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Psychological Abuse

A Discussion Paper

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Public Health Agency of Canada

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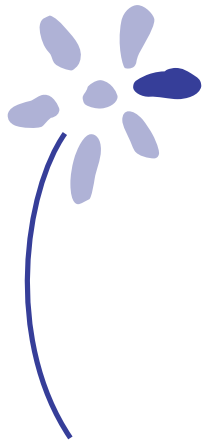
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Psychological Abuse: A Discussion Paper

Introduction

This paper is a review of research on psychological abuse in interpersonal and family relationships including in settings such as long-term care residences.

There is no simple definition of psychological abuse. Generally, researchers and front line service providers define it as the systemic destruction of a person's self-esteem and/or sense of safety, often occurring in relationships where there are differences in power and control (Follingstad and Dehart 2000). It includes threats of harm or abandonment, humiliation, deprivation of contact, isolation and other psychologically abusive tactics and behaviours. A variety of terms are used interchangeably with psychological abuse, including emotional abuse, verbal abuse, mental cruelty, intimate terrorism and psychological aggression. Also, when the abuse occurs in a residential care setting, it is often called systemic or institutional abuse.

In the past, researchers considered psychological abuse to be a consequence of other forms of abuse (Garbarino 1990, 7), particularly physical or sexual abuse (Arias and Pape 1999, 56; Astin 1993, 17; O'Leary 1999, 3). Now, however, psychological abuse is understood as a separate and distinct form of abuse. Researchers (Dutton, Goodman and Bennett 2001, 180) have confirmed that psychological abuse is a common and significant form of interpersonal violence in terms of its frequency, and its short and long-term effects (Tomison and Tucci 1997). Moreover, several researchers have argued that victims experience greater trauma from ongoing, severe psychological abuse than from experiencing infrequent physical assault (Davis and Frieze 2002; Duncan 1999, 45-55; Guthrie 2001; Hildyard and Wolfe 2002, 679; Martin and Mohr 2002, 472-495; Sackett and Saunders 1999, 105).

Various theoretical models have been put forward to explain psychological – and other forms of – abuse (see Cunningham 1998, iii). Some of these theories focus exclusively on the personal and interpersonal characteristics of the victim and the abuser (e.g., genetic predisposition to violence, personality traits), while others stress the importance of attending to social and cultural factors (e.g., social conditions and structures such as patriarchy) that contribute to society's recognition of particular psychological tactics as harmful (Hammer 2001). Although this paper does not explore these theories, it is important to recognize that our social policies and models of prediction, prevention and treatment are often based on theoretical accounts.

By way of overview, this paper begins with a discussion of the two most common approaches to intervening in cases of psychological abuse. Following this is a review of the tactics that abusers may use, as well as a summary of data on the prevalence of psychological abuse

and the different kinds of relationships in which psychological abuse occurs. Next, the paper examines risk factors and cites research suggesting that both victims and abusers are at greater risk of being victimized or perpetrating abuse when certain factors are present. The paper then presents research findings on the personal, economic and health related costs of psychological abuse to the individual and to society, and briefly outlines legal recourses for victims. It concludes by exploring ways to recognize and address psychological abuse, while emphasizing the importance of developing holistic approaches.

This paper is intended, primarily, for professionals. Front line service providers who work with individuals experiencing psychological abuse may gain a better understanding of how to integrate diverse responses into their treatment and practice models, while the lay-person, whether this be individuals experiencing emotional abuse or their family/friends, may gain insight into possible solutions.

Approaches to Intervention

Two common approaches have emerged to help service providers understand and respond to psychological abuse: *effects-based approaches* and *behaviour-based approaches* (Hamerman and Bernet 2000, 928-930).

Effects-based approaches tend to identify the range of harm experienced by victims ranging from low self-esteem, self-harming behaviours, anxiety, chronic stress, phobias, insomnia and nightmares, to post traumatic stress, depression and suicidal thoughts. Service providers using effects-based models are more likely to recognize a victim of psychological abuse by the harm the abuse has triggered, than by the behaviour of the abuser that caused the harm.

Behaviour-based approaches identify tactics or "red flag" behaviours of abusers. To label behaviours as psychologically abusive, intervenors must watch for intentional, sustained and repeated patterns of behaviours and responses.

To a certain extent, the approach used by service providers or agencies to identify abuse generally aligns with their mandate. Effects-based approaches are typically adopted by healthcare, counselling and mental health services to treat the effects of the abuse on the victim's feelings, brain development and cognitive functioning. Other agencies, such as the police, focus more closely on the behaviour of the abuser and thus respond with the behaviour-based approach. The effects of some forms of abuse, such as physical abuse, are readily apparent. On the other hand, the consequences of psychological abuse are not always evident; even the victim may not immediately recognize the mental or emotional harm caused by the psychologically abusive tactics. As a result, there tends to be a dichotomy in terms of responses, treatment and practices relating to psychological abuse (Champagne 2004; Gondolf 1998).

Critics have found fault with both approaches for (i) promoting stereotypical views that medicalize the problems of the victims and (ii) pathologizing the perpetrators as mentally ill (Wilczynski and Sinclair 1996, 4). Others have criticized behaviour-based definitions because of the difficulty in distinguishing acceptable and abusive behaviours. It can be difficult for victims, abusers and professionals alike to make this distinction as it often relies on the application of individual norms. These norms may be supported by community values that help to justify psychological abuse, especially where the victim is considered deserving and the controlling tactics are not viewed as morally wrong or harmful (Evans 2002). For instance, recent studies on family violence in rural communities have found that conservative values sometimes normalize psychologically abusive tactics (Clifford 2003, 9-18; Hornosty and Doherty 2003, 44-49; Krishnan, Hilbert and VanLeeuwen 2001, 28-39; Murty et al 2003, 1076). In addition, social norms and cultural values have shifted over time, as has our understanding of "harm," so that controlling tactics once considered acceptable by some are now viewed as abusive.

Regardless of the approach to intervention applied, it is important to understand the social and structural environments that support psychologically abusive behaviours and minimize their consequences. Adopting more holistic frameworks that integrate these different approaches enables us to address abuse at the individual and societal level and to better account for the diverse and complex factors associated with psychological abuse.

Behaviours and Tactics of Abusers

Recent research on psychological abuse suggests that an underlying motivation for psychological abuse is the desire of perpetrators to exert control over other individuals and destroy their sense of self-esteem (Evans 1999; Johnson and Ferrero 2000; Schwartz 2000). The table below describes psychologically abusive behaviours and tactics in two categories: neglectful and deliberate.

Neglectful tactics involve the withholding of normal human interaction or refusing to validate the victim's feelings (Garbarino 1990). These tactics may be hard to detect because the person using them may have normalized the behaviours and may not regard them as abusive (Champagne 1999; Hamarman and Bernet 2000, 928-930). Deliberate tactics, on the other hand, are more aggressive forms of control (Evans 1999; Sackett and Saunders 1999, 113). Nevertheless, both forms involve the willful infliction of mental or emotional harm.¹ Abusers may adapt their tactics depending on the victim's gender, age, health and ability status, ethnicity or place of residence (e.g., whether the abuse happens at home, in a residential facility or in an urban or rural setting).

Psychologically Abusive Tactics and Behaviours ²

Neglectful Tactics	Deliberate Tactics
<p>Denying Emotional Responsiveness</p> <ul style="list-style-type: none"> -failing to provide care in a sensitive and responsive manner; -interacting in a detached and uninvolved manner; -interacting only when necessary; -ignoring the other person's attempts to interact (for example, treating an older adult who lives in a residence or institution as though she/he is "a job to be done") 	<p>Accusing, blaming and jealous control</p> <ul style="list-style-type: none"> -telling a person repeatedly that he/she has caused the abuse; -blaming the person unfairly for everything that goes wrong;³ -accusing the person of having affairs or flirting with others; -making the person feel they cannot be trusted; -checking up on their activities; -demanding the person account for every moment of the day; using anger to control the other person
<p>Discounting</p> <ul style="list-style-type: none"> -not giving any credence to the person's point of view; -not validating the person's feelings; -claiming the behaviour was meant as a joke 	<p>Criticizing behaviour and ridiculing traits</p> <ul style="list-style-type: none"> -continuously finding fault with the other person or making the person feel nothing he/she does is ever right; -setting unrealistic standards; -belittling the person's thoughts, ideas and achievements; -diminishing the identity, dignity and self-worth of the person; -mimicking her/him
<p>Ignoring</p> <ul style="list-style-type: none"> -purposefully not acknowledging the presence, value or contribution of the other; -acting as though the other person were not there⁴ 	<p>Degrading⁵</p> <ul style="list-style-type: none"> -insulting, ridiculing, name calling, imitating, or infantilizing; -yelling, swearing, publicly humiliating or labelling the other person as stupid
<p>Denying or forgetting</p> <ul style="list-style-type: none"> -denying that any abuse has ever taken place; -telling the person no one would believe the accusations because it is all in his/her head; -forgetting promises or agreements 	<p>Harassing</p> <ul style="list-style-type: none"> -repeatedly contacting, following or watching the other person; -'keeping tabs' on him/her through others; -sending unwanted gifts

<p>Countering</p> <ul style="list-style-type: none"> -implying something is wrong with the person who has hurt feelings or complains about not liking his/her treatment as a result of the abuse; -contradicting what the other person says 	<p>Corrupting/Exploiting</p> <ul style="list-style-type: none"> -socializing a person to accept ideas or behaviours that are illegal; -using a person for advantage or profit; -training him/her to serve the abuser's interests; -enticing him/her into the sex trade; -permitting a child to use alcohol or drugs
<p>Minimizing / trivializing</p> <ul style="list-style-type: none"> -refusing to validate the other person's feelings of hurt; -suggesting that nobody else would be upset by the same treatment 	<p>Terrorizing</p> <ul style="list-style-type: none"> -inducing terror or extreme fear in a person through coercion or intimidation; -placing or threatening to place a person in an unfit or dangerous environment; -threatening to hurt or kill a pet or loved ones; -threatening to destroy possessions; -threatening to have the person deported or placed in an institution
<p>Rejecting</p> <ul style="list-style-type: none"> -refusing to acknowledge a person's presence, value or worth; -communicating to a person that he/she is useless or inferior; -devaluing his/her thoughts and feelings; -repeatedly treating a child differently from other siblings in a way that suggests resentment, rejection or dislike for the child. 	<p>Isolating</p> <ul style="list-style-type: none"> -physically confining the person; -restricting normal contact with others; -limiting freedom and excluding an older adult from personal decisions; -locking a person in a closet or room; -refusing a person access to his/her own or jointly owned money; -depriving a person of mobility aids or transportation; -using others as pawns in relationships⁶

Prevalence of Psychological Abuse

■ Children experience high levels of direct and indirect psychological harm

The 2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) included 25 individual forms of child maltreatment which occur within five categories of investigation: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence (Trocmé et al 2005). Of the five, neglect was the most likely of all cases to be substantiated (34%) followed by exposure to domestic violence and physical abuse (p. 35). Although emotional maltreatment represented only 14% of all substantiated cases, where emotional maltreatment was the primary grounds for investigation, it was substantiated in 42% of such cases (p. 35; 44). Moreover, emotional harm was associated to various degrees with all forms of child maltreatment (p. 49). It is also worth noting that emotional maltreatment and exposure to domestic violence were the least likely forms of child maltreatment to be investigated by police; in both cases, charges were laid in only 2% of the substantiated cases (p. 62).

■ Psychological abuse is widespread among women and men

According to the 2004 General Social Survey (GSS), emotional and/or financial abuse was 2.5 times more common between partners than physical abuse (Ogrodnik 2007, 17). Emotional abuse – measured by collecting information on a series of emotionally abusive behaviours – was reported almost equally by men and women: 17% of men and 18% of women reported experiencing emotional and/or financial abuse during the study period. While women and men report similar rates of psychological abuse, research on the consequences of victimization suggest that women experience more severe and prolonged negative effects than men as a result of any form of victimization, particularly when they are victims of spousal abuse (e.g., Dauvergne 2002: 15). The three most common forms of emotional abuse reported through the 2004 GSS were: calling the victims names or putting them down; being jealous and not wanting the victim to talk with other men/women; and demanding to know who the victim is with and where they are at all times (Ogrodnik 2007, 18).

■ Older adults experience psychological abuse more than other forms of abuse

The 1999 GSS found that adults aged 65 years and older reported emotional and financial abuse as the most common type of abuse (8%) over the five years prior to the survey (Dauvergne 2002, 27). Older adults who were male, living in rural areas, had a relatively middleclass income and some post secondary schooling were at the greatest risk of emotional and financial abuse (p. 27).

■ Psychological abuse is often linked to physical abuse

Psychological abuse has been linked to physical abuse in research for some time (O'Leary 1999, 3-23). In 1993, for example, the Canadian Panel on Violence Against Women noted that women who experienced high levels of psychological abuse, in combination with physical violence and other risk factors, had a higher probability of incurring both minor and severe injuries from the abuse (Canada, Canadian Panel on Violence Against Women,

1993). Also, Johnson (1996) reported, based on the 1993 Violence Against Women Survey, that being called names and put down was one of the strongest predictors of spousal violence. This finding was reinforced by 1999 GSS data, which also suggested that emotional abuse and controlling behaviours can be precursors to physical violence in a relationship (Pottie Bunge 2000, Spousal, 18). More specifically, rates of violence in current intimate relationships were ten times higher for women and men who reported emotional abuse than for those who did not report emotional abuse.

Types of Relationships in which Psychological Abuse Occurs

Researchers have studied psychological abuse in a variety of contexts and in a range of relationships based on blood and legal ties, intimacy, dependency and trust (Moore 2001, 245-258). Such interpersonal relationships, unlike the impersonal interactions one encounters in daily life, involve high degrees of emotional investment and information exchange. The characteristics of different kinds of interpersonal relationships may result in unique circumstances between the individuals – circumstances that we have not always understood or recognized. Below are considerations related to psychological abuse in five categories of interpersonal relationships.

Heterosexual Relationships

There is considerable research documenting psychological abuse as a form of intimate partner abuse. In many of these studies, abuse is generally defined as a pattern of physical and non-physical abuse (including psychological tactics) perpetrated by a partner to gain control, and the focus is on intimate partner violence against women in heterosexual relationships (Hines and Malley-Morrison 2001, 75). In short, these studies suggest that physical and psychological abuse co-exist and that women suffer greater victimization than men (Johnson and Ferraro 2000, 948). This difference may reflect the greater physical size and strength of men, and social structures that privilege men.

Fewer studies have explored the impact of intimate partner violence, including psychological abuse, on male victims (See Hines and Malley-Morrison 2001, 75-85; Johnson and Ferraro 2000, 948-963; Simonelli and Ingram 1998; and Smith and Loring 1994 for studies that address male victims). In a review of the literature on “husband abuse,” Tutty noted that women who engaged in acts of psychological abuse against their male partners reported doing so to exercise power and control over their husbands (Canada, National Clearinghouse on Family Violence 1999).

The 2004 GSS found that men and women reported almost equal rates of spousal violence in intimate relationships (Mihorean 2005, 14). However, there are significant differences in women’s and men’s experiences of violence.⁷ In terms of psychological abuse, women were more likely than men to report that their partner engaged in name-calling, threatened to harm them or someone close to them, and prevented them from having access to the family income (p. 21).

Same-Sex Relationships

Until recently, little research has documented the impact of psychological abuse on individuals in same-sex relationships, and the majority of studies in this area have focused on lesbian relationships. This research suggests psychological abuse is the most common form of abuse within lesbian relationships (Hansen 2002, 7). Lesbian victims have reported experiencing the same forms of emotional abuse as women in heterosexual relationships, along with variations of threatening behaviour unique to same sex relationships. For example, given that not all same-sex couples disclose their relationship, some individuals may fear being “outed.” Abusive partners may threaten to disclose their sexual orientation to friends, family members, co-workers and even insurance companies (Hansen 2002).

As with abuse in heterosexual relationships, such threats are largely intended to exert power and control over the partner. Telesco (2001, 5-A) found that psychological abuse by a same-sex partner had a negative effect on the mental health of victims in lesbian relationships. Research on services for individuals in same-sex relationships shows that a perceived bias makes it less likely that individuals will seek help because they fear that service providers will judge them negatively. Lesbian women also report negative experiences, such as being unable to find support dealing with anger and control issues. (Senseman 2002, 27-32; Walters, Simoni and Horwath 2001, 147).

Adult-Child Relationships

According to the CIS, with the exception of sexual abuse, most cases of child maltreatment generally involve a parental figure, with at least one of the parents was the perpetrator in 82% of maltreatment investigations (Trocmé et al. 2005, 51). In substantiated cases of emotional maltreatment, 56% of the abusers were fathers/step fathers/common-law partners and 66% were mothers/stepmothers/common-law partners (p. 52).⁸ Given that emotional harm is linked to other categories of child maltreatment, it can be inferred that all forms of abuse have a significant impact on the emotional well-being of children. For example, exposure to domestic violence was the second most frequently substantiated category of maltreatment (p. 34), and it was associated with emotional harm to the child in 14% of substantiated cases (p. 49).

Peer Relationships – Bullying

Bullying of children and youth by their peers is a growing concern. It takes many forms including physical violence and emotional abuse (e.g., name-calling and spreading rumours designed to destroy friendships and/or exclude individuals from social interaction). One Canadian study found that 18% of girls and 25% of boys in grades 6 to 10 bullied others, and 21% of girls and 25% of boys reported being the victim of bullying (Craig 2004, 89-90). Whereas boy bullies often use overt forms of physical violence such as fighting, girl-to-girl bullying is more likely to involve psychological abuse and occur in school settings (Simmons 2002, 3-4). Girls tend to use indirect bullying strategies as a way to gain entry into a particular clique, increase their popularity or to seek revenge on someone who gossiped about them. Most girls engaging in indirect aggression reported having been both the victim and perpetrator in such interactions.⁹

Relationships of Trust and Authority

Psychological abuse can occur in relationships in which the abuser holds a position of trust and authority over the victim. In some instances, an individual may perpetrate the abuse in environments where the organizational structure fosters power imbalances that perpetuate the situation. This abuse is referred to as “systemic abuse” or “institutional abuse” because the system itself silences the victims (Simmons 2002). People with special needs, including people with physical or developmental disabilities and older adults living in attendant care facilities, are particularly vulnerable to systemic abuse.

One study, for example, showed that the more women with disabilities depend on professional caregivers for assistance with personal daily living tasks, the more susceptible they became to both physical and psychological abuse (Curry, Hassouneh-Phillips and Johnston-Silverberg 2001, 70-71). Some caregivers may internalize societal beliefs and stereotypes that devalue and dehumanize those in their care, which might lead them to deny their clients’ emotional responsiveness or compassion (Moore 2001, 245-258). The lack of appropriate residential policies, practices and procedures can threaten a person’s well-being and security as much as the actions of others.

Likewise, research on the psychological abuse of children by staff in public schools suggests that some teachers combine psychologically abusive strategies with other forms of discipline to exert control over students in their classroom (Briggs & Hawkins 1996; Casajarian 2000; Hart, Germain & Brassard 1987). These studies also found that experiencing such abuse can negatively affect students’ academic self-esteem and self-efficacy, as well as lower their motivation.

Other research on psychological abuse in relationships of trust and authority illustrate the nature of institutional abuse in school athletics programs where coaches try to motivate their players performance through insults and degradation (Bowker 1998; Pascall and White 2000, 22). One study noted that athletes who experienced psychological abuse reported feeling stupid, worthless, upset, less confident, fearful and angry as a result of their coaches’ behaviours (Gervis and Dunn 2004, 215-224). A coach’s psychological abuse can foster a team ethos in which players become abusive towards one another, the coach and players on opposing teams (Pascall and White 2000, 21-26). Under such circumstances, children and teens may lose interest in participating in sport activities.

Psychological abuse may also occur in the workplace. Violence and harassment in the workplace can involve insults, threats, bullying, physical assaults or sexually harassing behaviours. Abusers may include other employees, superiors, clients and customers, and their abuse can be difficult to identify and resolve (Canada, Canadian Women’s Health Network 2003, 3). Systemic factors such as difficult working conditions (heavy workloads), the work context (layoffs, lack of employer support), and the workplace culture (encouraging unreasonable competition among employees) may reward abusive employees and silence those who are victimized (Mighty and Leach 1997, 57-58).

A recent study applauds the work of the International Labour Organisation (sic) in setting benchmarks for defining, preventing and responding to violence in the workplace. The study focuses on research about the effects on victims and shows that the health related consequences of psychological violence in the workplace can be as severe as those from physical violence. Violence in the workplace is seen as a major occupational health and safety hazard across the globe. (Mayhew and Chappell 2007, 327-339)

In summary, there are many types of relationships in which psychological abuse occurs: intimate partner (heterosexual and same-sex), adult-child, peer/bullying and relationships of trust and authority. In all of these relationships, one party is using various tactics to exert power and control and to diminish another person. In the context of this power imbalance, abuse takes place and causes various types of harm, including emotional and psychological harm. Since most abuse takes place within an interpersonal or family relationship, it has been noted that more attention is needed in the formative relationship-building years of adolescence to teach the development of healthy relationships and to increase awareness of how to recognize and address relationship problems (Federal-

Provincial-Territorial Ministers Responsible for the Status of Women 2002, 25).

Factors that Increase the Likelihood of Experiencing Psychological Abuse

This section outlines factors that put children and adults at risk of being psychologically abused. Given that psychological abuse often exists in combination with other abusive behaviours, it is likely that similar risk factors may exist across the different forms of abuse (Federal-Provincial-Territorial Ministers Responsible for the Status of Women 2006, 39; 2002, 25-29). Some researchers have argued that regardless of age and sex, the risk factors for psychological abuse are similar to those associated with physical, sexual and financial abuse and trauma (Cahill, Kaminer and Johnson 1999). In contrast, other researchers suggest that it is important to analyze psychological abuse independently from other forms of abuse.

The key risk factors associated with psychological abuse are outlined below.

Risk Factors for Children

■ *Living with neglectful parent(s)*

Most research on factors that increase a child's risk of psychological abuse has focused on parental neglect (Berk 2001; Bronfenbrenner 1993, 28; Sullivan 2000). Research shows that neglectful parents have difficulty understanding the complexity of human interaction in general, and the nature of parent-child relationships in particular (Hamarman and Bernet 2000, 953). The 2003 CIS found that the most common form of child maltreatment was neglect and that emotional harm was associated with 19% of substantiated neglect cases (Trocmé et al 2005, 35; 49). Such abuse is generally not isolated to a single incident (p. 50).

■ ***Living with parents who have psychological and/or addiction problems***

Early research linked emotional abuse and neglect to a psychological disturbance in the parents, whereas more recent research focuses on parental cognitive deficits, mental health problems and substance abuse as factors relating to child neglect (Trocmé et al 2005, 81). Psychologically abusive parents have been found to experience difficulty empathizing with their children, and to have extremely high expectations of their children's behaviour (Sullivan 2000, 35). More specifically, depression was found to place parents at risk for engaging in the psychological abuse of their children. Although depression is not believed to be the cause of psychological abuse, researchers argue that it may lead some parents to abuse alcohol or other drugs, which may in turn lead to neglectful parenting and emotional harm to their children. Indeed, children of substance abusing mothers are more likely than children of non-addicted mothers to be neglected (Sullivan 2000, 37).

■ ***Having a disability or difficult temperament***

Some children, such as premature infants, ill infants and children, and infants and children with difficult temperaments, are particularly vulnerable to experiencing psychological abuse. They are more difficult to care for and their parents may lack sensitivity to their needs. Other factors, such as parental substance abuse and living in poverty, typically combine with child personality traits to elicit abusive parental responses (Berk 2001).

■ ***Living in poverty and lacking community support systems***

Families in which neglect occurs often live in poverty, isolated from both formal and informal social support networks in their communities. An Ontario study found that the number of children admitted to care from welfare dependent situations between 1995 and 2004 had nearly doubled (Leschied, Chiodo, Whitehead, Hurley and Marshall 2003, 21). As the poverty rates had remained stable, this increase was linked to a growth in the number of welfare dependent single females coping with violence. Welfare and poverty are closely linked and research suggests that people living in poverty have few links to the larger community; many lack parks, day-care centres, preschool programs and recreation centres (Sullivan 2000). To better understand the relationship between neglect and social support, research has compared the use of informal social support networks by parents. Compared to non-neglectful mothers, neglectful mothers had fewer people in their informal support networks and less contact with them. They also perceived their networks to be less supportive and reported that they received fewer financial and emotional resources than non-neglectful mothers (Sullivan 2000, 46-47).

■ ***Growing up in a family with multiple problems***

Most of the research on family characteristics relating to child neglect focuses on the intergenerational transmission of violence. Evidence of such a cause-effect relationship is limited as most children who witness inter-parental violence do not grow up to become abusers (Sullivan 2000). Researchers have noted that it is just as important to consider the external factors (e.g., the social and economic context in which some families live) that may put families at risk for such abusive behaviour since these factors

are often systemic in nature and may be addressed through policy and programs aimed at benefiting a large number of families. Other factors that may increase a child's risk of experiencing psychological abuse include parental unemployment, general family disorganization, racism, and as discussed above, lack of a family social support network and living in poverty (Berger 2004; Berk 2001; Sullivan 2000).

Risk Factors for Adults

■ *Having a disability*

Persons with disabilities are more likely to be victims of violence or abuse than non-disabled persons (Roehrer Institute 1995; Moore 2001). In particular, research suggests that women with disabilities are at increased risk for all forms of abuse, including psychological abuse, compared to non-disabled women (Curry, Hassouneh-Phillips, and Johnston-Silverberg 2001, 60-79; Nosek et al 2001, 177-189).

■ *Being older*

According to the 1999 GSS, older adults are more likely to report experiencing psychological abuse, compared to physical or sexual abuse (Pottie Bunge 2000, Violence, 27). The 1999 GSS also found that older men (9%) are more likely than older women (6%) to experience psychological abuse by a partner (p. 28). Older victims reported that the most common form of psychological abuse they experienced was being ridiculed or called names, followed by having their contact with family and friends limited. Wilke and Vinton (2005) suggest that typically, a complex of factors contribute to the abuse of an older adult, including negative societal attitudes, discrimination and a power imbalance between older adults and their caregivers.

■ *Living in Social and Physical Isolation*

Physically and socially isolated communities may hold strong collective norms and patriarchal values that blame the victim and normalize abuse. Victims in rural and remote locations may fear being shunned by friends, neighbours and the faith community if they leave an abusive relationship (Hornosty and Doherty 2003, 46-49; Websdale 1997). They may also have to travel long distances to access services and resources.

■ *Being Aboriginal*

First Nations peoples, who often live in socially and geographically isolated communities, may be particularly vulnerable to experiencing psychological and other forms of abuse (Zellerer 1999, 345-358). The 2004 GSS found that both Aboriginal women and men are more likely than non-Aboriginal women and men to experience spousal violence. For example, 37% of Aboriginal women experienced emotional and/or financial abuse from either a current or previous marital or common law partner in the 5-year period compared to 18% of non-Aboriginal women (Ogrodnik 2007, 28). Similarly, 36% of Aboriginal men experienced emotional and/or financial abuse compared to 17% of non-Aboriginal men (p. 28).

■ *Experiencing Language and Cultural Barriers*

According to the 2004 GSS, the rate of emotional and/or financial abuse is 1.5 times higher among visible minority men than visible minority women (Ogrodnik 2007, 18). The GSS

also found that immigrant men and women report lower rates of emotional and financial abuse than the national rate (Ogrodnik 2007, 18). Nevertheless, other studies highlight that immigrant women may encounter unique barriers to seeking help with abusive relationships (e.g., Bannerji 1999, 273). Often, immigrant women lack access to information about support systems and they may even fear deportation if they were sponsored by their husband and/or are financially dependant (Thobani 2000, 39-41). Language, culture and religious barriers may also create difficulties for women who wish to disclose the abuse.

■ **Having Multiple Relationship Risk Factors**

The 2004 GSS found that a woman is more vulnerable to all forms of abuse if her partner is young (18-24), unemployed (long term), has little formal education, a heavy drinker or was exposed to violence against his mother (Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2006: 36-39). Also, women in common-law relationships were found to be at higher risk of abuse than women who were married (Ogrodnik 2007, 16). Risk factors associated with psychological abuse for men fall into these same categories (Mihorean 2005, 17-21).

To review, there are many factors that increase the likelihood of psychological abuse. For children the risk is increased if they live with neglectful parents or parents who have psychological or addiction problems. Adults may be at an increased risk of psychological abuse if they have a disability, are Aboriginal, a visible minority or live in isolation. These risk factors are exacerbated when poverty, low literacy, unemployment and other situations are also present. They do not, however, predict who will become a victim or a perpetrator of psychological abuse; rather they point to conditions where intervention may be necessary.

Effects of Psychological Abuse

There has been a tendency to categorize abuse along a continuum with the effects of physical abuse being considered “more harmful” than psychological abuse. This tendency is because psychological abuse, unlike physical abuse, leaves no visible scars or bruises, making it harder to detect (Cahill, Kaminer, and Johnson 1999). Service providers may not link a person’s presenting concerns to earlier psychological abuse, particularly when a victim has doubts about his/her own perceptions, or fails to link their problems to a psychological trauma that happened years earlier (Champagne 2004). Even so, researchers caution against a rigid paradigm that views the effects of one form of abuse as more harmful than another. Any form of abuse, including psychological abuse, may increase in frequency, duration and severity over time (Champagne 2004).

In a Canadian study on public attitudes towards family violence, one in two persons surveyed recognized psychological and physical abuse as a form of family violence. Although respondents felt that family violence involving verbal abuse such as insulting or humiliating the victim could result in negative psychological effects and low self-esteem, they indicated the highest level of concern for victims of physical and sexual abuse.

(EKOS Research Associates 2002)

Possible Indicators of Psychological Abuse

Children (Infancy to age 12)	Adolescents (Ages 13-19)	Adults (Ages 20-64)	Older Adults (Age 65 and up)
<p>PTSD* (older children)</p> <p>Non-organic failure-to-thrive (infants)¹⁰</p> <p>Elevated levels of cortisol (a stress hormone) that may cause damage to areas of the brain important for memory formation and emotional regulation (infants /preschoolers)¹¹</p> <p>Risk of being bullied</p> <p>Significant delays in language development (infants)¹²</p> <p>Anxiety and depression</p> <p>Social withdrawal and limited peer interaction¹³</p> <p>Severe cognitive and academic difficulties¹⁴</p> <p>Overt aggression (e.g., fighting, making threats, bullying) common as short-term outcome (male and female school-aged victims)¹⁵</p> <p>Indirect aggression (e.g., gossiping, telling other's secrets) common as long-term outcome (female school-aged victims)¹⁶</p>	<p>PTSD (both male and female victims)</p> <p>Psychological abuse in dating relationships (both male and female victims).¹⁷</p> <p>Poor school performance</p> <p>Involvement in bullying as either victim or perpetrator (both male and female victims)¹⁸</p> <p>Depression,¹⁹ social withdrawal, poor identity development, eating disorders and self-mutilation (more likely for female victims)²⁰</p> <p>Delinquent acts, abuse of alcohol/drugs and abusive dating behaviour (more likely for male victims)²¹</p> <p>Suicide attempts or discussion (both male and female victims)</p>	<p>PTSD likely for both men and women</p> <p>Fear for self, children and/or pets (female victims)</p> <p>Shame</p> <p>Physical problems that have no medical basis (both men and women)</p> <p>Depression, withdrawal and abuse of alcohol (gender differences same as teens).²²</p> <p>Low self-esteem</p> <p>Risk-taking behaviour common (gender differences, e.g., women may risk unintended pregnancy; men might drive too fast)</p> <p>Suicide attempts or discussion</p>	<p>Signs of PTSD</p> <p>Discomfort or fear around caregiver</p> <p>Difficulty with normal life transitions (e.g., retirement)</p> <p>Extreme passivity and learned helplessness²³</p> <p>Exhibit behaviours (e.g., rocking, sucking, biting) commonly associated with dementia (and therefore may be misdiagnosed as dementia patients)</p> <p>Signs of general psychological distress:</p> <ul style="list-style-type: none"> - depression - fear - anxiety - low self-esteem - shame - anger - self-harming <p>Difficulty sleeping</p> <p>Sudden loss of appetite unrelated to physical disease or aging</p> <p>Substance abuse (in particular, of alcohol)</p>
<p>*Indicators of PTSD include haunting memories, nightmares, social withdrawal, anxiety, depression, sleep disturbances, fatigue, difficulty concentrating, memory loss, and feelings of helplessness, fear and anger (Meyers 2004).</p>			

In some instances, the effects of psychological abuse are notably different than experiencing physical abuse. For example, Henning and Klesges (2003, 857-871) found that while psychological and physical abuse both contributed to depression and low self-esteem in abused women, women's fear of abuse was uniquely predicted by psychological abuse. To be sure, the effects of psychological abuse can be complex, devastating and long-lasting. Researchers studying the same people over time have found that victims of psychological abuse tend to experience severe adjustment and psychological problems over the lifespan, although the nature of the abuse and its effects may differ according to one's age (Schwartz et al 2000).

There is a growing body of research showing that children may suffer negative consequences as a result of indirect exposure to (seeing or hearing) violence against a parent or other caregiver (Dauvergne and Johnson 2001, 19-20). This experience is sometimes called "vicarious victimization" and has been described as one of the most insidious consequences of exposure to intimate partner violence. It can entail psychological consequences and health effects both in the short and long term (Finkelstein and Yates 2001, 107-114). Researchers have found that some children who see or hear violence between caregivers experience post-traumatic stress disorder (PTSD) and exhibit higher rates of depression, worry and frustration than non-victims (Dauvergne and Johnson 2001, 22; Reynolds et al 2001, 1204; Rossman and Ho 2000, 85-106). As well, these children model using controlling tactics and disrespectful behaviours to get their way.

Children also experience emotional and mental anguish as a result of experiencing psychological and other forms of abuse. In the 2003 CIS, emotional harm (e.g., signs of nightmares, bed wetting or social withdrawal following the maltreatment) was found to accompany all of the other forms of child maltreatment – physical abuse, neglect, sexual abuse, emotional maltreatment and exposure to family violence (Trocmé et al 2005, p. 49). More specifically, within the categories of physical abuse and of neglect, children showed signs of emotional harm in 19% of cases. Emotional harm was also identified in 27% of the sexual abuse cases and in 35% of emotional maltreatment cases. In cases of exposure to domestic violence, emotional harm was identified in 14% of the cases.

Much of the research on the psychological abuse of adults relates to the emotional harm associated with spousal abuse. While research shows that both men and women responded to spousal assault with similar feelings, women were far more likely than men to experience health effects and seek treatment (Johnson and Ferraro 2000, 948). Also, GSS data suggests that women are much more likely to report experiencing fear (30% vs. 5%) as a result of spousal violence than men (Mihorean, 2005, 23). Two studies that examined the consequences of psychological abuse against male victims found that men, like abused women, are at an increased risk for developing PTSD (Hines and Malley-Morrison 2001, 80; Johnson and Ferraro 2000, 957). However, research suggests that the responses to abuse and the coping strategies used by men and women tend to differ. Men are more likely to respond to traumatic experiences with externalizing behaviours such as substance abuse (Smith and Loring 1994, 1-4). As a result, they may seek treatment for an alcohol problem, rather than deal with the effects of the abuse (Hines and Malley-Morrison 2001, 75-85).

In summary, the effects of psychological abuse can be manifested in many different forms (see chart below) and may be difficult to detect. The abuse does not leave physical markings, but it does have substantial, and often long-lasting, impacts on the victim that may escalate or transform over the life-span.

Some of the Costs of Psychological Abuse

Psychological abuse creates enormous personal costs to the victim, and it also affects society negatively (Kerr and McLean 1996). Given that psychological harm is usually associated with other forms of violence, it is likely that it accounts for a considerable portion of the economic costs of mental health and counselling services. Here is a brief overview of some of the societal consequences and costs of violence and abuse.

Cost of intergenerational transmission of abuse. Dealing with the aftermath of individuals who learn and model disrespectful and domineering behaviour to gain control over others creates significant costs for society. For one, schools must cope with the behavioural problems of children emotionally traumatized by intimate partner violence as well as respond to the bullying tactics that these children may use on the playground. In the long term, these controlling tactics impact negatively in our workplaces, homes and communities. Governments must address the range of factors that contribute to the intergenerational transmission of abusive behaviours by allocating significant resources in school settings for early intervention, anti-bullying and healthy relationship programs.

Costs of delinquency and adolescent maladjustment. Child maltreatment is a significant risk factor for adolescent maladjustment (Ireland, Smith and Thornberry 2002, 361). Witnessing inter-parental violence, which is often considered a form of child psychological abuse, is associated with numerous social problems (Margolin 1998, 66-70). For instance, children who witness abuse are at an increased risk for teenage pregnancy, running away from home and ending up homeless, substance abuse, prostitution and sexually transmitted infections (Astbury et al 2000, 427-431; Dietz et al 1999, 1359). Although boys and girls may react differently to psychological abuse (Wolfe et al 2001, 282-289), both are at increased risk of delinquency and involvement in gang activity (Ireland, Smith and Thornberry 2002, 383). Research also links exposure to intimate partner violence to higher rates of school drop out, aggression, delinquency and crime (Widom and Maxfield 2001, 1-8). The costs to society are enormous, not only for counselling and programs to treat these youth, but also for the response of the legal system (law enforcement, courts and corrections).

Costs of interventions by health practitioners. Research shows that victims of abuse are more likely to use the health care system than individuals who are not abused (Schornstein 1997, 70-74). Moreover, abused women may be diagnosed solely in terms of symptoms, which may include vague complaints, insomnia, depression or suicidal thoughts (Schornstein 1997, 70-74), meaning the root causes of their symptoms are never addressed. In these instances, the abuse may continue, fostering the need for on-going, long-term medical treatment. In some instances, rather than getting help to end the psychological abuse, women may instead

be over-medicated (Gondolf 1998, 3-22; Schornstein 1997).²⁴ When this happens, the costs associated with the use of medications, and in some cases, long-term addictions, are great.

Legal Remedies

All forms of abuse are wrong, but not all abuse, such as insulting, isolating, and ignoring behaviour, is necessarily recognized as a crime.

There is, however, some criminal and civil recourse available to victims of psychological abuse. Under criminal law, abusers can be held accountable for certain psychologically abusive tactics when the behaviour is considered an offence under the *Criminal Code* of Canada. Examples include:

- **Uttering threats:** The Criminal Code makes it an offence to knowingly utter or convey a threat to cause death or bodily harm to another person. It is also an offence to threaten another's property or threaten to kill, poison or injure his or her animal or bird. Since many abusers maintain control by threatening to kill their partners or destroy their pets or property, this provision in the Code may be able to deal with such threats.
- **Assault:** Most people think of assault only as the intentional use of force against somebody without his or her consent. However, attempting or threatening by an act or gesture to use force may also be assault. If the victim has reason to believe that the perpetrator could and would use force (has present ability to effect his or her purpose), this could result in a charge even where no force was applied.
- **Criminal harassment is a criminal offence that includes stalking.** To be criminal, this behaviour must be overtly threatening or must happen repeatedly and must have made the victim fear for his or her personal safety. Given that the behaviour often happens repeatedly, the psychological damage may be considerable.

Where the abuser has been charged with an offence, the victim may wish to request a no contact order as a condition of his/her release. If the offender is found guilty, conditions not to contact the victim may be part of a sentence. Although not a substitute for a charge, a person experiencing intimidation and harassment may also obtain a peace bond. A peace bond is an agreement that a person makes with the Court, promising to "keep the peace and be of good behaviour".

Civil law solutions may also be available to help victims of psychological abuse. For example, courts may grant protection or restraining orders that prohibit the abuser from further harassing the victim. Such orders may also be made to give the victim sole occupation of the family residence, to order the abuser to get counselling, to remove any weapons from the abuser or to order the abuser to compensate the victim for any monetary losses, such as lost wages, installation of security measures and moving expenses. Where children are involved, a parent can obtain a protection order to prevent the abuser from going near the child. It may also be possible to change custody of the child (by eliminating access or requiring that it be supervised) if the court believes it is in the child's best interests.

Legal protections for victims of psychological abuse may be available through provincial legislation and guidelines (often called protocols) for the protection of children, women and vulnerable adults. Many provinces recognize psychological or emotional abuse and provide direction to the professionals who work with victims. Some provinces have enacted domestic violence legislation, which enables victims of intimate partner violence, in any of its forms, to obtain protective orders.

Recognition of psychological abuse from a legal perspective is slowly changing (Henning and Klesges 2003, 858). For example, the criminal justice system is beginning to view psychological abuse as a risk factor for assessing dangerousness in family violence situations (Thompson, Saltzman and Johnson 2001, 886-899). This shift is based on research demonstrating that awareness of psychological abuse, particularly isolation or dominance, is useful for assessing the risk for continued abuse among abusers arrested for assault (Bennett, Goodman and Dutton 2001, 177-196). It was concern for the emotional well-being of victims that led to amendments to the *Criminal Code* in 2005 which make it easier for “vulnerable victims” to participate in the criminal justice system. Upon application of the prosecutor, the court must provide testimonial aids (testifying via close circuit TV or behind a screen) to children and persons with disabilities. Others, such as victims of sexual assault or domestic violence, may ask the court to deem them vulnerable witnesses. The amendment includes protecting victims/witnesses in criminal harassment cases from the psychological trauma of being cross-examined by a self-represented accused. In such instances, the court will appoint a lawyer to conduct the cross-examination.

Nevertheless, in other situations, psychological abuse, such as the emotional harm that children experience as a result of witnessing intimate partner violence, is still not widely recognized in the civil justice system. For example, courts may not always consider a history of family violence as relevant in child custody disputes (Cross 1999, 1-3) or may not know how to deal with it.

Conclusion: Addressing Psychological Abuse

Risk factors relevant to psychological abuse are not causes, nor do they predict abuse (Masten 2001, 227-238). No one is destined to be an abuser or victim. For example, children who see or hear intimate partner violence may be at greater risk for behavioural problems and intergenerational transmission of violent behaviour (Follette and Alexander 1992, 39-52; O’Leary 1999, 3-23), but most do not go on to imitate or model this behaviour (Dutton 1999).

As well, negative outcomes can be mitigated in numerous ways. It is important to address not only the abuse experienced by the individual and the behaviour of a particular abuser, but also the societal conditions such as poverty, unemployment and lack of social support that contribute to the all-too-common use of psychologically abusive tactics (Kwong et al 2003, 288-301).

Further research is required to determine the precise connections between the various risk factors discussed throughout this paper and psychological abuse. However, what is clear is

that early intervention to prevent abuse is preferable to dealing with the significant health related and other consequences of experiencing violence and abuse. Appropriate early intervention for the purpose of prevention requires that we adopt strategies to address underlying conditions and promote early detection.²⁵ Psychological abuse occurs within social and structural environments that may sanction and shape the nature of psychologically abusive behaviour. As such, “social development” approaches, such as those employed in the crime prevention and health promotion fields, are ideally suited to develop interventions at the individual, family, community and societal levels. Such approaches address the range of factors that foster abusive behaviour and help to promote healthy communities.

The purpose of this paper has been to illustrate the complex nature and manifestations of psychological abuse, and to outline the factors contributing to it. The following compilation of suggestions is intended to provide more specific actions and proactive approaches that individuals, families and service providers can take to address psychological abuse. This list is by no means exhaustive; it is meant only to suggest examples for your consideration.

Suggested Actions for Dealing with Psychological Abuse

If you are experiencing psychological abuse,

- Talk to someone you trust – a health care provider, a spiritual leader or a friend – about the abuse.
- Tell the abusive person that you don’t like his/her behaviour and that it is not acceptable.
- Call your local transition house or distress centre for information (the numbers are usually at the front of the telephone book) or use the Internet (www.shelternet.ca) to search for resources. Children and youth may find information and referrals through the Kids Help Phone (1-800-668-6868) or website (www.kidshelpphone.ca). These agencies offer help with safety planning and, if necessary, with finding a safe place to go. They can also refer you to programs and services to help you overcome barriers such as poverty, discrimination or lack of opportunities for employment or accessible housing.

If you or your family is dealing with stress and conflict,

- Join a local parenting or Internet chat group for families dealing with parent-child issues and interpersonal stress. Good parenting is a learned skill.
- Encourage the person who is using abusive strategies to seek counselling or group support. Sometimes people need help to deal with family stress.
- Connect with a family member who is being isolated (e.g., an elderly parent or a relative with a disability). Model non-violent attitudes and behaviour.
- Screen your children’s media choices. Watch television programs with them and monitor their use of the Internet and video games. Teach children critical viewing skills.

If your friend, co-worker, or neighbour is being abused,

- Believe them. Never blame them for causing the abuse. Suggest community organizations or faith communities and other practical sources of help, and provide needed assistance if their disability prevents them from helping themselves.
- Tell your friend that you appreciate and value him/her as a person. If local social norms have encouraged others to blame the victim, promote a different view.

If you work in school, group home, attendant care facility or nursing home,

- Develop policies for all forms of abuse and violence, including sexual harassment, dating violence and bullying among peers. Train staff (teachers, guidance counsellors, coaches, nurses, attendant care workers) to value their role as nurturers and to recognize the signs of psychological abuse, as well as other forms of abuse.
- Assess your students' or clients' needs to ensure that you are providing appropriate services. Involve their family in your intervention activities and programs.
- Model and encourage respect for differences and inclusion. Use positive ways for maintaining order without devaluing the individual.

If you work in a community, health, legal or social service setting,

- Review policies and workplace attitudes to ensure that you do not discriminate against or erect barriers for clients experiencing abuse based on their class, race, ethnicity, sexual orientation, age, ability or any other personal attribute that may differ from your own.²⁶
- Create social networks and opportunities for social activities for both the victim and the abuser. Offer a variety of functional services, such as parent education, childcare, parent enrichment and support groups. Help victims gain skills and strengths to decrease their vulnerability (Comjris et al 1999, 244; Wolf and Pillemer 2000, 203-220).
- Collaborate with other services in the community to promote family wellness (Walsh 2002, 130-137). Help parents to develop positive parent-child attachments, understand their children's behaviour and develop realistic expectations based on child development.
- Offer emotional support, role models, information and referral services such as counselling services,²⁷ housing, health care, child care, job training, employment assistance and recreation opportunities.

If you are involved in policy development and/or legislative review,

- Develop policies and programs that support victims of psychological abuse. Identify potential harm by analyzing policies and programs designed to provide care and protection. Be sensitive to the potential for personal and institutional abuse, racism and sexism (Cashmore, Dolby and Brennan 1994, 10).

- Support the development and funding of parenting programs and other services to help abusers change their behaviour and stop the intergenerational transmission of abuse. Ensure that services and programs for victims and perpetrators are accessible to those who are isolated or have specialized needs, or who lack resources.²⁸ Address family or cultural practices that increase risk and advocate to remove barriers, especially for vulnerable populations.
- Ensure that abuse prevention programs are accountable. Support public education on the underlying factors associated with abuse, including public awareness about how people in the community can inadvertently play a role in normalizing the abusive behaviours and blaming the victim.

Suggested Resources

Reports and Resources on the Web

Public Attitudes Towards Family Violence: A Syndicated Report (2002), EKOS Research Associates. http://www.swc-cfc.gc.ca/pubs/0662331664/200212_0662331664_e.pdf

Abuse in Ethnocultural and New Canadian Communities - Fact Sheet 11 (Nova Scotia Department of Community Services). <http://www.gov.ns.ca/coms/files/facts11.asp>

Stalking is a Crime Called Criminal Harassment (Justice Canada)
<http://www.canada.justice.gc.ca/en/ps/fm/harassment.html>

Women's Health at Work and Violence in the Workplace (CWHR Resources)
<http://www.cwhn.ca/resources/workplace/violence.html>

Family Violence Against Seniors (Statistics Canada Report)
<http://www.statcan.ca/english/IPS/Data/11-008-XPE20020046496.htm>

Centre for Children and Families in the Justice System has published a range of research and resources for the treatment of children exposed to family violence and other family violence issues. http://www.lfcc.on.ca/publications_chronological.html

Web Sites

National Clearinghouse on Family Violence (offers a collection of resources on all forms of violence and links to other sites) <http://www.phac-aspc.gc.ca/nc-cn>

Justice Canada (provides information on the law in Canada, such as stalking, and offers a series of fact sheets on family violence and other forms of interpersonal violence.)
<http://www.canada.justice.gc.ca/eng/pi/fv-vf/facts-info.html>

BC Institute Against Family Violence (oversees research and education programs to promote the elimination of violence in all families) <http://www.bcifv.org>

Springtide Resources (offers plain language resources on woman abuse, children witnessing woman abuse and violence in same sex relationships)
<http://www.springtideresources.org>

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Oak-Net (an older adult knowledge network that describes abuse and Canadian laws)
www.oak-net.org

VioletNet (a web site for abused women that explains legal remedies) <http://www.violetnet.org>

Alliance of Five Research Centres on Violence (links to research centres conducting collaborative research on violence against women, child maltreatment and family violence)
<http://www.uwo.ca/violence/html/alliance.htm>

The Minnesota Center Against Violence and Abuse (The MINCAVA offers information on many forms of violence and provides many links to violence prevention resources. The Power and Control and Equality Wheels developed by the Centre are used around the world.)
<http://www.duluth-model.org/documents/wheelshandout.pdf>

www.shelternet.ca (This site can help you find the shelter or helpline nearest you.)

www.kidshelpphone.ca (Toll-free, 24-hour, bilingual and anonymous phone counseling and referral –1-800-668-6868 – and Internet service for children and youth.)

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Endnotes

- ¹ Some researchers refer to this pattern of behaviours as intimate terrorism. Johnson and Ferrero (2000, 949) define intimate terrorism as a pattern of physical and non-physical violence (including psychological abuse) intended to exert control over one's partner.
- ² Some of the examples in this table are extracted from the original National Clearinghouse on Family Violence fact sheet called Emotional Abuse, prepared in 1996.
- ³ In a study of rural women, Hornosty and Doherty (2003) interviewed abused farm and rural women who had been blamed for bad weather, crop failure and sick animals on the farm. These types of accusations, though outrageous, affect the person who is being blamed.
- ⁴ Sackett and Saunders (1999) found that ignoring behaviour was the strongest predictor of low self-esteem in abused women.
- ⁵ Schwartz 2000, 349-373.
- ⁶ Bennett, Goodman and Dutton (2001, 177-196) found that in court cases involving male batterers, psychological abuse, particularly dominance and isolation of the victims, was a useful variable in assessing the future dangerousness of a batterer.

⁷ According to the GSS, women were more likely to report experiencing repeated episodes and more serious forms of violence (for example, a larger proportion of women reported being beaten, choked or the involvement of a gun or knife in an assault by their partner) than men (Mihorean 2005, 14-15). Moreover, women were more likely than men to report lower self-esteem and higher levels of fearfulness as a result of experiencing violence (p. 23).

⁸ Mothers may be over-represented in these child abuse statistics because 42% of investigations are conducted on female, lone-parent families (Trocmé 2005, 52)

⁹ Simmons (2002) contends that traditional female socialization (e.g., “good girls don’t show anger toward others.”) encourages girls and young women to handle conflict in indirect ways (via bullying) rather than to deal with interpersonal conflict openly. Helping girls to develop positive self-esteem, and training teachers and parents to recognize girl-on-girl bullying might reduce such aggression.

¹⁰ Schull, 1999, 1665.

¹¹ Melcombe, 2003; Lott, 1998, 21-29.

¹² Hildyard and Wolfe 2002, 679-695.

¹³ Tomison and Tucci 1997.

¹⁴ Cahill and Johnson 1999, 827-843.

¹⁵ Moss, 2003, 55.

¹⁶ Moss, 2003, 56, 57.

¹⁷ Baker 2000,: 5-B; Hildyard and Wolfe, 2002, 679-695.

¹⁸ McCreary Centre Society 2000), 2.

¹⁹ Duggal et al. 2001, 143-164.

²⁰ Gore-Felton, et al 2001, 73-88.

²¹ Lavoie et al. 2002, 380.

²² Baker, 2000.

²³ Wolf and Pillemer 2000, 203-220.

²⁴ The characterization of victims as mentally ill stems from the myth that a person must be sick to stay in an abusive relationship. Although family violence has major health implications for victims, both physical and psychological, it is important not to *medicalize* victims. With a better understanding of the health related impacts of psychological abuse, counsellors and service providers are changing their treatment focus from one of blaming the abuse on the victim’s presenting symptoms (e.g., flat affect, depression, anxiety) to viewing the client’s symptoms as a consequence of the abuse.

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²⁵ While it is important to move away from predominantly victim centred understandings of psychological abuse which promote medically based interventions and responses, these should not be replaced with abuser focused medical models and strategies for intervention.

²⁶ For example, a Saskatchewan survey of services for individuals experiencing abuse in same-sex relationships emphasized the importance of providing sensitive services. (See *Abuse in Lesbian Relationships and Lesbian Friendly Service: A Saskatchewan Survey (2001–2002.)* [accessed 25 Mar. 2004]. Available online: <http://www.hotpeachpages.net/ALR/>>

²⁷ The Power and Control Wheel (Duluth Minnesota <http://www.duluth-model.org/>) has emerged as one of the most persuasive and widely accepted models for understanding abuse and designing treatment programs. The model attempts to explain all forms of abuse (physical, psychological, sexual and economic) in relation to male domination which rests at the centre of the wheel. The eight segments of the wheel are intimidation, emotional abuse, isolation, minimizing, denying and blaming, using children, male privilege, economic abuse and using coercion and threats. They represent the control tactics used by abusers, in combination with violence, to maintain power and control over their partners.

²⁸ The difficulties finding appropriate treatment for psychological violence can be compounded for victims who are Aboriginal, gay, lesbian, bisexual, transgendered or two-spirited indigenous. For example, researchers suggest that white, mainstream treatment models applied to First Nations offenders and victims are often not effective. A recent survey of gay, lesbian, bisexual, transgendered, and two-spirited American Indians (AI GLBTT S) showed that when compared to similar non-native populations, AI GLBTT S reported a higher rate of experiences of bias (e.g., negative service provider attitudes, heterosexism in treatment models (Walters, Simoni, and Horwath 2001, 133) Alternative models reflecting the values of the community in which the abuse occurred may be more appropriate for these populations.

