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A narrow focus in research on emotional abuse: A scoping review of definitions and descriptions on emotional abuse in research on child welfare and social work

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Abstract

Previous research argues that emotional abuse (EA) is not as well understood as other forms of abuse and that it poses a challenge to professionals concerned with the well-being of children. The aim of this scoping review is to explore how EA is defined and described in peer-reviewed studies in the context of child welfare and social work. The electronic databases PsycINFO, Web of Science, Social services abstract, Scopus and Medline were searched to identify studies. Twenty-six recently published studies that provided a sufficient definition or description of EA were included in the review. Findings were analysed using thematic synthesis. The results indicate a varying and somewhat inconsistent terminology when labelling EA and that definitions and descriptions of EA mainly are gathered from quantitative research. Moreover, the results reveal a lack of research from the perspective of children and youth in contact with CWS and from child welfare workers. Such research may expand current knowledge of the definitions and descriptions on EA by providing a more nuanced understanding of how children and youth experience EA, and elaborate on their susceptibility and resilience in relation to their experiences of EA.

KEYWORDS

child protection, child welfare, emotional abuse, emotional maltreatment, social work

1 | INTRODUCTION

Emotional maltreatment (EMT) is a serious and frequent form of maltreatment experienced by children and adolescents (Baker et al., 2021). It is regarded an essential factor underlying other forms of maltreatment, and it is as harmful as other forms of maltreatment (e.g., Schaefer et al., 2018; Vachon et al., 2015). EMT is further likely to have long-lasting and wide-ranging impact on the well-being, health and emotional and behavioural development of children and youth (e.g., Brassard, 2019; Felitti et al., 1998; Spinazzola et al., 2014). The global prevalence rates of EMT are high, but vary tremendously (White et al., 2016). These variations partly rely upon the challenges

of defining, detecting and distinguishing EMT from inadequate parenting behaviours (Lavi et al., 2019; Malo et al., 2017; Ottosen et al., 2020).

Most definitions in the literature differentiate EMT into two subtypes: emotional abuse (EA) and emotional neglect (EN) (Glaser, 2002; Hart et al., 2011). Even though EA and EN have similar characteristics, previous research reveals a need to unpack the multidimensional concept of EMT to understand and assess these subtypes separately (English et al., 2015; Trickett et al., 2009; White et al., 2016). This has the potential to develop an expanded understanding, a more nuanced framework, increased detection and better knowledge of the implications for children and families (Lavi et al., 2019). Paradoxically, little

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research has been conducted with the aim of revealing a more in-depth picture of the definitions and descriptions of EA and EN (English et al., 2015; Lavi et al., 2019).

Previous research argue that EA is not as well understood as other forms of abuse and that there is a lack of consensus on definitions on EA (Baker et al., 2021; Malo et al., 2017; Yoon et al., 2019). Trickett et al. (2009) argues that this has two main reasons. First, it has been particularly difficult to reach consensus about the definition and operationalization of EA. Second, EA often overlaps with other types of child maltreatment, which makes it especially difficult to understand the special impact of EA (Trickett et al., 2009). EA is mainly understood as a pattern of inadequate parenting that potentially harm the child. Caregiver behaviour that could be considered EA if severe and frequent is, however, common and widely accepted parenting practice (Baker et al., 2021). Thus, it is challenging for professionals to address EA clearly to caregivers as it is closer to normative parental behaviour than other forms of abuse (North, 2022). Additionally, previous research argue that EA is defined in different ways both between and within countries, cultures and professions (Kloppen et al., 2015; North, 2022).

According to the difficulties of defining EA, and the need to understand it as a separate construct, the aim of the current study is to explore how EA is defined and described in research on child welfare and social work. The aim of this study is not to reach definitive conclusions on EA, but rather to review the diversity of definitions and descriptions available in research in the mentioned context. The study is part of a more comprehensive PhD. Project with the overall aim of exploring how EA is conceptualized in the context of child welfare. Thus, the reviewed literature is limited to this context.

2 | METHODS AND ANALYSIS

This scoping review aims to explore the diversity of definitions and descriptions of EA by identifying and exploring these in research on child welfare and social work. A scoping review was considered the most suitable approach because this method provides an overview of

TABLE 1 Inclusion and exclusion criteria based on the 'population-concept-context (PCC)' framework

PCC	Description
P – Population	Children and youth/young adults (0–25).
C – Concept	The peer-reviewed articles should be from a child welfare or social work context, and include a sufficient definition or description of the concept EA when screened for full-text inclusion.
C – Context	Articles of any methods, review articles and conceptual articles in English language in the period 2015–2021. Research articles were geographical limited to developed countries (and regions) including the United Kingdom, Canada, the United States, continental Europe, Australia and New Zealand.

a broad and complex topic (Munn et al., 2018). This scoping review was based on preceding work by Arksey and O'Malley (2005) and Levac et al. (2010). Throughout the review process, The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Extension for Scoping Reviews (PRISMA ScR): Checklist and Explanation was used (Tricco et al., 2018) (Appendix A). The scoping review process involved the following five steps: (1) identifying the research question, (2) identifying relevant studies, (3) selecting the studies, (4) charting the data and (5) collating, summarizing and reporting the results. In the following sections, these stages are described in further detail.

2.1 | Research question and search strategy

In line with the aim of the study, the following research question was formulated: *How is emotional abuse defined and described in research on child welfare and social work?* The search strategy was underpinned by key inclusion criteria based on the 'population-concept-context (PCC)' framework recommended by the Joanna Briggs Institute (JBI) for scoping reviews (2015) (Table 1).

The final structured literature search was conducted on 8th of December 2021, with the assistance of a research librarian. Five electronic databases were searched: PsycINFO, Web of Science, Social services abstract, Scopus and Medline. These databases were selected to be comprehensive and cover a broad range of disciplines. The search was designed to identify articles including the concept 'emotional abuse' or overlapping concepts as 'psychological abuse' and 'emotional maltreatment', to account for terminological commonalities. One of these concepts should appear in the search in combination with the concept 'child welfare', 'child protection' or 'social work'. A sufficient description or definition of EA should be offered when studies were screened for full-text inclusion. The keywords and subject heading used to search these databases are listed in Table 2.

The scoping review included literature reviews and conceptual and empirical studies to identify as many definitions and descriptions as possible. To allow replicability of the review, the search was limited to English contributions published in peer-reviewed journals. The search was also limited to the period 2015–2021 to review recent literature. Geographically, the review was limited to developed countries (and regions), including the United Kingdom, Canada, the United States, European countries and New Zealand. The geographical limitations were applied when screening title, abstract

TABLE 2 Search strategy for the scoping review

Keywords, search terms
Emotional abuse* OR emotional maltreat* OR emotional violence* OR psychological abuse* OR psychological maltreat* OR psychological violence*
AND
Child welfare OR child protect* OR social work

and full-text. Full search strategy for the different databases is provided in the [Appendix B](#).

2.2 | Study selection

The results of the literature search were imported to EndNote X9 for Windows and further into the [Covidence.org](#) program to support the reliability of the study selection and to manage the search process. Across the five databases, the literature searches identified a total of 825 potential studies. This resulted in 482 studies once they were screened for duplicates. Additionally six studies from the initial search of this review were included to full-text screening. Twenty-six records were included in the final review (Figure 1).

In the study selection, the author screened title and abstract for eligibility based on a priori inclusion criteria, as shown in Table 1. When uncertainty arose when screening for title, abstract and full-text, this was discussed with supervisors of the PhD project. Uncertainty about full-texts was also reviewed by one of the supervisors. Discrepancies were resolved by discussion among the author and supervisor until consensus on inclusion or exclusion was reached. Reasons for exclusion were: not sufficient definition or description of emotional abuse (40), wrong population (9), not peer-reviewed article

(5), wrong study context (5), not English language (3), wrong geographical context (3) and duplicate (1).

2.3 | Data extraction, collating, summarizing and reporting the results

Data were extracted from the included studies using a data charting form, adapted from JBI Methodology for Scoping Reviews (2015). The following information from each study were extracted, first by the author and discussed with supervisors; author(s); year of publication; origin/country of origin (where the study was published or conducted); aims/purpose of the study; methodology, study population, sample size (if applicable); and main findings of relevance for the research question. As the aim was to explore definitions and descriptions of EA, but not to focus on the results of the reviewed studies, the definitions and descriptions were mainly gathered from the introduction, theoretical background or methods sections of the included studies.

To analyse the included studies, the thematic synthesis approach was applied (Thomas & Harden, 2008). First, patterns were identified by repeatedly reading and getting familiar with the data, before the data were systematically coded 'line by line'. Second, data with similar

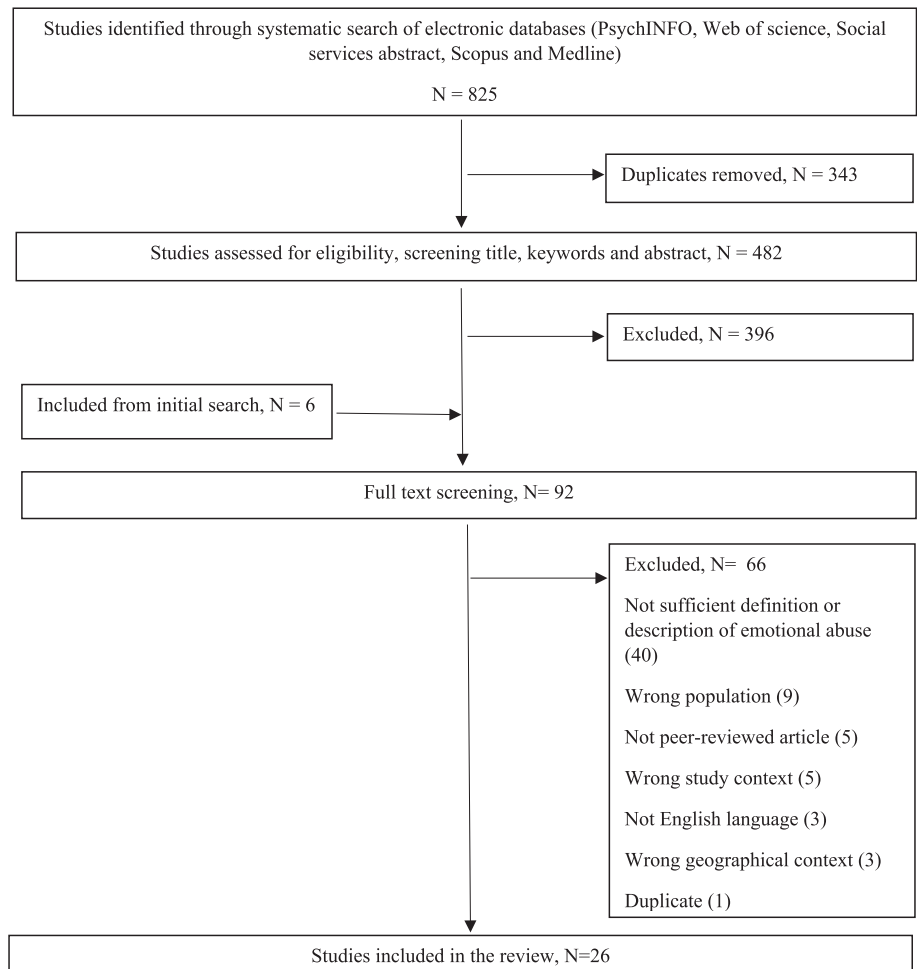


FIGURE 1 Identification and selection of studies

TABLE 3 Overview of main themes of the included studies

References	Various ways of labelling EA	Definitions on EA	Descriptions on EA
Auslander et al. (2016)	•		•
Brassard et al. (2020)	•	•	•
Brown et al. (2019)	•		•
Bunting et al. (2018)	•	•	
Cohen and Thakur (2021)	•		•
Ellenbogen et al. (2015)	•		•
English et al. (2015)	•	•	•
Galitto et al. (2017)	•		•
Kim et al. (2017)	•	•	•
Kloppen et al. (2015)	•	•	•
Kobulsky et al. (2018)	•		•
Kobulsky et al. (2021)	•		•
Lavi et al. (2019)	•	•	•
Lewis et al. (2019)	•		•
Liu and Vaughn (2019)	•	•	
Naughton et al. (2017)	•	•	•
North (2019)	•	•	
North (2022)	•		•
Osborne et al. (2022)	•		•
Paul and Eckenrode (2015)	•		•
Silva and Calheiros (2020)	•	•	
Vahl et al. (2016)	•	•	•
Villodas et al. (2021)	•		•
White et al. (2016)	•	•	•
Yoon (2017)	•		•
Yoon et al. (2019)	•		•

Abbreviation: EA, emotional abuse.

traits were organized in *descriptive themes*, which remained close to the primary studies. Third, themes were generated and continuously adjusted and (re)considered in to *analytical themes* aiming to generate new insights to respond to the research question. The analytical process was recursive, moving back and forth between the three phases, and where data related to the analytical themes were repeatedly reread and reconsidered to determine whether the data really supported them (Thomas & Harden, 2008). After reviewing, adjusting and discussing the themes with supervisors throughout the analytical process, the findings were organized into the following three analytical themes: (1) various ways of labelling EA, (2) definitions on EA, and (3) descriptions on EA. The themes are not mutually exclusive, as some studies included more than one way of labelling, defining or describing EA. This is presented in Table 3.

3 | RESULTS

The results of this scoping review are organized according to the main analytical themes that were generated in the analysis. Before

returning to these themes, information about the volume, nature and characteristics of the included studies are summarized.

3.1 | The volume, nature and characteristics of the included studies

Altogether, 26 studies were included in the review. Among these studies, 17 were conducted in the United States, four in the United Kingdom, two in Canada, one in Belgium, one in Portugal and one in Norway. Fifteen journals were included in the material, and the articles were published between 2015 and 2021. Nineteen of the included studies had a quantitative design, and 15 of these draw on data from longitudinal studies with a multi-informant design. Additionally, two studies were quantitative self-report studies, one were a quantitative study drawing on national administrative data, and one were a longitudinal study. Five of the included studies were reviews of literature or document analysis, and two studies had a qualitative design drawing on professionals' subjectivity and reflexivity when intervening with EA. More sufficient information of the characteristics of the included studies are provided in Appendix C.

3.2 | Various ways of labelling EA

All 26 of the included studies are naturally represented in the first theme as it focus on the various ways of labelling EA. The analysis indicates that EA is labelled in interchangeable ways and that several terms are used both as synonyms and complementary terms too EA. This is shown in Table 4.

The analysis reveals that 13 of the included studies use only one term in their studies: EA or psychological abuse. The remaining 13 studies use various terms to label EA throughout their studies. The analysis shows that five studies point out abuse and maltreatment as synonyms or overlapping terms in previous research (Brassard et al., 2020; English et al., 2015; Lavi et al., 2019; Paul & Eckenrode, 2015). Six studies label EA as an element of EMT (English et al., 2015; Naughton et al., 2017; North, 2022; Paul & Eckenrode, 2015; Vahl et al., 2016; White et al., 2016). Further, three

studies use the terms omission and commission to label EN (omission) and EA (commission) (English et al., 2015; Paul & Eckenrode, 2015; White et al., 2016).

The analysis further indicates that the use of emotional and psychological are a matter of convention (English et al., 2015). Two studies argue that maltreatment is an overall and preferred term as it includes both emotional abuse and emotional neglect as two subtypes (English et al., 2015; White et al., 2016). The analysis indicates that how EA is labelled differs according to location and context. English et al. (2015) argue that emotional maltreatment is the most common used term in the American research community. North (2022:2), however, states that 'In US, the term psychological maltreatment is used, because it subsumes all of the affective and cognitive aspects of child abuse'. Further, North (2022, p. 2) states that 'English social workers use the term emotional abuse to encapsulate all of the abusive and neglectful aspects of harm'.

TABLE 4 Terms used when labelling emotional abuse in the reviewed literature

References	Emotional abuse	Psychological abuse	Mental abuse	Verbal abuse	Emotional maltreatment	Psychological maltreatment	Mental violence	Commission
Auslander et al. (2016)	✓							
Brassard et al. (2020)	•	•	•	•	•	✓	•	
Brown et al. (2019)	✓				•			
Bunting et al. (2018)	✓							
Cohen and Thakur (2021)	✓							
Ellenbogen et al. (2015)	✓	•						
English et al. (2015)	•	•		•	✓	•		•
Galitto et al. (2017)					✓			
Kim et al. (2017)	✓							
Kloppen et al. (2015)	✓	✓			•			
Kobulsky et al. (2018)	✓							
Kobulsky et al. (2021)	✓							
Lavi et al. (2019)	•	•						
Lewis et al. (2019)	✓							
Liu and Vaughn (2019)	✓							
Naughton et al. (2017)	•	•				•		
North (2019)	✓							
North (2022)	✓				•			
Osborne et al. (2022)	✓							
Paul and Eckenrode (2015)	•	•			•	✓		•
Silva and Calheiros (2020)		✓						
Vahl et al. (2016)	•				✓			
Villodas et al. (2021)		✓						
White et al. (2016)	•				✓			•
Yoon (2017)	✓							
Yoon et al. (2019)	✓					•		

Note: ✓ represents the main term related to emotional abuse used in the study. • represents terms used as synonyms or complementary terms to emotional abuse.

3.3 | Definitions of EA

The second theme focuses on the definitions of EA provided in the reviewed literature. As shown, the analysis indicates that EA is counted both as an element of EMT, as a synonym to EMT, and as a unique concept. According to this, definitions on EMT in the reviewed literature are also included in this theme. Four studies include a definition of EMT (Brassard et al., 2020; English et al., 2015; Lavi et al., 2019; White et al., 2016), and seven studies provide a definition on EA (Bunting et al., 2018; Kim et al., 2017; Kloppen et al., 2015; Liu & Vaughn, 2019; Naughton et al., 2017; Silva & Calheiros, 2020; Vahl et al., 2016).

In the analysis, four definitions of EMT reveal. These definitions are mainly characterized by focusing on EMT as a pattern of caregiver behaviour that have potential harm for children's emotional and psychological health and development. First, Brassard et al. (2020, p. 3) refer to the definition endorsed by the American Professional Society on the Abuse of Children (APSAC) and defines psychological maltreatment as a

repeated pattern or extreme incident(s) of caretaker behavior that thwart the child's basic psychological development needs (e.g., safety, socialization, emotional and social support, cognitive stimulation, respect) and convey that the child is worthless, defective, damaged, unloved, unwanted, endangered, primarily useful in meeting another's needs, and/or expendable.

Second, two studies refer to the following definition of EMT

repeated pattern of behavior that conveys to children that they are worthless, unloved, unwanted, only in value in meeting another's needs, or seriously threatened with physical or psychological violence (English et al., 2015, p. 53; White et al., 2016, p. 111).

Third, the same two studies also define EMT as

psychological tactics aimed at undermining emotional security and sense of self that includes guilt induction, and exertion of power through psychologically coercive means (English et al., 2015, p. 53; White et al., 2016, p. 111).

Last, Lavi et al. (2019) define EMT to be a characteristic of the parent-child relationship, rather than an isolated event or events. They further define EMT as interactions that are actually harmful or have the potential to harm children's psychological or emotional health and development.

The analysis discloses four definitions on EA. In line with the definitions of EMT, these definitions also focusses on the concept of the phenomenon and the potential harm for the children. Both

Kloppen et al. (2015) and Naughton et al. (2017) draw on the definition from World Health Organization (2002), which define EA as follows:

Emotional and psychological abuse involves both isolated incidents, as well as a pattern of failure over time on the part of a parent or caregiver to provide a developmentally appropriate and supportive environment (as cited in Kloppen et al., 2015, p. 52).

This definition accounts for that both isolated incidents and patterns may cause harm to the children and youth experiencing EA. The definition included by Bunting et al. (2018, p. 1157) also emphasizes the pattern or persistence in EA in which cause adverse consequences for the children, when defining it as

the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

Liu and Vaughn (2019, p. 219) define emotional abuse as

acts that one intentionally commits to cause emotional and verbal abuse, confinement, and other types of abuse that deprive the child of food and shelter.

This definition do not differ between incidents and patterns, and it also differ from the others definitions by stating that the acts are intentional, which is not included in the other definitions. Lastly, Silva and Calheiros (2020, p. 5) further define EA as

verbal interactions that offend and denigrate the child, with the potential to disrupt psychological attributes, such as self-esteem.

Summarized, the findings show that the definitions of EMT and EA have some variations, but that they represent commonalities when focusing on caregiver behaviour that have potential to harm children's emotional and psychological development.

3.4 | Descriptions of EA

The third theme is closely connected to the second, as it focuses on the descriptions of EA. Descriptions of both EMT and EA are included in the analysis, due to the overlap in the use of terms. Nine studies include descriptions on EMT, and eight studies provide descriptions on EA. Further 13 studies include item-levels descriptions of EA from measuring instruments.

From the nine studies that describe EMT, two main ways reveal in the analysis. First, EMT is described by adopting the standard of the American Professional Society on the Abuse of Children (Brassard et al., 2020; Lavi et al., 2019; Naughton et al., 2017; North, 2022;

TABLE 5 Two main ways of operationalizing emotional maltreatment in the reviewed literature

APSAC	MCS/MMCS
Spurning - verbal and nonverbal caregiver acts of hostile rejection that degrade a child	Failure to support psychological safety and security ; discipline through intimidation, nonviolent material conflict, threat of injury, exposure to extreme behaviours, threatens suicide, extreme material violence, blames for suicide or death of family member, suicidal attempt, homicidal threat, abandonment.
Terrorizing - caregiver behaviour that threatens or is likely to physically hurt, kill abandon, or place the child or child's loved ones/objects in recognizably dangerous or frightening situations	Failure to support acceptance and self-esteem - undermines relationships, ridicules child, ignores child, rejection/inattentive to child, blames for marital or family problems, inappropriate expectations, derogatory names, negativity/hostility.
Exploiting/corrupting - caregiver acts that meet their own needs to the detriment of the child and encourage the child to develop inappropriate behaviours	Failure to allow age-appropriate - age-appropriate autonomy, inappropriate responsibility, prohibits age-appropriate socialization, places child in role-reversal, thwarts child's development.
Isolating - caregiver acts that consistently and unreasonably deny the child opportunities for interacting and communication with peers or adults inside or outside the home	Restriction - binding, confinement/isolation, uses restrictive methods for less than 2 h, extremely restrictive methods for more than 2 h close confinement.
Emotional unresponsiveness - caregiver behaviour that ignores the child's attempts and needs to interact	
Mental health, educational or medical neglect - caregiver act that ignore, refuse to allow, or fail to provide the necessary treatment for the mental health, medical, and educational problems or needs for the child.	

Paul & Eckenrode, 2015). Second, by EMT is described by implementing the (Modified) Maltreatment Classification Scale (MCS/MMCS) (English et al., 2015; Kim et al., 2017; Lewis et al., 2019; White et al., 2016). A description of the parental or caregiver behaviour that establishes EMT in these descriptions is referred to in Table 5.

The analysis exposes that the reviewed studies provide scarce clarification on which categories or subtypes in APSAC and MSC/MMSC characterize EA and EN. One study differ between these concepts as follows:

Emotional neglect concerns parental/caretaker's failure to provide significant warmth, support, emotional stimulation, and/or attunement to the child, whereas emotional abuse refers to parental/caretaker's criticism, rejection, devaluation, or humiliation (Vahl et al., 2016, p. 143).

Further two studies provide descriptions on indicators of EA in MCS/MMCS (Kim et al., 2017; Lewis et al., 2019). Kim et al. (2017, p. 493) describe these to be

spurning (child is blamed for adult problems and verbal abuse), terrorizing (parent threatens suicide, child subjected to extreme negativity or hostility), isolating (parent interferes with other relationships and child is confined or isolated) and exploiting/corrupting (child is forced to assume inappropriate responsibility, child involved in illegal activity).

This connects to the APSAC standard on EMT. According to Kim et al. (2017), the four first categories in the description of EMT establish characteristics of EA. Lewis et al. (2019), however, describe indicators of EA to be caregiver rejection or inattention of children's need for affection and positive regard, caregiver undermines child's

relationships with other adults significant to the child, caregiver belittles or ridicules the child and caregiver demonstrates pattern of negativity or hostility toward the child. This relates to the subtypes of MCS/MMCS, but the analysis discloses that it is unclear how these indicators establish EA within the description of EMT.

The analysis further reveals that eight studies include descriptions of EA. North (2019) describes EA as a complex concept, which includes cumulative elements. One element may be restricting a child's psychological autonomy. Both Kloppen et al. (2015) and Naughton et al. (2017) draw on the definition from WHO (2002) when describing emotional abuse to include

the restriction of movement; patterns of belittling, blaming, threatening, frightening, discriminating against or ridiculing; and other non-physical forms of rejection or hostile treatment (Kloppen et al., 2015, p. 52).

EA is further described as acts that include

restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment (Naughton et al., 2017, p. 352).

English et al. (2015) and White et al. (2016) describe EA as an excessive, continuing criticism, denigration, terrorizing, repeated blaming insults or threats. Villodas et al. (2021) describes EA as 'threats of harm', and Brown et al. (2019) describe it as 'threatening or namecalling'. These descriptions all include caregiver behaviour that may be elements of EA. Silva and Calheiros (2020), additionally, focus on the potential harm for the child when referring to psychological abuse as actions, coercive, punitive disciplinary methods, verbal interactions that offend and denigrate the child, with the potential to disrupt psychological attributes, such as self-esteem.

The analysis shows that item-levels descriptions of EA are provided in different measuring instruments. These instruments are reported on by youth, caregivers and/or caseworkers. The analysis further reveals that eight studies provide descriptions on caregiver behaviour that establish EA (Brassard et al., 2020; Cohen & Thakur, 2021; Kobulsky et al., 2021; Lavi et al., 2019; Osborne et al., 2022; Paul & Eckenrode; Yoon, 2017; Yoon et al., 2019). These example items are gathered from examples of self-reports:

when I was growing up, people in my family called me things like stupid, ugly or lazy,

people in my family said hurtful things to me,

how often did a parent, stepparent or adult in the home swear at you, insult you, or put you down,

caregiver shouted, yelled or screamed at you,

caregiver said you would be sent away or kicked out of the house,

have any of your parent ever blamed you for other people's problems when they were not your fault?,

have any of your parents threatened to hurt you badly?

In caregiver report, example items are

you called you child dumb, lazy or some other name like that,

you swore or cursed at your child.

Further, the analysis shows that five studies include item-levels descriptions focussing on children's or youths feelings of experiencing EA from their caregiver (Auslander et al., 2016; Ellenbogen et al., 2015; Galitto, 2017; Kobulsky et al., 2018; Lewis et al., 2019). These descriptions include

people in my family said hurtful things to me,

I felt that someone in my family hated me,

someone in my family hated me,

my parents wished I had never been born,

made you feel unloved, threatened to abandon, and had really serious fight with another family member,

have any of your parents ever humiliated you very badly by putting you down a lot in front of people.

In sum, the analysis shows that the descriptions mainly focus on caregiver behaviour that comprise EMT or EA. In the item-level descriptions, however, some descriptions additionally concentrates on how some of these caregiver behaviours influences the feelings and experiences of children and youth.

4 | DISCUSSION

The current scoping review aims to explore how EA is defined and described in research on child welfare and social work based on research published in the period 2015–2021. Overall, the results reveal a lack of research from the perspective of children and youth in contact with CWS and from child welfare workers.

The included studies in the review originated from six countries, most of them from the USA. The review indicates that there are various, and somewhat inconsistent, ways of labelling EA within and between research communities and countries, which relate to previous research (North, 2022; Ottosen et al., 2020). The review further indicates that there is a lack of explicit terminology in the reviewed literature. This may influence the reliability and credibility in research, as it is unclear if the researchers are studying the same phenomenon. For quantitative research this is especially important, because it affects what are counted as EA, and what is not. This further influences the opportunities to acquire knowledge of the prevalence of EA, to examine long-term consequences of EA, and how results of preventive and supportive interventions are interpreted. Explicit terminology could also enhance the prospects of comparing results between studies and countries. For practice, however, terminology is of importance due to the awareness of EA as a phenomenon. This influences how child welfare workers engage and intervene with EA. Consequently, terminology used in research publications have the potential to contribute to nuanced understandings of the diversities and similarities among terms, not just in research, but also in professional practice.

The findings across the reviewed studies reveal that the definitions of EMT and EA include both an expression of the concept, and a statement of how this may harm children. The descriptions, however, mainly traces evidence of EA in actual behaviours of parents. A scarce amount of descriptions of EA focuses on how these behaviours influences children's emotions and experiences (Auslander et al., 2016; Ellenbogen et al., 2015; Galitto, 2017; Kobulsky et al., 2018; Lewis et al., 2019). Further, this review support previous research which have argued that the nature of EA is difficult to define and operationalize (Trickett et al., 2009; North, 2022). Moreover, the definitions and descriptions of EA in this review are mainly gathered from studies with a quantitative design. Quantitative studies could be valuable, with consistent or explicit terminology, when it comes to understanding the prevalence and consequences of EA, the overlap between various forms of abuse, and effective interventions of prevention and support. Qualitative studies, however, has the potential of complementing this knowledge by aiming for a deeper and more nuanced knowledge to these areas. Only two of the included studies in the

review have a qualitative design. These are focusing on social workers subjectivity and reflexivity when intervening with EA in families (North, 2019, 2022). Thus, this review exposes a need for supplemental research exploring how child welfare workers describe and understand EA.

Additionally, this review reveals limited focus on including children and youth in research on EA in child welfare context. In the reviewed literature, their views and perspectives are dealt with through self-report instruments and structured interviews. Such research limits children's possibilities to share their experiences with EA, since it is predetermined which categories they can answer within. Moreover, there is a lack of studies based on interviews with children and youth with the focus on their descriptions and unique experiences with EA. If research should have relevance for child welfare practice, it is crucial to elaborate EA from the perspective of children and youth. Their perspective have the capacity to complement the focus from quantitative studies in several ways. First, it could supplement existing knowledge on how EA is experienced by children and youth living in different family- and societal contexts. Second, it may elaborate on children's susceptibility and resilience in relation to EA and how it influences their well-being. Last, it may add insight on how children and youth experience the help and support provided by CWS.

4.1 | Strengths and limitations

The current scoping review has several strengths worth highlighting. EMT and EA represent an increasing priority within the context of child welfare. The literature search was assisted by an experienced research librarian, and all concerns and uncertainties about screening of title, abstract and full text were reviewed and discussed with supervisors. So were the analytical process and generation of themes. However, some limitations must be acknowledged. First, the screening of title and abstract for eligibility was initially performed of the author alone, which may cause a risk of bias in the selection process. As previously described, all uncertainties and doubts were discussed until consensus was reached with supervisors. Second, scoping reviews do not assess study quality, as such, information extracted from both weak and strong studies is considered. Third, only peer-reviewed articles providing a sufficient definition or description of EA were included. Forth, the review only included literature published in English in the period 2015–2021. Different selection criteria, search words and search strings could include other interesting studies. Although the review was broad, some relevant studies may have been overlooked. Despite these limitations, there are reasons to argue that this scoping review has the scope and potential to raise further awareness of the current definitions and descriptions of emotional abuse in research, as well as addressing some future research needs.

5 | CONCLUSIONS

This scoping review provides a comprehensive summary of how research on child welfare and social work define and describe EA. This

review underscores the limited research conducted on qualitative descriptions of experiences engaging and intervening with EA in child welfare and social work. Moreover, this review emphasizes the need of exploring EA with various methodologies, and especially by including children and youth in research on EA. Such research may expand the current knowledge of the definitions and descriptions on EA by providing a more nuanced understanding of how children and youth experience EA, and elaborate on their susceptibility and resilience in relation to their experiences of EA. Accordingly, this could further lead to progress in practice when it comes to supporting children and youth experiencing EA, increasing awareness and knowledge on EA, and establishing a more nuanced framework for understanding EA.

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CONFLICT OF INTEREST

I declare no potential conflict of interest with respect to the research, authorship and/or publication of this article.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are listed in the reference list of this article.

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APPENDIX A: PREFERRED REPORTED ITEMS FOR SYSTEMATIC REVIEWS AND META-ANALYSIS, EXTENSION FOR SCOPING REVIEWS

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	Title page
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	1/2
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	3
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	N/A
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	3/4
Information sources ^a	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	3
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	4

(Continues)

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Selection of sources of evidence ^b	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	
Data charting process ^c	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	4/5
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	N/A
Critical appraisal of individual sources of evidence ^d	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	N/A
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	4/5
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	4 and Figure 1
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Appendix 3
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Appendix 3
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	5 -11
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	11-13
Limitations	20	Discuss the limitations of the scoping review process.	13
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	14
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Title page

Abbreviations: JBI, Joanna Briggs Institute; PRISMA-ScR, Preferred. Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

^a Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

^b A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

^c The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

^d The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. *Ann Intern Med.* 2018;169:467–473. doi: 10.7326/M18-0850.

APPENDIX B: DOCUMENTATION OF THE SEARCH STRATEGIES ADOPTED IN THE VARIOUS DATABASES

APA psychINFO

<https://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=N&PAGE=main&SHAREDSEARCHID=7aKSd67Y5ru8BiNCOUFPsKvNmWsqjHO2ye2T5z5o9zoyJ9xoLqXVz1CPE6JLaA8W>

Search number	Search	Hits
1	exp 'emotional abuse'	2842
2	('emotional abuse*' or 'emotional maltreat*' or 'emotional violence*' or 'psychological abuse*' or 'psychological maltreat*' or 'psychological violence*').mp.	7091
3	1 OR 2	7091
4	('child welfare' or 'child protect*' or 'social work').mp.	52,309
5	3 and 4	445
6	Limit 5 to (English language and year = '2015-2022')	146

Web of science

<https://www.webofscience.com/wos/woscc/summary/d09f4caf-bd5c-466e-a877-a983055f87b5-17e12d3a/relevance/1>

Search number	Search	Hits
1	('emotional abuse*' or 'emotional maltreat*' or 'emotional violence*' or 'psychological abuse*' or 'psychological maltreat*' or 'psychological violence*') (Topic)	5821
2	('child welfare' or 'child protect*' or 'social work') (Topic)	41,554
3	1 AND 2	294
4	Limit: 2015-01-01-2021-12-09	158

Social services abstract

<https://www.proquest.com/recentsearches?accountid=26469#>

Search number	Search	Hits
1	ab ('emotional abuse*' OR 'emotional maltreat*' OR 'emotional violence*' OR 'psychological abuse*' OR 'psychological maltreat*' OR 'psychological violence*')	21,282
2	ab ('child welfare' OR 'child protect*' OR 'social work')	188,460
3	S1 and S2	761
4	S1 and S2 limit: peer-reviewed	247
5	S1 and S2 limit: 2015-01-01-2021-12-09	109

Scopus

Search number	Search	Hits
1	Title-abs-key ('emotional abuse*' OR 'emotional maltreat*' OR 'emotional violence*' OR 'psychological abuse*' OR 'psychological maltreat*' OR 'psychological violence*')	8661
2	Title-abstract-key 'child welfare' OR 'child protect*' OR 'social services'	100,940
3	1 and 2	605
4	Limit 4 and pubyear >2014	323

Medline

<https://ovidsp.ovid.com/ovidweb.cgi?T=JS&NEWS=N&PAGE=main&SHAREDSEARCHID=25BTsNKSvPIMovQz6hNphTm7rbsQDKdBYytO795HDoprBsFuDdHxAlshpj7HDgoFv>

Search number	Search	Hits
1	('emotional abuse*' or 'emotional maltreat*' or 'emotional violence*' or 'psychological abuse*' or 'psychological maltreat*' or 'psychological violence*').mp.	3657
2	('child welfare' OR 'child protect*' OR 'social work').mp.	45,861
3	1 and 2	191
4	Limit 3 to year = "2015-2022"	93
5	Limit 4 to English language	89

APPENDIX C: OVERVIEW OVER INCLUDED STUDIES

Author(s), year of publication, country	Aim/purpose	Methodology, study population, sample size (if applicable)	Main findings of relevance for the research question
Auslander et al. (2016) USA	Describe the mental health pathways by which histories of child abuse lead to aggression (verbal, physical and relational) among adolescent girls.	Face-to-face structured interviews. 237 girls ages 12-19 years, involved with child welfare system.	Describes EA through examples of items from the subscale of emotional abuse in The Child Trauma Questionnaire-Short Form (CTQ-SF).
Brassard et al. (2020) USA	Provide a history of EMT and its relationship to children's rights, give an overview of the current state of knowledge, implications of diversity for the topic of EMT, and a vision for further progress in addressing EMT as a child rights issue through theory, research, policy and practice.	Literature review, intervention description, expert opinion.	Points out synonyms and overlapping terms to EA. Label EA as part of EMT. Include definition of EMT adopted by ASPAC. Describes EA through items from ACE Questionnaire (Adverse Childhood Experiences).

Author(s), year of publication, country	Aim/purpose	Methodology, study population, sample size (if applicable)	Main findings of relevance for the research question
Brown et al. (2019) USA	Expand the literature on childhood adversity by exploring the complex adverse experiences of children investigated for child maltreatment based on their developmental stages.	Quantitative, cross-sectional data from the National Survey of Child and Adolescent Well-Being II (NSCAW-II): A National, longitudinal, multi-informant study of children in contact with child welfare services. 5870 children, 0–18 years investigated for child maltreatment.	Provides a description of EA, and exemplifies through items from ACE Questionnaire.
Bunting et al. (2018) UK	Compare trends in official data relating to the operation of the child protection and looked after systems across the United Kingdom. Focus on child protection processes.	Quantitative national administrative data published annually in each of the four UK nations.	Include a definition of EA from England, and the UK nations.
Cohen and Thakur (2021) USA	Examine how emotional abuse and emotional neglect exposure in adolescence uniquely relate to psychological symptoms and social impairment.	A multi-method, multi-wave, longitudinal study. CWS-involved sample of 657 adolescents who were participating in a longitudinal study: NSCAW-II.	Describes EA through example items from Parent-Child Conflict Tactics Scale (CTS-PC).
Ellenbogen et al. (2015) Canada	Determine whether shame, guilt, and external blaming that arise from experiences of physical abuse victimization are associated with level of physical abuse and other forms of maltreatment, and anger, hostility and physical aggression.	Quantitative, self-report data from a larger study of adolescents receiving child protective services; Maltreatment and Adolescent Pathways project (MAP). 309 youth.	Describing EA through example items from CTQ-SF.
English et al. (2015) USA	Describe the nature and characteristics of EMT experienced by youth across time. Describe the relation between four subtypes of EMT and child trauma symptoms and risk behaviours at age 18.	Secondary data analysis using data collected by the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). 846 children.	Pointing out overlapping terms to EMT; psychological abuse, psychological neglect, emotional abuse and emotional neglect, psychological maltreatment. Label EA part of EMT. Include definition of EMT (MMCS)
Galitto et al. (2017) Canada	Examine trauma symptom profiles among child welfare involved 13–17 years old and evaluate the relationship of those trauma symptom profiles to maltreatment experiences, socio-demographics and child welfare variables.	Data from MAP project. 479 adolescents (13–17 years) involved with the Canadian child welfare system.	Describing EA through example items from Childhood Trauma Questionnaire (CTQ).
Kim et al. (2017) USA	Examine patterns and correlates of the types of maltreatment experienced by adolescents aged 9–12.	Ongoing longitudinal study of the effects of maltreatment on adolescent development. 303 children, 9–12 year.	Describing EA drawing on the definition from the Maltreatment Classification System (MCS), modified by LONGSCAN (MMCS).
Kloppen et al. (2015) Norway	Examine the prevalence of different forms of intrafamilial child maltreatment in the Nordic countries and possible changes in the prevalence rates over the past two decades.	Literature review, 24 Nordic studies included	Include a definition of EA developed by the World Health Organization (WHO), and descriptions of EA from the International Society for Prevention of Child Abuse and Neglect.
Kobulsky et al. (2018) USA	Examine concordance between youth self-report and CPS administrative records of physical, emotional and sexual abuse determinations.	The study draws from LONGSCAN. 819 youths with completed 18-year interviews.	Describes EA through example items from LONGSCAN developed measures for self-report abuse scales.
Kobulsky et al. (2021) USA	Examine the associations of subtypes of mid-adolescent neglect on late adolescent health risk.	1050 adolescents who completed 16-and/or 18-year interviews as part of the LONGSCAN	Describes EA through example items from LONGSCAN developed measures for self-report abuse scales.

(Continues)

Author(s), year of publication, country	Aim/purpose	Methodology, study population, sample size (if applicable)	Main findings of relevance for the research question
Lavi et al. (2019) USA/Israel	Examine the role of emotion reactivity and emotion regulation in emotionally maltreating families with levels of non-maltreating families.	Literature review, meta-analysis 9 studies.	Points out that EMT often is used synonymously with psychological abuse. Label EA as an element of EMT through CTQ which includes two subscales of EMT: EA and emotional neglect. Include definition of EMT(APSAC). Describes EA through examples items.
Lewis et al. (2019) USA	Examine the unique and combined role of emotional abuse in smoking during adolescence among a large sample of high-risk youth.	Data from LONGSCAN. 775 adolescents.	Describes EA through examples indicators from MMSC and sample items from LONGSCAN developed self-report measures of maltreatment experiences.
Liu and Vaughn (2019) USA	Review international norms associated with mandatory reporting of child abuse and assesses court cases within the United States that involve mandatory reporting, identifying important issues and underlying problems with the current mandatory reporting system	Review international norms associated with mandatory reporting of child abuse.	Include a definition of EA.
Naughton et al. (2017) UK	Identify the scientific evidence behind the self-reported features in adolescents aged 13–17 completed years, who are experiencing substantiated neglect and/or emotional maltreatment.	Rapid review, 19 publications included.	Points out synonyms to EA. Define EA as a subtype of EMT. Include a definition EMT(APSAC), and a definition EA from the World Health Organization (2002).
North (2019) UK	Make the less tangible aspects of work with emotional abuse more visible, and improve professional understandings of how to work with it more effectively.	Qualitative semi-structured interviews individual.	Include a definition of EA.
North (2022) UK	Explore some of the ways in which child protection social workers in England intervene with emotional abuse.	Qualitative semi-structured interviews.	Describe EA as a part of EMT, and how these terms are used differently in the USA and UK. Include description of EMT, corresponding with the APSAC standard.
Osborne et al. (2022) USA	Examine the proportion of adolescents reporting in-home firearm availability, the proportion of adolescents with suicidal ideation reporting availability, and the relationship between child maltreatment victimization and availability	Secondary data analysis of data from LONGSCAN. 1354 parent-child dyads.	Describe EA through example items from LONGSCAN developed measures.
Paul and Eckenrode (2015) USA	Understand how subtypes and the timing of PMT contribute to adolescent depressive symptoms at age 14.	Prospective, longitudinal design. 638 youth from LONGSCAN.	Points out that investigations of psychological maltreatment also use the terms EMT, EA, emotional neglect. Describe EA as part of EMT. Include definition and description of EMT (APSAC).

Author(s), year of publication, country	Aim/purpose	Methodology, study population, sample size (if applicable)	Main findings of relevance for the research question
Silva and Calheiros (2020) Portugal	Explore the indirect associations between maltreatment experiences and children's and adolescents' psychopathology symptoms, through their domain-specific self-representations.	Multi-informant study, including 203 children/adolescents (8–16 years old) referred to child/youth protection commissions, their parents and case workers.	Defines and describes EA through items from Maltreatment severity questionnaire (MSQ).
Vahl et al. (2016) Belgium.	Examine gender differences in EMT and related mental health problems among detained boys and girls.	Self-report measures of maltreatment experiences and mental health problems. 341 adolescents (12–18 years) recruited from Juvenile Detention Centers in Flanders, Belgium.	Label EA as a subtype of EMT. Provides a description of EA.
Villodas et al. (2021) USA	Identify unobserved groups of youth with distinct patterns of lifetime CAN experiences that occurred between birth and age 16 using LCA and examine group differences in mental health symptoms during late adolescence.	Prospective, multi-informed data, including child protective services records and caregiver and youth reports. 919 adolescent-caregiver dyads. Data drawn from LONGSCAN.	Describes psychological abuse through self-report measures corresponding with MMSC categories.
White et al. (2016) USA	Examine concordance between youth self-report of EMT and official reports, and the relation between the experience of EMT in childhood and trauma symptoms and risk behaviours in young adulthood.	Data collected by LONGSCAN. 770 participants.	Label EA as a part of EMT. Include a definition of EMT (MMCS).
Yoon (2017) USA	Examine child maltreatment characteristics, including types, level of harm, and timing, as predictors of internalizing trajectory patterns.	Secondary, longitudinal research drawn from the National Survey of Child and Adolescent Well-Being I (NSCAW-I) 541 children (4–5 years at baseline) involved with the child welfare system.	Describes EA through examples items from CTS-PC.
Yoon et al. (2019) USA	Investigate the role of self-esteem as a mediator in the association between different types of child maltreatment and depressive symptomatology among a sample of adolescents in out-of-home care.	404 adolescents who were in out-of-home care. Data derived from the Mental Health Service Use of Youth Leaving Foster Care Study.	Describes EA through examples items from CTS-PC.

Abbreviations: EA, emotional abuse; EMT, emotional maltreatment.