (5.9–9.6)
45 years or older	659	20.5% (18.9–22.1)	222	7.0% (6.0–8.0)
Women	401	24.1% (21.7–26.4)	128	7.8% (6.3–9.3)
Men	254	16.5% (14.4–18.6)	93	6.1% (4.8–7.5)

emotional abuse is welcome. Historically, emotional abuse has not received anywhere near equivalent scientific and policy attention as other forms of maltreatment, and this has long been noted (e.g., Egeland, 2009; Hibbard et al., 2012). At different times, neglect, physical abuse, and sexual abuse have all had periods of sustained attention and prevention and response efforts through health, child protection and legal systems. These three forms of child maltreatment have themselves endured long and painful periods of being ignored, excused, marginalised and concealed (see, e.g., Chadwick, 2011; Myers, 2006). However, albeit after lengthy periods of time in which scientific work and advocacy efforts have forged a compelling case for reform, they have eventually been able to galvanise attention and responses. In many instances, these final tipping points have crystallised through observable, vivid cases of extreme gravity that captured the public's conscience and compelled policy-makers to respond. Accounts of extreme neglect (Myers, 2006), of fatal child battering (Chadwick, 2011; Kempe, Silverman, Steele, Droegemueller, & Silver, 1962), and of egregious sexual abuse (Mathews, 2017, 2019), understandably prompt visceral responses and have served as lightning rods for reform. Because of their nature and the clear and significant immediate harm caused to these children, these cases were also distinguished by their capacity to engage legal responses, across criminal, civil and child protection law.

Emotional abuse presents differently to these other forms of maltreatment. It is typically hidden and confined to the home environment, and presents with no physical injury, and often no other obvious indicator. Even more significantly, the historical legal status of children as mere property of parents has historically meant parents were able to treat their child cruelly with impunity. Despite gradually shifting social norms about children's rights to freedom from violence, the vestiges of this remain (Butler & Mathews, 2007), and the invisible and non-physical nature of emotional abuse means these socio-legal vestiges have their strongest and most intractable effect in the domain of emotional abuse. A further complicating factor is that whereas sexual abuse and most cases of physical abuse are so clearly non-normative, there can be fine distinctions between emotionally abusive conduct and an isolated non-typical lapse in a parent's otherwise good practice; for this reason, policy and practice alike may be more reluctant to identify such incidents as abusive and less likely to respond. Finally, other systemic responses are generally more clear-cut to many cases of physical and sexual abuse: health practitioners may be able to more readily identify injury and provide treatment; child protection practitioners may be able to more readily identify protection needs; legal systems have criminal laws which make it an offence to inflict various physical assaults and sexual assaults, and civil laws which can also be engaged to hold wrongdoers accountable. Yet, in contrast, a health practitioner may not have a clear course of action to respond to emotional abuse; a child protection practitioner may lack guidance and procedures on how to respond; and legal systems do not have comparable offences for emotional abuse.

Because of this historical development, public health prevention efforts and child protection practice alike have generally evolved to focus most of the available resources on preventing, reducing and responding to neglect, physical abuse, and sexual abuse. Child protection agencies typically also have as key priorities the response to physical and sexual abuse, and are also dominated in practice by responses to child neglect. It is much easier for child protection practitioners to observe and respond to neglect than these other types of direct maltreatment of the child, and especially emotional abuse.

For these reasons, within the contexts of domestic child protection systems policy and practice, and public policy more generally, emotional abuse remains poorly understood, and has been described as both the least recognized and least addressed form of maltreatment (Baker & Brassard, 2019; Brassard et al., 2020). The recent high-level gains in science and international policy have not filtered down to policy and practice in domestic settings as exemplified through child protection systems, or to research and public discourse more generally.

Other types of child maltreatment, including physical abuse, sexual abuse, and neglect, have attracted much more attention. Some illustrative examples of this can be seen in high-level domestic policy, child protection system data architecture and systems, and major prevention programs.

5.1. High-level domestic policy

In nations worldwide, emotional abuse does not register in high-level domestic policy in the same way as other important forms of child maltreatment. Physical abuse, for example, is not only typically prohibited by a range of criminal laws, with corporal punishment also increasingly prohibited (Global Partnership to End Violence Against Children, 2024), but is also subject to widescale prevention programs. Sexual abuse is similarly subject to a spectrum of criminal prohibitions and prevention programs (Mathews, 2019), and comprehensive national prevention policy efforts (e.g., Commonwealth of Australia, 2021; UK Government, 2021). This is not to suggest emotional abuse should be subjected to criminal prohibition – although it remains an open question whether extreme cases could warrant such a response – but the disparate priority afforded to prevention of emotional abuse by other dimensions of national policy is emblematic of its lesser status.

5.2. Domestic child protection system data architecture and systems

The data architecture of domestic child protection systems at state, territory or provincial level typically is geared towards identifying and responding to neglect, and physical and sexual abuse. Data systems and response systems typically afford far less attention to emotional abuse. In the US, for example, the most recent national report revealed that some States recorded no cases of psychological abuse, suggesting these data systems did not even include a separate reporting category for psychological abuse (U.S. Department of Health & Human Services, 2024, Tables 3–8, p. 44). Nationwide, of all children in substantiated or indicated cases of maltreatment, 74.3% were recorded as having experienced neglect, 17.0% physical abuse, 10.6% sexual abuse, and 6.8% psychological abuse. In addition, recorded combinations of all maltreatment types show the vast majority (88.2%) involved only one type of maltreatment, comprising nearly two thirds of all cases as involving only neglect (64.3%, with a further 9.9% only involving physical abuse, and 8.1% involving only sexual abuse (U.S. Department of Health & Human Services, 2024, Table 7.2, p. 102). Similar imbalances have been reported in Canada (Chamberland, Fallon, Black, & Trocme, 2011).

In other instances, emotional abuse is not treated as a distinct category of child maltreatment, but instead is included within the category of exposure to domestic violence (Australian Institute of Health and Welfare, 2021; Mathews, 2018; Mathews, Bromfield, Walsh, & Vimpani, 2015), which is a qualitatively different type of experience. Moreover, despite its prevalence in the population, some studies have found that when emotional abuse is categorised separately in government data systems, it is the type of maltreatment least frequently recorded, even where all maltreatment types are subject to similar mandatory reporting requirements (Mathews, 2018).

There are also substantial variations in legal obligations to report serious cases to child protection agencies or to refer less serious cases to community service agencies, with emotional abuse often the subject of a weaker obligation, or no obligation at all (Baker & Brassard, 2019; Baker, Brassard, & Rosenzweig, 2021; Butler, Truong, & Mathews, 2023). This imbalance is also reflected in variations in practitioner training about child maltreatment (Baker, Le Blanc, Adebayo, & Mathews, 2021). This is not to suggest that emotional abuse should be subject to exactly the same legislative reporting duties as some other types of maltreatment (Mathews, 2015), but the lower priority given by these regulatory frameworks in general to systemic capacity to refer emotional abuse to supportive social agencies is another indicator of its lesser

status in these systems. These data systems drive systemic responses, and are vital engines of domestic policy and practice. While systemic limitations can be concerning, they can be recalibrated to respond to new evidence and priorities. An example of evidence of the prevalence and impact of emotional abuse influencing reform can be seen in Australia (Higgins & Mathews, 2024).

5.3. Prevention programs

Major prevention efforts – whether through public policy, public awareness campaigns, parenting programs, or dedicated interventions such as home visiting – also have tended to be focused on other types of child maltreatment. Interventions such as home visiting programs to prevent and interrupt maltreatment, and parenting programs more generally, have mostly been focused on physical abuse, and on neglect (Britto et al., 2017; MacMillan et al., 2009). The framing and evaluation of even some of the most comprehensively-administered postpartum home visiting programs, for example, intrinsically excludes emotional abuse (Goodman, Dodge, Bai, Murphy, & O'Donnell, 2021). Very few studies rigorously evaluate interventions aimed at reducing emotional or psychological abuse, or even harsh parenting more generally, and this has been identified as a priority for future research (World Health Organization, 2022). Moreover, meta-analyses (Euser et al., 2015) and umbrella reviews (Gautschi & Lätsch, 2024) have consistently noted the myriad limitations in the design of interventions which impede the development of reliable evidence. One of the major limitations in such studies is that interventions neither adequately define child maltreatment, nor parse out different types of child maltreatment (Gautschi & Lätsch, 2024).

While there is much still to learn about the efficacy of even the most proven programs to date (Euser et al., 2015; Gubbels, van der Put, Stams, Prinzie, & Assink, 2021), there appears general agreement that home visiting programs and some parenting programs do have the potential to influence reduction in maltreatment (Kitzman et al., 2019; Van der Put, Assink, Gubbels, & Boekhout van Solinge, 2018). Those who have considered the need to do more to prevent emotional abuse have clearly suggested that the adaptation of such existing programs to the prevention of emotional abuse is thoroughly warranted (Hibbard et al., 2012). Furthermore, several specialised programs designed specifically to reduce emotional abuse have shown promise, with evidence indicating cost effectiveness of family support models addressing psychosocial risk factors for emotional abuse (Dubowitz, Feigelman, Lane, & Kim, 2009; Lane et al., 2021). However, much work remains to be done in order to expand the best existing studies of interventions to the domain of emotional abuse, both in relation to high-risk groups, and in populations not already engaged with child protection systems (Gautschi & Lätsch, 2024).

6. Conclusion

Recent convergence of consensus about the definition of emotional abuse, and recognition of it by international policy bodies as an important type of maltreatment, represent important stages in a landmark shift in societal treatment of this significant phenomenon. These welcome developments are necessary conditions for next essential steps in domestic policy and practice. Emotional abuse in general, including verbal abuse, must now be elevated as high-value domestic priorities for prevention. A paradigm change is long overdue in the recognition within nations by policymakers, practitioners and the public, of the severe and enduring associated outcomes of emotional abuse. While it is still developing, the contemporary evidence base indicates substantial reduction of emotional abuse would yield enormous individual and societal gains by mitigating both short-term and lifelong adverse outcomes.

Caution must be taken in making specific normative recommendations about the actions all nations, agencies, communities should take,

since there is high variation in national preparedness for change, and many nations may have even more urgent priorities for community and individual safety. However, we can identify practical recommendations about what societies could do, and can optimally do. These recommendations align with nations' obligations under the UN Convention on the Rights of the Child, and their commitments to the Sustainable Development Goals Target 16.2. In addition, general frameworks for conceptualising the domains in which change can occur can be drawn from overarching international frameworks. For example, the World Health Organization's (2016) INSPIRE model - *Seven strategies for ending violence against children* – urges reform-oriented strategies in the domains of: Implementation and enforcement of laws; Norms and values; Safe environments; Parent and caregiver support; Income and economic strengthening; Response and support services; and Education and life skills.

We would endorse the recommendations of leading scholars in this field (Brassard et al., 2019; Brassard et al., 2020; Hart et al., 2022; Hart & Glaser, 2011). For example, Brassard et al. (2020) proposed: increasing awareness about psychological abuse both among the broader public, and within key professional groups; adopting a reliable definition and employing this in key prevention and measurement activities; identifying harmful social norms within the community, and developing evidence-based strategies to change social norms to develop a broader societal understanding of the harm and unacceptability of psychological abuse; providing programmatic support services in home, school and community environments to understand psychological needs and respond appropriately; and supporting and educating children themselves, particularly in relation to coping with maltreatment they have experienced. Other similar recommended priorities and actions have been generated, including by the Child Psychological Maltreatment Summit (Hart et al., 2022).

We would also make several specific recommendations, aligned with dimensions of the INSPIRE model that are particularly apposite to this form of maltreatment. First, norms and values must be created across societal domains (community-wide; within key child and youth-serving sectors such as schools and early childhood education and care; and families) that reframe harmful attitudes that ignore or minimise emotional abuse, and instead promote understanding of its damaging nature. Second, enhanced parent and caregiver support must be a priority, especially among high-risk groups, through parenting support programs that build cognitive understanding of what types of interactions with children are harmful or healthy, and skill development to facilitate healthy and loving interactions with children. Third, and similarly, response and support services to children and families must be equipped to consider and respond to childhood emotional abuse as a priority issue. These systems and services must be equipped to respond to situations where emotional abuse is the only form of maltreatment the child is experiencing, and to other situations where it is co-occurring with other types of maltreatment. This requires that all aspects of community services and government programs engage in any necessary development or recalibration of data systems, procedures, practitioner training, decision-making processes, and service provision.

Reforms in these domains can support the development of a rigorous public health model of prevention of emotional abuse, facilitating the intensified priority for investment and prevention it requires. A paradigm shift in how society understands emotional abuse, and takes steps to better prevent, identify, and respond to it, can create a generational advancement in child wellbeing.

CRedit authorship contribution statement

Ben Mathews: Writing – review & editing, Writing – original draft, Supervision, Investigation, Funding acquisition, Formal analysis, Conceptualization. **Shanta Dube:** Writing – review & editing, Conceptualization.

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Declaration of competing interest

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Appendix 1. The concept and definition of psychological violence/emotional abuse: extract from the United Nations Childrens Fund, 2023 International Classification of Violence against Children

Category of psychological violence/emotional abuse	Operational definition	Illustrative examples
401 Terrorizing a child	Repeatedly making a child feel frightened by threatening to kill, hurt or abandon him/her	Threat of abandonment, harm or danger against a child or a child's loved ones or objects; threatening minor injury.
402 Harassing, spurning and humiliating a child	Repeated interactions with a child that convey that he/she is worthless, flawed, unloved, unwanted, endangered or only of value in meeting others' needs	Repeatedly belittling, degrading, shaming or ridiculing a child; repeatedly singling out a child to criticize or punish; repeatedly humiliating a child, including in public; repeatedly pushing a child away and ignoring him/her; repeatedly insulting, name-calling, hurting a child's feelings; psychological bullying (direct and indirect), including cyber-bullying; stalking, including cyber-stalking.
403 Exposure of a child to domestic violence	Exposure of a child to an act of physical, sexual or psychological violence that occurs within the family or domestic unit between intimate partners, resulting in or with a high likelihood of resulting in psychological, social, emotional and behavioural problems	Exposure of a child to physical, sexual and psychological attacks among parents, caregivers or other members of the family.
404 Exposure of a child to other violent experiences	Exposure of a child to community violence or delinquency resulting in or with a high likelihood of resulting in psychological, social, emotional and behavioural problem	Witnessing crimes of genocide, crimes against humanity, war crimes and crimes of aggression as in articles 6–8 bis of the Rome Statute of the International Criminal Court; exposure of a child to gang violence or organized crime's violent activities; unwanted exposure of a child to the use of guns/weapons; witnessing the kidnapping, sexual abuse or torture of a family member; exposure of a child to gun attacks in schools or in the community.
405 Other acts of psychological violence against a child not elsewhere classified	Acts of psychological violence not described in categories 401–404	Encouraging a child to develop delinquent behaviours; defamation.

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