

James Garbarino

Psychological child maltreatment: a developmental view

Summary

This article explores the concept of psychological child maltreatment. It begins with a developmental view of the needs of children and proceeds to define psychological maltreatment in terms of care-giver behavior that thwarts the meeting of those needs. It focuses on five forms of psychological maltreatment that are of concern to the practitioner: rejecting (sending messages of rejection to the child); ignoring (being psychologically unavailable to the child); terrorizing (using intense fear as a weapon against the child); isolating (cutting the child off from normal social relationships), and corrupting (mis-socializing the child into self-destructive and anti-social patterns of behavior).

Psychological child maltreatment

What is psychological maltreatment? It is a concerted attack on the development of self and social competence, an assault on the psyche. Far from being some vague gray area of human experience, it is a core issue in our broader concern for children victimized by child abuse and neglect. It lies at the heart of most cases of physical maltreatment (Garbarino, Guttman, and Seeley, 1986).

All children are subject to physical injury, and some die as a result. More still are physically disabled. This is serious, and dealing with this problem must be one of our highest priorities. But in most cases of physical abuse, the most critical danger concerns the child's development of the self, through the messages that are transmitted in physical abuse: 'I deny you. I overpower you. You are my disposable property. You have no right to bodily integrity.'

Much the same can be said for sexual abuse. Sex has little or no intrinsic meaning to children. The extreme diversity of sexual practices that are normative as one moves from one culture to another is evidence of this. What defines sexual abuse is the violation of the norm of informed consent. Children cannot give informed consent for sex with adults, because children have neither the appreciation of how deviant the act is nor the autonomy necessary to consent 'freely' to acts which adults understand to have highly loaded cultural meanings that may be alien to children.

However, the victimization intrinsic to sexual abuse, and the most likely source of its long-term consequences, is the psychic implication that accompanies it rather than the acts themselves. It is the messages: 'I corrupt you by sexualizing you. I terrify you to keep my secret. I reject your claim to autonomy and integrity. You are at my disposal because those who should care for and protect you are not available to you.'

These messages constitute the world of psychological maltreatment.

- The parent of a three-year-old controls the boy by threatening him with abandonment. 'You'd better be a good boy, or today is the day I leave you.'
- A four-year-old's father begins to suspect he is not the boy's father after all when he discovers that the boy's mother, his wife, had an affair around the time the boy was conceived. Now he refuses to speak to the child, saying 'He's not mine. I don't want anything to do with him.'
- A ten-year-old brings home his report card. The child's parents examine it and respond with disgust. 'This is terrible! No child of ours could be such a dummy. We wish you weren't around all the time reminding us of the mistake we made.'
- An eight-year-old girl is not permitted out of the house to play with other children after school or on weekends. Her father tells her, 'They're not good enough for you.'
- The mother of a thirteen-year-old girl persuades her to have sex with the mother's 'extra' boyfriends, and to accept money for doing so with the understanding that the mother gets half. She says, 'You're a little slut anyway, and I might as well get something out of being your mother.'

All of these children are victims of psychological maltreatment. Without ever having had a hand laid on them, their development is in jeopardy. What is it about their experience that is so wrong, so threatening to development? It is the same threat encountered by the child victim of physical or sexual abuse. All are experiencing an attack on the self. All are having serious and damaging distortions introduced into their psychological maps of the world.

With this perspective on child development as a backdrop, it becomes clear that psychological maltreatment can be thought in terms of five categories (Garbarino, Guttman, and Seeley, 1986).

Rejecting: refusing to acknowledge the child's worth and the legitimacy of the child's needs.

The child is given the message, you don't belong, I don't want you, you are no good, you have no worth.

Isolating: cutting the child off from normal social experiences, preventing the child from establishing friendships and from participating in typical social relationships, thus depriving it of opportunities to master the skills of friendship formation and maintenance, making the child believe he or she is alone in the world.

Terrorizing: verbally assaulting the child, creating a climate of fear, bullying and frightening the child, playing upon the child's worst fears and making the child believe that the world is a capricious and hostile place.

Ignoring: being psychologically unavailable to the child, and thus depriving the child of essential stimulation and responsiveness, starving the child emotionally, depriving the child of the psychological sustenance upon which development depends, exposing the child to danger, and not providing expectable protection.

Corrupting: 'mis-socializing the child, stimulating the child to engage in destructive and antisocial behavior, and reinforcing deviance, making the child unfit for normal social experience, and thus setting the child up for rejection by peers and adults.

These are the basic threats to child development that arise from psychological maltreatment. We must approach the problem developmentally, and recognize that the meaning and vulnerabilities most relevant to these five types of psychological maltreatment may shift across the life course. For example, at the very least we would recognize the shifting relevance of specific behaviors as children move from infancy to the preschool period, and into elementary school, and as they enter adolescence. This expands the five types into a five-by-four model: five types of psychological maltreatment, each of which must be understood separately for each of four developmental periods. An example will illustrate this.

Consider the case of terrorizing. Can an infant be terrorized? Not through use of scary stories and threats. Infants operate in the modality of tone of voice, facial expression, and posture. The content of words is irrelevant. Thus, if said sweetly, even a monstrous threat is not terrorizing. Smile and say sweetly, 'Hello baby, I'm going to cut your heart out and feed it to my dog.' The appropriate infant response is, 'goo goo' (accompanied by a smile). Say the same thing in a menacing tone, and the infant may well be frightened. Of course, eventually the child becomes attached to specific familiar people, and can be terrorized by the mere persistent intrusion of a stranger.

However, the child's vulnerability to terrorizing really comes to fruition with the development of language and the capacity for fantasy play. Now, the threat to 'cut your heart out and feed it to my dog' becomes vividly terrorizing. It is as plausible as the prospect of Santa Claus coming down the chimney, or the tooth fairy slipping your tooth out from under a pillow or the Easter Bunny leaving candy eggs. As the child grows up, of course, the vulnerability to threats in the fantasy dimension changes, and eventually begins to wane. It never disappears entirely, of course, and even in late childhood is still potentially a source of vulnerability. In one case, for example, an eight-year-old was silenced by a threat to put the boy's mother into the washing machine and turn it on. To an adolescent this might seem ludicrous. To the eight-year-old it was a powerful and plausible threat.

Is the adolescent immune from terrorizing? Not at all. Adolescents may be particularly vulnerable to terrorizing that plays upon their fear of peer humiliation. The peak for peer conformity seems to come at the onset of adolescence, which makes the young teen especially vulnerable to being terrorized by threats to make him or her into a deviant in the eyes of peers. 'How do you think your friends would feel if they knew you were wetting the bed? ...if they knew you had sex with me? ...if they knew you cried about school? ...if they knew you were so scared of me?' The point, of course, is that while vulnerability increases in one dimension or modality, it may be declining in another. The important point in all this is to appreciate the

special risks and strengths for individual children of different ages, and of course for different children of the same age. This developmental perspective leads us to consider the meaning of childhood as a foundation for proceeding to deal with the problem of psychological maltreatment.

The essence of childhood

What is the essence of childhood? As Western culture has come to define it as a period in the human life course, and as the international community has acknowledged through the virtually universal adoption of the UN Convention on the Rights of the Child, childhood is a period of special protection and rights. Our concept of childhood hinges on safety. Initially the child is safe from the elements inside its mother's womb. Once born, the child is kept safe, fed, sheltered and nurtured so that it may grow and develop, fulfilling its potential.

In the first year of life children become attached to parents, and the safety of these attachments permits children to explore the environment with confidence, confidence borne of the child's ability to return to the safe haven. As children pass through the first decade of life they should come to broaden the safe haven to the world of home, and neighborhood, and school. When children feel safe at home they are ready to grow. When safe in the neighborhood children are ready to play and explore and form relationships with other children. When they feel safe at school they are ready to learn.

This is childhood as we think it is supposed to be, a time in life when the young human organism is free from economic, sexual, and political demands, the meeting of which does much to pave the way for later success in adulthood. The child is safe and free to play and to explore the world, and in so doing become confident and competent.

But life is not fair. Some children are blessed with positive, well-functioning families *and* strong, healthy constitutions *and* quick minds *and* supportive communities that make available resources - financial, social, physical and spiritual. Other children contend with troubled families, *and* hostile communities, *and* must do so with weakened, impaired minds and bodies.

Few children escape risk completely, however (just as most children have *something* going for them). Most children must contend with risk - a parent dies, the family experiences divorce, unemployment or poverty, a parent is mentally or physically incapacitated, the child incurs a physical disability, etc.

An emergent model of risk tells us that most children can cope with low levels of risk - one or two risk factors. It is the *accumulation* of such risks that jeopardizes development, particularly where there are no compensatory forces at work. For example, Sameroff and his colleagues (1987) have found that mental retardation is a likely result when the number of major risk factors in the child's life exceeds two. In this study, the risks studied were factors such as chronicity of maternal mental illness, poverty, lack of social support, large family size, parental rigidity, early negative interaction with parents, high parental anxiety, low level of maternal education and single parenthood.

In the data presented by Sameroff and his colleagues (1987), average intelligence scores of the children remain good (above 115) with the presence of no more than two risk factors.

With the addition of the third and fourth risk factors, however, intelligence scores drop into the problematic range (to about 90 with the presence of four risk factors). We assume we can generalize this model to other domains of development. It highlights the challenge to policy-makers and practitioners: prevent the accumulation of risk factors. If children are poor they are already in the danger zone, where preventing the further accumulation of risk becomes imperative.

In the broadest sense, child development is the process of becoming fully human. A child's experiences combine with a child's biological givens, and from this mixture emerges a complete person, ready for the challenges of day-to-day life - as a student, as a worker, as a friend, as a family member, and as a citizen (Garbarino and Associates, 1992).

To succeed in these roles, children need to be rooted in the basic skills of modern life. They need to become socially competent. They must know who they are. They must have a secure and positive sense of their own identity. They must become proficient in thinking and speaking clearly. They must learn to understand the many ways people communicate with one another. The foundation of this understanding is the child's emergent capacity to *know* in the broadest sense of the word, for everything else is tied to this competence.

How well do children understand possible matches between situations and the self? Do they see how social realities are organized? Do they see ways to make them work towards their goals (which may include reshaping or redirecting those social realities)?

Each person needs to do as much as possible to enhance all kinds of competence and arrange life to play to their strengths and shield their weaknesses. In a diverse environment there are many opportunities to accomplish this. The keys are to avoid a debilitating deficiency of intelligence which often comes with the accumulation of risk factors and to have access to opportunities to enter and experience social realities that offer important material and psychic rewards and resources.

The threats are thus early deprivation that suppresses intelligence, repressive environments that stultify creativity and foster rigid thinking, and being sidetracked or dead-ended into settings that are cut off from a society's principal resources. All three threats are disturbingly common for children who live in situations of chronic violence in inner city war zones.

But it would be a mistake to understand the issue faced by such children as solely one of basic competence. Beyond the demands of everyday social existence, children need a sense of wonder to sustain their development. They need to appreciate the wonder of being alive. We want them to do more than just learn to read. We want them to experience the joy of literature and the pleasure of reading just for fun. We want them to do more than just cope with human relationships. We want them to know love and friendship and to be able to move through the challenges of childhood - forming attachments, learning to trust, developing confidence about the self and social reality? (Erikson, 1963).

The child's capacity to experience 'trust' depends upon its ability to recognize continuity and regularity in care and care-givers. In order to *feel* the world is a regular and safe place, the child must be able to *know* the difference. To become autonomous the child must *know* who she or he is - and who not. To become confident about fantasy and reality the child must *know* the

difference. To take on the role of student the child must *know* the basic behaviors required for mastery. The processes of knowing are inextricably bound to the processes of feeling. This developmental insight is not enough, however. We must expand our horizons to encompass an appreciation for the broader human ecology of childhood.

An ecological perspective on development

Approaching children developmentally means that we recognize their capacity for change (Garbarino and Associates, 1992). But it also means that we recognize the power of the social environment in producing change. The child's life is not fixed in some unalterable genetic code that predetermines what and who the child will be. Each child contains the potential to be many different children, and caring adults can do much to shape which of those children will come to life. The social ecology of the community creates the context for these possibilities.

The worst we can do is to assume that all is fixed. Does A cause B? It depends. For example, when genetically identical twins are raised together or in very similar communities, they grow up to be very similar, even to the extent of having very similar IQ scores. However, when genetically identical twins grow up in very different environments, their IQ scores are likely to be much less similar.

One study reported a correlation of .86 for identical twins reared separately but in *similar* communities, but only .26 for identical twins reared separately in dissimilar communities (Bronfenbrenner, 1986). While recognizing that genetic heritage can (and usually does) make an important contribution to cognitive development, we must recognize that other biological influences can be powerful as well - e.g. nutrition that affects brain growth.

What is more, we *must* recognize that the social environment a community provides will go a long way toward determining whether biological potential will bloom or wither, whether the biological underpinnings of cognitive development will be fulfilled or denied by experience. Early trauma - socially induced - can produce neurological damage - biological injury - which in turn can impair later social competence (Garbarino, Dubrow, Kostelny, and Pardo, 1992).

Approaching children developmentally means that we recognize that development is the process by which the child forms a picture or draws a map of the world and his or her place in it. As children draw these maps they move forward on the paths they believe exist. If a child develops a map of the world which depicts people and places as hostile, and the child as an insignificant speck relegated to one small corner, we must expect troubled development of one sort or another: a life of suspicion, low self-esteem, self-denigration, and perhaps violence and rage. We can also expect a diminution of cognitive development and impediments to academic achievement and in-school behavior.

Threats to the physical health of a child can jeopardize mental and emotional development. Trauma can stunt intellectual development and impose stress that undermines social development. Instability in a child's care-givers can threaten the child's sense of security and continuity. Living amidst community violence can produce such care-giver problems, and thus compound the direct effects of trauma on the child. Here is the destructive accumulation of risk factors noted earlier.

What about the role of community adults and parents in compensating for risk factors in the child's social environment? Community violence suppresses and diverts this important developmental function in adults: they are often too angry, frightened, traumatized, or preoccupied to be psychologically available to the child.

Development is a social process

Piaget's view of development is based upon the idea that children form concepts that represent reality. As their brains mature and they experience the world, they either fit these experiences into existing concepts (assimilation) or they adjust or change the schemes to make sense of new or incongruous ideas (accommodation).

Thus, for example, the child develops a scheme 'dog' to cover four-legged furry creatures, and is able to accept the fact that German Shepherds, Collies, and Dachshunds are all dogs. But the child must alter his or her concept of 'dog' to acknowledge the fact that some four-legged furry creatures are not dogs, but rather are horses, cows, cats, or llamas.

But Piaget is not the whole story. The child does not and cannot develop in a social vacuum. There is more to development than maturation and individual experience. Development is a social process, for it is through relationships with people that the child learns about the world and how it works. Who points out that this four-legged furry creature is not a dog but is rather a cat? Who reassures the child when he or she is frightened? Who affirms the child's need to play and daydream and interprets the meaning of those experiences? Who guides and helps the child in learning society's rules and beliefs? Who encourages the child to think creatively - to engage in selective encoding, selective combination and selective comparison?

Child development proceeds through and by virtue of social relationships. The earliest and most important of these are the early social relationships between infant and parents (and others who care for the child). These attachment relationships are the training-ground and the foundation for subsequent social relationships. Problems in early attachments tend to translate into general social problems, cognitive deficiencies and emotional difficulties. Depriving the child of crucial social relationships is a threat, a major risk factor for impaired development.

What the child needs are responses that are *emotionally validating and developmentally challenging* (Garbarino, Guttman, and Seeley, 1986). This is what moves development forward. When the child says, 'Car go,' she needs the person who responds with a smile, 'Yes, honey. That's right, the car is going. And where do you think the car is going?'

The child needs people to teach him how to be patient, how to follow through, how to behave responsibly, as well as how to tell dogs from cats, A's from B's, and 1's from 2's. A child needs people who care for *that* child, know *that* child, and who validate *that* child emotionally.

It is not so much our capacity for learning that distinguishes humans from other species, but rather our capacity to teach. All animals can learn. But humans are noteworthy for the way they consciously set out to teach as a way of facilitating development. Human beings construct elaborate and sophisticated cultures and teach them to children.

It is because we teach that we do not need to reinvent the wheel each generation or dis-

cover fire over and over again. Children learn from adults in many ways, some of which are inadvertent on the adult's part. Deliberate teaching plays a special role in this learning process, however.

Vygotsky went beyond Piaget's concept of development to emphasize the role of the adult as a teacher in the child's development. The good teacher understands the distance between what the child can accomplish alone and what the child can do when helped by an adult or a more competent peer. Vygotsky called this 'the zone of proximal development.'

It is the critical territory for interventions that seek to stimulate and support the child's development. When a child's environment does not do these things 'naturally,' intervention is needed to change that fact, hopefully by changing the child's permanent environment - best done through parents and other family members.

The key is to shift the child's environment into operating effectively in the zone of proximal development, into a reliable relationship that responds to the child in ways that are emotionally validating and developmentally challenging. This means shaping the behavior of adults in the child's life, a special challenge when those adults themselves are traumatized as a result of their own experience with community violence.

Conclusion

Psychological maltreatment is an important concept for efforts to prevent developmental harm to children. It occupies a central place in our efforts to understand and control the dynamics of family violence. It can and should occupy a central position in the day-to-day work of those who care for children, and this includes professionals in the child and family welfare system, who are charged with responding to the developmental crises instigated by living in a socially toxic environment (Garbarino, 1995).

The essence of child abuse prevention is setting a high community standard of care for children and then marshalling the resources necessary to meet that standard of care for every child, in every family. It is not enough to focus on physical or sexual assault. Psychological decency is critical to well-being and development; dealing with psychological maltreatment must be high on the primary care physician's agenda in caring for the family.

Where does the child and family welfare system fit into all of this? We can envisage several important roles. The first is as a source of authoritative information for parents. Professionals have both authority and access with respect to families. This provides multiple and on-going opportunities to conduct informal assessments of family functioning and parenting, and to serve as a conduit for information. The waiting room can be a focal point for distributing information with the 'endorsement' of the professional. More broadly, the professional can cooperate with community groups by 'sponsoring' their credibility and access to families (for some of whom the professional's office is the only on-going link to mainstream ideas and practices regarding child rearing).

Through collaboration with health care providers offering prenatal care, the child and family welfare system can also undertake preventive risk assessment and make referrals at a time in the life of a family (the birth of a child, particularly the birth of a first child) when the

family may be uniquely 'open' to outside influences - for better or for worse. Recent research suggests that these early supportive relationships, particularly in the form of 'home health visitors', can make a significant and long-lasting positive change among high-risk families (Olds et. al. 1997). By utilizing this opportunity to establish connections, the professional can empower other agents in the community to reach the family and exert a positive effect.

More broadly still, the professional can play an important role in modelling nurturance and developmentally enhancing relationships with children. This includes the treatment of children during office visits, as well as taking a leadership role in community activities on behalf of children and families. Thus, primary prevention flows naturally from the professional's role and status in the lives of families and the larger community.

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