

# JOINING FORCES



## Joining Families

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REAL WORLD RESEARCH FOR FAMILY ADVOCACY PROGRAMS

### FEATURED INTERVIEW



## **Child Emotional Maltreatment: Many Causes & Effects** **An Interview with Danya Glaser**



### **Dr. Danya Glaser, MB BS, DCH, FRCPsych**

Dr. Danya Glaser, MB BS, DCH, FRC-Psych, Hon FRCPCH, is a Visiting Professor at University College London and Honorary Consultant in Child and Adolescent Psychiatry at London's Great Ormond Street Hospital for Children. Dr. Glaser, previously a developmental pediatrician, was named Doctor for Child Protection at Great Ormond Street Hospital where she directed an integrated child protection service that identified and treated emotional abuse. Dr. Glaser has taught, researched and written widely on child maltreatment including sexual and emotional abuse, fabri-

cated or induced illness, and the effects of child maltreatment on the developing brain. She is a past president of the International Society for the Prevention of Child Abuse and Neglect.



### **Dr. McCarroll: How have you seen the understanding of child emotional abuse and emotional neglect develop over the years?**

Dr. Glaser: Slowly. I think that if you ask people to define it, they will say that it is difficult to define and so they shy away from it. On the other hand, people will give examples, particularly of being verbally nasty and humiliating to children. But, I think the field is only moving forward slowly because people feel that all child maltreatment leads to emotional and behavioral consequences rather than only physical ones. So, there is still quite a lot of uncertainty about it and the field has not moved as fast as sexual abuse and physical abuse. Emotional abuse suffers similarly to neglect, which appears to be something that people find difficult to pin down.

### **Dr. McCarroll: I was interested in your description of emotional maltreatment as a relationship issue.**

Dr. Glaser: There were debates in the 1990s on the question of whether emotional abuse is defined by the relationship or the effects on the child. The consensus in the end was that it was about the relationship. But, on the other hand, people continue to talk very loosely and confuse the effects on the child with the harmfulness of the interactions when they talk about emotional abuse.

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### **In This Issue**

Child emotional maltreatment and the complex nuances between child emotional abuse and emotional neglect are the focus of this issue of *Joining Forces Joining Families (JFJF)*. We present both an interview with and an overview of the work of Dr. Danya Glaser, a renowned British psychiatrist and developmental pediatrician who has worked and written widely on child maltreatment. In our JFJF interview, Dr. Glaser discusses her views of emotional maltreatment as a relationship issue saying, "I think the most powerful tool is the description of what goes on between the parent and the child. It is a description of the interactions."

In 'Building Bridges to Research', our regular statistics article, we provide estimates of child emotional abuse from a recent national sample survey. These data are compared to the Army and U.S. national child maltreatment statistics. We also discuss the psychometric issues of in the measurement of child emotional abuse.

Website of Interest provides links to key sources related to child neglect statistics and information. To further enhance your knowledge, we include a link to the video of a recent conference on child neglect, the NIMH Translational Research on Child Neglect Consortium Research on Child Neglect, Progress Over a Decade. Thank you for your continued efforts and outreach that strengthens our military community and its resilience.

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*One of the important elements of parenting is to be nurturing and emotionally supportive of their children.*

***Dr. McCarroll: How do you measure the relationship?***

Dr. Glaser: Well, it's not a question of measuring; it is a question of describing. I think the most powerful tool is the description of what goes on between the parent and the child. It is a description of the interactions. What I train and teach is that one is relying on describing what is happening between the parents and the child and showing that this is not a one-off. This is repeatedly happening and is observed by different people at different times. It is an integral part of the parent-child relationship. If you start with that, I say "Describe to me what goes on between the parent and the child." Then decide if it is persistent and if it is harmful. That is emotional abuse. Then you can sort it into the various categories. [See background of Dr. Glaser's work for her descriptions of categories of emotional maltreatment.]

***Dr. McCarroll: How are the U. K. courts dealing with emotional abuse? Are those largely in marital disputes or do they come separately in terms of child maltreatment?***

Dr. Glaser: Both. Numerically, many, many more cases are brought in marital disputes. Of course, much of marital disputes involving children is emotional abuse par excellence, but

there have also been cases that are not part of marital disputes.

***Dr. McCarroll: What is the public understanding of emotional maltreatment? There are people who say that emotional maltreatment is just part of their lives. "I was raised that way. I don't see anything wrong with it." Do you see that, too?***

Dr. Glaser: Yes, and I think that is true. The same argument goes for corporal punishment although I think there is a difference between corporal punishment and emotional abuse. But, some will say, "I was beaten and it never did me any harm" or "That's just the particular parenting style" or "It's intruding in somebody's life." I think those views are prevalent and make it difficult. Also, the children themselves tend not to be able to describe maltreatment in the same way that can be described in case reports or that they describe from being sexually abused. I distinguish between what I call event abuse in which you can say it begins at this time and ends at that time, as in physical abuse acts and sexual abuse, versus emotional abuse and neglect, which don't have a stop and start and are not episodic.

There is not really much epidemiology that I know about the distribution of emotional abuse according to social class. In more affluent or apparently better functioning families, the parent-child interaction is just not as visible and as accessible as in disadvantaged families. The way to identify the children is through the fact that they are not functioning, then seeking the reasons why and then looking at the parent-child interactions and seeing that they are harmful.

***Dr. McCarroll: We see so little in the literature on emotional neglect. In many cases, emotional abuse and emotional neglect are discussed together. Do you see differences in emotional abuse alone and emotional neglect alone or are they always together?***

Dr. Glaser: Not at all. The fact that there are categories of emotional abuse and emotional neglect means that they do not always travel together because otherwise we would have collapsed them. They may co-occur, but they need not co-occur and they can be independent. The commonest and the most obvious is spurning: rejection and hostility and scapegoating and all of that. That does not necessarily go with emotional neglect unless the parent deliberately

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## **BUILDING BRIDGES TO RESEARCH: Army and National Rates of Child Emotional Abuse**

*By James E. McCarroll, Ph.D., and Robert J. Ursano, M.D. ((right authors?))*

*Child emotional abuse represents a substantial percentage of maltreated children and its percentage is increasing nationally and in the Army.*

Definitions of child emotional maltreatment are complex and can take many forms. Criteria may be specific or general and required for different purposes such as state statutes, military regulations, clinical care, or research. Criteria can be based on specific parental acts, require a pattern over time, and determine whether there is evidence of harm to the child. General descriptions allow latitude in determining what qualifies as maltreatment while other circumstances, such as state laws, may invite more specificity requiring objective definitions and standards. This article will also present the latest U.S. Army data and U. S. national data on substantiated cases of emotional abuse and estimates of its national prevalence.

### ***Emotional Abuse in the Army***

Army Regulation 608-18 (Family Advocacy Program) provides general guidelines for medical treatment facility case review committees (CRCs) to use in their determinations of whether an incident meets the criteria for maltreatment. Guidelines designed for assisting CRCs in these determinations were based on recent research on military populations (Heyman & Slep, 2006; see also JFJF Volume 11, No. 4, November 2010 for a detailed description of this research.) The goal in that research was to produce clear criteria that had high inter-rater reliability and provided clinically useful guidance (Slep, Heyman, & Snarr, 2011).

The Army (AR 608-18) defines child emotional abuse as “Acts or a pattern of acts, omissions or a pattern of omissions, or passive or passive-aggressive inattention to a child’s emotional needs *resulting in an adverse effect* [italics added] upon the child’s psychological well-being.” In order to meet the criteria for child emotional abuse, there must be an act (e.g., berating) and a significant psychological impact, reasonable potential for psychological harm, or stress-related somatic symptoms.

For the Army criteria, exposing a child to domestic violence may fall under child emotional abuse or child neglect, depending on the level of exposure and nature of the incident. Child neglect would generally include a child witnessing and being directly involved

in a domestic incident with actual or potential for injury to the child. Child emotional abuse would include a child exposed to environments with domestic violence, primarily verbal, which impact the child’s psychological well-being. An incident may qualify for one or both types of allegation.

The rates of child emotional abuse in the Army were 0.6/1,000 in 2005, 0.5/1,000 from 2007–2009 and 0.7/1,000 in 2010, 0.8 in 2011, and 0.9 in 2012. (During this period the overall Army child neglect rates varied between 3.3–4.3/1,000.) Thus, the rate of child emotional abuse has almost doubled in the past three years. It is impossible, under the Army criteria, to determine whether child neglect incidents include domestic violence without knowing the specific details of the incident.

### ***National Statistics on Child Emotional Maltreatment Cases.***

Nine percent of child maltreatments were classified as psychological abuse in 2011 (U.S. Department of Health and Human Services, 2011). However, this number could have been larger because 10.3% were classified as “other” or “unknown” and, depending on state classifications, could have been psychological abuse. (Child Maltreatment uses the term psychological abuse rather than emotional, but they are usually considered interchangeable.)

National Estimates of Child Neglect. U.S. national data on child emotional abuses are reported in the Fourth National Incidence Study (the NIS-4) (*see [http://www.acf.hhs.gov/programs/opre/abuse\\_neglect/natl\\_incid/index.html](http://www.acf.hhs.gov/programs/opre/abuse_neglect/natl_incid/index.html)*). The NIS is a Congressionally mandated, periodic research project to reflect the number of abused and neglected children who come to the attention of community professionals. NIS-4 data were collected in 2005 and 2006. The NIS counts cases of abused and neglected children and those children who have not come to the attention of CPS, but have come to the attention of professionals (sentinels) who encountered them during the normal course of their work in a wide range of agencies in U. S. representative communities.

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### *NIS Harm and Endangerment Standards*

The NIS applies two definitional standards: the *Harm Standard* and the *Endangerment Standard*. The Harm Standard generally requires that an act or omission result in demonstrable harm. The Endangerment Standard includes all children who meet the Harm Standard, but adds those children if a CPS investigation substantiated or indicated their maltreatment and those that the sentinel thought were in danger of maltreatment.

Under the Harm Standard, an estimated 135,300 children (27% of the total estimated number of maltreated children) were emotionally abused and the rate of emotional abuse was 2.0/1,000. Under the Endangerment Standard, an estimated 36% of the children (302,600) were emotionally abused and the rate of emotional abuse was 4.1/1,000.

Overall, the perpetrator's alcohol (mis)use was involved in emotional abuse in 22% of the cases, perpetrator's mental illness in 17% of the emotional abuse cases.

### *Conclusions*

Child emotional abuse represents a substantial percentage of maltreated children and

its percentage is increasing nationally and in the Army. Classifications of emotional abuse generally require evidence of harm or threatened harm. However, as Glaser pointed out (see Interview) the viewpoint that is more clinically useful is that of the relationship between the care giver and the child.

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### *Featured Interview, From page 2*

says, "You do not deserve my affection. You do not deserve my attention." That is the only way in which the two would go together, but in most emotional neglect the parent does not trouble to think about the child as being bad, they just do not think about the child.

I think that emotional neglect now is very common because it goes particularly with parental, maternal depression and parental drug and alcohol abuse. Those parents are particularly emotionally neglectful, particularly with young children. My third category, which I call developmentally inappropriate, is really poor parenting. [See the review of Dr. Glaser's work for a description of five categories of emotional abuse.]

### *Dr. McCarroll: Unrealistic expectations?*

Dr. Glaser: Unrealistic expectations, inconsistent expectations, no boundaries, which, in my book is emotional abuse because, as you know, my overall definition of emotional abuse is persistent, harmful parent-child interactions which don't require physical contact.

### *Dr. McCarroll: Do you see different parental characteristics or different risk factors for emotional abuse versus emotional neglect?*

Dr. Glaser: Probably, yes. Emotional neglect on the whole, unless the parent is deliberately neglecting the child because they have a prior negative view about the child, leaving those aside, on the whole the parents who are emotionally neglectful are parents who are actually preoccupied with things other than the child. This is most commonly drug and alcohol abuse and occasionally domestic violence and depression. Something takes the parent's attention and thinking away from the child. The risk factors there are the parent's pre-occupation with something else other than the child.

Parents who are negative toward the child are probably troubled and are likely to have had troubled relationships in their own past, but it is much more difficult to be clear about particular risk factors. In the third category, the age and developmentally inappropriate parenting, I think these are parents who have been poorly parented themselves, and just do not know how to do it. So their risk factors are poor childhood experiences of their own.

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# Child Emotional Abuse

By James E. McCarroll, Ph.D., and Robert J. Ursano, M.D. ((right authors?))

*Studies of the effects of emotional abuse consistently show negative outcomes in children, adolescents, young adults, and older adults.*

What is child emotional abuse? One answer is, “It depends.” There are definitions for statutory, clinical, and research purposes, which often do not have much in common and are frequently controversial. (The terms emotional abuse and psychological abuse are interchangeable. For consistency, only emotional abuse is used here.) Emotional maltreatment (including both emotional abuse and emotional neglect) is often thought of as not as severe as physical and sexual abuse. However, its consequences for child development and functioning can be widespread and severe (Egeland, 2009). In research and practice, the two are often conflated making it difficult to discern the differences. It is widely believed that emotional abuse is the most damaging form of child maltreatment and is the developmentally destructive element in all forms of maltreatment (Claussen & Crittenden, 1991; Garbarino, 2011).

Studies of the effects of emotional abuse consistently show negative outcomes in children, adolescents, young adults, and older adults. In a study of the relation of emotional maltreatment to early adolescent competence, only emotional abuse, controlling for concurrent physical abuse and sexual abuse and gender, contributed significantly to early adolescent competence. The effects were mediated through the development of social withdrawal in middle childhood (Shaffer, Yates, & Egeland, 2009). Perceptions by college students of their childhood emotional abuse and neglect have been uniquely associated with symptoms of anxiety and depression (O’Dougherty-Wright, Crawford, & Castillo, 2009). In women presenting to a hospital primary care unit, a history of emotional abuse and neglect have been associated with anxiety, depression, posttraumatic stress and physical symptoms (Spertus, Yehuda, Wong et al., 2003). [For extensive reviews of child emotional maltreatment, see Child Abuse & Neglect 2009, Vol. 33, No. 10, and 2011, Vol. 35, No. 10.]

Almost all states and territories in the U.S. include emotional maltreatment as part of their definitions of abuse or neglect. Typical language used in these definitions is “injury to the psychological capacity or emotional stability of the child as evidenced by an observable or substantial change in behavior, emotional response, or cognition” and injury as evidenced

by “anxiety, depression, withdrawal, or aggressive behavior” ([https://www.childwelfare.gov/systemwide/laws\\_policies/statutes/define.pdf](https://www.childwelfare.gov/systemwide/laws_policies/statutes/define.pdf)).

Guidelines for definitions of all forms of child maltreatment are provided in the Army’s Decision Tree Algorithm (2012). These guidelines are based on research to establish criteria for substantiation (Slep, Heyman & Snarr, 2011). To be substantiated, all forms of maltreatment require the occurrence of (1) an act and (2) an impact of the act on the victim. Acts of child emotional abuse include berating, threatening, harming or abandoning, confining, coercing the child to inflict pain or him or herself and disciplining excessively. Impacts required for substantiation are psychological harm including either more than inconsequential fear reaction or significant psychological distress; or the reasonable potential for psychological harm such as the development of a psychiatric disorder related to or exacerbated by the act, or significant disruptions of the child’s development; or stress-related somatic symptoms.

There are at least two major problems in the definition and measurement of emotional maltreatment. First, unlike physical and sexual abuse in which there are specific incidents, emotional maltreatment may not reflect a single event, but an ongoing series of different parental behaviors toward the child. Secondly, when there is no evidence of harm, the focus then becomes the behavior of the parents (or caregivers). This is further complicated by attempting to distinguish between maltreatment and poor parenting (Trocmè, Fallon, MacLaurin, et al., 2011) and between parent intentions and outcome (Garbarino, 2011).

The difficulty of measuring emotional abuse is substantial. Its evaluation includes a wide variety of approaches and instruments (Tommyr, Draca, Crain, et al., 2011). As is the usual case with psychological measures, appropriate psychometric properties are important for any scale. These include internal consistency, test-retest reliability and inter-rater reliability. However, the most significant limitation is the lack of a standard of what constitutes emotional abuse. Emotional abuse research requires a clear statement of the investigator’s purposes.

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### *Child Emotional Abuse, from page 5*

The field of child emotional maltreatment endeavors to address questions of when, how, why, under what circumstances, and for whom are these experiences harmful to the child (Yates & Wekerle, 2009). As many have written (e.g., Egeland, 2009), it is important for medical providers, social service providers, and child educators to become familiar with child emotional maltreatment, both abuse and neglect. Its recognition, causes, prevention and treatment are important to the health of children. Research on emotional maltreatment suggests many implications for practice including the importance of the children's and adults' cognitions and emotions about self to their relationships with others (Egeland, 2009). Further research is required on emotional maltreatment to better understand the contributions of forms of abuse and neglect, gender, socio-economic circumstances and other factors to child and adult development.

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*Unlike physical and sexual abuse, in which there are specific incidents, emotional maltreatment may not reflect a single event, but an ongoing series of different parental behaviors toward the child.*

*Featured Interview, from page 4*

***Dr. McCarroll: How do you intervene or teach them?***

Dr. Glaser: In a way, that is the most hopeful aspect of the field. In child mental health the evidence base is not brilliant, but one of the quite robust evidence bases is parenting work. When that is offered properly, it does work. So, that that category, which might be the most common one, is amenable to intervention.

***Dr. McCarroll: Have you found approaches with parents that tend to work better than others, something that seems to catch parents' attention that they can really learn and use?***

Dr. Glaser: Those parents in what I call category three are amenable to help. They will thank you for finding a better way of dealing with their children because they are usually very frustrated. The methods that they have used, like punishment, have not worked. Emotional neglect requires in the first instance attention to the parent's own difficulties. Then you can work on the parent-child interaction.

***Dr. McCarroll: You have written that in some cases problems with the relationship may be due to difficulties intrinsic to the child.***

Dr. Glaser: As much as one would like to believe, not all children are angels. There are children who are more difficult than others. The question then becomes, is it nature or nurture? Children who are more difficult may be, in the hands of either unskilled parents, unsupported parents, or troubled parents more vulnerable to maltreatment.

***Dr. McCarroll: So you might have a double whammy.***

Dr. Glaser: Yes, and you see the double whammy gets even worse because some of the children's intrinsic difficulties may be genetic. They may be parented by parents who have the same genes and also have the same difficulty as the child. So that is indeed a double whammy.

***Dr. McCarroll: You have written on the effects of maltreatment on children's brains. What are we learning that is helpful to the field?***

Dr. Glaser: I am not a neuroscientist; I am a psychiatrist. All that I write about the brain is what I have read. None of it is my own original research although I have formulated my own ideas. I think the brain story is an interesting

one because the question really is "In what way does knowing about the brain help children?" My view continues to be that whereas people think that the effects of maltreatment are that it harms your emotions, or your psyche, or your learning, or your behavior, somehow people do not hear that. But if you say to them, "It harms the child's brain," they suddenly say, "Woo! That's dangerous; that's serious, better do something." People seem to take it more seriously if you tell them that it is harming the child's brain than if it harms a child's development and functioning.



***Dr. McCarroll: We have seen the exposure to interpersonal domestic violence as a category of emotional abuse or neglect. What do you think about this?***

~~Dr. Glaser: I include it under developmentally inappropriate experiences because it is exposing the child to something that the child cannot cope with and is harmful. You could call it neglect because it is a lack of protection or you could call it developmentally inappropriate. It is undoubtedly a form of emotional abuse because it is not physical, it is persistent and it is harmful to the child. It is undoubtedly terribly harmful in a number of ways and, incidentally, the different forms of emotional abuse do not have a one-to-one correlation with different forms of harm. That is a complicated story. Indeed, exposure to domestic violence can lead to harm for the child in many different ways. You see, domestic violence is a risk factor, but the exposure to it becomes emotional abuse per se.~~

~~With exposure to interpersonal domestic violence, the first step has to be to work with the parents and on the parent-child interaction (the exposure) before you can start working with the children themselves on the after-effects. You have to make sure the child is not exposed to it anymore because otherwise it is like pouring water into a bucket with a hole in it. Some children are frankly traumatized. If the child has post-traumatic phenomena, you have to work with that. Then you have to work with the cognitions of the child in terms of their feelings of guilt, divided loyalties between the parents and having to protect the parents. I think it is a question of finding out from the child in what way it has affected them.~~

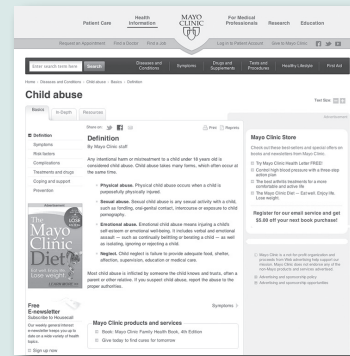
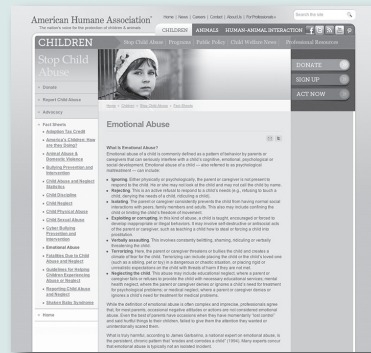
***Dr. McCarroll: Thank you for your time. It has been a pleasure talking to you.***

Dr. Glaser: Thank you.

*Parents who are emotionally neglectful are preoccupied with things other than the child. This is most commonly drug and alcohol abuse and occasionally domestic violence and depression.*

# Websites of Interest

- The American Humane Association gives its definitions and examples of emotional abuse. It also has a wide variety of other information on child maltreatment. <http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/emotional-abuse.html>
- Prevent Child Abuse America works to promote the healthy development of children through a network of chapters in 50 states and over 500 Healthy Families America home visitation sites in 41 states, all the territories, Puerto Rico and Canada. The link below is to tips and brochures on many aspects of child maltreatment prevention topics and parenting. <http://www.preventchildabuse.org/index.php/news-and-publications/tips-and-brochures>
- The Mayo Clinic has a series of fact sheets on various aspects of child maltreatment including emotional abuse definitions. <http://www.mayoclinic.com/health/child-abuse/DS01099>





# A Review of Dr. Danya Glaser's Research on Child Emotional Maltreatment

*Emotional abuse and neglect refer to the relationship between the caregiver and the child rather than to an event or series of events.*

Dr. Glaser is widely published on many aspects of child maltreatment including child sexual abuse and emotional maltreatment, legal and forensic aspects of child maltreatment and the effects of maltreatment on children's developing brains. In her research and practice, she has explored theories of child emotional maltreatment, its assessment, and its implications for children's development.

While definitions and standards are controversial in practice and in the literature, Glaser has maintained that emotional abuse and neglect refer to the relationship between the child and the caregiver rather than to an event or series of events as occurs in physical and sexual abuse. In emotional abuse, the relationship itself may be harmful to the child and the abuse threshold is based on its continuation without attempted intervention. Glaser's definition of child emotional abuse and neglect is "persistent, non-physical, harmful interactions with the child by the caregiver, which include both commission and omission" (Glaser, 2011, p. 875).

Her framework for conceptualizing child emotional maltreatment has evolved into five categories of harmful interactions, each of which requires different therapeutic interventions (Glaser, 2002; 2011). She recommends an assessment to identify the nature of the abusive or harmful interactions and a time-limited trial of interventions. However, she also notes that although the relationship between the caregiver and the child is in the family, it is also influenced by the family's social environment and their own histories. All these are considered in formulating an intervention. The following are categories of child emotional abuse and neglect (CEAN).

- *Emotional unavailability, unresponsiveness, and neglect.* This category of CEAN includes parental insensitivity, parents preoccupied with their own needs such as mental ill-health, substance abuse or overwhelming work commitments. Thus, they are unable or unavailable to respond to the child's emotional needs. This category is based on the violation of the child's need to have their existence acknowledged.
- *Interacting with the child with hostility, blame, denigration, rejection or scapegoating.*

The child is rejected and seen as deserving of these negative attributions. This category reflects the child's basic need to be loved and valued.

- *Developmentally inappropriate or inconsistent interactions with the child.* This category of CEAN includes a number of behaviors that are based on the parents' lack of knowledge of age-appropriate caregiving and, while harmful, are thoughtless and misguided rather than intentionally harmful. These behaviors include expectations of the child beyond her or his capability, overprotection, and exposure to confusing or traumatic events including domestic violence and parental suicidal behaviors.
- *Failure to recognize the child's individuality and the psychological boundary between the parent and the child.* This includes using the child for the parents' needs such as in factitious disorder by proxy and in custody and contact disputes with parents' divorce proceedings.
- *Failing to promote the child's social adaptation.* This category includes both omission such as isolating the child, failure to provide adequate cognitive stimulation and opportunities for experiential learning and commission such as promoting mis-socialization and involving children in criminal activity.

Each of these categories deals with a different aspect of child development and parental motivations. If more than one category is present, it is possible to determine which is primarily "driving" the interaction (author's quotes, Glaser, 2011, p. 870). For example, negativity toward the child could explain emotional unavailability. Determining the most significant category is important for providing specific interventions. Different therapeutic approaches are required for each category.

Hart and Glaser (2011) have argued that the current child protection policies and procedures are inadequate for dealing with the physical, psychological, and sexual violence to which children are treated worldwide. They promote the need for a change from the narrow corrective intervention model to a broad,

*Glaser's definition of child emotional abuse and neglect is "persistent, non-physical, harmful interactions with the child by the caregiver, which include both commission and omission".*

public health primary prevention strategy that recognizes the rights of children to be protected from maltreatment.

Glaser presented the complex arguments for and against registration (English designation for what would be called substantiated or founded in the U.S.) of a child in the child protection system when emotional abuse is suspected or confirmed (Glaser and Prior, 1997). Child protection can only be assumed to occur under strict conditions such as ensuring that abuse and neglect have stopped, supervising all contact between the parent and the child, or separating the child(ren) from the perpetrator(s). In emotional abuse, it is difficult to prove that any child's impairment is due to emotional mistreatment. Two issues are at play here: not all bad outcomes are the result of child mistreatment and not all mistreatment results in bad outcomes (Garbarino, 2011). Glaser argues that, prior to registration (now termed 'subject to a protection plan'), it is often appropriate for a process of assessment and a time-limited (3–6 months) of intervention to occur as a trial of improving the parent-child relationship. The argument for this position is based on the fact that if immediate child protection and safety is the primary concern, the child must be removed or constantly supervised. Given that constant supervision is not feasible, the alternative is to try to change parental attributes and the relationship between the parent and the child. This is a process of working *toward* [authors' italics] protection (Glaser, 2011).

Knowledge of developments in neuroscience can shed light on connections between maltreatment and effects on brain development. Glaser (2000) broadly reviewed the nature and context of child maltreatment and described the interaction of early caregiving and brain development. In this complex interplay of nature and nurture, on the neural side are cellular, biochemical, and neurophysiologi-

cal processes in development. Manifestations of brain changes are then shown in behaviors, cognitions, and emotions. The complexity is further shown when one considers that abuse may be an event or a pattern, and abuse varies by type, severity, and frequency and chronicity. Child maltreatment is stressful and changes in the brain result from maltreatment. Early intervention to bring changes in the parent-child interaction offers the best prognosis for a good outcome. Most believe that the protective effect of a secure attachment is particularly important in the face of stress.

Glaser and her colleagues have made major contributions to the world's literature on child maltreatment. We look forward to her continued work in this field.

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