Psychological Maltreatment 15

Marie Leray and Gilbert Vila

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15.1   What Is Psychological Maltreatment?

Many of a child's fundamental needs have a psychological or emotional dimension, including the need for affection, stability, empathy from family, authority, encouragement, and praise.

Yet, healthcare professionals have often not given sufficient consideration to psychological maltreatment or emotional abuse and neglect, and its consequences have

M. Leray • G. Vila (✉)
Psychopathologie de l'enfant et de l'adolescent—Hôpital Trousseau,
26 avenue du Dr Arnold-Netter, Paris, France
e-mail: marie.leray@aphp.fr; gilbert.vila@aphp.fr

not always been correctly assessed. However, it is now fully recognized as a form of abuse, in its own right, along with physical and sexual abuse [1].

Studies carried out since the middle of the 1980s in English-speaking countries have enabled a better definition of psychological maltreatment and emotional abuse, with specification of assessment criteria and the measurement of long-term consequences on emotional and behavioral development and on the mental and physical health of children who were victims of it. Comparing the main propositions made by clinicians and researchers [1, 2], we can offer an operational definition: psychological maltreatment of a child stems from an attitude (words and actions) that is intentionally and/or lastingly hostile or rejecting. It can take the form of abuse and of neglect. It is committed either individually or in groups, by people who exploit the victim child's vulnerability from the position of superiority or power. It can occur inside or outside the family. Most often, the perpetrator is a parent, but it can also be a caregiver—nanny, teacher, relative—or a school peer (bullying). Sometimes it is indirect, such as in situations of serious conflict within the parental couple when the child is drawn into conflicting loyalties toward the parents (cf. Sect. 15.2.7). Acts of psychological maltreatment do not correspond to short crisis periods in a child's life, but have long-lasting harmful effects on the child's behavioral, cognitive, and emotional development and even on his or her physical health.

Psychological maltreatment is often related to other kinds of abuse. It is key in terms of long-term impact.

The majority of children subject to sexual abuse are not seriously injured physically, but their emotional wounds have lasting effects. The severity of the abuse is also related to how the child experiences betrayal of the trust he or she had in adults and to the seriousness of the threats the abuser used to obtain submission. What is most important is not the physical injury, but the message it conveys, its underlying meaning. Physical abuse has harmful psychological effects that last long after the body has healed, with the exception of cases in which severe physical abuse leads to serious neurological damage, for example.

The harmful effects of maltreatment, and the psychological damage caused by it, are not always immediately visible. They appear as the child develops and sometimes last for a number of years following the actual acts of abuse and maltreatment.

This raises a central question: how can maltreatment be diagnosed and how can the seriousness of psychological violence be assessed, as it is an important indicator for the prognosis of long-term effects?

In the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM IV), there are no diagnostic elements regarding the emotional components of abuse [3].

Psychological maltreatment can result from sadism or an "abuser's" mental cruelty; it can also result from parents' failure or inability to respond to the child's basic emotional needs and to assume the role of a benevolent and protective parent. The treatment of these is different.

Care for the victims should, wherever possible, be accompanied by work with the perpetrator.

15.2   Maltreatment by Parental Figures

15.2.1 Maltreatment Attitudes and Behaviors

Six forms of psychological maltreatment fitting into a repeated pattern of extreme incidents can be distinguished [4]:

Spurning	This category includes behaviors that aim to criticize, belittle, or degrade the child or not recognizing any legitimacy: • Spurning the child, refusing to give the child any importance, value, or attention • Belittling, scorning, or humiliating the child in public • Constantly criticizing the child, punishing him, and showing very little recognition • Shaming or ridiculing the child whenever he or she expresses affection or sadness
Terrorizing	This form includes behaviors that aim to threaten the child (abandonment, injury, or killing) and lead to a climate of terror (fear of imminent danger to oneself or a loved one): • Placing the child in situations that are visibly dangerous or chaotic, where he/she must face unforeseeable events • Setting unrealistic and rigid objectives, accompanied by threat of loss, danger, or physical injury if they are not met • Threatening or inflicting violence on the child • Threatening or inflicting violence on people or objects the child is attached to • Exploiting the child's fears and anxieties accompanied by threats of rejection
Isolating	This category includes behavior that aims to deny the child opportunities to meet needs for interacting/communicating with peers or adults inside or outside the home: • Confining the child or placing unreasonable limitations on the child's freedom of movement within his/her environment • Placing unreasonable limitations on the child's freedom to interact at home • Cutting the child off from the outside world or placing unreasonable limitations on his/her social contact (with peers or other adults)
Exploiting/ corrupting	This category includes behaviors that encourage the child to develop inappropriate behaviors (self-destructive, antisocial, criminal, deviant or other maladaptive behaviors): • Modeling, permitting, or encouraging antisocial behavior (e.g., prostitution, performance in pornographic media, initiation of criminal activities, substance abuse, violence to or corruption of others) • Obliging the child to play a parental role, infantilizing the child, or expecting the child to live out a parent's unfulfilled dreams • Encouraging or coercing abandonment of developmentally appropriate autonomy through extreme over-involvement, intrusiveness, and/or dominance (e.g., allowing little or no opportunity or support for the child's views, feelings, and wishes, micromanaging child's life)

Ignoring	This form includes behaviors characterized by indifference and lack of reaction to the child's emotional needs and demands or showing no emotion in interactions with the child: • Demonstrating complete lack of emotional responsiveness and a total lack of involvement, either by incapacity or lack of motivation • Limiting interactions to absolute necessity • Failing to express affection, care, or love for the child
Neglecting	This category includes all behavior demonstrating adult neglect of a child's needs or problems related to emotional well-being, physical health, medical care, or education: • Ignoring the need for failing or refusing to allow or provide treatment for serious emotional/behavioral problems or needs of the child • Not seeking medical assistance when the child's health is threatened • Ignoring the need for failing or refusing to allow or provide treatment for services for serious educational problems or needs of the child

As varied as they are, these forms of maltreatment all have a common point: they all directly oppose fulfilling the child's basic needs. Terrorizing the child puts him in danger and counters his need for physical safety. Rejecting a child or ignoring his or her emotional needs counters the child's need for love and recognition and exacerbates the child's fear of being left alone to face danger.

When psychological maltreatment is not linked to physical or sexual abuse, it is difficult to identify. Some forms of emotional abuse can appear obvious. Others are hard to pinpoint when there are no physical marks left behind or when the victim is not aware of the abusive nature of the parental interactions. For that matter, the child often feels partially responsible or guilty.

Identification of maltreatment cannot be established based on an adult's violent psychological reaction, which could be occasional or linked to an isolated incident. It must stem from observing a pattern of recurring relations between the perpetrator and the child, in which the dynamics of an abusive and alienating system are clearly visible. Forms of psychological violence can be direct or indirect (when a child witnesses family violence), verbal or nonverbal.

The most frequent interactions found in maltreatment are the following:

- Unrealistic or outrageous expectations regarding the child's behavior (in school, sports, culture, intellect, science, art, etc.)
- Erroneous or displaced qualifications (stupid, ugly, crazy, dumb, etc.)
- Repetitive humiliation in the presence of others (teachers, peers, friends, neighbors, relatives, etc.)
- Deformed or delirious perceptions (inversing roles, perverted interactions, persecution, mistrust, suspicion, etc.)

15.2.2 Links to Aggressiveness, Mental Cruelty, Sadism, and Control

In a number of cases, maltreatment is not intentional and can be treated with information and prevention. For example, some "tough" approaches to education are too rigid and punitive, but they are more dictated by preconceptions about how children

should be brought up than by any real intention to do harm. Children in these cases can feel frustrated and bullied by the educational model, but they are not destroyed emotionally.

In more severe forms, the adult clearly intends to attack, cause suffering, or dominate the child. The adult feels unconscious satisfaction and even pleasure. The abusive and alienating interactions should be understood in connection to the mechanisms that govern aggressiveness, mental cruelty, sadism, and controlling relationships.

15.2.2.1   Mental Cruelty

Some parents presenting with serious personality disorders are cruel and profoundly destructive. Their meanness seems to be intentional, and they give the impression of wanting to harm the child, without any clear reasons why. Their cruelty is repetitive and nothing seems to change their attitude. Tenderness is completely absent from their relationship with the child.

Mental cruelty traumatizes the child and impacts his or her mental state. Mental cruelty goes far beyond hurt pride, because it attacks the victim's very humanity. It breaks and pulverizes the child's mind, attacking the links between mental functions, breaking the "self" into pieces that are no longer connected, impeding the various aspects of the mind from integrating and working together. The child feels broken, fragmented, and depressed.

Mental cruelty is based on various patterns of psychological manipulation:

- Double messages, fragmented communication, and unforeseeability in the relationship
- Denials that do not consist of contesting or refusing what characterizes the other person, but rather of acting as if the other person did not exist
- Desubjectification of the victim, who is reified
- Exclusion, which dehumanizes the other by forbidding contact and interactions
- Organized separation between the intellect (overvaluing reason and intellectualization) and feeling (devaluing affection and destabilizing the victim's emotional life)
- Blocking the victims' capacity for personality integration, in terms of cognition, emotions, and drives
- Encouraging future destructive forces (failure, suicide)

The most spectacular aspect of the perpetrators' relationship with the victim children is their merciless and absolute coldness. "Here, insensitivity to what the attacked object feels takes center stage, more than pleasure. The disinvestment results in the other no longer being perceived as a fellow person, which means he can be considered with indifference and can easily become the object of any kind of destruction, partial or total, without guilt and without pleasure" [5]. A maltreating adult's emotional indifference can be understood in reference to the "cruel infant" as described by D. Winnicott [6], because mental cruelty stems from primitive mechanisms in the adult related to the infant's original destructiveness. According to Cupa, "the drive to cruelty belongs to original destructiveness, it is pre-object. It is related to a primitive dynamic without love or hate; rather it is hostile and demonstrates no pity. The drive for cruelty does not have a sadistic goal; it is an attack, breaking into the first maternal content and container for self-preservation" [7].

15.2.2.2   Aggressiveness and Sadism

Aggressive tendencies lead to a large portion of abusive behaviors that aim, on a real or imaginary level, to do harm to the child, to destroy him, to constrain him, to humiliate him, etc. They are linked to the individual's drives and to their entanglement (drive for self-preservation, drive for destruction, drive for death, etc.).

Parental aggressiveness becomes sadism when the parent experiences perverse satisfaction linked to the suffering and humiliation inflicted on the child. Sadism is associated with the aggressive component of libidinal drives in which love transforms into hate. It is fed by the pleasure experienced in dominating and humiliating the child, on one hand, and of seeing him feel pain on the other. That is why sadism is often associated with sexual abuse.

15.2.2.3   Relationship of Control and Dominance

Domination and control are important aspects in child maltreatment and are found in behaviors aiming to exploit, pervert, or isolate the child.

Control is a dispossession and an appropriation of the other. It is domination that leaves one's mark on the other: "in a controlling dominant relationship, there is always and very effectively harm done to the other as a desiring subject who, as such, is characterized by his singularity and his own specificity. Thus, the target is always the other's desire, in that he is profoundly foreign, escaping all possible grasp by his very nature. Control translates a very fundamental tendency to neutralize the other's desire, to reduce all otherness, all difference, to abolish all specificity: the goal is to bring the other to the function and status of an object that can be entirely assimilated" [8].

Control can become obsessional in terms of power and duty. The parent in these cases uses force to constrain the child, who has no possibility for escape. Control is totalitarian and englobes the child's entire personality; the child must act as the adult expects and must think in line with the standards imposed upon him. The child's desire must conform to a pattern that is predefined by the adult, and the child must adopt the same world view; what is good and bad for the child are also imposed on the child without him having any say in the matter or being able to doubt it. The adult's need for power makes him or her a tyrannical parent, whose power is all the more effective because it is imposed by constant monitoring the child and by invading the child's personal space. The parent demonstrates attitudes of active opposition or passive resistance to the child's plans. The parent is constantly arguing and discouraging all initiatives that are not his or her own. Family life is perfectly static; everything that is alive is frozen, petrified, and inert. There is not more space for freedom.

Control can also include a perverse or destructive dimension, which when played as seduction aims to deny the other the difference that contributes to his status as a desiring, autonomous subject. The pervert is thus looking to capture the child in his own desire and to definitively leave his mark. He is looking to submit and subject his victim to the demands of his own desires, to create a dependence and to dispossess the other of his own emotional liberty.

15.2.3 Psychopathological Consequences

Research and clinical studies carried out over the last 30 years have unanimously shown that the consequences of psychological maltreatment are serious. Various factors impact the form and seriousness of the repercussions: the child's age, the length of the maltreatment, its repetition, the degree of proximity (both physical and emotional) to the child, and the child's vulnerability and capacity for resilience. This can be seen in the range of resulting psychopathological, cognitive, relational, social, and somatic disorders [9].

Psychological maltreatment has a long-term impact on the person's mental state in a more marked fashion than other forms of abuse, due to the particularly high frequency of disorders and their chronic nature. When child psychological maltreatment is accompanied by physical or sexual abuse, the risk of aftereffects in the adult increases considerably.

In the six categories of psychological maltreatment, two have particularly harmful consequences: rejecting and terrorizing the child. Terrorizing the child with incessant criticism, threats, and demeaning and pushing the child away are particularly harmful.

The child's disorders do not always stand out and can have the same features as other psychopathological disorders linked to the same age. Furthermore, despite the serious emotional stress the child feels, he or she will attempt to hide the reality of his/her experience because he/she is afraid of the aggressor, and the child often adopts attitudes of submission and fleeing when the situation is revealed.

15.2.3.1 Post-traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder can arise after the child is exposed to a potentially traumatic event during which the child had an immediate reaction of distress. This has been observed in particular when psychological maltreatment is accompanied by physical or sexual abuse and after a particularly violent scene of terror.

During the event, the child generally reacts with intense fear, a feeling of powerlessness or horror, and agitated or disorganized behavior. Repetition compulsion is the most marked effect. The child becomes stuck in repetitive games in which aspects of the traumatic event replay, without the child being aware of it. Pleasure is absent from the games. The child's sleep is often disturbed [10].

Syndromes include retrieval or renewal syndrome, phobia, dulling of overall reactions, and a state of alertness with neurovegetative hyperactivity that persists more than a month after the event [11].

Post-traumatic stress disorder can develop over several years and can greatly complicate and disrupt the child's development. Overall, girls present more severe and persistent PTSD than boys.

15.2.3.2 Disruptions in Self-Image and Vision of the World

Psychologically abused children seem to internalize the critical voice of the maltreating person, which forms the basis of low self-esteem and mood disorders at adulthood. The child has the impression that he is worthless, that he is not loved by

others, that he only has faults, or that his life only has meaning if he responds to the needs of others [12]. He feels like he is not adapted and maintains a feeling of inferiority.

Rejecting and degrading comments and attitudes lower the future adult's perception of himself, of others, of relationships, and of the world in general. They will have an impact on how that future adult manages emotions, on her self-control, on interpersonal relationships, on learning, on work, and on the person's health. The victim runs the risk of having a negative, anxiety-filled vision of life and the world.

15.2.3.3   Disruption in Emotional Life and Personality Disorders

Some children who are victims of psychological maltreatment experience serious psychological distress tainted with anxiety and irritability, which often takes the form of fears, nightmares, or anxiety attacks. They can be sad and depressed, and when they reach adolescence, they run more risks of attempting suicide.

Emotional instability is frequent: these children can be very impulsive and have trouble managing their emotions. When they reach school age, these victims feel anger and they can develop aggressive behavior.

Depression and bipolar disorders can arise in adults who were subjected to criticism, rejection, humiliation, or degrading behavior. They feel shame and recurring fear of being criticized or rejected. They have trouble managing the emotions they judge to be socially unacceptable.

One of the major consequences of parental psychological maltreatment is the development of *attachment disorders* [13, 14]. Children who have been abused in this way present with dependence or with emotional inhibition. They are unable to build sufficiently safe relationships of attachment, because their experience of disorganized relationships leads to avoidance behaviors. Their representations of human relationships are skewed. Repeated experiences of criticism, rejection, and condemnation strengthen these negative patterns and increase any tendency toward anxiety or avoidance.

These attachment disorders can be found in adults who were victims of psychological maltreatment in their childhood. They experience relationship troubles and stormy love relationships because they have a very disturbed understanding of other people and skewed awareness of what feelings they show.

As teenagers and adults, they could experience *sexual disorders*, *alcoholism*, or *drug addiction*.

Psychological maltreatment increases the risk, once a teenager, of *perpetrating or being a victim of sexual aggression*, for both boys and girls [15]. Resulting from the abuse they experienced, when faced with a threat of falling apart, victims of repeated psychological violence often experience disassociation phenomenon, which are demonstrations of their distress. This type of disorder impedes their capacity to detect dangerous situations, to correctly assess risks, and to defend themselves.

Lack of empathy along with trouble managing frustration or moderating anger is also a risk factor that can predispose these individuals to violence.

Finally, the most serious effects of child psychological maltreatment are the development of *personality disorders* such as borderline or complex personalities.

15.2.3.4   Disruption in Social Life and Relationships

As maltreatment impacts their image of themselves and their self-esteem, some children prefer to internalize symptoms (especially girls). They turn in on themselves or remain in a strong dependent relationship with the other, which complicates their interpersonal relationships. They are not at ease in social situations. Other children will externalize symptoms (especially boys). Hyperactivity is sometimes observed in these cases, which could result from the failure of the mental counter-stimulant functions when the child faces assault from abusive parents.

Some victims go through a full range of deviant behaviors, from simple disobedience to criminal activity. Problems of aggressiveness (hetero- or auto-aggressiveness) and violence arise frequently, sometimes with delinquent behavior observed at adolescence. The level of aggressiveness and violence is closely linked to the level of exposure to negative interactions (criticism, lack of valuing the child's accomplishments, frustrations, demonstrations of discontent and irritability). The more the parents are verbally aggressive, the more the child runs the risk of becoming physically aggressive. It would even appear that verbal aggression is more closely correlated to the various forms of later juvenile delinquency than parental physical aggression [9].

Numerous studies have demonstrated a clearly established link between juvenile delinquency and parental rejection, absence of parental involvement in the relationship with their child, and a lack of parental supervision. One finds among the predispositions for criminal attitudes, both the imposition of random, punitive, and unfair justice and laxity, combined with parental attitudes of rejection, neglect, and cruelty.

15.2.3.5   Cognitive Disorders and Learning Difficulties

Emotional disturbances and behavioral disorders make it harder to concentrate, leading to learning difficulties. The appearance of cognitive disorders impedes the child's development. These various elements often translate into low grades and failure in school.

When cognitive disorders are linked to difficult relationships and lack of self-esteem, they can tarnish the future adult's career and success.

15.2.3.6   Somatic Disorders

Some children and teenagers who are victims of psychological maltreatment complain of insomnia, headaches, abdominal pain, and nausea. Once adult, they develop psychosexual disorders that impact their relationships when they have been victims of both psychological maltreatment and sexual/physical abuse.

Some children develop food-related disorders (most often bulimia) at adolescence or when they reach adulthood; these disorders can result either from alexithymia or arise in relation to depression [16].

As with physical maltreatment, psychological maltreatment can lead to failure to thrive.

15.2.3.7   Clinical Presentations of Serious Emotional Deficiencies

Behavior aimed at ignoring the emotional needs of young children tends to cause many delays in physical and mental development, notably in the context of institutionalization.

The consequences of parental negligence are particularly detrimental. Emotional indifference, the lack of reaction to interactions with the child, causes anxious attachment, major dependency issues, disobedience, impulsiveness, limited learning capabilities, low self-esteem, negative feelings, a lack of enthusiasm, self-punishing behaviors, and serious psychopathologies.

15.2.4 Risk Factors

Research has not been able to identify family types or victim types. It has, however, shed light on risk factors that, when combined, clearly increase the risk of the development of an alienating system of psychological child maltreatment [17]. These risk factors are linked to the child victim, to the perpetrator of the psychological violence, and to the environment.

15.2.4.1 Risk Factors in the Child Victim

Several factors predispose a child to psychological maltreatment, including being older than age 6 and being perceived by those around him/her as being "different." Behavioral disorders or the presence of physical or mental particularities (disabilities, specific developmental disorders, premature children, etc.) can make parenting more difficult and increase the risks.

Furthermore, children who are victims of violence in his/her family will run more risk of being victims of peer violence.

15.2.4.2 Risk Factors Among Perpetrators of Psychological Maltreatment

The main risk factors impacting adults are linked to:

- *Personality traits*: emotional disorders, aggressiveness and hostility, low self-esteem
- *Poor social relations*: low levels of involvement in social activities or social anxiety
- *Cognitive and emotional disorders*: dysthymic symptoms, learning disorders, low levels of verbal reasoning, and mental illness
- *Health problems*: illness, disability, alcoholism, or drug dependency
- *Troubles linked to their parenthood*: major parental preoccupations, the fact of being a young parent

The risk increases also when the adults themselves have a history of maltreatment. For example, adults who themselves had poor relationships with their parents are more inclined to "scream at" their own children, due to the fact that their capacity to face and manage stressful family situations has been affected.

15.2.4.3 Environmental Risk Factors

Child psychological maltreatment in a family is also linked to factors related to social and economic environment, such as low income, social exclusion, or isolation in a rural zone. Some family configurations run more risks, including single-parent

families, families with many children, and those in which intra-family or conjugal violence impacts the child by putting the child's objects of attachment in danger.

15.2.5 Assessment

15.2.5.1   Assessment Goals
The goal of assessment is to evaluate and qualify the kind of maltreatment in place and to clarify the situation in order to choose how to intervene. The assessment should be quantitative and descriptive.

15.2.5.2   When to Assess
Considering the lack of specific observable symptoms in cases of "pure" psychological maltreatment, it is necessary, in cases of doubt, to compare various observations of parent-child interactions with the child's symptoms and with the environmental risk factors.

In cases of sexual abuse, physical violence, or negligence, caregivers should systematically question the possible existence of psychological maltreatment, in order not to forget to treat the emotional element of the maltreatment.

15.2.5.3   What to Assess
The assessment of suspected psychological violence can cover several factors [18]:

- The form(s) of psychological maltreatment
- When it appeared and how long it has lasted
- The intensity
- The frequency
- Whether it is intentional or not
- How harmful it is (to what extent these violent attitudes infiltrate the family relations or the relations between the child and his/her peers)
- Risk factors
- Symptoms observed in the child victim
- Presence of people in the child's environment who play the role of protector

One should note the child's developmental stage at the time the psychological violence began and the period in which the first symptoms appeared.

The frequency and duration are key factors to take into consideration: identifying proven psychological maltreatment stems from the observation of a recurring pattern of harmful relationships between the perpetrator and the child that extend over a sufficiently long period of time. It is not occasional or punctual. One should only consider psychological maltreatment if the observed or reported violence is repeated and has been occurring for some time. It is important to assess the quality of the parent-child relationship and to explore the representations conveyed by the family history in terms of the genesis of these bonds, the emergence of conflicts, and the way they are played out.

The seriousness depends primarily on the scaled combination of intention and harmfulness of the abusive or coercive attitudes.

For example, mild family maltreatment is more a problem related to parenthood than attitudes that are voluntarily psychologically violent. The parents need help in the sometimes difficult exercise of parenthood. One example is the situation in which parents put too much pressure on their child to do well in school. Even if they have no intention to harm their child, their excessive expectations, when they are daily and the source of repeated criticism, end up becoming emotionally violent for the child. If intra-family communication is disturbed, a few sessions of family therapy or parental guidance can unblock the situation. This type of problem is sometimes observed when the child has a specific disorder (such as dyspraxia) that has not been diagnosed or when the parents have not understood the full implications.

In situations of moderately severe maltreatment, the perpetrator intends to harm a third party. He or she unknowingly harms the child emotionally. The clearly harmful attitudes require educational guidance and sometimes psychotherapy for the child. Some professionals consider that these situations of moderate maltreatment should be the object of preventive legal reporting [1]. We believe, however, that it is important to take the time to assess the abusive person's capacity for change, once that person has been informed about the consequences his/her attitude has on the child. In high-impact situations when the parents do not seem to be able to change their behavior, reporting to the authorities could support educational guidance and therapy. A frequent example of this type of psychological maltreatment is found in families in which the parents separate and one parent systematically denigrates the other in front of the child or tries to isolate the child as much as possible from the other parent. Little by little, the child develops difficult relationships with certain adults, who can go as far as suspecting that the child is the object of sexual abuse by the other parent.

Severe psychological violence is characterized by an intention to harm the child emotionally, which progressively engenders mental distress in the child. Most often, this occurs with parents who have psychiatric pathologies or a family history of maltreatment and emotional void. It can also be linked to the child's background or to a disability. These parents have trouble putting a stop to their psychologically violent attitudes, particularly as soon as the situation becomes stressful, whether the stress is related to the child or not. Even when informed of the seriousness of his behavior, the adult continues to mistreat the child. It is recommended that the authorities be informed in addition to therapy. If the situation does not change despite the proposed support, distancing the child from the family situation should be considered.

15.2.5.4   How to Assess

The assessment of suspected or proven maltreatment is never easy: one needs to discern it with the most objective criteria possible, without introducing too much subjectivity in the evaluation of its seriousness. It is therefore important to use a methodology that is as explicit as possible. The observers must beware of intuitive judgements, false evidence, and biased interpretations.

Assessment requires a multidisciplinary approach in which each profession uses its analytical framework. The team must then compare and put the various points of view into perspective. The assessment is based on a collection of direct observations led by various professionals using several sources (interviews, reports about the situation). It must be all the more rigorous in cases in which psychological maltreatment is not accompanied by physical or sexual abuse, due to the lack of explicit physical evidence.

The assessment requires a comparison of information taken from the maltreating parent, the child victim, and the non-maltreating parent, depending on the case.

Observing the parents' reaction to their child's experience and listening to them about what they have or have not set up to protect their child gives precise information regarding their capacity to take their child's needs into account and to support them [19]. Some exploratory questions can help understand the parents' attitude:

- How do they describe daily family life and intra-family relations?
- How do they explain their child's problems?
- What have they tried to change in the situation?
- Have they sought outside help? What type?

Regarding the child victim, the questions asked should not take the form of an interrogation: it is often difficult for the child to recognize that there is maltreatment. On the other hand, one can encourage the child to:

- Describe incidents (e.g., was he/she yelled at).
- Describe situations in which he/she was treated in a way he/she didn't like.
- Imagine changes that he/she would like to see in his/her life.

A step-by-step approach is needed to *assess the seriousness of the psychological damage*, noted in these interviews, observations, and reports from other professionals. Here, we propose the basis of a methodology:

1. Identify and list violent or potentially violent behavior in the parent, distinguishing reported behavior from directly observed behavior.
2. Class the behavior in the six above-described categories.
3. For each behavior, indicate when it appeared, how long it lasted, and the frequency.
4. Consider the presence or absence of parental intention to do harm with harsh words or violent/potentially violent attitudes or behaviors.
5. Note the mechanisms and modes of protection that the child and those around him have set up.
6. List the child's symptoms and their seriousness.
7. Assess the potential consequences of the psychological maltreatment on the child's development based on the period of time the acts began and the maltreatment behaviors.
8. Bring to light risk factors in the family environment or in family background.
9. Identify potential people who could provide the child with support.

Collecting this data enables one to assess the seriousness of the psychological maltreatment (mild, moderate, severe), to determine the most appropriate responses (therapeutic, social, educational, and/or legal), and to reflect on how best to implement those responses.

In situations in which one parent is perpetrating the psychological maltreatment, we recommend an observation period after awareness-raising with the parents, in order to assess their ability to react, cooperate, and change.

15.2.6 Intervention and Therapy

The goal of intervention is to put an end to, shorten, or reduce the psychological violence experienced by the child. It will attempt to prevent recurrence. Finally, it will seek to reduce the harmful effects of the psychological maltreatment the child has already experienced. Generally speaking, there is benefit in envisioning the intervention as part of a systemic approach that includes the child victim, the family, and the perpetrator of the maltreatment.

15.2.6.1 Protecting the Child

Involvement of professionals in a situation of child maltreatment consists first of all of protecting the child. This protection is necessary, but not enough: it is indispensable to provide treatment for the child.

Approaches to intervention and their timing should be adapted to each situation and to the local possibilities, depending on the country. They will differ based on the severity of the maltreatment, where it is anchored, and whether the violence occurs at school or in the family. They must also take into consideration the child's capacity to recount the story. In cases of psychological violence in school, quick protective intervention is possible to shelter the child, by changing schools, for example. In situations of psychological maltreatment within the family, the initial intervention must be approached from the perspective of providing the most efficient long-term protection for the child. Although separation can provide immediate protection, it also has iatrogenic effects and should be accompanied with counseling both for the child and his/her family. The professionals should not stop at immediate emergency separation.

Interventions should be carefully planned after detailed observation of the child and his/her environment and a precise assessment of the situation.

When there is refusal or failure to work with the child or when there is severe psychological maltreatment, intervention by social workers and legal authorities is required. In cases linked to sexual abuse, emergency intervention is necessary.

Choices of interventions in the case of intra-family maltreatment:

Many parents who psychologically maltreat their children do not intend to harm them. It is generally appropriate to have a psychotherapeutic intervention covering the parent-child relationship, even when the social and legal authorities are involved. Different interventions could be proposed and chosen based on the types of pathogenic parent-child interactions.

In cases in which the parents are not able to adequately provide for the emotional needs of their child, the parents are often overwhelmed by their own troubles: parents who had been victims of conjugal violence, drug-addicted parents, alcoholic parents, or parents with mental illness. The intervention in these cases places a priority on treating the parents with protective measures for the child when necessary. It is important to note that, sometimes, the other parent is capable of responding to the child's emotional needs.

When the parent projects negative attributions onto the child, the hostility is based on negative fantasies and beliefs about the child, his personality or his temperament. This is often difficult to change, and parental guidance is rarely accepted or effective. These cases require psychotherapy for the parents, which nevertheless could fail due to a lack of perception of its necessity. It could be judicial to privilege intensive educational support that could lead to psychotherapy at a later time.

Certain parents have inappropriate expectations of a child considering the child's developmental age. They expect the child to participate in tasks or be involved in problems that are the responsibility of the adults. They could, for example, flood the child with their own emotional or social problems. Some parents do so in an inconsistent or excessively harsh manner. These parents are often not aware that, in order to grow, the child needs to have a framework with clear limits that are not only related to punishment. They punish their child if he/she cannot do things that do not correspond to the child's developmental age or capacities. This is sometimes observed with children who have motor disabilities, and their parents denigrate them because they cannot walk. In these situations, education with counseling regarding parenthood seems to be the most appropriate approach.

Other parents use the children to respond to their own needs. These are often parents who cannot seem to fully perceive the psychological limits between their child and themselves. This can be observed in some cases of non-resolved conjugal conflicts in which the child is pulled into a process of denigrating one parent to meet the other parent's need for revenge. Munchausen syndrome by proxy is the most serious form of this type of interaction and requires that the authorities be notified. Therapeutic intervention will aim to find the factors that maintain the child in the role of satisfying the parent's needs. One should attempt to help the parent understand the benefits of a change in behavior. One could help him/her explore the child's perceptions of these interactions, for example, the feeling the child has for the other parent.

Cases in which the child's socialization is impeded often correspond to parents who have not considered the effects of this mode of interaction on the child's own interactions with other children in an educational or school context. Parents who limit their child's social contacts excessively are not aware of the child's developmental need to participate freely in social activities and to explore the world. A combination of intervention with adult-care services (for parental guidance) and educational and social services for the children is required. In situations in which the child is actively corrupted and involved in criminal behaviors, legal intervention is also required.

15.2.6.2 Educational Intervention

Educational intervention could take various forms depending on the country and adapted to each situation. A specialized educator can provide parents with a basic understanding of their child's education, schooling, and leisure activities. Such an educator can do educational work with the child if the latter has asocial behavior or is having trouble in school.

It is sometimes useful to accompany the families in their daily life in order to enable to the child to experience positive relations with adults and to give rise to new capacities. Sometimes, "educational" intervention can progressively lead to a therapeutic intervention that would have been refused or impossible to start with.

15.2.6.3 Social Services Intervention (*Country Dependent*)

Depending on the country, the social services can participate in assessing the situation and can help to act on the social and environmental factors that increase the risk of violent behavior. For example, a social worker could help parents with a search to find adequate housing, in the day-to-day management of their budget, and in other interventions such as accompanying the family in the healthcare establishments.

15.2.6.4 Child Therapy Intervention

If the child is particularly vulnerable due to immaturity, he or she is also in a phase of development that opens a potential to evolve, which supports the idea of providing counseling as early as possible.

To support a child who is the victim of psychological maltreatment in the family, Danya Glaser proposes a few interesting approaches [17]. First of all, it is essential to recognize explicitly, with the child, the reality of the experience he/she is having while not denigrating the parents. One can explain to the child the parents' difficulties, work with the child on his/her feelings of guilt and low self-esteem, offer the child a possibility of maintaining or building a lasting respectful relationship with adults, and ensure that the child is able to develop his full education potential, which will promote a reconstruction of his/her self-esteem. This work offers the child a needed space for reflection in order to develop and individuate.

Family therapies and the systemic approach in particular can be very effective in some configurations of maltreatment in family interactions, but various therapeutic approached with the child him/herself can also be used.

Cognitive therapy techniques, sometimes used for the treatment of physical and sexual abuse, seem to also apply in situations of psychological maltreatment [20]. Their goal is to establish new cognitive patterns and mechanisms in connection of human relations. In particular, these include identification techniques, emotional management techniques, stress and anger management, problem recognition and resolution, and cognitive restructuration techniques.

Ericksonian hypnosis is an effective method to treat manifestations of anxiety and generally for emotional trauma.

Relaxation is also helpful, in particular for teenagers suffering from sleep disorders and anxiety attacks.

Psychodynamic psychotherapies offer a holistic approach to the person. Setting up a psychoanalytic therapeutic framework enables the development of transfer in which the child can replay, from an active position, positive and pathological interactions with his/her parents. Little by little, with the help of interpretations and a safe transfer setup, the connecting process starts working again, thus decreasing separation and disassociation symptoms. The child puts himself back in his own story and opens the way for smooth mental development.

Whatever technique is used, psychotherapies should provide the child with an opportunity to experience a feeling of safety while feeling emotions. Increasing the level of attachment safety in a context of relations of trust with the therapist and with other members, in the case of group therapy, is a key component in the healing process.

Use of psychotropic medication is for the most severe symptoms and depressive states. It can be useful for particularly debilitating periods in social interactions and learning, in particular when there are invasive anxiety attacks.

15.2.7 Specific Cases: Loyalty Conflicts in Conflicted Divorces and Separations

Often, conflicted divorces lead to psychological maltreatment of the child, who witnesses the parental conflict or is called upon to take sides. Whether or not there had been conjugal violence, one parent's systematic attack and denigration of the other (or both parents reciprocating their attacks) result in true psychological maltreatment in children. The constant stress the children experience when the two parents are present at the same time impedes their tranquility and keeps them from developing freely.

Sometimes, psychological violence between parents lasts well after they separate. The struggle to be the child's favorite parent has an underlying goal of vengeance against the ex-spouse. The child is prey to emotional blackmail from one or both parents. Sometimes this occurs out in the open or violently and is recognized by those close to the family; other times it occurs in a more insidious manner. Inevitably, the child feels anxiety and guilt when he/she reacts in favor of one or the other parent. When these situations are repeated over long periods of time, there are long-term detrimental consequences on the child's development and his/her relationships with others. Even if the parents do not intentionally want to harm their child, this is not enough to avoid trauma.

Loyalty conflict in a child stems from the filial bond, as the child automatically feels an ethical duty of loyalty toward his/her parents. Loyalty conflicts are inherent in everybody's life, resulting from inherited family expectations, which are different and sometimes contradictory [21]. But loyalty becomes divided when a child is forced to be loyal to one parent over the other. The child gets stuck in a paralyzing internal conflict resulting from an impossible choice between two solutions that engage his feelings and attachment to each of his parents. Inevitably, he feels as

though he is betraying one or the other parent at any given moment. The situation causes despair that quickly becomes unbearable. The external parental conflict is mirrored in the child by an internal loyalty conflict.

A child who tries to remain neutral, showing no preference to one or the other parent, quickly finds himself in a game of trying to hide as much information as possible to each parent to avoid hearing disobliging comments about a parent or to keep from hurting a parent. When the child's words are used by the parents, the child quickly learns to be quiet. His life becomes divided into two parts he cannot reconcile, and spontaneity becomes dangerous. There is a risk the child loses his identity.

Another way for the child to attempt to remain loyal toward both parents is to tell each parent what he/she believes they each want to hear. In consultation, one often sees children whom the parents describe as hiding things or lying. The child could even accentuate the other parent's negative traits, or invent them. Sometimes, the child perceives the influence of his/her words and could have the impression of controlling the situation, with the anxiety of being all powerful.

Many children opt to defend one of the parents, with more or less aggressiveness toward the other. One of the parents may have manipulated or skillfully suggested to the child to do so, or the child has entered into a mechanism of parentification in which she protects the parent she believes is the most vulnerable. Little by little, a binary reflex takes hold, in which loving one parent excludes loving the other. In these cases, the child uses defense mechanisms such as denial and cleavage. This position allows for a certain mental economy and appears more comfortable, but it has serious long-term consequences. The child develops based on a split, Manichean perception of representations and parental references, which keeps the child from developing interpersonal relationships based on complementarity and reciprocity. The child's future conjugal relations could be endangered.

From a systemic point of view, siblings can react differently. Some will adopt a single, often unilateral, position, in which all the children seem to be thinking the same thing and develop a faux self in which ambivalence is not allowed. In these cases, it is important to see the brothers and sisters separately so that each one can dare to express his or her own point of view and feel ambivalence. Other siblings chose to remain neutral will decide how they split up between the two parents, notably in their choice of where to live. Some of the siblings will choose to live with the mother, and others will choose to live with the father.

Some children will identify with the more aggressive parent because they need to identify with someone to grow, and they have not yet built the necessary reference points to tell the difference between acceptable and pathological behaviors. This can be observed, particularly, in little boys who have witnessed their father abuse their mother, physically or verbally, on a daily basis. They mimic the father's attitudes to "test" them inside the family or at school while experiencing serious anxiety as they do so. The process of identification that is necessary for the child's psychological development takes the form of identification with the aggressor. These children could adopt pathological behavior fed by aggressiveness and may be unable to develop enough empathy.

Children can also identify with the more vulnerable parent. In these cases, they tend toward depression and turn in on themselves. Sometimes they become incapable of defending themselves from outside abuse and could become scapegoats in school or introverts.

Split loyalties disturb the child's psychological and emotional state. The guilt the child feels translates into a propensity for self-denigration. The child feels nearly constant anxiety. He or she is in a state of internal insecurity that keeps him/her from exploring the world and creating new bonds.

Some children seem to adjust to the situation and do not appear worried in their everyday life. For a long time, these children will show no worrying symptoms, and when one sees them in consultation, they seem to be operational, suppressing their emotions with the risk of developing a faux self.

In cases in which parental conflicts maintain an atmosphere of psychological violence, it is important to remain neutral. The mechanisms of cleavage that are often in place in the children cause despair. We are often led to doubt in the child's words. It is up to psychotherapists to work with the child's contradictions to help him to progressively access the ambivalence and the complexity of the emotions in play. The therapist could "invite the child to say what he thinks more precisely, to place himself in the context of his relationships, and to bring together trustworthiness and authenticity in his words" [21].

One should be attentive not to give the child too much responsibility regarding his/her choices. Too much responsibility inevitably leads to anxiety and guilt [22]. In addition, the child could contradict himself depending on what he thinks you expect of him.

Support for the parent could help them to better manage their emotions, anxiety, anger and, most of all, their deception. This is what they need to do in order to respect and recognize the child's right to exist as a human being. Once empathy is again possible, they could accept the balance of loyalty inherent in all filial bonds [21].

15.3 Psychological Maltreatment at School: School Bullying

15.3.1 Definitions

Some children suffer from psychological maltreatment perpetrated by other children at school or in their everyday environment. The term "school bullying" is generally applied to all behaviors in which a child experiencing anger releases it in the form of aggressive behavior toward a peer chosen for his/her vulnerability. The angry child used tactics of constant criticism for futile motives, intimidation, harassment, exclusion racketeering, isolation, teasing, etc.—often along with physical violence.

In school settings, four types of behavior have a direct psychologically violent impact: insulting a person, giving a mean nickname, isolating, and teasing about good behavior in class. These behaviors, sometimes called "micro-violence" can,

when repeated on a daily basis, have serious consequences on the physical and mental health of the child victim. They generally focus on a small number of pupils. When the violence becomes collective, the victim becomes a scapegoat. This kind of psychological violence can be accompanied by physical and sexual abuse.

This kind of behavior can occur at any moment, in school, near school, on the bus, etc. More subtle forms often take place when the children are under adult supervision, either in class or during extracurricular activities. These are insidious and hard to identify.

Psychological maltreatment at school can also stem from teachers. This presents clinical characteristics and psychopathological consequences similar to parental maltreatment and to situations of peer school bullying. We will not develop it further here.

Modern technology (Internet, portable devices) is often used as a vector to increase the pressure and torment inflicted on the victim. Telephones are used to send insulting, mean, and threatening messages. The Internet enables very quick and wide dissemination of defamatory rumors, criticism, teasing, or scenes of humiliation, which then spread quickly throughout the school or beyond. This is called "cyberbullying."

15.3.2 School Bullying Behaviors

15.3.2.1   Intimidation

Intimidation consists of sparking fear in a person in order to dominate him/her. In school, children who intimidate verbally threaten another child or his/her possessions, they push another child to do something dangerous or illegal, and they demand money or other things in exchange for the child's safety. Intimidation also takes the form of encouraging hate toward the victim or by transferring responsibility for wrongdoing onto the victim. Intimidation is committed by girls and boys in nearly equal proportions [23].

15.3.2.2   Harassment

Harassment is defined as any inopportune or undesirable act committed toward another person or any hurtful, degrading, humiliating or shocking comment directed toward that person. This can consist of badmouthing a person or embarrassing him/her in public, teasing a person about some aspect of their being (appearance, disability, background, religion, etc.), constantly reiterating inopportune comments, bothering someone, insulting them, or making offensive comments.

Sometimes, harassment takes more insidious forms, such as being condescending and constantly lowering a person's self-esteem. Harassment can also take the form of systematic exclusion from a group of peers, which can lead to the victim being isolated. It can also have a sexual dimension to it, through inappropriate, unwanted, and unsolicited sexual gestures or remarks. The child victim experiences these acts as intimidating, offensive, and even shocking. They group together a large range of verbal behaviors (insults, gossip, threats, etc.) and nonverbal behavior

(isolation, touching, spitting on, fighting, pushing, etc.). Three aspects differentiate harassment from senseless acts of violence and from violent conflict resolution: premeditation to increase effectiveness, prior assessment of power relationship which increases the victim's difficulty to defend himself, and repetition, which results in deep wounds. Harassment can be physical (carried out or threatened), verbal (teasing, embarrassing, diminishing in public or private), and it is sometimes indirect, such as exclusion from a social group in a concerted manner.

15.3.2.3   Racketeering

Racketeering is extortion and punishable by law in some countries. It differs from theft in that the victim hands over the object or acceptation against his own will in exchange for something. The extortionist generally uses some form of blackmail or threat of reprisal on a victim weaker than himself.

Parents will often uncover racketeering when objects or money disappear, and they observe a change of attitude in their child, who becomes more taciturn, irritable, or who turns in on himself. He/she has trouble sleeping and eats less, and his/her grades fall.

15.3.3 Actors and Spectators

15.3.3.1   Child Perpetrator and Child Target of School Bullying

There is no specific profile of a scapegoat or bullied child. School bullying is about relationships of power. All one can do is pinpoint risk factors linked to a person or a context, notably some particularity that makes the child stand out from the others. The harasser perceives the target child as different, due to something physical, having a shy personality, some special center of interest, etc. Targeted children are not systematically vulnerable but are frequently more sensitive, nervous, or reserved. Fear takes over in confrontations or when the victims experience conflict with other children. They are chosen because they can be easily isolated. They are often children with strong moral integrity, who easily forgive and who have good relationships with adults, but who are not well integrated in a group of friends. Their social isolation makes them vulnerable, and that is the most harmful consequence of intimidation: this isolation deprives the victim of opportunities develop and practice healthy social skills.

However, there are also bullied children who have trouble in school, whom Olweus [24] describes as provoking victims: they are often turbulent and they get angry easily. They are irritating and jeer at others, who then could respond.

Although any child could become an aggressor in certain contexts, bullying children are often aggressive, physically stronger, and easily inclined to be violent. Their social and communication skills are limited. Their family life could be disrupted. They have that much more trouble managing interpersonal conflicts because their relations are built on an insecure base and low self-esteem. They believe that aggressiveness is the best way to resolve conflicts. They look to attract the attention of peers and need respect, but confuse respect with fear. They want to make an

impression, but do not respect others; they lack empathy and have trouble understanding the way other people feel. They are often the children with the lowest grades, who lie frequently and refuse to take responsibility. They often believe that the child victim caused the problem because the victim annoyed them. They perceive hostility where there is none.

The mechanisms at play with individuals and groups are defense mechanisms: self-hatred is projected onto the other in order to avoid thinking about one's own discomfort. The victim, despite himself, serves as a rampart against mental collapse. The bullying child or group is not feeling empathy, for lack of having identified what hurts inside. A very evident transformation in one person (greasy hair, acne, strong or weak intellectual capacities, etc.) can mirror problems other teenagers are not taking responsibility for and can thus attract their antipathy. Changes in the body, emotions, and intellect that occur during adolescence stand out all the more in teenagers who are also experiencing them. The implicit rule among teenagers is to be like others if they want to have their place, because everything that reminds them of difference causes fear. That is why the bullied student often finds himself reduced to that particularity that caused the rejection.

It is important to identify the reasons for which a child bullies another child [25]. It can stem from frustration: a child fails at something and feels frustrated. If the source of his difficulty has not been identified (e.g., deafness, dyslexia, etc.), vengeful anger could arise. At first, this violence is not directed toward another person, but the child could direct it toward a scapegoat. The bullying child could also be an abused child who is starting to be aggressive because it is the only means he has to survive in a climate of violence and to express his anger. Bullies can also be children who have no quality role models and whose parents have poorly adapted or neglectful behavior or children with the beginnings of behavioral or personality disorders.

Bullying behavior is not predetermined. It is adopted in situations where social skills are not working. As a result, anyone could become an aggressor if that person's specific trigger is present: a feeling of frustration, a mistaken perception, peer pressure, power over someone, or an opportunity to regain power considered lost [26]. The bullied child can become the bully and vice versa.

It seems that girls and boys are bullied and bullies equally, if one considers all the types of peer maltreatment. Boys tend to use physical forms of aggression more, and girls practice acts of social alienation such as spreading rumors, refusing friendship, or ignoring someone.

15.3.3.2   What About the Witnesses?

Witnesses of harassment within a group play an essential role. Young or adult, we are more inclined to be aggressive when we witness acts of aggression committed by someone we think is more powerful than we are [27].

This reaction is exacerbated when the aggressor's behavior seems to give one attention or prestige. As soon as one has the impression that the victim sought or deserved what happened to him, one will feel better toward the aggressor. Witnesses participate in school bullying as soon as they encourage or provoke the aggressor

(e.g., by laughing or calling out to him when watching the scene, by refusing to help the victim, or neglecting to report the event). It is all the more important to highlight that when witnesses do intervene, it is generally effective, particularly when those witnesses have an enviable social position.

15.3.4 Psychopathological Consequences

It is estimated that about 10% of students, aggressors and victims, run the risk of long-term effects from school bullying [28].

A bullied student will often exhibit signs after a period of time, and these should be a warning: stomach ache, repeated headaches, trouble sleeping, turning inward, aggressiveness toward friends and family, anger, feeling sick on the way to school, refusing to go to school, being absent a lot, strategies to be alone or to avoid things, mutism, drop in grades (or the contrary, with excellent grades from escaping into books), damaged clothing, deteriorated or lost possessions, etc. The most frequent disorders include school phobias, depression, food disorders, scarification, behavior disorders, and enactment. These are all signs of the violent psychological impact of school bullying. It is indispensable to listen to these young people when they manage to talk about it and not to minimize their experiences. Due to a feeling of insecurity, they often express their emotions in tears, complaints, or avoidance.

The suffering victims endure and impede the development of their identity. The young people feel diminished and shameful. They lose self-confidence and find themselves in a state of great vulnerability. They can adopt passive, submissive, or fleeing behavior. A vicious circle can settle in: the more the victims close up in their own powerlessness, the less they can defend themselves and the more the aggressor's potential control increases. A feeling of shame accentuates the difficulty of confiding in adults. Victims feel they will never resolve the issue alone. Fear of reprisals from the bullies and fear about what peers think ("they'll think I'm a rat") make it all the more difficult to talk to adults. It is estimated that more than a third of children who are bullied at school do not report it to adults, either out of fear of not being taken seriously, or out of fear of being blamed for the incident. They also fear that the adults will be powerless to protect them or indifferent to their suffering. In these cases, the victims close up even more and think they deserve the bullying and feel a lot of guilt.

The repercussions of school bullying depend on frequency, duration, the scope, and the seriousness of the acts. The victim's personal background, psychological state, and the circumstances are also variables. In any case, the event never leaves a victim indifferent, and the harmful effects, be they mild or serious, can last a long time. Victims are often rejected by former friends and struggle to make new ones. The consequences can be dramatic: targeted young people could end up socially isolated, develop chronic depression, and even attempt suicide. In the long term, victims have trouble approaching others, and their social integration is impacted. Some, through the long-term development of post-traumatic stress disorder, suffer personality changes with behaviors linked to avoidance and fear.

The bully is also a child who needs help, all the more so because many bullies have been victims themselves, and their behavior is often a reaction of self-defense. Punishing intimidating behavior without taking into considerations the victims' experiences increases frustration and the development of aggressive behavior [29]. Several studies demonstrate a significant correlation between intimidating behavior or harassment at school and violent criminal behavior in adults.

Committing harassment or intimidation can lead to the development of a false self-image and a way of seeing the world in which aggression is considered a means to exercise power. Bullies run the risk of progressively losing their friends and affection from those near them. Physical wounds are frequent. Their mental health is affected. The number of suicides is even higher among bullies than among victims [30]. Quitting school and unemployment are more frequent among bullies than in the general population.

15.3.5 Principles for Intervening in Cases of School Bullying

Prevention is still the best possible form of intervention in schools in order to avoid the emergence of bullying or to reduce prevalence, even more so because children are not inclined to discuss bullying with adults. Schools can significantly reduce harassment and intimidation by helping students develop social skills, including stress, anger and conflict management, responsible decision making, and effective communication skills. It has been demonstrated that there is a link between the atmosphere in the school and the violence committed. Prejudice and discrimination can lead to any difference standing out. In addition, the behavior adopted by children is either in accordance with or in reaction to the hierarchy in their school. Thus, it is important to work on the atmosphere in school and on the idea of living together. A prevention or intervention program must be designed as part of a systemic vision. It should promote communication and facilitate the development of a culture in which everyone makes a positive contribution. It includes establishing a method for conflict resolution that focuses less on punishment or the actual bullying and more on reestablishing relations, of repairing wrongs, and of building a shared feeling of belonging in the school.

Disrespect for individual differences opens the door for intimidating and harassing behaviors. Intervention should englobe the entire school. Its goal should be to promote communication, to increase empathy, and to encourage responsibility. It is necessary to break the silence, to make reporting safe, and to enable all involved parties to communicate among themselves to resolve the situation and to promote language that contributes to conflict resolution rather than an aggravation of the situation. To encourage empathy, one should help the perpetrators understand the consequences of their behavior for the victim and for other people in the school setting. One should take into consideration how hard this work is for the perpetrators, who themselves have been victims of harassment. One should also take into account their tendency to avoid all responsibility and blame others.

The school should therefore choose an approach to resolving the situation that enables the parties involved to reestablish a relationship, which gives them the opportunity to acquire social and personal organization skills. It is essential to create a follow-up plan in order to ensure that the behavior or conflict has truly stopped and to respond in a satisfactory manner to the needs of the victims, the perpetrators, and the direct and indirect witnesses. Resolving school bullying involves networking with the children, the school, and the families.

It is also necessary to spot the harassment as early as possible in order to limit it in time, which implies that professionals and parents listen to the child in order to help, tactfully, to break the silence. Recognizing the violence the victim experiences participates in restoring self-esteem and in reducing feelings of guilt. Caretaking professionals should listen to children, clarify the mechanism of what happened, and help the children develop their own self-defense mechanisms and then pinpoint who can help him (teacher, nurse, monitors, psychologists, doctors). After having evaluated the psychological scope of the events, and if the victim's state requires it, one should propose a specific follow-up (victim support, medical care, child psychiatry). One needs to make sure the child knows he/she should report any other incident of the kind.

At the same time, providing information and practical advice and guidance to parents is useful. In the case of psychological maltreatment by other children, it is not the healthcare professional's role to intervene with the perpetrators of the violence, but the healthcare professional can encourage the parents to approach the school. This is all the more important, as having the trust of their child, parents often hesitate to make a report because of fears the child has expressed regarding the bullying at school. If the situation continues, it is recommended that parents inform the principal or the school counselor. If they get no response, the parents should inform the school board or the authority responsible for the establishment. Parents can also contact parent-teacher organizations. If the situation has gone on for a long time and the child already shows serious symptoms, the priority is to protect the child by changing schools.

Parents can also file a police complaint, which is at least symbolically recognition of the fault. It is recommended that victims and their parents who file a complaint use the terms psychological violence, verbal violence, physical violence, hazing, and threats, and they give as many details as possible regarding the situations the child experienced (words used by the perpetrators, the facts, the day, the time, etc., like a log).

Educational or legal intervention has a twofold goal: protecting the already bullied child and the other potential victims and establishing the law, at least symbolically, against bullying, which is important for both the perpetrators and the victims. The young perpetrators should be punished for their acts, or else the victim could presume that he/she is the cause of the psychological violence. Such a situation would strengthen an erroneous conviction that the victim nearly always has, which is that it was his fault. It is all the more important to intervene, because if there is no serious reaction to such unacceptable behavior, then all those involved will conclude that such behavior is acceptable.

The bully is also in danger: he/she could be forced to act, could be trying to attract attention to his own discomfort, or could himself be persecuted. All intervention systems working with perpetrators must take into account that these behaviors vary, ranging from an isolated or accidental incident to a chronic model of interaction with others. It is useful to provide the perpetrator with an opportunity to reflect on inadequate behavior that he be helped to find more socially acceptable behavior. If he is a frequent bully, it is probable that he has problems in other aspects of his life. If the school has not consulted the parents, or the parents didn't cooperate, the authorities could intervene as a way of attracting the attention of professionals who could help this young person.

In many cases of school bullying, a reminder of the rules is not enough, if not accompanied by counseling for the perpetrator, alongside that of the victims. An approach to maltreatment should encompass victims and perpetrators in order to put an end to a chain of repetitions and traumas engendered by psychological violence.

Key Points
- Psychological maltreatment can occur inside and outside of the family.
- There are six categories of repetitive maltreatment behaviors: rejecting and terrorizing, which are the most harmful, isolating, exploiting/perverting, ignoring, and neglecting. In the more severe forms, the perpetrator has the intention of attacking, causing suffering, and dominating the child, and he/she derives satisfaction or pleasure from it.
- A controlling relationship is a form of maltreatment found in acts aiming to exploit, pervert, or isolate the child.
- Psychological maltreatment results most often from sadism, mental cruelty, or a parent's incapacity to respond to the child's emotional needs. Sadism, a perverse satisfaction linked to inflicting suffering and humiliation on a child, is often related to sexual abuse. However, in a large number of cases, intra-family maltreatment is not intentional, and it can be treated with information, prevention, and counseling.
- School bullying includes a range of aggressive behaviors from one or several children toward a child victim chosen for his/her vulnerability.
- The harmful effects of psychological maltreatment are not always immediately visible. They appear as the child develops and could spread out over several years after the acts.
- The intervention of professionals in the face of a situation of child maltreatment benefits from encompassing a global vision of the victim child, his/her family, and the perpetrator. It consists of, above all, protecting the child victim. This protection aims to shorten or diminish the psychological violence and prevent recurrence. It is necessary but not sufficient in and of itself: counseling is indispensable.

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