

IDENTIFYING Emotional and Psychological Abuse

A Guide for Childcare Professionals

The principal objectives of this book are to enable childcare workers to understand and deal more effectively with cases of emotional and psychological abuse. The concepts of emotional development, emotional abuse, psychological development, and psychological abuse are fully explored and clearly defined, within the contexts of:

- Existing literature and research
- Childcare legislation and practice
- Child abuse enquiry reports, in particular that of Victoria Climbié

The book identifies emotional and psychological development and abuse in specific age categories, 0-4, 5-12, and adolescence. Case studies and vignettes are used to highlight normal development and abusive situations. Comprehensive frameworks which are easily applicable to current practice are provided, enabling workers to observe and accurately assess the quality of the emotional and psychological lives of children.

Identifying Emotional and Psychological Abuse is key reading for health and social care professionals, as well as students with an interest in child protection.

Kieran O'Hagan was Reader in Social Work at Queen's University Belfast. Previously, he was Principal Case Worker (child abuse) in Leeds, and spent twenty years in front line child protection work and training in various Social Services departments in England. He has published several books and many articles on aspects of child protection work, particularly on the challenges of emotional and psychological abuse.

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To Niamh, Patrick, Shauna, Leah and Ceri
– great educators

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Kieran O'Hagan

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My difficulty with technology remains: when the computer plays up,

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Kieran O'Hagan

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PART 1

Understanding Emotional and Psychological Abuse

1 Reflections on Victoria Climbié and Sally Clark: Two Cases, Two Verdicts, Same Problem

I have often wondered why the 50+ child abuse enquiry reports published in the last 30 years are so easily forgotten, their lessons often ignored. One probable reason is that they are so excruciatingly painful! Not just in the physical sense, though. They are also implicit records of the most damaging forms of emotional and psychological abuse. When Lord Laming (2003: 1.10), for example, tells us that Victoria Climbié was 'transformed from a healthy, lively and happy little girl into a wretched and broken wreck of a human being', what he's saying in effect is that she was physically tortured and emotionally and psychologically abused over a long period of time. It is inconceivable that the perpetrators who systematically tortured and battered her were also affectionately attending to her emotional and psychological needs. You cannot torture or batter a 6–7-year-old girl over many weeks and months without emotionally and psychologically abusing her.

The earliest indicators

The emotional and psychological abuse of Victoria began long before she arrived in England. No one really knows why Marie-Therese Kouao decided to approach Victoria's parents in Nigeria with the offer of taking her to England for a 'proper' education. She had approached another couple before that, who approved but then changed their mind, but whatever she told Victoria's parents, we know that Kouao's subsequent actions ensured that Victoria's educational and social life came to an abrupt end as soon as she stepped off the plane at Heathrow. They had spent five months in France after leaving Nigeria. There is nothing in the testimonies of people who knew Kouao, were related to her, worked with her, or provided services for her, to suggest that she ever really wanted to promote Victoria's interests or welfare. On the contrary, those testimonies provide the clearest indicators that Victoria was to be a tool by which Kouao would promote her own interests.

Such exploitation and corruption are core components of certain types of psychological abuse.

Children's perceptual antennae are normally acutely sensitive. Very soon after leaving her family and her village, Victoria must have sensed a darker side to her great-aunt. In preparation for whatever her ultimate objectives were, Kouao did something emotionally and psychologically significant as soon as the trip had been approved and she had the child under her control: she changed Victoria's name to Anna. This was the first known indicator of a possible exploitation of the child for Kouao's own purposes. It was an attack on her identity, that sense of self so emotionally and psychologically comforting in an environment that was new, strange and threatening to her. Victoria could not have understood why she had to change her name but she must have quickly discovered how burdensome and confusing it would become. She must have endured a lot of stress in sustaining this change, because (as we now know) Kouao was capable of terrible violence against her, even before she arrived in Britain.

The intensifying attack upon Victoria's moral development

The report tells us that the French authorities were after Kouao for falsely claiming welfare benefits over many years, and we quickly learn that Victoria will be exploited for the same objective in England: getting accommodation, housing benefit, welfare handouts and so on. Countless times in the report, professionals notice Kouao's fashionable and meticulous appearance, and Victoria looking like 'an advert for Action Aid'. This is not Kouao simply sustaining the sham but, rather, where her crueller nature coincided with her wider objective. This too represents a major step in the destruction of Victoria's own identity: not only is she forced to be someone called Anna, and to suppress every honest, natural and childish impulse, but she is also to be an unkempt, smelly, Anna, who seldom washes, and never changes her clothes (because Kouao ensures she doesn't have any clothes). The ultimate restriction is in communication: Victoria's language is French; she is not only in a foreign land knowing no one other than her gaoler, but unable to communicate with anyone else. She will learn English only to the extent that it suits Kouao's purposes, that is, to say precisely what she wants her to say at key moments in their all-too-brief meetings with professionals. And she will never have the opportunity to join a school, where basic English speaking would have been quickly acquired (posing all sorts of risks for Kouao).

Victoria must have rapidly learned that Kouao was a liar. In England, almost immediately, she would see and begin to understand that much of the lying would revolve around herself. When Kouao viciously attacked her,

Victoria would know (and come to expect) lies to be told about the injuries. Her inability to speak English greatly facilitated Kouao's lying, but as time passed she would have acquired a smattering of words that not only would tell her Kouao was lying, but also that she herself could have accidentally exposed her. She was therefore often forbidden to speak, or made to tell the same lie. For example, the first noticed injury was a fresh scar on her cheek. Kouao explained to the distant relative who noticed it that it had been caused by Victoria falling on an escalator. Victoria almost certainly knew what was being said. This moral corruption of the child would intensify over many months and represents a major component of the psychological abuse overall. As we later see, it reached its climax when she was made to allege and then retract sexual abuse allegations.

The physical assaults intensify

Six months after leaving Nigeria, Victoria is in an even stranger, colder country than France (at least there she understood the language). She is discouraged or prevented from making crucial contact with her peers through education or after-school activities, and has already been subject to numerous beatings from the person she knows has total control over her. There are various indicators of what Victoria was experiencing physically, emotionally and psychologically at this point. Her chronic bed-wetting has begun, and numerous witnesses to the enquiry give descriptive accounts of her looking 'small', 'frail', and as though she's 'losing weight'. One witness enquired of another as to why Kouao beat Victoria 'every night'. We don't know, but it's reasonable to assume that if Victoria mentioned home, or openly fretted for her parents, or panicked in the growing realization that she may never see them again and might remain with this increasingly violent adult for ever, all of this was likely to provoke Kouao as it would have raised for her the spectre of exposure, and whatever retribution Victoria's family and/or the authorities may have sought.

Respite

There is a brief respite for Victoria: Kouao is desperate for work and gets a job in a hospital. Victoria is looked after by Priscilla Cameron. Ms Cameron notices how easily Victoria settles in, how relaxed and content she becomes, except that, each time Kouao arrives to fetch her, she immediately withdraws into herself again, stands staring looking at the floor (as though she dare not look into Kouao's eyes) and vigorously rubs her hands together (an indicator of fear and anxiety). Ms Cameron is alarmed by the cold, unfriendly tone by which Kouao communicates with Victoria. On one occasion, she is jolted by Kouao's

outburst: 'wicked girl!', she yells at Victoria, merely for moving some objects in the living room. Later, Victoria arrives with cuts to her finger. Kouao tells Ms Cameron that the child had been playing with razor blades and Victoria has to verify it. When Kouao and Victoria return to the Camerons' home to collect her belongings, Victoria refuses to speak to Ms Cameron (obviously under threat from Kouao).

A living hell for the little Satan

Events move rapidly downhill when Kouao and Victoria moved into Manning's bedsit in July 1999. Little is said about this new location in the report, but its size is fundamental to understanding the intensification of the emotional and psychological abuse of Victoria. Now she is trapped for long periods within the tiny confines of the bedsit, in close, claustrophobic proximity with two adults who will daily treat her with unspeakable cruelty and who will cultivate a joint loathing of her. The attack on her identity and morality intensifies too: she is increasingly compelled to feel and live this other person's identity, someone called Anna, who often has to lie to professionals and friends at Kouao's bidding; who is frequently exposed and humiliated in public as 'a wicked girl'; who not only has to appear filthy and smelly, but actually learns how to *be* filthy and smelly, constantly wetting herself, dumped daily in a bath for a bed, sleeping in her urine and faeces, bound and gagged in a plastic bag so that the urine and faeces doesn't mess the bath, and ultimately, regarded by Kouao as 'my little Satan', possessed of evil spirits. Manning said to the police after her death, 'you could beat her and she wouldn't cry; she'd take the beatings like anything' (Laming 2003: 1.3). This is precisely the same chilling word-for-word observation made by the father of another child, Sukina, in another forgotten report (Bridge Child Care Consultancy Services 1991) after he had beaten her to death.

Hospitalization

When Victoria is hospitalized (twice within ten days), no one realizes the significance of her cumulative behaviours: (a) her initial withdrawnness; (b) her 'extreme distress' when Ms Cameron has to leave her there; (c) her bedwetting; (d) her obvious fear of Kouao and Manning when they visit her; (e) her standing to attention; (f) Kouao's haranguing of her in the ward; (g) Victoria wetting herself while Kouao harangues her. One paediatrician did think of the possibility of emotional abuse, and asked a French-speaking nurse to befriend the child but nobody apparently realized that this possibility could only be properly investigated by establishing a good rapport with the child and her

'mother', and probing in depth with both of them. Even if the effort to assess properly had produced no results at all in terms of Victoria's responses, and persistent lying from Kouao (as it would undoubtedly have done), that in itself, combined with the child's predictably abnormal interactions with Kouao, would have been additional vital indicators of the extremity of inhibition or fear under which she was living. All the professionals remained preoccupied with the question of physical abuse and, after a diagnosis of scabies had been made, the most significant professionals became fixated on the matter of personal hygiene and their own safety.

In the joint social worker-police officer approaches to Victoria, we again see the lack of awareness of an 'emotional' or 'psychological' dimension in Victoria's life; no inquisitiveness as to whether significant observations made by some nursing staff may suggest emotional or psychological abuse by her 'carers'; or emotional or psychological malfunctioning in her behaviour. The briefest contact is made with the child on the hospital ward, and they both decide it's 'appropriate' for her to return to Kouao. When the social worker visits her at home two weeks later, she says 'hello' to Victoria but does nothing to engage with her, in either speech or play. She observes nothing 'that would indicate a child being deliberately harmed. There was no evidence of soiling. I did not smell bleach. I did not smell urine. There was no evidence at all' (Laming 2003: 6.372).

During this visit, Victoria (obviously in response to the hidden cue that Kouao or Manning gave her) suddenly got up and 'r[a]n to Kouao's side as if being called to attention'. She pointed her finger at the social worker and said: 'You do not respect me, you do not respect my mother, why can you not find us a home?' The social worker is not entirely fooled by this utterance: 'I did not expect that from a seven year old child.' It is only years later, at the enquiry, that the worker 'candidly acknowledges that she was "totally set up" ' (para. 6.369). Kouao and Manning must have worked hard on the child. We can only guess how much threat, fear and brutality she endured in getting her words perfect for that dramatic role.

The diversionary preoccupation with sexual abuse

On 1 November 1999 Kouao rang social services. Her voice was hysterical and she alleged that Manning had sexually abused Victoria on three occasions. Significantly, this is only a few days after Kouao learned that her housing application had been turned down and that the council only accommodated children if they were at risk of significant harm. The social worker discusses this with her manager, who advises her to invite Kouao to the office that same morning. Surprisingly, the alleged perpetrator Manning arrives with Kouao and Victoria, and the social worker is shocked to peer through the office window

and see Kouao and Manning behave perfectly normally. The social worker is instructed to ask Manning to leave.

During the interview with Kouao and Victoria, the worker carefully records what she hears, detailing dates and times, giving graphic descriptions of what Manning had allegedly done (inexplicably, the child can now not only speak 'good' English, but can perfectly mime the sexual abuse actions of the alleged perpetrator). The police are contacted, a strategy meeting is called and alternative emergency accommodation for Victoria and Kouao is sought. Victoria, however, on cue from Kouao, retracts her allegation the next day.

The interrogation and preparation Victoria underwent in order to make an allegation against Manning can only be imagined. But the sudden undoing of the end result, that is, making her retract and confess to being a 'silly girl' takes place before our very eyes. It happens like this: on 2 November the senior practitioner observes Kouao's 'bullying manner' of the child as they wait in the reception area. At an entirely separate time later, she records that Kouao 'appeared to be coaxing Victoria and telling her something, which she insisted she needed to tell her. Her manner was bullying and not very sensitive.' The social worker responsible for Victoria 'is not surprised' when she learns of the retraction, because she regards the allegations as 'very bizarre'. She is quoted as saying that she believes that Victoria's answers (to questions posed by Kouao) were totally rehearsed. In other words, staff, although not aware of it at the time (nor could they be), were actually witnessing Kouao corrupting the child, intentionally placing her initially in the invidious role of Manning's accuser, making her the instrument through which Manning may be exposed, humiliated, interrogated, and threatened with imprisonment, then manipulating (and most probably threatening) Victoria to retract the allegation.

This was not merely about 'coaching' or 'priming' a child to allege sexual abuse and then to retract the allegation. More importantly, it was a blatant act of emotional and psychological abuse. In stark contrast, the sexual abuse allegation, despite the staff's increasing conviction that it was a sham, and despite the child's retraction, is pursued relentlessly, and a strategy meeting takes place on 5 November, for which the senior practitioner is prepared with more than three pages of contemporaneous notes on her 10–15 minute meeting with Kouao.

Laming (2003) is not impressed by the response to a sexual abuse allegation: he regards it as a knee-jerk reaction, lacking preparation, direction and purpose. This is rather uncharitable to the workers for two reasons. First, they did at least respond! Laming has throughout his report castigated so many professionals for their 'do-nothing' mentality; he should have at least acknowledged 'action'. They may not have acted appropriately or competently, or fully in accordance with their procedures, but they did act. They also refused to be intimidated by Kouao's reaction to hearing that Victoria's retraction would make no difference, that the allegation had set in motion statutory and

administrative processes that had to run their course. It is one of the rare occasions when Kouao was effectively confronted by practitioners.

Second, Laming devoted an enormously disproportionate amount of space to this particular episode about an alleged sexual abuse, which the workers (almost certainly correctly) perceived as a sham. He concludes with no less than ten substantive points of scathing criticism. Laming is apparently unaware of the fact that in order to instigate a sham allegation of sexual abuse, Kouao and Manning perpetrated real abuse, emotional and psychological. One worker actually comes close to this realization, when she said she believed that 'using the child to make up stories of sexual abuse was in itself harmful' (6.393).

Organization and team context

Victoria was admitted to North Middlesex Hospital on 24 July 1999 and became, for a little over 24 hours, the responsibility of Enfield Social Services hospital-based social work team. In addition to an organizational chaos (a common feature in child abuse enquiry reports) Laming also encounters deep divisions and distrust between the medical and social care staff at the hospital. There is a long history of increasing division and separation between medical and care staff, culminating in a managerial decision that social workers need no longer attend the weekly 'psychosocial' meetings during which all children admitted were discussed. Such meetings were designated 'an intrinsic and important part of a social worker's role' (2003: 8.21) The impetus for this decision came from the social workers themselves. They felt devalued and deskilled by doctors when they attended; they felt their opinions were not always heard, and that there was limited time allocated to their feedback on whichever child was discussed.

Social work's destructive self-image

The social worker to whom Victoria's case was allocated deliberately avoided contacting and questioning the child or establishing a relationship with her, on the spurious grounds that she did not want to risk contaminating the evidence (of suspected abuse). Laming is incredulous, and justifiably asks what precisely then is the purpose of hospital social work, and how can a child be assessed without being interviewed! Senior management in Enfield concoct an unconvincing response. They tell Laming that Victoria said nothing of importance to the medical staff who were looking after her, so 'there was little likelihood', should (the social worker) have attempted to speak to her, 'of discovering anything of *forensic* significance' (2003: 8.100, emphasis added).

This response actually vindicates the hospital social workers' sense of

being deskilled and devalued, not by the medical staff, but rather by social work management itself. Front-line social workers are long used to insults and condemnations, but there is surely nothing as condemnatory and insulting as their bosses stating publicly in effect that social workers were unlikely to do any better in interviewing allegedly abused children (which many of them are trained to do) than nurses and doctors (who have no such training).

The fixation with physical abuse

The word 'forensic' is revealing. It refers to forensic evidence of physical abuse. Enfield's social work management, in preparation for their defence before the inquiry, were fixated on physical abuse. So too was their social worker to whom the case had been allocated and who had been asked by a ward nurse on 27 July 1999 what action she intended to take. She replied, according to her own note, that she 'intended to take no action until there was a clear diagnosis of non accidental injury' (Laming 2003: 10.83). This retrospective fixation on physical abuse to the exclusion of anything else is understandable, considering what ultimately happened to Victoria. But while she was alive, there was neither clarity nor consensus about the precise nature of *physical abuse* being perpetrated against her. There was increasingly, however, a shared suspicion that Victoria may be subject to other forms of abuse, based on very accurate observations. In addition to what had already been observed, nurses and doctors noted that Kouao and Manning visited the ward late at night, and wakened Victoria. They did not speak gently or lovingly to her; on the contrary, Kouao frequently pointed her finger at her (most likely reminding her of the cost of any 'betrayal'). It's not difficult to imagine the nightmarish feelings endured by the child falling asleep in the comfort and security of a hospital ward, then being wakened to stare petrified into the eyes of the two people who were systematically torturing her). Staff also noted that Victoria wet herself when Kouao visited, and always 'seemed on edge' and to 'jump to attention'. A paediatrician strongly suspected 'emotional abuse' and asked for a psychiatric assessment. The psychiatrist rightly refused because no background information was available, and no initial assessment had been carried out by social services.

Laming's report: a missed opportunity

The inquiry report on Victoria Climbié is the severest condemnation and exposure of many childcare workers and agencies. But like all previous reports, it is in itself a mirror image of a specific limitation within those individuals and agencies, which it fails to recognize. No person reading the lengthy section

devoted to Victoria herself could fail to realize that as well as being tortured and battered to death, she endured an emotional and psychological hell. If that had been made explicit and explained throughout the report, and specific recommendations made about training frontline staff on how to identify and assess emotional and psychological abuse (there are umpteen references and recommendations on the necessity of training for everything else!) it would have been a more worthy testimony to the nature and extent of Victoria's suffering, and a more valuable contribution towards childcare and child protection training in general.

Sally Clark

Sally Clark was released from prison in February 2003, within a few weeks of Lord Laming's report on Victoria Climbié. She had been incarcerated for more than three years, convicted of murdering her children, one aged 12 weeks and the other, 8 weeks. When I first read about Sally Clark, at the time that she was convicted, and her name was splashed over the tabloid press with lurid headlines such as 'Drunken, Power-crazed Solicitor Murders Her Babes!' and 'Her Infants Stood in the Way of her Craving for Status and Power', I was perplexed. I could not find in the media coverage any background information, about her parents and upbringing, education and work record, her childcaring and so on that would have made her 'crime' explicable or probable. Any such puzzlement of course, provoked the comment, 'oh it's only because she is middle class, a solicitor, well off, lots of friends in the legal profession!' that her conviction is being questioned. I became more curious about the case. I wrote to Sally and made contact with her legal team. I told them about my longstanding interest in the subjects of emotional and psychological abuse and emotional and psychological development, which I thought were relevant to what I'd read about the case. They welcomed my enquiry, and sent me court transcripts of evidence, and much more relevant evidence from childcare professionals who had known her intimately during the short periods of her two sons' lives. I studied all this evidence, and like thousands of others, increasingly felt that this mother was the victim of a miscarriage of justice. I wrote a 6000-word report, requested by her legal team, detailing the reasons that I believed she did not murder her children. Her legal team requested that they be permitted to submit my report to the Criminal Cases Review Commission (CCRC) then re-examining her case. I need to stress that my report, whatever comfort Sally and her team may have derived from it, made no contribution whatsoever towards her eventual release, which was a direct result of the discovery that one principal medical witness for the prosecution had not disclosed vital evidence, and another had misled a jury with dubious statistics.

Preoccupied with the physical, ignoring the emotional and psychological

The emotional and psychological life of either infant, Harry or Christopher, was never mentioned in the lengthy transcripts of Sally Clark's appeal hearing. Nor was it ever a source of interest or curiosity in the countless articles and discussions about the case in press, radio and television, and in legal and childcare journals. Yet for me, this was the vital question in determining the possibility or inclination of either parent to murder their children: what was the quality of emotional and psychological care being provided by the parents, and in particular, the primary care giver, Sally Clark? How did the children develop emotionally and psychologically during their all-too-short lives?

We have seen how so many professionals involved in the Victoria Climbié case were preoccupied with the question of whether or not Victoria had been physically abused, and unaware and incurious of whether or not she was being emotionally or psychologically abused. A similar process occurred during Sally Clark's trial: eminent doctors testified and countertestified on the physical causes of death but no one was interested in the children's quality of emotional and psychological life. You wouldn't of course expect a judge and jury and expert medical witnesses in a murder trial to be concerned about anything other than the physical causes of the deaths, except that in this and in many similar trials, there was so much dissension among the medical witnesses about those causes. But there was no dissension at all among those professionals who witnessed on a daily basis the quality of emotional and psychological care she was providing for her children. The trouble was that not only was the court uninterested, but the judge prohibited their evidence from being heard.

Those who had observed Sally and her children closely were her community midwife, her health visitor, and the nanny/family helper taken on by the Clarks after the death of their first son. She was also in contact with an organization that supports mothers of cot-death babies (CONI). Inexplicably, the health visitor, who had made comprehensive and detailed notes on all her contacts with Sally and Christopher, was denied access to those very same notes as was Sally Clark's own defence team.

I've had access to the written testimonies of these three professionals. Here is an edited version of what I wrote in my submission about the contribution of each of them.

The nanny and family helper

The nanny's qualification (an Applied Social Studies BA, majoring in Child Psychology) would have enabled her to observe the relationship between a

mother and infant with a good deal more accuracy and perceptual rigour than most lay persons. The reason for this is that her degree is practice orientated and her observational skills on the subject of her choice within that degree – child psychology – would have been tested as part of her degree program. Her observations of Sally Clark and Harry are therefore highly significant. It is also important to realize that the duration and intensity of her opportunity to observe is unique among professionals, that is, from 10.00 am to 6.00 pm for approximately seven weeks. She states that during this period she never saw any signs that made her concerned or worried about her (Sally Clark) as a mother to Harry, and that she showed nothing but love and gentleness towards him.

The Community Midwife

The Community Midwife had the opportunity to observe Sally long before and after Christopher's death. She, too, never saw any behaviour on the part of mother or child(ren) that caused her concern. She said that it was clear to her that Sally Clark loved her children and had bonded with them. Her report also refers to a spontaneity and a lack of stress in Sally's responses to her children (a consistent theme in all three reports dealing with Sally and her children). The responses she saw were always positive. (In Sally Clark's story (Batt 2004) there is a telling passage detailing the midwife's response on hearing of the death of the second child Harry: the midwife tries to reassure the distraught mother how loving and caring she always knew her to be.)

Health Visitor

The Health Visitor actually refers to the detailed mother–child observations she made on each visit, similar to those observations mentioned above in respect of the Community Midwife and the nanny. For some unspecified (legal) reason, both the Health Visitor and Ms Clark's legal team were denied access to the Health Visitor's detailed recordings of her observations of Sally and her child Christopher. However, she confidently recalls that Christopher was a happy, smiling, well-cared-for baby and that a strong bond of love had formed between him and his mother.

CONI (Care of Next Infant Organization)

In addition to the monitoring provided by the statutory agencies, and the observations and support of the nanny, Sally Clark made contact of her own volition with the organization CONI, specifically set up to support parents who had lost an infant through cot death or other as yet unexplained condition. The professionals who provide the services for this organization are

inclined to make contact with such parents *without notice*. CONI expressed no general concerns whatsoever about Sally, nor specific concerns about her care of her second child, Harry.

A cruel irony

These potentially key witnesses and their written testimonies do not of course prove that Sally Clark didn't harm her children. But they expose a cruel irony in this case: they are highly experienced, and/or professionally qualified, childcare professionals who collectively had witnessed mother and/or child(ren) countless times, (a) while she carried them in the womb; (b) during their short lives; (c) after their deaths; and (d) even into her third pregnancy when she was on trial, and all three professionally believed she had never harmed her children. The chief prosecution witness Roy Meadows, however, who had never met Sally and had never seen her in the presence of her children, was of the opinion that they had died unnatural deaths (i.e. that they had been murdered), and with the help of a ludicrous statistic persuaded a jury likewise. Meadows (1985) has always stressed how crucial it is for the parent to be interviewed by professionals in cases of unexplained deaths of infants and indeed he emphasized the same during Sally's appeal hearing. He believed it was vitally important in enabling the professional to make an assessment. Yet he made a deeply flawed assessment without ever having seen or met either Mr or Mrs Clark.

The antithesis of comprehensive assessment

In April 2000 an associate of Meadows, David Southall, Professor of Paediatrics at the University Hospital of North Staffordshire, watched a Channel 4 documentary on Sally's case, in which her husband gave a detailed account of how he found one of his children before death. Southall, who knew nothing about the case, had never discussed the case with anyone, had never met Sally or her husband or her children, had never seen the results of any tests pertaining to the case, any records or X-rays, nevertheless decided on the basis of the documentary that Stephen Clarke had murdered his two children, and that he was a danger to their last remaining child. He immediately made his claim known to the police, and offered to 'write a report'. Mr Clarke was then subjected to another rigorous child abuse investigation, and very nearly lost their remaining child. Southall was later found guilty of serious professional misconduct and banned from child protection work for three years (Jenkins 2004).

Sally Clark: a lesson still to be learnt

These devastating experiences of innocent parents indicate the extent and nature of the challenge facing police, judiciary, paediatrics, and all child protection services, in ensuring a fully comprehensive, holistic assessment of children regarded at risk, or who have died without explanation. In my submission to Sally Clark's legal team, I wrote:

In the light of (*unresolved*) dispute between medical experts about the causes of death (*of Harry and Christopher*), the testimony of childcare professionals about their quality of life is surely vital. There are no conflicts nor even significant contrasts in the childcare professionals' observations of the children's quality of life, nor about the nature of the relationship between mother and children. The former (i.e. quality of life) is determined principally by the latter, i.e. the nature of the relationship (Bowlby, 1953, 1969). There is no indication in any of their detailed statements that the relationship was anything other than a loving one.

Conclusion

There are two formidable obstacles to childcare professionals learning more about emotional and psychological development, and emotional and psychological abuse, highlighted by the cases of Victoria Climbié and Sally Clark. First, the widespread ignorance of and disinterest towards the subjects within child protection systems, demonstrated by (a) the Climbié and all previous child abuse enquiry reports (DHSS 1982; DoH 1991; Reder *et al.* 1993), and (b) the appeal court judge in Sally's case banning the professionals best qualified to speak on the emotional care she provided from doing so. A reverse situation pertained in the Climbié case. Unlike Sally Clark, who welcomed all professional contacts and support, Victoria's abusers actively sought to ensure that she would not be seen, and certainly not seen repetitively by the same professionals. For example, Kouao used the same old tactic so familiar to sceptical child protection workers: she took Victoria to two different hospitals for two different incidents of abuse. Had the child experienced the 'luxury' of education in England (being seen in school every day) no doubt teachers with the slightest modicum of child development knowledge would have probably realized, as their French counterparts did, that there was something seriously wrong with the child.

Second, the two cases are identical in their fixation on physical health to the virtually total exclusion of emotional and psychological health. I have

previously stated that if a child is being repeatedly physically abused, that child is almost certainly being emotionally and psychologically abused (O'Hagan 1993, 1995) Similarly, if new-born infants are the recipients of prolonged, consistently high-quality emotional care, they are also, almost certainly, the recipients of high-quality physical care from that same carer. This is not to deny the reality that devoted loving parents can and do, for a number of reasons (e.g. mental illness, sudden crises etc.), suddenly turn on the child they love, but that merely vindicates Professor Meadows' long-held conviction of the importance of knowing the parent. The medical and social care professionals who knew Sally Clark best of all were ignored.

The tragedies and sufferings inflicted on Sally Clark, Trupti Patel, Donna Anthony and Angela Canning could possibly have been different, if judges, juries, police, crown prosecution and, above all else, eminent expert medical witnesses had the merest interest in or knowledge of emotional and psychological development, and were curious enough to want to explore the quality of emotional and psychological care provided for the children whose deaths they wrongly, catastrophically decided were the result of murder.

2 Ethical and Legal Frameworks

Introduction

There are legal, moral and professional obligations on childcare and child protection workers to know about and to understand emotional and psychological development, and emotional and psychological abuse. There are also international conventions reinforcing these obligations, formulated on a holistic perception of children's needs. This chapter will explore the widening definition of 'the welfare of the child'. It will look at professional codes of ethics, conventions and legislation that have sought to broaden the focus of workers' concerns in assessing children and their parents. This is needed to counter a long-established tendency to fixate on the child's physical health alone. It is ironical that child abuse enquiry reports, because of the physical horrors contained within them, and the consequences for the workers involved, actually intensify the fixation with physical abuse (understandably, fear-driven), contrary to the very clear advocacy of holistic assessment in most reports' recommendations and in the latest legislation. The law remains a crucial reference point for enabling workers to adhere to professional and statutory obligations regarding children who are being abused in ways other than physical abuse. The most significant milestone in this regard was the Children Act 1989. It is useful to revisit the Act and subsequent legislations, particularly sections that obligate workers to carry out assessments that include the emotional and psychological life of the child. The chapter will also look at the British government's green paper *Every Child Matters* (DfES 2003), a direct response to the Victoria Climbié report, and the subsequent 2004 Children Act. Any review of legislation widening the scope of assessment should include consideration of the 1989 UN Convention on the Rights of the Child. It remains a potent and continuous influence on children's legislation worldwide. All these moral, political and legislative efforts go far beyond the aim of protecting children. The chapter will conclude with a preview of the contents.

Waiting for law

I have a vivid memory of the first time I attempted to initiate care proceedings in respect of a child whom I believed was being emotionally abused. I recall a tortuous discussion with the local authority children's solicitor, in which I was trying to persuade him about such abuse. I shared with him my observations over many months, my discussions with parents, teachers and health visitor, and my conversations with the child himself. The solicitor listened intently; he frequently nodded courteously and unconvincingly; then he proceeded to interrogate me on 'what injuries the child had sustained recently'. He betrayed a slight animation when I told him of a bruise on the child's cheek, and the paediatrician's refusal to believe the explanation provided by the parents. He looked at me incredulously when I told him that the unexplained bruise was insignificant in comparison to (a) the detailed observations on the emotional life of the child, which I had been recording over many months, and (b) my consultations with other professionals making similar or connected observations. Our solicitor was having none of it; we needed to pursue a case of physical abuse, for which the bruise and the paediatrician's suspicions, and all the previous referrals and investigations into the care of the child, would suffice.

Reluctance and scepticism, exposure and isolation

There are two lessons in the experience relevant to this text. First, many local authority solicitors are not enthusiastic about trying to convince a court that the *significant harm* a child may be subjected to is emotional and psychological harm. They instinctively want to focus on physical (and sexual) abuse and, more importantly, they want physical evidence from a doctor for such abuse. This tendency stems not just from a lack of understanding of emotional and psychological abuse, and a conviction that such abuses are not provable, but also from a perception that they are not as urgent or crisis ridden as physical and sexual abuse. Second, workers in the same position as I was in, seeking a care order in respect of a child they believe is being emotionally and psychologically abused, may feel similarly isolated and exposed. Unless they are working in a specialized childcare or child protection context, they are unlikely to be encouraged to go down that particular route. There are, however, legal, moral and professional obligations to do precisely that, if workers genuinely believe, on the basis of detailed observation and comprehensive assessment, that a child's emotional and psychological needs are not being met.

Ethical codes of practice

Today, all childcare and related professions have codes of ethics. They are not always precisely worded, and they often lack definition, but they clearly suggest a holistic awareness of the concept of welfare. Take the code of the International Confederation of Midwives, for example, guiding its members in practice even long before a child is born. The preamble speaks of a general aim to 'improve the standard of care provided to women, babies and families' and, in the section on the 'Practice of Midwifery', article (d) expects members to respond 'to the *psychological*, physical, *emotional* and spiritual needs of women seeking health care, whatever their circumstances' (ICM 1999: 1, emphasis added).

The British Association of Social Workers (BASW 2003) and the American National Association of Social Workers (NASW 2005) couch welfare in very general terms. The former speaks of the need to recognize the value and dignity of every human being, and of members' responsibility to encourage and facilitate the self-realization of each individual person. The latter speaks of a primary responsibility to promote the well-being of clients. Cynics may regard these generalities as pious platitudes but they manifestly commit members to combating all forms of abuse. The American Academy of Child and Adolescent Psychiatry's first concern in article 1 of its code of ethics is 'the welfare and the optimum development of the individual or adolescent patient' (AACAP 2005: 3). 'Optimum development' is a goal frequently mentioned throughout the code.

Legislation: the 1989 Children Act

There is nothing about 'child abuse' or emotional or psychological abuse, and virtually nothing at all about specific aspects of development in childcare legislation preceding the 1989 Children Act (Packman and Jordon 1991; Cooper 1993; Corby 2000). All previous legislation, e.g., the 1933 Children and Young Persons' Act, the Children Act 1948, the Children and Young Persons' Act 1963, the Children and Young Persons' Act 1969, the Children Act 1975 and the Child Care Act 1980, were formulated on broad undefined themes such as children's welfare, protecting children, promoting work with families, substitute care, and the necessity of preventative action. In contrast, the 1989 Children Act obligates workers to perceive children holistically, that is, in terms of 'health', 'developmental', 'social' and 'material' needs. These are not airy-fairy abstractions that workers can mouth platitudes about; they are detailed, concrete, statutory requirements.

The welfare principle in section 1 of the Act, that is, that 'the child's

welfare shall be the court's paramount consideration', is followed by a guideline checklist 1(3) that clarifies beyond doubt the comprehensive nature of assessment required before any decision making. Perhaps the most important item on the list is 'the likely effect of any change in circumstances', which in effect is cautioning workers to know precisely the nature and quality of alternative care arrangement they may be seeking for the child. The list also asks workers to consider the child's physical, emotional and educational needs and 'any harm which he is at risk of suffering'. Section 31(9) defines 'harm' as ill-treatment or the impairment of development, and this leads to additional and crucial definitions:

- 'development' means physical, intellectual, emotional, social or behavioural development
- 'health' means physical or mental health
- 'ill-treatment' means sexual abuse and forms of ill-treatment that are not physical.

Parallel and subsequent legislation

Soon after the implementation of the Children Act 1989, similar radical legislation was enacted in Scotland, Northern Ireland and the Republic of Ireland. There were inevitable variations indicative of differing social, political and religious contexts but the common features in all four legislations were (1) the much more meaningful and profound interpretation given to the term *the welfare of the child*; (2) the specific mention of various components of welfare (e.g. the child's physical, emotional, mental (i.e. psychological), social, educational, religious and cultural life); and (3) the greater professional demands placed upon workers whose primary goal must always remain the promotion of that welfare (Gilligan 1996; Kelly and Pinkerton 1996; Tisdall 1996). These three features have remained constant and unchallenged throughout the period of monitoring that occurs after implementation of any significant legislation, and have survived the inevitable hastily drawn-up amendments, rules and regulations which aim to reinterpret or shed light on other more contentious areas. Indeed, subsequent legislation and the debates surrounding it clearly indicate an even surer grasp of the meaning of 'the welfare of the child' and a greater demand on workers and statutory agencies in attempting to promote it.

Children (Leaving Care) Act 2000

This legislation specifically addresses the problems encountered by children leaving the care of local authorities. Historically, leaving care is a shameful area of practice in social services provision, once typically characterized by a

sudden (and immensely relieving) severance of ties and responsibilities on the part of the agency towards the looked-after child when he or she was of age, or discharged from care (Biehal *et al.* 1995). Today statutory agencies at least have a duty of care (before and after the child leaves) that can be justifiably described as 'holistic'. The Children (Leaving Care) Act 2000 compels agencies to address health and development, education, employment and training, and to ensure that young people have the necessary practical, *emotional* and interpersonal skills to integrate and succeed in their post-care world (Stein 2002; Grover *et al.* 2004).

Educational Special Needs (ESN) Code of Practice

This is a revised code (DfES 2001) demonstrating knowledge and insight into emotional, social and education developmental issues associated with ESN. A whole chapter is devoted to the rights of children with ESN expressing their own views and feelings about their own needs. It represents a seismic shift in awareness of multifaceted developmental needs of children with ESN (Frederickson and Cline 2002).

Framework for Assessment of Children in Need and Their Families

This framework document (DoH 2000b) and the accompanying practice guidelines have emerged as the principal basis for teaching child development on social work courses (Horwath and Thurlow 2004). It reasserts that a thorough understanding of all aspects of child development is critical to work with children and their families, and that ecological theory must underpin practice, with due attention given to family, community and culture. This is a holistic perspective, detailing seven dimensions of children's developmental needs (though regrettably the least space is devoted to emotional development) and it describes differing types of experiences that all children (irrespective of race or culture) require for particular developmental milestones.

The Adoption Act 2002

Section 120 of the Adoption Act 2002 amends S31 of the 1989 Children Act, that is, the definition of harm. It adds to this definition the following: *including for example, impairment suffered from seeing or hearing the ill treatment of others*. This is clear reference to the government's long overdue response to unanimous research results about the emotional and psychological damage inflicted on very young children who witness a parent being battered (Jaffe *et al.* 1990; O'Hagan 1993, 1995; Mullender and Morley 1994; Henning *et al.* 1997; Cleaver *et al.* 1999; Lehmann 2000; Haj-Yahia 2001; McGuigan and Pratt 2001; McIntosh 2002; Baldry 2003; Kernic *et al.* 2003).

Fostering Services Regulations (DoH 2002a)

These regulations establish national minimum standards that seek to promote and safeguard the fostered children's physical, *mental* and *emotional* welfare (my emphasis). They are clearly recognizing the two distinct aspects of needs and development, which this text will concentrate upon, that is, emotional and psychological.

Every Child Matters

The British government's Green Paper response to the Climbié report, *Every Child Matters*, is, in many respects, as shockingly revealing as that report itself. For example, it acknowledges that too many professionals working with children 'have no routine training in child development, child protection or domestic violence issues', nor are front-line staff sufficiently aware of specialist issues like 'mental health, special educational needs and substance abuse' (DfES 2003: 1.19). Its five primary objectives provide a holistic and realistically modern-day perception of the needs of children. They are: being healthy (good physical and mental health), staying safe, enjoying and achieving, making a positive contribution and economic well-being. In an acknowledgement of the missing crucial factor in Victoria Climbié's short life, namely, education, it placed 'schools', the 'Sure Start Children's Centres' and 'primary care centres' at the centre of both a formal and informal monitoring process, and, in the case of children designated at risk, of the multi-disciplinary protection, prevention and treatment effort.

Children Act 2004

The 'well-being' of children is the principal objective in this legislation. It means: (a) physical and mental health and emotional well-being (like the 1989 Act, making a clear distinction between 'emotional' and 'mental' (i.e. 'psychological'); (b) protection from harm and neglect; (c) education, training and recreation; (d) the contribution made by them to society; (e) social and economic well-being (Part II S10(2)).

The dominant theme of the Act, however, is inspection. From a Commissioner of Children downwards, there are going to be layers upon layers of inspectorial bodies and individuals inspecting other individuals and bodies below them. There's actually a section of the Act entitled Frameworks for Inspection, described by the government's own publicity material as 'an integrated inspection framework to be established by the relevant inspectorates to inform future inspections of all services for children' (DfES 2004).

The international context

The widening interpretation of child welfare', 'child development' and 'child abuse' in the 1989 Children's Act was not unique to Britain. Twenty years previously, the United Nations was struggling with child protection resolutions which, when they emerged, in 1978 and 1988, clearly indicated a more holistic concept of childhood. The better known 1989 UN Convention on the Rights of the Child (coincidentally the same year as Britain's Children Act) advanced the concept of rights, and displayed a comprehensive awareness of the many differing aspects of child development and of the multifarious means by which that development may be promoted. It also demonstrated knowledge of all categories of abuse of children.

Article 6(2) commits the signatories to ensure 'to the maximum extent possible, the survival *and development* of the child' (my emphasis). Article 17 states that the child should have 'access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well being, and physical and mental health'. Article 17(d) asks governments to encourage the mass media to have particular regard to the linguistic needs of the child who belongs to a minority group; although not explicit, there is an assumption that the child's development, in particular psychological development, is linked to the respect given to the child's language, religion and culture. The Convention has inspired childcare legislation throughout the world. The Commissioner for Children and Young People (Scotland) Act 2003 and the Children's Commissioner for Wales Act 2001 both preface their contents with repeated references to the Convention as a motivating force in their formulation, and as a guiding principle in their implementation. The Children Act 2004 established a Commission for England who will no doubt be similarly inspired.

Children's Bill of Rights

Children themselves have expanded the concept of welfare. In 1996, 650 children from seven countries in three continents produced a Children's Bill of Rights (1996). As one would expect, these children made contact with each other over the Internet. Presumably they were helped by adults, and their efforts have obviously drawn inspiration from the UN Convention on the Rights of the Child. But there are many additional and novel considerations in their Bill of Rights, and it is patently obvious that these children perceive 'welfare rights' in the widest possible sense. They extend from the basic one of 'care and nurturing' to the right to an identity (or of finding out about one's identity), and further on into complex areas such the right to a

comprehensible presentation of any reality affecting children, and the right not to have their creativity stifled.

Objectives and contents

All these advances in childcare legislation, rights and principles obligate workers to think holistically, to be aware of what is happening in specific areas of development and/or abuse. One of the objectives in this book is to encourage and facilitate that process. It aims to counter a specific consequence of Lord Laming's report (and every other child abuse inquiry report), a preoccupation, often a fixation, on physical health and development to the exclusion of every other aspect of health and development (that is not what Lord Laming intended). Child abuse enquiry reports are not the origin of, nor wholly responsible for this tendency; the media responses to them merely intensify it, for understandable if no less acceptable reasons. Childcare professionals have always been burdened by a preoccupation with physical abuse and risk to life, and are likely to remain so. But I believe that they should also be far more pleasantly preoccupied with normal progressive development of children. It is the latter, not the former preoccupation that best enables workers to make comprehensive assessments. It is only when they are wholly aware of the major leaps in emotional and psychological development that children normally make, that they will have an accurate measure of the degree of impairment to such development brought about by emotional and psychological abuse. You cannot determine that a child is being emotionally or psychologically abused unless you have a thorough understanding of emotional and psychological development. Nor indeed can this author write a text on identifying emotional and psychological abuse without juxtaposing development and abuse in roughly equal measure. Although the longest chapter in this book (twice the volume of any other) is exclusively on practice in a particular case, and although lengthy case vignettes are included in every chapter in Part 2, this is fundamentally a book about observation, knowledge and understanding in respect of all four concepts: emotional development, emotional abuse, psychological development and psychological abuse. Chapter 4 will provide comprehensive definitions and explanations for each of these terms. The following chapter will explore relevant literature and challenge the tendency to use all-embracing terms like *psychological maltreatment* and *neglect*.

In Part 2, Chapters 5–9 will concentrate on the first five years of emotional and psychological development and the abuses that impede or impair that development. The structure of each of these chapters has four central pillars: (a) developmental milestones; (b) observation; (c) case vignettes juxtaposing progressive development and emotional and/or psychological abuse; (d) frameworks for understanding and identifying both emotional and psychological

development and emotional and psychological abuse. Chapter 10 will have a similar structure and objectives but will focus on children aged between 6 and 10. Chapter 11 will focus on adolescents, particularly on the emotional, social and psychological consequences that adolescents increasingly experience when their parents separate and divorce.

Part 3 will be devoted to practice and training. Chapter 12 will describe a detailed case history of emotional and psychological abuse. It will include initial referral, strategy meeting, assessment and crisis intervention. Chapter 13 will consider implications for managers, trainers, front-line staff and multi-disciplinary work. The book will conclude with an Epilogue.

Summary

Most childcare workers can recall occasions in which their agencies were pre-occupied with physical or sexual abuse to the exclusion of any other potential area of abuse. Childcare workers feel under constant pressure from management and a potentially vilifying press to sustain that fixation. There are numerous developments and processes, however, that compel workers to broaden their focus. All the professional codes under which many different childcare workers operate, stress a commitment to holistic assessment and treatment. The 1989 Children Act in England and Wales, and parallel legislation in Scotland and Ireland, spell out workers' obligations to assess children comprehensively, and, insofar as is possible, to promote their welfare in its entirety, meaning their physical, social, emotional, psychological, moral, educational and cultural well-being. All subsequent legislation, regulations and guidelines have been similarly influenced by the 1989 Act. The government's response to the Victoria Climbié report, *Every Child Matters* (DfES 2003) and its new Children Act, 2004, consolidate this broader, holistic approach to childcare, as does the UN Convention on the Rights of Children. Children themselves have demonstrated through their own *Bill of Rights* that they too perceive themselves and their needs holistically. Childcare training and practice have not kept apace with all these legal and professional developments. The British government recognizes front-line childcare workers' lack of training and experience in such areas as mental health and domestic violence. This book is hopefully a contribution towards enabling workers to understand and identify two of the most neglected areas in childcare literature and research: emotional and psychological abuse.

Questions/Exercises

- 1 Write down the differing aspects of children's development: physical, emotional and so on.
- 2 List them in order of the importance that you would normally attach to them.
- 3 Prioritize them in accordance with the formal or informal requirements of your own working situation: are there categories of child abuse referrals that are regarded as more urgent than others? What are they, and why are they so regarded?
- 4 What do you understand by the phrase the 'welfare' of the child?
- 5 The Children Act 1989 often refers to the welfare of the child. What precisely are the considerations that must be made in order to convince a court that you are pursuing a course of action in the interests of 'the welfare of the child'?
- 6 What other binding or guiding frameworks (i.e. other legislation, professional codes, government guidelines, national or international conventions, etc.) require workers to approach childcare work holistically, and to assess comprehensively all aspects of children's development. Specify the precise location and wording that suggest such a requirement.

3 The Challenge of Definitions

Introduction

Having established the legal, professional and ethical obligations to work holistically, childcare workers should be knowledgeable about the multiple, related, interdependent components of child development identified in such an approach. These include the physical, emotional, psychological, social, educational and cultural aspects of the child's life. All these differing, though related, aspects of development can be impeded and impaired. Emotional and psychological abuse are two of the most challenging forms of child abuse. We will critically review attempts to define them. The chapter begins by acknowledging the confusion generated when the terms 'emotional abuse' and 'psychological abuse' are used synonymously and/or interchangeably. Another root cause of confusion is that the standard definitions of these terms are 'adult oriented', in that they do not easily apply to new-born babies and infants, as though it's unlikely to encounter babies and infants who have been emotionally or psychologically abused. An alternative terminology for such abuses is *psychological maltreatment*, which may incorporate both. Conversely, the Department of Health (1999) uses *emotional abuse* to incorporate psychological abuse. The definitions and explanations of these terms will be critically examined. Some of the most frequently used definitions are flawed and culturally biased. Finally, the concept of 'neglect' will be explored. Questions are raised about a dramatic increase in *neglect* registrations. Alternative explanations for this trend are suggested.

The roots of confusion

The roots of confusion about the difference between *emotional* and *psychological* abuse in childcare literature have five principal strands:

- 1 research on the neurophysiological origins and aspects of emotional functioning
- 2 a belief that emotions and emotional development are fused with, or entirely dependent upon, cognitive development
- 3 a belief that emotional life is merely a component of psychological life
- 4 the increasing tendency to use broader terms interchangeably and/or synonymously, for example, *child maltreatment*, *psychological maltreatment*, *neglect* and so on
- 5 the neglect of new-born babies and infants in the formulations of definitions of emotional and psychological abuse.

Medical perspective

There is a growing body of medical literature on the origins and generation of emotions in the limbic system, the brain's deeply buried unconscious core (e.g. Fox 1994; Schore 1994; Rolls 1999). Some of the literature is highly technical, explaining separation anxiety, for example, as 'activation of sites in the hippocampus and amygdala, together with projections to the striatum, cingulate, central gray, hypothalamus, cortex, and sympathetic nervous system' (Fox 1994: 8). This clearly discourages one from thinking of *the emotional life* as an entity exclusively concerned with emotions; it also has the more serious effect of convincing childcare workers that it is a specialist area exclusively reserved for doctors. What much of this literature is saying, actually, is rather basic: 'the quality and content of the baby's relationship with his or her parents has a physical effect on the neurobiological structure of the child's brain that will be enduring' (Child Psychotherapy Trust 2002: 2). Gerhardt (2004) demonstrates how the brain's development during infancy is substantially dependent upon positive emotional interactions with the parent. The research on brain origin of emotion does not negate the concepts of an 'emotional life', nor 'emotional development'. On the contrary, it provides scientific validation of what childcare workers instinctively feel and think is happening in the lives of emotionally abused children – lives without positive emotional interactions.

Not independent, so therefore not worthy of separate scrutiny

Writers often perceive emotional development as linked to, or fused with, psychological development. In other words, the two are mutually dependent (Glaser 2002). What we think (i.e. psychological) can determine what we feel (i.e. emotional) and vice versa. Why bother then to attempt to separate these two concepts, or define them differently?

At birth, our psychological development – intelligence, memory, perception – is hardly conspicuous, yet our emotional development is so advanced

that we leave the womb already endowed with a rich and complex emotional repertoire enabling us to feel and express numerous emotions perfectly appropriately. But leaving this common knowledge aside, and even assuming that the emotional life and the psychological life are wholly dependent, there isn't a good enough reason to regard them as the same or for not exploring the differences and uniqueness of either concept.

Emotion: a relatively minor aspect of psychological functioning?

The belief that the emotional life is a not-too-important component of the psychological life is common in early literature. Woodhead *et al.* (1995: 137) comment on the 'relative imbalance' in psychology texts between the topic of emotion and other aspects of human development. The imbalance 'reflects a wider cultural tendency to emphasise the cognitive at the expense of the emotional'. Gross (1987) and McShane (1991) wrote texts on *cognitive development* without reference to emotional development; Bee (1992) barely mentions emotional development in her 700-page text on child development; Sheridan's (1992) developmental charts, used by health visitors worldwide, and still recommended by the Department of Health (DoH 2000b), don't even acknowledge emotions.

Fox reminds us that early medical and psychological research regarded emotions as merely serving to 'disorganise or interfere with analytical or cognitive processing' (1994: 4). Such a view is outdated. Zajonc (1980) regarded emotion as primary to cognition, and argued that emotional feeling and expression precede cognitive processing. Cicchetti (1989: 400) makes a clear distinction 'between emotion and cognition in maltreated children'. Izard's differential emotions theory led her to believe that 'it is the emotions that determine the range of input in consciousness, by controlling the processes of awareness' (1977: 167–8). There are now countless texts and research papers devoted exclusively to emotion 'as a concept worthy of study in its own right' (Wastell 2005: 32), exploring the emotional life in infancy (Malatesta *et al.* 1989; Fox 1994) and adulthood (Ortony *et al.* 1988; Hammond 2005) and generally (Levinson *et al.* 1999). There is also an established international journal: *Emotion*. These and other contributions have helped shape my own opinion that emotional development is much more than a mere minor component of psychological development (O'Hagan 1993, 1995, 1999).

The all-embracing 'psychological maltreatment'

A response to the problem of separately defining emotional abuse and psychological abuse has been to construct broadly based terms that may cover both and be used interchangeably or synonymously. This retrograde step was made

despite the caution in the opening pages of the Department of Health's (DoH 1988: 7) *Protecting Children*: 'Broad definitions of abuse that refer to the child being prevented from attaining his or her potential are of little value in terms of a working definition to guide practice'. Dingwall critically observes widening definitions that 'embrace virtually any problem which may have an adverse impact on a child and can be possibly attributed to some act of commission or omission by an adult' (1989: 59–60.). The most popular of these terms are: *psychological maltreatment* and *neglect* (Brassard *et al.* 1987; Garrison 1987; Sanders and Becker-Laussen 1995; Glaser 2002). Hart and Brassard adopted *psychological maltreatment* as an all-embracing concept that 'better subsumes all affective and cognitive aspects of child maltreatment' (1987: 160). Here, *affective* means emotional – any action one might term *emotional abuse* is lumped in with every other action one might term *psychological abuse*, so we are left with the umbrella term *psychological maltreatment*. *Emotional abuse* therefore becomes *psychological maltreatment* (Glaser 2002).

Excluding new-borns and infants

When we examine definitions of emotional and psychological abuse, or of the terms that subsume them (i.e. psychological maltreatment), we will see that they have been formulated with little thought about new-born babies and infants, who are in fact the most vulnerable to every type of abuse. They are increasingly the highest-risk category in official government child abuse data. There were no less than 2800 children (11% of the total) aged under 1 year on child protection registers in England in March 2003 (DfES 2005). In the USA, 16% of confirmed abuse cases in 2002 were children under 4 years, and there were 19 deaths of infant boys (under 12 months old) per 100,000 of the population, compared with 2 deaths per 100,000 of children overall (US Department of Health and Human Services 2004). As with Victoria Climbié, we can safely assume that many if not all these infant victims were not suddenly physically abused or murdered by loving, caring parents, but were indeed subject to varying forms of abuse, including emotional and/or psychological, before their deaths.

Definitions of psychological maltreatment that subsume emotional abuse

Garbarino *et al.* define psychological maltreatment (inclusive of emotional abuse) as 'a concerted attack by an adult on a child's development of self and social competence, a pattern of psychically destructive behaviour and it takes five forms: rejecting, isolating, terrorizing, ignoring, corrupting' (1986: 8). These five forms of 'psychically destructive behaviour' may occur if a child

experiences (a) rejection, in which the adult refuses to acknowledge the child's worth and the legitimacy of the child's needs; (b) isolation, in which the adult cuts the child off from forming relationships and makes the child believe that he or she is alone in the world; (c) terrorizing, in which the adult 'verbally assaults the child, creates a climate of fear, bullies and frightens the child, and makes the child believe that the world is capricious and hostile'; (d) ignoring, in which the adult deprives the child of essential stimulation and responsiveness, stifling emotional growth and intellectual development; (e) corruption, in which the adult mis-socializes the child, stimulates the child to engage in destructive, antisocial behaviour, reinforces that deviance, and makes the child unfit for formal social experience (1986: 8–9).

Garbarino's definition is one example of the neglect of new-born babies and infants. First, the five constituents are described in such a way that they are more appropriately applied to older children, or to children whose psychological development is sufficiently advanced. 'Acknowledge the child's worth', 'make the child believe that she is alone in the world', 'makes the child believe that the world is capricious and hostile', 'mis-socializing the child', 'calling the child derogatory or demeaning names' – these are not thoughts that come to mind when thinking about new-born babies and infants in the first year of life.

Second, the word 'concerted' suggests that the maltreatment is intentional and/or planned, but children are abused in different ways without the perpetrator being aware of it, which is particularly so in many cases of emotional abuse. Third, child abuse is not the prerogative of adults; we are increasingly made aware of all kinds of abuses inflicted by *peer groups* upon children. Fourth, the term 'psychically destructive' is archaic, inexact and confusing; its literal meaning is 'destructive of the mind and soul'. Childcare workers would find it difficult using a definition that has a term like that as its central pivot. They are likely to ask: 'what is it in the mind that is destroyed, and how?' Fifth, the forms of behaviour described in the definition (i.e. rejecting, isolating, terrorizing, ignoring, corrupting, verbally abusing) do not necessarily constitute psychological *maltreatment* (or psychically destructive behaviour). They sound serious, and painful, and are unacceptable in many societies, but some of them may merely be inappropriate and *potentially* abusive emotional responses which the majority of parents or carers are quite capable of, and which they, consciously or unconsciously, inflict upon their children in isolated incidents (Hart *et al.* 1987; Navarre 1987; Hart and Brassard 1991; O'Hagan, 1993, 1995). If, however, such behaviour was sustained and repetitive, that may be a different matter, which pinpoints a serious weakness in the definition: it makes no reference to frequency and duration.

Finally, Garbarino and colleagues' definition is culturally biased. Enabling the child to see that the world is 'capricious and hostile', far from being psychologically abusive, seems eminently sensible for some children; a capricious

and hostile world is the reality for them, their parents and their community. Also, in many minority cultural groups, the means by which a child develops self and social competence is actually to experience some of the five forms of what Garbarino and co-authors mistakenly refer to as 'psychically destructive behaviour'. 'Rejecting', 'isolating' and 'ignoring', within specific cultural contexts, are traditional, effective means, not of harming children, but of enlightening and protecting them, instilling the knowledge and disciplines upon which the group and culture have survived in a hostile world. 'Shaming' is also one of the behaviours that some writers view as psychologically abusive, but there are parents who may regard it as perfectly appropriate in certain situations, for example those in the Caribbean and Hong Kong (O'Brian and Lau 1995; Alleyne 1997).

Definitions of emotional abuse that subsume psychological abuse

Clearly these largely American attempts to construct all-embracing concepts of abuse lack rigour and consistency, as does the eagerness with which many have adopted the results in other countries. In Britain, however, the officially adopted umbrella term used by the DoH (1999: 5) to subsume all affective and cognitive aspects of child maltreatment is not *psychological maltreatment*, but rather, *emotional abuse*. It is the term used in accordance with the Department's guidelines by local authorities throughout England and Wales. The Department defines it as follows:

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse affects on the child's emotional development. It may involve conveying to children that they are worthless, or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill-treatment of a child, though it may occur alone.

(1999: 5–6)

This definition is similarly lacking clarity and rigour. It actually isn't a definition; it states that 'emotional abuse' is 'the persistent emotional ill-treatment', but it doesn't define either term. It is flawed in similar ways as is the definition of psychological maltreatment. Last but not least, it is culturally biased, and could promote cultural insensitivity.

Cultural bias

First, the above extract lists various actions that, within specific cultural contexts, may not actually constitute either emotional or psychological abuse, for example, *it may feature age or developmentally inappropriate expectations being imposed on children*. Millions of children in different cultural groups carry out tasks that white, middle-class childcare workers may regard as age inappropriate but which are perfectly safe and culturally defined, such as caring for siblings, grandparents and so on. Such tasks can enhance, not impede emotional and psychological growth. More generally, imposing inappropriate expectations upon a child is probably one of the most frequently perpetrated actions of parents against their children in today's fanatically competitive western societies (Subotsky 1994). It sometimes *is* damaging, but so too is it often harmless and laughable – and seen through by children themselves. Such imposed expectations therefore may not necessarily constitute emotional abuse. We need to know about cultural context, duration, frequency, immediate impact, and short- and long-term consequences on emotional functioning.

Second, when it states that the emotionally abused child may be *valued only insofar as they meet the needs of another person*, it again ignores children in differing societies and cultures that place enormous importance on the predominance of the group. This core value of existence, that is, valuing the individual only insofar as he/she is adhering to cultural norms, and contributing to the fulfilment of the family's and the group's basic needs of food, shelter, security, prosperity, and, quite often, shared childcare, is not oppressive or inhumane; on the contrary, it is the source of a strong emerging self-identity, emotional and psychological health, and pride (O'Hagan 2001; Yeo 2003).

Emotional abuse: famous cases

Apart from the illogicalness of saying that *emotional abuse* subsumes *psychological maltreatment* or vice versa, and discouraging workers from exploring the differences, these confusions blind us to the reality that in highly exceptional cases, a child may suffer one but not the other. This could mean, for example, that the impact of emotional abuse will be confined to the child's emotional life and social functioning. There are three well-known such cases: (1) *Dibs: In Search of Self* (Axline 1964); (2) Ruth Lawrence; and (3) Sufiah Yusof.

Dibs had been chronically emotionally abused over many years by his rich, career-obsessed parents. The adverse consequences are obvious in his emotional functioning within his peer groups. But his cognitive faculties continued to thrive. He was 'observing, learning, thinking, drawing conclusions, as he crawled around on the edge of things' (Axline 1964: 65). Similar experiences are seen in the childhoods of famous prodigies. Ruth Lawrence gained entrance to Oxford in 1982 at the age of 12 and graduated less than two years

later. Sufiah Yusof also gained entrance to Oxford at 12, in 2000. Both girls turned on their families in later life and revealed some of the costs. When Sufiah ran away at the age of 15, she e-mailed her parents and wrote: 'I've finally had enough of 15 years of physical and emotional abuse' (Coates 2004: 7). Ruth Lawrence famously cycled daily on a tandem with her father to college, a rather endearing sight for the press and the public, but in reality a means of ensuring (wittingly or unwittingly) that she did not have contact with other children. This was social deprivation as well as emotional abuse, certain to have consequences for Ruth's social and emotional development, which, happily, she was able to make amends for when she broke away from her father six years later. Presumably, Ruth and Sufiah both knew the difference between emotional and psychological abuse; they may well have suffered in respect of the former, but they could hardly accuse their parents of the latter when their stunning academic achievements suggested optimum psychological development and functioning.

Theoretical and operational definitions

Many writers press on regardless of the difficulties, seeking to find theoretical definitions as comprehensible as possible, and/or operational definitions as concrete and specific as possible (Hart *et al.* 1987; Hart and Brassard 1991; O'Hagan 1993, 1995; Kinnard 1994; Glaser and Prior 2002; Herrenkohl 2005; Manly 2005). But even within this group, there is divergence of opinion on fundamentals. For example, Glaser's view that the effects of emotional and psychological abuse on the child 'are not of definitional use' and that 'evidence of harm to the child is not a prerequisite for recognising psychological maltreatment' (2002: 711) is not shared by Hart and Brassard (1991) who seek a definition that refers to the adverse impact of abuse on the child's development, nor by Jellen *et al.* who write that 'the basic elements of all definitions of abuse are harm or threat of harm and responsibility for that harm' (2001: 625).

Sanders and Becker-Lausen's Child Abuse and Trauma scale (CAT) (1995) for understanding and measuring emotional and psychological abuse consisted of 38 questions (addressed to student and adult patients) about their childhood experiences. There are two major hurdles in attempting to formulate an operational definition from this increasingly popular questionnaire technique. First, memory recall of events many years previously may not be sufficiently accurate, and second (another example of the exclusivity of many of the definitions), such questionnaires have little or no relevance to those emotionally and psychologically abused long before they were capable of understanding and answering the questions, that is, babies and infants.

Neglect

Neglect is the most common form of child maltreatment (Berry *et al.* 2003; Dubowitz *et al.* 2005: 494). Yet the term 'neglect' has the same deficiency as 'maltreatment'; we need to know what type of *neglect* or *maltreatment* for either term to have any meaning. As Tanner and Turney (2003) observe, *neglect* is often hinged onto terms like 'child abuse *and neglect*', 'emotional abuse *and neglect*', 'psychological maltreatment *and neglect*'. Readers may deduce from these terms that whatever neglect is, it cannot be *child abuse*, nor *emotional abuse* nor *psychological maltreatment*, otherwise why emphasize and separate it from each of them? It is as though neglect has specific, universally known features, different from those of the main terms, and doesn't even have to be explained (Glaser 2002). Burke *et al.* write of 'this confounding of abuse and neglect' (1998: 391).

Definitions of neglect

Britain's Department of Health defines neglect as

the persistent failure to meet a child's basic physical and/or psychological needs likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

(DoH 1999: 6)

This is truly all-embracing, in some ways an even wider concept than psychological maltreatment. It can be summed up as neglect of physical, emotional, psychological and social needs, though there is no attempt to define or explain any of these. Note too its reference to consequences: 'the serious impairment of the child's health and development'; this is the 1989 Children Act terminology, in which 'health' and 'development' mean the child's physical and mental health, and also the child's physical, intellectual, emotional, social and behavioural development.

Straus and Kantor (2005) provide a similar definition but then differentiate between (a) neglectful behaviour; (b) causes of neglectful behaviour; and (c) effects of neglectful behaviour. Cantwell (1997) uses this definition as a basic starting point for exploring the concept. She begins with the understanding that neglect is denial of basic necessities such as food, clothing, shelter, safekeeping, nurturance, education and medical care. She then categorizes the

less obvious and more complex areas of prenatal and perinatal neglect, emotional and developmental neglect, stimulation neglect, language neglect, and gross motor and fine motor neglect, and finally supervision neglect, leading to fatalities.

Iwaniec (1995) differentiates between *emotional* neglect and *emotional cruelty*, while Tanner and Turney (2003: 25–6) make an important distinction between ‘episodic, reactive neglect, and chronic long term neglect’, the former often perpetrated by many parents through inattentiveness or poverty, without serious harm being done, the latter certain to harm the physical and emotional/psychological development of children, and, in respect of very young babies, significant neuro-developmental consequences potentially affecting all areas of cognitive, social and emotional functioning.

The principal features of much of the literature on neglect therefore represent three contrasting approaches. First, a tendency to hinge the concept onto established, widely used terminology such as ‘child abuse’ or ‘emotional abuse’ but without either defining or explaining ‘neglect’. Second, rather than attempting to define ‘neglect’ as an entity in its own right, writers choose particular forms of neglect – physical, emotional or educational neglect – and define each of those separately. Third, the Department of Health (DoH 1999) and numerous writers provide definitions of neglect that are so all-embracing as to subsume virtually every other form of abuse, with the possible exception of sexual abuse.

But this latter point is precisely what we found in the definitions of *emotional abuse* and *psychological maltreatment*: ‘so all-embracing as to subsume virtually every other form of abuse’ including neglect! Little wonder then, that Dubowitz *et al.* concluded: ‘a long history of imprecise definitions of neglect has hampered researchers’ ability to make inferences about the nature and consequences of neglect’ (2005: 494). Bearing in mind that virtually all of the actions and omissions identified as *neglectful* in standard definitions of *neglect* have already been identified in commonly used definitions of *emotional abuse* and *psychological maltreatment*, what precisely is the difference? The term ‘neglect’ is perplexingly being used more than ever.

The ‘mysterious’ increase in the occurrence of neglect

The increasing use of an ever-expanding, all-embracing definition of neglect coincides with quite staggering increases in the number of ‘neglect’ cases recorded in different countries. The National Committee to Prevent Child Abuse (Daro and Wiese 1995) reported that in the USA, 49 per cent of substantiated child abuse referrals in 1994 were cases of neglect. The number increased to 60.5 per cent in 2003 (National Clearing House on Child Abuse and Neglect Information 2005). In England, neglect cases increased from 11,200 in 1996, to 12,400 in 2001. By 2003, out of a total of 26,000 registrations, the number of

neglect cases had risen to 39 per cent (DfES 2005). In Scotland, between 2000 and 2003, the percentage of registered physical neglect cases increased by 70 per cent, by far the largest increase of all child abuse categories (Scottish Executive, Statistics Online 2004). In Wales, figures released for the year ending March 2003 revealed that 'risk of neglect' registrations totalled 49 per cent of the total (Local Government Data Unit, Wales 2005). In Northern Ireland, an unusual collating of the data produced even more alarming figures (DHSS, N. Ireland 2003).

A matter of 'grave concern'

There is something not quite right here. It is inconceivable that child protection agencies have suddenly, inexplicably become inundated with 'neglect' referrals. It is more likely that substantial numbers of these 'neglect' referrals would have been designated as something else, 5, 10 or 15 years ago; possibly 'grave concern', that convenient, catch-all category increasingly used before the 1989 Children Act, when workers felt unable to designate or articulate in any other way the observations they were making. 'Grave concern' became the dustbin of child abuse registration, a fact readily acknowledged by the Department of Health, which abolished it. Has 'neglect' replaced 'grave concern', and if so, why? I believe it has, and that there are at least three possible explanations for this.

Drift

Front-line workers and child abuse case conference participants have drifted unaware into the convenience of increasingly using the category of *neglect* inappropriately and inaccurately. This has implications for (a) practice; (b) the collation of statistics within social services departments; and (c) the quality of service to children and their families. Given the continuing inexorable increase in designated *neglect* cases, child protection agencies are certain to be caught out at some point, that is, exposed in care proceedings, or in a public enquiry, having failed to recognize both the nature and extent of a more specific and damaging form of abuse that a child may be enduring, beneath the blanket cover of 'neglect'. Horwath's (2005) research on agency responses to neglect cases provides evidence to support this: workers simply did not regard neglect as seriously as they did physical or sexual abuse; they did not consider 'the impact of neglect on the child'; they often 'did not communicate with the child'; they often failed to see the child. Above all, workers were interested in 'snapshot' incidents of possible neglect, rather than attempting to 'provide a video over time of the life of the child' – the core aim of assessment (2005: 105).

Definitions of neglect

The drift towards neglect obviously owes something to the all-embracing definitions of the concept. Many of these definitions are inadequate, lacking rigorous delineation and common sense. More importantly, the proponents fail to advise workers on the most distinct feature of the definitions, namely, that they include specific and exclusive forms of child abuse that are already defined and categorized. For example, the most common opening sentence in all definitions of neglect usually speaks of a parent or carer failing to provide adequate food, shelter, clothing and hygiene – is that not *physical* abuse? If a mother repeatedly *neglects* changing her baby's nappy (a classic, oft-quoted example of neglect) and the baby's skin around the genitalia excoriates and then becomes infected, and the baby persistently cries in pain and distress, is that not physical abuse? In the long term, do such abuses not impede physical development? Straus and Kantor (2005) indirectly make the same point: they admit that their concept of 'neglectful behaviour' may be caused by 'malevolent' intent and that the effect may be 'psychological harm'. Surely they're talking about *psychological abuse*, not mere neglect or neglectful behaviour?

However we answer those questions, such abuses tell us something of critical importance about the relationship between child and carer. The relationship between a child enduring hunger, cold, pain, infections and danger, and the 'carer' who is responsible for this child, is not just a physically abusive relationship, but also an emotional and psychologically abusive relationship. You cannot deprive a child of food, clothing, safety and comfort, either purposely or unwittingly, and have a satisfactory, healthy emotional and psychological relationship with that child. The definitions of neglect that we have looked at say something similar: 'unresponsiveness to a child's emotional needs', 'failing to provide the ingredients deemed essential for developing a person's physical, intellectual or emotional capacities', 'harming children and their physical and emotional/psychological development' and so on. Nearly all descriptive and sample accounts of neglect are physical, and/or emotional and/or psychological abuse. That brings us to possibly the most salient reasoning underlying the dramatic rise in 'neglect' figures.

The reluctance to allege 'child abuse'

Social workers are often reluctant to confront carers with their belief that the child is being abused. They are even more reluctant to think in terms of 'child abusers'. 'Neglect' is a less problematic term, less harsh, less accusatory, conveniently encompassing an array of abuses that 'dare not speak their name'. 'Neglect' can logically be applied to any abuse within any sphere of the child's life: physical, emotional, psychological, social, sexual, educational and cultural. It is not difficult in practice to find numerous children subjected to multiple abuses within all these spheres. How much less challenging, then, to avoid exploring each abuse, avoid spelling each of them out in records and

report, avoid sharing them with the parents, and eventually package them away in the deeper recesses of 'neglect', which is what Horwath (2005) indicates in her research.

Neglect also raises the spectacle of poverty and inadequacy, parents in need rather than abusing parents. Parents themselves are less likely to be provoked by the allegation of neglect, than that they are emotionally and psychologically abusing their child. While accepting the need to avoid labelling and pathologizing parents (O'Hagan 1993; Glaser 2002), it seems unwise to avoid sharing with them what you believe they are doing to the child. If they are repeatedly not emotionally responding to a new born or infant, they are emotionally abusing the child. They have a right to know the damage they are inflicting on their child, and telling them only that they are 'neglecting' merely by not responding and not being available, patently denies them that right. The implications for the child and for the working relationship with parents are much more serious.

The popularity of all these terms, *neglect*, *psychological maltreatment*, *child maltreatment* etc., may stem from the same motivation – to avoid using the term 'abuse' – and all the difficulties it may pose for workers and parents alike. My reading of the literature and research, and of enquiry reports, convinces me that child protection has seriously regressed not just in the increased reluctance to use the term *abuse*, but in the quality of definitions formulated, intentionally or unwittingly, for the convenience of avoiding its use. There may well be a correlation between the degree of reluctance and the lack of clarity and rigour in many of the definitions.

Summary

Childcare and child protection workers have access to a burgeoning library of texts, articles and research, nearly all of which increasingly blur the distinctions between emotional abuse and psychological abuse. This chapter has demonstrated some illogicality and inconsistency at the heart of this confusion, and has explored pertinent factors contributing to it. The most commonly cited definitions have been critically examined. They reveal various flaws and cultural bias. Very often the definitions contain lists of actions (by perpetrators) which are provided as examples of emotionally and psychologically abusive behaviour. These include verbally abusing, devaluing, persistently criticizing and so on. Such actions are unpleasant and unacceptable but virtually every child experiences one or more of them at some time in his or her life, without necessarily being emotionally or psychologically abused. Definitions of emotional and psychological abuse should refer to context, duration and consequence.

The concept of *neglect* has been explored. Government statistics reveal

a staggering increase in its frequency. This apparent ubiquity cannot be explained other than by the fact that child protection workers and managers now conveniently use *neglect* to subsume virtually every other form of abuse, including emotional and psychological abuse. Another possible reason for the 'appeal' of the term 'neglect' is that it is less potentially offensive and confrontational to parents and carers than the use of the term 'abuse' (whatever type of abuse may be alleged). However, there are substantial risks to children and to the quality of childcare and child protection offered in the ever-expanding use of the term 'neglect'.

Questions/Exercises

- 1 Comment on the five possible sources of confusion about emotional abuse and psychological abuse on p. 28. Would you contest any of these, and can you think of any other reasons that such confusion persists?
- 2 What are the principal differences in the meanings of *emotional* and *psychological*?
- 3 What are the advantages and disadvantages of using the terms *emotional abuse* and *psychological abuse* synonymously and interchangeably?
- 4 Name at least two substitute terms increasingly used to subsume various types of abuse, including emotional abuse and psychological abuse.
- 5 What are the main differences between operational and theoretical definitions of abuse?
- 6 List some of the flaws in standard definitions of emotional abuse and psychological abuse, or in the terms substituted for them (e.g. *psychological maltreatment*).
- 7 Give some examples of cultural bias in common definitions of emotional abuse and psychological maltreatment.
- 8 Cases of *neglect* have apparently increased dramatically during the past decade. Can you contest some of the suggested reasons given in this chapter, and can you suggest other reasons?
- 9 Look at one of the standard definitions of *neglect* and list as many types of abuse you can think of that could be present in a case of *neglect*.
- 10 What are the risks of increasingly categorizing cases as *neglect*?

4 Emotional Development– Emotional Abuse; Psychological Development–Psychological Abuse

Introduction

This chapter will provide comprehensive definitions and explanations of the following four terms: *emotional development*, *emotional abuse*, *psychological development* and *psychological abuse*. Two features will become quickly apparent. First, in respect of emotional development and emotional abuse, the chapter will concentrate on the most vulnerable age category: new borns and infants (largely neglected in the formulation of all-embracing definitions). Understanding emotions and emotional development during the early months of life is a secure base upon which to acquire an understanding of emotions and emotional development at all ages. Second, psychological development is often presented in terms of how children feel and think about themselves, that is, low or high self-esteem, low or high self-confidence, low or high self-worth and so on, an approach that unwittingly concentrates on the individual's emotional state as much as, if not more than, their psychological health. Henceforth, psychological development will be approached differently. It will emphasize the dominant mental faculties and processes which constitute psychological health: *intelligence*, *perception*, *imagination*, *memory*, *recognition*, *attention* and *moral reasoning*. *Perception* will be explored in depth, because it is crucial to the healthy development of all other mental faculties and processes, and it is often the faculty under greater attack in psychological abuse. Healthy perception is also the principal armour in a child's ability to recognize and resist being groomed and ensnared for sexual abuse.

Separating and enlightening; fusing and confusing

The words 'emotion' and 'psychology' have different meanings and origins. 'Emotion' derives from the French *émouvoir*, meaning 'to excite, move the feelings of'. 'Psychology' derives from combining the Greek words *psyche*,

meaning the mind, soul or spirit, and *logos*, meaning discourse or study; this has logically led to the modern definition of *psychology*: the science of mental life (Miller 1966). If we convert the nouns *emotion* and *psychology* to adjectives, *emotional* and *psychological*, and place these adjectives within well-known terms, such as the *emotional life of the child* and the *psychological life of the child*, or *emotional development* and *psychological development*, no one is going to ask: 'are all these words and phrases not one and the same thing?' Childcare workers know that they and their clients have an *emotional* life and a *psychological* life and that, even though there is a relationship between these two aspects of our being or even though you might think that one is more important than the other, they are certainly not one and the same thing. Similarly, with *emotional development* as distinct from *psychological* (i.e. mental) *development*, no one is seriously going to suggest that they are the same, particularly when the Children Act 1989 makes a clear distinction between the two, and obligates anyone working with children to do likewise. Vernon (1993: 60) tests readers with set questions relating to different sections of the Act. One is about a health visitor who is expressing concern about a 4-year-old child's 'emotional and psychological development'. Clearly, Vernon understands the distinctions made by the Act. Interestingly, however, when the words *emotional* and *psychological* are combined with *abuse*, that is, *emotional abuse* and *psychological abuse*, the distinctions are blurred. These two terms, regrettably and illogically, are used interchangeably and synonymously in childcare literature. Little wonder front-line staff feel unconfident about either concept.

Core beliefs underpinning definitions

The definitions of *emotional development* and *emotional abuse* and of *psychological development* and *psychological abuse* are formulated on three basic facts:

- 1 Each individual has an *emotional life* and a *psychological life*, and each of us develops *emotionally* and *psychologically*. These concept states are related, often impinge on each other, and are often mutually dependent, but they are not synonymous terms.
- 2 *Emotional abuse* impacts adversely on the emotional life and emotional development, but it may also impact adversely on the psychological life and psychological development.
- 3 *Psychological abuse* impacts adversely on the psychological life and on psychological development, but it may also impact adversely on the emotional life and emotional development.

Emotional development

Emotional development is the process through which a child acquires the ability to feel and express, and eventually to regulate and control different emotions. The regulation and control of emotion and emotional expression enable the child to feel and express emotions appropriately, which is a crucial necessity for (a) the child's psychological, social, cultural and educational development; (b) relationships in adulthood; and (c) career prospects.

The emotional life at birth

Children are born capable of feeling and expressing many emotions: contentment, gratification, distress, anxiety, disgust and so on (Darwin 1872; Watson and Morgan 1917; Bowlby 1953; Eibl-Eibesfeldt 1975; Oster 1978; O'Hagan 1993, 1995). More precisely, they can manipulate all the component facial muscle movements necessary for (a) expressing different emotion states; (b) expressing them with varying degrees of intensity; and (c) conveying to the observer that he or she is moving from one emotional state to another. The variety and intensity of emotional feeling and expression in the new born is compatible with the magnitude of their experiences, that is, transferring from the relative comfort and security of the womb, through the often bloodied, scarring and traumatic exit, into the insecurity, discomfort and total strangeness of the outside world. No wonder they cry.

The earliest stages of emotional development

As new borns grow older, the repertoire of emotions and emotional expression increases, and will be influenced by carers, and the social and cultural contexts. Emotional expression becomes more regulated and discrete. For example, the new born's pangs of hunger may make him or her cry uncontrollably, or a loud noise or sudden movement may provoke a spontaneous expression of anxiety and fear. The carer then responds by comforting, feeding or reassuring. As infants become familiar with these responses, their expectation of them enables them to regulate to some extent their emotional expression. The child may not then cry for so long, or so loudly, because he or she 'feels' that the carer will quickly respond. These beginnings of the regulation and control of emotions and emotional expression are a crucial milestone in emotional development (Malatesta *et al.* 1989; Fox 1994).

Emotional intimacy

The emotional responses of the primary carer are the single most important factor in determining normal and healthy emotional development. They include: (a) constant staring, smiling and nodding over the new born; (b) facial musculature expressing her pride and awe, her joy and gratitude, her sense of mystery; (c) oohhing and aahing and cooing, and many other babyish and primitive sounds she and most carers spontaneously make looking into a baby's eyes; (d) physical intimacy, like hugging, kissing, cuddling, feigned biting and so on. These intimate daily interactions are crucially necessary for the child's brain development (Schorre 1994; Gerhardt 2004), emotional development (Malatesta *et al.* 1989; Wingest and Brant 2005) and speech development. They are the core ingredients of Bowlby's (1969) *attachment*, defined by Fahlberg as 'an affectionate bond between two individuals that endures through space and time and serves to join them emotionally' (1994: 14). If a child never experiences these emotional and physical interactions with a primary caregiver through infancy and the pre-school phases of their lives, irreparable damage is done.

Emotion regulation

Important regulation milestones are reached by pre-school children in the course of normal healthy emotional development. The timing will vary and is less important than actually achieving the milestone.

- *Arousing emotion*: Towards the end of the first year, infants are able to arouse themselves emotionally, and to control the arousal and the (facial) expressiveness accompanying it. They will also consciously arouse and influence emotional feeling in others.
- *Emotional empathy*: During the second year children will demonstrate an understanding of, and an empathy with, the *negative* emotions of others (Harris 1989). They are capable, through fun and play, of empathizing with positive emotions at a much earlier age, but to be able to 'feel', for example, the 'sadness' of their parents, or the 'distress' of their peers, is a much more significant emotional milestone, particularly for social development.
- *Articulating emotion*: Between the second and third years, with the help of significant psychological development specifically in the area of intelligence and attention, and continuing appropriate emotional responses from the principal carers, children should be able to articulate emotional feeling (e.g. 'I am *sad*, I am *happy*' etc.). This is also the age in which they advance from merely *arousing* to *manipulating* the emotions of others.

- *Manipulating emotion:* 3 year olds are masterly manipulators of emotion. This ability also depends on parallel psychological development and 'emotional modelling' by parents. The child learns how to 'neutralize' emotional expression, that is, to display a non-emotional, deadpan expression concealing a felt emotion within it. They acquire the ability to subdue or enhance the intensity of experienced emotion, impede or accelerate its onset or recovery. Differing cultures will value this emotional milestone differently.
- *Masking emotion:* One of the most advanced stages in childhood emotion regulation is 'masking' – expressing an emotion different to the one being felt. For example, when 3 or 4 olds suddenly attempt to exaggerate their illness for the benefit of the guest neighbour or grandparent, their faces will contort into a not entirely convincing expression of misery, and if you gently banter them, they may well break into a smile, despite the strenuous efforts of their tongues to prevent the smile. These children are learning, experiencing and attempting, quite literally, 'tongue in cheek'. All these emotional developments may be important in social situations, or in risk or danger.

Social, cultural and environmental influences

Many writers have cautioned readers about social, national and cultural factors that influence the development of emotional life generally, and of the ability to control the accompanying expressive behaviour in particular (e.g. Ratner and Stettner 1991; O'Hagan 1993). The social constructivist perspective (Crawford *et al.* 1992) highlights the differences in perception of emotion and emotional expression within differing social classes, religions, cultures and nationalities. The modulation and control of emotion, for example, is given much greater emphasis among the islanders of Ifaluk in the Western Pacific (Lutz 1987), the Cree Indians of James Bay in Canada (Ferrara 1999; O'Hagan 2001) and the Chewong aborigines of Malaysia (Howell 1981). Conversely, the Illongat tribes of the Philippines (Rosaldo 1980) actively cultivate the expression of emotion, and view the expression of anger and passion in particular (*liget*) as virtuous.

Fiction can also contribute to our understanding of national characteristics in respect of emotional expression. Dostoyevsky's *The Brothers Karamazov* (Magarshack 1958: 269) reveals a uniquely Russian surfeit of emotion and emotional expression in both his child and adult characters. 'And I shall not weep from despair but simply because I shall be happy in my tears. I shall get drunk on my own emotion,' says Ivan Karamazov.

These cross-cultural works, research or fiction, have relevance to childcare assessment in our multicultural world. But none of them negate the core

observations upon which research of emotional expression and development in new-borns and infants is based. Childcare researchers and anthropologists universally have observed similar processes of interaction between new born/infants and carers (Benedict 1959; Ainsworth 1967; Haviland 1999). The intimacy described is paramount.

Emotional abuse

Having defined and explored *emotional development*, we are now in a position to define and explore *emotional abuse*.

Emotional abuse is the sustained, repetitive, inappropriate, emotional responses to the child's felt emotions and their accompanying expressive behaviour. Emotional abuse impedes emotional development. In babies, it also impedes the onset of speech development. It retards the process through which a child acquires the ability to feel and express different emotions appropriately, and eventually, to regulate and control them. It impacts adversely on (a) the child's educational, social and cultural development; (b) psychological development; (c) relationships in adulthood; and (d) career prospects.

Emotional abuse or an isolated emotionally abusive interaction?

The key phrase in the definition above is *sustained, repetitive, inappropriate, emotional responses*. All parents are capable of an occasional, isolated, inappropriate emotional response, such as:

- 1 Driven distracted in a supermarket with an 8 month old and a 3 year old who simply will not stop running out of sight, the mother or father angrily grabs the child roughly and lets rip (verbally); the 3 year old is cowed.
- 2 The 5-month old starts crying again in the middle of the night, and the exhausted, disoriented parent, who is due at work in two hours' time, gets out of bed with a curse, and lifts the baby less gently and carefully than usual, looks at her *exasperatedly* and speaks to her *coldly* and *angrily*.
- 3 The 4 year old returns from the nursery, *excited* and *proud*. She has painted a picture which has received particularly favourable comments from the teacher. She is keen to present it to her mother. Her mother is preoccupied with financial and relationship issues, and barely acknowledges the painting.

These common occurrences are examples of inappropriate emotional responses, but they do *not* constitute emotional abuse (particularly if the carer

realizes that he or she has acted inappropriately, feels guilty about it, and wants to make amends). If, however, the children in the examples above experienced such responses daily, unremittingly (i.e. in a sustained and repetitive way), that certainly *would* constitute emotional abuse. It doesn't matter if the carer is or is not aware of what he or she is doing; if such responses are sustained and repetitive, then the child is being emotionally abused and will suffer consequences such as the immediate and short-term hurt and disappointment, and the longer-term impact of these actions on emotional and other aspects of development. Take the third example, the child returning from the nursery. If every time she does something to be *proud* of and *excited* about, her parent(s) respond with *indifference*, *irritation* or *anger*, then this little girl is very soon going to stop feeling *excited* and *proud* about her achievements. She is learning that to feel and express her emotions of *excitement*, *enthusiasm* and *pride* to the most important people in her life is not only useless but also dangerous. Such expressions provoke her parents, and she always ends up feeling hurt. Consequences can be devastating: first, the child over a period of time ceases to feel *pride* and *enthusiasm* about her creativity; second, over a longer period, the child loses the capacity to feel pride and enthusiasm about anything she does.

Positive emotions need experiences and practice

Positive emotions such as *pride*, *enthusiasm*, *joy*, *love*, *curiosity*, *compassion*, and the capacity to feel and express them, need the appropriate stimulus from carers, and then acknowledgement and reciprocity. In technical-medical terms, the registering of emotions in the frontal cortex of our brains and their generation in the limbic system, which is the brain's deeply buried unconscious core, are processes that need 'practice' for efficiency. If the brain mechanisms and processes that enable us to feel and express positive emotions are never in use, they can cease to function altogether. Precisely the same applies to speech: the Broca area (named after its discoverer) is the part of the brain that enables children to speak, which must be activated by environmental stimuli, chiefly by the caregiver. Parents and carers play a crucial role in the activation, development and functioning of mechanisms within the Broca area during the infant and pre-school years. If they are never activated throughout this period, the child will never speak. To return to our case examples again, if small children are repeatedly subjected to negative emotions such as *indifference* or *apathy*, these are the emotions that will begin to dominate their own emotional repertoire; these are the emotions that will be most commonly registered and generated in their brain. The 4 year old whose creativity is neither acknowledged nor praised will eventually also adopt emotional negativity: she will increasingly feel and express emotions like *apathy* and *indifference*; she may also later increasingly feel *anger* and/or *despair*.

Emotional repertoire

If you attempt to list all the emotions you may feel, you will quickly realize that there are substantially more negative and/or painful emotions than there are positive. That is not to say that negative emotions dominate our emotional lives; on the contrary, normal emotional development ensures that our emotional lives are largely positive (unless we are experiencing personal tragedies or difficulties in our adult lives). What the imbalance between the potential numbers of negative and positive emotions tells us, however, is that there is limitless potential for emotionally abused children to adopt and to feel and express negative emotions since there are simply so many of them. Here are some examples: *anger, despair, distress, fear, envy, anguish, grief, hatred, humiliation, shame, sullenness, dejection, malice, hostility, grudge, mockery, guilt, remorse*. In the example of the 4 year old, the repetitive and wrong emotional responses of the carer can lead over time to the child experiencing multiple negative emotions: *apathy, indifference, embarrassment, sadness, rejection* and so on. If those wrong responses of the carer are being made hourly, daily, weekly, monthly, in other words, if the child is being emotionally abused, then her emotional repertoire and emotional expression will increasingly be dominated by (and restricted to) negative emotions.

The consequences of emotional abuse

Normal emotional development enables the child to integrate emotionally within peer groups in particular and social groups in general. Abnormal emotional development (the inevitable consequence of emotional abuse) can render a child incapable of integrating successfully within peer groups; it is also likely to have seriously adverse affects on relationships and job prospects in later life. Emotionally abused children do not learn how to regulate and control emotional expression, nor do they learn or experience the increasing subtleties of emotional life. Their understanding of the meaning of emotion and emotional expressiveness becomes distorted. Their emotional repertoire does not expand as quickly or as healthily, nor is it as rich and varied. It will increasingly become the repository of negative rather than positive emotion. Emotionally abused children often function at either extreme of an emotional spectrum. In one extreme, the dominant emotions in their emotional repertoire and emotional functioning are '*silent and invisible* negative emotions'; in the other, the dominant emotions are '*audible and visible* negative emotions' (O'Hagan 1995).

Dominant silent and invisible negative emotions

Emotionally abused children often learn that their natural, spontaneous expression of *joy* or *excitement* or *pride* always provokes negative hostile

reactions in those who are 'caring' for them. Predictably then, through *apprehension* or *fear*, they cease to express such audible and visible positive emotions. Here is an important point that childcare workers must remember, and one that the abused child will quickly learn: it is the expression of emotion, that is, the child's facial expression and the (perhaps noisy) behaviour accompanying the expressiveness, rather than the felt emotion itself, that provokes the 'carer'. Over time, the abused child's emotional expressiveness becomes inhibited and suppressed, and eventually the capacity and ability to feel the emotion becomes impeded and impaired. Childcare workers then encounter children whom they describe as 'emotionless' or 'lacking in emotion'. This is an inaccurate observation. There is no such thing as an 'emotionless child'. What is happening is that the child unconsciously feels compelled to increasingly adopt negative emotions (e.g. *indifference*, *apathy*, *dejection*, *misery*, *despair*, *hatred* etc.), emotions that have little or no facial expressiveness or accompanying expressive behaviour. These are relatively noiseless, motionless and often invisible emotions. They are precisely what the parent/carer demands and what some childcare professionals fail to detect.

Dominant audible and visible negative emotions

Some children adapt to emotional abuse in the opposite extreme. The child's emotional repertoire becomes predominantly one of negative, destructive emotions, highly visible and audible, just like that of the parent or carer. There may be no other alternative model of emotional functioning. The childcare worker then encounters a child labelled as aggressive, uncontrollable, unpredictable, constantly living on a short fuse, discomforting every other child around him or her. This type of consequence does, however, have one advantage: unlike the child of silent inaudible emotion, the so-called aggressive, uncontrollable child cannot be missed; such consequences will be obvious to all, and more likely to be investigated.

The worst outcome of emotional abuse

Psychopaths and sadists often reveal childhoods characterized by extreme forms of emotional abuse. Journalists and police officers observing them in a courtroom may describe such individuals as without any remorse, or 'emotionless'. This is as inaccurate as the childcare worker who thinks he or she is observing an 'emotionless child'. The psychopath and the sadist actually do feel and express the most intense emotions, of hatred, contempt and gratification in inflicting suffering.

Summary of emotional development—emotional abuse

Emotional development is a process already well advanced at birth. Babies are born with a sophisticated functioning emotional repertoire enabling them to

communicate with their principal carers. The repertoire will rapidly expand in response to normal loving care and the emotional interactions between child and carer(s). This emotional intimacy, characterized by positive emotional interactions, is necessary for continuing emotional development, the most important aspect of which is learning to regulate and modulate emotional expression; it is also necessary for the beginnings of and acceleration of social, psychological and speech development. Babies are able to feel and express positive pleasant emotions not just because carers respond to them in an emotionally pleasant positive way, but also because the brains of such babies are being constantly activated in a way that enables them to feel and express positive, pleasant emotions; in other words, they are being given the opportunity to constantly practise the feeling and expression of positive pleasant emotions. The emotional life of babies and young children, however, is fragile and totally dependent. It can be easily impaired by repetitive negative, unpleasant emotional responses from carers. All children will experience isolated incidents of such responses from their carers with no lasting damage done. But if such responses are constant and predominate throughout the day, week, month and so on, the child is being emotionally abused and their emotional development impeded and impaired. This will also adversely impact on the child's social, educational, cultural and psychological development, and will greatly complicate the challenge of relationship building in adolescent and adult life. Emotion and emotional expression in older children are perceived differently in differing cultures and environments, and there is much variation in the emphasis given to regulation and control of emotion.

Psychological development

Psychological development is the process through which a child acquires mental faculties and moral values. The principal faculties are intelligence, memory, recognition, attention and perception. All of these faculties may be utilized in the parallel development of a moral sense, that is, the ability and the necessity to differentiate between right and wrong, acceptable and unacceptable behaviour, in accordance with the values, laws and culture of the community, society and/or nation of which the child is a part. All these mental faculties and processes are essential for the child's educational, social and cultural development, and for career prospects. They are also crucially important in the acquisition of speech.

Moral development determines the quality of moral reasoning acquired by the child. All the mental faculties mentioned in the definition contribute to a developing moral reasoning. This moral reasoning is of enormous importance in a child's overall psychological and social development, and may fulfil a crucial therapeutic function in an older child's life crises, for example,

separation and divorce of parents, being taken into care, understanding and accepting why their behaviour towards others may be wrong. There is much consistency in the childcare field that moral development, and the moral reasoning that ensues from it, are unspoken yet crucial goals in child rearing and child development as a whole (Taylor 2004).

Understanding perception

Anyone working in childcare or child protection should have a basic knowledge of the mental faculties and processes mentioned in the above definition. Psychology remains the preferred and/or compulsory subject for entry into childcare and social work courses (DoH 1998; National Audit Office 2001; Performance and Innovation Unit 2001; Taylor 2004). Such courses always offer a foundational psychology option for those with other degrees. Recommended basic texts which provide chapters on each of the faculties mentioned in the definition include those by Atkinson *et al.* 1987, Gross 1987, Sperling and Martin 1982, Hayes 1994 and Harris and Butterworth 2002.

We will look at all these faculties in due course, but *perception* needs particular attention at this stage for a number of reasons: first, it is a vitally important faculty in which much of a child's creative potential lies; second, there are aspects of present-day living that adversely impact upon the development of perception in literally millions of children; third, perception is the most important faculty in a child's armoury of protection against all types of abuse, particularly sexual abuse, fourth, perception is one of the most neglected subject areas in child protection literature, training and research. Even in some of the standard psychology texts, perception is somewhat neglected, in that the authors, as one of them readily admits (Hayes 1994), invariably concentrate on visual perception, saying little or nothing about our other senses. Ackerman (1990: xvii) says plenty about them all, even if a little extravagantly: 'The senses don't just make sense of life in bold or subtle acts of clarity, they tear reality apart into vibrant morsels and reassemble them into a meaningful pattern. Life showers over everything, radiant, gushing. The senses feed shards of information to the brain like microscopic pieces of a jigsaw puzzle.'

Perception enables us to register, recall and recognize sensory data; it is learning about and interpreting the world through our senses. When activated by external stimuli, each of our senses (sight, sound, smell, taste and touch) translates the stimulus into electrical impulses. These streams of electrical impulses are then fired by neurons along different routes, towards different localities in our brains. As they pass through the brain, however, each wave or stream will be split into several different streams, which will be simultaneously processed by different brain modules. Some of these modules are located in the cerebral cortex, responsible for processing and interpreting stimuli from sight

and sound; others will be directed to the limbic system, where the stimuli may be processed and interpreted in such a way as to not only enable us to experience the stimulus for what it is, but also to feel emotion as a consequence. It is here, for example, that a stimulus that we first experience as mere 'noise' may be processed to become a final product that we actually experience as Mozart or Beethoven.

Perceptual development is rapid in the first two years of normal healthy life (Spitz 1965; Weiner and Elkind 1972). It is crucial for every aspect of psychological development (i.e. memory, recognition, attention, moral reasoning etc.) and also for emotional, social, educational and cultural development, and for the development of speech. Parents happily enhance their children's faculty of perception by exposing them to safe visual, auditory and other sensory experiences. You can see this any day, at the bus stop, in the park, on the way to school, rambling through the forests and so on. Parents point to the cloud-laden sky, the squawking birds, the fleeting rain, the multicoloured insects, they encourage their child to smell the lavender, listen to the waves, touch the stones, and trace the intricate patterning of sea shells; they may then silently, patiently, facilitate the fullest range of each of these wonderful sensory experiences. They talk to their children about them, and facilitate the process that will enable them to conceptually categorize the objects perceived. These are ordinary, necessary and enriching perceptual experiences, but the reality for millions of other children is very different.

Perceptual deprivation

Dinkmeyer coined the phrase 'perceptual deprivation' and gave it an illuminating though limited definition: 'the absolute or relative absence of tactile, vestibular and other forms of [sensory] stimulation' (1965: 377) (the 'vestibular' is actually a sixth sense, our sense of movement, being conscious of how and the way our bodies move, enabling us to stay upright, to adjust our position, to balance, and to detect motion (Bhreathnach 1991)). Dinkmeyer also expressed the view that many institutionalized children, believed to be the victims of 'maternal deprivation', would be more accurately diagnosed as the victims of 'perceptual deprivation'. Dinkmeyer would easily recognize the extent of perceptual deprivation today. (So too has the government, belatedly (*Times* 2005).) Television, computers, Gameboys, Xboxes, iPods, interactive game shows and mobile phones among others are all perceptually limiting devices upon which so many are now dependent.

The problem of perceptual deprivation is greatest for the most vulnerable group, babies and very young children, who have no choice, who are totally dependent upon adults, and who may live in a perceptually enriching or perceptually deprived world. Large (1993: 78) speaks of the 'sharpness and freshness' of the unorganized senses of new-born babies, and how 'overwhelming

their perceptions of the world are'. He writes: 'These infantile perceptions make the senses of adults look pale in comparison.' Here are some typical, widespread perception-damaging behaviours:

- Carers put their baby in the pram, draw the blinds to block out the light, and then watch videos for hours on end, and do the same the next day and the day after that and most days thereafter. Leboyer (1975: 16) writes: 'The baby has the same love, the same thirst for light that plants and flowers have.'
- Carers subject babies to loud, uninterrupted music all day long, or, out of some habitual necessity, have the nearby television blaring day and night.
- Carers chain-smoke in the same room as the baby, confined to the pram; the room remains in darkness except for the television screen; the air is smelly and stale, and the only pervasive and predominant olfactory experience for the child is that of tobacco smouldering.
- Carers allow young children to spend inordinately long periods watching television and computer games, particularly games in which the sounds of war, weaponry, violence and killing predominate.

The evidence of what is happening to our children's perception as a consequence of the so-called technological revolution is substantial (Emery 1985; Healy 1990, 1998; Aeppli 1993; Oppenheimer 1997; Livingstone 2002). Large, for example, cites numerous researches demonstrating the necessity and benefit of natural light for babies. For the older child habitually watching television or a computer screen for hours on end, he writes: 'The change from a diet of natural light to a diet of predominantly artificial light has resulted in "malillumination" . . . overdoses of incandescent, fluorescent television light, "starved" of natural light' (1993: 79). Bhreathnach (1991) explains the development of our tactile system (touch). In normal perceptual development, when parents and carers ensure the child has a rich, varied and sustained tactile experience, he or she develops and fine-tunes both 'protective' and 'discriminative' touch. When the child's tactile experiential world is seriously curtailed, or is confined for very long periods to tactile-limited locations, no such sense-of-touch development is likely to take place.

Invariably in childcare literature and practice, the above explanation and detail of impediments and impairment to perceptual development are omitted, or they are concealed beneath generalities such as 'neglect', 'unresponsiveness', 'emotional unavailability' and such like. This terminology is as uninformative as it is imprecise. If such impediments and impairment to perceptual development (as described above) are what the child is experiencing on a daily basis, that child is being psychologically abused, and at the core of that psychological abuse is perceptual deprivation.

Perception: the principal armoury against child sexual abuse

When children experience sustained repetitive perceptual deprivation, their perceptual antennae become blunted, less able to discriminate between sensory experiences; in other words, overall less effective. Just as with emotional development, or with any engine or machine, those parts of the brain that determine perceptual development need constant stimulation and usage; they will simply not develop if they don't get it (Carter 1998). The consequences of perceptual deprivation will be manifest in all aspects of the child's development. There is one particular aspect, however, that childcare and child protection workers need to be aware of, namely, the child's perceptual ability to recognize danger, specifically the risk of sexual abuse.

Perceptually deprived children are at much greater risk of sexual abuse than perceptually enriched children. Vernon (1962: 27) writes: 'the function of perception is primarily to enable [the child] to react effectively'. The hearing, touching, tasting, smelling and seeing antennae of perceptually deprived children will be much less discriminating in encountering the predator, who may be grooming and/or stalking them. At first sight, we may be inclined to think that seeing, hearing and feeling are the crucial senses in these high-risk situations. This is probably so, but a child's sense of smell is highly active during the grooming process and in child-abusing situations generally. It can trigger fear and/or escape as it did in the case of an 11-year-old girl being stalked at a playground by Sidney Cooke, one of the four paedophiles imprisoned for the abduction, rape and murder of 14-year-old Jason Swift (BBC News 1999). She later explained in an interview that she was repulsed by the man's smell; otherwise, she believed, he behaved charmingly, and she may have fallen for his lures. Reputedly Britain's worst paedophile, Bill Goad, sentenced to life in 2004, ran a gigantic network of paedophilia in his market stalls for over 40 years. One of his victims could hardly speak when asked what he remembered of the first occasion when he was raped at the age of eight (BBC1 2004). He struggled, and then uttered two words: 'the smells'. Harper Lee's best seller *To Kill a Mocking Bird* (1960) is a pleasant contrast to such tragedies, but its two fictionalized middle-class kids, Jem and Scout, nevertheless highlight the potency of children's sense of smell. Scout (the novel's narrator) recalls her uncle Jack visiting each Christmas eve, and how much, as a small child, she liked the smell of him, pleasantly sweet. Later, Scout is describing their visit to the dark home of the awful Mrs Dubose, where the odours are oppressive, and typical of damp rotting houses, that have coal lamps and unbleached domestic sheets. These smells make her expectant, watchful and afraid.

Many programmes and strategies have been established to equip children with the necessary awareness to recognize the risks of being sexually abused (Sanderson 2004). Enabling children to *perceive* risk of sexual abuse through *all* the senses is, fundamentally, about perception. Such programmes can only

succeed if they enhance perceptual development, sharpen the child's perceptual antennae, so often blunted and rendered ineffective by perceptually depriving experiences throughout their lives.

Definition of psychological abuse

Psychological abuse is the sustained, repetitive, inappropriate behaviour that damages or substantially reduces the creative and developmental potential of mental faculties and mental processes. These faculties and processes include: intelligence, memory, recognition, imagination, attention, perception and a developing moral sense. Psychological abuse impedes and impairs the child's developing capacity to understand and manage his or her environment, to grow in self-confidence and influence within that environment. Psychological abuse often confuses and frightens, rendering the child more vulnerable and less sociable.

Examples of psychologically abusive situations and actions include domestic violence, family fragmentation (especially desertion, separation, divorce), severe perceptual deprivation, persistent unreliability, and various other types of abuse, particularly violence and sexual abuse. Another common example of psychological abuse, however, need involve no pain, injury or distress: corrupting the child. Impeding or impairing the development of the child's moral sense, grooming the child for sexual abuse, inculcating in a child a perverted and dangerous perception of other peoples and/or their culture, religion, race or sexual orientation, are all powerful and rampant forms of psychological abuse.

Differentiating between emotional and psychological abuse in domestic violence

In Chapter 2, reference was made to the substantial body of research unanimously confirming the emotional and psychological abuse intrinsic in domestic violence (a recognition now enshrined in S120 of the Adoption Act 2000). Let's apply our two definitions, then, to a domestic violence situation. A small child enduring attacks upon the usually most significant person in her life, the mother, needs the emotional responses of *love, compassion, comforting* and *reassuring*. Instead, such emotional needs are ignored, and they are subjected to witnessing and hearing the emotional responses of *anger, threat, hatred* and *aggression* on the part of the perpetrator, and *fear, terror, humiliation* and *degradation* on the part of the victim. This type of emotional dissonance is at the core of emotional abuse; the emotional responses of the carers are precisely the opposite of those that the child needs. The emotionally abused child in the midst of domestic violence will inevitably emerge from the nightmare feeling

and expressing emotions like *misery, fear, despair, hatred, revenge* and so on (and these may be directed as much at the victim as the perpetrator). The psychological impact, however, is different. Teachers are probably the first to observe the subsequent deterioration in the performance of the child. The reason is that the child's increasing exposure to violent attacks against the mother begins to adversely impact upon his or her faculties of *memory, attention, recognition, perception* and *intelligence*. In the long term, it may also have an adverse effect on moral development; a telling example of this appears in research by Jaffe *et al.* Two siblings aged 8 and 9, reflecting on their mother being battered, agree that 'if their mother kept the house tidier and had supper ready for him their father wouldn't have to hit her so often' (1990: 51). We can imagine the legacy of that 'moral reasoning' in their own future relationships.

Summary of psychological development—psychological abuse

The definitions of psychological development and psychological abuse both highlight children's mental faculties and processes, such as intelligence, memory, imagination, attention, recognition, perception, intelligence and moral reasoning. Moral development and the capacity for moral reasoning that ensues from it are inherent parts of psychological development overall. 'Perception' is one of the most neglected subject areas in child protection literature, and yet is a crucial faculty often impeded and impaired by abusive behaviours. The attack upon perceptual development is most serious in the sustained long-term sensory deprivations inflicted on babies and infants who are made to spend long hours in their cots or prams, in smoke-filled rooms, starved of natural light and human interaction. 'Perceptual deprivation' is often neither recognized nor acknowledged, yet it is one of the most common forms of psychological abuse. It has a profound, adverse impact upon the development of other crucially important mental faculties, as well as on children's social, educational and psychological development as a whole. The most relevant significance of perception in child protection work is its importance in educating and training children on how to avoid the risk of abuse, sexual abuse in particular. A child's perception is the most vital faculty in self-protection. It enables the child to sense danger and take the appropriate action. Just as perceptual deprivation is often one of the core ingredients of psychological abuse, healthy perceptual functioning should be at the core of assessment and strategy in child protection programmes.

Questions/Exercises

- 1 Define the term 'emotional development'.
- 2 What is the first significant milestone in emotional development, and what is the main contributory factor in bringing it about?
- 3 Name some societies or cultures where emotion and emotional expression are viewed differently.
- 4 Define the term 'emotional abuse'. What are the key factors (a) determining emotional abuse and (b) differentiating it from a single, isolated, incident of emotionally insensitive, inappropriate behaviour?
- 5 List some of the immediate and long-term consequences of emotional abuse.
- 6 Define the term 'psychological development'.
- 7 Give some examples of *perceptually deprived* children from your own casework or training experience.
- 8 Why is perception so important in relation to the sexual abuse of children?
- 9 Define psychological abuse.
- 10 How is domestic violence both emotionally abusive and psychologically abusive to children?

PART 2

Observing and Identifying Normal Development and Abuse

5 Infants and Infancy: The First 12 Months

Introduction

This chapter will concentrate on the emotional and psychological lives of infants in the first year of life. They are a most vulnerable group. No other age category of children is least able to articulate what is happening to them. Their emotional and psychological developments are fragile, easily impeded or impaired. Observation, important in childcare work generally, is absolutely crucial in working with infants. In this chapter, observation will focus on (a) the infant's emotional repertoire; (b) positive (emotionally enhancing) and negative (potentially emotionally abusive) interactions between the infant and the primary carer; (c) characteristics of interactions that facilitate or impede/impair emotional and psychological development; (d) significant features of home environment and parental relationships. Frameworks will be provided, enabling workers to systematically observe and record in each of these areas. Psychological development of infants – *memory, intelligence, attention, recognition, perception* – is often ignored in childcare literature; research (and two observed contrasting infant experiences) will demonstrate that this development is rapid in the first year. Comprehensive assessment should embrace exploration of the infant's psychological as well as the emotional life.

Workers' perceptions of new borns and infants

How confident are childcare workers with new borns or infants only a few days, weeks or months old? Many workers may be exceedingly confident: they may be parents of infants or they may have deliberately chosen to work with this particular client group. Other childcare workers, however, may lack confidence, because they: (a) have no experience of caring for infants, of nursing, washing or feeding them; (b) believe their course has not adequately prepared them; (c) feel that infants generally are threateningly vulnerable; (d) are

unable to communicate with infants as they normally do with everyone else. Here is a quote from a highly qualified, experienced social work practitioner and writer observing a 2-week-old infant as part of a postgraduate psychotherapy course. The mother has left her holding the infant while she fetched some clothes:

In the brief opportunity of holding him while he was being bathed I found myself catching my breath, aware of his fragility, and hoping he wouldn't slip in my hands. My sense of his vulnerability seemed at odds with what his mother was saying about him.

(Fawcett 2003: 4)

Many childcare workers, for understandable reasons, much prefer working with older children and are apprehensive in responding to referrals about infants. This reality has to be acknowledged and dealt with by both worker and supervisor. There is abundant evidence in child abuse enquiry reports of the disastrous consequences when workers (whatever the reasons) have failed to observe infants accurately, or to engage with infants and very small children.

The primacy of observation

Some childcare professionals, for example midwives and health visitors, devote nearly all their time to observing infants. That's what they expect to do, and that's what they've trained to do. Midwives and health visitors become very adept at ensuring that the context in which they observe infants and their carers is an appropriate one. Family, childcare and child protection workers, on the other hand, do not expect to spend most of their time observing infants, nor is their training effective in ensuring they observe accurately. They are seldom, if ever, asked to make detailed recordings of their observations of infants who appear to be functioning normally and healthily, yet their observations of abused and developmentally impaired infants are only accurate and informed to the degree to which they understand, are familiar with, and are competent in making observations of normal development. Observing infants rigorously, systematically and accurately is crucially necessary for understanding child development as a whole and predicting the quality of physical, emotional and psychological care in the future.

Emotional repertoire

Gaining knowledge about the infant's emotional repertoire is the first goal in assessing infant emotional development. Infants are intensely emotional

beings, though by 6 months, they will normally have made significant advances in regulating and utilizing emotional expression (see Chapter 4). Workers must see the infant awake and conscious of the world around him or her (e.g. parents, siblings, different sounds, colours, objects, food, animals etc.), and record their observations of emotion and the physical (facial) expression of it. Does the infant appear to express *curiosity, happiness, pride, excitement, enthusiasm, anticipation, determination* and *pleasure*, or does he or she more often appear to feel and express *anger, distress, fear, anxiety, panic, terror, irritation, indifference, apathy, sulk*? One must, however, be cautious in making such observations. Facial expression can deceive. Abramson (1991), for example, describes an infant's smile that was not elicited by pleasurable things but, rather, was an expression of anxiety when the infant came into contact with novel people and stimulations. Another reason for caution is the enormity of differences in extent and intensity of emotional expression. Some infants express emotion abundantly, and the emotional expression is accompanied by numerous vocal sounds; other infants *appear* to express little emotion, and make no sounds. Repeated observation and cautious interpretation are needed in determining felt and expressed emotion.

Emerging patterns in emotional repertoire

The dimensions and emerging patterns in an infant's emotional repertoire can only be established through (a) many visits; (b) observing the infant in differing contexts and in differing social and family situations; (c) sharing and discussing the observations with parents and other childcare professionals involved. The core questions to be asked are: which positive and/or negative emotions predominate? Are there clusters of positive and/or negative emotions generated by particular events, interactions or individuals? What are the emotions? What are the events, play, games, interaction(s) or person(s) that generate them?

Nearly all observed emotions, even the negative ones, may be appropriate for a one-off expression in certain circumstances, but some are not. A 6 month old, for example, who appears to be pervasively *indifferent* or *apathetic* during a worker's visit, and for which there is no known medical reason, is a cause for concern; that's because 6 month olds are normally intensely curious about their world; they usually stare at people and objects and actions with an intensity that parents love, and others might find disconcerting. And when the intensity of their curiosity about something or some person weakens, they will quickly find an alternative. The infant's intense curiosity can be easily diverted onto something or somebody else, provided it's novel and strange enough, or has entered the infant's vision or hearing range with a flourish or a bang. If a 6-month-old infant is consistently not curious about anything, then further exploration is needed. If over a period of time, numerous health and childcare professionals observe that the infant's emotional repertoire

is consistently and grossly imbalanced in favour of predominant negative emotions, then the infant's emotional development (whatever the cause) is being impeded or impaired. Here are two recordings of observations of highly contrasting infant emotional repertoires.

Nemi

Nemi is 4.5 months old. He looks very bright, alert and responsive. He smiles easily and often. He is secured in his high chair and is being spoon-fed by his father. His father encourages him with each spoonful, and is obviously enjoying the task; his father's eyes, facial expression and tone convey intimacy, warmth, pride and humour; he is intrigued and amused by his son's eating behaviour. He praises and congratulates him repeatedly. Nemi is conscious of, *excited* and *curious* about many things around him, but concentrates mainly on his father's face and on each spoonful of food. His father waits until Nemi swallows the contents of the spoon, before giving him another. Nemi is very animated. His arms jerk up and down and his little feet kick out. He makes increasingly louder baby noises. His large brown eyes and ceaselessly moving tongue and lips suggest some pleasant, excitable self-pride in being able to make all these vigorous movements and strange sounds. His whole demeanour indicates that he is enjoying his food; his little mouth opens wide, and his lips break into an occasional excitable smile as the laden spoonful is stretched out to him. The swings and the jerks and the kicks cease then, and he takes the food and swallows it. Then they start up again, seconds after the spoon is withdrawn. They build up to a climax of excitement in anticipation of the next spoonful reaching him.

Later, Nemi's mother gently lowers him onto a couch, and places an empty tube about 30 centimetres from him. He sees it. His eyes widen with *excitement* and he reaches out a hand, but he is not near enough. Mother places the tube nearer. He begins kicking and swinging again, never taking his eyes off the tube, and he begins rolling from his left to his right, in so far as he is physically capable of doing so; it's as if he's attempting to tip the balance so to speak, enabling him to roll over sufficiently to reach the tube. The eyes remain highly animated. His focus is riveted. The eyelids have contracted a little, his brow is slightly furrowed; his lips are tightened; it is an unmistakable expression of *determination*. The legs kick more wildly; the arms jerk in and out; you can see and sense the sheer willpower that is driving him. It's as if he realizes how near the tube is, and feels that this magnitude of effort must lead to success. Eventually, he just manages to tip himself over and collapses onto his stomach with a big sigh. His mother and the observer congratulate him; he seems pleased with himself. He can easily reach out now and lift the tube. But he seems to have forgotten the tube. The roll over, and the new position in which he now lies, has brought his eyes only a few inches from pillows that are patterned with all kinds of cartoon characters. He stares at them. He reaches

out to one of the cartoon characters and tries to trace its outline with one of his tiny fingers. Then he grabs the pillow with both hands and fills his mouth with it. Mother continues praising him. He looks up and smiles; it is a smile of *pleasure* and *pride*.

Caroline

Caroline is 8 months old. The health visitor reports that her rate of growth and height have markedly slowed down in recent months, and that her development overall is now a matter of concern. In her home, the television is constantly on, the windows shut tight and the curtains half drawn. Workers consistently note that Caroline always looks tense. There is a tautness in her facial musculature, particularly around her eyes and her mouth. She is alert to most things and people around her, but it is an anxious alertness. Sudden noises, particularly strange voices seem to render her momentarily frightened. She seldom smiles. She doesn't make any sounds other than when she cries. She is crawling, though not with much pleasure of achievement, inquisitiveness or daring. She doesn't attempt to climb up the settee, the table, or her parents' legs. She does not experiment with the numerous toys that, when their keys are pressed, speak, recite nursery rhymes, and sing favourite songs. She will not crawl after someone who hides behind a door or curtain. She is not responsive to play such as 'peekaboo' or 'I'm coming to get you . . .!' She does not yet express any interest in her own body, touching and feeling, and staring at her toes or fingers. She has developed very little tactile sense and seems unaware of hugely different tactile surfaces. Her attention span with toys is only a few seconds, and is never really detached from a pervasive anxiety.

Caroline's mother does not seem able to give the baby her full attention, unless it's to shout at her or criticize her for being too 'clingy'; for waking and crying in the middle of the night; for making a mess at the table; for soiling her nappy just after it was changed; or for not eating her food. Caroline always has difficulty eating her food. Her mother always has difficulty in feeding her. Mother approaches feeding time expecting the worst. There is *no enthusiasm*, *no relaxation*. She even shares her pessimism and despair with the observer before the feeding commences. Her voice is tense, her face is taut, she warns and chides Caroline at the very outset.

Caroline is equally tense, but hungry. She takes the first spoonful and savours the taste. She seems to be avoiding looking into her mother's eyes, as though she recognizes and is discomforted by their lack of *warmth*, *encouragement* and *pride*. Her mother interprets the fact that Caroline has not immediately swallowed her food as the beginning of the usual sequence: Caroline's 'stubbornness', mother's 'warnings', Caroline's 'refusal' to eat; mother's threats in a raised voice, Caroline's distress and cries. Her mother readily admits that Caroline gives her no pleasure at all, ever.

Emotional abuse

Exploring possibilities

Neither of these profiles should be seen as comprehensive assessments. Both are observations that contribute to assessment; one is reassuring and the other is alarming (requiring urgent attention) but much more is needed before making a definitive statement on the quality of emotional and psychological care either child receives, or indeed whether or not Caroline is the victim of emotional and psychological abuse. Over time, professionals may observe that her mother is lacking *warmth*, *patience* and *encouragement* in handling and communicating with her; may display *irritability* and *frustration* in feeding her; may lay her infant on a couch, shove a bottle into her mouth and expect Caroline to feed herself; may speak *harshly* and *loudly* in response to her *distress*; may display *no sense of pride* in being Caroline's mother, or make no positive comment about any feature of Caroline's behaviour and abilities; may display a tendency to *angrily* and/or negatively label her a 'pain in the arse', 'bloody nuisance', 'hell-bent on *annoying* me'; may conveniently leave the infant in the pram or cot, or baby bouncer, or walker, for unacceptably long periods, and be reluctant to respond to (or simply ignore) her increasing cries. If a mother or carer repeatedly does any of these things, it is important to record them and how the infant responds or reacts. A crucial parallel question is, however: does the presence of the worker somehow generate any of these inappropriate emotional responses on the part of the parent, through tension, anxiety or fear?

Emotionally abusive contexts

Caroline's mother demonstrated emotionally abusive behaviour. In most instances, however, abuse is far more likely to be manifest when the worker isn't present. If emotional abuse is suspected, workers need to prepare for a long-term assessment, based upon initiating and cultivating a relationship of trust with the parent, in which eventually the parent (and the worker's systematic recorded observations) will reveal the nature of the relationship and interactions between herself and her infant. Full, formally recorded consultations with the health visitor and community nurse are imperative. Then the possibilities of other emotionally abusive or contributory factors emerge:

- physical abuse by either mother or spouse or partner
- grinding poverty and unsupported, isolated, lone-parent status with numerous other children to look after
- mental illness
- alcoholism or drug addiction
- physically and emotionally abusive attacks on the infant by siblings
- domestic violence perpetrated by partner or spouse.

Any of these possibilities can produce the core components of emotional abuse (*the sustained, repetitive, inappropriate emotional responses to the infant's felt emotion and the expression accompanying that emotion*). Such behaviours or circumstances are also psychologically abusive.

Psychological development

Normally, parents play a crucial role in the psychological development of infants. So too, do siblings, close friends and neighbours. Virtually from the first day of birth, they may engage in actions, tests, exercises, games, play, nursery rhymes, singing, music, art etc., all of which make a contribution to psychological development by stimulating mental faculties such as *memory, intelligence, perception, recognition* and *attention*. When parents for example conceal the ball in their hand or under the cushion, help to build the tower of coloured blocks, hide behind the curtains and say 'peekaboo', encourage the infant to move from one space to the next, facilitate the infant's tactile exploration, and clap out a rhythm to a rhyme, they are merely engaging in a fraction of the multitude of time-honoured means adopted by every parent in every culture of ensuring normal, healthy psychological development. Workers should have a basic knowledge of psychological development in first-year infants, of the substantial body of experimental research into, for example, infant memory and conceptualization (Rovee-Collier *et al.* 1980; Bjork and Cummings 1984); intelligence and learning (Piaget and Inhelder 1966); perception (e.g. Bower 1967; Demano *et al.* 1977; Butterworth 1986). 'Babies as young as four months,' write Wingest and Brant (2005: 49), 'have advanced powers of deduction and an ability to decipher intricate patterns. They have a strikingly nuanced visual palette, which enables them to notice small differences, especially in faces.' All this research and literature refutes the popular opinion that psychological development is not readily apparent until the second and third year. More importantly, it obligates workers to know about infant psychological development and when it's being impeded and/or impaired.

Psychological abuse

Exploring possibilities

Psychological abuse of infants is commonly perpetrated in two contrasting ways: first, by creating an environment in which there is little or no psychological stimulation, thereby ensuring that the development of mental faculties cannot progress normally. The second way includes repetitive attacks that continually sabotage or undermine any progress the infant has made through normal psychological development. An example of the first way was

described in detail in Chapter 4, that is, when an infant is deliberately placed in an isolated environment in which little or no psychological stimulation can take place, and when parents or carers repeatedly and deliberately cut themselves off from the infant. This convenient shunting away of the infant for excessively long periods also constitutes emotional abuse; the combined effects of perceptual deprivation and emotional abuse are catastrophic for the child's development as a whole.

The second way refers to sudden, intermittent, irrational, unpredictable behaviour that is traumatic for the infant. It includes behaviours (also potentially emotionally abusive) that are likely to be manifest in such contexts as mental illness, drug addition, grinding poverty, pervasive fear and anxiety, and domestic violence. An infant may make significant progress in psychological development during relatively calm, trouble-free periods, and then suddenly be subjected to explosive, irrational behaviour associated with any of these conditions. Domestic violence often generates such situations. Infants can be traumatized by it, and if it is repetitive the infant's creative and developmental potential of mental faculties is substantially reduced.

Psychological abuse and emotional abuse of infants

On the basis of (a) home visits; (b) sustained contacts with family members and significant others; (c) systematic recorded observations of infant in the company of parents and other family members; and (d) recorded consultations with other health and childcare professionals involved, the worker can gain an accurate indication of the degree and variety of psychological stimulation an infant receives. Normally, psychological stimulation is accompanied by, and is enhanced by, the appropriate, intimate emotional interactions at the core of the infant's progressive emotional development (as seen in the case of Nemi). Conversely, if the infant isn't being psychologically stimulated in any way, he or she is almost certainly not experiencing the sustained, repetitive, appropriate emotional interactions with the primary carer.

Frameworks for observing the emotional life of infants aged 0–12 months

Childcare workers find it exceedingly difficult to describe the emotional expressions of children generally. Each of the next five chapters dealing with children 0–5 years will describe emotions (positive and negative) and their accompanying facial (and bodily) expression (see Table 5.1). Both positive and negative emotions and the expressions accompanying them are perfectly normal and appropriate in certain situations. Both categories can be extended considerably in exercises.

Table 5.1 Emotions and emotional expression in infants aged 0–12 months

<i>Positive emotions observed</i>	<i>Dominant expressive feature of emotion</i>	<i>Negative emotions observed</i>	<i>Dominant expressive feature of emotion</i>
<i>excitement</i>	wide eyed, mouth open, gurgling, kicking, bouncing	<i>anxiety</i>	lips tightening, eyebrows lowering and brow slightly furrowing, eyes glancing nervously
<i>curiosity</i>	riveting stare, brow muscles slightly taut and lips shut, infant is quiet and still, and just stares	<i>fear/panic</i>	eyes slightly bulging, mouth arched (about to cry), cheeks slightly hollowed
<i>happiness</i>	wide smile, mouth open, eyelids slightly narrowing, eyes bright/animate	<i>wariness</i>	staring, lips tight, lower lip slightly protruding, mouth slightly arched and surrounding cheeks expanded
<i>pride</i> (infants feel and express pride at numerous levels, from normal to ecstatic pride)	(a) smiling, mouth open, tongue pressed against lower gum, eyes wide open; (b) ecstatic: smiling, chuckling, eyes wide open, mouth open, arms and legs flinging; all this physical expressivity accompanied by crescendos of vocal sounds	<i>anger</i>	overall facial tension, particularly around mouth and gums, eyes wide open, but will close if and when infant bursts into 'tears of anger'

Emotional interactions between infant and carer(s)

Workers should record observations of emotions and emotional expressions over many visits. They should share and discuss these observations with other involved professionals. If there is unanimity, they then have an accurate representation of the infant's emotional repertoire, both of its dimensions and its principal characteristics (i.e. whether positive or negative emotions predominate).

The quality of the emotional interactions between infant and carer is then observed. It is these interactions that are likely to have had a major causal influence on the infant's emotional repertoire. Table 5.2 provides examples of

Table 5.2 Emotional interactions between infants aged 0–12 months and carer(s)

<i>Emotion(s) felt and expressed by infant + stimulus</i>	<i>Appropriate emotional response of carer</i>	<i>Inappropriate emotional response of carer</i>	<i>Which of these responses are typical (i.e. sustained and repetitive) or isolated?</i>
<i>Fear</i> caused by a loud bang while infant was engrossed in chewing at a toy; the child is about to burst into tears	Carer lifts infant, clasps him or her tightly, and speaks <i>sympathetically</i> and <i>reassuringly</i> for a long time	Carer <i>ignores</i> infant and the infant's <i>fear</i> , or shouts <i>aggressively</i> at infant for crying	
<i>Joy and laughter</i> in response to play, fun and stimulation by sibling	Carer <i>amused</i> and joins in fun and laughter	Carer increasingly <i>exasperated</i> by fun and noise, orders quiet and is <i>angry</i> when ignored	
<i>Curiosity, intense interest</i> , looking into face of mother and listening to her voice (but not smiling)	<i>Joy, pride, pleasure</i> and <i>fascination</i> ; looking into infant's eyes, facial musculature vibrant with these pleasant emotions	<i>Disappointment</i> and <i>anxiety</i> (because the infant isn't smiling); <i>helplessness</i> and <i>guilt</i> (can't get infant to smile)	
<i>Distress, helplessness, resignation</i> (infant has been left too long on their own)	Mother <i>shocked</i> in realization and lifts infant instantly, talks to her reassuringly, feels terribly <i>guilty</i>	<i>Frustration, anger</i> ; the carer throws toys near infant and leaves him or her again	

such observations. It cannot be stressed strongly enough, however, that single isolated observations of emotional interactions do not make an assessment of the emotional life of the child, nor of the quality of emotional care he or she receives. It would be grossly unfair and unprofessional, for example, to base such an assessment on a single observation made when a mother was ill, was the victim of domestic violence, or had learned that her benefits had been reduced! These observations have to be made over many visits, and be shared and discussed with other key professionals. The final column of Table 5.2 asks a crucially important question.

Frameworks for observing the psychological life of infants 0–12 months

Infants make rapid gains in all the faculties that constitute psychological development. Before exploring the conditions and behaviours conducive or obstructive to the normal progressive development of these faculties, let's briefly remind ourselves of their manifestation and function.

Intelligence

Piaget and Inhelder (1966: 1) speak of 'the existence of an intelligence before language'. Intelligence is a dynamic process, visible and measurable in the infant's 'purposeful groping', 'sudden comprehension or insight', or in the infant's ability to coordinate means and ends. Adapting to new circumstances and stimuli is a core attribute of intelligence (Piaget 1953). A century ago, two famous psychologists recognized the possibility of parental behaviour and/or the environment 'impairing' intelligence; they regarded intelligence as 'of the utmost importance for practical life' (Binet and Simon 1905: 192).

Memory and recognition

Memory and recognition are important mental faculties upon which intelligence and perceptual development depend. It is not yet known precisely when or how infants acquire memory (i.e. the registration-encoding, storage and retrieval of information and sensory data) but Bjork and Cummings (1984) demonstrated that 8–12-month-old infants can store in memory information about objects in differing locations, contrary to established opinion at the time. Workers need only be aware that infant memory and recognition does exist and that parents spontaneously, instinctively, play with their infants in ways that stimulate, exercise and train memory.

Perception

Perception has been comprehensively addressed in Chapter 4. It is a faculty that progresses rapidly in the first year, and influences every other aspect of both emotional and psychological development.

Attention

The faculty of *attention* is seldom mentioned in childcare literature or research, yet it is important in the development of all other mental faculties. Gross (1987: 111) defines attention as 'the mechanisms which reject some information and take in others . . . an upper limit to the amount of processing that can be performed on incoming information at any one time'. One of the

predominant and necessary characteristics of much of the cross-cultural research on the development of attention in infancy (Fantz 1958; Sellers *et al.* 1972) is the atmosphere in which the research takes place: it is highly conducive to being attentive; it is calm, secure, peaceful and without distraction. Similarly, at home, parents can facilitate the exercise and the development of attention by channelling the infant's interest through various diversions, giving their infants time and space, and a stress-free, conflict-free atmosphere in which curiosity can be satisfied, and attention capacity thrive.

One of the most common behaviours to adversely affect infants' capacity for attention is over-stimulation. Perhaps more often than not, this seemingly playful but in reality harmful behaviour is perpetrated by people other than the parents, by much older siblings for example, or over-enthusiastic neighbours, friends and extended family, by adolescent nephews and nieces and so on. They unwittingly subject infants to 'a constant and unphased barrage of stimulation' (Richards 1974: 93), and you can often see the expressions of enjoyment and excitement in the infant's face change to that of frustration and distress. If such a barrage is sustained and repetitive, the normal progressive development of attention is impeded. The more commonly destructive forces in respect of this faculty, however, remain: pervasive, chronic domestic violence, and regular violence directed against the infant.

Speech

Although the single most crucial factor in speech development in infancy is healthy emotional development combining all the rich intimacy of emotional interactions and voice sounds between mother and infant, nevertheless, the accumulated development of *memory, recognition, intelligence, perception* and *attention* also accelerate the acquisition of speech. Research demonstrates that perception of speech, for example, is already operating in infants 1 month old, enabling them to differentiate and categorize acoustic variations (Lisker and Abramson 1970). By the age of 6 months, infants are discriminating between, and responding to, varying intonation patterns from male and female voices (Morse 1972). Some infants display rapid development in speech (possibly with the help of determined parents); others (perfectly normal) may not utter a distinct word until they are well beyond infancy. If, however, parental/carer behaviour and environment are clearly seen to be emotionally and psychologically abusive, the retarded speech may be one of the many developmental consequences. There is abundant research to show that abusive environments adversely impact on speech development (Allen and Oliver 1982; Coster *et al.* 1989).

Numerous examples of both progressive and abusive behaviours and environments in respect of all these mental faculties are provided in Table 5.3.

Table 5.3 Facilitating or impeding psychological development in infants aged 0–12 months

<i>Mental faculty</i>	<i>Environment-atmosphere factors facilitating development of mental faculty</i>	<i>Environment-atmosphere factors impeding (i.e. potentially abusive to) development</i>	<i>Parental/carer behaviour facilitating development</i>	<i>Parental/carer behaviour impeding or impairing (i.e. potentially abusive to) development</i>
<i>Intelligence</i>	Stability, security, safety; periods of calm; space for exploration and experiment; availability of diverse stimuli, for example play, music, people, animals, certain toys etc.	Instability, insecurity, risk and danger; infant's world doesn't provide mental stimuli or facilitate exploration and experiment (e.g. he or she is confined to excessively limited spaces for long periods)	Interest, patience, enthusiasm; providing space enabling infant to explore without risk; helping in accomplishment of tasks, means and ends; responding to infant's curiosity; reinforcing previous learning	Generating an atmosphere of violence or danger; ignoring infant's curiosity; confining infant to excessively limited space, and offering little or no mental stimuli; punishing infant for expressing curiosity
<i>Memory and recognition</i>	Stability, security, safety, consistency, habit, routine (infant memory and recognition thrive more in predictable rather than in chaotic, unstable worlds); availability of diverse memory stimuli, that is, familiar faces, play and toys	Instability, violence, tension, danger. Consequence: infant's memory is dominated by anxiety-inducing recall of painful events; registration, storage and retrieval are adversely affected	Play, games and music that involve memory function, and reinforce memory achievement; testing memory, remembering locations, faces, objects, sounds; facilitating memory, highlighting connections, simple means and ends	Generating atmosphere of violence or danger, not providing memory stimuli, such as play, games, toys etc.; not exercising infant's memory; persistent undermining of infant's memory achievement (e.g. the infant remembers the location of object, but carer repeatedly moves it to another location)

(continued overleaf)

Table 5.3 (continued)

<i>Mental faculty</i>	<i>Environment–atmosphere factors facilitating development of mental faculty</i>	<i>Environment–atmosphere factors impeding (i.e. potentially abusive to) development</i>	<i>Parental/carer behaviour facilitating development</i>	<i>Parental/carer behaviour impeding or impairing (i.e. potentially abusive to) development</i>
<i>Perception</i>	Stability, security, safety; periods of calm; space for exploration and experiment; availability of diverse sensory stimuli: sight, sound, hearing, smell, tactile stimuli	Instability, insecurity, risk, violence, constant unchanging loud noise drowning out varying other auditory sensations; smoke-filled rooms, windows shut tight, blinds drawn; permanent semi-darkness; excessively limited space, or prohibition of exploring space and its contents	Encouraging infant to explore sensory experiences in the home environment, and in natural world, without risk; sharing infant's sense of wonder in sensory world	Generating an atmosphere of violence, danger, risk; ignoring or punishing infant for curiosity about sensory world of touch, sight, smell and so on; confining infant to excessively limited space; unvarying sound (e.g. loud music) and isolation for long periods
<i>Attention</i>	Stability, security, safety; longer periods of calm and quiet; availability of diverse sources of attention, plus access to features of natural world; space to pursue interest and attention	Instability, insecurity, unpredictability, risk, violence, constant activities, chaos, loud noise and movements that sabotage effective attention; excessively confined in location lacking new attention stimuli	Encouraging infant's interest/curiosity and concentration on objects, sounds, surfaces, movements and so on; patience, tolerance, enthusiasm in sharing infant's interest in objects on which attention is focused	Creating or contributing to an atmosphere of violence, danger, risk; repeatedly and abruptly interrupting infant's focus and attention; over-stimulating infant physically

Speech

Stability, safety, security; space to explore; objects of attention: pictures, toys etc., all of which stimulate infant to making sounds (trying to talk)	(1) Violence, constant friction, human voices laden with threat and aggression; (2) silent, excessively confined world in which there's no vocal stimulation	Frequent conversations with infant; voice naturally varying in tone, colour, pitch, rhythm and speed; voice conveying parent's love, happiness, devotedness and reliability; exposing infant to numerous friendly different voices; encouraging all infant sound responses	Physical and emotional abuse of infant (sustained and repetitive); avoiding or ignoring infant; isolating infant
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Summary

This chapter has concentrated on the emotional and psychological lives of infants. It has provided examples of observations in two contrasting cases, one in which the emotional and psychological care is excellent, and the other indicative of emotional and psychological abuse. Exploring emotional life and assessing the quality of emotional care begins with establishing (a) the infant's emotional repertoire, through detailed recording of the number and type of emotions expressed and felt in different situations; and (b) the quality of emotional interactions between the infant and principal carer. If the emotions felt and expressed by the infant are predominantly negative and painful, the cause may be emotional interactions with the principal carer that are inappropriate and damaging. There may well be social, economic, marital or domestic factors adversely influencing those interactions.

An infant's psychological development is facilitated in different ways and by many different people (unlike emotional development which depends largely on the relationship between the infant and the primary carer, usually the mother). Parents, friends, siblings and neighbours habitually help an infant's psychological development by indulging in traditional games and interactions with the infant – these all stimulate the infant's mental faculties, ensuring an intensifying curiosity about their world. Increasingly, however, infants are less stimulated, are often marginalized, isolated, punished and ignored because they are regarded as a burden. Psychological development is also adversely affected by grinding poverty, mental illness of carers, addictions or domestic violence. Infants' mental faculties, for example, cannot develop normally if their mothers are being frequently battered. Generally, infants who are being psychologically abused are also being emotionally abused and vice versa. This chapter concluded with frameworks enabling workers to make detailed and accurate observations of an infant's emotional and psychological world.

Questions/Exercises

- 1 Explore your thoughts and feelings about visiting, and attempting to observe and assess an infant's emotional and psychological life. Then answer the following questions.
- 2 How do you feel about infants, particularly new-born infants, or infants only a few weeks old? Precisely why might any inexperienced worker feel reluctant and nervous about assessing infants?
- 3 What do you regard as suitable and unsuitable contexts within the home environment in which to observe and assess infants? Which contexts do you find especially challenging?

- 4 Examine the observations of Nemi and Caroline, and list what you regard as the most informative observations.
- 5 What is meant by the term 'the infant's emotional repertoire'?
- 6 Most childcare workers think they know precisely what they mean when they say that the infant appeared happy, or anxious. Imagine yourself in court being asked to describe the infant's 'happy' or 'anxious' expression. How would you respond? Think of another six emotional expressions and describe them.
- 7 Carefully examine the emotional interaction framework on p. 70. Add as many similar or contrasting *appropriate* and *inappropriate* emotional interactions as you have observed between a mother and infant aged 1 to 12 months. If you have not observed any, imagine them.
- 8 List the ways in which parents, neighbours, siblings and so on, consciously or unconsciously activate infants' mental faculties, thereby contributing to their psychological development.
- 9 Carefully examine the environment-behaviour frameworks facilitating or impeding infant psychological development (pp. 73–5). Add as many similar or contrasting combinations and consequences that you may have observed, or can imagine.
- 10 Refer back to Chapter 3 and consider the definitions of emotional and psychological abuse which underpin this chapter. Explain how domestic violence is both emotionally and psychologically abusive to infants.

6 Infants: 12–24 Months

Introduction

This chapter will concentrate on the emotional and psychological lives of children in their second year. The period is often referred to as Stage II of infancy. Although clear distinctions between the emotional life and the psychological life will be maintained, readers will also observe the increasing simultaneity of activation of emotion and mental faculties. For example, the activation of intelligence and perception in this age group often generates emotion, and emotions and emotional expression often influence judgment and reason. Significant emotional and psychological milestones will be explored with reference to research and videoed observations. These include the emergence of empathy and the development of a moral sense. An attempt will be made to make the imaginative leap into the infant's emotional and psychological world, describing thoughts and emotions from the infant's perspective. Emotional and psychological developments in the second year coincide with rapid physical development and can pose major challenges for parents. The child's increasing awareness and ability to communicate, combined with ceaseless physical activity and curiosity, often create challenges that cannot be met, and that can provoke anger and frustration. For some vulnerable parents then it's only a short distance to various forms of abuse. Detailed observations of emotional and psychological development and emotional and psychological abuse of second-year infants will be provided. The chapter will conclude with similar frameworks as displayed in the previous chapter.

Developmental milestones in the second year

Expanding emotional repertoire, control over emotional expression

Emotional development is rapid in the second year, and the emotional repertoire expands considerably. The infant acquires greater control over emotional expression, as well as the ability to influence and manipulate the emotions of others. The increasing ability to physically explore the surrounding world continues to generate much more varied positive emotions, for example, moving from A to B with more certainty and speed will be a source of great *excitement* and *pride*; on the other hand, increasing strictures stemming from social and cultural mores are likely to generate negative emotions, like *anger*, *frustration* and *sulking*. Second-year infants also begin to demonstrate an ability to express emotions that they are not really experiencing, for example, by exaggerating their smiles or grimaces. It isn't very convincing, but marks an important milestone nonetheless, before the advent of their *pretend* world.

The second year of a child's life also sees an intensification in the expression of pleasure and happiness. Given the right stimulation, infants may indulge in sustained, full-blooded, uncontrollable laughter. Most adults find it irresistible when they've discovered a trigger that makes the infant laugh like this (e.g. by making a funny face, or allowing the infant to run down a small hill into your arms etc.) and the adult repeats all this *ad nauseam*. It isn't entirely for the infant's benefit!

Workers, however, should not be too preoccupied with the time at which emotion-developmental milestones are reached; there are far too many variations in timing across class, culture, nationality and environment (uncontrollable laughter and giggling, for example, will be discouraged in many cultures). What is more important, however, is (a) the predominant emotions and emotional expression in the infant's life; and (b) the quality of emotional interaction between infant and carer(s).

Mobility (and ecstasy)

Two developments in particular (begun in the first year) highlight the magnitude of development in the second year: (1) standing and walking unaided, and (2) verbally communicating. These advancements are of huge significance in overall development and are ceaselessly celebrated by infants themselves. Watch an infant take off for the first time, with his or her arms apparently flailing helplessly (in reality, this is crucial to balance) and you're likely to see not just pride, but an ecstasy of excitement accompanied by the wholly compatible sounds and expressions with which that ecstasy will be expressed: gurgling, whooping, eeing and ahhhhing, and usually ending (provided the child hasn't fallen over!) with an overwhelming sense of gratification as the

parents and siblings applaud and congratulate, and ask the infant to do it again!

Speech

The beginning of language acquisition is celebrated too, though less exuberantly. Infants are not always concerned with the facts that (a) they cannot yet speak, nor (b) always make themselves understood, but they are often fascinated with, and proud of, their own capacity to make sounds, and by the sounds themselves. They are not actually as helpless in verbal communicating as we might believe; they may not speak words but they have all kinds of sounds, rhythm and pitch. They will often indulge in seemingly endless symphonies of gleeful, self-congratulatory incomprehension, and parents may feel compelled to interrupt, to interpret, to correct, to repeat, somewhat spoiling the fun. Often the sounds are least symphonic; they are outbursts of frustration, caused by the infant's realization that while he or she understands what he or she wants to say, they cannot yet say it. This is because the area of the brain that enables the infant to understand (i.e. Wernicke's area) develops more quickly than the one that enables the infant to speak (Broca's area). Little wonder infants on the verge of clear speech (but not just yet quite there) often yell out in unmistakable frustration.

Sense of self

Infants develop a sense of self in the second year. They no longer regard their reflection in the mirror as another infant with whom they might communicate, and they increasingly use the term 'I' in a variety of different though logical and correct ways. They may well be able to articulate their emotional state at the end of the second year: 'I am happy . . . Martin sad . . .' and so on. This sense of self will intensify rapidly thereafter. It requires constant reinforcement by both infant and carer. It will become crucial in social development and peer-group relationships.

Moral development

Moral development is interpreted differently in numerous texts. Piaget (1932) appears to have restricted the concept to the (older) child's awareness of a set of moral and social rules that guide behaviour within the group to which the child belongs. Darwin (1877), however, made copious notes on the development of his own children, and discovered the beginnings of a moral sense that was evident in the first and second year. The origins and development of that moral sense are inextricably linked with emotional development and the capacity to empathize.

When an infant, usually older and stronger, confiscates the toy of another, it usually provokes a dramatic emotional transformation in the victim, from *happiness* and *contentment* in play, to *anger* and *tears*. But this can, in turn, generate an equally dramatic impact on the culprit: a *sense of triumph* may be quickly transformed to *discomfort* and something akin to *guilt*; an instant sense of having done something wrong, and, sensing also, that there may be a penalty to pay. The parent's *displeasure* and gravity of tone may intensify the process.

Parents say 'no' to their infants ten thousand times. Often the infant will demonstrate that he or she senses (though may not understand) the moral imperatives implicit in the word 'no'. Infants can be so hypersensitive in response to 'yes' and 'no' that they can misinterpret 'approval and congratulations' for 'moral censure'. For example, a 12 month old spends a long time trying to insert a key in a lock; she doesn't realize that she is being watched by four adults and her sibling; she repeatedly looks up at the adults as if to check out whether or not they are watching, and whether or not her activity is permissible; they all pretend they're not watching. She carries on. She succeeds in inserting the key, and everyone spontaneously applauds and congratulates her; she swings her head round; her lower lip drops; she bursts into tears; it's as though this sudden cacophony of compliments overwhelms her, makes her sense that she has done something wrong, and has been unexpectedly found out.

The infant's perspective

How do 1-year-old infants 'graduate' from such innocence to persistent, manipulative lying at the end of their second year? As Brewer (2001: 56) observes, parents themselves 'are accomplished liars' and tell lies to their infants repeatedly: 'the sweets are all finished'; 'no! you can't go to granny because she's gone out'; 'it's too cold to go outside'; 'if you eat your breakfast, I've a big surprise for you' and so on. These are not, strictly speaking, 'deceitful' or 'immoral' utterances, but as the infant increasingly discovers that they are not the truth either, they also begin to acquire an understanding of the potential use of lying (Chandler 1988; Harris, 1989). Here is an example, of Leanne, a few days before her second birthday. We will attempt to make the imaginative leap into her world by allowing her to describe the events herself. She certainly wouldn't describe them in the language used, but that should not detract from the significance of the moral aspects of the experience:

I'm Leanne. We went to a restaurant today, with mum, dad, my grandparents and my aunts Mary and Wendy. They're both younger than my mum and they spoil me rotten. I'm the star turn in the restaurant and relish all the indulgences, including a promise of

something really nice after dinner from the manager. Sitting on a high chair for two hours in a restaurant, however, becomes insufferable for me, especially when the adults forget about me and natter natter among themselves. I'm not even 2. So I find my own solution: I tell everyone I want to do a wee (mum and dad made sure I did a wee before I left). Nobody wants to know that I want to do a wee, but everyone thinks of the awful consequences should my need be ignored. It's happened before. Dad doesn't mind a little inconvenience now to avoid calamity, and, still chewing his steak, he lifts me from the high chair, and carries me to the gent's toilet. He stands over me patiently and asks me if I have wee-ed; I tell him 'no'. He asks me if I am going to wee, and I tell him 'yes'. He waits another minute, and I tell him 'no wee'. He dresses me and carries me back to the table again. Everyone wants to know if I wee-ed. Dad reports that I didn't, places me back in the high chair, straps me in, and sits to finish his lunch, which is now cold.

In a while I am so thoroughly bored that I need to do a wee. Everyone looks at me and at each other. It is definitely not a happy, friendly, welcoming look. I look elsewhere. 'Are you sure?' asks dad. 'Yes,' I say, without looking at him. Aunt Mary lifts me from the high chair, and allows me to walk through the restaurant. This is really what I wanted. I enjoy looking at dozens of customers we pass on the way. I can also hear sizzling of hot food being served, and I can see mountainous dessert dishes, including Knickerbocker Glories. A few minutes later I'm out of the toilet and running back again, with aunt Mary in hot pursuit. 'Well . . .', asks Dad, looking down on me hopefully, while everyone else looks at me questioningly. I do not like to bring bad news, nor am I honest and contrite enough to tell them I'm taking them all for a ride, so I ignore the question and wait until aunt Mary gets to the table. She shakes her head emphatically. I know from the look on mum and dad's faces that they are disappointed with me. Outside the restaurant, I am given the choice of going home in one of three cars. I choose to go home with granny and granddad. I don't know why. Maybe I sensed that mum and dad would lecture me.

There are few parents of second-year infants who will not recognize these antics. Is this child going to turn out to be an habitual liar and a compulsive manipulator and opportunist? Hardly. There is no suggestion here of parents or others actively encouraging and facilitating the infant's behaviour. On the contrary, you see a collective disapproval of it in the expressions of the participants (not friendly, not happy, not welcoming) and you see the effect: the infant needs to look elsewhere. Even more effective, the parents' facial expres-

sions are potentially a powerful inhibitor to a repeat of such behaviour, so powerful in this instance that the infant chooses the easier option of going home with her grandparents.

Abuse and the developing moral sense

Main and George (1985) revealed that the abuse of infants and toddlers can impede and impair their developing moral sense to an alarming degree. Unlike non-abused children, who quickly develop and demonstrate a sense of empathy in response to pain and distress of others, not one of the abused toddlers in their research ‘showed concern to the distress of an age mate’. Instead, they ‘often reacted to an age mate’s distress with disturbing behaviour patterns . . . physical attacks, fear or anger . . .’ (1985: 405). The opportunity to impede moral development and corrupt the moral sense will increase markedly in the next few years.

Space and permanency

Second-year infants gain an intuitive awareness of the fundamental spatial qualities of the world, and of the permanency or impermanency of objects. It facilitates the infant’s greater understanding of, for example, ‘hiding the ball’, ‘peek-a-boo’ and so on. Now the infant learns that the adult’s face doesn’t really disappear simply because it appears to disappear behind the hands or round the corner; and infants as young as 15 months old may actually begin to mimic the game itself.

Parents and siblings of every class, nationality and culture contribute consciously and unconsciously to this development. For example, facilitating and encouraging the infant to walk from one end of the room to the other, or up and down hallways, or pouring water or sand from a container, or jumping vertically up and down in your arms, or opening and closing doors, or pushing them on a swing in the park, or climbing stairs (note how infants climbing stairs for the first time constantly look up and down, intrigued in seeing the landing above ‘get nearer’, and the floor below ‘distancing itself from them’); all of these activities enhance the infant’s sense of, and understanding of, space and objects and movement, simultaneously stimulating intelligence, perception, memory and attention. They also generate emotion within the infant, pleasant emotions such as *curiosity* and *expectancy*, *awe* and *excitement*, *enthusiasm* and *pride*.

The context of observing 12–24-month-old infants

So far, we've made pleasant and amusing observations that are typical of the vast majority of homes, families, parents and environments. They are not of themselves conclusive in any assessment, but they are encouraging. Child protection workers do not, however, always work in such environments. They may for example see an infant abruptly dragged from his or her attempt to open a door accompanied by threats delivered in a shrill voice, from a face contorted with fury and frustration; they may see a little girl attempting to walk not with the ecstasy of achievement, but with a palpable fear of failing and falling, knowing that (rather than the beaming, encouraging, open-armed, loving and proud parent waiting patiently for her) her parents will scream at her if she falls, lift her and drop her into the playpen, or the cot, so that she might not bother them again. Let us look in more depth therefore, at two real-life contrasting cases, and in particular at the behaviour of carers and siblings who impact very differently on the infants' emotional and psychological lives.

John

John is 13 months old. He has an older sister, Marie, aged 4, at playgroup. The living room is chaotic and over-laden with scattered toys, trolleys and bicycles. The television blares, though no one is watching it. John is not fully competent in walking, and also gives the impression that he lacks confidence in his attempts to walk; he often crawls rather than walks. He is given no encouragement to walk during the worker's visits; he moves warily around the room, exceedingly conscious of the observer. He shies away from contact with her, and will not engage with her. If the observer approaches, his expression of wariness and curiosity changes dramatically to one of anxiety; then he makes a beeline for his mother, who shrugs him off, telling him not to be silly. There are no positive verbal or physical interactions with John during the visit; none that would make him smile, laugh, be excited or exhilarated. He does not immerse himself in any toys or activities; his mother doesn't encourage or assist him with any toys or activities; he doesn't start up on one of those ceaseless, incomprehensible and unconscious monologues typical of his age. He crawls off with intermittent whimpers, looking apprehensive. He crawls only a few inches past the television, still blaring. He looks at it for a few seconds; nothing seems to register. He makes it to the open living room door, and looks back. His mother is immersed in conversation with the observer. He goes out into the hall, slowly, hesitantly, looks back again, and disappears. His mother shouts a warning note, but it is too late, there is a crashing sound. John has either pulled or knocked over the rack of pots and pans. He

bursts out screaming. His mother hurries into the kitchen and utters threats of various kinds. There is no attempt to comfort or reassure him, or divert his attention from his pain or his fright. He screams hysterically. She lifts him brusquely. He clings to her. She walks back into the living room, with John dangling from her hip. It doesn't seem to be a comforting one-arm hold she has on him.

During another visit, the observer notes that there are no positive emotional or physical interactions between John and his sister. There are infant toys lying about, that could, with a little involvement from Marie or her mother, engage John: large-piece jigsaws, coloured blocks, sticklebrick, a baby xylophone, early-numbers games and so on. But there seems to be a clear demarcation between the spheres of activities of both children, and Marie's responses suggest a lack of empathy, sensitivity and interest towards any aspect of John's life. If John attempts to get in on a toy activity in which Marie is engaged, he is roughly sidled out of it. If he is in the way of Marie moving in a particular direction, he is shoved out of the way. If one of Marie's friends is there, then this marginalizing and rough treatment is more marked. Marie takes no pride in John, in who he is or anything he does.

Over the two visits, John displays a limited language and emotional repertoire, the latter characterized predominantly by negative emotion. The observer never sees John feel and express positive emotion, except curiosity, which always seems tinged with anxiety.

Misha

Misha is aged 21 months. She has an older sister, Hemlata, aged 6. When the observer arrives Misha is standing on the window sill of the front living room. Her mother stands behind her, gently holding and supporting her. Hemlata is gazing over the sill. They are all looking out onto a scene that mystifies Misha. There has been a rarity for these times, a snowstorm, with the first heavy snowfall in years. Misha is seeing snow for the first time. Everywhere and everything is white, an intensity and pervasiveness of whiteness that blankets anything that has not moved, and her eyes marvel at this sight. Her mother has wakened her earlier than usual to see it.

Gradually children begin to appear in the street. Hemlata runs out and joins them. They are all older than Misha. Misha watches them play in the snow. Later, Hemlata returns to her own front garden. She focuses on Misha at the window, still standing on the sill, supported by her mother. Hemlata plunges into the thick white snow in the garden, and walks towards her mum and sister. She is beaming all over. She exaggerates the difficulty in wading through the snow, feigning a grimace as she lifts each step to take another, and gesturing down to the level at which the snow sits around her shins. Misha is

amazed, and shows no inclination to get out into the garden with her sister. Her mother is highly amused by Hemlata's antics.

When Hemlata reaches the window, she bends down and scoops two handfuls of snow from the grass. She holds them up to Misha; they form a little miniature mountain of snow stretched across the palms of her hands. Misha and her mum smile. Then Hemlata does something unexpected: she draws both arms back and throws the contents straight at Misha. Misha is a little startled. She sees the snow coming at her, and disintegrating into hundreds of pieces, and amazingly, making no noise as it crashes into the window. Misha stiffens a little against her mother. She then relaxes and scrutinizes the consequences of her sister's action. Most of the snow had fallen to the ground, but a little clump of it remained sticking to the window. Hemlata is in near convulsions of laughter as though she knows and senses the depth of mystery her actions have created for her little sister. She can lip-read some of Misha's words too, and sees without hearing Misha's lips and tongue repeat the most repeatable word in Misha's vocabulary: 'again'. Hemlata stoops, lifts and throws bigger piles of snow, and Misha watches attentively as the little clustered remnants spread over the whole window. Misha's mother, still holding her, eventually speaks: 'isn't it lovely?', she says. Misha says nothing, but just smiles. The snow remains a mystery to her, and she gestures to her sister to throw more at the window again and again. Eventually, mother opens the window, and Hemlata stretches a hand laden with snow towards Misha, who touches it, massages it, and watches intrigued, as it melts and trickles through her tiny fingers.

Commentary on observations

Dunn and Kendrick (1982), Stewart (1983), Crittenden (1984) and Cowie (1995) provide useful research on how siblings impact on infant behaviour. There is nothing particularly alarming about a *single* recording of John's experiences with his older sister Marie, or indeed about the behaviour of his mother. But if workers from different childcare agencies were observing similar or the same behaviour over many visits, it would become deeply alarming. In that situation, John will become much more withdrawn, anxious and isolated. His emotional negativity will intensify, and the development of mental faculties like *attention*, *perception*, *memory* and *intelligence* will be impeded. Only the detailed recording on every visit by all workers involved can confirm the existence of patterns and processes that inexorably lead to such impediment and, more importantly for the workers, give them the surest indication of the nature and extent of the emotional and psychological abuse that such patterns and processes constitute.

Sibling empathy

Previous chapters have highlighted how families unconsciously provide perceptual enrichment for infants, and there's nothing unusual about the way in which Misha experiences snow for the first time. What is interesting, however, is the role of her sister. After mother stimulates Misha's interest, Hemlata humorously, almost mischievously, intensifies Misha's sense of mystery and curiosity about snow, and then (when she later invites Misha to touch it, feel it, massage it into ice-cold water in her finger tips) enables her to understand the essence of snow. The most significant observation is mother's and Hemlata's ability to empathize with Misha's sense of mystery, and to orchestrate this perceptual extravaganza in such a way that a whole array of positive emotions are generated among all three family participants: *happiness, curiosity, amazement, excitement, anticipation, humour, pride, joy, exhilaration* and *awe*. To stimulate *perception* and *attention* in such a way as to generate positive and pleasurable emotions, suggests much about the quality of emotional and psychological care she receives. Often in child development research (Stewart 1983; Crittenden 1984; Stewart and Marvin 1984; Harris 1989; Main and George 1995) the child's ability to empathize is studied in relation to negative emotion, for example, the 3- or 4-year-old child sees a 1- or 2-year-old infant sibling in pain and distress, and the older child somehow 'feels' the same distress and comforts the younger child. But Hemlata's behaviour demonstrates that the empathic process applies equally to positive emotion. Hemlata obviously 'feels' Misha's sense of mystery and awe, and she 'fuels' it.

Emotional abuse

Exploring possibilities

Just as workers will have greater opportunity to observe emotional development in second-year infants, so too will they have greater opportunity to observe the patterns and processes of interaction that suggest emotional abuse. The infant's emotional repertoire and dominating patterns of emotional expression remain the key area of focus. One expects to see an expanded emotional repertoire, and more visible (i.e. more facially expressive) and more audible, positive emotional expression. If a worker after many visits and interactions with both infant and carer observes a severely limited emotional repertoire, consistently and predominantly characterized by negative and/or painful emotions like *sadness, dejection, anger, aggression, apathy* or *fear*, they can be certain that emotional development is being impeded. They may also witness emotionally abusive responses of adults to the infant's emotional expression, which are at the core of emotional abuse. And they may

(though unlikely in early visits) learn about contributory contextual factors, such as:

- Parent or carer simply cannot cope with the increasingly physical, emotional and psychological demands of an older, noisier, much more active infant, and is him- or herself predominantly disposed towards reacting to the infant in an emotionally negative and/or destructive way.
- The infant's compulsive need to explore the world (the desire to touch, feel, play with, mess about with and repeatedly drop all the objects encountered) renders a parent/carers *anxious* and/or impulsively *aggressive*.
- The parent resorts to restrictive solutions in dealing with the infant, for example, putting them in a playpen, cot or baby bouncer, long before the infant wants to be there, and keeping them there until they are acutely distressed.

In the previous chapter, readers were advised to consider the possibility that the worker's presence (rather than some abusive tendencies) generated anxiety and was a contributory factor to such action on the part of the parent; this consideration is even more important with second-year infants, when there is greater potential for the parent to feel humiliated by the infant's behaviour and by their own apparent lack of control.

Psychological abuse

Exploring possibilities

The review of psychological development in first- and second-year infants in this and the previous chapter suggests a multiplicity of ways in which a second-year infant may be psychologically abused. Remember the core of the definition of psychological abuse: *the sustained and repetitive inappropriate behaviour that damages or substantially reduces the creative and developmental potential of mental faculties such as memory, intelligence, perception, recognition, attention and a moral sense*. In the case of Misha watching the snow, there were strong indications of an environment that provided maximum psychological (and emotional) care, in which all those crucial mental faculties would be stimulated in a natural, unhurried way. In the case of John, there were clear indications of the opposite, an environment in which there was little or no interest in providing such stimulation (and additionally, interactions that, should they be sustained and repetitive, were also emotionally abusive).

In the previous chapter, we saw two common ways of psychologically abusing first-year infants: (a) perceptual deprivation (also emotionally abus-

ive); and (b) unpredictable traumatizing behaviour on the part of a carer, such as violence against the infant, irrational or frightening actions caused possibly through drunkenness, drug addiction, mental illness and domestic violence (all these behaviours are also potentially emotionally abusive). The latter way (b) applies equally to second-year infants, but a modification needs to be made in respect of the former, that is, perceptual deprivation. Second-year infants may well be victims of this but, unlike first years, they can kick up a fuss, protest more loudly and more effectively (though risking provoking violence against them). As infants get older, they may, despite whatever perceptual deprivation and emotional abuse they have suffered, increasingly be able to provide their own perceptual stimulation. Additionally, their peer group in Sure Start schemes, in nursery and schools, and their teachers will make a substantial contribution to perceptual development (and psychological development overall). This may still be light-years away from the rich perceptual extravaganzas that the middle classes instinctively create for their own children, but it is precious nonetheless, enriching the perceptual world immeasurably, making it infinitely qualitatively better than the perceptual and emotional desert many of them have endured in their first year.

Frameworks for observing the emotional life of infants aged 12–24 months

The second-year infant is capable of feeling and expressing a greater number of emotions, and more complex emotions. As we have seen, they are also capable of feigning emotions. It is more difficult therefore to be certain that the observation is an accurate one, but that is precisely the reason that workers should make the attempt to observe emotional expressions, record them and test them out in future visits and in sharing with other involved professional colleagues. It can be even more productive when workers share this task with parents: ‘I’m really puzzled by that expression . . . what do you think he (or she) is feeling right now?’

As with the previous chapter, the framework describing emotional expression (Table 6.1) is followed by one focusing on emotional interactions (Table 6.2).

Table 6.1 Emotions and emotional expression in infants aged 12–24 months

<i>Positive emotions observed</i>	<i>Dominant expressive feature of emotion</i>	<i>Negative emotions observed</i>	<i>Dominant expressive feature of emotion</i>
<i>Studious curiosity</i>	Intense staring, eyes wide open, thumb in mouth, index finger resting on tip of nose, slightly taut brow	<i>Contempt</i>	Lips tight and stretched, cold stare, arms folded, a deep breath and sigh
<i>Exhilaration</i>	Eyes very bright and animated, mouth wide open, teeth showing, head back, eyes blinking, focus changing	<i>Frustration</i> <i>Irritation</i>	Furrowed brow, lips tight and arched, eye focus shifting from source of frustration, quick breathing, sighing
<i>Happiness, but pretending to be sad</i>	Head lowered and lips arched exaggeratedly, eyes glancing up to observer, blinking repeatedly	<i>Distress</i>	Eyebrows slightly more parted, staring, a searching ('can't you see my misery') look, tears gathering, mouth open
<i>Elation and vanity</i> 22 month old looking at herself in photo and then looking up at camera	Head tilted, eyes bright/animated, creased into smile, staring into camera, lips contracted and protruded (but not pouted), chin dimpled	<i>Fretting</i>	Lips arched slightly, unfocused glances, brow slightly furrowed, mouth occasionally quivers

Framework for observing the psychological life of infants aged 12–24 months

The contents of the frameworks for each of the mental faculties in the previous chapter apply equally to the psychological development of second-year infants. They should be referred to frequently in assessment of environment–atmosphere and parental/carer behaviour that facilitates or impedes psycho-

Table 6.2 Emotional interactions between infants aged 12–24 months and carers

<i>Emotion(s) felt and expressed by infant + stimulus</i>	<i>Appropriate response of carer</i>	<i>Inappropriate response of carer</i>	<i>Which of these responses are typical (i.e. sustained and repetitive) or isolated?</i>
<i>Fear, distress: a stranger has walked into the room, wanting to engage infant immediately</i>	Carer lifts infant, pats her, and moves away from stranger telling him infant needs time; she talks <i>reassuringly</i>	Carer shouts at infant, tells her not to be 'so damned clingy' and pushes her away	
<i>Pride and awe: infant has pushed open a door for the first time</i>	<i>Amusement, pride, curiosity: carer encourages infant to repeat the feat</i>	<i>Annoyance: carer rushes at infant and shouts; warns her not to do it again</i>	
<i>Hesitancy, anxiety: infant trying to walk</i>	Parent stays very close, encourages infant with <i>smiles and enthusiasm, praises lavishly</i>	Parent positioned furthest away from infant, shouts at her to 'get on with it'; calls her 'stupid' when she falls and cries	
<i>Pleasure and pride in attempting to talk; infant talks incomprehensibly and ceaselessly to every toy, object and person</i>	Parent very <i>interested</i> in development of speech; <i>praises</i> infant for making all those sounds; tests out whether or not she's attempting certain words	Ceaseless attempts to talk makes parent <i>irritable</i> and <i>bad tempered</i> ; carer tells infant to 'shut it!' and gets <i>angrier</i>	
Infant given box of coloured blocks is <i>intrigued, excited</i> but doesn't play with it as intended, just wants to repeatedly pour contents out; feels <i>really proud</i>	Parent also <i>intrigued</i> and <i>patient</i> , joins in the emptying and filling-up activity, and eventually directs infant's attention to the function of toy	Parent <i>annoyed</i> and repeatedly tells infant how to play with pieces; infant not interested; parent walks away <i>exasperated</i> ; infant looks after her	

logical development. There are additional psychological developmental considerations, however, as the infant progresses through each year. The most significant difference in the second year is the infant’s developing moral sense. Here is the expanded framework incorporating that development. It will contribute to overall assessment through enabling the worker to observe factors facilitating, impeding or corrupting the child’s moral development.

Table 6.3 Facilitating or impeding psychological development in infants aged 12–24 months

<i>Mental faculty</i>	<i>Environment–atmosphere factors facilitating development of mental faculty</i>	<i>Environment–atmosphere factors impeding (i.e. potentially abusive) to development</i>	<i>Parental/carer behaviour facilitating development</i>	<i>Parental/carer behaviour impeding or impairing (i.e. potentially abusive) to development</i>
<i>Intelligence</i>	Same as first year	Same as first year	Same as first year	Same as first year
<i>Memory and recognition</i>	Same as first year	Same as first year	Same as first year	Same as first year
<i>Perception</i>	Same as first year	Same as first year	Same as first year	Same as first year
<i>Attention</i>	Same as first year	Same as first year	Same as first year	Same as first year
<i>Speech</i>	Same as first year	Same as first year	Same as first year	Same as first year
<i>Moral sense</i>	Establishing boundaries between right and wrong, in respect of behaviour and response to others; explicit and implicit sanctions applied when moral boundaries are breached	No boundaries; visible, audible and harmful imbalances of power; tasks and challenges surmounted by highly emotional confrontations, fights and threats	Toleration and patience in teaching infant boundaries of behaviour; disapproval of inappropriate behaviour expressed in voice, facial expression and sanction; cultivating empathy, sorrow and so on, for victims	Demonstrating no moral sense in behaviour; insensitivity and unfairness in relationships; inconsistent in approval and disapproval of right and wrong behaviours

Summary

The second year of infancy is one of rapid progress in emotional and psychological development. The infant's substantially increased mobility and communication offers the worker greater opportunity to observe, interact with, and explore in depth his or her emotional and psychological worlds. Significant milestones are reached in (a) concept of self; (b) perception of space and permanency; and (c) the emergence of a moral sense. The context in which second-year infants are observed widens considerably, in terms of both environment and people. Older siblings may play a crucial role in contributing to or in impeding/impairing emotional and psychological development. Two contrasting observations of second-year infants were made, one in which there were indications of potentially abusive behaviour, and the other in which both parents and an older sibling provided an optimum emotional and psychological care. Both cases illustrate another principal feature of the second year: that the emotional and psychological worlds often operate simultaneously and are mutually serving. Consequently, parental behaviour that is conducive to the continuing progressive development of one is equally conducive to the other. Conversely, behaviour that is emotionally abusive to an infant is likely to be psychologically abusive too. The framework for exploring the infant's psychological world is similar to that used in the previous chapter but also includes *moral development*. It describes features of environment and behaviour conducive to, impeding or impairing, or corrupting the second-year infant's emerging moral sense.

Questions/Exercises

- 1 List five significant milestones in emotional and/or psychological development in second-year infants.
- 2 Which of these milestones may pose the greatest challenges to parents/carers and why?
- 3 Imagine you are an infant aged 20 months. Attempt to describe what it is like to be taken to a swimming pool for the first time. What do you experience in terms of your own developing perception (tactility, space, permanency of objects/bodies etc.), attention and intelligence?
- 4 Describe two cases in which siblings were significant in the contribution or impediment towards emotional and psychological development of a second-year infant?
- 5 List a number of emotions and emotional expressions that you have witnessed in your own second-year infant or others. Describe the principal features of the expressions.

- 6 Give examples (other than those described in this chapter) of appropriate and inappropriate emotional responses of parents/carers of second-year infants.
- 7 Give examples of common parental/carer behaviour that (if sustained and repetitive) would be psychologically abusive.
- 8 What are the earliest examples of an emerging moral sense in a 12–24 month old that you have ever witnessed (or been told of)?
- 9 What features of the home environment–atmosphere are conducive to the progressive development of a second-year infant’s moral sense?
- 10 What behaviour by parent/carers is likely to impede or corrupt a second-year child’s developing moral sense?

7 2 to 3 Years Old

Introduction

This chapter will concentrate on the emotional and psychological lives of children aged between 24 and 36 months, colloquially referred to as the beginning of the 'toddler' years. It can be for parents and child a golden age of fun, joy and pride, of audible and visible progress in all aspects of development, or it can be a continuous nightmare, when many parents really do feel driven to the precipice. The average 2.5 year old can think, talk, argue, challenge, mimic, undermine, humiliate, mock and condemn parents. Fortunately the average parent takes it all in their stride, in between the infinitely more pleasant moments of contributing to, watching and sharing in developments that simply amaze. Emotional and psychological development in 2 year olds is amazing, but physical, emotional or psychological abuse may be the remedy for those who cannot cope with it.

The ever-expanding emotional repertoire

Two year olds are capable of feeling and expressing emotions that they are not likely to have expressed before, such as *incredulity*, *astonishment*, *exuberance*, *stupefaction*, *sullenness*, *spite*, *anguish*, *frenzy* and *malice*. They may also adapt the practice of telling all close family members that 'I love you . . .', telling it with an angelic little face turned on its side, and a hushed voice, mimicking the parent, sibling, relative or fictional character who has been their model. Unlike older children, the 2 year old is not too subtle in expressing any of these more complex emotions, particularly the negative ones. I've often videoed toddlers in dispute for example over building Lego or Sticklebrick, or coloured blocks; the aggrieved toddler decides that he or she needs to destroy the work of the other; he or she demolishes the 'tower' with a swipe, and (more interestingly) with the most blatant expression of *malice* or something even

worse written all over their face. The conciliatory parent must combat this blatancy with an emotional display equally unambiguous and censorious.

Emotion and the developing mental faculties

A far more significant development is the 2 year old's acute consciousness of the emotions and emotional expression of others. This is not, however, just about emotional development; additionally, *memory, perception, attention* and *intelligence* are developing too, and combine with the rapid emotional development to gradually enable the 2 year old to enter the complex emotional and psychological worlds of others (not just empathizing with obvious emotions, as was seen in the previous chapter). The processes leading to this milestone have begun in years one and two, and the timing of its fulfilment will vary from child to child but, generally, the 2 year old at some stage in that year will be able to 'hear', 'feel' and 'see' the emotions and the emotional expression of adults, and understand the thoughts behind them, as they have never done before. You can see this most clearly in a 2 year old watching the parents arguing over how to respond to the child's behaviour, wishes, desires, demands, threats and so on. If you can study the child's face while such a dispute is going on, you will see not just wonderfully expressive eyes and mouth, but a multiplicity of muscular movements all over his or her face. The child is actually responding emotionally to the ebbing and flowing of the argument, to the many and varied features of the parental exchange, evident in the parents' voices and facial expressions. The child may not understand the complexities of the argument (particularly if it wanders into broader areas of child rearing and principles) but he or she knows there is a dispute and that he or she is the pivot around which it revolves. The child hears, feels, sees and, to some extent, understands many of the (a) differences in tone, colour, volume, subtlety, and speed of voice; and (b) parental emotions and expressions such as *irritation, stubbornness, annoyance, exasperation* and *conciliatoriness*. The dispute often ends in either of two emotional extremes witnessed by the child: defeat and resignation (because the child and one of the parents get their way) or a surrender in which both parents give way. Or, it might also end in a straight-faced declaration of unanimity and refusal to give way to the child by both parents.

The emerging self

Over the second and third year, the development of mental faculties accelerates the child's increasing awareness and sense of self (Sperling and Martin 1982; Atkinson *et al.* 1987; Gross 1987). There are basically two aspects of self:

the *categorical* and the *existential*. The existential enables the child to distinguish between him/herself and other people, and also, how he/she impacts upon others. Crucially, the child can also reflect upon these fascinating new developments. The categorical self enables the child to identify and reflect upon his or her own unique characteristics, that is, (a) physical features and voice; (b) specific categories to which he/she belongs, such as gender and colour; (c) unique possessions, for example, a name, a status in relation to others, a social role and so on. Reflections in both the existential and the categorical self stimulate further development of all mental faculties. The quality of care which parents provide will determine whether or not these reflections are a source of *curiosity*, *satisfaction*, *pride* and *confidence*, or *doubt*, *apprehension* and *fear*. We can be certain that for habitually abused 2 year olds, the latter is very much the case.

Speech

Speech development during the third year is quite startling. The abbreviated utterances and demands of the previous year (12–24 months) like ‘again’, ‘help’, ‘reach’, ‘carry’, ‘going’, ‘get it’, ‘in there’ etc., become fully fledged sentences: ‘show it to me again, mum’, ‘I’ll help you’, ‘will you carry it for me?’, ‘where are you going?’, ‘put it in there please’, ‘I need . . .’. They may also repeat sentences and words frequently spoken by adults, but which they cannot understand.

At the same time the child learns two other utterances that, in the months that follow, will sorely test the patience of many parents: ‘what’s that?’ and ‘why?’ This will eventually graduate to ‘what do you mean?’ These are all very simple utterances posing no difficulty at all for the child. Better still, they bestow a power and control that soon become obvious when the child realizes they can elicit actions and responses from the parent(s) literally hundreds of times each day. Most parents are willing, proud, even wanting, to be driven to exhaustion in satisfying the insatiable curiosity of 2 year olds. The 2 year old who is never asking ‘what’s that?’ or ‘why?’ and the parent who is seen never to respond if the questions are asked, are both causes of concern.

The emotional nuances accompanying speech

For many 2 year olds, there may still be difficulty with words beginning with ‘f’, ‘g’, ‘h’, ‘l’, ‘m’, ‘r’, ‘s’, ‘v’ and ‘th’, but that does nothing to prevent them from engaging in lengthy conversations with parents, peer groups, their toys and themselves. If you watch 2 year olds engrossed in some activity and talking incessantly to themselves, there is one inescapable conclusion: they

actually enjoy all aspects of the achievement; not just the talking and communicating, but also the music, rhythm and accompanying emotion of their speech. New and bigger words introduced are not just words with meaning; each of them is a musical performance, and the child is acutely sensitive to their different constituent parts. Watch the expression of the 2 year old for example learning words like 'delicious', 'marvellous', 'fantastic' etc.; you know that something more than mere learning is taking place. Your emotion and your facial expression accompanying the word you are teaching, and the complex movement of your lips, tongue and mouth as you speak are as interesting to the child as the word itself. This is one of the reasons that infants and 2 year olds are often indifferent or even repelled the first time an adult holds a phone to their ear. The person speaking to them may be someone as important as mother and father, but in the absence of mother's or father's face (and their facial expressions) the child is likely, first time, to be uninterested at best but more likely discomforted by a faceless and altered voice.

Moral development

A mother plays happily with her daughter aged 2 years and 1 month. There are some guests visiting. Later, the child throws a piece of bread on the floor. Her mother looks at her gravely and says slowly, softly, yet emphatically, 'that was naughty'. Her words and her looks seem to have had a major effect on the child. She retrieves the bread and glances at the guests. Her lips arch and her cheeks swell; she seems to be on the verge of tears. There is no threat implicit in the mother's words; there is no likelihood of violence or any penalty. Yet the child responds with genuine remorse and regret, as if recognizing that her action was wrong, and that her mother was right. This may seem somewhat idyllic or uncommon (certainly uncommon in my fatherly and grandfatherly experiences with 2 year olds) but it actually did happen, and was filmed. It helps, however, in understanding moral development in the early years.

As with second-year infants, the development of a moral sense and social consciousness in the third year is greatly influenced by the quality of emotional interaction between the child and the principal carer. The child has not suddenly become an angel, nor was she previously an irascible imp! There is a historical (emotionally interactive) process underpinning current behaviour and response, and that process was obviously characterized by the parent's realization and conscious exploitation of the power of emotion, expressed appropriately and, crucially, consistently. As a consequence of that process, this child is more sensitive and responsive than most to the chasm of emotional difference in her mother's change from *pride*, *joy* and *happiness* in play, to *disappointment*, *gravity* and *quiet determination*. When parents respond

emotionally inappropriately and inconsistently (e.g. a violent lurch towards the child one time, and ignoring the behaviour the next) the boundaries of acceptable and unacceptable behaviour become blurred. Emotions, as the child development pioneer Judy Dunn (1988: 341) recognized, ‘play central roles in the interactions in which moral and social roles are articulated and fostered’.

Observations of 2 year olds

Here are two contrasting observations of 2 year olds. The first describes (from the child’s perspective) a rich intensity of perceptual and intelligence stimuli similar to that provided by parents, consciously or unconsciously, every day. Again, it is the language of an adult, attempting to capture this intensity of experience. The second records a visit to a child enduring separation anxiety, left in the care of two teenagers.

Michael, aged 2 years 3 months

Granddad and I got back to the house about 4.30. Granny was preparing dinner. She opened the back door, I poked my head out and asked: ‘play in garden?’ Granny was not enthusiastic, saying things like it was too cold and wet and dark – it wasn’t too cold and wet and dark for me. Granddad said he’d go with me, so Granny agreed and warned me I had to come in when my dinner was ready. So we both went into the garden, and as soon as we reached the grass I suddenly became excitable and energetic, and I trotted, and ran, and jumped my way around the garden, with Granddad running after me, not chasing me, but just keeping up with me. I couldn’t stop, and I couldn’t stop laughing.

A bird landed on our next-door neighbour’s apple tree. I heard it before I could see it, a powerful, piercing sound that made me look up, expecting to see a large bird. But I couldn’t see any bird. ‘Where where . . .’, I said to Granddad. ‘It’s a robin,’ he said. It meant nothing to me. He clasped me and directed his finger to the top of the leafless tree. I saw it then, with its red breast and its flicking wings and tail, and its repetitive curtsying as it pranced from twig to twig as though it was doing a little dance for me. I stood watching it, transfixed by its sounds and its smallness. I was amazed that such a tiny little bird could make such a big sound. Then it seemed to calm down, make less and less movement, as though it had happily settled there. But the sounds it began making then were very different. Its cheeky chirping turned into a little song, sad and soulful. Even Granddad was amazed. I must have been overwhelmed by this sound, because after about 30 seconds, I suddenly let out a ‘whooppee!’ and began to dance. The robin continued to sing.

Kirsty, aged 2 years 7 months

A referral is received about 2.5-year-old Kirsty. Neighbours have heard her crying, whingeing, screaming intermittently. An after-hours duty social worker calls. The worker hears Kirsty crying in the hallway. The door is opened by a flimsily clad teenage girl whom she knows is not Kirsty's mother. The worker explains the reason for her visit and the teenager lets her in. Kirsty has remained in the hallway. The worker smiles and stoops towards her but she backs away and looks fearfully at the worker. Her crying has died off (maybe through exhaustion) but her face is blotched red with tears and anguished with distress and apprehension. The worker notes that Kirsty has made no attempt to seek comfort in the teenager's arms. The worker continues talking for a few moments to the teenager without looking at Kirsty. Eventually she asks the teenager to take her into the living room. There she sees another teenager, male, lying on the settee. Kirsty remains in the hall.

Kirsty has been left in the care of her 17-year-old aunt, Sheila, and her boyfriend, Mac. The living room is in darkness, the stench of staleness and cigarette smoke is nauseating, the television is blaring, the floors are littered with plastic toys, pillows, sheets and a few beer cans. Kirsty's mum and stepdad have gone out for the night. They apparently go out two to three times a week, so Sheila knows Kirsty very well. But Kirsty has never met Mac before. Sheila explained that Kirsty has been behaving like this for some weeks now. Her parents would say 'good night' and give Kirsty hugs and kisses, and as soon as they left, Kirsty would 'rave up'. The worker enquires and confirms that Kirsty actually starts crying before they leave. Sheila confirms that she cries on and on all night but eventually cries herself to sleep. The worker 'sympathizes' with their predicament and subtly, through the use of paradox, enables the couple to reveal that all their responses to Kirsty have been as futile as they have been inappropriate. Every time Sheila lifted her to try to comfort her, she got more hysterical. Kirsty would bend so far backwards in Sheila's arms trying to get out of her arms that Sheila thought her back might break! She shouted at Kirsty (the worker believes it more likely that she and Mac yelled at her, threatened her, and physically abused her, and has already decided that a full medical examination is warranted). The couple readily admit that they punished her (though they don't use the word 'punish') by putting her into the hall, and leaving her.

The worker decides to make contact with Kirsty again. She moves to the hall. Kirsty has virtually not moved from where she was cowering before. But then she moves down the hall towards the front door. She stands at the hall door and begins weeping and wailing profusely. Her vulnerability and emotional pain are very visible to the worker. She stretches her tiny forefinger to the lock of the door that she cannot reach, and she looks up at the adult beggily. The worker senses that the child's resistance is so low that she can

now move towards her and lift her. Kirsty offers no resistance, and wraps her arms and buries her head around the worker's neck but she doesn't stop crying.

Comments on observations

Separation anxiety is very common among 2 and 3 year olds in all classes and cultures, though most if not all the research and literature has concentrated on infants (e.g. Ainsworth and Wittig 1969; Crittenden 1992; Nevin 1997). Having videoed and studied the phenomenon in 2 year olds over a number of years, in their own home situations, I believe there are two developmental factors impacting upon the far more severe separation experience of the older child. First, 2 year olds are better able to understand the concept of 'time'. If parents leave a 12-month- or 15-month-old child, saying they will be back in a 'short while', or 'a few minutes', or a 'couple of hours', these terms are meaningless to the infant. If the parents say the same to a child aged 30 or 33 months, grappling with the concept of time, it may mean something entirely different; it may sound threatening. Second (and similarly), the child's concept of space advances significantly during their third year. For the 1-year-old infant, the parents going out the door simply means that they are going out the door; it makes no difference to the infant whether they are going to the corner shop, or the theatre. For the 2/3 year old, however, this can be a colossal difference; they are, at the point of separation, acutely conscious of space beyond the front door, of roads and fields, shopping centres and churches; the homes of relatives and friends (toddlers are often pleasantly occupied and tested in car journeys, given the role of 'guiding' their parents, telling them which direction the destination lies, which way to turn etc.). Unlike the 1- or 2-year-old child, the toddler may interpret even very short destinations as a major problem, greatly intensifying their anxiety.

Kirsty's separation anxiety is exacerbated by numerous factors: (a) the inadequacy of the quality of alternative care; (b) the presence of a male stranger; (c) an environment least conducive to alleviating the child of the worst aspects of separation. Leaving aside the probability of physical abuse and the possibility of sexual abuse (both of which have to be rigorously explored), one's preliminary diagnosis is emotional and psychological abuse. The most telling and serious feature of the abuse is its duration and repetitiveness. The duration is approximately 3–4 hours; it is repeated 2–3 hours per week. The emotional responses of Kirsty to her mother's departure are *fear*, *helplessness*, *desperation* and *panic*; the responses of her minders (who, like millions of teenage minders, are there for a good time, not to learn about child development) are *irritation*, *annoyance*, *anger* and possibly *violence*.

All these responses are psychologically abusive too. They render the mental faculties of the child such as *memory*, *attention*, *intelligence* and *perception*

functional only in a negative or destructive sense. Nor do they contribute to the child's developing *moral sense*. Probably the most psychologically abusive component is being confined (imprisoned) in the hall. Preceded by emotional abuse and possibly violence, the child's mental faculties cannot possibly function normally or productively in this environmental prison. The presence of a male teenage stranger caring for a 2 year old is a cause for concern at any time, but given the evidence of the child's suffering in this particular case, it is alarming and warrants instant action.

Frameworks for observing the emotional life of infants aged 2–3 years

Readers will be aware now that the assessment of the quality of emotional life can get easier as the child gets older. Two year olds are highly mobile, visible, audible and expressive. The worker has witnessed the worst possible concentration of negative (painful) emotion and emotional expression in Kirsty, and the urgent question is: is that emotional negativity typical of her emotional life in general? As always, the child's emotional repertoire and the quality of emotional interactions between the child and principal carer(s) need to be established. The following frameworks (Tables 7.1 and 7.2) address both. Ample opportunity to explore both should normally present itself in Kirsty's case, because the circumstances of her situation during the worker's visit necessitate a full-scale investigation involving many visits and contacts with the family. The problematic area emerging from the findings is how the child is introduced to, gets used to and relates to substitute male roles in her life. She has a step-father; she has a male minder; are there other male substitute figures? First contact with these males can be enormously challenging and threatening to 2 year olds (Margolin 1992; O'Hagan 1995, 1997) and the key question is how much thought and preparation preceded such contacts.

The quality of emotional interactions between child and carer remains the key to assessing the emotional life of the child. Just as emotion and mental faculties are more often simultaneously manifest as the child gets older, so too, in the carer's response, do emotion and mental faculties combine. For both carer and child, *perception, intelligence, attention, memory* and *moral sense* may all be influencing emotion and emotional expression.

Framework for observing the psychological life of infants aged 2–3 years

Many of the conditions and parental behaviours (seen in the previous two chapters) that are conducive or damaging to psychological development in

Table 7.1 Emotions and emotional expression in children aged 2–3 years

<i>Positive emotions observed</i>	<i>Dominant expressive feature of emotion</i>	<i>Less positive or negative emotions observed</i>	<i>Dominant expressive feature of emotion</i>
Intense, though pleasant, <i>curiosity</i>	Eyes fixed, bright, animated, amused but curious look, smile restrained, mouth open, teeth showing, savouring the object of view and interest	<i>Fretting, anxiety, fear, anguish</i>	Eyes and nose reddened with intermittent tears; wayward eye focus (seeking comfort anywhere); mouth open; anguished cries; inconsolable
<i>Tolerance</i> (but growing <i>irritation</i>); child enduring everyone's smiles and being constantly lifted or shifted	Wide eyed, though reluctant focus on camera or person, mouth open a little but lower lip strained as if wants to say 'enough!'	<i>Apathy</i>	Eyes lowered, head lowered, eye focus slow moving, eyes lacking animation, curiosity and motivation
<i>Pity and empathy</i> towards another child	Head slightly tilted, eyes narrowed, creased and strained (often accompanied by reassuring touches)	<i>Sulk</i>	Head lowered, eyes triangulated and focused on ground, brow slightly furrowed, lips pouted, chin raised

the first and second year will equally apply to the third year (for example, sustained, repetitive violence and instability are always 'psychologically abusive' in the fullest meaning of that term, damaging to the development and functioning of intelligence, memory, perception, attention and moral sense; see Table 7.3).

Summary

The normal emotional and psychological development of the 2 year old holds out the prospect of great joy, fun and amazement for most parents. It also has the potential for conflict and challenge, as the child now has the power of reason that can be articulated. The 2 year old is quite capable of thinking, arguing, talking, mimicking, undermining, humiliating, mocking

Table 7.2 Emotional interactions between children aged 2–3 years and carer(s)

<i>Emotion(s) felt and expressed by infant + stimulus</i>	<i>Appropriate emotional response of carer</i>	<i>Inappropriate emotional response of carer</i>	<i>Which of these responses are typical (i.e. sustained and repetitive) or isolated?</i>
<i>Excitement and curiosity (ceaselessly asking questions); child looks up and strains to know answers</i>	<i>Pride and patience: carer tries to satisfy curiosity; answers with drama and expressiveness</i>	<i>Carer invariably gets irritated then angry with child and shouts aggressively if child persists in asking questions</i>	
<i>Child is empathic and sympathetic with another child (or pet) in pain; expresses pity/care by stroking and facial expression</i>	<i>Carer is interested, proud and pleased in watching; tells child more about cause of pain; praises and encourages child</i>	<i>Carer mocks and belittles child's pity and sympathy; intentionally displays lack of sympathy and pity</i>	
<i>Child frequently in pain, due to ailment that doctors cannot yet diagnose; child is distressed, confused, irritable</i>	<i>Parent deeply sympathetic and worried, always comforts child but also tries to distract him/her from the pain</i>	<i>Parent annoyed with child's distress; gets angry and dismissive; questions child's honesty</i>	
<i>Child leaves mess on floor, sulks and is defiant when ordered to clean up, doesn't clean up well enough</i>	<i>Parent praises child for effort and offers to help finish the job then congratulates child for completing job</i>	<i>Parent threatens child (child defies); parent smacks child; child shocked and hurt; parent insists; child is confused and then smacked harder</i>	

and condemning parents. All mental faculties develop rapidly in this third year, greatly influencing the child's feeling of and expression of emotion. Some of the most significant milestones in emotional and psychological development include (a) the child's expanding emotional repertoire; (b) the increasing ability to hear, feel, see, understand and manipulate the emotions and the emotional expression of others; (c) consolidation of the concept of self; (d) rapid expansion in speech and conversation abilities; and (e) moral development. Parents and carers can facilitate or impede this progress.

Table 7.3 Facilitating or impeding psychological development in children aged 2–3 years

<i>Mental faculty</i>	<i>Environment–atmosphere factors facilitating development of mental faculty</i>	<i>Environment–atmosphere factors impeding (i.e. potentially abusive to) development of mental faculty</i>	<i>Parental/carer behaviour facilitating development of mental faculty</i>	<i>Parental/carer behaviour impeding or impairing (i.e. potentially abusive to) development</i>
<i>Intelligence</i>	Similar to first and second year. Stability, security, safety; space for exploration and experimentation; availability of diverse mental stimuli: play, music, people, animals, certain toys and so on	Similar to first and second year. Instability, insecurity, risk and danger; child’s world doesn’t provide mental stimuli or facilitate exploration and experiment (e.g. child is confined to excessively limited spaces for long periods)	Similar to first and second year. Interest/patience in responding to ceaseless questions and curiosity; helping child to accomplish tasks, learning means and ends; reinforcing previous learning	Similar to first and second year. Unaware of, or indifferent to, or punitive of child’s curiosity; generating atmosphere of violence and danger; restricting opportunities to learn in and out of home
<i>Memory and recognition</i>	Similar to first and second year. Stability, security, safety, consistency, habit, routine; availability of diverse and novel memory stimuli: faces, voices, places, play and toys	Similar to first and second year. Violence, tension, danger and risk; child’s memory dominated by anxiety-inducing recollection of painful events; registration, storage and retrieval adversely affected	Similar to first and second year. Normal play, fun games, and music all activate and test child’s memory; highlighting connections, explaining simple means and ends	Similar to first and second year. Generating atmosphere of violence or danger; excessively restricting child’s memory stimuli such as peer-group play, games, books or new places, faces and situations; questioning/undermining child’s memory achievement (continued overleaf)

Table 7.3 (continued)

<i>Mental faculty</i>	<i>Environment–atmosphere factors facilitating development of mental faculty</i>	<i>Environment–atmosphere factors impeding (i.e. potentially abusive to) development of mental faculty</i>	<i>Parental/carer behaviour facilitating development of mental faculty</i>	<i>Parental/carer behaviour impeding or impairing (i.e. potentially abusive to) development</i>
<i>Perception</i>	Similar to first and second year. Stability, security, safety; environment facilitates child's continuous perceptual exploration in sight, sound, hearing, smell and tactility	Similar to first and second year. Instability, insecurity, risk, violence; smoke-filled rooms; shut windows and so on; no diversity and expansion of perceptual stimuli	Similar to first and second year. Encouraging child to explore diverse sensory experiences; sharing child's sense of wonder and discovery in sensory world	Similar to first and second year. Violent, dangerous; ignoring child's constant curiosity about sensory experiences; confining child for long periods to locations in which new sensory stimuli are limited or absent; punishing child for sensory exploration
<i>Attention</i>	Similar to first and second year. Stability, security, safety; longer periods of calm and quiet; availability of diverse sources of attention, in and out of home	Similar to first and second year. Instability, insecurity, unpredictability, risk, violence, constant noise and chaos sabotaging attention and effort; child's world lacking new, novel attention stimuli	Similar to first and second year. Modelling attention; demonstrating benefits of attentiveness; patience, tolerance, enthusiasm in sharing child's interest in objects on which attention is focused	Similar to first and second year. Violent and dangerous; repeatedly and abruptly interrupting child's focus and attention; overstimulating child physically, mentally and emotionally

Speech

Similar to first and second year. Stability, safety, security; environment in which expansion of speech repertoire is encouraged and celebrated

Similar to first and second year. Violence, constant friction, human voices laden with threat and aggression; silent, excessively confined world in which there's no vocal stimulation

Similar to first and second year. Listening carefully to, repeating and encouraging child's speech; frequent conversations with child; storytelling; explaining words, correcting sounds

Similar to first and second year. Physical and emotional abuse of child (sustained and repetitive); avoiding or ignoring child; isolating child from peer groups

Moral sense

Similar to first and second year. Establishing boundaries between right and wrong, in respect of behaviour and response to others; explicit and implicit sanctions applied when moral boundaries breached

Similar to first and second year. No boundaries; visible, audible and harmful imbalances of power; tasks and challenges surmounted by highly emotional confrontations, fights and threats

Similar to first and second year. Toleration and patience in teaching about boundaries of behaviour; disapproval of behaviour expressed in voice, facial expression and sanction; cultivating empathy and sorrow for victims or those in pain

Similar to first and second year. Demonstrating no moral sense in behaviour; insensitivity and unfairness in relationships; inconsistent in approval and disapproval of right and wrong behaviours

Detailed observations of two children in this chapter revealed them experiencing immensely rich perceptual stimuli. Conversely, we saw another child, Kirsty, who was almost certainly subject to emotional and psychological abuse as a consequence of being left regularly and often with two teenagers unfit to care for her. The frameworks help identify and provide examples of the interactions, behaviours and environments that constitute emotional and psychological abuse.

Questions/Exercises

- 1 Why do many parents feel that their 2-year-old child is more emotionally challenging than in the previous two years?
- 2 Identify four emotional and psychological developmental milestones in 2-year-old children.
- 3 Give some examples of psychological development in 2 year olds (i.e. development of intelligence, memory, perception, attention and moral sense) influencing emotion and the expression of emotion.
- 4 Give three examples of how an adult's emotion and emotional expression can influence a 2 year old's moral development.
- 5 Describe two occasions (either in work experience, family life or personal history) in which something common and/or mundane made a significant impact (in terms of psychological development) upon a two-year-old child.
- 6 Describe two occasions (either in work experience, family life or personal history) in which common, repetitive, parental behaviours were emotionally and psychologically abusive to a 2-year-old child. Explain how.
- 7 Why might 'separation anxiety' be more problematic and painful in 2 year olds?
- 8 Describe some of the more sophisticated emotional expressions you may see in the face of a 2 year old.
- 9 Give examples of emotionally appropriate and inappropriate responses of a parent/carer to the emotion and emotional expression of 2 year olds.
- 10 Give two examples each of environments and behaviours most and least conducive to psychological development in 2 year olds.

8 3 to 4 Years Old

Introduction

The fourth year is a time of burgeoning emotional and psychological development, both challenged and accelerated within the child's expanding social world. There are many emotional and psychological milestones to consider, including:

- the use of and control of more complex and subtler emotions in communication
- the child's frenetic world of imagination and pretend play
- the enormous improvements in vocabulary and pronunciation
- the intensification of their 'how' and 'why' interrogations
- their occasional clever, witty, incisive responses in conversation with adults
- the increasing awareness of self and of 'self' in relation to others
- an emerging self-identity and the awareness of its constituent parts, such as physical characteristics, gender, colour, cultural group, language and so on
- greater moral consciousness of right and wrong, appropriate and inappropriate behaviour, and the child's increasing awareness of, and assertiveness about, his or her own rights.

All these developments depend upon (a) particular environmental contexts and parental behaviours, and (b) normal, progressive developments in the previous three years. Children who have been emotionally and psychologically abused in the previous three years will be conspicuously debilitated in their fourth year, in appearance, emotional expression, social integration and education. They will not achieve the necessary fourth-year milestones unless (a) the previous abuse is known and its consequences understood, and (b) there is a monumental effort by carers and professionals in a parental and

environmental context entirely different from that in which such abuse was perpetrated. We will explore both emotionally and psychologically conducive and abusive contexts for development in the fourth year.

Emotional development

The social and emotional life of children in their fourth year advances considerably, mainly through playgroups and nursery education. The emotional repertoire of these children continues to expand, and they become much more adept in masking, controlling and exploiting emotion. Three year olds can recognize and feel *condescension* ('He's always a good boy, our Peter') and respond to it with defiance and *contempt* ('No I'm not!'). They are much more able to exercise *patience* and control any consequential *frustration*. They can 'pretend' emotion, change from one emotional state to another, and project emotional states onto characters they have created. They can act out various characters expressing differing emotions. One thing they are still quite useless at, however, is maintaining the 'act' of an emotional state when they have been caught out. Here is an example that many parents/carers will be familiar with.

My wife and I are minding a colleague's 3.5-year-old child, Lucy, for the first time. It's bedtime, and she is attempting numerous stalling and diversionary tactics. We insist she has to go to bed. She suddenly thinks of an effective stalling technique: she fetches a colossal sack of toys, and proceeds to reach in and take out each individual toy, show it to us, and talk ceaselessly about it. She knows that we have not seen these toys before. There must be 50 or more of them, and she is going to have a great time conning these two 'novices' who 'seemingly' haven't a clue what she is about. She continues dipping into the bag with great *enthusiasm*, and producing each toy with a little flourish, as though she were the magician and we were the audience. As well as *excitement* and *enthusiasm*, she may also feel something like *pride* and *gratification*, if not *triumph*. But it may be short-lived.

Lucy (not consciously) is trying to infect us with her own emotional state so that we may forget about bed. But we do not respond. When she holds each toy up, we don't look at it. When she talks about it, we don't listen. Instead, we look at her, straight into her eyes, and then we look at each other. Our expressions slowly change, from perplexity to incredulity ('Does she think we're idiots?'). But we remain silent.

Lucy notices our expressions changing and she is a little perplexed. But she has a role to play, a tactic to sustain, and she couldn't possibly stop now. As we continue staring into her eyes and our looks of incredulity intensify, her play-acting becomes more disjointed and uncertain; she increasingly knows and feels that we know she's taking us for a ride. However, the toys still appear, one by one, but her commentary on each of them lacks the drama and

conviction she displayed earlier. Predictably, our silences, our stares and our expressions are 'getting to her', doing exactly what was required, increasing the pressure within her to cease this sham – you could see her desperately trying to maintain a straight face as she talked but eventually, as was inevitable, she giggled and then burst out laughing. To our amazement, however, she then tried to regain her composure, to stop laughing and sustain the commentary. It was as if she realized that if she didn't do that, the game was up, the play-acting exposed, and her bed beckoning. But she avoided looking into our eyes. The one abiding memory of the night was the contortions of a beautiful angelic little face trying to look excited and enthusiastic, normal and sincere, but in reality unable to mask her motivation and the increasing discomfort she felt as that motivation was being exposed.

Emotional and psychological development

Emotional development in 3 year olds is fused with psychological development. If you look carefully at Lucy's behaviour you will see *memory, recognition, intelligence, perception, attention* and *speech* all functioning. Her faculty of attention was exceedingly busy, requiring her to concentrate on (a) an array of emotional and perceptual stimuli from the minders (their silences, their expressions, seeing through her charade etc.); and (b) the principal objective of staying out of bed. Such requirements were mightily challenging for the *attention* of a 3 year old.

Her faculty of *perception* was active too: you could actually see in her eyes the effect of her perceptual antennae telling her that there was something wrong in our silent incredulity; it was not what she expected. All Lucy's mental faculties were brought into play, contributing to her initially identifying and pursuing a particular goal (staying out of bed), and, in the process, enabling her to engage in a complex web of emotional interplay. As for her moral sense, Lucy gained a little understanding about action and consequence: if you play games like this, you may lose and be exposed. Fortunately there was no shame or pain involved. But her minders were not entirely blameless. Once they knew what she was attempting to do, they could have prevented it; they could have insisted that she went to bed as her parents had decreed. But the child's behaviour was riveting and hilarious, to both minders and, later, her parents.

Even more clever than I really am!

The rapid emotional and psychological development in the fourth year can produce utterances that startle parents, making them believe that their children are especially clever. But all progressive developing 3 year olds can make utterances like these, and their advantage is that they encourage parents

to think of their child's development in terms of much more than the physical. Lets consider two of them.

Sodden biscuits

Arikan is sharing biscuits with his Nanna. She is drinking tea, and he is drinking milk. His Nanna realizes he is looking at her dipping her biscuit into her tea. She remembers that Arikan's parents do not allow him to do this. She says: 'Oh, sorry, I shouldn't be doing this' as she puts another sodden biscuit into her mouth. Arikan looks at her with studious cool detachment and says pointedly: 'But you *are* doing it.'

Roles have been reversed here. The adult becomes the child, and the child becomes a mature and tolerant adult. He doesn't gloat at the child's (Nanna's) exposure but he pointedly reminds her that her action (dipping the biscuit) is wrong, and that her reaction to being caught performing that action is hypocritical (or pathetic). The most interesting aspect of the interaction is not Arikan's lack of emotion, but his control of emotion. The expression may appear to be one of 'studious cool detachment' but within (and the look in his eyes gave this away) he is feeling rather *clever*, *proud*, maybe even *triumphant*. All the child's mental faculties are being utilized in this episode, his *memory* of rules governing eating, his *intelligence* in identifying, relating and judging differing actions, his *perception* and (highly accurate) interpretation of conflicting actions, and the starkly disciplined *attention* that 3 year olds can often display if the subject is interesting enough.

Not joining in the fun

Mena is aged 3 years and 9 months. She is in the midst of a very large family gathering, and the adults are gossiping and joking on various topics. One particular joke leads to convulsive laughter among the adults. When the laughter has subsided, Mena says loudly: 'It wasn't funny to me because I didn't laugh.'

This utterance is both a protest and a revelation. It protests about the marginalization of small children. It reveals the enormous gulf between small children and adults, in terms of understanding, conceptualizing, language and humour. Mena is wrong in saying that the joke wasn't funny, and that it wasn't funny because she didn't laugh. But it is nonetheless a significant utterance by a 3 year old, displaying both emotional control and formidable confidence.

Imagination

Imagination is not, as many may think, a separate mental faculty (which is why it's seldom mentioned in standard psychology texts), though, like all the

faculties we have looked at, it becomes increasingly functional and productive after the first year. It is quite active in the second year and (for many children) frenetically manifest in the third and fourth year. Reber (1985: 345) says that imagination is 'the process of recombining memories of past experiences and previously formed images into novel constructions'. Einstein regarded imagination as more important than knowledge. The poet Stephen Spender writes: 'Imagination is an exercise in memory. There is nothing we imagine which we do not already know. And our ability to imagine is our ability to remember what we have already once experienced and to apply it to some different situation' (1970: 72). You can see the sense of this in the 2 to 4 year old's imaginative play, which is actually more appropriately referred to as 'pretend play'. Children cannot 'pretend' they are someone or something that they cannot remember.

'Pretending' plays a crucial role in many aspects of child development. It (a) heightens the child's sense of self, strengthening and consolidating self-identity, and making them more aware of their own mental faculties; (b) enables children to escape from their own identity and move into another, to 'represent' another; (c) helps them to differentiate between reality and pretence; (d) enables them to simultaneously know their own feelings, wishes and beliefs and those of the character their imagination has recalled (Woodhead *et al.* (1995: 165) refer to this as 'the ability to incorporate a representation of other people's mental states within their own mental state'); (e) provides them with a tool (or reason) by which they can take a particular stand, or express a certain point of view.

Stifling imagination: psychological abuse

When children are in pretend mode (usually with the help of an object such as a toy, doll, blanket, pillow, stick etc.) they are not just playing other characters, but unlocking the minds of those characters, probing the depths (insofar as they are able to) of their strengths and weaknesses, hopes and fears. Most parents indulge in their children's imaginative play and they are often amused and amazed by it. But some parents may make every effort to discourage it. The famous Victorian author Edmund Gosse (1907) had such parents. They were religious fundamentalists and model parents in many respects. They were incapable of physical chastisement in an age in which it was the norm; they never spoke a harsh word to Gosse; they were 'perfect purity, intrepidity, perfect abnegation; their contentment was complete and unfeigned' (1907: 15). As we dwell on the imaginative life of very young children, however, Gosse reveals an entirely different aspect of his parents' fundamentalism: their unshakeable conviction that imagination was 'sin'. Gosse's mother had, he writes, 'a remarkable impression that to tell a story was a sin'. She convinced Gosse that it was a sin, and he wrote: 'the longing to invent stories grew with

violence . . . And the folly, vanity and wickedness which disgraced my heart are more than I am able to express' (1907: 21).

Imaginative and differing responses to 3 year olds

The 3 year old utilizes developing mental faculties in conflict situations. Miller (1990) reveals the differing perceptions that 3-year-old Daniel has of his mother and grandmother. She prevents him from serving himself more cake without first asking, to ensure there's enough to go around. There's nobody else present, so Daniel asks, 'Where are the others?' He bursts into tears, throws down his spoon and refuses to eat any more. 'You hurt me. I don't like you,' he says, 'why did you do that?' His grandmother repeats, 'You must first ask . . .'. Daniel says, 'Why?' and his grandmother replies that he must learn good manners. Daniel asks, 'What for?' and she replies, 'Because one needs them.' Daniel then says, 'I don't need them. With Mommy I can eat when I'm hungry' (1990: 177–8).

Clearly there is a difference in parenting styles between mother and grandmother, but the more interesting observation is the level of development of the child, in which *memory, intelligence, perception, attention* and conversational ability convince him (not unreasonably) of an injustice so unfair as to cause real upset.

Identity

Many of these real-life incidents are manifestations of the continuous emerging self-identity of the child. In healthy, normal development, there is little or no experience of self in the first year, a beginning of such experience in the second, a definite grasp of self in the third, and a growing confidence about self in the fourth year. In fact, so confident are most 3 to 4 year olds in their own self-identity, that they will experiment with it, step outside it, play with it, mock it, and swap it within their own peer group ('You be me and I'll be you!').

Gender: conditioning, stereotyping and corrupting

Gender identity and consciousness are already well established in the fourth year. Many parents project their own sharp delineation of the male–female conventional roles, appearances, dress, style, attitudes and so on onto their children, at the earliest age. It is in the fourth year that children display an acute consciousness of their own gender and their own bodies. They have since the age of 2 been exploring their bodies but this exploration becomes more intense and meaningful in the fourth year. They not only (if they haven't

already) become aware of different genitalia in boys and girls, but they may ask and talk about the differences. They will henceforth be bombarded by advertising, broadcasting, publishing (in addition to parenting and peer groups) reinforcing the differences. Golombok and Fivush (1994) suggest that gender stereotyping may reach its peak during pre-school years. This may be overstating slightly, but certainly, it is taking root in the third and fourth year. Of much greater concern during this period of increasing gender delineation is the potential to sexually and psychologically abuse the child. Adult sexual predators can easily exploit this intense self-interest the child shows in his or her own body. Sexual abuse of children is, by definition and effect, psychologically abusive.

The context of observation of children aged 3 to 4

Observation and assessment are greatly facilitated by yet another year's development. Children in their fourth year will normally provide ample opportunity to be seen and heard by any visiting professional, even if a parent did not want him or her to be seen. The unabused child, particularly in the company of a sibling or friend, will be noisy, curious, playful, boisterous, challenging and ceaselessly imaginative. He will engage with the professional, revealing much about his or her emotional and psychological life. In the presence of parent(s), the quality of emotional interaction, psychological stimulation and moral education will gradually become apparent. When questions arise on any one of these aspects of development within the home environment, there is increasingly the opportunity to learn of how the child is functioning (a) within peer groups in the neighbourhood; (b) in nursery and playgroup education; (c) in the care of other family members. Indeed, as the child grows older, these external peer-group and extended family environments may provide much more information on emotional and psychological functioning (which is why teachers and substitute carers are crucial contributors to the assessment process). We have already seen in this chapter many examples of normal and healthy emotional and psychological development of 3 year olds, within contexts that are obviously conducive to such development. Here is an observation of an emotionally and psychologically abused 3 year old within contexts of environment and parental behaviour that are vastly different.

Emotional and psychological abuse

Exploring possibilities

Anwaar (aged 3 years, 2 months) is the daughter of Rasheeda, a 21 year old. A referral is made to Social Services alleging that Rasheeda is constantly

shouting at Anwaar, smacking her, and taking her away for weekends to a 'disreputable' place. (This turns out to be a friend, Margaret, who works as a prostitute, has three children, all of whom have been in care, but have been with the mother for a number of years.) Anwaar and her mother usually live in a bedsit conveniently located near Margaret.

When the worker visits, she is struck by the near rigid posture and facial expression of Anwaar. It is an expression of *fear* and *apprehension*. She clearly yearns for *comfort* and *reassurance* but her mother, who is incensed by the referral and the social worker's visit, can neither see nor respond to her needs at that moment. The worker empathizes with Rasheeda and knows that she can eventually calm her, and see less stress-laden interaction between mother and daughter, but she has been struck by the abandonment of the child during this first encounter.

Rasheeda is the third and youngest daughter of a large Turkish Muslim family from whom she was compelled to leave after becoming pregnant (for 'bringing shame to her family'). She also felt obliged to leave the neighbourhood. Anwaar's father quickly abandoned her, and has contributed nothing to Anwaar's upbringing. Before and after Anwaar's birth, mother and daughter have drifted from one refuge to another, until the meeting with Margaret. Anwaar has not attended any nursery or playgroup, and has had minimal contacts with childcare services.

During three interviews, one at home and two in a suitably equipped office, the worker observed the following: Anwaar remained as inhibited as she had been during the first visit. Throughout the three periods, she displayed a grossly limited emotional repertoire, dominated by negative emotions (i.e. ceaseless *apprehension*, and *fear*, *guilt* and *humiliation* when her mother shouted at her). She never expressed happiness or smiled at any point throughout the three periods. She never expressed pride in achievements even though she was greatly praised by the worker for lots of them. The most positive emotion observed was a pleasant curiosity, provoked through certain play activity with the worker, but she appeared never to be free of an underlying anxiety. She was unable to appreciate or respond appropriately to the emotions of others (real or imaginary characters). She never attempted or engaged in any imaginative play, even though the worker tried to lead her into this. She revealed a substantially underdeveloped intelligence, in her response to numerous problem-solving activities. There was severe deficit in her attention, her eyes always indicating tension. Her speech was notably limited too, and visibly and audibly an effort for her. She was unable to master anything more than two- or three-word sentences. She was much less responsive to sights, sounds, smells and textures than 3 year olds normally are. She seemed oblivious of any differences in touching vastly contrasting textures among the many toys the office offered. But she did form an attachment to a particular doll, which almost made her smile when she was told she could keep it.

Rasheeda was starkly honest about the relationship that the worker observed. She said she loved Anwaar but raising her was a burden for her. She worked in a taxi company at night, which she found very interesting, hence the frequent shunting of Anwaar to substitute minders if her friend Margaret was engaged. This crisis kind of existence had been going on for two years. The worker helped her to acknowledge that it was in fact a two-year build-up of resentment and rejection of Anwaar. What they were both observing then was the product: virtually no physical and emotional warmth at all in the relationship between mother and child, no positive emotional responses to the child, and no real interest in the activities that interested the child. (It's unusual for a parent to be so frank about her abusive treatment of her child. Indeed the worker in this case asked herself if Rasheeda was attempting to engineer the removal of Anwaar. She wasn't, and apart from a two-week separation through an interim care order, mother and child remained together.)

Commentary on observations

A 3-year-old child who has been emotionally and psychologically abused over two years will quickly reveal the impact of that abuse. Over a number of interviews, the worker has plenty of opportunity to engage the child. But Anwaar is no ordinary 3 year old; she has, probably even before she was born, been the pivot around which her mother's sense of injustice and resentment has revolved. It was patently obvious in both the child and parent's behaviour that a substantial deterioration in the quality of emotional and psychological care had resulted. It has been relatively easy to observe and record (a) Anwaar's alarmingly limited, predominantly negative emotional repertoire; (b) the great difficulty she has in concentrating (attention); (c) the bluntness of her perceptual antennae, that is, touch, smell, hearing, seeing; (d) the complete absence of and inability to engage in imaginative play. Anwaar gives all the indicators of a child who has been emotionally and psychologically abused.

Frameworks for observing the emotional life of children aged 3–4 years

The following frameworks describing (a) emotional expression and (b) emotional interactions of 3 to 4 year olds, demonstrate both the ongoing expansion of the child's emotional repertoire, and the greater subtlety, intensity and physicality of emotional expression (see Tables 8.1 and 8.2).

Table 8.1 Emotions and emotional expression in children aged 3–4 years

<i>Positive emotions observed</i>	<i>Dominant expressive feature of emotion</i>	<i>Less positive or negative emotions observed</i>	<i>Dominant expressive feature of emotion</i>
<i>Pride, pleasure</i> (in control of fairground car)	Half smile, eyes stare at camera, mouth closed, lips sealed, head tilted slightly as if posing, ‘am I not looking the part?’ expression, one hand on knee	<i>Resentment, sulk</i>	Head lowered, mouth closed tightly in defiance, fixed stare at ground below, regularly beats table top, looks up to see impact
<i>Happily startled</i> (by something said)	Eyes open to widest extent, white of eyes prominent, brow slightly creased, mouth half smiling, teeth showing	<i>Covetousness</i>	Eyes (covetously) fixed rigid on object, mouth closed and grim, slight tensing in shoulders, hand gripping edge of table
<i>Rapture</i> (convulsions of laughter)	Helplessly, eyes half closed, mouth fully open, all teeth showing, bouts of surrendering, exhaustive laughing, head tilted, looking sideways at source of rapture	<i>Defiance, rebellion</i>	Head lowered, eyes lowered, fixed cold stare, mouth closed tight, lips pouted, rhythmically slaps table and looks up to check impact of slapping on parent

Frameworks for observing the psychological life of children aged 3–4 years

Many of the conditions and parental behaviours that are either conducive to or damaging to normal progressive psychological development in the third year will equally apply to the fourth year. There are, however, some differences of emphasis to be made. First, the child’s social world expands substantially in the fourth year (through nursery and/or playgroup education) and peer groups will play an increasingly important role in psychological development. Second, social and economic factors are increasingly manifest, and severe deprivation

Table 8.2 Emotional interactions between children aged 3–4 years and carers

<i>Emotion(s) felt and expressed by infant + stimulus</i>	<i>Appropriate emotional response of carer</i>	<i>Inappropriate emotional response of carer</i>	<i>Which of these responses are typical (i.e. sustained and repetitive) or isolated?</i>
<i>Perplexity and curiosity: child wants explanation, resists being fobbed off and repeatedly enquires</i>	<i>Pride, patience and tolerance: carer repeatedly tries to explain things in different ways</i>	Carer loses temper, tells child to shut up; feels child is making him or her look stupid	
<i>Pride, pleasure, anticipation (wondering about the impact) after saying something rather clever and unexpected</i>	Carer <i>praises, congratulates</i> and feels <i>proud</i> of child	Carer is <i>angry</i> and smacks the child; later <i>harangues</i> child about 'knowing your place'	
Feigned <i>excitement</i> and interest (trying to divert attention from real motive)	1. Carer is <i>amused</i> and plays along with 'game', but eventually exposes real motivation 2. Carer exposes 'game' at the outset and prevents it but doesn't make fuss; instead, carer is intrigued and <i>proud</i>	Carer is <i>shocked</i> and <i>angry</i> that child could be so devious; punishes child through 'time out' or physical chastisement	
<i>Hilarity, excitement</i> and showing off: child is playing to peer audience, feels <i>proud</i> and <i>elated</i> ; knocks over vase, can't stop <i>laughing</i> for a few seconds	Parent realizes where child is at emotionally; looks stern but doesn't speak, just waits, then <i>speaks gravely</i> to child; gets child to help clear up	Parent launches at child <i>angrily</i> ; <i>shouts abuse</i> and grabs child by arm and drags child out of room (child is <i>frightened</i> and <i>humiliated</i>)	

Table 8.3 Facilitating or impeding psychological development in children aged 3–4 years

<i>Mental faculty</i>	<i>Environment–atmosphere factors facilitating development of mental faculty</i>	<i>Environment–atmosphere factors impeding (i.e. potentially abusive to) development of mental faculty</i>	<i>Parental/carer behaviour facilitating development of mental faculty</i>	<i>Parental/carer behaviour impeding or impairing (i.e. potentially abusive to) development</i>
<i>Intelligence</i>	Similar to third year. Stability, security, safety; welcoming peer group involvement and shared learning; increased availability of diverse mental stimuli/play	Similar to third year. Instability, risk danger, social deprivation; isolation from peer groups; no provision of appropriate mental stimuli, or facilitation of exploration and experiment	Similar to third year. Encouraging, praising, readily responding to child's ceaseless curiosity; help to accomplish tasks, learning means and ends; reinforcing previous learning	Similar to third year. Intolerant and punitive of child's curiosity; interpreting child's increased understanding as 'too clever' or 'threatening'; restricting peer group access and imaginative play
<i>Memory and recognition</i>	Similar to first, second and third year. Stability, security, safety, consistency, habit, routine, availability of intelligence-, perception- and attention-enhancing play and activity	Similar to first, second and third year. Risk, violence, tension etc., that lead to child's memory being dominated by recall of painful events (particularly domestic violence)	Similar to first, second and third year. Supportive involvement in all intelligence-, perception- and attention-enhancing play and activity; highlighting connections, explaining means and ends	Similar to first, second and third year. Emotional and physical abuse of child; domestic violence; no involvement in intelligence-, perception- and attention-enhancing play and activity; hostile and punitive attitude to peer group activities
<i>Perception</i>	Similar to first, second and third year.	Similar to first, second and third year.	Similar to first, second and third year.	Similar to first, second and third year.

<p>Environment facilitates child's continuous perceptual exploration in sight, sound, hearing, smell and tactility</p>	<p>Instability, insecurity, risk, violence; smoke-filled rooms; shut windows and so on; no diversity and expansion of perceptual stimuli</p>	<p>Encouraging child to explore diverse sensory experiences; sharing child's sense of wonder and discovery in sensory world; sharpening child's perceptual antennae that will alert to numerous dangers</p>	<p>Violent, dangerous; ignoring child's constant curiosity about sensory experiences; confining child for long periods to locations in which new sensory stimuli is limited or absent; punishing child for sensory exploration</p>
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Attention

<p>Similar to first, second and third year. Stability, security, safety; longer periods of calm and quiet; availability of diverse sources of attention, in and out of home</p>	<p>Similar to first, second and third year. Modelling attention; demonstrating benefits of attentiveness; patience, tolerance, enthusiasm in sharing child's interest in objects on which attention is focused</p>	<p>Similar to first, second and third year. Violent, dangerous; repeatedly and abruptly interrupting child's focus and attention; overstimulating child physically, mentally and emotionally</p>
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Speech

<p>Similar to third year. Stability, safety, security; environment in which expansion of speech repertoire is encouraged and celebrated</p>	<p>Similar to third year. Violence, constant friction, human voices laden with threat and aggression; silent, excessively confined world in which there's no vocal stimulation</p>	<p>Similar to third year. Physical and emotional abuse of child (sustained and repetitive); avoiding or ignoring child; isolating child from peer groups; punishing child for speaking</p>
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(Continued overleaf)

Table 8.3 (continued)

<i>Mental faculty</i>	<i>Environment–atmosphere factors facilitating development of mental faculty</i>	<i>Environment–atmosphere factors impeding (i.e. potentially abusive to) development of mental faculty</i>	<i>Parental/carer behaviour facilitating development of mental faculty</i>	<i>Parental/carer behaviour impeding or impairing (i.e. potentially abusive to) development</i>
<i>Moral sense</i>	Similar to second and third year. Boundaries between right and wrong well established in respect of behaviour and response to others; numerous role modelling for boundaries set	Similar to second and third year. No moral boundaries; imbalances of power; tasks and challenges within family surmounted by confrontations, fights and threats	Similar to second and third year. Tolerance, patience, consistency and role modelling in teaching about moral boundaries; disapproval of behaviour expressed in voice, facial expression and sanction	Similar to second and third year. Demonstrating no moral sense in behaviour; insensitivity and unfairness in relationships; inconsistent in approval and disapproval of right and wrong behaviours

and poverty may adversely impact upon parents' abilities to provide the environment and conditions conducive to progressive psychological development; the expanding social world of the child increases the financial and material demands made of parents. Third, the development of a moral sense within overall psychological development may become problematic to some parents, for two main reasons: (a) because of the frenetically active imagination of children in their fourth year, in which they are ceaselessly constructing a make-believe world; (b) in the second, third and fourth years, most children have been told untruths repeatedly as perfectly legitimate diversionary tactics by parents. The problem arises when children (usually in their fourth year) discover the manipulative, controlling function of untruths, and begin trying the same themselves.

Another noticeable feature of development in the fourth year is the increasing interdependence and simultaneity among the numerous mental faculties. Activating intelligence for example necessitates the use of memory, perception and attention. All these faculties have been operating and developing simultaneously since the first year, but the simultaneity becomes so much more obvious as the child gets older. This also means that if a particular environment and/or atmosphere is conducive or abusive to the progressive development of one faculty (e.g. intelligence) they're likely to have the same effect on others (i.e. memory, attention and perception) – see Table 8.3.

Summary

Significant emotional and psychological development in the fourth year include: (1) the child's more subtle exploitation of emotion and emotional expression; (2) greater capability in masking and controlling emotion; (3) the ability to project emotional states onto imaginary characters whom they have created; (4) frenetic imagination and startling utterances that reveal simultaneous advances in the control of emotion, and in the development of *intelligence, memory, attention, perception, speech* and *moral sense*; (5) a consolidation of the child's sense of identity. All these advances can pose real difficulties for parents lacking confidence in their child-rearing abilities, or those facing additional struggles such as domestic violence, community stigma, social and economic deprivation, or marriage break-up. Such conditions, as with the case of 3-year-old Anwaar and her single-parent mother Rasheeda, can often render parents (a) incapable of responding emotionally appropriately to the child, or (b) incapable of providing the environment and parental behaviour necessary for the progressive development of the child's mental faculties.

The fourth year is also a time of increased risk in the moral development of the child. Children in their fourth year are physically advanced enough to

arouse the interest of sexual abuse predators. Their natural curiosity and exploration of their own genitalia can facilitate predators' attempts at grooming, in which the child is corrupted into believing there is nothing wrong with an adult joining the bodily exploration. The child can also be corrupted through learning that there is 'benefit' in lying, cheating, stealing etc. Whatever the divergence of opinion on definitions, no one contests that corrupting a child is a form of psychological abuse.

Questions/Exercises

- 1 Identify at least three commonly observed milestones in emotional development in 3 year olds.
- 2 Describe (or imagine) an occasion in which a 3 year old demonstrated emotional control, or emotional 'masking' or emotional manipulation.
- 3 Provide a brief profile of any 3-year-old child whom you believe has not attained these milestones, and describe in detail the behaviour that led you to that conclusion.
- 4 Identify at least three commonly observed milestones in psychological development in 3 year olds.
- 5 Give some examples of behaviour in 3 year olds demonstrating the fact that emotional development and psychological development occur simultaneously.
- 6 Recall 'clever' utterances of 3 year olds, and explain what is happening in terms of emotional and psychological development to enable children to make them.
- 7 Identify some important functions of imagination in 3 year olds.
- 8 Why might stifling or punishing imaginative play constitute psychological abuse?
- 9 Describe three inappropriate repetitive (potentially abusive) emotional responses of a carer to a child who is feeling and expressing a particular emotion(s).
- 10 What environmental conditions and repetitive parental behaviour are likely to be damaging to the development of the child's perception?

9 4 to 5 Years Old

Introduction

This chapter explores the emotional and psychological world of children in the fifth year of their lives. Their social world has been rapidly expanding, and many of them are likely to spend more time in the company of their peers and teachers than they do with their parents. The nursery, classroom, playground and community are locations that offer the observer ample opportunity to (a) learn about the quality of emotional and psychological care they have experienced in their earlier years, and (b) see the impact of their emotional and psychological development within their social world.

The chapter will explore continuing fifth-year developmental advances in, and impediments to, *perception, imagination, memory, attention, moral development, gender and identity*. Within gender, the child's perceptions of male and female sharpen and consolidate, and within the influences that shape identity lie the potential for (a) openness and respect of differentness, and (b) racism, sectarianism and bigotry. 'First day at school' poses major problems of emotional and psychological adjustment for many children; we will explore these challenges. In the child's expanding social and educational world, individuals other than parents may become highly significant in the child's life; they could also be an ameliorative source for abused children. The chapter will provide detailed observations of a 4 year old emotionally and psychologically abused child, and will conclude with frameworks enabling workers to explore environments and behaviours that make such abuses likely or improbable.

Emotional development

Controlling emotion

The most significant emotional development from birth is always the extent to which children learn and are able to demonstrate the control of emotion. This

development is accelerated in 4 year olds by two factors: (1) the simultaneous development of mental faculties, particularly *intelligence* and *perception*, and (2) the constant practice they gain among parents, siblings and peer group (in nursery and playgroup activity). One of the most dramatic manifestations of the improving control of emotion may occur like this: a child believes he has been hard done by (because his parents have not allowed him an extra piece of cake, or to stay longer at his best friend's house etc.). Previously, parents may have expected a raging tantrum, or maybe a protracted argument. But something entirely different often occurs from four years onwards. The child is *angry*, *disgusted* and full of *contempt* but walks silently away. Those emotions are powerfully felt but firmly controlled. The child may go to the other end of the house, or to his bedroom, or into the garden, or, in extreme cases, may actually go out of the house and just walk away. He is not just demonstrating control of emotion but also symbolism. The symbolic act (over-laying the suppressed emotion) is likely to have much more effect than a tantrum.

Here is a less dramatic but equally significant control of emotion, combined with rapid development of mental faculties, including speech. Seyma (aged 4.5) is staying with a distant relative, an aunt, who's taking her shopping. Seyma sees a child's multi-coloured umbrella that she likes. This is the recorded conversation:

'That's a lovely umbrella,' Seyma says.

'Isn't it lovely?' said her aunt.

'I really like that umbrella.'

'Do you?'

'I do.'

There is a silence in which Seyma feels awkward. Then she says, 'I have an umbrella, you know, but it's broken.'

'Is it?'

'It is.'

Her aunt sustains the suspense for a little while longer, and then says, 'Would you like me to buy you that one?'

Seyma smiles embarrassingly and nods.

The tone of Seyma's speech would denote that she is aware of the need for a different approach to getting what she wants; this is not the way she would behave or speak to her mother. The calm, quiet way she probes the issue is striking; each question and each response bring her nearer, but when she's nearly there, she has to endure an awkward silence; then she takes a calculated risk, mentioning her own broken umbrella. Probably the most interesting

feature of the exchange is the fact that she knows her aunt is playing with her; she can read that play from her aunt's eyes, facial expression and tone of voice. But she knows and feels that she has to play along too. She is not yet able to say pointedly, 'Are you going to get it for me or not?'

The emotional repertoire continues to expand rapidly in the fifth year. Previous patterning in the dominance of positive and negative emotions undergoes substantial change. *Contempt* is increasingly felt and expressed in varying ways by 4 year olds, for example by withering looks, and/or repetition, emphasis, and enormous tonal range in uttering particular words, making it impossible not to recognize the contempt: 'My ball; it was *your* fault; it was YOU who said' and so on. Four year olds also begin to experiment with irony. They will have to wait another year or two to express it accurately and appropriately, but they can easily recognize heavy irony and gentle mockery that is addressed to them.

Perception

Four year olds make enormous strides in perceptual development. In addition to the ever-expanding sensory world (within school, peer groups, travel etc.) they commonly identify and label whatever interpretations they place on sensory experiences. The most significant aspect of this development is their new-found ability to categorize people in accordance with whatever their perceptions of people are. In previous years children's perceptions of individuals were more limited: they were typically based on how the person looked, sounded, dressed and so on. But 4 year olds see individuals in a more holistic light. They begin to recognize features of personality, habits and idiosyncrasies that have impacted upon them perceptually. They may speak openly of such perceptions, and they may banter and label that person accordingly, for example 'crazy', 'busy', 'noisy' or 'slowcoach'.

Memory

Kayi (aged 4 years and 3 months) is asked by his father if he knows where his mobile phone is. He replies, 'It's in the conservatory, where the blackboard and chalk are . . . on the wooden part [the sill] below the window'. Mary (aged 4 years and 8 months) is telling her grandfather where her uncle lives, as they drive along: 'Well, you see that hill, you go up that hill, and round the corner, and you come to a road on your left, and it goes over a bridge, then you turn right, and you go along, and then you turn left. When you see a small green car, and a big white one, that's uncle George's.'

Four year olds have phenomenal memories. Parents unconsciously

cultivate their children's memories in a thousand different ways. We can safely assume that abuse and the painful memories it embeds are not conducive to the progressive development of memory.

Empathy

Children make great strides in empathic responses in their fifth year. Geraldine (aged 4 years and 2 months) has a mother who suffers from severe migraine headaches. She confines herself to bed in a darkened room as the only means of coping with the pain. Geraldine now senses when the migraine will strike. She tells her mother to 'go to bed' a day or two before she needs to, and that she (Geraldine) will look after her. Geraldine is able to ring her grandparents who live nearby and tell them how her mother is doing. She is able to ask, 'Can you come round?' if she can't cope. Her mother lavishly praises her for this empathy and compassion and, when she's recovered, will reward her.

Some children endure the opposite response. Imagine a 4 year old consistently reaching out to a parent in the throes of addiction, mental illness or chronic pain, and repeatedly being repulsed, resented, rejected or punished for their efforts. Such emotional responses are so destructive and wounding, and eventually will condition the child into believing and feeling that *tenderness* and *compassion* and *sympathy* are too costly and too risky. This is a potentially disastrous occurrence in emotional development. Psychologically, the parent's behaviour will initially be incomprehensible and utterly confusing to the child. *Perceptions* will become distorted, *memory* preoccupied with (and repeatedly evoking) the painful emotions endured (*rejection*, *humiliation* and so on), and the child's developing moral sense can make no sense at all of such behaviour.

Moral development

Lying

The lies told by parents increase in number and variety, but 4 year olds can more easily expose them as rather feeble attempts to maintain control and organization. They are also beginning to sense the insincerity of adults, but also become aware of the increasing complexity of human behaviour and reasoning. They witness and hear parents (a) making weak excuses (which they can easily demolish); (b) changing plans, reneging, contradicting each other; (c) breaking promises; and (d) lying repeatedly in response to unsolicited calls. Four year olds consequently become adept at making excuses themselves, with the occasional lie thrown in to avoid capitulation or exposure.

Violence and morality

All kinds of parental, family and environmental factors contribute to the emerging moral sense. Comprehensive assessment includes the goal of determining the essence of that moral sense and the principal contributors. If there are distinct patterns of distortion or perversion in a 4 year old's developing moral sense (manifest, for example, in (a) repetitive violence against a smaller child without remorse or regret; (b) selfishness upheld by violence; (c) repetitive cruelty to pets; (d) compulsive coveting and confiscating the possessions of others; (e) blatant, conscious and repetitive lying for personal gain) then one may conclude that, for whatever reason, progressive social, emotional and psychological development is being impeded. One of those reasons may be that the child is being emotionally and psychologically abused (including being corrupted) in a distinctly violent context.

Imagination

Imagination and fantasy continue to play a vital role in the child's life. They will increasingly be used opportunistically. If the child is facing difficult challenges, awkward questions or unwelcome demands, he or she will have recourse to a near frenetic imagination to excuse or delay. Four year olds may ruthlessly compete in imaginative play. They spontaneously put down someone else's suggestion, or significantly change it (so that they may play the main role), or dismiss it entirely as 'boring' or 'done it before'. They are quite forthright in rejecting adults' suggestions for imaginative play, as they are already, in many respects, competing with adults, whom they know are well capable of 'much more impressive and novel ideas'. The whole point of imaginative play is in enhancing one's role and influence in the world – not likely if parents create the imaginative world themselves and dictate the roles to be played in it!

Identity

Birthdays for two years don't make much sense, though they may be the source of a great deal of fun and pleasure. The third birthday just about makes sense, particularly the benefit of presents given to you personally, and no one else, and a cake with three candles that only you can blow out. It is often during the fifth year that children gain a greater understanding of birthdays; that they're about passing particular milestones of growth, weight, strength, cleverness, differentness, education and so on; that one is very special (at least for the day), the one for whom every visitor bears gifts. From the age of 4

onwards, birthdays concentrate children's minds on themselves in a way not possible before; they are a significant spur in the moulding of identity and perception of self.

Identity is substantially influenced by parents. In the 4 year old's growing awareness of differentness lies the potential not only for (a) pride in oneself and all aspects of self, or in one's gender, family, group, colour, language and culture, but also for (b) negative perceptions of others. At 4 years of age, children begin to hear and understand what their parents think and feel about those of a different family, group, language, colour and culture. Herein may lie the seeds of openness and respect for difference, or of racism, sectarianism and bigotry. The process by which parents over many years inculcate in their children perceptions that are ultimately destructive of themselves and others is another example of corruption.

Gender

Gender identity is consolidated in the fifth year by parental and societal influences. The child (a) more consciously and purposely seeks companionship with the same gender; (b) frequently alludes to an awareness of his or her own and the opposite gender; (c) constantly reiterates preference for, pride in and allegiance to his or her gender; (d) expresses mockery and contempt for the opposite gender, and becomes familiar with many of the traditional roles assigned to each; (e) becomes much more inquisitive and explorative about his or her own genitalia, and those of the opposite gender.

The four year old's intensifying fascination in and exploration of their own genitalia is a perfectly natural process that contributes to related aspects of development, that is, social, sexual, emotional and psychological. But, as with 3 year olds, therein lies the potential for sexual exploitation by adults. Some parents/carers can be upset and embarrassed by their child's inquisitiveness, especially when they are invited by the child (in the company of others) to share in the exploration. Four-year-old Martha contorts herself into a position specifically for the purpose of asking her aunt and uncle to 'look at my wee'. Some parents may even adopt punitive measures to counter this normal behaviour. That will do nothing at all to minimize the risk of sexual exploitation, and may in fact increase it.

Starting school

Many children will start in reception classes some time during their fifth year (4–5). The first day and weeks will present a significant challenge for them, necessitating substantial readjustment on the part of the child, and a good

deal of patience on the part of the parent. For some children, the problem is invariably created by parents, aunts, uncles, grandparents, neighbours etc. In the weeks preceding the child's first day at reception class, all these well-intentioned adults will have induced in the child a belief that starting school is something to be remembered and cherished, an event of great significance, a day of adventure, fun and games, new teachers and friends. When the day arrives, there are many more rituals to be undergone before the child departs. Everyone wants a photograph of the child in her school uniform. 'Turn this way darling . . . thanks . . . over here . . . look up, Angela, thanks! And back round this way again darling.' I recall my own granddaughter's increasing irritation at this ordeal, and suddenly snapping, 'I can't look at two cameras at the same time!'

No sooner do parent and child reach the gates of the school than the parent may realize that the big adventure was perhaps a little oversold. The child is likely to grip the parent's hand more tightly. She walks into a playground that is abuzz with hundreds of children, none of whom she may know. Unlike kindergarten or nursery school, she sees children of all ages, and all of them seemingly older than her. The activity in the playground is frenzied. Everyone seems to be on the move, running, jumping, shouting, screaming, laughing, crying, arguing, fighting. Our child dreads the moment her parent must leave her. She clings all the tighter.

Little wonder that in the first days, many children experience the 'fear, anxiety and helplessness' that Blagg (1992) writes about in his study of school phobia. Some children may actually refuse to go, will sob constantly, have sleepless nights, wet the bed and scream in panic if parents attempt to force the issue. How parents react is crucially important. Many parents will realize that they themselves are the cause; they will reassure their child that it's perfectly normal to feel as they feel, and that they will stick by them, always be around, and that things will get better. Other parents may react differently; they may perceive their child to be at fault in some way; too timid and weak, too indulged; they may react to the child's fears, panic or clinging with *dismissal, threats, resentment, anger, shame* and *embarrassment*. Nevin (1997) described the catastrophic long-term consequences of such abusive responses to one of her adult patients on the day he started school.

'Significant other'

When workers believe that parents are abusing emotionally or psychologically, and that the child appears to be 'less damaged' or 'more resilient' than they expect, they should consider whether or not there are any potential or actual ameliorating factors in the child's life. Abused school-age children may be fortunate in having alternative emotionally and psychologically enhancing

relationships in new, novel, safe environments (Gilligan 2004). These include the school classroom, playground, the sports field, or the street in which the child lives. The relationships may be with a best friend at school or in the street; the next-door neighbour (who is aware of what's happening at home and has taken a particular and caring interest in the child); an older sibling who really does like the child and purposely tries to shield him or her from differing aspects of the emotional and psychological abuse; an aunt (such as the one who often rescued Andrea Ashworth (1998) from the multiple abuses of her childhood); an uncle, grandmother or grandfather. If the child is materially well off, with both parents working, the ameliorating relationship could be with the daily childminder, cleaner, tradesman, gardener (the gardener was crucially significant in the life of Dibs; Axline 1964). Perhaps the most obvious potentially valuable relationship is that between the child and teacher. Last but not least, a pet (dog, cat, bird etc.) may be the most 'significant other' in an abused child's life, as popular fiction often reminds us (Hines 1969; Gamble and Young 2004).

Case history

Like most emotionally and psychologically abused children, Mark, aged 4 years and 10 months, was referred to social services as a case of neglect and physical abuse. Mark's mother, Jeannette, is 27 years old and a single parent who has been admitted to psychiatric hospital on numerous occasions, suffering severe depression, with suicidal tendencies. On the occasion of the social worker's visit, Jeanette sits with her elbows on her knees, staring into the floor. She is totally unresponsive to either the worker or her son Mark. They live in a bed-sit, in the inner city, an area well established for prostitution and drug trafficking. It is sparsely furnished, with heavily stained carpets and chairs. There is little light getting past the makeshift curtains. The uncleaned windows are shut tight. The living room smells dank and fusty and the kitchen smells of stale food. An ancient TV stands in the corner, switched on, with no sound. A few plastic toys are scattered about the room. There are no family photographs. Jeanette's family live in another city. She does not have any real friends in the locality, though an elderly neighbour is particularly kind to Mark.

Mark seems apprehensive about the social worker's visit. He sits watching and listening, but he mirrors his mother's posture with his head lowered, and his glance darting to the floor whenever the worker looks at him. The worker tries to engage him but he seems to stiffen more. Jeanette is provoked by Mark's lack of response to the worker (even though she is totally unresponsive herself) and shouts aggressively at Mark. He then seems paralysed with fear, as though she might strike out at him. The worker assures

mother and son that the questions can wait. During this and subsequent contacts, the worker never witnesses an emotional interaction between mother and son characterized by warmth, sensitivity or care.

Later, Jeannette admits beating Mark. She can't help herself; she loses control. She tells the worker about her psychiatric history. She is terrified of losing Mark, but each time she beats him, she expects to lose him. She says she knows that he is scared of her, and sometimes it is his fear of her, his helplessness, his waiting around her, and not being able to run away from her that provokes her into beating him. He just seems to accept the beatings.

Jeanette's insight is compatible with the worker's subsequent observations and the outcome of the investigation. Mark has little sense of himself as an individual; he never at any point refers to himself as 'I'. His very limited speech is expressed in the most subdued, apprehensive way, as though there is risk accompanying every word. His *attention* is negligible, and seems to be entirely concentrated on the words and actions of others rather than on his own activities, which lack any kind of self-absorption. His conceptual understanding is limited; he seems unable to appreciate the simplest humour; he never smiles or laughs. The predominant emotions he expresses are *apprehension*, *fear*, *anxiety*, *sadness* and *helplessness*. He is incapable of empathizing with his mother's illness; unable to convey to her his concerns, or to offer help; her illness only provokes *fear* and *anxiety* in him.

In Mark's reception class at the local primary school, his teacher has numerous concerns. His attendance is erratic, presumably as a consequence of his mother's recurring illness. He often turns up, unkempt, unwashed, with unpleasant odours. He is repeatedly marginalized, picked upon, exploited and abused by other children. The teacher's main concern is that he never cries out for help but seems to accept this treatment as his lot; unlike his mother's illness, it is predictable.

In schoolwork Mark is seriously lagging behind. He does not engage in imaginative play; his faculty of *attention* is weak; his *memory* recall of previous learning is poor; he never volunteers for any activity or competes. It is obvious to the teacher that Mark gets little or no help with homework from his parent. His mother has not attended any of the parents' and teachers' events. The school has previously referred Mark to Social Services through its child protection liaison officer, not for any physical abuse signs, but because of a shared view among staff that he is a profoundly unhappy child, unresponsive to the efforts they are making on his behalf.

Comments on observations

Typically, many workers looking at this case would be preoccupied by the child's present crisis and suffering. But more significant and challenging are the long-term abusive processes underlying that suffering. As we move year by

year to another age category, the contrasts between normal and impaired emotional and psychological development become much more stark. This emotionally and psychologically abused child has yet again gone into another year without having reached vital milestones in the previous years. These milestones have a structure, a logic, an order and a connectedness between them. If the child does not reach a particular milestone, emotional or psychological, it will assuredly be more difficult to reach the one that logically follows. For example, we have looked at some remarkable achievements of 4 year olds in controlling emotion and emotional expression for gain in specific situations. This achievement has only been possible through reaching various emotional and psychological milestones in earlier years. Mark is so far behind in developmental terms that the question of emotional control and manipulation does not even arise. Mark hasn't even learned to freely express emotion, let alone manipulate and control it. All his felt and expressed emotions appear to be negative. In addition to this substantial emotional impairment, the *creative and developmental potential* of Mark's mental faculties is far from being realized. His educational prospects are, therefore, exceedingly limited. His attempted integration into a social world is fraught with difficulties and challenges, which, in his existing parental and environmental context, he cannot possibly surmount.

None of the professionals involved contest this assessment. But all previous assessments concentrated on the mother's mental health problems and on the risk of *physical* danger to the child. Mark had actually been removed on numerous occasions previously, for short periods, and then returned, when the 'danger' had subsided. This is not untypical: the preoccupation with a *risk* of physical abuse, and the failure to see actual emotional and psychological abuse, silent, imperceptible, and so often irreparable in its destruction of small children's lives. For that reason, the emphasis on the emotional and psychological life of the child is maintained in Tables 9.1, 9.2 and 9.3.

Summary

Most children will begin some form of education in their fifth year. They will be in the daily presence of peer groups and teachers, immersed in work and relationship building, and forging their own identities. Their social, emotional and psychological worlds will expand dramatically, and the standard of emotional and psychological care of previous years will constantly manifest itself in their behaviour towards adults and children alike. The most conspicuous development in many fifth-year children is the control of emotion. They realize and they feel the power of emotion, to influence, to manipulate and impress. These considerable advances, however, are only possible when previous milestones in emotional development have been reached.

Table 9.1 Emotions and emotional expression in children aged 4–5

<i>Positive emotions observed</i>	<i>Dominant expressive feature of emotion</i>	<i>Less positive or negative emotions observed</i>	<i>Dominant expressive feature of emotion</i>
<i>Enthusiasm, anticipation, glee</i> (about to insert money in savings piggy for camera)	Eyes fully open; mouth fully open; all teeth showing in smile; mouth seems to be moving in anticipation of coin dropping; an 'am I not clever?' look	<i>Despair, frustration</i> (the result of failure to complete a task)	Mouth clenching and brief yell; eyes wide open, staring and cold; then arms folded, eyes half closed and melting with tears
<i>Gratification and pride</i> (pretending to have a baby with pillow up her jumper)	Slight smile constrained with prominent tongue on upper lip; eyes have impish look; hands clasping 'baby' in womb	<i>Despair, apathy</i> (the result of long-term abuse)	Face totally unresponsive to surrounding world; head lowered, stare fixed, limbs limp; permanent bodily posture of lifelessness
<i>Curiosity and perplexity</i> (trying to solve a problem)	Fixed stare on problem object; mouth closed tight, though occasional slight movement of lips; one hand on head, winding hair through fingers	<i>Feigned disgust and hatred</i> , on saying, 'I hate boys!'	Mouth contorted, shrivelled and closed tight), though with a slight hint of concealed smile; nostrils dilated; eyes wide open, staring at listener, head tilted

Starting school will quickly lead to rapid development in the child's *perception, memory, attention, intelligence*, ability to *empathize* and *moral sense*. In perception, one of the most significant developments is seeing others in a more holistic light. Children begin to recognize features of personality, habits and idiosyncrasies that have impacted upon them perceptually, and they may label the person accordingly. The memories of fifth-year children are phenomenal (and embarrassing when the child recalls a detail that undermines whatever point the parent is trying to make). The developing moral sense is probably the most challenging area for parents. The 'lies' that parents have frequently told the child are increasingly exposed, and the child is still immersed in a world of make-believe and fantasy.

Table 9.2 Emotional interactions between 4–5 year olds and carer(s)

<i>Emotion(s) felt and expressed by child + stimulus</i>	<i>Appropriate emotional response of carer</i>	<i>Inappropriate emotional response of carer</i>	<i>Which of these responses are typical (i.e. sustained and repetitive) or isolated?</i>
<i>Resentment (being marginalized or ignored by adult or group); protesting</i>	Carer realizes the cause, stoops to child's level and involves child in discussion/activity	Carer <i>jerks</i> child and warns him or her to 'stop it'	
<i>Compassion and empathy in child who reaches out to sick parent</i>	<i>Pride, gratitude</i> but <i>regret</i> that child has to see parent in this condition	<i>Rejection</i> of child's compassion and empathy; subsequent ignoring of child	
<i>Aggrieved at perceived injustice; protests by walking out of house and along road</i>	Initial <i>shock, relief</i> and then concealed <i>pride</i> ; parent attempts to explore child's sense of grievance	<i>Anger</i> and intent to <i>punish</i> ; parent makes no attempt to understand child's thoughts and feelings	
<i>Children are exploring their own genitalia; curious, excited, mystified and amused</i>	Parent <i>amused</i> and pretends little interest in activity, but later takes opportunity to discuss this with the child	Parent <i>shocked</i> and <i>disgusted</i> ; separates children; <i>angrily</i> shouts and warns own child about 'dirty' behaviour	

This chapter has looked at the cumulative effects of emotional and psychological abuse in a 4-year-old child whose mother has long-term mental health problems. It was obvious that the child had not reached the emotional and psychological milestones identified in previous chapters. Irreparable damage would have been done had he remained in the same environment, subject to the same abusive behaviours.

Table 9.3 Facilitating or impeding psychological development in children aged 4–5 years

<i>Mental faculty</i>	<i>Environment–atmosphere factors facilitating development of mental faculty</i>	<i>Environment–atmosphere factors impeding (i.e. potentially abusive to) development of mental faculty</i>	<i>Parental/carer and/or teacher behaviour facilitating development of mental faculty</i>	<i>Parental/carer teacher/pupil behaviour impeding or impairing (i.e. potentially abusive to) development</i>
<i>Intelligence</i>	Similar to fourth year. Stability, security, safety; welcoming peer group involvement and shared learning; increased availability of diverse mental stimuli/play	Similar to fourth year. Instability, risk, danger; social deprivation; in school: atmosphere of fear, bullying, racism, stigma, scapegoating	Similar to fourth year. Encouraging, praising, readily responding to child's ceaseless curiosity; help to accomplish tasks, learning means and ends; reinforcing previous learning	Similar to fourth year. Intolerant and punitive of child's curiosity; interpreting child's increased understanding as 'too clever' or 'threatening'; being bullied, subject to racist abuse, stigma
<i>Memory and recognition</i>	Similar to fourth year. Stability, security, safety; consistency, habit, routine; availability of intelligence-, perception- and attention-enhancing play and activities	Similar to fourth year. Risk, violence, tension, bullying and so on, that lead to child's memory being dominated by recall and anticipation of painful events	Similar to fourth year. Supportive involvement in all <i>intelligence, perception</i> and <i>attention</i> play and activity; highlighting connections, explaining means and ends	Similar to fourth year. Emotional and physical abuse of child; domestic violence; being bullied, subject to racist or sectarian abuse, stigmatized, rendered in constant state of fear
<i>Perception</i>	Similar to fourth year. Environment facilitates child's continuous	Similar to fourth year. Instability, insecurity, risk, violence; smoke-filled	Similar to fourth year. Encouraging child to explore diverse sensory	Similar to fourth year. Dangerous, violent or indifferent; narrowing and

(Continued overleaf)

Table 9.3 (continued)

<i>Mental faculty</i>	<i>Environment-atmosphere factors facilitating development of mental faculty</i>	<i>Environment-atmosphere factors impeding (i.e. potentially abusive to) development of mental faculty</i>	<i>Parental/carer and/or teacher behaviour facilitating development of mental faculty</i>	<i>Parental/carer teacher/pupil behaviour impeding or impairing (i.e. potentially abusive to) development</i>
	perceptual exploration in sight, sound, hearing, smell and tactility; moderation in use of TV/computer games	rooms, shut windows and so on; no diversity and expansion of perceptual stimuli; no restrictions in use of TV/computer games	experiences and difference in people and cultures; continuing to sharpen child's perceptual antennae that will alert to increasingly numerous dangers	shaping child's perceptions of difference in people and cultures; punishing child for normal sensory exploration
<i>Attention</i>	Similar to fourth year. Stability, security, safety; longer periods of calm and quiet; availability of diverse sources of attention, in and out of the home	Similar to fourth year. Instability, insecurity, unpredictability, risk, violence, constant noise and chaos sabotaging attention effort; child's world lacking in new, novel attention stimuli	Similar to fourth year. Modelling attention; demonstrating benefits of attentiveness; patience, tolerance and enthusiasm in sharing child's interest in objects on which attention is focused	Similar to fourth year. Violent, dangerous; repeatedly and abruptly interrupting child's focus and attention; over-stimulating child physically, mentally and emotionally
<i>Speech</i>	Similar to fourth year. Stability, safety and security; environment in which expansion of speech repertoire is encouraged and celebrated	Similar to fourth year. Violence, constant friction, human voices laden with threat and aggression; atmosphere of bullying, threat and intimidation	Similar to fourth year. Listening carefully to, repeating and encouraging child's speech within family and peer groups; storytelling; introduction to other languages; bilingualism facilitated and encouraged	Similar to fourth year. Physical and emotional abuse of child (sustained and repetitive); avoiding or ignoring child; punishing child for speaking; bullying child into permanent fear of speaking; mocking speech characteristics of child

<i>Moral sense</i>	Similar to fourth year. Consolidation of moral boundaries; breaches met by censure, emotional disapproval and discussion; numerous role modelling for boundaries set; atmosphere of openness and respect for difference among people and cultures	Similar to fourth year. Moral boundary nonexistent; imbalances of power; tasks and challenges within family surmounted by confrontations and fights; lying is for personal gain at someone else's expense; negative, hostile feelings for difference generated; atmosphere of bullying, racism, threat and intimidation	Similar to fourth year. Tolerance, patience, consistency and role modelling in teaching moral boundaries and respect for difference in people and cultures; disapproval of inappropriate behaviour expressed in voice, facial expression and sanction	Similar to fourth year. Demonstrating no moral sense in behaviour; inculcating in child prejudiced views and feelings about different people and cultures; teaching child about the personal gains to be made from immoral conduct (i.e. lying, stealing, bullying etc.)
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Questions/Exercises

- 1 Give three examples of 4 year olds demonstrating increased emotional control in interactions with carers, siblings or peer groups.
- 2 Name some of the more 'mature' complex emotions that you might see 4 year olds expressing.
- 3 Give some examples of the developments in perception, memory and identity in 4 year olds.
- 4 Identify some of the conspicuous developments in gender in 4 year olds.
- 5 Why is the developing moral sense a problematic area for parents?
- 6 Give two contrasting results of successful and failing moral development.
- 7 Differentiate between telling 'white lies' to a child and lying that ultimately corrupts the child.
- 8 Examine the case of Mark in this chapter. List the behaviours that you believe indicate emotional abuse and those that indicate psychological abuse.
- 9 After studying the frameworks, list at least two additional emotional responses by parents that, if sustained and repetitive, would constitute emotional abuse.
- 10 What environmental conditions and parental behaviour are likely (if repetitive) to be damaging to the child's developing moral sense?

10 5 to 12 Years Old

Introduction

The majority of children in child abuse enquiry reports are aged between 5 and 12. The reports reveal that they were subjected to emotional and psychological abuse in addition to the fatal physical attacks that killed them. This chapter explores environments and behaviours conducive to emotional and psychological abuse of 5 to 12 year olds, but as always, it will begin with significant milestones in emotional and psychological development. Circumstances can change dramatically during these middle years of childhood, substantially impacting on development. Such changes include school life and peer group activity, in which development may accelerate, or be seriously impeded. They may also include: (i) the emergence of unhappy parental relationships, friction, conflict, violence, separation and divorce; (ii) relocation to a different land, people and culture; (iii) parents ruthlessly driving children to academic success; (iv) reconstituted family and difficult relationships with step-parents; (v) parents succumbing to addictions. The middle years may of course see major positive changes: (a) the cessation of domestic violence through separation and divorce; (b) removal from situations of chronic abuse; (c) improved social and financial circumstances. Many of these positive and negative circumstances will be explored through discussion and case history. The frameworks for identifying emotional and psychological abuse will be modified for this markedly different age group.

Challenges in observation

A pervasive theme in virtually all child abuse enquiry reports on children aged 5–12 is the difficulty some social workers may have in observing and communicating with emotionally and psychologically abused children in that age group. The limited and misleading utterances of the abused children (*Worker:*

'How are you today?'; *Child*: 'Fine') was often accepted at face value, even though minimal but quality observation would have revealed at least something of the reality of daily beatings, torture, starvation, and chronic emotional and psychological abuse. Children's utterances, words of any kind, remain, for many childcare workers, more trusted and reassuring than silent, perceptive observation. In a radio interview two years after publication of the Laming Report, the principal worker still maintained that Victoria Climbié was a 'bright, happy, smiling' 7 year old who 'spoke three languages' (BBC Radio 4 2004b). In the Jasmine Beckford enquiry (Brent 1985: 293) the social worker 'averted her eyes from the children to be aware of them only as and when they were with their parents, hardly ever to observe their development, and never to communicate with Jasmine on her own'. In the most recent enquiry report to date (SWIA 2005) there are many instances of professionals in England and Scotland failing to observe countless indicators of emotional and psychological abuse of three children over a ten-year period. Trowell and Miles's (1991: 123) opening sentence in their article on observation remains as relevant today as when it was first written: 'Why is it so difficult to see what is going on in front of our eyes?'

Emotional and psychological development in the middle years

Our emotional lives are largely determined by the quality of emotional interactions in our first five years of life. In that earliest period, parents are the principal influence in expanding and patterning the child's emotional repertoire. In the 5- to 12-year 'middle' period of childhood, the intensity of the emotional relationship between child and parents will undergo fundamental change. Parents will still influence continuing emotional development, but so too, increasingly, will peer groups and the school environment. Teachers are ideally placed to observe the emotional life of 6 year olds. I asked two such teachers, one in England and the other in Denmark, a number of questions about the emotional lives of their pupils. Their responses are listed in Table 10.1.

Although there is common ground in these observations, there is nevertheless the slightest hint of cultural differences in emphasis and interpretation. For example, the Danish teacher appears not to encourage children attempting to mask emotions. Both teachers provide interesting examples of emotional control in social situations (perhaps more challenging than at home): one freely giving over his coveted banana, and the other restraining himself and cooling down. Both sets of observations confirm the primacy of emotion in continuous progressive social development.

Table 10.1 Observations of emotion in 6 year olds in British and Danish schools

<i>Questions on emotional life of 6 year olds in class</i>	<i>Responses by a British teacher of 6 year olds</i>	<i>Responses by a Danish teacher of 6 year olds</i>
Do 6 year olds have greater control over their emotions and emotional expression? Are they better at masking or concealing emotion?	Yes. Six year olds will try to avoid 'pouring out their emotions'. They will also 'bite their lip' trying to control emotion, to hide it from the observer	Yes. No to second question. We encourage emotional expression. Our children show emotion freely. We encourage openness. The children do not have to mask or conceal emotion
Can you remember any recent example of 6 year olds demonstrating emotional control in the classroom? Describe the occasion and the circumstances	Yes. A child controls his sense of loss for a banana! He gives it to another child who is uncontrollably bawling because he/she hasn't got one. The child was moved by the distress of another, but concealed well his sense of loss (and hunger) in giving	Yes. A problem child who needs much attention. But on this occasion, when he believed another child had broken his toy, and he spoke very harshly to the child, and we thought he might hit him, he walked out of classroom, to calm himself down
Are 6 year olds still influenced or affected by the teacher's facial expressions of approval and disapproval, as much as 4 to 5 year olds?	Yes, but not to the same extent as 4 to 5 year olds, though there may be occasions when the facial expression is still very powerful	Yes. Six year olds are cleverer at reading your face. They think more about it. They often read from my face what I want or feel. That is sometimes necessary, to see what mood I'm in
If a 6 year old misbehaves, and you are telling them off, do you rely more on your tone of voice and on your facial expressions, than on the words you speak, or do you rely on both?	On both. Six year olds are more receptive to 'talk', explanation and warning. They may also stare at you expecting, anticipating, hoping that your look of disapproval will helplessly convert to a smile or a giggle!	On both. My preference is always for words. The words will often suffice. Facial expression (e.g. anger) may sometimes help, though I try never to raise my voice as no good will come of it

(continued overleaf)

Table 10.1 (continued)

<i>Questions on emotional life of 6 year olds in class</i>	<i>Responses by a British teacher of 6 year olds</i>	<i>Responses by a Danish teacher of 6 year olds</i>
Do you teach any 6 year olds whom you think may have 'emotional problems', that is, they are emotionally withdrawn, or they express mainly negative emotions, or express emotions inappropriately?	<p>Yes:</p> <p>(1) A very extrovert child whose emotional repertoire is dominated by negative emotions such as frustration and anger, and a lack of emotional control. The 'in-your-face' type, uninhibited, spontaneous</p> <p>(2) A withdrawn obsessive child preoccupied with the minuscule, for example, tidiness of collar and cuffs; also has a serious eating disorder and eats far too little. His emotional repertoire is severely limited; vocal intonation unvaried</p>	<p>Yes:</p> <p>(1) Very angry child who hits and attacks other students; very aggressive behaviour, pinches and scratches; has grabbed my arm and dug her nails into my skin</p> <p>(2) A child who shouts all the time, shouts out answers even when she is not asked the question; wants to control every situation, and the class; her shouting is disruptive</p> <p>(3) Child who cries and hides under the table; he finds other places to hide; he waits to be seen and when you speak to him he will resume normal class activities</p>
How do you think these 'emotional problems' impact upon the 6-year-old child's general performance in class?	<p>First child: adverse impact on child's performance; <i>attention</i> limited due to vulnerable emotional state.</p> <p>Second child: able to cut off from the noise, chaos and activities around him to the extent where he can focus attentively and effectively on work, and perform adequately. But he does not communicate emotionally effectively with peers</p>	<p>First child would not get involved in class activities, group project, music, sport and so on; she refused tasks, sat and drew endlessly in book; seriously missed out on progressive learning and fell behind substantially.</p> <p>Second child: shouting doesn't necessarily slow her down academically but she often has to repeat her</p>

		<p>work because it is messy and disorganized; she wants to do everything too quickly, wants to get on to the next task; seems stressed. Third child: he does not focus on his class work and does not listen; he is falling behind; he's always saying, 'I can't do it', but I know that this is a cry for attention because he <i>can</i> do the work I set</p>
<p>How do these 'emotional problems' impact upon the 6-year-old child's peer relationship and play?</p>	<p>First child creates problems for himself among peers; exists 'on a short fuse'; is constantly demanding attention; his emotional responses to minor incidents are over the top, for example, floods of tears at slightest provocation; responds to praise by hugging teacher (or wanting to be hugged?); teacher often having to rescue him from consequences (on peer relations) of his actions. Second child is marginalized; doesn't share in emotional cut and thrust with peers; does not have usual eye contact with peers or teacher; emotional responses are minimal, but is not picked on by the rest of the class</p>	<p>First child: other children don't want to play with her because of her aggression; she has problems reading other children's emotions and reactions; she has only a few close friends. The second child provokes resentment because she wants to control games and activities so much; has few close friends; generally she does not have a good relationship with the whole class. Third child: emotional problems do not seem to affect his relationship and play; he is very cute and small and is a very popular child; class members want to play with him</p>

Emotional control and irony

Unlike in infancy and in early years, the 5 year old is increasingly conscious of and reflects upon aspects of the emotional experience and its cause. For example, if you asked them why they are angry, joyful, sad, afraid and so on, they could accurately tell you. The ongoing development in emotional control and psychological development generally, takes on added significance in peer group assimilation and relationships. Controlling emotion and knowing why it's socially necessary and advantageous to do so are crucial developmental milestones in the middle years (Shipman *et al.* 2005). Children aged 5 to 12 will also learn about, and increasingly express, more complex emotions that are necessary in identity forming and relationship building. More importantly, they will acquire the ability to observe and accurately interpret the increasing emotional sophistication of their peers, and the knowledge of why a particular emotional expression in one individual may trigger the same or different in another. Their ability to empathize in relationship building will increase significantly, that is, imagining the emotions of others and generating similar or same emotions in oneself. They will gain greater understanding of the conditions under which complex emotions are generated (Harris 1989) and of the relationship between specific emotions (e.g. *shame* and *guilt*) and social norms and social judgement (Forgas 1991). They will begin to understand ambivalence in emotional experience – why we experience contrasting emotions because of a single event (Harris 1989).

Having recently, in the fourth and fifth year, learned to detect irony in adult utterances, 5 to 12 year olds will increasingly use this communication tool themselves (Dews *et al.* 1996). It is likely to be simple and heavy irony initially, necessitating emotional expression and sarcastic intonation. It will later become more subtle, with the felt emotion(s) more cleverly disguised. Understanding irony and using it daily combines increasing emotional sophistication and verbal dexterity, enabling the child to detect and/or to convey partially concealed humour, sarcasm, meanness, criticism, banter, competitiveness, playfulness and so on. Irony is so frequently and pervasively used in modern societies that children must at least learn to recognize, interpret and cope with it in a civilized and effective manner.

Self-worth, self-esteem, self-confidence

Childcare literature conspicuously begins to use another language when charting the development of children beyond 4 years of age. Terms like *self-worth*, *self-esteem*, *self-concept* and *self-confidence* are increasingly used (Miell 1995; Coopersmith 1967; Frederickson and Cline 2002). What is often not acknowledged, however, is that the emergence of these 'states of self' is largely

dependent upon the progressive development of the child's mental faculties, particularly that of *perception* (McManus 1994). Self-esteem arises from children's *perception* of how they are impacting upon the world and upon the people they regard as the most significant. Most children make a positive impact on significant people most of the time, and they know it. They can *perceive* themselves contributing to their siblings' or peers' fun and play, and to their parents' happiness, pride, unity, strength and creativity. From 4 or 5 onwards they may even on occasions perceive themselves as their parents' teachers. Perception of self is at the core of self-esteem, self-worth and self-confidence.

Sometimes the children of parents separating in acrimony and bitterness are exploited in such a way that they perceive themselves very differently. They are made to feel, see and hear that they are a contributory factor to the separation, and later, a sustaining influence on the parents' intensifying conflict. This has a devastating effect on self-esteem and self-confidence. It is also likely to adversely affect the creative and constructive functioning of *memory*, *attention*, *intelligence* and *moral sense*.

Other factors over which children have no control may adversely influence perception of self. Chase-Lansdale *et al.* (1996), for example, plot the course of impact on the development of 5 to 6 year olds whose parents endure economic hardship through unemployment. These authors established that the impact was greater (i.e. more adverse) for children of African-American parents than for those of white parents (whose ameliorative resources were more substantial). Aguilera-Guzmán *et al.* (2004) pursued similar exploration specifically among Mexican children whose fathers, of necessity, migrated to the USA. Berger (2005) correlates between physical abuse and low income in single-parent families. In such experiences the potential of children, abused or not, to perceive themselves and their influence on significant people positively is diminished.

Intelligence

Intelligence is the mental faculty that most parents will rightly regard as crucial as the child embarks upon a formal education that may last 12–15 years. The development of intelligence, however, is not just crucial for academic success but also for virtually all aspects of social, emotional and psychological development. Intelligence development is a process influenced (positively and adversely) by environment, and childcare workers should be aware of when that influence is positive or negative. Here is what two of the world's experts and life-long researchers on *intelligence* development have to say:

If you do not accept that the development [of intelligence] can be influenced by the environment (and that as teachers and parents we have some control over the environment) then you condemn humankind to a deterministic world in which IQ is some sort of fixed function of an individual and the whole educational enterprise is called into question.

(Adey and Shayer 2002: 4)

Adey and Shayer provide six pillars for an environment conducive to *intelligence* development. They are derived in the main from the pioneering works of Piaget (1953) and Vygotsky (1979). Childcare workers are familiar with environments that are not conducive to the progressive development of intelligence. These are characterized by attitudes, behaviours, poverty, violence and deprivations that cumulatively guarantee the impairment of *intelligence* (Morse *et al.* 1970; Martin *et al.* 1974).

School life

Every parent thinks of their 2-, 3- and 4-year-old child as a really unique character. In the middle years, the child will cultivate that uniqueness much more assertively, or infuriatingly. Children aged 5 to 7 are often notoriously fickle and undecided on what they may do to occupy themselves at various times. Intermittent boredom (because they often cannot decide) is a feature of their lives. Any parent suggesting what they may think is an activity at least better than boredom, is likely to be told to get off! Or, even more frustratingly for the harassed parent, no sooner has the 5 or 7 year old sat down in agreement to engage in some activity, than they bounce up again and say, 'I'm bored!' Generally speaking, however, they will pursue particular interests, hobbies, relationships and so on that are unique and important to them, that have status and acceptability within their social world, but nevertheless are an expression of their individuality and the increasing mastery of their own lives. They will discard the 'babyish' cartoons and books, and the sentimental saccharine-sweet television programmes that lured them from the feet of their frustrated parents in earlier years, and they will seek out much more exciting, irreverent, realistic and darker fictions (provided in abundance, for example, by Roald Dahl and J.K. Rowling). School life will greatly accelerate this transition, as it will (in *normal* circumstances) accelerate emotional and psychological developments as a whole. The range of activities in school life, the daily interactions with teachers and pupils, the constant challenges in each subject area – all these factors normally enhance the development and function of *intelligence*, *perception*, *memory*, *recognition* and *attention*.

They may not do so, however, where *abnormal* circumstances pertain (Erickson *et al.* 1989). These include abused children who have not reached important emotional and psychological milestones during the earlier years. Abnormal (abusive) circumstances often only begin to occur after children start school, for example, when dramatic, adverse changes occur in the child's home and parental situation, or within the school itself (bullying, scapegoating etc.). The most common adverse change experienced within the 5–12 age range is separation and divorce in an atmosphere of tension and conflict. It is crucially important for teachers to develop an emotional awareness in relation to children who are enduring trauma irrespective of its source. Mueller and Silverman (1989) remind us of how difficult it is for emotionally and psychologically abused children to integrate within new, challenging school and peer group situations.

Moral development

Two contrasting aspects of moral development

There are two contrasting simultaneous moral developments in the middle years: (1) acquiring a greater sense of the difference between fairness and unfairness, equality and inequality, and of justice and injustice; (2) becoming a more accomplished liar. Childcare workers may have difficulty in facing up to the latter, but both points are well encapsulated in Brewer's statement: 'Learning how to lie and gaining a sense of fair play are among the most demanding skills we have to acquire en route to the complex world of inequalities, discrimination and hard won justice, in which we have to operate as adults' (2001: 91). A useful starting point enabling one to grasp this unpalatable truth is to recap on moral development in the previous four chapters, with particular attention to how perfectly normal and good parents unwittingly help their children to become accomplished liars. It is not as bad as it sounds and here are some real-life typical examples of lying by 5 to 8 year olds:

- 1 Niamh (6) is in bed and hears all the noise made by her parents and friends downstairs. She wants to join them so she makes her way downstairs and walks into the room with a grossly exaggerated opened mouth, contorted with a barely concealed smile, and with an index finger on one tooth. She says, 'I think it's loose.' It isn't.
- 2 Demirzl (7) tells his grandmother it's a lovely present she's bought him. He later admits it's a useless present he didn't want.
- 3 Sarah (7) answers the telephone and tells one of her father's clients he's gone out. Her father is actually in his office upstairs, but her mother has previously told numerous clients the same, as requested by her husband.

- 4 Twins Merál and Mutla (8) tell their mother, who is going out, that her new dress is 'terrific'. When she's gone, they burst out laughing and say it's 'awful looking'.
- 5 Sean (5) wakes up crying for his mum and dad. He has wet the bed. When they come in, he tells them that he spilled a bottle of water.
- 6 Caroline (7) tells her friends that she has another engagement (which she hasn't) on the day they want her to go to the party.
- 7 Michael (6) says to his friend's mother after the meal, 'Thank you, that was nice.' He later tells his parents the meal 'was terrible'.

No one is going to suggest that the parents have failed in the moral development of these children, or that the children themselves are on a slippery slope to habitual immorality and criminality. Yet childcare literature has for decades perpetuated the myth that children do not lie (Joseph 1999). All parents know that very young children lie, and many researchers have analysed why (Chandler 1988; Dunn 1988; Harris 1989). Once children are able to think about the thinking of others, that is, predicting the impact of their words on others ('second order' theory of mind), and increasingly realize the 'lies' of their parents, their own lies will accumulate

Two questions arise: (1) what are the core aspects of moral development in the middle years of childhood, and (2) when and how is the greatest damage inflicted on moral development?

The essential core of moral development in 5–12 year olds

The essence of moral teaching and example in the middle years is ensuring that children learn to respect others, and that they actually do treat others with respect. As Darwin (1872) famously observed, such development begins much earlier, and as Main and George (1985) demonstrated in research, it can be impeded and impaired by abuse. Additionally, however, the middle years should enhance the child's sense of right and wrong, fairness and unfairness, equality and inequality, and of justice and injustice (Damon 1977). Such enhancement is not just in respect of how children respond to other human beings, but also to the possessions, beliefs, customs, religions, language and cultures of others. The 'possessions' of others include those possessions in which everyone shares, that is, homes, environment, the animal kingdom and the Earth's dwindling resources (Smetana and Kelly 1989). Parents and teachers have made progress in this particular aspect of moral development, witnessed in millions of middle-school children offering spare time and pocket money to raise funds for causes for which, given their still tender years, many of them may feel passionate about, and which they increasingly understand in terms of right and wrong, justice and injustice.

When lying and deceit indicate corruption of the child

The greatest damage perpetrated against the moral development of the child is that which inculcates a desire to harm and/or hurt others. A child may learn, indeed, may be conditioned to do this directly, by violence or theft for example, or indirectly, by lying to ensure the victim suffers in some way. Such behaviour is not so alien as we may think: most 3 and 4 year olds will demonstrate the beginnings of it when they for example lie for the purpose of shifting blame ('No, it wasn't me who broke the vase [*when it most certainly was*] – it was Caroline!'), or deny their action of stealing another child's possessions ('No, I didn't take John's tractor'). The vast majority of parents can nip this typically harmless behaviour in the bud. Many don't, and it can easily degenerate into something more serious. Children at the end of the age range, say 10–12, habitually telling lies or deceiving with the intention of harming other children, is an entirely different state of affairs. Two recent cases come to mind, that of a 12-year-old girl (Carter 2005) recently convicted for grievous assault (against a 5 year old) and that of the two child killers of the toddler Jamie Bulger. In both cases, the aggressors repeatedly lied to their victims in order to waylay them to a location for the purpose of inflicting suffering on them. That is not the lying that Brewer is talking about, nor is it remotely similar to the examples I've given; on the contrary, it is a testimony to a catastrophic failure in inculcating and cultivating any meaningful moral sense. It is, in other words, psychological abuse of the most destructive kind.

Other corrupting influences

Piaget (1932) believed that moral development was more or less completed around the age of 12, a view since contested by numerous writers (e.g. White 1972; Kohlberg 1984; Faulkner 1995), and not least by Muriel Spark in her most famous novel *The Prime of Miss Jean Brodie* (1961). Often categorized as comic tragedy, the novel is in fact a depressing account of the corruption of a group of 10–16-year-old girls by a sexually repressed, fascist-leaning, Catholic-hating megalomaniac teacher. One of her most repetitive utterances boasts of her owning children for life once she has taught them during their 'impressionable' years. Most readers recall her corruption of one particular girl's sexual development, but Brodie's much greater crime was to try to infect her whole group with a similar intolerance and contempt that she herself compulsively expressed towards anyone who did not share her views.

Many features of a child's moral sense will emerge during the 5–12 year period. The seeds of class prejudice, racism, sectarianism, sexism and bullying, all of which, as we have seen in previous chapters, may have been sown in

earlier years, may 'flower' into actions that are blatantly destructive of self and others. It is unlikely that parents who sow these seeds in the first instance, are going to do anything other than 'cultivate' the product. That is another corruption of a child's moral sense, psychologically abusive behaviour that reaps a poisonous harvest.

Gender

The development of gender identity between the ages of 5 and 12 is the subject of numerous texts, research papers, theories and controversy (e.g. Hollway 1984; Crawford *et al.* 1992; Brewer 2001). No one disputes, however, that school life, peer groups and parental modelling all influence the child's increasing sense of gender identity. The voracious, ubiquitous world of advertising also plays a major role; *Panorama's* (BBC1 2004) study of the impact of targeted advertising upon 8–12 year olds is far more an exposure of gender exploitation by advertising than it is a survey of spending habits among this age group. A recent headline stated: 'My Daughter Wants Surgery to Her Thighs, Eyes and Nose . . . she's 13' (Womack 2005). This article accompanied research findings into 5–8 year olds: 28.6% of girls as young as 5 and 71% of 7-year-old girls were unhappy with their image and wanted to be thinner.

Children's increasing powers of *perception, intelligence, memory and speech*, and their ever-expanding emotional world, all play a part in enhancing their sense of maleness or femaleness. By the age of 5, such has been the unswerving intensity of some parent's conscious, determined reinforcement of gender identity (through the strictest division of male and female roles, appearances, clothes, behaviour, attitudes etc.) that their children's perceptions of maleness and femaleness become entirely predictable. Gender stereotyped behaviour then becomes reinforced by and within same-gender peer groups. Six year olds for example play with same-gender children ten times more than with their opposites (Brewer 2001). Children aged 6, 7 and 8 conspicuously celebrate their gender, commenting upon, accentuating and praising it; and criticizing, frowning upon, or rejecting what they unanimously regard as gender-inappropriate behaviour. These facts are visible and audible in any school playground.

The goal of separation and individuality for boys and girls (5–12) takes different routes and moves at different speeds, with boys more quickly separating 'to become an object to themselves' and girls 'rarely if ever' able to 'relinquish their identification with mother' (Crawford *et al.* 1992: 188). Taylor (1995) provides an excellent feminist therapeutic approach to this phenomenon in her client *Peta*.

Gender-oriented emotional and psychological abuse

Within the world of gender consciousness among 5–12 year olds lies the potential for emotional and psychological abuse. This abuse is so prevalent and socially acceptable that it is more often laughed at or ignored. Sometimes children can cope with it but other times it causes extreme misery and may generate suicidal tendencies. Here are some real-life examples. The first one is universally recognizable, the *Billy Elliott* syndrome:

- In an English inner city locality, 10-year-old George is repeatedly mocked in the classroom because of his love and practice of Irish dancing. The mockery takes the form of mimicking, gesturing, falsetto voice and labelling with abusive and obscene titles ('sissy', 'puff' etc.). The teacher contributes to the mockery and resents George taking time off for dance examinations. He tells George there's no future in dancing.
- Eleven-year-old Cynthia is able to ignore the banter and the critical mocking and abusive comment about her 'boyish' clothes and hair-style. But she is unable to ignore her mother's constant harping on about these choices. She feels she dare not broach with her mother the subject of the more profound inclinations she feels within her body and mind about who and what she is.
- Six-year-old Martin is invited to a girls' party. His 8-year-old brother mercilessly teases him, compelling him eventually to turn the invitation down. He is full of anger and resentment.
- A nationally famous football coach, giving 10-year-old boys a televised lesson, publicly humiliates one of them by mimicking and mocking his apparently awkward movement on the field and attributing them to the boy's 'girlie' tendencies.

Most children can survive this hurt. But consider the possibility that such attitudes and responses may be sustained and repetitive wherever the children find themselves, and that parent(s) and home life offer no support. Therein lies the essential core of emotional abuse: the inappropriate (hurtful and offensive) emotional responses; and of psychological abuse: *behaviour that impedes or impairs the development and creative potential of mental faculties* (e.g. perception [of self]), and/or *generates confusion within the child*. These are not cases that are likely to be picked up by child protection agencies, but they help to illustrate the enormous range of behaviours and impacts that constitute emotional and psychological abuse.

Case history: unintentional, consequential emotional and psychological abuse

Bernadette (aged 9) and her brother Kevin (aged 8) are in different classes in the same primary school. They have progressed well through all the previous years of primary school. Recently, both their teachers have observed substantial deterioration in the quality of their work, in concentration, mood, memory and articulacy, and in their responses to other children. Neither child can explain what's happening, or why, but they both refer to their mother's bad moods. Social services are called, and investigate. Through a lengthy process of skilled casework, family therapy and relationship building, the workers elicit the following.

Angie and her partner Matt separated under informal arrangements about financial support and access. They both wanted to pursue the matter in as low key a manner as possible, for the children's sake. Matt has reneged on many of the agreements. He doesn't always turn up to the home for access. He occasionally turns up with a new partner. He argues with Angie that there's nothing wrong with it. He doesn't always pay the maintenance that he promised to pay. He makes various excuses: he's short that particular week, or he's had to unexpectedly spend money on something else. He phones the children randomly, interrupting whatever they and mother are doing, and leaving them 'as high as a kite'.

Angie has been driven to distraction by this behaviour. What she finds difficult is that the children still love him, respect him highly, and are seemingly not capable of realizing what he's doing to her. They really look forward to seeing him, and can see no wrong in him.

Angie has been conscious of increasingly identifying the children with Matt. In their love and respect of the father who is making life very difficult for her, they have in effect become an extension of the problem. She has increasingly perceived them negatively, and each time Matt has let her down she has reacted to them negatively and with hostility. Initially, the children didn't notice Angie changing this way, but as her reactions became more punitive and more consistent, they also became more predictable. The children would know when Angie would become bad tempered, short fused, dictatorial and unfair to them: precisely when Matt had let her down, hurt her, or left her short of money again. This was the time that Angie's behaviour was not only worryingly incomprehensible to the children (psychological abuse) but also when her emotional responses (i.e. *anger, spite, punishment, revenge* etc.) were wholly inappropriate: emotional abuse. This situation had been going on now for many months, and the children approached the time of contact with the father with increasing ambivalence – desperately keen to see him, but knowing that if he let their mother down, they would suffer in different ways. Even their happy

expectancy before seeing their father was enough to make Angie tense and spiteful. Being with their father was becoming something of an escape for them: he was easy going, less complicated, wholly predictable, and never treated them badly, but they always had to return back home, and did so apprehensively.

Possible consequences

Children's behaviour, relationships and performance at school are certain to be influenced by these unintentional, though common, abusive experiences. If nothing is done, there are numerous undesirable possibilities: (a) mother's negative perceptions of her children intensify and provoke more punitive responses; (b) the children's confusion about what's happening intensifies, rendering them less certain about the world in general, and about the character and personality of their mother; (c) mother's behaviour (which is perfectly understandable) actually robs them of the means of understanding the source of the problem and increasingly detracts from the repetitive, unfair, insensitive and dangerous behaviour of their father; (d) the behaviour of either parent becomes a model for the children in their own relationships; (e) relationships within peer groups deteriorate for both children; (f) performance in school deteriorates further; (g) this is wrongly interpreted as them 'becoming increasingly wayward', or 'having emotional difficulties', or 'reacting badly to their parents' separation'. Any of these misinterpretations will ensure that the root cause of the children's problem, that is, the emotional and psychological abuse that their normally loving parents are unwittingly perpetrating against them, will remain unrecognized.

Emotional and psychological abuse of children aged 5–12: frameworks for exploration

We will now construct a different framework for the 5–12 age group. The older the child gets, the more likely that abusive behaviours will impact both emotionally and psychologically. We will therefore combine the two differing impacts within the same framework. All the cases in Table 10.2 are taken from real life, though anonymized in numerous respects. Readers may say in response to some of these cases (particularly the final one) that the emotional and psychological abuse is less significant than other (sometimes) life-threatening abuses. That may well be the case, but the core objective of this text remains: to accurately observe and competently assess the nature of emotional and psychological abuse. In so doing, professionals enhance the prospects of becoming aware of multiple abuses, and crucially, the perpetrators' efforts to conceal them.

Table 10.2 Emotional and psychological abuse of 5–12 year olds

<i>Parental/carer behaviour</i>	<i>Emotionally abusive aspect of parent/carer's behaviour</i>	<i>Psychologically abusive aspect of parent/carer's behaviour</i>
Alcoholic mother (single parent) gets drunk daily and verbally abuses son (aged 8) and the neighbours who try to protect him; is constantly <i>angry</i> with son because she senses his <i>shame</i> of her	Child <i>ashamed</i> and <i>humiliated</i> by mother's drunkenness; always <i>apprehensive</i> about her being mentioned at school; always burdened with the question of how best to react if it is mentioned; these negative emotions dominate his emotional life	Child inhibited and nervous in peer groups, avoids them; <i>attention</i> and <i>memory</i> recall in school adversely affected; <i>perceptual</i> life at home dominated by stench and decay of filth and persistent drunkenness; increasingly negative <i>perception</i> of self
Foster parents increasingly <i>angry</i> and <i>resentful</i> at child (aged 9) who does not respond to them, does not eat food, does not stay clean, does not respect foster home; child is locked up, beaten and repeatedly told, 'Is it any wonder your mum had to get rid of you?'; repeatedly lie to agency about child and how they are coping	Child initially despairing and <i>fearful</i> due to crisis events at home; develops <i>hatred</i> of carers and foster home; loses control often in discussion with social worker and carers (<i>anger</i> and <i>helplessness</i>); negative emotions dominate emotional life	Child's <i>moral sense</i> being corrupted; knows carers are lying so that the abuse can continue; mental faculties such as <i>memory</i> , <i>attention</i> , <i>perception</i> and so on pervasively focused on the misery and injustice of predicament, and a desire for <i>revenge</i> ; child's capacity for constructive, creative responses in school diminishes alarmingly
Elder brother (aged 17) of boy (aged 10) habitually sexually abuses him through buggery and oral sex; threatens boy with violence and removal by social workers; relationship with child is one of total domination and exploitation; parents' dissolving marriage and disinterest in children facilitates the abuse	Child's emotional life is predominantly one of <i>fear</i> , <i>shame</i> , <i>distress</i> , <i>guilt</i> , <i>self-disgust</i> and <i>hopelessness</i> ; these emotions cannot provoke any compassion or empathy in perpetrator, only the opposite: further threats and more aggressive sexual assaults; victim is slowly but surely sinking into a pervasive despair	Child's <i>memory</i> and <i>imagination</i> are dominated by what has been and what will be done to him; his <i>perception</i> is constantly interpreting nightmarish sensory experiences of assault and invasion; his <i>attention</i> faculty in school negated entirely; when abuse is discovered, he denies it repeatedly; his <i>moral sense</i> has been perverted by reality that he is made to think and feel that the truth will lead to a much worse fate; he is profoundly <i>confused</i> by his situation and can see no way out

Table 10.2 (continued)

Parental/carer behaviour	Emotionally abusive aspect of parent/carer's behaviour	Psychologically abusive aspect of parent/carer's behaviour
Boy (aged 10) and girl (aged 11) living with mother and uncle after mother's divorce; much tension and conflict between adults; uncle expects their mother to be house servant; mother resents this but has nowhere else to go; meals taken in silent tension; uncle's generous impulses to children immediately cancelled when in conflict with mother; she resents children fraternizing with or praising uncle; she often walks out unexpectedly with children to search for alternative accommodation; <i>resents</i> children's lack of enthusiasm when she does this	Children <i>detest</i> mealtime, a time of anxiety, tension and indigestion, always <i>anticipating</i> row, <i>frustrated</i> and <i>angry</i> with adults; <i>guilty</i> because they are made to feel they are the cause; <i>frightened</i> of mother's <i>temper</i> and walking off to look for accommodation; deeply <i>resentful</i> when uncle goes back on some commitment because of row with mother	Utter confusion about adults' behaviour and the way they (the children) are both exploited in fuelling it; children resort to <i>lies</i> and <i>deception</i> that sometimes rescue them from being exploited and from the misery of home situation; unpredictability and misery of home situation has, however, limited impact on children's lives outside home; they are able to 'cut off', and all <i>mental faculties</i> function normally (creatively) in the contrasting permanency and predictability of school life and within peer groups
Child (aged 6) is frequently beaten and punished by step-father who sees her as biggest obstacle in his life; she is locked in cupboard and told the rats will 'get' her; frequently bedwetting, she is made to lie in own urinated bed; she is denied meals and beaten whenever she doesn't answer questions or give 'right' answer; she is coached in lying to social workers and A&E staff at local hospital; she is prevented from meeting peer group friends and from attending school when marked with injuries; mother colludes with all abuses	Child initially <i>terrorized</i> by step-father, but constant beatings render her in state of <i>despair</i> and <i>apathy</i> ; she is predominantly indifferent to the world, except to ensuring she gets the script right when lying to professionals to protect her abusers; she knows and feels that their eyes are upon her; she still <i>fears</i> being suddenly punched by her step-father	Child becomes competent liar in protecting carers and knows that the consequence is a perpetuation of abuse; child's physical weakness and hunger combine with the preoccupation with torture to render her faculties of <i>attention</i> and <i>perception</i> incapable of <i>creative</i> <i>constructive</i> work at school; child's <i>perception antennae</i> in home situation, however, are always alert to the probability of fresh attacks; child cannot make sense of perpetrator's behaviour or of mum's collusion

Summary

Children gain much greater control of their emotions during these middle years, learn more about emotional subtleties in relationships, begin to understand the complexity of emotional ambivalence, and increasingly resort to irony and its accompanying emotional expressiveness in communication. Psychological development will be advanced significantly within the school environment. The child's *moral sense* and faculties of *intelligence*, *perception*, *memory*, *recognition* and *attention* will be challenged and expanded daily. Emotional and psychological development in the middle years, however, may be impeded if such developments have not progressed normally in the earlier years, and the child has not attained crucially important emotional and psychological milestones. The most common threat to continuing progressive emotional and psychological development in the middle years is separation and divorce in an atmosphere of tension, conflict and violence. Another major threat is to the developing moral sense; 5–12 year olds normally gain a greater sense of and respect for fairness, equality and justice, but in a corrupting environment they can be conditioned to seek and to gratify in the opposite – unfairness, inequality and injustice – sought by violence or by whatever other means. Gender consciousness and consolidation are principal features of the middle years but they are aspects of development that can be problematic. Deviation from gender stereotypical behaviour and roles can provoke peer group members and adults to emotionally and psychologically abuse, driving less resilient victims to suicide. The case of Bernadette and Kevin highlighted the virtually limitless potential of warring parents to inflict emotional and psychological abuse on their children without realizing it.

Questions/Exercises

- 1 Parents are usually the main influence on emotional development in the early years. List some of the influences on emotional development in 5–12 year olds.
- 2 Describe some emotional interactions in which the child is gaining knowledge and experience of emotional subtlety in relationships and communication.
- 3 Why do you think irony is increasingly used by 5–12 year olds?
- 4 Give some examples of 5–12 year olds being emotionally ambivalent about some issue, and understanding emotional ambivalence.
- 5 List possible emotional and psychological impacts of fractious, tension-laden separation of parents on 5–12 year olds.
- 6 Identify some prominent trends in moral development in 5–12 year olds.

- 7 Give some examples of 5–12 year olds lying and/or deceiving for a benign purpose, and which we are not likely to criticize.
- 8 How might parents who are overly ambitious for their children emotionally and/or psychologically harm them?
- 9 The 5–12 year period is one in which gender identity is consolidated. Identify gender-related responses to children that may be emotionally and psychologically abusive.
- 10 Add another case of emotional and psychological abuse to those in the framework shown in Table 10.2. Identify those aspects of adult behaviours that are emotionally or psychologically abusive or both.

11 Adolescence

Introduction

This chapter will explore adolescent emotional and psychological life, and certain types of adult, family and societal behaviours and pressures that constitute emotional and psychological abuse. Adolescence is a period of transition that has attracted many writers and researchers, innumerable theories and conflicting opinions, but there is also substantial consensus across cultures on key aspects of adolescent development. Adolescent emotional and psychological development is, undoubtedly, influenced by culture but so too are cultures increasingly challenged by adolescents. A number of theories on adolescents will be explored within the context of the definitions of emotional and psychological abuse.

The mental health of adolescents has been the subject of substantial research and literature in recent years. An unprecedented number of adolescents believe their condition, their situation and circumstances to be the causes of emotional and psychological burdens that they cannot possibly carry. One of the consequences is the substantial increase in adolescent suicides, particularly among males. The chapter will look at distinct categories of circumstances in which adolescents endure sustained emotional and psychological abuse. These include religious fundamentalist parents, forced marriages, bullying and parental separation and divorce. The latter category will rely upon research testimony of adolescents themselves.

The emotional life in adolescence

Hall (1904) characterized adolescence as a period of fervid emotionalism, or *storm and stress*. Anna Freud (1958) believed adolescence was 'an interruption of peaceful growth'. She wrote: 'The adolescent manifestations come close to symptom formation of the neurotic psychotic or dissocial order and merge

almost imperceptibly into borderline states, initial, frustrated or fully fledged forms of all the mental illnesses' (1958: 367). Freud's views were interpreted as meaning that the *storm and stress* of adolescence was 'not only a *natural* experience but it is also a *necessary* occurrence for normal adolescent development to occur' (Garbarino 1989: 687).

These views about adolescence have been challenged repeatedly. The famous anthropologist Margaret Mead specifically went to Samoa to test their validity. She concluded that culture was the crucial variable. She declared that Samoan children entering adolescence showed little indication of the *storm and stress* of western children (Haviland 1999). Thereafter, Douvan and Adelson (1966), Offer and Offer (1973) and Weiner (1982) concluded that *storm and stress* was the exception rather than the rule. The exception, however, represents a considerable minority, around 25 per cent of adolescents according to Siddique and D'Arcy (1984) and Garbarino (1989).

Theories on adolescent development

Having challenged Hall's and Freud's views on the universality of *storm and stress*, researchers produced numerous diverse theories conceptualizing different phases of adolescence (e.g. Erikson 1968; Nelms and Mullins 1982; Barnes 1995; Moore 1995; Coleman and Hendry 1999). Erikson (1968) saw the origins of identity crisis in the adolescent's search for meaning, status, role and fulfilment in life in respect of numerous and novel challenges such as employment, relationships, sexual orientation, making decisions on particular ideological or political commitments and so on. Marcia (1980) conceptualized these developmental processes in terms of:

- 1 *identity diffusion*: in which an adolescent makes little effort to decide or commit, and feels no great need to do so;
- 2 *foreclosure*: in which decisions are made and commitment declared, but without any substantial questioning or exploration – rather, the adolescent is likely to have been heavily influenced by family or community members;
- 3 *moratorium*: in which the adolescent is experiencing what is commonly understood to be an identity crisis, that is, struggling with a variety of preoccupations about jobs, values, commitments, norms and so on;
- 4 *identity achievement*: in which the adolescent does decide, and does commit, on the basis of an enduring crisis from which he/she has successfully emerged more mature, reflective and objective.

Barnes describes these concepts as 'somewhat abstract identity statuses'

(1995: 307). Actually I think they are wholly viable, and well-known adolescent theories and concepts have guided and structured intervention with remarkable effect (Feldman and Elliott 1990; Coleman and Hendry 1999). What interests me, however, is the unvarying core of psychological functioning, that is, *intelligence, perception, memory, recognition, attention and moral sense*. Are these mental faculties any less important in adolescence; are they subsumed somehow by increasingly grander and more sophisticated adolescence concepts and theories? Let's look at Marcia's concepts in relation to one of these faculties: *perception*.

Perception is core to all children's emerging sense of identity. Most writers on adolescence speak of adolescent identity as though it were a single, indivisible entity, when the reality is that identity is multifaceted, and adolescents may have simultaneously emerging national, geographical, racial, linguistic, religious, cultural and sexual identities (Horowitz 1975; O'Hagan 2001). *Perception* influences and is influenced by all of these facets. Marcia's explanation of (1) *identity diffusion* conveys the strongest impression of an adolescent whose perceptual antennae is inactive, blunted and lethargic, with little sense of identity emerging; (2) *foreclosure* indicates an active though predictable *perception*, consistently interpreting sense data in accordance with surrounding family beliefs and values; there is an emerging and even a strong sense of identity, but it is not distinct from that of parents and significant others; (3) *moratorium* suggests perceptual antennae highlighting the multiplicities of choices, decisions and commitments that adolescents must make, with no great confidence, and a good deal of anxiety; here the emerging sense of identity is subject to challenge and doubt; (4) *identity achievement* demonstrates active and acutely sensitive perceptual antennae that have enabled the adolescent to make decisions and commitments with which they remain happy; the emerging identity is strong, broadly based, open to and well able to withstand the challenges of competing identities.

All mental faculties contribute to whichever identity status the adolescent holds, and to their degree of confidence about that identity, but *perception* is the most conspicuous. Children enter adolescence with enormous variations of *perception*. The *perception* of some will already be severely damaged; their childhoods are likely to have been characterized by multiple abuses, resulting in a *self-perception* pervasively undermining. They will fail many challenges of confidence and competence in their social and educational life, thereby intensifying the negativity of *self-perception*. Many more, however, will enter adolescence with an enhanced and enhancing *self-perception*. Their childhoods are likely to have been characterized by quality care, constant praise and encouragement, resulting in a pervasively gratifying, positive and creative *self-perception*. They will surmount many challenges that the former cannot.

Emotional and psychological abuse in adolescence

There are numerous reasons that emotional and psychological abuse is perpetrated, deliberately or unwittingly, against adolescents. Every social worker with experience of adolescent clients will be familiar with that most common referral: the wayward, rebellious, law-breaking, destructive teenager who is driving parents crazy (in particular, a step-parent) whose only recourse is felt to be serious physical violence (which is always emotionally and psychologically abusive). Garbarino (1989) quoted statistics to show that abuse of adolescents in the USA equalled or exceeded the extent of abuse of children overall, and that the most common abuses were psychological and sexual (sexual abuse is also always emotionally and psychologically abusive). He lists characteristics that predominate in the adolescent-abuse situation: (a) female adolescents are more vulnerable to abuse than males; (b) the abuse is a continuation from childhood; (c) abuse of adolescents occurs within a much more variable socio-economic spectrum, unlike abuse generally, which is always over-represented within socially and economically deprived families; (d) families are more likely to contain step-parents; (e) abused adolescents are likely to have had developmental delays or impairments.

These characteristics represent broad enduring themes, but we can go further and specify types of family circumstances and social processes in which emotional and psychological abuse of adolescents is as inevitable as it is predictable. These include:

- parents with recurring mental illness
- parents with drug- or alcohol-related addiction
- religious fundamentalist parents
- incestuous parents
- sectarianism in general and Islamaphobia in particular
- ritual abuse networks
- bullying
- forced marriages
- sexual enslavement of adolescent girls trafficked through different countries
- parental separation and divorce.

We will briefly look at a number of these, and consider the last one in more depth, from the perspective of adolescents themselves.

Religious fundamentalism

Parents and children derive benefit from religious convictions and from the social cohesion that is characteristic of communities that predominantly adhere to religious obligations and collective worship (e.g. Dosanjh and Ghuman 1997; Thakur 1998; Henley and Schott 1999; O'Hagan 2001). The children attain a strong sense of identity, usually excel in academic performance, demonstrate a wholly positive self-perception and confidence, and develop a spiritual awareness and perspective that is rapidly disappearing in a secular world. No one better epitomizes the adolescent confidence and powerful sense of religious identity than Shabina Begum, the 16-year-old student who won a landmark Appeal Court Ruling (later overturned by the House of Lords) giving her the right to 'uphold her religious rights and duties' (IHRC 2005) by wearing the Islamic *jilbaab*.

But this is far from the whole story. For every Shabina, there are probably thousands of adolescents less assertive about their language, culture or religion. They are vulnerable to emotional, psychological and physical abuse from sectarian-inclined peers and professionals. O'Hagan's (2001) research revealed an alarming degree of culturally incompetent, abusive practices in respect of professionals serving a minority linguistic and cultural group in the UK. Even less well recognized in childcare literature and research, however, is that group of adolescents who, rather than asserting and singing the praises of their religious-cultural allegiances, are actually attempting to escape from their constraints. These adolescents are questioning and challenging the religious convictions of their parents, or forming relationships with peers who indulge in behaviours and social activities that the parents regard as immoral and dangerous. The parents may worryingly remind the adolescent of the family's religious faith, and repeatedly refer to quotations from sacred texts. Eventually, when the child gives no indication of 'mending their ways' or 'returning to the fold', some parents may retaliate by emotional and psychological abuse. Every interaction with the adolescent is then characterized by negative emotion: *disdain, disgust, shame, anger* etc. Every utterance seeks to expose, undermine and isolate. All the time the adolescent is being warned of even worse consequences, within family and the community, within the child's own soul. Some adolescents will not be able to withstand this pressure. They may become depressed and school performance will be adversely affected. They may attempt to run away or self-destruct. O'Hagan (1993) provides a detailed history of a 15 year old emotionally, psychologically and physically abused by her Christian fundamentalist parents.

Finally, parents' lightning religious conversions or instant drastic life changes (because of an increasing sense of futility and meaninglessness) may have an adverse emotional and psychological impact on adolescents. The novelist Niall Williams (1997) consummately portrays the devastation in

12-year-old Nicholas Coughlin, whose civil servant father returns home one night to announce that God has spoken to him and he must leave. Is this merely fiction? Truth is often more weird: the internationally renowned artist Sam Taylor-Wood described how, when she was 17, her bohemian step-mother's sudden abandonment of the family particularly devastated her younger adolescent brother (BBC Radio 4, 2005a). Perhaps it is the commonality of such behaviours today that deny us the inclination to fathom the extent of emotional and psychological damage unwittingly perpetrated.

Forced marriages

The problem of forced marriages has increased to the extent whereby the British government has committed itself to legislation barring them. This follows the findings and recommendations of a select committee, the Choice By Right group, chaired by Baroness Uddin (BBC News 2004). Women's groups have sprung up in different locations, for example, the *Black Sisters* in Southall and *Our Voice* in Bradford, to inform the public of precisely what is happening to as many as 300 adolescent girls, tricked, drugged, waylaid into forced marriages abroad, and to provide graphic accounts of individual cases that have come to their attention. It requires little imagination to grasp the extent of the emotional and psychological abuse endured by adolescent girls at the moment of realization that they are trapped in a loveless relationship, thousands of miles from home, with little or no possibility of escape. Their *terror* and *panic* may well be met initially with attempts to *comfort* and *reassure*. But we know from the personal testimony of those who have escaped that even that kindly response does not last, and that the victim's continuing emotional and psychological turmoil will be met with threats and violence (Teare 2001).

Bullying

In August 2004, the British charity Childline revealed that its referrals on bullying had increased by 42% (i.e. 21,000) between April 2003 and March 2004. Around 8500 of the children were under 11 (Childline 2004; see also Oliver and Candappo 2003). This dramatic increase is supported by studies worldwide, particularly in the Scandinavian countries, which have led the field in research and response to bullying (Heinemann 1973; Besag 1989; Roland and Munthe 1989; Tatum and Lane 1989; Lane 1992; Sourmander *et al.* 2000; Fosse and Holen 2002). Bullies are forever adapting to 'improve' effect: police and children's charities reported that bullying by text messaging increased by 60% between 2003 and 2004 (Blair and Norfolk 2004). On 25 November 2004, a television news bulletin showed a mob of 40 teenage girls aged 13–15 surrounding a pupil in a Bournemouth school and threatening her over some dispute involving a boy (BBC News 2004). The victim's predicament

seemed something akin to that of the fictional Simon and Piggy in *Lord of the Flies* (Golding 1954). All the alleged perpetrators were suspended, an action approved then by government and public opinion, and the approval sustained in subsequent calmer reflection (BBC1 2005). The incidence of bullying in schools leading to self-harm is now so prevalent that only the most brutal and extreme cases are mentioned in the national press.

Adolescents who experience bullying to the extent to which they are driven to self-destruction are experiencing extreme forms of emotional and psychological abuse. They live a truly miserable emotional life, dominated by negative emotions like *fear, despair, hopelessness, hatred* and *humiliation*. These are precisely the emotional experiences in the testimonies of victims of bullying (Frude and Gault 1984; Besag 1989; Olweus 1993; Oliver and Candappo 2003; Taylor 2005). Their mental faculties are seriously impeded and impaired, because they cannot think freely or objectively; they cannot attain anything like their true potential. The faculty of *attention* is particularly adversely affected, seriously curtailing their day-to-day progress in the classroom. Their *memories* are often dominated by the pain and humiliation of yesterday; their *imagination*s are often dominated by the prediction of the terrors to come; their *perception* and *perceptual antennae* are primarily engaged in the fear-inducing action of searching for and pinpointing the precise source and nature of the next attack. All of these impacts put the adolescent in a chronic state of anxiety. Kumpulainen *et al.* (1999) found that more than two-thirds of the victims of bullying in their study were seriously psychologically disturbed.

Bullying in schools and the emotional and psychological abuse that is at its core, is no new phenomenon, nor is it dictated by the class or the economic and/or marital status of the parents of victims (although Fosse and Holen's (2002) research, indicating that the absence of biological fathers was common among victims, is worthy of note). Public schools for example have a centuries-old tradition of the most extreme and damaging forms of bullying (Walford 1989). Currently, bullying may be generated by racism (Curtis 1980; Kelly and Cohn 1988; Gillborn 1993; Loach and Bloor 1995), gender (Duncan 1999), homophobia (Rivers 1996; Romano-Dwyer and Carley 2005; Taylor 2005) and Islamophobia (O'Hagan 2001).

Separation and divorce: an unrecognized source of emotional and psychological abuse

Separation and divorce may constitute emotional and psychological abuse of adolescents. Unlike bullying, they are the very antithesis of intentional deliberate abuse – the vast majority of separating parents desperately want to avoid hurting their children, and many do, but the reality is that 'family

breakdown is a process of adverse events and interactions that multiply the risk of psychopathology' (Pierce 1993: 5).

It is a well-known fact that Britain has the highest divorce rate in Europe, totalling 160,700 in 2002. At the time of writing, the most recent statistics on England and Wales relate to the period 2000–3 (DirectGov 2005). In 2000, there were 43,290 children aged 11–15 of parents divorced that year. By 2003, the number had increased to 52,824. This increase contrasts sharply with that in other age groups. The number of 0–4-year-old children of divorced parents actually decreased from 35,095 in 2000, to 33,049 in 2003, and the number of 5–10 year olds increased from 64,072 to 67,655. This small increase (3593) over four years is just over a third of the increase in the number of 11–15 year olds whose parents divorced between 2000 and 2003 (Table 11.1).

Table 11.1 Number of children of divorced parents by age group

<i>Year</i>	<i>0–4</i>	<i>5–10</i>	<i>11–15</i>
2000	35,095	64,072	43,290
2001	34,783	65,522	46,609
2002	33,682	66,351	49,302
2003	33,049	67,654	52,824

Source: adapted from DirectGov (2005).

What is the significance of these dramatic increases in the number of adolescents whose parents are divorcing? Is there any correlation between these figures and the apparent increase in mental illness, specifically depression and suicide, among adolescents (Rutter and Smith 1995; Hendry *et al.* 1998; Evans *et al.* 2005; Romano-Dwyer and Carley 2005). Although Coleman and Schofield (2005) tentatively suggest a reduction in suicide rates among male adolescents (as borne out by the latest statistics (Office of National Statistics 2005)), there is still no good reason to believe that the gradual rise over a 30-year period is going to be reversed. Indeed, during that period, there have been numerous years in which the rate has decreased, only to have made a bigger-than-usual increase in the following years. And the very latest figures clearly show an upturn in rates for 2003 (University of Oxford, Centre for Suicide Research 2005a, 2005b). In 1974, among males aged 15–24, there were 8.6 suicides per 100,000 of the population; in 2000, that rate had nearly doubled to 15.9. The corresponding figures for females in that same age group and period are 3.8, increasing to 4.4 in the same period (Office of National Statistics 2005; University of Oxford, Centre for Suicide Research 2005b).

Adolescent voices

Fawcett's (1998) research on 12–18 year olds whose parents had separated or divorced was based upon in-depth interviews over many months. What is significant about it is the unusually large amount of adolescent personal testimony accompanying the statistical findings. Here is a random selection of statements:

- I saw my dad hitting my mum. I tried to stop it every time.
- I found out accidentally. The duvet was in the car . . .
- Until dad left, I didn't know anything was wrong.
- My dad had been drinking heavily . . . I knew it was all over . . . but I was also quite pleased that it was all over because I was worried sick.
- Dad stabbed mum. I woke up the next day and found blood all over mum's room . . . Dad was in jail for a week . . .
- I felt relieved and guilty.
- I thought it was my fault because I was bad.
- I was shocked and upset because I didn't realize.
- I don't know. I had no emotions. Everybody else was crying. It was weird.
- I had a reaction six months later when I was doing my exam.

Case studies

There are many detailed case histories that provide the context for these utterances. For example, Aidan, a 15 year old, describes having to change school on numerous occasions because his 'raging' father was always attempting to find the family. Aidan felt himself personally to be in a really 'bad state'. He had nightmares about his father, became quiet and withdrawn in school, couldn't concentrate because 'it was going through my head all the time'. He never shared his experiences with his peers. His behaviour at home and school degenerated and he provoked fights with family members. He thought he was 'going crazy'.

Anne is 15. She says she sensed things going wrong in the parents' relationship when she was 9. Her mother then began sleeping with her, and told her about her father's affairs. Anne began hating her father. She believed he treated her mother like a slave. Her mother suffered depression and suicidal tendencies. This meant that Anne had to spend a much longer time looking after the baby of the family. She sought to escape from the misery of her life. She overdosed and threatened suicide because she thought she was pregnant. On one occasion, after she had had a row with her father's new partner, she

burst into tears in school. She was a major source of concern to both her mother and her teachers.

Facing the reality of emotional and psychological abuse

Literally millions of adults and children who have experienced separation and divorce, as a parent or a child, can identify with these respondents. But what precisely is happening to them? Take any one of the utterances or case histories – this for example: Anne's mother deserts the marital bed, begins sleeping with Anne, and enlightening her (with all the bias one might expect of any partner in the circumstances) about her father's infidelities. Anne then begins to hate her father.

This story is so simple, common and truthful that it may deny us the realization of the profound and destructive forces unleashed within child, her parents, and her home. We should begin by asking: what, then, is the quality of emotional interaction between the child and each of her parents, and between the parents themselves? Anne tells us herself that she hates her father. He is aware of his wife sharing Anne's bed. His wife is presumably (a) escaping; (b) making a powerful statement about consequences; (c) (unwittingly, unintentionally) exploiting Anne through invading her personal, intimate space and seeking to ensure that she wins Anne over entirely to her side, her interpretation of events, her hatred of her husband, which Anne freely tells us is projected effectively onto her. It is inconceivable in this atmosphere of *shock, hatred, betrayal, revenge and exploitation*, to say nothing of the subsequent self-destructive tendencies of both mother and daughter, and mother's *depression* and *despair*, that both parents are responding emotionally appropriately to Anne. To put it more bluntly, the circumstances of her parents' disintegrating relationship and her embroilment within it are subjecting her to what she later tells the researchers is an 'emotional hell'.

This 'emotional hell' greatly exacerbates the simultaneous psychological damage, to the state and function of *perception, memory, recognition, intelligence, attention* and her *moral sense*. Seventy per cent of the respondents reported adverse impact on schoolwork. They just couldn't concentrate as they normally did (*attention, intelligence, problem solving*). Some became more 'aggressive' or 'unhappy', or 'withdrawn' (*self-perception, memory*). Anne's perception of herself is gravely affected. She perceives herself primarily as worthless. Little wonder the attempted escape through deliberate (not casual) sex, and her cry for help in self-destructive behaviour.

Fawcett's research is also about the support, help and counselling that the respondents received. Many of the adolescents emerged from these experiences older, more mature and wiser; yet most of them still carried the emotional and psychological scars that the experience inflicted on them. Anne herself is

typical. She told the researchers that she 'still feels caught in the middle . . . she never wants to get married' and 'if you put your children through that, it's hell' (Fawcett 1998: 32). Many theoretical, case study- or research-based texts support the general findings of Fawcett and her colleagues. A 15 year old in Wells's (1989: 57) best-known text, for example, succinctly encapsulates the emotional and psychological torment: 'They asked me who I wanted to live with. It's like being asked if you want to cut off your arm or your leg.' We might finally ask, then, why are such abuses, which must have some bearing on the mental states of adolescents, not given the recognition (which the testimonies at least tell us) they deserve? There may be numerous pervasive attitudes influencing how this problem is perceived, each of them posing major challenges:

- Adolescents are generally much more self-sufficient and less vulnerable than younger children (a view strongly contested by Wes Cuell, the NSPCC Director of Services to Children and Young Persons (Ward 2005)).
- Divorce is so rampant that kids have just got to get over it, whatever their age, emotional and psychological strength, preparation and support and so on.
- Childcare professionals unconsciously avoid being reminded of a type of abuse that is as rampant within their own ranks as the tragedy of family disintegration that generates it. It is not something they can walk away from, cut off from, at the end of their working day. Within many of their own partnerships and offspring, or those of their neighbours, closest friends and relatives, and possibly, most powerfully, within their own memories of childhood and adolescence, is the realization of the helplessness at the core of so much separation and divorce.

Emotional and psychological abuse of adolescents: frameworks for exploration

Table 11.2 gives frameworks describing actions that emotionally and psychologically abuse adolescents. All the cases are taken from real life, though disguised in differing respects. Adolescents, unlike younger children, may have the opportunity and the moral courage to resist and/or walk away from different forms of abuse, for example, physical, sexual, severe deprivation and so on. However, the examples shown in Table 11.2 are of emotional and psychological abuse from which the adolescents felt they could not escape.

Table 11.2 Emotional and psychological abuse of adolescents

<i>Emotional-psychological abusive behaviour of parents/carers/peers, intentional or unintentional</i>	<i>Emotional impact of behaviour and/or its context</i>	<i>Psychological impact of behaviour and/or its context</i>
Mentally ill father who does not take required medicine is repeatedly prone to violent outbursts against 16-year-old Ben, often in company of peers; father and mother long time separated; two younger children (aged 12, 10) at home	Ben never experiences positive, nurturing, emotion from dad; when he tries to talk to or to help his dad, he is often rejected explosively; his anxiety about <i>aggressive outbursts</i> is fully justified; if he tries to calm dad, it provokes him even more; he is often burdened with protection of younger children; Ben's own emotional life is increasingly characterized by visible negative emotion and self-preoccupation	Ben's mental faculties cannot function normally or creatively in these conditions; <i>attention, intelligence</i> and problem solving are repeatedly sabotaged, <i>memory</i> dominated by unpleasant recall of events at home; <i>perception</i> of self and situation invariably negative and undermining in both relationships and work; normal adolescent identity crisis greatly exacerbated by this predicament
15-year-old Sarah is victim of bullying; she is physically attacked on daily basis, that is, shoved, spat upon, punched, tripped; she is threatened, isolated, rejected, her possessions are stolen, her mobile is bombarded with obscene and threatening texts	Bullies and accomplices intensify Sarah's <i>fear</i> and <i>anxieties</i> ; they openly <i>hate, mock</i> and <i>humiliate</i> her; they are <i>gratified</i> in her suffering; those who do not indulge in bullying are <i>cowed</i> by threats from the bullies; Sarah becomes increasingly <i>despairing</i> ; feeling and expression of positive emotion becoming rarer, inside and outside school	Sarah's mental faculties of <i>attention, memory, perception</i> and <i>intelligence</i> adversely affected; <i>moral sense</i> becoming distorted: frequently harbours powerful, appealing thoughts about killing bullies; school performance deteriorates; perception of self as helpless, unable to cope; begins contemplating suicide
Anne (aged 14) is groomed over long period for sex by an uncle for whom she baby-sits; his wife, her aunt, is also a good friend; uncle's intentions clear only after much	Anne feels overwhelming <i>guilt, fear</i> and <i>shame</i> , is laden with <i>anxiety</i> and <i>apprehension</i> in aunt's presence; she <i>dreads</i> her aunt finding out but she	Anne's <i>attention</i> often diverted onto abuse and her feelings about it; her <i>memory, intelligence, attention</i> and <i>perception</i> all used in attempted

(continued overleaf)

Table 11.2 (continued)

<i>Emotional–psychological abusive behaviour of parents/carers/peers, intentional or unintentional</i>	<i>Emotional impact of behaviour and/or its context</i>	<i>Psychological impact of behaviour and/or its context</i>
seemingly harmless physical play; when this graduates to sexual assault and payment, she feels that it is too late, that she dare not let her aunt find out; she convinces herself that submission is only solution; she then actively cooperates in facilitating sex with her uncle	does not feel like this about the abuse; she gradually changes from fearing it to ‘ <i>desiring</i> ’ it, and she is increasingly <i>gratified</i> by the gain (money, presents and influence) that accompany it	justification of abuse; she increasingly accepts that it is ‘not as bad’ as it first seemed, and that exposure would be much worse for everyone; her <i>moral sense</i> is corrupted by increasing financial and material gain associated with illicit relationship; these gains become important to her
A gang of thugs frequently shadow two Muslim adolescent girls at different locations during the journey to and from school; they taunt them, mock their religion and their clothing (<i>yashmaks</i>), intimidate and threaten them	All emotion felt and expressed by thugs towards the victims is negative and destructive: <i>malice, hatred, mockery, terror</i> ; the victims feel <i>fear, anxiety, confusion, panic</i> , and a profound sense of <i>horror</i> because of the assault on what is so precious to them: their faith and religion; these emotions predominate, and affect social relationships and home life	These attacks impact adversely on victims’ social, educational and personal lives; the attacks are anticipated and dwelt upon; victims see themselves as trapped in an alien, dangerous environment, and only feel safe at home; abuse is incomprehensible to them, other than hate-driven, which intensifies their confusions and fears
14-year-old Barry senses his parents’ deteriorating relationship; neither parent feels able to discuss what is happening with him; he sees his mother leaving at night and not returning until next day; he begins to realize his father knows, but seemingly doesn’t care; then he is told	Barry feels himself sinking further into the tension and absence of communication between his parents; he gets increasingly <i>angry</i> and <i>frustrated</i> ; the prospect of separation fills him with <i>dread</i> and <i>shame</i> but he remains <i>helpless</i> ; his emotional life is dominated	Barry withdraws from much of peer activity; his predominantly negative emotions and self-preoccupation are noticed and often referred to by peers; his schoolwork and relationships deteriorate; his <i>perception</i> of self plummets; he dwells on

they are separating, and that he will remain with his mother and her new partner; his father is leaving not just the marriage, but the country

by negative, painful emotions; he sometimes cries himself to sleep

the *worthlessness* that he feels; he cannot comprehend that such catastrophic events could take place over a long time during which he was never asked his opinion or feeling; his father's proposed emigration is the most wounding prospect he faces; he feels an overwhelming sense of injustice

Summary

The emotional and psychological abuse of adolescence has long been neglected in childcare practice. Yet the literature and research on adolescent life inform us that it is a period of transition and vulnerability, during which suicides and mental illness increase alarmingly. This chapter has focused on numerous family circumstances and social processes in which emotional and psychological abuse against adolescents is irrefutable. A number of these have been explored, particularly separation and divorce. Adolescent respondents in research have described the emotionally and psychologically abusive aspects of their experience during acrimonious and conflictual parental separation. Such experiences and their consequences in social and educational life validate the definitions of emotional and psychological abuse which this text has adopted. They also highlight the universality of the phenomenon: so rampant are divorce and separation across nationalities, classes and occupations (though not across cultures or religions) that we can only conclude, on the basis of how the victims themselves describe them, that great swathes of the adolescent population somehow endure the misery and the abuses inevitably arising out of them.

Questions/Exercises

- 1 Why was adolescence once designated an age of *storm and stress*? Do you agree with this designation? Suggest some of the findings in more recent research, which have modified that perception of adolescence.
- 2 Name some of the well-established theories on adolescence: explain them.

- 3 How have they enhanced your understanding of adolescent development?
- 4 How might the definitions of emotional and psychological abuse, which this text has been using, relate to theories of adolescence?
- 5 List any number of case histories you can recall of the emotional and/or psychological abuse of adolescents. Identify the principal manifestations of the abuse, its short-term and long-term consequences.
- 6 Add to the list of social and family processes and behaviours provided in this chapter that are emotionally and psychologically abusive to adolescents in particular (i.e. bullying, forced marriages etc.).
- 7 Why might separation and divorce be particularly emotionally and psychologically abusive to some adolescents, yet helpful to others?
- 8 List all the possible adverse consequences of separation and divorce on (a) adolescent peer group relationships; (b) education; (c) self-perception.
- 9 Give examples of personal testimony of adolescents describing the impact of parents' separation and divorce (these may be work or personal experience).
- 10 Childcare professionals also divorce and separate, with similar emotional and psychological consequences for their adolescent children. What may be the benefits and pitfalls of such experiences for their professional work?

PART 3

Practice Realities and Limitations

12 Aaron and Grace: A Case Study

The greatest thing a human soul ever does in this world is to see something
. . . To see clearly is poetry, prophecy, and religion, all in one.

(John Ruskin, 1843)

Introduction

There are many children being emotionally and psychologically abused. This chapter tells the story of two of them, Aaron and Grace. The names are fictional, and material details are disguised, but the essential core features of the case are factual, including the decision to seek Care Orders on the grounds of significant harm (i.e. emotional and psychological abuse). It will be presented through the usual phases of child protection work, referral, initial visit, strategy meeting, Section 47 enquiry, case conference, intervention, and court proceedings. Space permits only a very condensed version of each of these phases, and the chapter certainly does not seek to emulate the many excellent models and comments on comprehensive assessment in action (DoH 1988, 2000c; Holland 2000; Fowler 2003; Trevithick 2005). Rather, it aims to consolidate the reader's understanding of emotional and psychological abuse gained from previous chapters. Its focus is on the here and now, more specifically on (a) the emotional and psychological life of the children; (b) observed interactions between parents, parents and children, and parents and workers; (c) continuous assessment leading to the consensus that the children were being emotionally and psychologically abused; (d) the sometimes conflicting actions of attempting to enable parents to provide adequate care, yet preparing to remove children to prevent significant harm.

This chapter is a departure from the usual type of success story to be found in the concluding part of so many texts (including most of my own) and indeed, readers may criticize the worker's actions and the outcome. However, it does represent a reality that every front-line worker will recognize, in which

(a) very young children are silently suffering emotional and psychological abuse with catastrophic consequences for their social, emotional, psychological and educational development, and (b) there are parents who, for whatever reasons, and whatever investment of time and effort by workers, are still unwilling or unable to forgo the principal source of such abuses, and/or substantially reduce the risk of it occurring in the future.

Referral

A neighbour phoned to express concern about two children, Aaron (aged 20 months) and Grace (aged 3 years and 4 months). The referrer could not pinpoint precisely what her concerns were. The duty officer attempted to help; he asked whether she thought they were being physically abused. She didn't. He asked whether she thought they were being sexually abused. She didn't. What about 'neglect' then? Yes, she thought they were being neglected but she didn't know how. Why did she think they were being neglected? 'Well,' she said, 'they never see the light of day.' Do the parents ever leave them? No. Has any other neighbour ever seen the children? Yes, at the clinic, and the local shops, but none of those neighbours has had the opportunity to get to know them. Are any of *them* saying that the children are being neglected? Has anyone seen any signs of neglect? The answer to both of these questions was 'no'.

The neighbour says that 'not seeing the children' worries her. There is no contact between the older child, Grace, and any other children in the street. 'That's not right,' she thinks. She and other neighbours have seen the assumed father of the children drunk on occasions, but, no, she cannot pinpoint any concrete evidence of abuse. She has seen the mother and children only about twice since they arrived six months ago. The mother is very shy and gives the impression that she is frightened to speak to anyone, or for anyone to speak to her. The thing that bothers the neighbour most is the fact that the makeshift curtains are always drawn over top and bottom windows, this is what she meant when she said, 'they never see the light of day'.

Referral in context

In the context of child protection referrals in an area office, this referral ranks low in priority, with no suggestion that the children are being physically abused, and no observations substantiating her 'hunch' that they are being neglected. However, records reveal that the couple, Lance and Nora, had an older child, Paul, aged 5. He was physically abused by Lance when he was 12 months old. All the child protection agencies involved in Paul's case agreed that Nora's mother, Mrs Williams, could temporarily care for him, until it was judged safe to return him to his parents. But he was never returned. It was not

because social services judged it to be unsafe, but because the parents never asked for his return, and Lance repeatedly said that he would never have him back. Nora visits Paul at least once a week, unaccompanied.

Lance had been married previously. His childhood and that of his brothers and three sisters were characterized by abuse, domestic violence, extreme poverty and residential care. There had been much social work involvement in the family. Later, Lance served in the Army, and was posted to Northern Ireland. He witnessed colleagues being shot dead there. He suffered post-traumatic stress disorder and received psychiatric care when he returned. There are obviously enquiries to be made here of other agencies, but in the interests of parents-workers relationships, agency policy discourages enquiries of other agencies without permission from the parents, unless of course it is believed that the children are in danger or are being significantly harmed. The referrer was suggesting neither but the records necessitated an initial investigation nevertheless. A social worker, Frances, visited.

Commentary

Had it not been for (a) the records of physical abuse, and (b) registration and removal of another child, this referral about Aaron and Grace may not have been acted upon. The neighbour's 'seemingly' imprecise observations and feelings are not the usual grounds on which social workers would normally invoke Section 47(1) of the 1989 Children Act (i.e. having reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm). Yet the referrer's colloquialism – 'they never see the light of day' – and her statement that the older child has no contact with any other children in the street, could not have been more precise. This information of itself should have necessitated an investigative visit.

First visit

The family lived in a run-down, derelict area of the city, due for demolition and redevelopment. There is a palpable decay in the area, with its boarded up windows, vandalized empty shops, ancient graffiti on gable walls and very few pedestrians. The makeshift curtains of the home are drawn, just as the neighbour recalled.

Nora, Lance and the children are all at home. Lance is unemployed, on long-term incapacity benefit. The worker notices the impact of light on Nora who opens the door, as though it were a pain to her eyes. The living room is in semi-darkness, the television screen being the main source of light. The room is dominated by a large settee. There is an open fireplace but no fireguard to be seen. Dozens of video cassettes, old newspapers and beer bottles are scattered

around. Huge filthy teddy bears, broken dolls and toys lie unused. Grace wears only a vest, and crows behind her mother, with her finger in her mouth, gazing anxiously up at Frances. Her runny nose adds another layer to the uncleaned, hardened mucus spread over her upper lip. Her matted hair is dull and lifeless.

Lance has only just got up. His bare feet rest on cold, cracked tiles. Both parents are smoking, and the air is stale and heavy with accumulated stench that have had little chance of dissipating. The settee on which they sit and the clothes they wear are unwashed and heavily stained, and the social worker will quickly learn that both parents have no awareness of, or regard for, personal hygiene. Aaron is still upstairs, in his cot. Frances asks the couple if they would mind, before she says any more, turning the television off. Lance jumps angrily to his feet, says nothing and turns the volume down. The screen flickers on.

Lance is incensed at the reason for the visit. He launches into a tirade about social services and neighbours, proclaims he knows who the referrer is, and that he will kill her. The social worker has heard all this before and manages it accordingly (statutory duty, children's welfare, 'everybody thinks they know who the referrer is and they're always wrong . . . I know how painful this is' etc.). She notes that neither Lance nor Nora has any awareness of the impact of his fury on Grace, who is terrified. She stands as though frozen with fear, unable or not knowing where to run.

When the anger has subsided, the social worker shifts the focus onto the children. She cannot yet engage the child, who understandably regards this strange woman as a threat and as the cause of her father's anger. The questions are addressed to both parents but Lance, too obviously, gives the impression that he is a simmering cauldron of *bitterness*, *anger* and *threat*, and does not respond to the questions.

Important facts are first established. The children were seen by a health visitor 3–6 months ago. They are registered with a GP. Grace is not attending any playgroup or nursery; Aaron and Nora are not attending any mother–baby group. Neither Nora nor Lance have any social contacts in the neighbourhood ('don't want any contact with neighbours'). Grace doesn't play with any neighbours' children ('not safe'). Nora only attended 'one or two' ante-natal classes when she was having Aaron. The social worker asks Nora if she would mind if she has a word with the GP and the health visitor. Nora is incapable of saying 'no', and Lance seethes even more, yet cannot break out of his self-imposed exclusion from this discussion.

Although Nora is the only one responding to the questions, Frances realizes the enormity of the imbalance of power in this relationship. Nora's voice is barely more than a whisper. Her responses are mostly monosyllabic, except when Frances gently presses for a few words more. She is 22 years of age, under five feet tall, but she sits on the settee bent over, hunched, as though she were an old and tiny woman. Her bottom front teeth are missing, and her remaining teeth are black with decay. Every few seconds she inhales a lungful of

smoke, and sighs as she releases it. Her focus shifts nervously, from one item to another; she seemingly cannot bear to look into the eyes of the social worker. Frances believes that Nora is speaking under the intimidating shadow of a seething Lance, as though she was calculating the cost (when Frances leaves) of affording this social worker the courtesy of answering her questions, which he refuses to do. Frances gains the distinct impression that Nora's confidence and self-esteem are virtually non-existent, and suspects that her much older, taller, louder, more worldly and threateningly aggressive husband ensures that that imbalance remains.

Frances knows that if Aaron is asleep, she will not at this stage ask or expect Nora to wake him. But she feels she must see him nonetheless, and the conditions in which he is kept, and to see around the house as a whole.

The kitchen is in a mess. There are dishes and empty junk food cartons that have obviously been there for days. The cooker has numerous ancient layers of grease and grime. The bathroom gives every indication of being used more for storage than for toileting. The kitchen and the bathroom have their own unique stench, intensified over the weeks and months by windows that have never been opened (now sealed when Frances tries to open them) and covered by yellowed newspapers functioning as curtains, minimizing the light.

When Frances enters the children's bedroom, she asks for some light. Nora switches a bare bulb on. Frances says she meant natural light; could Nora draw back a curtain. Nora does this and again betrays how alien natural light is in her life.

Even more is it alien to Aaron. He was not sleeping. He was obviously awake and is startled by the light. He is even more startled by the strange face looking down on him. He is not impressed by Frances's kindly looks and smile. He bursts out crying. Nora seems to panic and lifts him. She moves him up and down in her arms, much too rapidly, in the hope that this might pacify him. She appears to be very anxious and/or embarrassed about this social worker hearing her baby cry. Frances is more interested in the fact that she *did not* hear Aaron cry when they walked into the room. She is concerned when Nora 'assures' her that Aaron never cries when he wakes up; he just 'lies there' waiting for his mother or father to come up the stairs and lift him. Frances suggests that perhaps he needs his nappy changed; the pungent smells of urine and excrement are unmistakable. Nora is unable to resist this suggestion, though it quite obviously sends a tremor of exposure through her. The excrement is caked into the nappy and the bottom, and when the dripping wet nappy is removed, the skin around the anus seems almost excoriated. Nora is too lacking in confidence to tell a lie: the nappy has not been changed since early last night. It is 11 o'clock in the morning. She says that she was about to change it when the worker arrived. Frances immediately tells Nora that this is not acceptable, that it is painful and uncomfortable for Aaron. Nora then feels

compelled to change the nappy and clean the bottom now, and her anxiety and fear contribute to the lack of subtlety and finesse with which she does it.

Frances and Nora return to the living room. Frances tells Lance precisely the same thing (she is conscious, from experience in the past, of the consequences of not telling parents unpleasant truths immediately, then inserting those truths in official reports later). She senses his *anger*, and yet, also, his *helplessness*; she thinks he probably expected this. She explores with the couple and records much information about the present and past situations, their income, families of origin, care of the children, lack of support and their isolation. Lance admits to Nora doing most of the 'caring' for the children. Frances believes Nora does it all.

Frances realizes that her presence, her observations of parents and children, her lengthy questioning, and her intrusive inspection of the home greatly heighten the couple's anxiety. She acknowledges this to both parents. She also knows that Lance's anger limits the degree of assessment of the children that she can make on this first visit. Grace is still too anxious and afraid as a consequence of the tremors caused by Frances's visit, and, like Nora, she is also affected by her father's sustained anger.

Frances recaps on the visit and tells the parents that she will visit again. She tells them of her concerns; she writes these down as they look on, reads them out, asks for their opinions and feelings, and says that she will get them typed up and a copy given to them. She has a present for Grace, which she offers her with little fuss. Grace takes the present; she is grateful but does not smile or speak. Frances turns to Lance before she leaves and acknowledges his feelings about her visiting. She sends a dual message, a recognition of how painful her visit has been for him, and of how some parents take it out on each other after a social worker has gone. 'The only people who get really hurt when that happens,' she tells him, 'are the children, and they're the reason I'm here.' She is genuinely worried about how Lance may react towards Nora when she leaves.

Commentary

There is no evidence of imminent danger or *deliberate* harm to either of the children, but there are clear indications that they may be being 'significantly harmed' (Children Act 1989, S31(9)). It is also likely that both children are in 'need' in accordance with S17(10) of the Act. A *strategy* meeting is held a few days later. A Section 47(1) enquiry is initiated as part of a *core assessment*. The social worker's concerns are:

- lack of awareness on the part of either parent of Grace's distress generated by Lance's anger and tirade
- Aaron had been awake for some time, and had not been crying (this

response is often seen in babies whose cries have been consistently ignored over very long periods)

- Nora's apparent panic when she heard him cry in the worker's presence, and her too vigorous attempt to pacify him
- the semi-darkness, foul smells, and all the windows shut tight and covered over: these appear to be the conditions in which both children live throughout each day
- the unchanged nappy and the rawness of the skin around his anus (this is invariably called *neglect*; it would be much more logical and informative to call it *physical abuse through neglect*)
- finally, Nora's apparent lack of confidence and parenting skills.

There were no signs of physical assault on the children and the worker did not feel compelled to explore that possibility, by asking either parent, or by attempting, surreptitiously, to see the children undressed. Later, Frances will seek the agreement of the parents for a medical examination. All of the observations made on this first visit vindicate the effort of the referrer and necessitate comprehensive assessment. The strategy meeting assigned the case to Frances as key worker, and Peter, a male colleague, who would thereafter accompany her and work with her, specifically attempting to reach out to Lance.

Consultations, subsequent visits and assessment

At the strategy meeting, the health visitor shared previous concerns about this family. Percentile charts for both children in their first years seldom moved beyond the 10th percentile, and occasionally dipped below the 3rd. Both children had been hospitalized with gastroenteritis and pyrexial illnesses; she recalls that the parents often stayed away from the hospital for long periods. She never witnessed or suspected physical abuse, but she often felt helpless in the face of what she referred to as Lance's resentment and obstinacy, and Nora's inadequacies. She simply could not persuade Nora to attend ante-natal classes, and the only occasions Nora did attend were when she herself transported her. She never made any progress regarding the children's consumption of junk food. She too was concerned about the lack of light, and no matter how diplomatically she tried (and sometimes succeeded) to get them to let light and fresh air into the home, the light and air would be shut out the next time she visited. She confirmed Frances's suspicion that Lance totally dominates Nora.

Medical examination

Frances and her male colleague request the parents' agreement to a medical examination (if resisted they'll seek a Section S43(1) Assessment Order). They attempt to persuade an incandescent Lance that this is not because they suspect that the children have been physically assaulted or sexually abused. Lance gives way. His rage seems more from a sense of helplessness than any hatred of the workers, as though he is hyper-conscious of what happened before with his son Paul, and might happen again with Grace and Aaron. The social workers confirm to the parents that they will be visiting the home regularly within the next two or three months. They assure them that they will share their views with them each time they visit. They make it clear that they are not just wanting to assess the care of the children, but how they and their agency can help the family. Lance simmers silently in the corner. Peter tries to persuade him to accompany Nora and the children to the hospital but he refuses.

The medical examinations confirm the general impression of lack of hygiene, and a diet lacking in nutrients. The children remain borderline cases of concern regarding height and weight, and postural and locomotor development. The paediatrician can discern no physical injuries or diseases that may have caused or contributed to their areas of concern. She regards both children as unresponsive, but with an underlying anxiety, and suspects serious lack of emotional and physical stimulation. There are signs of bruising on both of Grace's legs, around the knees, which the paediatrician believes are accidental. There are no indications of sexual abuse. There are signs of redness beneath both of Aaron's eyes which she thinks may be due to a skin infection. She wants to see both children again but is convinced that neither is the victim of physical assault. She confides later her opinion that Nora is seriously limited in intelligence and mothering capabilities.

Commentary

Nora is relieved but the workers are not. It is the perennial task of workers to convey to parents that, although a medical examination has found no evidence of physical or sexual abuse, there are nevertheless concerns about the quality of the care the children are receiving. In such instances the medical examination and the paediatrician's comments accentuate the importance of the detailed observations of the children that will follow. In order to establish precisely what is happening to the children as part of the core assessment, workers should not initially make massive interventions of help and support in the home situation. They should merely visit often, explore through questioning and observation, subtly and sensitively enable parents to see what they are seeing, but seek to influence as little as possible the observations they

are making. The timing for much more informed help, support and influence will come later. There is an exception to this strategy (as demonstrated in the following section on Grace): when these parents and children are perceived so negatively and destructively by others that instant change is imperative in order to prevent the children suffering further.

Observations of Aaron

Lance is stiff and awkward in his handling of Aaron. He never gets onto the floor to engage him, and he never attempts to stimulate or satisfy his curiosity. He speaks to Aaron as though he were an adult, in a loud, unvarying, authoritative voice. There is no warmth, nor any spontaneous, enthusiastic reaching towards Aaron; no funny faces, no chasing, no hiding. Lance's smiling at Aaron is rare, and vice versa.

Aaron is a very small child, hovering around the 3rd percentile. He is unusually inactive, at an age when every limb of his waking body and every mental faculty should be active. He is never seen experimenting with the world, at an age when experimental enquiry about what he sees, hears and touches should be at its most intense. Neither parent is ever seen encouraging or facilitating his discovery of the world. He is never seen relating to, interacting or playing with Grace. He makes no attempt to emulate Grace's movements and behaviours, her limited speech and expressions; there is no discernible difference in impact on him whether she is present or absent.

Aaron touches contrasting surfaces without interest or feeling. There is tension around his eyes and his mouth. He does not attempt to walk alone. He clings onto an adult hand and displays much anxiety in getting from A to B. Frances encourages Nora to help him to walk. Nora says he doesn't want to walk and always sits down again. Frances gently persists and stresses how important Nora is for Aaron. Nora provides a hand, but there is little empathy with the child's challenging adventure, no verbal or physical encouragement, no reassurance when he trips, no reward for achievement, no parental *pride* or *delight*. Nora gives up, and Aaron, now relieved, resorts to sitting on the floor among a heap of junk toys and storybooks that have been used primarily by Grace for scribbling and tearing pages out.

Neither parent is skilled in feeding Aaron. The wrong location is chosen (i.e. the settee in the living room); there is no high chair; no suitable baby utensils. Both parents feed him without looking at him, in order to carry on watching television. He is fed hand to mouth; he is unusually passive; he makes little noise; there is no *protest*, no *excitement*, no experimentation with his food, no endless tipping of food onto the floor or table, no chaotic movements, no multiple facial expressions as he chews, tastes and digests, seemingly neither *pleasure* nor *disgust*.

Aaron does not experiment with (or derive any sense of control from) space. He is immediately and roughly prevented from doing so by Lance. He does not climb stairs. Though he cannot walk, he seldom crawls. He does not crawl about the floors, moving from one room to another. He does not use chalks or crayons to draw countless curvy lines on top of one and other. When a worker once brought him to the front door, he made no attempt to explore or move further away. On the contrary, he looks unusually tense, and was relieved to be brought back in again.

At an age when the infant's capacity to express emotions and luxuriate in the discovery of language is observable to all, Aaron appears unexpressive and silent. Closer scrutiny, however, reveals expressions of numerous negative emotions, apathy and indifference, confusion, sadness. Neither parent is ever seen approaching Aaron with *exuberance*, or responding to his negative emotions with warmth, empathy and reassurance. It becomes patently obvious they do not recognize his lack of interest and emotional expressivity as a problem.

Aaron does not clamour for his parents' attention (this reminds Frances of Aaron lying silently in his excrement and urine). There is no intensity of *joy*, *anger* or *frustration* typical of the age. Many normal 20 month olds may not speak, but Aaron has seemingly not yet begun making any of the sounds that precede speech. Nora says she talks to him all the time. The workers do not observe this. She says that she does not recite nursery rhymes to him (she doesn't remember nursery rhymes).

Aaron has yet to hear himself making all kinds of vocal sounds, with their own chaotic rhythms and pitch, and more importantly, he has yet to feel *excited* and *proud* in doing so. Making lots of sounds, saying simple words like 'da-da' and 'ma-ma', trying to say other simple words spoken by those around him, and eventually thinking and saying 'I', are all milestones that he seems very distant from.

Nora's physical contact and caring of Aaron is characterized by a mechanical, jerking motion, compatible with what the worker's perceive as a crippling inferiority and anxiety. Initially she holds him as if he were a shield to protect her from prying social workers or difficult questions. Later, when she is used to the presence of the workers, her handling of Aaron is no more tender. She is never seen caressing him, or deriving emotional pleasure from embracing him, hugging him, or from simply staring into his eyes.

Observation of Grace

Nora accepts a playgroup place for Grace. Workers observe Grace and her mother within both home and the playgroup. At the outset, Grace was *resented*, *mocked* and *isolated* by her peers in the playgroup as a consequence of

arriving at the playgroup with her mother, stinking. Some of the older children held their noses with their fingers. Such is her stench-laden home environment, and her parents' non-existent hygiene standards, that Grace, unlike many of the other children, has little or no discernment in smell; thus she was initially shielded from an understanding of what her peers were on about, but not from the realization that she was being picked upon and laughed at. This very common experience of poor personal hygiene leading to children being shunned or mocked in a playgroup has to be dealt with urgently. It provides Frances with an opportunity. Nora is made aware of what is happening. She accepts that Grace's hygiene is not going to improve if her own doesn't, and that her own hygiene will not improve if standards in the home generally (including Lance) do not. She makes efforts in this regard, to ensure that she gets up earlier than usual, and that Grace and her (newly bought) clothes are clean and fresh. But Lance makes it abundantly clear that nobody is going to discuss hygiene standards with him.

Grace's emotional life seems predominantly devoid of positive emotional experiences. Her facial expressions and her bodily posture denote *tension* and *anxiety*. Workers know that Grace's facial expressions and her emotional state are compatible with the tension and anxiety of her mother. Much effort is made in enabling Nora to relax, to learn to play and interact with Grace in such a way that both may derive some pleasure from the experience. Nora is receptive and makes some progress in the playgroup. Home, however, presents a challenge too great for her to surmount. In the playgroup the play therapist makes occasional progress with Grace. She sometimes loses that tense, taut complexion, is easily engaged, interested and enthusiastic. Going home, however, seems to reverse the progress, and she returns to the playgroup with her mother most days looking tense and detached again.

Lance displays the same stilted, awkward style and tone in his limited interactions with Grace. He never lowers himself to her, except to thunderously roar at her for some perceived misdemeanour; she is visibly cowed when he roars at her like that (the social worker jolted the first time she heard him roar). He never plays with her or expresses any curiosity about some of the new educational toys that have been provided for her. Like Nora, he never attempts to help Grace's speech development. He has never been seen encouraging her to speak or correcting her words; he never engages in wordplay with her, repeating and explaining words, emphasizing their sounds. Nora has begun to do this in the nursery to a very limited extent, but despite the attempts of staff and social workers to get her to do this at home, she doesn't.

Grace has been encouraged to do a painting for her mother. Nora takes the painting off Grace, looks at it, and is embarrassed because she seemingly does not know how she is supposed to respond, and yet feels that she is expected to respond. This is the moment for a beaming *pride-laden* smile on the part of mother and daughter, maybe a *loving embrace*; spontaneous and sincere

utterances of gratitude and encouragement by mum. But there is none of that. Nora remains her barely audible, monosyllabic, expressionless self, just as she was in her own home. More seriously, Grace herself does not know how to respond. She is seemingly perplexed by this requested action of handing her mother her own painting. She is not smiling, nor is she expecting praise; she seems devoid of the sense of *pride* and *gratification* that one might expect.

Grace displays virtually no imaginative play. When her peers indulge in imaginative play, she seems perplexed and discomforted. There are no indications of her either feeling or expressing the more complex and subtler emotions that her peers are increasingly demonstrating (i.e. when they are becoming adept at emotional manipulation and influencing the emotions of others). That confuses her too. Grace cannot indulge in 'masking' or controlling or pretending emotions, as most 3 year olds often do.

Grace has never yet addressed herself as 'I'. She seems unaware of any aspect of self such as her gender, colour, facial characteristics and so on. She does not yet see herself as distinct. She is incapable therefore of sharing in her peers' 'let's pretend you're someone else' games; she cannot experiment with an identity that (to her) is non-existent. She cannot, as her peers do in pretend play, escape from her own identities and move into another, to 'represent' another.

Grace lags far behind her peers in many of the playgroup activities. Her motor and coordination skills are conspicuously immature; her attention span is substantially less than average; her memory recall is very weak; she is extremely reticent in tackling many of the developmental toys and instruments available to her. She cannot yet string blocks of wood, insert jigsaw pieces, work out the different plastic shapes to be inserted into the appropriate spaces at the top of the drum. Throughout the days that follow, the playgroup leaders gain the impression that her abilities and development are more akin to that of an 18 month old. The speech therapist prognosticates severe delay in speech development if she does not receive intensive daily therapy in an alternative home environment.

This impaired development in speech probably contributes to another highly conspicuous feature of Grace. Unlike nearly all 3 year olds, she does not ask questions, either in her home or playgroup. Nor is she capable (by way of intelligence development and normal speech) of saying anything clever or witty or humorous that might amuse either peers or adults. On the contrary, she is exceedingly vulnerable. She is often wronged in the playgroup, treated insensitively and roughed up by other children, but she cannot defend herself, and she gives no indication of an awareness that this treatment is morally unacceptable; she does not look round at adults as though she may hope that they see what is being done to her, rescue her, and deal with the culprits. She takes a lot of ill-treatment, before bursting into tears.

Commentary

All of these observations done over many days of visits, combined with the paediatric report and consultation and sharing with other professionals, confirm two major facts: (1) that Aaron's and Grace's developments are being impeded and impaired, and (2) that Nora's needs, as the principal carer, are even greater than the workers had originally suspected. (The workers agree that Lance is a major impediment to the development of a normal mother–children relationship. He has been seen on numerous occasions yelling at Nora and humiliating her in their presence.) The parents do not recognize these facts; neither of them realize how their behaviour and interactions impact on the children. There is overwhelming evidence that Lance in particular will pose major obstacles in the way of intervention on the family's behalf.

Resistance to change

As directed in the strategy meeting, and in response to the above observations, a network of helping professionals is established. These include the social workers, health visitor, welfare rights worker, play therapist, speech therapist and an experienced volunteer from Home Start. The parents are made aware of the assessments of their children, and of the consensus that extra specialist input, and substantial changes in the care they receive, are vital. Both social workers always try to ensure that Lance is present when they visit. Occasionally, he deliberately avoids them by not being at home. Frances concentrates her efforts on Nora, using a cognitive therapy perspective (Trower *et al.* 1988; Ryle 1995; Payne 1997). She is very much aware of Nora's limitations, and that any progress may be sabotaged by Lance. The attempts to reach out to Lance fail. He reacts with *contempt* and *mockery* to any attempt to empathize. He becomes more *resistant*, *sullen* and *aggressive*. His only utterances reaffirm his *anger* at social work involvement, which, he yells out, is unnecessary, and an insult. Whether or not he is the cause, Nora begins to lapse in the very simple basic cognitive exercises advocated by Frances and, more crucially, in taking Grace to the playgroup. Despite the contract drawn up between the couple and Home Start, Lance makes life so difficult for their volunteer that she leaves.

Widening the context

Nora's mother, Mrs Williams, speaks to the social workers. She confirms what they suspected: Nora is repeatedly assaulted by Lance. They immediately enquire as to whether these beatings take place in the presence of the children. 'Of course,' she tells them, and recalls various times when the children were

brought to her to escape. She claims that he was 'cunning' enough to stop beating her around the face, leaving the evidence for all to see. Now he deliberately aims for her stomach, her chest and arms. She has seen bruising in these areas, including the distinct imprint of Army boots. Her mother says Nora is terrified of him, but more terrified of leaving him. She herself is afraid of Lance, and thankful that she rescued Paul from all that.

Mrs Williams talks at length about her marriage. She knows all about domestic violence; she eventually had to leave her husband because of it. All her five children were 'regularly beaten'. She knows this has had a devastating effect on all her children, particularly Nora. Nora never succeeded in any school examination, and never completed schooling. She was pregnant at 14 and had an abortion. She can barely read, and cannot write.

Nora's mother describes her daughter as the least confident of her children. Her passivity and her inability to stand up for herself sometimes drove her mother to distraction. She saw Nora being 'walked all over' on so many occasions. She believed she was 'easy pickings' for Lance 'on the rebound'; a man who was nearly twice her age, whose first wife had walked out on him, because of his violence. She is convinced that Nora would never walk out on Lance. She believes Nora would never cope on her own, and Nora knows it too, she says.

Frances eventually gains sufficient trust from Nora for her to verify Lance's violence. Nora confirms that his assaults often take place in the presence of the children. In being asked how she thought Grace felt when Lance was hitting her, she recalls that Grace used to scream, but doesn't any more. She lets Frances see the bruising. There are different shades, shapes and sizes. It is even more extensive than Nora's mother had claimed. Nora reluctantly agrees to a medical examination by her GP. Her GP reveals that he has actually seen similar bruises before. He has urged her on a number of occasions to go to the police, or to seek help. He also gave her leaflets on the subjects, with addresses and contacts. She always resisted the GP's advice with remarks like, 'He's stopped hitting me now.' The GP refers her for an X-ray to ensure that internal damage has not been done.

Commentary

Nora has never learned to communicate or play with her children. Lance casts a long shadow over her, a shadow of dominance, power and violence, that seemingly renders her in a permanent state of subjugation and fear. There are therefore enormous limitations imposed on her receptivity to the support, advice and encouragement of the workers, on enhancing her functioning as a loving, caring mother. There is little possibility of normal emotional development for Grace during her preschool years if the principal carer is clearly the product of multiple abuses throughout her childhood, and regular violence in

her existing marriage. These abuses have deprived Nora in large measure of the capacity to feel and express positive emotion. The feeling and expression of positive, pleasant emotions in 3 year olds is only possible when the principal carer is frequently responding to the child with positive emotions. The dominant visible emotions in Nora's expressiveness are *apprehension*, *fear*, *embarrassment* and *humiliation*. Lance's violent attacks on her exacerbate her predicament. They make it improbable for her to escape from the legacy of emotional, psychological and physical abuse in her childhood.

Battered, but don't tell anyone!

Predictably, Nora begs Frances not to mention Lance's violence against her, to him. She says Lance will kill her if he finds out. Frances listens patiently. She takes a long time explaining that Lance's violence is in her opinion the cause of so many of Nora's problems. She acknowledges Nora's genuine fear of Lance, but then attempts to explain that when he attacks her, he is doing even greater damage to Grace and Aaron. Frances allows this notion to sink in, and then slowly, patiently, enables Nora to think about it, explore it, and move a little way towards understanding it. Only then does she share with Nora her conviction that both of them have an obligation to ensure that Grace and Aaron are protected from the harm that is being done to them. Nora goes along with this, until she momentarily reflects on her husband, and expresses fear again. Frances tries to assure Nora that Lance can be prevented from harming her again; Nora knows this means police involvement and seems to be both assured and terrified. Frances expects these conflicting responses. She tells Nora she can be in control of her own life, that she can put a stop to this abuse, and rescue her children from its consequences.

Commentary

Frances is aware of the enormity of the challenge Nora is facing, and of how her upbringing and deprivation have least prepared her to surmount it. She is conscious also (because it has happened so often in the past) that if Lance is removed by police, then Nora might crumble any time thereafter, deny everything, seek out Lance with open arms, and re-entrench themselves and the children in their old ways.

Frances, Peter and their team leader have to decide how best to protect these already damaged children from that possibility. This is a difficult and not uncommon dilemma faced by child protection workers: having gained trust that revealed vital information about what was happening to the children, they feel compelled to prepare for the even greater dangers to both mother and children that this information generates; they need to do what Nora is

incapable of doing, acting against Lance, thereby betraying Nora's trust, and ensuring the safety of the children by removal.

The danger period

This pre-emptive strategy is approved by those who participated in the strategy meeting. Approaching Lance about anything – care of the children, hygiene standards, feeding and so on – has provoked massive hostile reactions. Confronting him now about (a) his attacks on Nora; (b) his abuse of the children in attacking Nora; (c) possible prosecution; and not least (d) removal of the children, poses real dangers. How might he react then? He will suspect his mother-in-law, and may want to attack her; he may suspect Nora's collusion and probably *will* attack her (Lees's (2000) research shows that women are at greatest risk of homicide at the point of separation or after leaving a violent partner). Under the influence of alcohol, he may react to these threats to his freedom and to the 'care' of his children by attacking anyone, including the workers or the children themselves (he very nearly attacked the male worker during this period). Finally, given his own childhood history and his adult psychiatric history, he may perpetrate the increasingly common catastrophic act of men in similar circumstances who feel they have nothing to lose: he may kill himself; worse, he may feel he must 'take his family with him'. All of these possibilities pose grave dangers, to the children more than anyone else, the least able to defend themselves from what he may choose to do.

Intervention

These harsh realities and possibilities compel social services to seek Child Protection Orders and temporarily remove Grace and Aaron. The children are placed in a foster home. The police, after interviewing Nora in the company of the social worker, arrest Lance. He is confronted with the allegation of violence for which the medical evidence and Nora's (exceedingly reluctant) testimony are irrefutable. He admits the offences. He is held in custody and is charged under Section 47 of the Offences Against the Person Act (this is before implementation of the Domestic Violence: Crimes and Victims Act 2004). Peter visits him and tells him about the removal of the children by social services, believing them to be seriously abused in seeing their mother being regularly battered. He seeks some response about that. Lance tells Peter to 'f . . . off'. Social services apply for interim care orders.

Lance is later prosecuted and convicted. His mental health and traumatizing Army service in Northern Ireland save him from prison; he is sentenced to

six months imprisonment suspended for 12 months; this is conditional on him submitting himself to aggression-control counselling; he is also served with an injunction preventing him from making contact with Nora or the children anywhere unless this is arranged and supervised by social services.

Nora approved of the action of removal but with little comprehension. She was offered the choice of remaining at home, being accommodated in a refuge, or returning to her mother. Tellingly, she chose to go to a refuge, seemingly convinced that Lance will avenge himself on either herself or her mother, and on both of them at once if he has the opportunity. Extraordinary attention is given to ensure that Nora is not simply left isolated in a refuge; the staff are made aware of her vulnerabilities, her lack of social competence. She has daily contact with her children, but those who facilitate these contacts believe her mind is clearly burdened with other matters.

Case conference

Lance refuses to submit any views or feelings to the case conference. Nora attends for part of the conference, but is overwhelmed by it and says nothing. The social worker has discussed it at length with her and reads out Nora's stated opinions. She does not want to leave Lance and she will not. She wants her children back. She reveals little or no understanding of the extent of abuse the children have suffered, nor of the damage done to their development. The children are registered under the category of emotional abuse and neglect, and care orders are to be sought.

During the protracted delays in proceedings (which McKeigue and Beckett (2004) have criticized), social workers and numerous other agencies invested much time and effort in fulfilling Sections 16, 34(1), 23(6) and 22(4) of the 1989 Children Act, that is, enabling Nora to maintain regular and expanding contact with, and responsibility for, the children, at the same time as providing financial support, cognitive therapy-based counselling and parental skills training. At times it seemed that progress was being made, but at other times the backward steps were considerable (in relation to her continuing relationship with and perceptions of Lance) and a major cause of concern for the workers.

Care proceedings

The local authority seeks care orders on the grounds of Section 31(2)(a)(b)(i) of the 1989 Act (as seen in Chapter 2, Section 120 of the Adoption Act 2002 crucially amends this Section 31 to acknowledge the potential damage when children witness domestic violence). Additionally, Frances and her senior believe that (a) although Lance has been removed, the significant harm

(i.e. emotional and psychological abuse) done to the children is attributable to the care provided by *both* parents; (b) Nora's childhood abuse, her existing lack of parenting skills, and her vulnerability and domination by Lance make it highly unlikely that she could, even with the support of social services and her mother, provide an acceptable level of care and, crucially, undo the emotional and psychological damage already done to Grace and Aaron; (c) workers cannot be certain at this stage that, if Nora did have her children, she and Lance would not seek to reunite, despite the injunction preventing him doing so. They strongly suspect that they would seek each other out.

Frances has read out and discussed the report with Nora (who cannot read it), days before the hearing. It is important that Nora does not hear anything in court that she is not hearing now. No amount of mitigating circumstances in Nora and Lance's past, nor praise for Nora's courage and cooperation, can disguise the report's core thrust, that the children have endured substantial (though unintentional) abuses throughout their short lives, with catastrophic consequences for their development. It is perhaps an indicator of the impairment of Nora's own emotional development that, having learned of the contents, she seemingly cannot protest, yell out, resist, defy or threaten; nor does she even cry.

The local authority's solicitor had grave misgivings about interpreting 'significant harm' as emotional and psychological abuse. He asked the workers: were they certain there were never any non-accidental injuries inflicted on the children? Were they absolutely certain the children weren't being subjected, or had never been subjected, to any form of sexual abuse? He argued that the magistrates are likely only to understand *physical abuse, neglect, sexual abuse*, in this particular case. Frances concedes that the children have been 'neglected' in terms of environment and hygiene, but far more serious are (a) the regular witnessing of physical assaults upon Nora and (b) the absence of any significant contribution by the parents to fulfilling the children's social, emotional and psychological developmental needs. These two factors combined constitute emotional and psychological abuse. The consequences of such abuse are evident in the observations made by herself and all other professionals who have contributed to the assessment.

The hearing takes place over two days. The parents have separate legal representation. The children are represented by a guardian and solicitor. Both parents contest social services seeking care orders. Nora's mother attends, and fully supports her daughter, though not to the extent of offering to take her and her children into her own home, as she had done for the first child, Paul. Frances spends three hours on the witness stand. She is subjected to an exhaustive grilling by the solicitor acting for Nora. She repeatedly refers to the multi-disciplinary assessments that underpin the application for care. Her report contains the details of significant observations of the children and parents made during many visits. It details the pasts of both parents, and the

extent of violence perpetrated against Nora in the presence of the children. It refers to the unanimity of research that domestic violence is emotionally and psychologically damaging to small children.

Reports from the paediatrician and incorporated reports from playgroup leader and speech therapist express the view that the children are lagging seriously behind in terms of physical (height, weight, motor locomotion), social, emotional, intellectual and speech development. The speech therapist's report demonstrates how speech development is influenced by parental care and social and environmental conditions, and refers to Grace's extremely limited vocabulary, sentence construction and conceptualizing.

Nora's solicitor alleges that there is not a shred of evidence to prove that either of these parents have ever abused their children in any way, have ever hit them, left them alone, failed to feed or clothe them. He refers to the guardian's report, which, though it supports the issuing of care orders, does not mention abuse. He castigates social workers for their actions. He makes what he later admits to the social workers (whom he has known professionally and personally over many years) is a strategic blunder: he puts Nora on the witness stand. This is an ordeal (for social workers as much as for Nora herself) in which she responds with bafflement, speechlessness, contradictory 'yeses' and 'nos', and brief, intermittent (perhaps nervous) giggling. The magistrates gaze at her inscrutably. The care orders are granted.

Post-care proceedings

Immediately after the proceedings, Nora was less responsive to the continuing efforts to maintain contact and responsibility for the children. The greatest failure (which the workers made great efforts to avoid) was in her secret contacts with Lance, who breached the injunction and the court ruling that he attended aggression control classes; he ended up in prison and was visited on every available occasion by Nora. Then her contacts with the children seriously lapsed.

Aaron and Grace remained in long-term foster care, and were eventually adopted. They made rapid progress in most areas of development. Progress in speech development was slower, particularly for Grace. Their transformation overall was visible, audible and measurable, and disputed by no one, not by guardian, parents' solicitors, nor even by Nora herself. Lance never saw the children again, and, as was the case with their first son Paul, never made any attempt or request to do so.

Commentary

Perhaps professionals did not try hard enough to enable Nora to care for her children. But there are many instances of 'perhaps' in this case, and many

decisions and actions that can be contested. What is incontestable, however, is the misery and silent suffering in the lives of the children, and, contrary to the hopes of the solicitor, this suffering had nothing to do with physical or sexual abuse. Watching and hearing their mother regularly battered constituted a far more terrifying and damaging suffering (which is nowhere more effectively conveyed than in Nora's chilling observation that Grace no longer screams). But it is not just suffering that these children endured; it was a daily onslaught upon their emotional and psychological lives, a constant impeding and impairing of their capacity for emotional expressivity and of their mental faculties. The debilitating short-term consequences were evident for all to see in Grace, as was the certainty that the long-term consequences for Aaron and Grace's school life, their adolescence, adulthood and relationships, would be disastrous. The workers had good reason to conclude in their assessment that Nora, no matter what support she would have received, could not have undone the damage done to the children, and when they were unable to weaken the relationship of total dependency she had with Lance, they were on even surer ground in believing that *both* parents constituted a significant risk to the children.

McKeigue and Beckett's (2004: 832) excellent critique of the lengthening in the duration of care proceedings and the dramatic rise in the number of care orders granted since 1992 (nearly a threefold increase) raises important questions relevant to this case. They actually suggest that such developments constitute 'real failures of the whole project represented by the (1989) Act'. They pinpoint the enduring dilemma of child protection work, irrespective of what era, childcare law or practice one is looking at: 'Our judgements inevitably err in one direction or the other, and a range of external factors will determine in which direction we prefer to run the risk of erring' (2004: 839). In exploring the many possible contributory factors to the trends they have exposed and criticized, they highlight the one that I believe is the most salient: 'There may be an increasing awareness of *the harmful effects on children of certain types of parental behaviour* which mean that child protection agencies are more likely to intervene in such cases than they were in the past' (2004: 839, emphasis added). If there was only one major leap forward in the whole of child protection services in the last decade, it would be the realization world-wide of the adverse social, emotional and psychological impact on children in domestic violence situations.

It may be fair to criticize the limited exploration of the ecological perspective and context in this case. DoH (2000b, 2000c) and Jack (2000) stress the necessity of family and childcare workers underpinning practice with ecological theory. Horwath and Thurlow (2004: 11) write that practice should 'locate the child in the context of their family, community and culture'. I have strenuously argued the same over many years (O'Hagan 1984, 1988, 1993, 1995, 2001) but there are occasions when workers encounter the deliberate

severing of any kind of links with, or influence from, family, community and culture.

The contextual world of Aaron and Grace is partially revealed in a referral that is later confirmed as accurate: 'they never see the light of day . . . they never have contact with children in the street'. That *is* an ongoing crisis of great magnitude: severe and sustained perceptual and social deprivation. But it is by no means life threatening, so many such referrals are ignored. They live in stench and filth, but so do millions of other children. They are cared for by isolated parents whose previous lives have been characterized by a combination of multiple abuses, severe poverty and deprivation, mental illness and domestic violence; and the mother of these children is regularly and systematically battered by the father. That *is* life threatening, and, in the absence of any significant person or daily experience that can alleviate the children of its worst effects, their situation is also certain to impede and impair all aspects of their development; it is a negation of every principal of childcare, and it demands, both legally and morally, substantive intervention. Intervention can go disastrously wrong; it can certainly make things worse, as this one did, for Nora and Lance. Only Aaron and Grace will be able to determine in future years whether or not it made things worse for them.

13 Implementing Childcare Law: Training and Management Responsibilities

Introduction

This chapter looks at the implications of what has been written on childcare policy, training and management. One of the more obvious things is that the neglect of emotional and psychological abuse by practitioners and managers stems more from a lack of knowledge and confidence than from a shortage of skills. The chapter begins by exposing a serious dichotomy of opinion on emotional and psychological abuse between childcare policy and childcare law. The law is clear in its recognition and acknowledgement of emotional and psychological abuse; yet the principal policy guideline for child protection agencies is misleading. The statutory obligation on front-line workers, trainers and managers to recognize, understand and intervene in cases of emotional and psychological abuse, will be reasserted. There are various obstacles in the way of fulfilling that obligation:

- reluctance to implement the relevant sections of the law
- entrenched and unfounded beliefs about 'having to prove' emotional and psychological abuse
- deficiencies in child development training
- difficulty in accurately reading emotional expressivity in small children
- lack of confidence among managers and workers in relation to paediatricians and lawyers
- continuing failure in multi-disciplinary working, particularly between social services and schools.

These obstacles will be explored, with the objective of demonstrating that no great radical changes or sacrifices are required to enhance services and responses to emotionally and psychologically abused children.

The legislation is sound

Chapter 2 addressed the question of why childcare workers are now obliged to consider the emotional and psychological well-being of children whom they are assessing, and why emotional and psychological abuse must be acknowledged and tackled for the profoundly damaging behaviours that they are. The answer was unequivocal: because national and international policies and legislation, human rights charters, professional and ethical codes of practice and so on, now instruct workers to do so. The ever-changing legislative context is the most significant of these influences, and is regarded as a topmost priority in the training of social workers (QAA 2000; DoH 2002b; TOPSS 2002). Indeed, so successful has the drafting and redrafting of British child protection legislation been during the past 10 years that it is difficult to disagree with Lord Laming's view that 'the legislative framework for protecting children is basically sound . . . the gap is not a matter of law but in its implementation' (2003: para. 1.30).

It is inexplicable therefore why the DoH in its widely used policy *Working Together to Safeguard Children* (1999) doesn't recognize psychological abuse as an entity in its own right, and advocates an all-embracing 'emotional abuse' (precisely what the Children Act 1989 does not do). Combined with its even more all-embracing definition of *neglect* the DoH (1988: 7) has totally reversed its 1988 warning that 'broad definitions are of little value'. In recent research unrelated to this topic, I attended many case conferences in one large authority. I also was privy to the minutes of more than 300 child protection case conferences, but I never once heard a chairperson enquire about the psychological health of a child, about the functioning of any of the mental faculties which constitute psychological health, or conclude at the end of the conference that the child may be psychologically abused. The entirely inadequate, culturally biased, all-embracing DoH definition of emotional abuse (see Chapter 3) ensures that child protection case conferences offer little or no prospect of a worker being encouraged to think in terms of the mental (psychological) life of the child under discussion. No chairperson of a conference therefore is going to feel inclined to register a child under the category of psychological abuse (which actually doesn't exist on most registers). Does anyone really believe that emotional abuse embraces every form of psychological abuse?

We will now identify specific obstacles to the goal of recognizing and working effectively with emotional and psychological abuse. All three aspects of agency childcare are affected, that is, management, training and practice (the word 'manager' in the following section refers to anyone with managerial or supervisory responsibility for childcare social workers and trainees).

Management and trainers

The challenges that managers and trainers face in respect of their students' and workers' competence in cases of emotional and psychological abuse revolve around the following key issues:

- the teaching of childcare law and enhancing workers' self-perception and assertiveness in working with lawyers
- identifying and describing children's emotional expression
- differentiating between emotional abuse and psychological abuse
- enhancing workers' self-perception and assertiveness in working with doctors
- relationships and cooperation with schools.

Teaching childcare law, and increasing workers' confidence within the legal context of their work

Childcare law may be sound, but there is much evidence to demonstrate that front-line childcare workers face monumental challenges within the legal context of their work. Two of these predominate: first, they carry unnecessary burdens of 'proof', and second, they have a dismal perception of their role in relation to lawyers.

'The burden of proof'

A myth has been sustained over decades, that is, that social workers have to 'prove' in court that a child has been abused, and that they can only do so by taking sides. This burden is onerous enough in respect of physical and sexual abuse, when doctors will actually present the medical evidence, but it becomes almost unbearable for the worker if the local authority is suggesting that the *significant harm* pertains to emotional or psychological abuse. Managers, trainers, practice teachers, and lawyers in particular, have contributed to the myth. Lawyers instinctively and professionally think in terms of 'proving' or 'disproving', and their discussions and queries often project a similar preoccupation onto the worker.

Child protection workers do not have to 'prove' anything in court. Nor do they take sides (irrespective of what parents may feel on hearing their evidence). They are merely 'required to give evidence on behalf of the authority', and that evidence may be needed to 'substantiate the allegation of the authority that the child is suffering, or is likely to suffer significant harm' (Vernon 1993: 8). The concept of *harm* embraces many forms of abuse. It is not the social worker's responsibility to allege that the parents are abusing their children in specific ways (i.e. physically, sexually, by neglect, emotionally,

psychologically, etc.). However, it is his or her responsibility to present the rigorously detailed, systematic, regular and contemporaneously recorded observations made by numerous professionals that have convinced the worker that the child is being or will be significantly harmed by whatever abuse.

Lawyers as leaders

Some well-intentioned policy makers and politicians intended that the new family proceedings of the 1989 Children Act should do away with the adversarial nature of many childcare proceedings hitherto experienced. Dickens's (2004) research would suggest that this goal has not been realized. A social services manager laments: 'what we've got is an adversarial system where basically it's "let's knock the local authority even if they have done a good job" '. He later goes on to speak about 'the stresses of hostile cross-examination, and heavy criticism from judges and magistrates' (2004: 222).

Such experiences must underlie some of the findings of Braye *et al.* (2005) that social work students approach law teaching with apprehension and law practice with a lack of confidence, a 'fear of lacking credibility', unable to 'see law as a source of empowerment either for themselves or for service users'. Their clients sense social workers' discomfort in court, and are disappointed that 'they are not able to engage more proactively with lawyers as allies' (2005: 557). It is also discouraging to be able to identify major deficiencies in practice teachers' knowledge in and competence to teach social work law (Preston-Shoot *et al.* 1997, 1998). Another equally undesirable consequence may be social workers becoming more dependent upon the local authority solicitors. This is evident in Dickens's (2004) research which reveals an alarming fusion of roles between some social workers and solicitors. One solicitor comments: 'you almost have to have a social work hat on . . . we sort of say "don't you think you should think about this, don't you think you should think about that?" ' (2004: 222). Solicitors felt that they ended up 'giving a sort of supervision to the social workers' (2004: 223). They were aware of the sometimes gaping lack of resources in social services, and inadequate supervision on the part of managers; for example, one social worker was in court in her first week of work, praying, 'oh my God, I hope they don't ask me any questions' (2004: 224); within 18 months she had experienced four team managers. Some solicitors felt obliged to help such social workers by blurring the distinction between their legal advice and a managerial or supervisory support.

What then is the prospect of social workers dealing with cases of emotional and psychological abuse, of (a) persuading their managers and case conference colleagues that this is precisely what's happening to the child; (b) writing a report that will enable a court to see that that the 'significant harm' done to the child, or likely to occur, is emotional and psychological harm; (c) confidently holding their own in discussion with the authority's solicitor who is likely to be sceptical and/or critical of the report; (d) withstanding the likely

interrogations from numerous quarters about the validity of their report? All of these challenges need to be taken on in basic training and practice teaching before workers get anywhere near the court arena.

Knowing and believing

Adult-oriented definitions

Earlier chapters have explored at length the reasons for lack of knowledge and/or confusion about emotional and psychological abuse. One of the most obvious reasons in available definitions is that they have been formulated mainly with older children in mind, and have little application to the most vulnerable and helpless categories, that is new borns and infants. This is endemic of social work generally.

If you consider the knowledge base of social work (irreverently referred to as a potential 'knowledge pile' by Sheldon (1995: 6)) and the standard theories, perspectives and concepts that dominate social work training (e.g. cognitive, behaviourist, motivational, person/client-centred, psychosocial, psychosexual, psychoanalytical, task-centred, learned helplessness, ecological, humanist, feminist, gestalt, radical, crisis intervention, anti-racist and anti-oppressive practice, etc.) you will also be struck by the inapplicability of the definitions and explanations of so many of these to very young children. Even in a more recent and important statutorily obligatory subject area as *assessment*, we see a popular definition that maintains this adult-orientated approach: 'Assessment is an ongoing process, in which the client participates, whose purpose is to understand people in relation to their environment; it is a basis for planning what needs to be done to maintain, improve or bring about change in the person, the environment or both' (Coulshed and Orme 1998: 21). Like so many other definitional statements in the knowledge base of social work, this does not easily apply in terms of understanding and action, to, for example, the depth of suffering endured by Aaron and Grace in the previous chapter, or more generally to babies and toddlers. Bowlby's (1969) attachment theory is a notable exception, and valuable in learning about infant emotional development, but he never attempted to understand or define emotional abuse.

As a consequence of this overriding adult orientation, as child abuse enquiry reports monotonously reveal, many childcare social workers emerge from their basic training with a major deficit in knowledge and understanding of child development (King and Trowell 1992), particularly emotional development, in the earliest stages. Even more conspicuous is the lack of awareness of development within a cultural and social context (Phillips 1992; O'Hagan 2001; Roer-Strier 2005).

The child's emotional life is never static

This difficulty is not always overcome by experience. In overseeing the work of many experienced staff, I have always been struck by the recorded observations that suggest the perception of static rather than dynamic processes within the child's world: *Mary's mood was the same today . . . she's still coming to terms with the situation . . . Hazrat wasn't saying much; his expression was the usual one of not giving anything away . . . Sharon's baby just looks the same as she did two days ago . . . and so on.* These really common observations are inaccurate and misleading: moods and expressions and looks are never 'precisely the same' because the child's situation is never the same; there is either progress or deterioration (however slight). The failure is one of perception and knowledge.

Recognizing emotion and describing emotional expression

In teaching post-qualifying, highly experienced childcare workers over many years, I often found at the outset that few could demonstrate knowledge and competence in the subject matter of emotional abuse and assessment of the emotional life. When I initially asked them, for example, about emotional milestones in infancy, or expansion of the infant's emotional repertoire, few could articulate a knowledgeable response. When I asked them to describe facial characteristics indicating particular emotions that young children are feeling, I was usually confronted by a collective bafflement and embarrassment (which is one of the reasons for the emotion-identification frameworks in Chapters 6–10). When I split them into pairs and asked one to express an emotion and the other to describe it, there followed an invaluable half hour of self-learning and hilarity (there is nothing hilarious of course about the catastrophic consequences of not being able to accurately read the emotional state of abused children, so frequently exposed in enquiry reports, particularly the Beckford, Climbié and Colwell reports (DHSS 1974; Brent 1985; Laming 2003)).

Exploiting the learning opportunities around us

Whatever the reason for this specific failure in basic training, anyone involved in childcare is capable of rectifying it (Trowell and Miles 1991; O'Hagan 1993): Every day provides us with opportunity to observe and to practise describing the emotional expressions of children of all ages: children on the street, at the bus stop, on their way to school, in a doctor's surgery, a place of worship, in shops, supermarkets, sports centres, and best of all, one's own children in one's own home. Of course you think you can recognize happiness and excitement or distress when you see them, and you take it for granted that everyone else can do the same, so what's the point? I stress again, if you were asked in a court to describe the *withdrawnness* you have observed, or the *sullenness*, *dejection*, *fretting* or *despair* that you have attributed to the child, could you do it? Irrespective of courts, I just believe that professionals should be able to do it.

Reflecting on one's own 'emotional' and 'psychological' development

Differentiating between the 'emotional' and the 'psychological' realms remains a formidable challenge. Self-exploration of oneself as an emotional and psychological being is a useful starting point in surmounting this challenge, an extension of the essential core task of self-knowledge in social work training (O'Hagan 1986, 1995; Trevithick 2005). Many of the frameworks for exploring emotional and psychological development and abuse (Chapters 5–11) can be used for self-exploration by the students. This is usefully preceded by these general questions: what do students actually know about themselves as functioning emotional beings? what do they know about their own psychological life, that is, the state of and the functioning of their own mental faculties of *intelligence, memory, recognition, perception, attention* and *moral sense* (expect a great deal of discussion and debate on the topic of one's *moral sense*)? Then, with due safeguards, trainers can facilitate the student's exploration of the childhood origins of their adult emotional and psychological being. What are the principal experiences of childhood that enhanced or impeded and impaired emotional well-being, and the progressive development of mental faculties? There is unlikely to be any student in any training establishment who cannot recall amidst the general progress of their lives, some experience, person, activity or context in which such progress was temporarily impeded. Needless to say, this exercise requires a good deal of preparation, and no small amount of caution.

Black *et al.* (1993), Russel *et al.* (1993), Sellers and Hunter (2005) reveal an alarmingly high degree of dysfunction and mental health problems in the childhoods of care professionals. Like many trainers, I have often been struck by the number of students whose childhood traumas are stirred once again by a seemingly innocuous and unrelated topic in tutorial groups or one-to-one interviews. Such adversities are potentially valuable, in terms of (a) motivation and sincerity (many workers are driven towards alleviating children of the abuse and suffering they themselves endured); (b) knowledge and intuition; and (c) provision of service that the student knows to be effective (O'Hagan 1995). Only on the very rare occasions when childhood has been so painful and destructive that it precludes the student from any kind of self-exploration or reflection with trainer, supervisor or manager, might such experiences impact adversely on numerous aspects of competence.

The objective of the above self-exploration exercises is not to encourage or pressurize students into revealing childhood trauma in a group setting; it is to gain a thorough grasp of the emotional and psychological self, 'constructing meaning from memory' as stated in the title of Crawford *et al.*'s (1992) illuminating text. Such exercises will contribute to the overall objective of a collective knowing about, and believing in, the emotional and the psychological life, how they each take root, are moulded and developed, how they increasingly relate to, influence, and often fuse with, each other; most importantly, how they may be impeded and impaired.

Enhancing workers' self-perceptions and increasing their confidence in working with doctors

Chapter 1 explored one of the endemic problems in childcare work, that is, how social workers in general view themselves in relation to doctors and how, in particular, when confronting cases of emotional and/or psychological abuse, they assume that it is the paediatrician's responsibility to lead the way in diagnosis, assessment and treatment. Laming (2003) revealed social workers' lack of confidence and reluctance to fulfil their obligation to attend multi-disciplinary 'psychosocial' hospital-based meetings to discuss the children for whom they had statutory responsibility. They felt devalued and deskilled by the doctors, and said that their opinions were not always heard. There are two major consequences: first, if social workers lack confidence and assertiveness in relation to the medical profession generally, then that difficulty will be exacerbated proportionately to the degree of complexity of the problem being discussed. The more complex the child protection problem (e.g. emotional and psychological abuse), the less confident social workers will feel in contributing within multi-disciplinary child protection groups dominated, as they often are, by doctors. Second, the sense of being devalued is not going to encourage social workers themselves to value their own unique contribution to observations and assessment.

Victoria Climbié: lessons still to be learnt

This image of a confident and powerful medical profession alongside inhibited, impotent social workers is no mere aberration. Eighteen months *after* the publication of the report, BBC national TV broadcast a six-week series on childcare work in Bristol (BBC1 2004). Most of the first programme focused on a 4-month-old baby admitted to hospital. The baby was suffering respiratory difficulty. During a routine X-ray, what appeared as five rib fractures were revealed. A meeting was held. The paediatrician believed these were non-accidental injuries. The parents were confronted and questioned about this discovery. They were devastated. The baby was kept in hospital and subjected to many more examinations. The parents waited. The social worker waited . . . and waited! Eventually, a geneticist's report revealed that the baby had a genetic disorder, rendering the bones 'soft'. The social worker reported the good news. The baby was discharged.

One needs to retain a degree of scepticism about these fly-on-the-wall documentaries, but there is little doubt that the programme was sympathetic to childcare social work and often showed it in a favourable light. What was startling about this case, however, was the apparent attitude of the worker, as though once a paediatrician suspects NAI (non-accidental injury), there is nothing the social worker can do until doctors give a final decision. The doctor's opinion that it was NAI should in fact have been the stimulus for massive

social work activity, assessing, with the help of parents and nursing staff, the quality of the emotional and psychological life of the baby. Such a response is not just fulfilling one's professional responsibility, it is based on a simple and logical belief that if a baby as young as 4 months is apparently being subjected to physical abuse so serious and dangerous that it produces five rib fractures, then the quality of emotional and psychological care must also be suspect, and indicators may abound. It is the hospital social worker's responsibility to seek out those indicators. He or she should make sustained, rigorous, comprehensive and recorded observations of the baby. These should include:

- emotional milestones reached
- the patterns, balances and imbalances of the emotional repertoire
- the quality of emotional care the baby receives
- interactions between baby and parents
- the degree of positivity or negativity in all the physical and emotional interactions
- how the parents share responsibilities for the baby, in particular who feeds and engages the child and how, and the quality of interaction during feeding and engagement
- consultations with significant community-based professionals who have already accumulated much information before the child was admitted, such as midwife, GP, health visitor.

None of these efforts to learn about the baby and parental context, and to record the detailed observations made, would have proven that she or he had or had not been physically abused, but it would have considerably enhanced the perspective from which professionals made a judgement. This is precisely why Lord Laming castigated the medical and social work staff in the case of Victoria Climbié:

The central importance of a detailed history and complete record of the suspicions and observations . . . in the context of a case of deliberate harm to a child is self-evident. In many cases such records can be the most valuable diagnostic tool available to a clinician charged with forming a conclusion as to whether injuries may be non-accidental. (Laming 2003: para. 10.30)

Trevithick (2005) draws attention to some possible consequences of the way social workers perceive themselves. She quotes from a recent government paper (Halpern and Bates 2004) on a topic at the core of the profession's *raison d'être*: *influencing people and their environments*. She then comments:

this discussion document covers a wide range of social problems and

includes several professional groups such as teachers, nurses and doctors. However, social work and social workers are not mentioned and this is happening more and more in relation to documents of this kind. (2005: 3)

Management imperatives

How then can managers and trainers enable social workers to perceive themselves more positively? First, managers must perceive *themselves* more positively and act much more confidently (unlike those in the Laming report); they must also believe in their staff's unique and crucial role in child protection work. Second, the nature and extent of the problem have to be understood. Managers should be aware of the professional relationship between their staff and doctors, particularly in strategy and case conference settings, and the qualitative differences in contributions made by both. Unlike the managers exposed by Laming, they must confront the problem, not collude in it. There is certain to be much variation, and help and support should focus on the weakest, the least confident and assertive workers, that is, those who hardly contribute anything at all, who never comment on, let alone disagree with what a doctor is saying. Third, managers must succeed where trainers often fail, in convincing social workers that they are probably better placed than most other childcare professionals to make a significant contribution towards assessing the emotional life of babies and very young children in particular. Even health visitors can no longer be guaranteed to fulfil this role, their services in many parts of the country having been drastically curtailed (between 1988–1989 and 1999–2000, domiciliary visits by health visitors have declined by 65% (DoH 2000b)). Instead of potentially invaluable visits by a health visitor, parents now get a questionnaire to do their own developmental checks by ticking boxes. Child protection social workers, thankfully, still have access to homes in question, over as many weeks and months as assessment may necessitate.

Responding effectively to many of these managerial imperatives should cost nothing in terms of the all-pervading preoccupation of health and social care bureaucracies: finance. However, it may cost a great deal in terms of self-examination, renewing commitments and re-setting priorities for supervision and leadership.

Education: a key agency in multi-disciplinary child protection

This text has frequently stressed the importance of multi-disciplinary cooperation in assessing cases of emotional and psychological abuse. Multi-disciplinary working remains one of the great challenges for child protection agencies, with problems of ideological conflict, confidentiality and methods of

practice still unresolved (Lawrence 2004). Numerous authors have explored these areas in depth (e.g. Stevenson 1989; Buckley *et al.* 1997; Scott 1997) and it is indisputable that much progress has been made. I want to conclude my remarks on multi-disciplinary working, however, by concentrating on just one particular area within the multi-disciplinary field: social work and schools. This is the area that rightly so preoccupied the government in its response (DfES 2003) to Laming's (2003) report.

Within the classroom setting teachers are well placed to witness the emotional life of the child, how he or she emotionally relates to and communicates with peers, the principal characteristics of the child's emotional repertoire, the extent of emotional misery or pleasure the child predominately experiences. Even more are teachers well placed to comment on the child's psychological life, on the health, development and functioning of the child's mental faculties, on the developing *intelligence, attention, memory, perception and moral sense*.

But there are still major difficulties in how social work and education relate to and work with each other. Laming (2003) reiterated the recommendation of over 30 enquiry reports preceding him, that multi-disciplinary working between schools and child protection agencies has to improve. It must improve in two vital senses: first, young children must attend school regularly and permanently; any abrupt removal or disappearance from school must be a source of immediate investigation, hence the recommendation to compile a national database to help coordination between all child protection services, but with special reference to schools and social services. Second, any school-age child who is the subject of concern by a relative, friend, neighbour and so on, must also be the focus of particular attention by the teacher, and of joint monitoring by school and child protection agency. Conversely, a significant, unexplained lowering in school performance must be reported to childcare authorities. These are the bottom lines, as far as the British government is concerned, but with universal application, repeatedly vindicated by research linking poor performance in school with abuse at home (Khamis 2000; Baldry 2003).

It sounds so basic. Yet too few people are aware that when Laming (2003) was grappling with the magnitude of Victoria Climbié's suffering and death (she of course never attended school), child protection agencies in Inverness were attempting to come to grips with a not dissimilar case, that of 5-year-old Danielle. Her squalid, miserable, suffering life, characterized by extreme physical abuse, family feuds and walkouts, and the emotional and psychological abuse inherent in watching her mother being repetitively battered, ended when one of the drug addict boyfriends of her mother battered Danielle to death, and both adults, with the help of the murderer's brother, dumped her body in Muirtown canal. Liaison between education and social services simply didn't exist, a factor in the consequences that led to her death. The more

general problem of children 'going missing' from home or care has been impressively researched (Biehal *et al.* 1995) yet remains one of alarming dimensions (Wade *et al.* 1998). Schools, social services and youth services still display a highly risky disregard for information sharing in general (BBC Radio 4 2005b), and about troubled children in particular.

Summary

There are numerous ways to improve work on behalf of emotionally and psychologically abused children. The Department of Health's all-encompassing definition of *emotional abuse* is inadequate as a guide for front-line staff and multi-disciplinary case conference personnel. It obscures real differences between emotional and psychological abuse. Child protection workers need to understand and accept the reality of these types of abuse that are clearly recognized in childcare legislation. Trainers have a key responsibility for improving child development training, specifically emotional and psychological development, which is the only possible foundation for understanding emotional and psychological abuse. Such training must incorporate understanding and identification of emotional expressions, particular in children aged 0–5 years. Management has a primary responsibility for increasing the confidence of front-line staff in working within multi-disciplinary teams; social workers' lack of confidence and assertiveness was a conspicuous feature in many inquiry reports. Multi-disciplinary work remains crucial in child protection, and the relationship between social services and schools in particular was a central tenet in the government's response to the case of Victoria Climbié. Managers should recognize the contribution that teachers can make towards comprehensive assessment, and ensure their staff utilize it.

Epilogue

Some years ago, I gave an inaugural address to Britain's first conference on emotional abuse and psychological abuse. Many well-known social care and medical personnel presented differing perspectives. The conference appeared to go well, with the participants often acknowledging enhanced understanding on the subjects. At the end of the conference, however, when asked if they would feel as confident in defining emotional and psychological abuse in their own work settings (i.e. case reviews, case conferences, etc.) the response was distinctly negative.

This may have been a typical reluctance on the part of child protection workers to display any pedantic certainty back home in the workplace or, one might argue, it could have been a reflection on the method and quality of teaching by the contributors, myself included. Be either as it may, I still believe that there are fathomless depths of resistance to acquiring an understanding of and articulating confidently on emotional and psychological abuse. This has often perplexed me. I have sometimes wondered if there is a convenience in ignorance rather than a genuine confusion. It doesn't after all require a great deal of intelligence to understand that wholly *inappropriate emotional responses, sustained and repetitive*, to a small child's felt and expressed emotion is emotional abuse!

The one obvious convenience of a self-declared ignorance is of course that nobody is going to test you any further on what you know or think about the subject, and some aspects of cases of emotional and psychological abuse may be complex indeed. More pertinently perhaps, you will not be inclined to mention the subject in care proceedings, thereby denying solicitors the right to ask you to explain and justify your assertion that a child is being emotionally and/or psychologically abused.

Ironically, such honest admissions of ignorance and confusion about emotional and psychological abuse appear to be increasing in proportion to the burgeoning literature and research on the topic. The prestigious international journal *Child Abuse and Neglect* decided in 2005 to devote a whole issue (over 200 pages) to child abuse definitions, including *emotional abuse* and *psychological maltreatment*. Many of the contributors remind their readers just how difficult and unresolved the definitional task is. It remains to be seen what positive impact these latest efforts may have on workers' understanding and practice at the front line.

There may be another more contentious 'convenience' in not wanting to

dwell too long on these types of abuses: they are not as distant from or as unfamiliar to us as we may think. There are a number of reasons for stating this. First, as I have previously suggested in Chapter 11 and as yet no reputable research has refuted, the separations and divorces of childcare professionals can be every bit as messy and emotionally and psychologically destructive to children as those of their clients; parents who are childcare professionals must know that. Second, as mentioned in Chapter 13, research suggests that many childcare professionals had traumatic and abusive experiences in their childhoods and adult lives before embarking upon a caring career; those experiences include emotional and psychological abuse. Third, childcare professionals (whether or not their marriage or relationship is sound, or their childhood was happy or problematic) are as capable as any other adult of emotionally or psychologically abusing. They may for example, wittingly or unwittingly, intentionally or unintentionally, abuse their own children or step-children, their current or former partners or spouses, their clients (how many of us have not been accused of such or similar, in seeking to protect a child, and how many occasions are there in British childcare history when professionals did actually emotionally and psychologically abuse on a massive scale?). Fourth, the workplace itself may be a source of emotional and psychological abuse perpetrated against childcare workers themselves. Stress levels and sickness soaring, unbearable workload pressures, inadequate supervision and support, increasing militancy and formal complaints from clients and so on; one always encounters colleagues who feel (rightly or wrongly) that this is their lot, that a manager or supervisor, or a colleague or a clique of colleagues, or some dreaded clients, are making their life an emotional and/or psychological hell.

Taking all these possibilities into consideration therefore, emotional and psychological abuse may be much closer to us, sometimes uncomfortably so, than we are willing to acknowledge. We are far more likely to have experienced or (unwillingly) perpetrated such abuses than we are to have experienced or perpetrated physical abuse, sexual abuse or neglect. These latter abuses are usually (a) instantly visible, (b) audible, and (c) very often indisputable; emotional and psychological abuse is seldom any of the three. Few if any of us (hopefully) would find it easy to physically attack someone, sexually violate them, or deny them the basics of adequate food and clothing, but virtually every one of us is capable of emotionally and psychologically abusive actions, such as *sustained, repetitive, inappropriate emotional responses*, and/or behaviour that may unpleasantly dominate the *memory* of another, impacting adversely on how other crucially important mental faculties function.

There is another aspect of the universality of emotional and psychological abuse which I've previously considered at length (O'Hagan 1993) and barely touched upon in Chapter 11: the global and historical perspective. The perpetration of emotional and psychological abuse is not confined to parents and carers. These abuses are rampant, and perpetrated on a much vaster scale,

in genocidal wars, in internecine, sectarian and tribal conflicts, in international terrorism, discrimination, child slavery, people trafficking, ideological indoctrination, and in ritual abuse and economic exploitation. Children watching their parents being butchered, raped, humiliated, rendered helpless in the face of oppression and injustice, herded like cattle, physically assaulted, terrified or tortured, are emotionally and psychologically abused children, not just because of the inhumanity of these actions, but often as a consequence of such abuses not being acknowledged.

Some may question the relevance of these global events to understanding emotional and psychological abuse in childcare practice, but if you research the literature on such events, both the personal testimonies of victims and the abundant research on the continuous trauma of survivors, the overriding sense is that the suffering described differs not a great deal from that endured by many of the emotionally and psychologically abused children in previous chapters. Current adolescent victims of chronic school bullying, for example, driven to despair or self-destruction, would not understand anyone asserting that their emotional and psychological life is any less hellish than that of adolescents who have fallen victim to war (Rousseau *et al.* 2003; Veale and Donà 2003; Brajša-Žganec 2005), human trafficking, forced marriages or 'imprisonment' in a crushing religious fundamentalism. Whatever differences in scale one rightly wants to point out between these masses of victims worldwide and, say, the individual 3 year old in a Brixton tenement block watching his single-parent mother being battered for the umpteenth time by the umpteenth boyfriend, there really is not much difference in the core processes involved. Emotionally, the victims cry out in *fear* and/or *terror*, and are desperate for *compassion, kindness, reassurance, sympathy, pity* and *freedom*, but they are invariably met with *indifference, threat, contempt, hostility, degradation* and/or *sadistic gratification*. Psychologically, you only need to think about *memory* to see the commonality, but all the child's mental faculties will be similarly damaged.

Perhaps a much more obvious commonality between the abuse of an individual child and the abuse of the masses revolves around the issue of corruption. As I mentioned in a previous chapter, within childcare literature and within all the differing, opposing opinions on definitions of emotional and psychological abuse, there is a conspicuous and welcome unanimity in the conviction that corruption of children is a form of psychological abuse.

'Corrupting a child' has a revolting feel to it, whether that revulsion stems from our better instincts, our innate goodness, or possibly (for those of the Christian faith) from Christ's warnings about the fate of the corrupter of children. But just like emotional and psychological abuse generally, it is relatively easy to corrupt children. We have looked at some examples of common corruption: (a) the grooming of children for sexual abuse (Chapter 11); (b) instilling hatred, ill will or negative perceptions towards one's partner or

spouse (Chapters 4 and 11); (c) conditioning children to be violent towards other children (Chapter 8); (d) encouraging lying and/or theft for personal gain at the expense of others (Chapter 10). As well as being aware of all these forms of corruption, however, we should also need to be aware of how easy it is to corrupt children on a grand scale.

Irmgaard Rogge, a survivor of Hitler's crazed idea on metamorphosing every single German child into a fanatical Jew-hating Nazi, provides a metaphor as enduring as it is universal. She said, 'every little water wears away a stone, and we were like stones that water dripped on to slowly' (Channel 4 2005). This is a metaphor, not just for Hitler's or any other crazed leader's children. As parents, family members, 'friends', teachers, imams, social workers, pastors, priests, counsellors and so on, we too are capable of corrupting our children, slowly dripping our own racial or sectarian prejudices, our perverted moral sense, our ill will, upon them. As I stressed in Chapter 10, we are more than capable of implanting and fostering in them distrust, fear, dislike and hatred of others, of individuals, families, groups and cultural minorities. What's the difference between that (other than in scale) and producing monstrous Nazi Jew-hating children, or scouting around the mosques of Leeds, Bradford, Dewsbury or London, seeking out the most vulnerable receptive minds among Muslim teenagers and inculcating the most hate-laden ideology, and the most extreme violent intent? All these children and youths are being corrupted to varying degrees, a corruption unseen and unheard, their basic humanity and decency (in respect of the differences of others) being eroded by the imperceptible and relentless drip drip drip. Social services, thankfully, will not be laying siege at the door of every corrupted child with briefcases stuffed with child protection orders, but that should not prevent us from grasping the magnitude and the consequences of this psychological abuse of corruption, often perpetrated wittingly, intentionally and, worst of all, sometimes triumphantly. Corruption is not what immediately comes to mind when one hears the terms emotional and psychological abuse, nor is any child protection worker ever likely to be preoccupied by it in the daily grind of their work. But an assessment of a child that fails to identify violent inclination or intent towards another and corruptive processes that may be responsible, is not truly comprehensive.

The global and historical perspective is really a mirror and a magnifier. Whatever degree or type of emotional and psychological abuse you encounter in child protection work, you will find it reflected and magnified a thousand-fold in history and current affairs. Just as it is rampant and easily perpetrated by individual parents and carers against individual children, so too is it relatively easy to perpetrate on a grand scale by governments, institutions and majority groups. So I conclude where I began, that it is perhaps this unspoken commonality of the experience of emotional and psychological abuse that unconsciously contributes to the resistance in taking it seriously, of always

relegating it below physical and sexual abuse and neglect. The only effective way of overcoming that resistance is to continually remind ourselves, not that emotional abuse and psychological abuse are universally rampant abuses, but merely what they mean, and what they do to children.

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