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Beyond Physical Harm: Understanding and Assessing Child Psychological Maltreatment

Presented by
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Based on the 2025 Guidelines of the Association of Professionals Solving the Abuse of Children in partnership with The New York Foundling (APSAC)

Learning Objectives:

1. Understand the official definitions and key behavioral indicators of child psychological maltreatment according to the APSAC practice Guidelines (2025 edition)

2. Identify the primary caregiver behaviors that may constitute CPM and the corresponding indicators of harm or risk of harm.

3. Understand the negative effects and long-term harm of CPM on a child's healthy development.

Who is APSAC?

- **American Professional Society on the Abuse of Children, Inc** (APSAC). It is a nonprofit, multidisciplinary professional organization founded in 1986 whose mission is to improve society's response to the abuse and neglect of children across several disciplines.

Purpose of the Guidelines:

- To provide guidance to child protection professionals evaluating children and their circumstances to determine whether they have or have not been victims of psychological maltreatment.

APSAC Taskforce. (2025). The Investigation and Determination of Suspected Psychological Maltreatment of Children and Adolescents. **Association of Professionals Solving the Abuse of Children**. Retrieved from https://www.apsac.org/guidelines

Parental Alienation

- A child's avoidance of a parent is not sufficient evidence of psychological abuse by the other parent.
- Thorough assessments of each family should be done to determine the case specific information.

SECTION 1

APSAC Guidelines are designed to help:

Intended Audience

Child protection workers

Judges & attorneys

Mental health professionals

Multidisciplinary team members

Nature and Significance of Psychological Maltreatment

Humans are psychosocial beings. The majority of human needs are primarily psychological in nature:

Safety	Love	Connection	Respect	Agency
To be safe from danger	To be loved and cared for	To love and care for others	To be respected as unique & valued	To have a say in one's life

Psychological maltreatment occurs when:

- The child's psychological needs are rejected, denied, neglected, thwarted, distorted, or corrupted
- The fulfillment of basic survival needs is denied or corrupted
- It is perpetrated by people upon whom children are dependent and whom they expect to be safe and supportive (parents, family, school personnel, coaches, faith leaders, mentors)

APSAC Definition of CPM

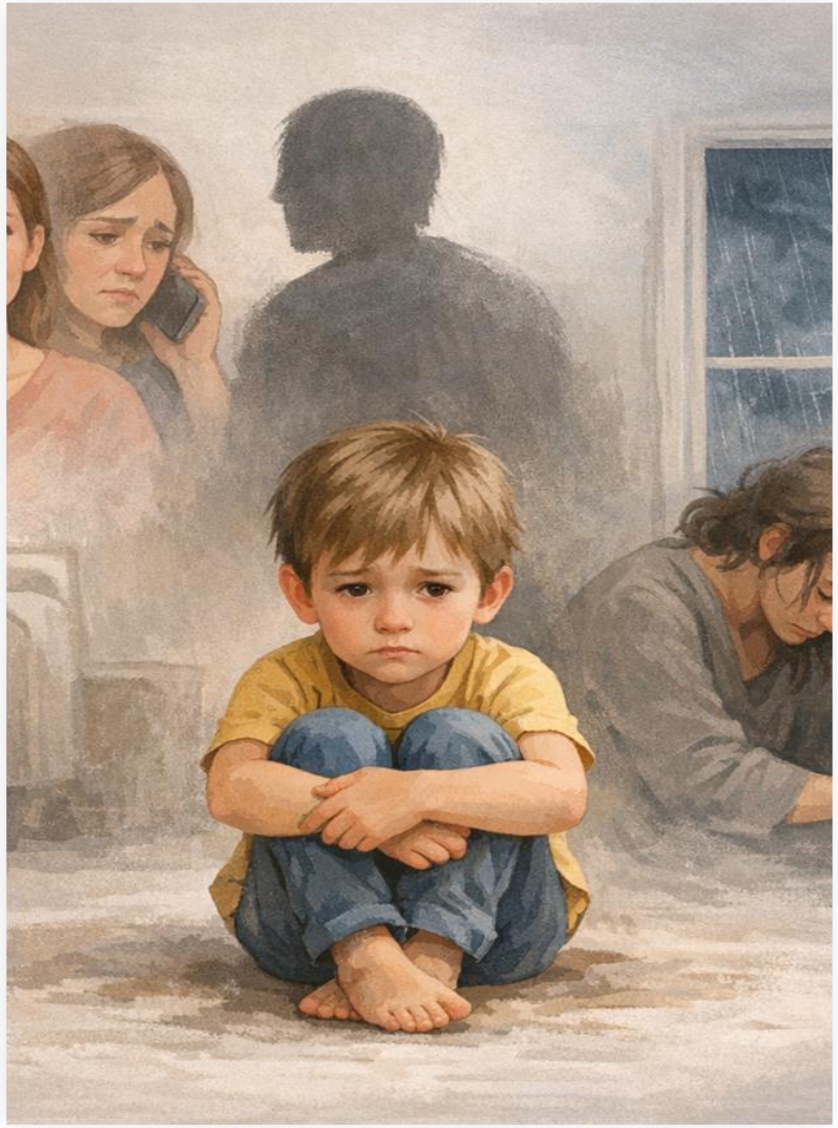
Overarching definition:

- Psychological maltreatment refers to caregiver behaviors toward or involving a child that cause or have a strong potential to cause serious harm to a child's emotional, cognitive, social, interpersonal, or physical well-being or development. Psychological maltreatment could reflect a single caregiver act or omission or could reflect repeated caregiver behaviors.
- Caregiver refers to any adult responsible for attending to the needs of a child as defined by the system using these definitions.

Operationalized

- This is operationalized with two main criteria (excluding physical abuse, sexual abuse, and physical neglect as standalone categories, though psychological elements embedded in them can still be relevant):
- **Criterion A (caregiver acts/omissions):** Non-accidental acts by a caregiver (excluding physically and sexually abusive acts) and omissions (excluding physical neglect). Examples of categories include psychological neglect (e.g., uninvolved or unresponsive caregiver, egregious lack of affection), spurning (e.g., hostility, derogation, belittling, humiliation, rejection, scapegoating), and others such as terrorizing, exploiting/corrupting, isolating, and related forms. The list is illustrative, not exhaustive.
- **Criterion B:** Actual or potential serious harm to the child (e.g., significant disruption of development).

Definitions of Child Psychological Abuse



- **DSM 5**: Psychological abuse (confirmed) consists of verbal or symbolic acts by a parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child.
- **Utah DCFS Allegation Definitions**: Engaging in conduct or threatening a child with conduct that causes or can reasonably be **expected to cause the child emotional harm** (emotional damage that results in a serious impairment in the **child's growth, development, behavior, or psychological functioning** as defined in Utah Code. Ann. 80-1-102. This includes, but is not limited to, demeaning or derogatory remarks that affect or can reasonably be expected to affect a **child's development of self and social competence;** or threatening harm, rejecting, isolating, terrorizing, ignoring or corrupting the child.

Child Psychological Abuse

"It refers to parent behaviors that are intrusive and manipulative of children's thoughts, feelings, and attachments to parents. These behaviors appear to be associated with disturbances in psycho emotional ***boundaries*** between the child and parent, and hence with the development of an independent sense of self and identity. It is also predictive of numerous forms of psychological and social maladaptation." (Barber 2002)

Impact on Mental Health

This form of abuse inflicts deep psychological wounds that can hinder personal development, specifically lack of autonomy and growth.

Brian Barber: Intrusive parenting (2002 book)

Utah Code 81-9-101 (12)

Psychological Maltreatment means a repeated pattern or extreme incident of caretaker behavior that:

a) intentionally thwarts a minor child's basic psychological needs, including physical and psychological safety, cognitive stimulation, and respect;
b) conveys that a minor child is worthless, defective, or expendable;
c) and may terrorize a minor child.

Child Psychological Maltreatment

Instills negative beliefs about:

- child's worth (e.g., through messages that the child is unlovable or defective) that are likely to be
- incorporated into the child's sense of self. This negative self-concept increases the child's vulnerability to low self-esteem, rejection sensitivity, and depression.

When the child is used primarily for:

the fulfillment of others' needs, this behavior adversely affects the child's sense of intrinsic self-worth and expectations for social support and relationships, which are essential for well-being.

The major psychological domains affected are:

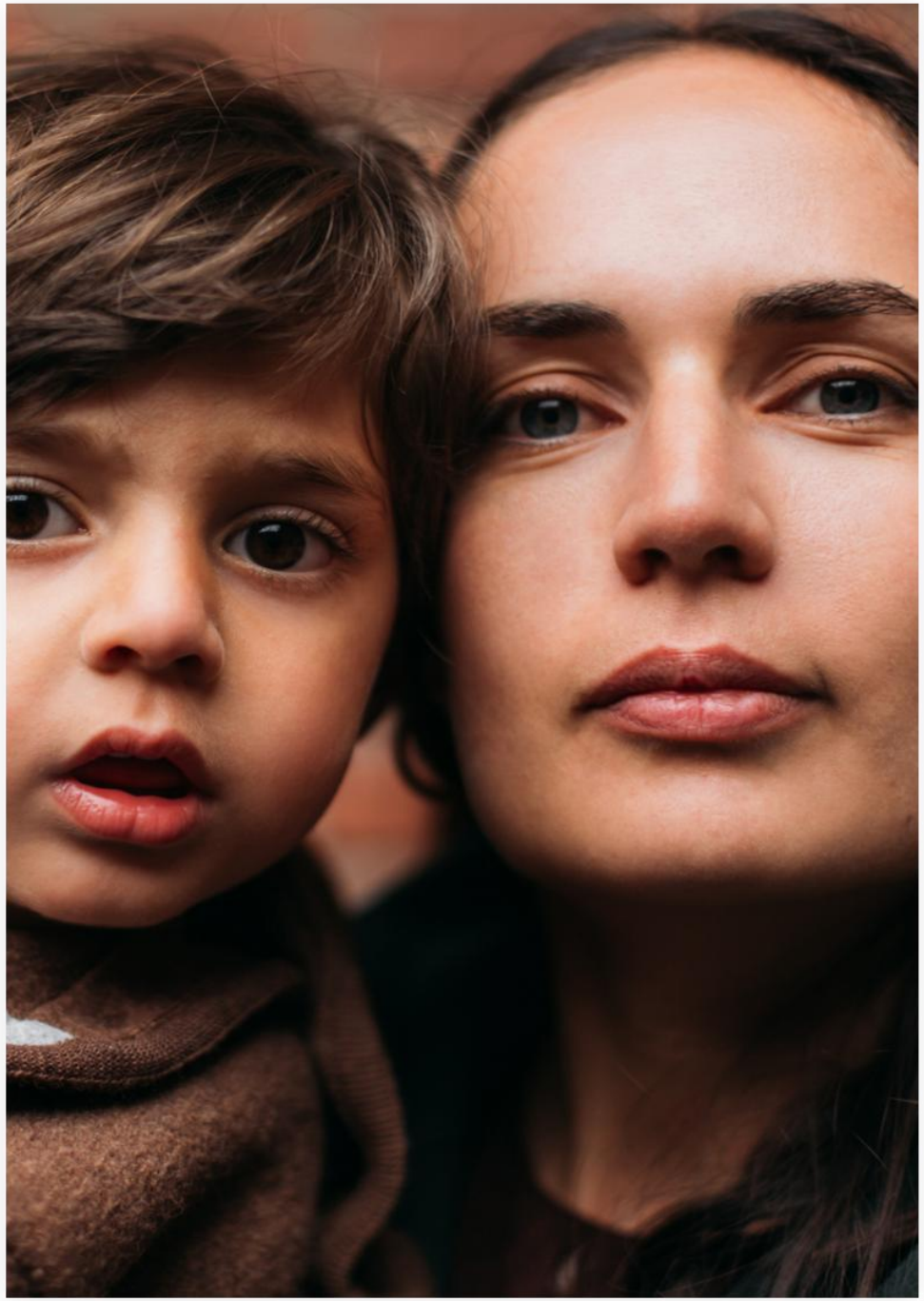
Thinking (cognitive); feeling/emotion (affective); social, interpersonal, and physical well-being and development; and from these, impulse or will to action.

Kerig 2005: Journal of Emotional Abuse

"In the throes of their own insecurity, troubled parents may rely on the child to meet the parent's emotional needs, turning to the child to provide the parent with support, nurturance, or comforting.

Ultimately, preoccupation with the parents' needs threatens to interfere with the child's ability to develop autonomy, initiative, self-reliance, and a secure internal working model of the self and others. " Kerig, 2005, p. 6.

"A theme that appears to be central to the conceptualization of boundary dissolution is the failure to acknowledge the psychological distinctiveness of the child." (Kerig, 2005, p. 8)



Enmeshed Roles Three Types:

Benjamin Garber, PhD

Garber, B. D. (2011). Parental Alienation and The Dynamics Of The Enmeshed Parent-Child Dyad: Adultification, Parentification, And Infantilization. Family Court Review, 49(2), 322-335.

Adultification: prematurely promoted to serve as a parent's ally and partner

Parentification: The child who is inducted into service as the parent's caregiver

Infantilization: The child whose development is inhibited by a parent who needs to be needed.

Psychological abuse can also look like :

Flattery
Validating them with an agenda
Boundary testing
Exploiting vulnerabilities
Rewards for antisocial behaviors
Special attention
Over empowerment
Lack of structure
AKA: Grooming

"Partners may turn to children in an attempt to find a parent, a friend, a surrogate spouse, a mirror, a scapegoat, an ally, or a purpose in life. Thus, triangulation may take infantilizing or parentifying forms, just as it may take hostile or affectionate forms." Kerig, P. K., & Swanson, J. A. (2010)

Behavioral control vs Psychological control

Behavioral Control (guidance and boundaries)	Psychological Control (manipulation/coercion)
Sets clear rules and expectations	Manipulates emotions and thoughts
Monitors behavior appropriately	Uses guilt, love withdrawal, criticism
Encourages independence	Undermines autonomy
Supports open communication	Discourages emotional expression
Linked to positive outcomes	Linked to anxiety, depression, low self-esteem

Effects of Psychologically Abusive Parenting

Healthy Parenting	Psychologically Abusive Parenting
Secure Attachment	Insecure Attachment (codependent)
Rational Perception of Reality	Hyper Threat Response (paranoid)
Intact Memories	Pruned and Distorted Memories
Ability to Critically Think (objective)	Emotional Reasoning (subjective)
Rational Cognitions	Distorted Cognitions
Moral, Value driven	Situationally Driven, Reactive
Empathy	Self Centered
Resiliency	Victim Thinking
Efficacy	Inadequacy
Confidence	Self Doubt

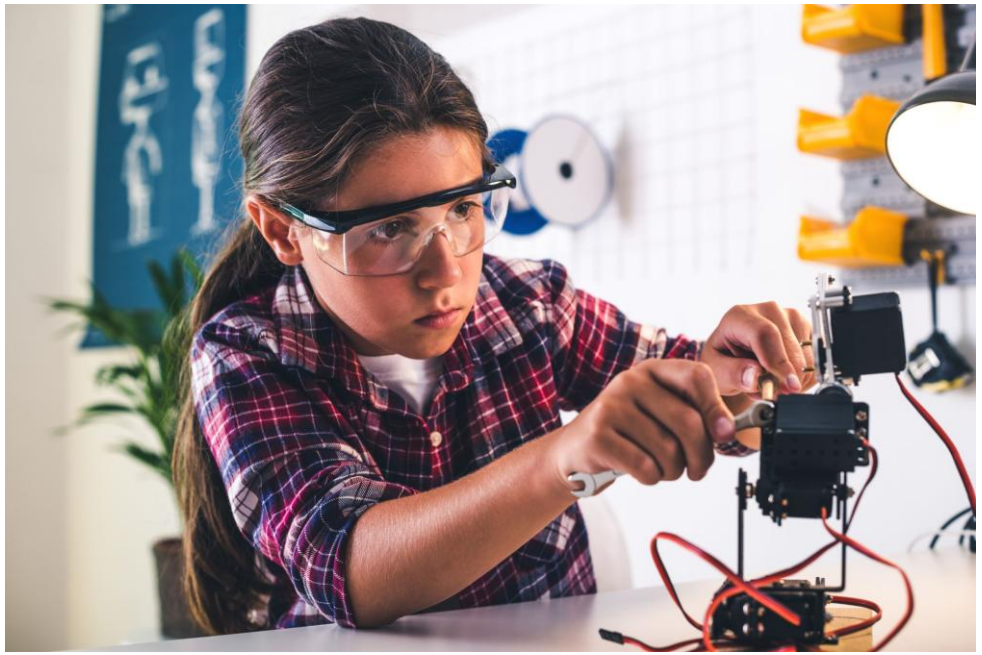
Overview of Child Development

Children Develop in many different areas:

- 1. **Physical Development:** Gessell
- 2. **Cognitive Development:** Piaget
- 3. **Psychosocial Development:** Erikson's 8 stages of personality development across the lifespan: when mastered values are formed.
- 4. **Moral Development:** Kohlberg

Piaget proposed an idea that seems obvious now but helped revolutionize how we think about child development:

Children think differently than adults

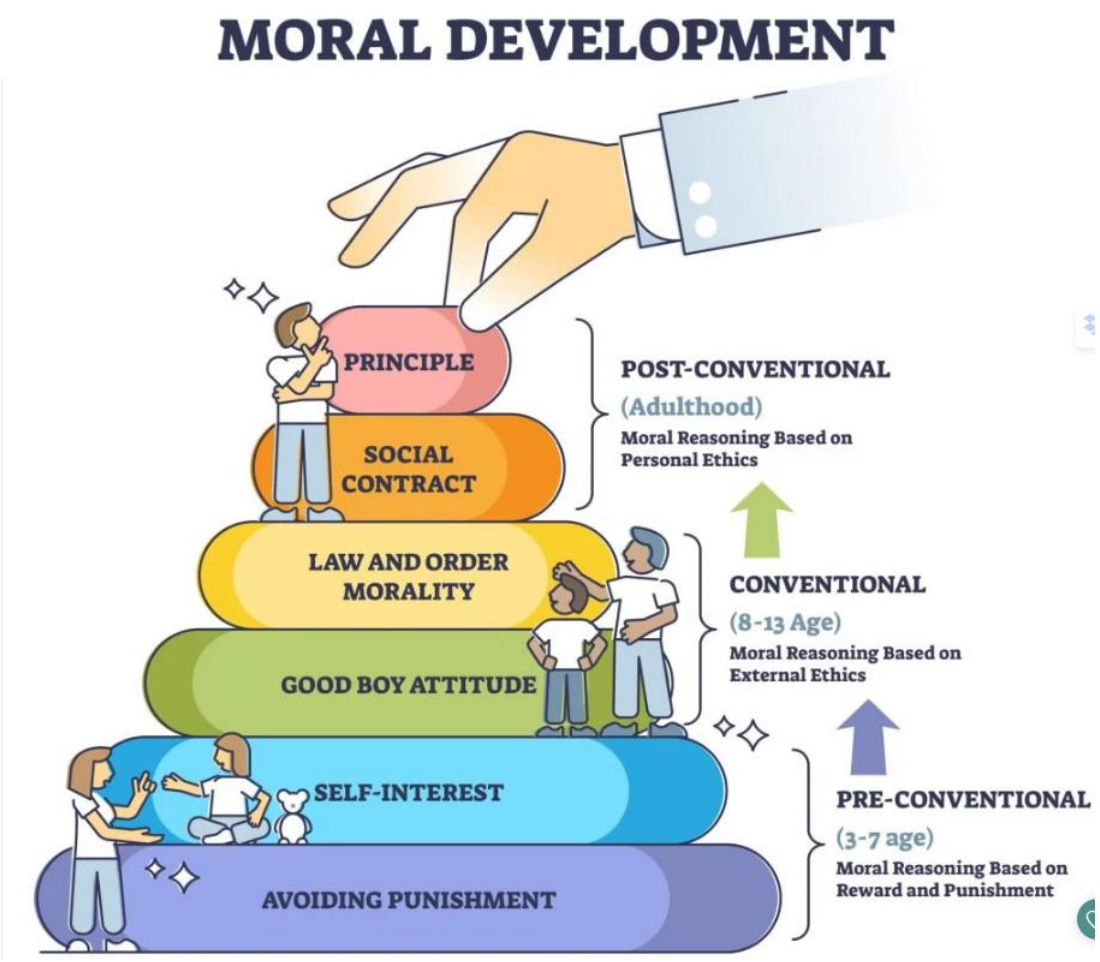


Erik Erikson's Psychosocial Stages of Development

Stage	Age Range	Conflict	Big Question	Virtue
Infancy	Birth–18 mo	Trust vs. Mistrust	Can I trust the world?	Hope
Early Childhood	18 mo–3 yrs	Autonomy vs. Shame/Doubt	Can I do it myself?	Will
Preschool	3–5 yrs	Initiative vs. Guilt	Is it okay to take action?	Purpose
School Age	6–11 yrs	Industry vs. Inferiority	Am I capable?	Competence
Adolescence	12–18 yrs	Identiry vs. Role Confusion	Who am I?	Fidelity
Young Adulthood	19–40 yrs	Intimacy vs. Isolation	Can I love?	Love
Middle Adulthotd	40–65 yrs	Generativity vs. Stagnation	How can I contribute?	Care
Late Adulthotd	65+ yrs	Integrity vs. Despair	Was my life meaningful?	Wisdom

- **Each stage asks a BIG life question.**
- **Positive resolution builds a core virtue.**
- **Struggles are normal and part of development.**
- **Development continues across the entire lifespan.**

Kohlberg's Stages of Moral development



- 1. Child doesn't take a cookie because they will get punished.
- 2. Child helps clean up because they will get a reward.
- 3. Teen volunteers because friends think it's a good thing to do.
- 4. Adult drives the speed limit because it's important to obey the law for social order.
- 5. A citizen peacefully protests, despite protentional legal Consequences, because they are advocating for something good and for individual rights.
- 6. Doing hard things and taking risks for the greater good, which outweighs personal risk.

Saul Mcleod, Simply Psychology, 2025

OPERATIONAL DEFINITION

Two Required Components: Criterion A + Criterion B

CRITERION A

Caregiver Acts / Omissions

Non-accidental act(s) by caregiver (excluding physically and sexually abusive acts) and omissions (excluding physical neglect).

Seven categories of caregiver behaviors (not exhaustive):

1. Psychological neglect
2. Spurning
3. Developmentally inappropriate interactions
4. Inappropriate responses to misbehavior
5. Terrorizing / traumatic exposure
6. Exploiting
7. Corruption / failures to socialize

CRITERION B

Significant Impact on the Child

1. Actual psychological harm
   - Significant developmental disruption
   - Significant psychological distress
   - Stress-related somatic symptoms
   - More than inconsequential fear reaction

2. Reasonable potential for harm
   - Potential for developmental disruption
   - Potential for psychiatric disorder

CRITERION A

1. Psychological Neglect & 2. Spurning

1. PSYCHOLOGICAL NEGLECT

Caregiver uninvolved
Persistent absence of engagement with the child's emotional world

Unresponsive to bids
Fails to respond to child's attempts to seek attention, comfort, or interaction

Egregious lack of affection
Striking disregard for the child's need for warmth and emotional connection

2. SPURNING

Hostile to child
Persistent hostility in tone, words, or nonverbal behavior

Derogates / belittles
Insults, humiliates, denigrates the child's worth or characteristics

Scapegoating
Singles child out for worse treatment than siblings

Rejects child
Conveys the child is unwanted or unlovable

CRITERION A

3. Developmentally Inappropriate & 4. Inappropriate Discipline

3. DEVELOPMENTALLY INAPPROPRIATE

Imposing or fostering developmentally inappropriate standards on the child, including:

- Infantilization — treating the child as younger than their age
- Adultification—treating like an adult peer
- Parentification — assigning adult roles, responsibilities, or emotional burdens inappropriate to the child's developmental stage

4. INAPPROPRIATE DISCIPLINE RESPONSES

- Excessively intense or frequent discipline (corporal punishment includes PM elements such as fear, rejection, humiliation)
- Confining / binding
- Compelling the child to inflict pain on self
- Unreasonable limitations on social interactions
- Preventing necessities (sleep, rest, food, light, water, toilet access)

CRITERION A

5. Terrorizing • 6. Exploiting • 7. Corruption

5. TERRORIZING

- Exposing to interparental violence, parental self-harm, dangerous situations
- Threatening violence or abandonment of the child
- Threatening/perpetrating violence against loved ones, pets, or objects (incl. DV)
- Terrorizing through nonviolent actions or threats

6. EXPLOITING

- Actively exposing child to belittling/hostile treatment of those in significant relationships
- Munchausen by proxy (see APSAC MBP Guidelines)
- Grooming for sexual abuse or exploitation (see related APSAC guidelines)

7. CORRUPTION

- Encouraging antisocial behavior
- Failures to promote healthy socialization
- Modeling or permitting criminal, self-destructive, or deviant conduct

CRITERION B

Significant Impact — Actual Harm or Reasonable Potential

Actual Psychological Harm includes any of the following:

a **Developmental Disruption**
Significant disruption of physical, emotional, cognitive, or social development created or exacerbated by the caregiver's act/omission

b **Psychological Distress**
Major depressive disorder, anxiety disorders, disruptive behavior disorders, substance abuse, or other psychiatric disorders at or near diagnostic thresholds

c **Somatic Symptoms**
Stress-related physical symptoms (aches, migraine, GI problems, etc.) that significantly interfere with normal functioning

d **Fear Reaction**
More than inconsequential fear reaction related to the caregiver's act(s)/omission(s) lasting ≥ 48 hours with specific signs

EFFECTS

Psychological Maltreatment Effects Across Domains

Internalizing

Depression, anxiety, suicidality, non-suicidal self-injury. Uniquely strong link of emotional abuse/neglect to depression and suicidality.

Social Anxiety

Rejection sensitivity and intense fear of evaluation more strongly related to CPM than other forms of maltreatment.

Anti-social

Conduct disorders linked to co-occurring psychological + physical abuse. Substance abuse specifically tied to psychological abuse/neglect.

Thought Disorders

Dissociation, hallucinations, psychosis specifically tied to psychological abuse and neglect over and above other forms.

Cognitive / Learning

Psychological neglect related to declines in early cognitive functioning. Co-occurring neglect linked to poor academic achievement across the lifespan.

Physical Health

Reduced adult height, hearing impairments (in utero verbal abuse), asthma, headaches, eating disorders linked to psychological abuse/neglect.

Consideration of CPM in All Investigations

Poly-victimization is common. CPM is often accompanied by or embedded in other forms of child abuse and neglect, and it is the major contributor to negative non-physical outcomes.

Therefore: All stages of child maltreatment investigation should include a consideration of whether and how CPM is present, regardless of the nature of the primary maltreatment concern.

Open Mind

Seek both confirmatory and disproving evidence

Multiple Sources

Observations, interviews, records, collaterals

Relationship Focus

Observe child–caregiver interaction patterns

Developmental Lens

Manifestations differ by age and stage

Assessment Techniques and Sources of Information

Child–Caregiver Relationship	Child Characteristics	Caregiver / Family
• Direct observation (repeated if possible)	• Direct observation & testing	• Perspectives on child-rearing
• Interviews of caregiver(s) and child	• School / special education records	• Personal resources (mental health, skills)
• Review of records	• Health & therapy records	• Social support & resources
• Collateral reports (siblings, school, daycare, coaches, neighbors)	• Assess developmental disruption, distress, somatic symptoms, fear	• Life stresses and transitions

SECTION 7

Case Example: Application of the Definition

T.A. — 10-year-old boy, second of five children

Referral: School psychologist called CPS after a tri-annual special education evaluation. T.A. drew himself as a bug with his father screaming: “I will crush you, you little cockroach!”

Child’s Report

Father screams at him and his two younger brothers, calls them names (“dummy,” “idiot,” “loser”) all the time. Older and younger sisters are father’s favorites and “can do no wrong.”

Additional Context

T.A. has severe asthma with repeated hospitalizations, multiple psychological disabilities, depressed mood, suicidal thoughts, learning problems (2 years behind grade level), and impaired concentration despite average ability and special education services.

CASE: T.A.

Caregiver Behaviors Meeting Criterion A

Spurning (A.2)

Mother, father, and T.A. all report father frequently uses degrading language to T.A. and his brothers and singles them out for markedly worse treatment than sisters. Father blames the boys for the poor treatment.

Terrorizing (A.5)

Mother’s realistic threats of suicide (prior attempts + current depression). Father’s scary behavior with guns, conflicts with neighbor, and defensive stance in anticipation of threats against the family home.

Psychological Neglect (A.1)

Father is never emotionally responsive or affectionate. Mother is emotionally responsive only when T.A. is so sick that he might die.

Criterion B — Evidence of Harm & Final Determination

T.A. meets Criterion B (significant impact):

B.1b Significant psychological distress

Depressed mood, thoughts of suicide, negative cognitive style, very low self-esteem, low motivation impairing function

B.1c Somatic symptoms

Severe asthma (several hospitalizations/year) despite good medical care; ENT indicated poor home management likely cause

B.1d Significant developmental disruption

2 years behind grade level; impaired attention/concentration despite average ability, good school, and special education services

DETERMINATION: T.A. is a victim of long-standing, chronic psychological maltreatment in the forms of spurning, terrorizing, and psychological neglect.

Thank You

Questions & Discussion

Full guidelines and related materials available at:
www.apsac.org/guidelines

Association of Professionals Solving the Abuse of Children
in partnership with The New York Foundling

RESOURCES

Further Guidance & APSAC Materials

APSAC Monograph on Psychological Maltreatment

Brassard et al. (2019) — comprehensive source with case examples, worksheets, and intervention guidance. Available at www.apsac.org

Slep et al. (2022) Operationalized Definition

Psychological maltreatment: An operationalized definition and path toward application. Child Abuse & Neglect, 134, 105882.

APSAC Handbook on Child Maltreatment (4th ed.)

Hart, Brassard, Baker & Chiel (2017) chapter on psychological maltreatment of children.

Position Statements

2016: Allegations of Child Maltreatment and IPV in Divorce. 2022: Assertions of PAS/PAD/PA When Child Maltreatment Is of Concern.

Related APSAC Guidelines

Munchausen by Proxy Clinical & Case Management; Forensic Mental Health Evaluations; Forensic Interviewing of Children.