

Emotional Abuse

Practice Guidance

For Children's Services



1 INTRODUCTION

Some Important Points About Emotional Abuse

- 1.1 There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse, including the impact of serious bullying. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, as other more visible forms of abuse in terms of its impact on the child. Domestic violence is abusive in itself. Adult mental health problems and parental substance may be features in families where children are exposed to such abuse.
- 1.2 Emotional abuse will be present in all forms of child abuse and this emotional aspect may have as damaging a long term effect on the child's development as physical and sexual abuse and neglect. However, it can also be present without other forms of abuse as a systematic form of abuse in its own right.
- 1.3 Many potentially harmful interactions are very common. It is the persistent and repeated nature of these that would lead to the situation being emotionally abusive.
- 1.4 There is no bruise or other sign of physical injury, therefore forensic evidence cannot be relied upon (unless there is accompanying physical or sexual abuse).
- 1.5 Emotional abuse is a description of a relationship not an event. Unlike other forms of abuse, with the exception of neglect, it often happens in front of workers' eyes as it is usually an ingrained pattern of interaction between the parent and child. It is essential therefore, that interactions between the parent and child are observed and understood over time.
- 1.6 Because patterns of parent/child interactions need to be observed, it is important that the same people have contact with the family and that they gather relevant information from others who have had longer contact, e.g. teachers, health visitors.

2 DEFINITION

- 2.1 The definition of emotional abuse as contained in 'Working Together to Safeguard Children' (HM Government 2015) is:
 - Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects 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 include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- It may involve seeing or hearing the ill-treatment of another. (i.e. domestic violence)
- It may involve serious bullying (including cyberbullying), 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 maltreatment of a child, though it may occur alone.

2.2 Enshrined within this definition is the central principle that emotional abuse, to be considered as such, must be a typical and pervasive feature of the parent/child relationship.

3 IDENTIFICATION

Parental Behaviour

3.1 It is possible to identify examples of emotionally abusive parental behaviour.

- **Rejecting the child.** This may be active rejection, telling children they are unloved, and unwanted, or passive rejection, which is ignoring or failing to communicate with the child in any way and the absence of any demonstration of affection.

Example from CP Listing of passive rejection: *'the children, aged six months and two years, have to sit in darkness and when anyone visits they are always 'asleep'. The mother ignores them until it is time for her to feed or dress them as if she were taking them out of a box.'*

- **Denigrating the child.** The child is repeatedly told they are bad, worthless and is blamed for the problems in the family. The child may be humiliated and ridiculed both in isolation and in front of others, in particular, peer groups.

Survivor statement: *'I was well-built as a child and my father would say "you've a backside like a cow". Once he took me to a potato weighing machine for a public weighing and subjected me to ridicule.'*

- **Inducing fear/promoting insecurities.** The child is exposed to activities engineered for adults or adolescents of an older age, e.g. frightening funfair rides, horror films, fearsome adult computer games. Terrorising the child by holding them hostage, killing or injuring a loved relative or pet in front of the child and making severe threats. Creating insecurities by, for example, frequently leaving young children with different, strange carers. Encouraging children to believe that ghosts and monsters exist and then putting them to bed with the light off with comments that the ghosts/monsters will get them. Locking children in cupboards/dark places. Threatening to abandon the child.

Survivor statement: *'My father would make stabbing movements towards our eyes saying "I could kill you". He stuck cigarettes into himself and cut himself in front of us saying he was indestructible.... He would sit there with a knife waiting for one of us to move.'*

- **Tormenting.** Deliberately creating mental anguish, especially by maliciously denying the child something others in the family have, or vicious teasing/bullying.

Survivor statement: *'when it came to birthdays and Christmas, the other two (his brothers) had presents and parties. I was lucky if I got a card.'*

- **Inappropriate/inconsistent expectations/roles.** The child may be expected to support the parent, care for siblings or themselves (when they are too developmentally immature to do so), or perform tasks beyond their developmental ability. E.g. having to stay off school to look after an ill or disabled parent, change nappies, feed and supervise younger siblings and take them to school, make hot drinks for parents unsupervised, clean up after siblings/parents. The child may be given confusing messages, which they cannot understand because parents have inconsistent expectations or respond unpredictably.

Example from CP Listing: *'A girl aged six years has to clean herself up if she is sick or wets herself. She has to look after her parents and is the household drudge.'*

- **Over-protection.** This is the opposite of the above and taken to extremes, deprives the child of opportunities to develop friendships, activities and access experiences that would promote their development. The child is 'wrapped in cotton wool' and is not allowed to engage in messy play or get dirty in case they catch germs.

Case example: *A boy aged eight soils and wets himself in school because he does not know how to go to the toilet on his own. He is always dressed in very warm clothes, which he cannot take off even for P.E. He is not allowed to go swimming with the school in case he catches cold. He cannot stay for school dinners or eat while in school in case he chokes.*

- **Isolating the child.** This includes both social isolation and segregation within the home.

Example from CP Listing: *'the girl, aged 12, has to put her nightdress on straight after school so she cannot play with friends and is ashamed if anyone visits'*.

- **Not recognising or acknowledging the child's individuality or psychological boundary.** This involves denial of the child's unique attributes of temperament and personality. The parents try to actively mould the child into meeting the parent's emotional needs. The parent may have complicated misperceptions of the child and attribute feelings, wishes and motives to the child that belong in the parent or in their history. If the parent has an enduring, serious mental illness, they may actively involve the child in their misperceptions of the world about them. Although fabricated or induced illness falls within the definition of physical abuse it is a variant of this example.
- **Corrupting the child.** This refers to parents who mis-socialise the child by actively involving them in criminal activities, or encouraging them to assault/abuse others.

Example from CP Listing: *'the boys were taught that they should fight the police and hit girls. They were encouraged to steal from shops. In the foster-home they were surprised the foster carers were buying items rather than stealing them.'*

- **Exposing children to domestic violence.**

Parental Characteristics

- 3.2 In common with parents perpetrating other forms of abuse, emotionally abusing parents have often had a difficult or abusive childhood and have problematic relationships with their own parents. They have typically suffered emotionally harsh childhoods themselves. It is common in families where emotional abuse is a concern, for there to be little known about the parents' own childhood. This can be because the parents find it too distressing to discuss, they are unable to remember or they resent being asked, as they see the problems as residing in the child. It may take time to develop a good enough and trusting relationship to obtain a coherent history.
- 3.3 There are certain parental attributes that are more likely to be present in emotionally abusive families. Research by Glaser and Pryor (Child

Abuse Review 1997, vol. 6, pages 315-329) identified three common parental attributes:

- History of mental health problems,
- Domestic violence,
- Alcohol or substance misuse.

3.4 Other factors can include parents with learning difficulties, adults who do not have a clearly defined psychological problem but whose behaviour is erratic and unpredictable. There is an overlap with fabricated or induced illness with adults over presenting their children with physical/psychological problems.

Impact on the child

3.5 A child suffering emotional abuse may display any one of the following signs of impairment. There are no specific patterns of symptoms and the effects can be in any area of their development.

- **Being withdrawn, appearing isolated and lonely, failing to interact with peers.** The child may choose not to speak very much, may be reluctant to join in games or songs and generally refrain from becoming involved with adults or children. They may sit alone very quietly, keeping to themselves.
- **Poor performance at school and truanting.** The influence of emotional abuse may cause the child to perform poorly in schoolwork. Education and learning expectations placed upon children by teachers and parents are added pressures that the child at this point does not want, therefore truanting provides a short-term relief. This also prevents the child having to face other children who may tease and taunt them about their timidity and/or isolation.

The child's stress, worry and upset, added to his or her inability to interact with others or concentrate, may well cause the child to be slow in learning and fall behind, giving a false representation of their actual abilities.

- **Tantrums and behaviour inconsistent with the child's age.** If challenged on difficult matters, the child may throw a tantrum. While this is not uncommon for younger children, older children of 10 onwards have generally outgrown this behaviour. If a child of this age or older is regularly having tantrums, consideration should be given to the possibility of this being a sign of emotional abuse.

Other regressed behaviour such as thumb sucking, talking in a manner suited to a younger child or playing with toys usually associated with much younger children could also indicate emotional abuse.

The child may also wish to be treated as a much younger child, wanting to be fed by an adult, carried or cuddled, and not wanting to interact with children of their own age.

- **Attention seeking.** This type of behaviour can occur within the home towards a parent or guardian, in school towards staff or other children, or in any public arena where adults or children are present. The behaviour could consist of any of the following:
 - Continual naughtiness
 - Continual crying or whining
 - Persistent wetting or soiling of clothes or bed
 - Being physically abusive towards other children or adults
 - Running away from home or school
 - Deliberately damaging toys or property.

- **Aggressive behaviour.** ‘The best form of defence is attack.’ An emotionally abused child, who is frightened of other children and/or adults, may protect his or her fear by overzealously threatening or attacking others. The aggressive behaviour may not be initially obvious; it may manifest through sporting games or general play.

- **Failure to develop and thrive, eating and sleeping disorders.** Many emotionally abused children fail to develop and thrive as expected, both physically and psychologically. Physical underdevelopment can be as a result of not eating and/or not digesting correctly. This does not mean that the child is being ill-fed or starved, but that emotional upset is causing them to be ‘off’ their food. This can result in weight loss and a failure to grow, causing them to look thin, gaunt and small for their age.

Emotional worry, fear or stress may disrupt the child’s sleep. The child may appear continually tired, listless and drawn, and be slow in responding.

- **Loss of confidence, low self-esteem and chronic anxiety.**

- **Self-neglect.** Emotionally abused children may fail to care for themselves. Obviously this is not unusual for a young child who has not yet learned to do so but most 10 to 12 year olds and teenagers, particularly girls, care about their appearance. Where this is not the case emotional abuse may be a consideration.

- **Self-harm.**

- **Drug and alcohol abuse.** As a means of escape, a child suffering emotional abuse may misuse substances.

- **Child is wary of their parents and other adults, and may cling to one particular adult.** The child may show distrust of adults. If they fear their parents, the child may identify another adult, possibly a teacher or childminder, with whom they find refuge and security. The child may become extremely emotionally attached to this adult and display these feelings by physically clinging to them whenever possible.

- **Psychosomatic symptoms.** The child may display signs of an illness (stomach ache, headache, sickness) that cannot be explained, known as a psychosomatic illness. This is caused by the child's emotional state rather than any physical factors.

It must be recognised that a child may display any one or more of the above symptoms and not be experiencing emotional abuse. There may be other reasons such as sexual abuse, physical abuse, bullying, etc. A child acting with one of the above symptoms should alert you to the fact that the child is suffering in some way.

4 ASSESSMENT

4.1 Because emotional abuse is a description of a relationship not an event, it is, therefore unlikely to be able to be assessed as a result of a one-off visit to a family. It is also important to be aware that a child is unlikely to disclose emotional abuse as they usually identify with the parental view and often accept the blame directed at them. The following elements are therefore likely to provide the best means of identification/assessment:

- A Family Chronology, incorporating a history of involvement with other agencies.
- Involvement of workers from other agencies who have had previous contact with the family and who have had the opportunity to witness their interactions over a period of time.
- Observations of family relationships, attachment behaviours, family functioning. Record clearly observations of parent/child interaction. An assessment of family functioning to include observation of actions as well as listening to family accounts in order to identify any discrepancies. Who's close to/distant from whom, how are children disciplined/encouraged.
- The family should be seen together as well as separately.
- A family history, as this may give important clues to the current problems. A genogram can be very helpful as it provides a quick visual way to record lots of information about family patterns over generations.
- An assessment of the child's development is essential as is a full understanding of the child's past and current behaviour.
- There must be adequate exploration of any other possible explanations for difficulties being experienced by the child.
- There is a need to understand conflicts and alliances between family members, ways of resolving conflict that the family has developed, styles of decision making, predominant mood, family

belief systems, values and attitudes. There may be patterns of interaction which have been prevalent in the family over generations and these need to be understood.

- An understanding of the family's strengths as well as difficulties.
- An assessment of the family's willingness and capacity to change.

Using the Assessment Framework for Emotional Abuse

4.2 This section examines aspects of the Assessment Framework in terms of the areas to be assessed in relation to what is currently known about emotional abuse, especially where it is the sole or 'primary' form of abuse.

Child's Developmental Needs

Health

- Emotional abuse is unlikely to be identified through physical signs and symptoms of ill-health, with the exception of non-organic failure to thrive. Many emotionally abused children appear to be in excellent physical health. Nevertheless, there are some health-related factors.
- There may be signs of self-harm which actually, or will potentially, damage the child's health. In Doyle's (1998) study, 14 per cent of the listed children attempted suicide or made serious attempts to harm themselves, including children as young as 6 years old. Pearlman (1998) noted 'survivors may loath, detest or rage against themselves. These feelings are often manifest in destructive behaviours directed against one's own body'.
- Research indicates a substantial link between emotional abuse and eating disorders, anorexia nervosa, bulimia and over-eating, (Witkietz and Dodge-Reyome, 2000).
- Substance misuse may be one way for the child to escape from the harsh realities of emotional abuse and rejection. In some cases parents may provide access to alcohol and drugs.

Education

- Problems with education and schooling appear to be a key feature of emotional abuse. In Glaser et al.'s (2001) study, 25 per cent of listed children were either absent from or persistently late for school. The reasons for non-school attendance vary from children whose truancy was ignored by parents to those who were deliberately kept off school.
- Doyle found 62 per cent of listed school-age children had some education-related problems including vulnerability to bullying by peers or refusal to try anything new because of fear of failure. Glaser et al

found substantial rates of educational underachievement in emotionally abused children.

- For those children able to attend school where the educational environment is caring and encouraging, school can provide a good source of resilience.

Identity

- In emotional abuse, especially rejection and denigration, there are substantial risks to the child's identity and self-esteem.
- Emotionally abused black children face double jeopardy. Racism combined with denigration and abuse in the home are likely to lead to profound negative effects on self-esteem and identity of black, Asian and other children.

Family and Social Relationships

- Families in which emotional abuse occurs are not a homogenous group. The main difference is between those families where one child is singled-out and those where all the children are abused in more or less equal amounts.
- In many of the singled-out situations the families appear to be unexceptional. They might not appear to be subjected to very much stress and other children in the family may well thrive and appear happy and contented. Warm caring relationships are likely to be observed between the parents and other children in the family. Only careful observation will reveal anything amiss. Often clues can be gained from questions about subjects such as the toys children have, their bedroom décor, and parties and presents on birthdays. They will reveal that the singled-out child is being subjected to discrimination and rejection. The cause may be traced back to attachment problems, a significant death or tragedy at the time of the child's birth or the child representing a hidden part of the family history. For example 'Luke was conceived while his 'father' was away working and was a constant reminder to both parents of his mother's adultery. His brothers received affection, approval and treats from which he was excluded' (Doyle, 2001)
- In other families, relationships are relatively chaotic. All the children suffer as the parents show alternating over-concern then indifference. The emotional care of the children is inconsistent and ambivalent. Often they are left with ever-changing, temporary carers. Relationships between the parents and extended family members are fraught, while relationships with neighbours, friends and professionals tend to be polarised. In such families care has to be taken not to confuse the scapegoating of one child in this situation with the singled-out child described above where alleviation of the difficulties or the removal of the child will often lead to a noticeable improvement in family functioning. In the family with chaotic and generally ambivalent

relationships, removal of the scapegoat will simply lead to the production of a new family scapegoat.

- In marked contrast, are those families characterised by rigid, inflexible relationships. Here the parents appear to be fearful of losing control. Professionals are regarded with suspicion, and interference in family life is hugely resented. All the children are subjected to a punitive, oppressive regime in the home.
- Finally, there are families that may appear unexceptional but which contain a seriously damaged individual in a position of power. Often this person is a parent but in some families might be a grandparent or an elder sibling. This figure is more often seen in sexual abuse cases but can be apparent in families where there appears to be no sexual exploitation (although this should be carefully considered). Often the damaged individual is a bully, skilled at manipulating relationships and may well present as charming, plausible and eloquent. Frequently professionals find it difficult to evidence or articulate their concerns about these people.
- These distinctions in family relationships should not be used as rigid classifications but are however, helpful guides to understanding and assessing the general patterns of social and family relationships.

Social Presentation

- Many emotionally abused children show no particular difficulties with social presentation. However, there are some possible indicators.
- Singled-out children may appear to be more shabbily dressed, more withdrawn or attention seeking, and less confident than their siblings. However, care is needed as some of these may be simply related to a child's different temperament.
- Professionals should also be alert to children who are too well-behaved, too tidy and too meticulous about their appearance. E.g. a school was alerted to problems because of the extreme distress a young girl showed if her shoes became scuffed, if her clothes became slightly marked or if she lost a hair ribbon.

Emotional and Behavioural Development

- Emotional abuse almost by definition is likely to have an adverse impact on emotional development. Children are likely to feel unsafe and insecure. In Doyle's (1998) study 'fear inducing' behaviour was present in 95 per cent of listed cases, while 71 per cent of emotional abuse survivors said they were made to feel insecure.
- Insecurity almost inevitably means that emotionally abused children do not develop a strong sense of belonging. In addition, passive or active rejection and ignoring further compound the children's feelings that

they are unlovable. Emotionally abused children are therefore likely to have very low self-esteem and feelings of self-loathing.

Self Care Skills

- Emotional abuse may not adversely affect self-care skills, although children who have over-developed care skills may be emotionally abused, as in the case of the 6 year old girl who had to clean herself up when she was sick or wet. Similarly, like the 8 year old boy who could not even wipe his bottom, lack of self-care skills in an able child suggests over-protection.

Parenting Capacity

Basic Care

- Emotional abuse may be combined with physical neglect but in those cases where emotional abuse is the sole form there may be no problems with basic physical care. However, there may be subtle clues in the basic care which indicate emotional abuse such as 'mechanical' care which is efficient but devoid of pleasure and playfulness or where the care is almost too good and children appear to be fashion mannequins or their home is too clean or too tidy.

Ensuring Safety and Stability

- Putting children in situations where they feel unsafe, such as with unsuitable carers who may be strangers to the child. Deliberately telling children frightening stories, or allowing/making them watch horror/violent films. Putting children to bed in the dark when they are afraid. Exposing children to things the parent knows will frighten the child such as spiders.
- An over-protective parent can also convey fear to a child, fear that the outside world is a totally dangerous place to be. This parent is also damaging the child's self-esteem because the message being conveyed is 'you cannot be trusted to look after yourself'.

Emotional Warmth

- In cases of over-protection parents are not cold and critical but very much the opposite, however the cloying entrapment of an overpoweringly protective and morbidly anxious parent can be every bit as abusive as cold criticism.
- Workers will also need to take account of cultural issues/differences in the expression of emotional warmth when undertaking assessments. Some parents who are brought up to be tough and not to express emotion may be caring but distant from their children.

Stimulation

- With children who are ignored and rejected there may be no attempt to stimulate them or help them develop cognitively.

Guidance and Boundaries

- Often in emotionally abusive families there is either a lack of boundaries and guidance or very rigid and overly strict boundaries. In rigid families rather than guidance there are a series of edicts and commands.

Family and Environmental Factors

Family History and Functioning and Wider Family

- Abuse in the background of the parents can be an important factor. Doyle's study showed that 88 per cent of the mothers and 77 per cent of the fathers had suffered at least one form of abuse during their childhood. The study also showed that often in cases of emotional abuse both parents are emotionally unavailable.
- In terms of the wider family, Doyle's study found that grandparents were frequently so involved with the dynamics of the family or so distant that they were rarely a source of help for the victims.

Family's Social Integration and Community Resources

- Social isolation is a key component of emotional abuse. Doyle's study found that nearly half of the families where children were on the child protection list had little constructive social support. In many of the cases isolation was due to the family moving to a new community, for others community supports were alienating or inadequate.
- Social isolation can also be due to the fact that the key adults in the family have profound problems with relationships. Their ambivalence and inconsistency towards the children is mirrored in their relationships with other adults including voluntary or professional helpers.

Assessment Tools

4.3 The following tools may be helpful to the identification/assessment of emotional abuse:

- Genogram/family tree – to establish family histories, alliances, conflicts etc.
- Ecomaps – to establish parents/children's relationships within the community. This can highlight possible sources of resilience for children and determine whether parents are isolated within the community and the possible reasons for this.
- Self-esteem checklists/questionnaires for parents and children.
- Scales and Questionnaires (Assessment Framework)

- Attachment checklists.
- Chronologies.
- Assessing Parental Motivation to change.

5 ASSESSING RISK OF SIGNIFICANT HARM

5.1 When evaluating what constitutes significant harm consider:

- The severity of the emotional abuse.
- The degree and extent of harm, is there serious impairment?
- The duration of the harmful parent-child interactions (importance of chronologies).

Remember:

- A finding of actual or likely significant harm can be made as a result of ill treatment and/or impairment, attributable to the care given or likely to be given. (Children Act 1989)
- There may be no clear intent to harm the child, although the interaction is clearly harmful.
- If significant harm is not recognised, there is a temptation to begin to describe (even diagnose) the child's difficulties without fully understanding the antecedent circumstances of the emotional abuse.
- As time goes on in assessments, there may seem to be less reason for taking action (children have survived thus far). This may be a barrier to clear evaluation of the significance of harm.

6 INTERVENTION

- 6.1 Intervention should be guided by the nature and pattern of the emotional abuse assessed as prevalent in the family and what parents are being expected to do to initiate change.
- 6.2 Workers will need to decide whether to work with the whole family on relationships and communication, with both parents on their parenting, or with one parent perhaps on background issues or current difficulties which are affecting how they behave towards their child. Working individually with a child in isolation carries with it the danger of confirming to the family that all problems reside in the child. Such work should be done in parallel with work with parents.
- 6.3 A detailed plan should be drawn up which makes clear what change is required. This will work best if translated into specific behaviours that those working with the family will expect to see demonstrated by parents. Ensure

the plan is realistic. Care should be taken that the family are not required to be involved in too many activities simultaneously; the potential confusion that this can create gets in the way of change.

- 6.4 Central to the work will be developing a clear understanding between parents and professionals about the connection between family relationships, parental behaviour and the child's difficulties. It is important that parents understand that as adults, the expectation is that they need to begin the change, rather than expecting their children to.
- 6.5 Emphasise changes made which are in a helpful direction by focusing on how they happened, who's noticed, what effect they've had etc. thus identifying the ingredients of positive change in the hopes of encouraging more of it. Drawing attention to what is going well can help parents' confidence, create a less defensive atmosphere and enable them to accept more readily challenges about negative aspects.
- 6.6 If work needs doing with parents especially about their own experiences as children, remember to keep a focus on the child's needs.
- 6.7 If work is being done with individual family members or the parenting couple, see the family together regularly to evaluate directly whether family relationships have changed.
- 6.8 Address any conflicts in the professional network and examine whether these tensions might reflect tensions within the family. A well co-ordinated, consistent professional network provides a useful model for change especially where inconsistent parenting is the issue.
- 6.9 Assess resilience factors for the child and put more in place if possible. There should then be ongoing monitoring to ascertain whether this has been helpful to the child rather than assuming that this has been the case.

7 REFERENCES

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