

Volume 20, Number 3  
July 2015

This publication for child welfare professionals is produced by the North Carolina Division of Social Services and the Family and Children's Resource Program, part of the Jordan Institute for Families within the School of Social Work at the University of North Carolina at Chapel Hill.

*In summarizing research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.*

#### Let us hear from you!

To comment about something that appears in *Practice Notes*, please contact:

John McMahon  
Jordan Institute for Families  
School of Social Work  
UNC-Chapel Hill  
Chapel Hill, NC 27599-3550  
jdmcmaho@unc.edu

#### Newsletter Staff

Mellicent Blythe  
Sarah Marsh  
John McMahon  
Laura Phipps

#### Visit Our Website

[www.practicenotes.org](http://www.practicenotes.org)

## Emotional Maltreatment and Child Welfare Practice

Identifying and responding to emotional maltreatment is a difficult area of child welfare work. One thing that makes it so difficult is that it is both common and rare.

Common, because emotional maltreatment often co-occurs with other forms of abuse and neglect (USDHHS, 2015; Trickett, et al., 2011). Rare, because in North Carolina emotional abuse is a specific type of child maltreatment with its own relatively narrow legal definition.

Indeed, over the course of a long career in child protective services (CPS) it is possible to frequently encounter children who have suffered emotional harm at the hands of their caregivers, but to rarely or even never substantiate "emotional abuse."

### Recognizing Emotional Maltreatment

Most parents, at one time or another, "lose it" with their kids and are less than attentive, say hurtful things, or scare them unintentionally (American Humane Association, n.d.). Experts generally agree this is not emotional maltreatment. But if it's not, what is?

#### Definition

There is growing agreement among child welfare professionals, researchers, and other stakeholders about what separates emotional maltreatment from suboptimal parenting: chronicity, severity, and potential harm to the child (English, et al., 2015).

These three traits are reflected in one of the most commonly used definitions of emotional maltreatment: "a repeated pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs" (APSAC, 1995).

Emotional maltreatment is a phenomenon that is highly relevant to all child welfare

Perhaps this is why, when the NC Division of Social Services asked county DSS child welfare professionals in August 2014 what they'd like to learn more about through publications and webinars, emotional abuse was a top concern.

While addressing emotional maltreatment will never be easy, we hope this issue will strengthen your capacity to respond to this challenge. ♦



**Emotional maltreatment is a persistent, chronic pattern of parental behavior that "erodes and corrodes a child" (Garbarino, 1994).**

professionals because it threatens children's sense of safety and their long-term well-being. For a discussion about emotional abuse, a concept that is important in North Carolina law and policy, see page 3.

#### Prevalence

Emotional maltreatment seems to be relatively common. Gilbert and colleagues (2009) found around 8% to 9% of women and 4% of men said they were exposed to severe psychological abuse as children. In another large study of 4,549 children and youth, researchers found 6.4% had experienced emotional maltreatment in the past year. Of the 14 to 17-year-olds in the study, almost a quarter (22.6%) said they had experienced emotional maltreatment at some point in their lives (Finkelhor, et al., 2009).

Emotional maltreatment may be under-identified. For example, when Everson and colleagues (2008) interviewed 350 early adolescents known to CPS, they

*continued p. 2*

# Recognizing Emotional Maltreatment

continued from previous page

reported having had emotional maltreatment experiences at six times the rate found in these same youth's CPS records.

There are big differences in the rate of emotional maltreatment substantiations from state to state. In 2012, emotional maltreatment victims accounted for:

- Less than 1% of child victims in 18 states
- More than a 25% of child victims in six states
- More than 40% of child victims in two states.

These differences are probably due to differences in the way this form of maltreatment is defined and assessed as opposed to a variation in actual rates of emotional abuse (NCANDS, 2012 cited in English, et al., 2015).

Emotional maltreatment can occur on its own. However, it often co-occurs with other forms of child abuse or neglect (Trickett, et al., 2011). This is one of the factors that can make it difficult to identify.

## Recognizing Emotional Maltreatment

Sometimes we're forewarned: the CPS report explicitly alleges emotional maltreatment alone or in combination with another form of abuse or neglect.

Other times emotional maltreatment is present but not mentioned in the CPS report. In these instances it is up to child welfare staff to recognize the signs. This can be difficult. There are no obvious, specific physical manifestations of emotional abuse—it is all about a negative parent-child relationship, a long-standing pattern of parental behavior, and the harm this causes the child.

Difficult, but not impossible. Whether you are doing CPS assessments, in-home services, or foster care, signs of emotional maltreatment can be found in the child and the caregiver.

continued next page

## Emotional Maltreatment: Types of Caregiver Behaviors

### Denying Emotional Responsiveness or Ignoring

Includes ignoring the child's attempts and needs to interact and showing no emotion in interactions with the child. Other behaviors include:

- Being detached and uninvolved due to incapacity or lack of motivation
- Interacting only when necessary
- Failing to express affection, caring, and love for the child.

### Spurning (or Hostile Rejecting/Degrading)

Includes verbal and nonverbal acts that reject and degrade the child, including:

- Belittling, degrading, and non-physical forms of overt hostility or rejection
- Shaming and/or ridiculing the child for showing normal emotion
- Consistently singling out one child to criticize, punish, perform most of the household chores, receive fewer rewards, etc.
- Public humiliation.

### Isolating

Includes consistently denying the child chances to interact/communicate with peers or adults inside or outside the home. Isolation can come from a variety of caregiver motivations, but the resulting behavior prevents children from having opportunities for social relations with both adults and peers. Isolating includes:

- Confining the child or placing unreasonable limitations on the child's freedom of movement within the child's environment
- Placing unreasonable limitations or restrictions on child's social interactions.

### Terrorizing

Includes behavior that threatens or is likely to physically hurt, kill, abandon, or place the child or the child's loved ones or love objects in recognizably dangerous situations. Includes:

- Placing a child in unpredictable or chaotic circumstances
- Placing a child in recognizably dangerous situations
- Setting rigid or unrealistic expectations with threat of loss, harm, or danger if they are not met
- Threatening or perpetrating violence against the child
- Threatening or perpetrating violence against a child's loved ones or objects.

### Exploiting or Corrupting

Includes:

- Modeling, permitting, or encouraging antisocial behavior (e.g., prostitution, performance in pornographic media, initiation of criminal activities, substance abuse, violence to or corruption of others)
- Modeling, permitting, or encouraging developmentally inappropriate behavior (e.g., parentification, infantilization, living the parent's unfulfilled dreams)
- Encouraging or coercing abandonment of developmentally appropriate autonomy through extreme over-involvement, intrusiveness, and/or dominance (e.g., allowing little or no opportunity or support for the child's views, feelings, and wishes; micromanaging child's life)
- Restricting or interfering with cognitive development.

### Mental, Medical, and Educational Neglect

Includes unwarranted caregiver acts that ignore, refuse to allow, or fail to provide the necessary treatment for the mental health, medical, and educational concerns or needs of the child. Includes ignoring the need for or failing or refusing to allow or provide treatment for:

- The child's serious emotional/behavioral problems or needs
- The child's serious educational problems or needs.

Adapted from Hart, et al., 2002; Brassard & Donovan, 2006; PA Child Welfare Resource Center, 2014

## Emotional Abuse in North Carolina

North Carolina's Juvenile Code [G.S. 7B-101(1)] defines emotional abuse as something that occurs when a parent, guardian, custodian, or caretaker of a juvenile less than 18 years of age creates or allows to be created serious emotional damage to the juvenile. This serious emotional damage is evidenced by the juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself, herself, or others.

Based on this definition, to confirm (i.e., substantiate) emotional abuse a child welfare agency must conclude that emotional damage experienced by a child is the result of a parent's action or inaction. If the child of an apparently emotionally abusive parent appears in all respects to be happy, productive, and well-adjusted, within their own cultural norms, a child protective intervention is not called for.

North Carolina has developed policy to guide county DSS agencies' practice related to emotional abuse. Although it is mentioned specifically in several places, the most extensive discussion of emotional abuse can be found in CPS intake policy, which is used to decide whether reports alleging emotional abuse meet the statutory definition required for a CPS response. This policy includes a detailed decision tree to assist with reports alleging emotional abuse.

If a report for emotional abuse is accepted, county DSS agencies must respond with the CPS investigative assessment response. Anecdotal reports from county DSS agencies suggest that investigative assessments of possible emotional abuse can often take much longer than usual and require extensive gathering of information from collaterals.

Because the signs of emotional harm can have many causes, substantiating emotional abuse in North Carolina can be difficult. Reaching a finding of emotional abuse ultimately depends on professionals outside of DSS, typically mental health or medical professionals. Counties working with families where emotional abuse is suspected have access to a free resource, the Child/Family Evaluation Program, to help them determine whether a child's symptoms are the result of emo-

tionally abusive parenting. (For more on this program, see page 11.)

If emotional abuse is substantiated, perpetrators are given an opportunity for a hearing, after which their names are placed on the Responsible Individuals List (RIL).

Given the narrow way that it is defined in statute, it's not surprising that substantiated instances of emotional abuse in our state are fairly rare. For example, during calendar year 2013, North Carolina's 100 county DSS agencies accepted 735 reports of emotional abuse; of these, 128 were substantiated (Duncan, 2015). For more North Carolina-specific data on emotional abuse, see page 4.

### Practice Tips

**Know your legal definitions and NC policy** so you can be effective when screening CPS reports and conducting investigative assessments. This will help you avoid petitions that can't be proven or are in violation of case law.

**Avoid tunnel vision.** If you get a report about one form of maltreatment, be open to the possibility that emotional abuse may also be present. For example, it has been known to co-exist with physical abuse, sexual abuse, and gross neglect.

**Have realistic expectations** for how long things will take. Because you must establish that a pattern of parental behavior is causing harm to the child, extensive information gathering and collaborating with outside experts is often needed. And because emotional abuse is a chronic pattern, it can take families time to learn new, healthier patterns.

**Use the CFEP as needed.** NC policy requires agencies to use the Child Medical Evaluation Program / Child /Family Evaluation Program, as appropriate, in the assessment of alleged victims of emotional abuse. As the case example on page 11 suggests, the CFEP can be quite helpful.

**For more tips** see the interview on page 10.

**Substantiating emotional abuse usually requires collaborating with mental health or medical experts.**

## Recognizing from previous page

### Possible Child Indicators

Emotional maltreatment can cause a wide variety of symptoms in children, including attachment disorders, developmental, educational, and socialization problems, and disruptive behavior (Hibbard, et al., 2012). These difficulties can have many causes, so their presence does not necessarily mean that emotional maltreatment is present. However, particularly if you find children struggling with low self-esteem, poor self-concept, and insecure attachment, gather additional information

to ascertain whether these symptoms are the result of caregiver behaviors.

### Possible Caregiver Behaviors

Emotional maltreatment can involve a number of caregiver behaviors. The box on page 2 outlines six of the most common categories of behaviors and gives examples of each.

While emotional maltreatment can occur in many different kinds of families, it may be more common in families facing multiple stressors, such as family conflict, parental mental illness, or parental substance abuse. Research has shown that children are

not only susceptible to direct emotional maltreatment when there is domestic violence, parental conflict, or custody battles; they are also negatively affected by witnessing emotional maltreatment between caregivers (Sturge-Apple, et al., 2012).

### To Learn More

Read on to learn more about the impact emotional maltreatment can have on children and for ideas about how to help families struggling with this problem. ♦

# Emotional Abuse in North Carolina: What Administrative Data Tell Us

Figures and data in this article are from Duncan, 2015

North Carolina's Juvenile Code defines emotional abuse as something that occurs when a parent, guardian, custodian, or caretaker of a juvenile creates or allows to be created serious emotional damage to the juvenile. To confirm (i.e., substantiate) emotional abuse, a child welfare agency must show the emotional damage experienced by the child is the result of a parent's action or inaction.

Here's what administrative data tell us about CPS assessments of child emotional abuse in NC.

## CPS Assessments for Emotional Abuse

Child protective services (CPS) reports involving emotional abuse are fairly rare. In North Carolina about 11,800 children are assessed by CPS each month. Of these children, on average just 61 per month are assessed for emotional abuse.

As Figure 1 illustrates, the number of children reported as possible emotional abuse victims between January 2006 and January 2015 varied each month, from a low of 29 (June 2013) to a high of 106 (March 2011).

## Emotional Abuse Findings

As is the case with all CPS assessments, investigative assessments of emotional abuse do not usually result in substantiation. Of the 6,661 alleged victims of emotional abuse CPS assessed between Jan. 2006 and Jan. 2015, 16.69% (n=1,112) were substantiated as victims. This averages to ten (10) emotional abuse victims per month statewide.

## Traits of Emotional Abuse Victims

Administrative data tell us the following about the emotional abuse victims in North Carolina between Jan. 2006 and Jan. 2015:

**Gender.** Girls were somewhat more likely than boys to be reported to be victims of emotional

FIGURE 1 Emotional Abuse: Number of Children Reported and Found to be Victims per Month

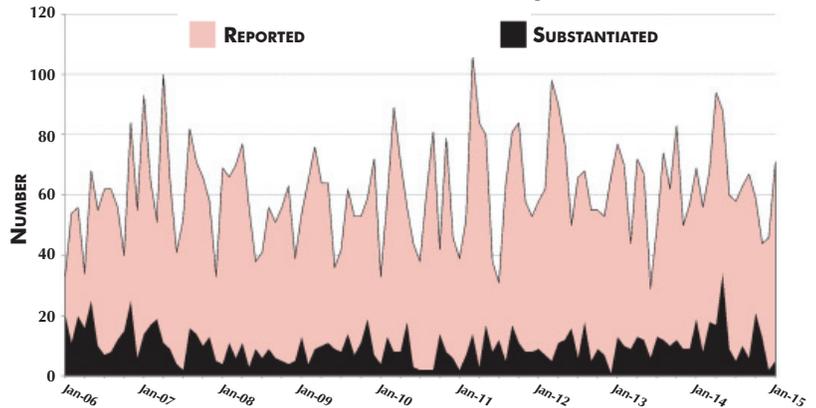
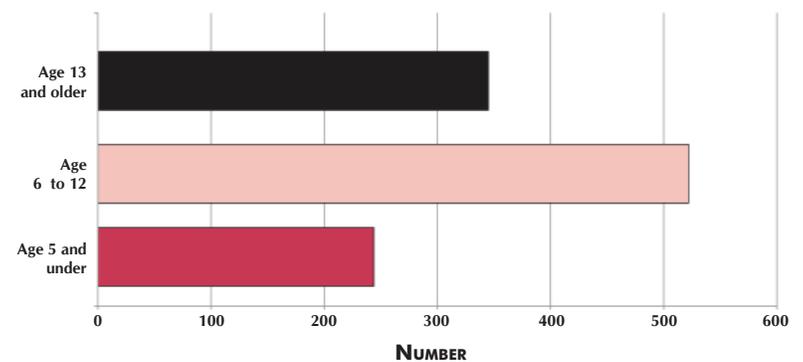


FIGURE 2 Emotional Abuse Victims by Age, 2006-2015



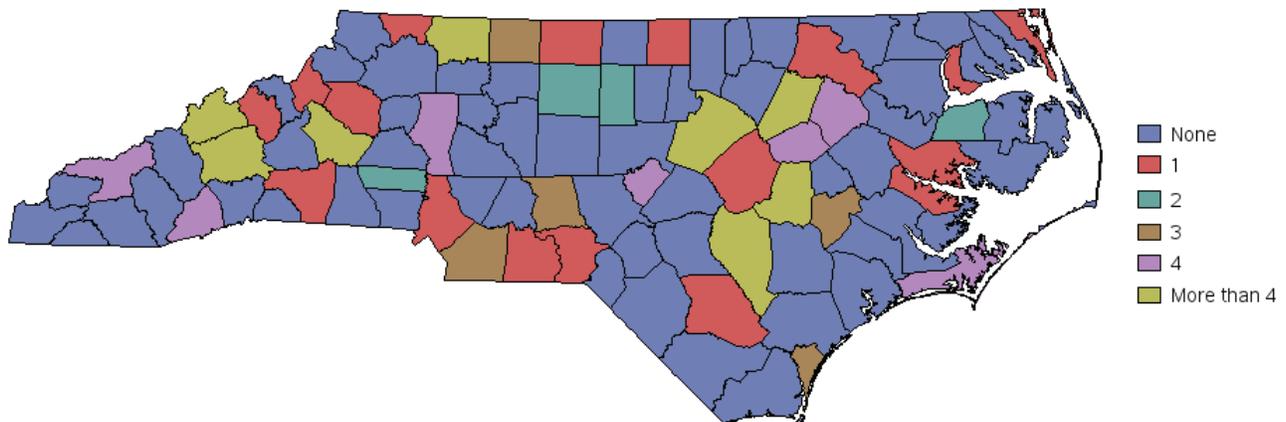
abuse (53% vs. 47%) and to have those allegations substantiated (56% for girls vs. 44% for boys).

**Age.** Children attending school are more likely to be substantiated as emotional abuse victims. As Figure 2 shows, 47% of victims were age 6 to 12, 31% were age 13 and older, and 22% were age 5 and younger.

## County-Specific Data

Figure 3 depicts the number of children substantiated for emotional abuse in specific counties during calendar year 2013. ♦

FIGURE 3 Children Substantiated for Emotional Abuse by NC County, Jan.-Dec. 2013



## The Impact of Emotional Maltreatment

How does emotional maltreatment affect children? While research on this topic is ongoing, we know for sure that emotional maltreatment can impact children in the following areas.

### Brain Development

Recent research has shed light on the relationship between emotional maltreatment and neurobiological development. One study looked at stress responses of children who experienced childhood maltreatment, specifically “hostile, indifferent and degrading emotional exchanges” (Yates, 2007). It found that, like other forms of abuse, emotional maltreatment impairs children’s stress response systems.

Another study found that emotional abuse negatively affected children’s limbic systems as much or more than sexual or physical abuse (Teicher, et al., 2006). The limbic system is the physical center of a person’s emotional life and has much to do with the formation of memories.

Based on these and other studies, there is ample evidence to suggest that emotional maltreatment undermines healthy brain development.

### Attachment and Self-Concept

Overwhelmingly, the research points to emotional maltreatment as having a significant negative impact on self-concept, self-esteem, and secure attachment (Miller-Perrin, et al., 2009; Teicher, et al., 2006; Groleau, et al., 2012; Wekerle, et al., 2009; Wright, 2009; Egeland, 2009).

Specifically, acts of commission (verbal aggression, belittling, shaming, etc.) result in lower self-esteem and poor self-concept. Low self-esteem has been shown to be correlated with a number of negative outcomes, including helplessness and depression (sources cited in Turner et al., 2010).

Acts of omission (failure to provide nurturing and responsive care) result

in insecure or disorganized attachment (Miller-Perrin, et al., 2009; Teicher, et al., 2006). These attachment difficulties can leave children without a solid foundation for their cognitive, social, and emotional development, which can have negative repercussions throughout their lives.

### Trauma Symptoms

Children experiencing emotional maltreatment also demonstrate trauma symptoms (Wekerle, et al., 2009). One study compared the prevalence of trauma symptoms in children experiencing different subtypes of emotional maltreatment. Children who experienced “failure to provide psychological safety and security” demonstrated trauma symptoms of anger and anxiety (English, et al., 2015).

Trauma symptoms, in turn, can have a negative impact in many areas of children’s lives, including their behavior and social relationships, ability to navigate life changes, and learning and school performance (Tullberg, 2011).

### Teen Dating Violence

Several studies have explored the link between childhood emotional maltreatment and teen dating violence. One looked specifically at children in the child welfare system. It found children who experienced emotional maltreatment were at particular risk for dating violence due to the “climate of fear and uncertainty” caused by the maltreatment. Researchers hypothesize the impact on sense of self and lack of models of healthy relationships results in teens “who may not feel free to show protest behaviors or express a range of emotions” (Wekerle, et al., 2009).

These findings suggest that if they are not doing so already, child welfare agencies should take steps to ensure that when emotional abuse

**Emotional maltreatment can harm emotional and behavioral development in children of all ages.**

has occurred, birth and resource families and youth themselves receive extra education and support around teen dating.

### Eating Disorders

There may also be a link between emotional maltreatment and eating disorders. In a study of subjects with bulimia, 76% reported experiencing childhood emotional maltreatment (compared to only 37% in the control group). The researchers cite the relationship between emotional maltreatment and low self-esteem as a possible reason for this difference.

Eating disorders, in turn, have been linked to significant medical problems, depression and anxiety, suicidal thoughts and behavior, problems with growth and development, substance use disorders, work and school problems, and death (Mayo Clinic, 2015).

### Impact and Co-Occurrence

As stated elsewhere in this issue, emotional abuse often co-occurs with other forms of maltreatment, including physical and sexual abuse and gross neglect. Although it may come as no surprise, research suggests that the added presence of emotional maltreatment can worsen the impact of other types of abuse (English, et al., 2015; Miller-Perrin, et al., 2009; Wright, et al., 2009).

### Child Age and Impact

Experiencing emotional maltreatment can be harmful at any age, but young children may be especially vulnerable. Emotionally neglected infants can experience cognitive and academic delays, withdrawal and difficulty interacting with peers, and internalizing problems such as depression and anxiety disorders. Some adults neglected early in life report more serious physical and psychological symptoms than those who were physically or sexually abused as children (Gauthier, et al., 1996). ♦

# Identifying Emotional Abuse in the Context of Domestic Violence

*Domestic violence: the establishment of control and fear in an intimate adult relationship through the use of violence and other forms of abuse.*

\* \* \* \*

When we think about domestic violence, we often zero in right away on the physical violence. Although the violence certainly merits attention, it's usually just the tip of the iceberg. Most batterers maintain power primarily through emotionally and psychologically abusive strategies, such as:

- Intimidating the victim using looks, actions, gestures
- Abusing or threatening to abuse or kill pets or other things the victim cares about (including children)
- Putting the victim down, making her feel bad about herself, calling her names, making her think she's crazy, humiliating her, and making her feel guilty (Domestic Abuse Intervention Project, n.d.).

Clearly, based on what's been shared elsewhere in this issue about the behaviors of emotionally abusive parents, there's an overlap between domestic violence and emotional abuse. Another key similarity: neither is a one-time event, but rather something that occurs over a long period.

Because of these similarities, *Practice Notes* reached out to Crystalle Williams, who teaches the NC Division of Social Services' two-day, skills-building course *Child Welfare Practices for Cases Involving Domestic Violence*, to get her advice about detecting emotional abuse when domestic violence has occurred or is suspected. The following suggestions are based on our conversation.

## Understand the Challenge, But Don't Give Up

According to Holt's (2008) comprehensive review of the literature on the effects of domestic violence on children, it can be difficult to tease out domestic violence from other negative influences in the child's life. Holt describes it as an "adversity package" in which domestic violence can co-occur with any or several of the following: parental substance abuse, parental mental illness, poverty, homelessness, criminal involvement, or physical or sexual abuse. The co-occurrence of other adverse conditions, which may all have outcomes similar to emotional abuse, can make substantiating it harder. Given the likely immediate and long-term harm involved, however, we owe it to children to detect and stop emotional abuse whenever we can.

## Look for Warning Signs

According to Williams, in the domestic violence context some warning signs of potential emotional abuse include name-calling of the children by the batterer, coercing or manipulating the children to participate in the abuse of the adult victim (for example, getting the children to call their mother names), and attempts to undermine the non-offending parent's relationship with the children.

Children assuming roles such as the "perfect child," the "caretaker," or the "scapegoat" is another warning sign. The batterer may assign these roles. For example, he may always make an older child care for a younger one, or

he may always blame the same child for problems. But children can also slip into these roles unconsciously—they may pursue perfectionism to avoid being belittled, or voluntarily care for younger siblings because their mother is too beat up to get them to school.



Williams

## Focus on Patterns as Well as Events

There are serious safety concerns when children witness domestic violence events. But a child does not have to be present to be affected. Simply knowing domestic violence is going on can cause children deep emotional distress.

If you think emotional abuse is occurring, look for patterns. Seek to understand and document the batterer's power and control behaviors and the child's day-to-day experience in the home.

## Elicit Children's Narratives

If you suspect emotional abuse and domestic violence are occurring, collect narratives from the children. Asking open-ended questions that get the child to share their experience yields rich detail and is more likely to hold up in court. Examples of narrative questions include: *Tell me everything that happened yesterday from beginning to end. You said X happened. Tell me more about that. What did you think/feel about X?*

## Other Tips

- Spend adequate time connecting with the children and adult victim. Good initial engagement can lead to a willingness to disclose more (including emotional abuse) or seek assistance when violence occurs.
- Create a safety plan with the non-offending parent; if appropriate, involve the children. Children should never be required to be part of a safety plan. However, being part of the plan empowers some children. ♦

## Child Behaviors that May Indicate Exposure to Domestic Violence

Here are some behaviors that children exposed to domestic violence may exhibit that could also be indicators of emotional abuse (Holt, 2008):

**Infants and toddlers:** Regressed language and toileting, sleep disturbances, fear of being alone, poor attachment

**Pre-schoolers:** Poor self-esteem, temper-tantrums and aggression, crying and resisting comfort, despondency, anxiety, less empathy than peers

**School-aged children:** Blaming self or mother for the violence, hiding the domestic violence as a "secret" out of shame, being bullied or bullying others, aggressive behavior towards peers, difficulty with rules, sadness, depression, absenteeism, poor academic performance

**Adolescents:** Unhealthy dating relationships or friendships, avoidant attachment, perpetrating or being a victim of domestic violence in dating relationships, taking drugs or alcohol

## Promoting Emotionally Healthy Parenting

As child welfare professionals, we may understand the damaging long-term effect of emotional maltreatment, and we may recognize that it is common among families we serve far beyond those who meet the legal standard for emotional abuse. Yet we may also feel ill-equipped to do anything to help.

Challenges clearly exist when trying to promote healthier parenting in families with a chronic pattern of harsh, negative interactions. At the same time, the steps we take to identify, understand, and shift harmful patterns in parent-child relationships can help families make meaningful changes, regardless of the type of maltreatment concerned. In fact, it may not be possible to assess or build any parent's protective capacity without understanding the degree of emotional response and nurturing they provide.

This article offers some suggestions for doing just that.

### Trauma and Attachment

Children must feel safe (i.e., have psychological safety) before they can heal from trauma (NCTSN, 2013). Emotional abuse destroys this sense of safety. If we fail to identify and address emotional maltreatment in a child's environment, we make it difficult for them to recover from whatever it is that brought them to our attention.

All types of emotional abuse create an environment of toxic stress in which children feel physically and psychologically unsafe. Without someone who consistently responds to their needs in a sensitive, timely way, children can't develop secure attachment. And without secure attachment, children come to believe that the world is unsafe, other people are untrustworthy, and they themselves are unworthy of love and protection. They also are left unable to regulate their emotions effectively, since this is a capacity that is developed physiologically in the context of a predictable, nurtur-

ing relationship. When these children eventually develop acting-out behaviors in an attempt to manage their fear and isolation, they often end up being labeled as "difficult" and exposed to progressively more punitive and less nurturing care (Benoit, 2004; Carlson, et al., 2003).

We see such cycles of toxic stress, insecure attachment, acting-out behavior, and maltreatment repeat across generations in some families. As anyone who has worked with such a family knows, traditional parenting classes are unlikely to stop this cycle (Barlow & McMillan, 2010). Until a parent can acknowledge and begin to heal from their own history of trauma, it is hard for them to understand how their behavior affects their children. To recognize this cycle in their family, parents need to explore how they perceive the parenting they received, the parenting they provide, and how the two are connected (Barlow & MacMillan, 2010).

However, before a parent is willing to go down this road, we must help them overcome barriers related to their difficult histories.

### Building Trust

Many parents who respond to their children's needs in emotionally damaging ways don't do so intentionally. In fact, it is often not a conscious decision, but simply a result of the dysfunc-

**Until a parent can acknowledge and begin to heal from their own history of trauma, it is hard for them to see how their behavior affects their children.**

tional parenting that they received. Like their children, these parents often struggle with trust, fear of rejection and failure, and inability to regulate stress and emotions (Rees, 2010; NCTSN, 2011).

What does this mean for our relationship with them? As we do with traumatized children, we need to interpret parents' "resistant" or "oppositional" behaviors as signs that they are feeling threatened and misunderstood. Parents with histories of emotional abuse need us to show that we are attuned to their feelings, that we empathize with their reactions to us, and that we see the positive things they do and say to their children (NCTSN, 2011; Rees, 2010).

We can also anticipate that these parents may be unable to manage stressful situations without acting out or distancing themselves. When facing high stress situations such as foster care visits, court dates, or initiating treatment, it can help if we explicitly acknowledge with parents that it is a high risk situation for them, and then use solution-focused questions to help them come up with a plan for coping before, during, and after the event (NCTSN, 2011). Cooperative, encouraging practices, such as the use of child and family team meetings (CFTs) for planning and decision-making, can be especially helpful continued next page

### Learning Resources

For more on promoting healthy parenting, look for these classes on ncswLearn.org:



**Assessing and Strengthening Attachment** is a two-day classroom training that will help you understand how secure and insecure attachment affect child development, and identify strategies for assessing and building more secure attachments between children and their caregivers.



**Visitation Matters** is a two-day classroom training that includes information and practice to prepare families for healthy interactions during visits and effectively integrate shared parenting, family culture, and facilitation skills for successful visits that reduce trauma and improve outcomes for children.

# Emotionally Healthy Parenting

continued from previous page

in engaging parents with trauma histories (Rees, 2010).

Of course, there is an inherent conflict between the time it takes to build trust and the timeframes and mandates of child welfare work (Rees, 2010). Realistically, CPS assessors may be able to identify some of the categories of emotionally abusive parenting that are happening in a family, but it is likely to be CPS in-home or foster care workers who have time to more fully assess the family's perceptions that lead to those types of interactions. With enough time and support, parents may be able to imagine and practice more healthy, sensitive responses to their children (Glaser, 2011).

## Understanding the Family's View

An important part of intervening for emotional maltreatment is adjusting parents' overly negative or inaccurate beliefs about their children (Barlow, et al., 2008; Glaser, 2011). All parents have an internal "working model" about their children—how they view them, what characteristics they ascribe to them, the explanations they give for their behavior. Parents begin developing these models even before their children are born, as they learn about and prepare for their arrival. These models are strongly influenced by parents' own histories (Barlow, 2015).

Some parents who themselves were parented in negative ways have distorted views of their children. These parents then misunderstand or misread their child's behavior as "proof" of their negative view. For example, the parent may see her infant's crying as a sign that she's "spoiled" or "trying to drive me crazy" (Barlow, 2015; Glaser, 2011). It is important to identify such negative attributions by the parent, since they are a key barrier to secure attachment (Potter, 2014).

In extreme cases, parents may even develop a pathological view of the child, seeing typical child behavior challenges as signs that the child

## Questions to Promote Emotionally Healthy Parenting

Questions such as these can help family members consider how they view each other and how those views affect their interactions.

Purpose	Questions
<b>Assess perceptions of each other</b>	<ul style="list-style-type: none"> <li>• What are some of your favorite things about your child/parent?</li> <li>• What are things that your child/parent does well?</li> <li>• When does your child/parent need help? What is something s/he could improve?</li> </ul>
<b>Assess self-perceptions</b>	<ul style="list-style-type: none"> <li>• What do you think are some of your strengths? What are things that you do well?</li> <li>• When do you need help? What could you do better?</li> </ul>
<b>Assess perceptions of the relationship</b>	<ul style="list-style-type: none"> <li>• If I asked your parent/child, what would they say are things they love about you? What are they proud of?</li> <li>• What do you two enjoy doing together?</li> <li>• What do you argue about?</li> <li>• What does your child like to do? What are things your child likes to do with you (or would like to do with you if you had more time)?</li> </ul>
<b>Model emotional attunement</b>	<ul style="list-style-type: none"> <li>• It looks like you're not buying what I'm saying. Can you tell me more about how you're feeling?</li> <li>• It looks like this is a hard conversation for you. What would be helpful?</li> </ul>
<b>Promote parental sensitivity</b>	<ul style="list-style-type: none"> <li>• How can you tell when Sally is getting frustrated with her homework? What does she do or say to let you know that? What helps her when she gets that way?</li> <li>• I love how you stopped to look at the car when Johnny brought it to you. I wonder why he likes that one?</li> <li>• It looks like Sally is really trying to get your attention. I wonder what she's trying to tell you?</li> <li>• I see that Johnny looks really sad. He is sitting by himself with his head on the table. I wonder why?</li> <li>• How do you know when your child is sad/angry/scared?</li> <li>• What helps your child when s/he is sad/angry/scared?</li> </ul>

is bad or evil. Some therapists refer to this dynamic as "ghosts in the nursery," since the parent's own childhood is a constant but unseen influence on how they parent (Barlow, 2015).

The parent-child relationship is a two-way street, so it's also important to understand the child's perceptions. When talking with children, the goal is generally not to "prove" whether emotional maltreatment happened, but to elicit their feelings about themselves and their parents and learn

what changes they would like to see in this and other areas of their lives.

For examples of how to explore family members' perceptions of each other, see the box above.

## Increasing Parental Sensitivity

When parents view their children through a distorted lens, the goal is to help them shift perspectives and see the world through the child's eyes (Dozier, et al., 2005). Parents who struggle with nurturing may react to situations based on their own poorly regulated

# Emotionally Healthy Parenting

continued from previous page

emotions and needs, rather than on their child's needs. So an infant who needs a calm, soothing response may instead be ignored, or responded to with irritation or anger. This type of mismatch happens occasionally for every child, but in some families there is a chronic lack of attunement and sensitivity to the child's needs (Rees, 2010).

By taking a "wondering" approach, we can introduce parents to the idea of considering how their child experiences the world—and their parenting. This can involve simply asking parents how they interpret their child's signals. "I wonder why Jack is crying? What do you think he's trying to tell us?" When parents respond appropriately, even in small ways, we can make a point of recognizing what they did and how their child responded. "Wow! He really calmed down when you picked him up, didn't he? That must be just what he needed."

When parents express negative attributions about their child, we can correct them. "It sounds like Jack's dad does have a bad temper, but that's really different from what Jack is doing. Almost all 2-year-olds have tantrums, since they don't have a lot of ways to express themselves when they

**If they are to protect them, parents must know how to read and respond to their child's needs.**

get frustrated. What do you think is going on that might be frustrating Jack?"

As many child welfare professionals know, for some parents even the most basic nurturing and caregiving behaviors do not come naturally. We can help build this capacity by wondering aloud about the signs the child is giving and labeling whether responses are helpful or not in meeting the child's needs. Rather than being an add-on to our work, such questions during our regular visits with families can in fact be the work. This type of conversation gets at the heart of **protective capacity**: parents must know how to read and respond to their child's needs if they are to protect them. Parents also need to understand both the positive and negative impact that their reactions can have on their children. Until they can see their interactions from both perspectives (their own and their children's), parents will likely continue responding in whatever way is familiar.

## Parenting Programs

While at present there don't seem to be evidence-based parenting interventions focused specifically on emotional maltreatment, there are pro-

grams that address the underlying issues of attachment and parental sensitivity. Some of these are listed in the box below.

## The Lifeline

Trying to address emotional maltreatment can feel overwhelming, but there is reason for hope. Research on resilience has shown over and over that many children manage to overcome traumatic histories and have positive outcomes (Delahanty, 2008).

Doyle (1997) reached a similar conclusion when she conducted in-depth interviews with college students in England who were survivors of emotional abuse or neglect. Each of them described their most important survival factor as having at least one "lifeline": someone "who gave unconditional, positive regard; someone who thought well of them and made them feel important" (p. 338).

Many children are able to reach out to the caring people around them, whatever their relationship, and experience the sense of being nurtured and loved. Even when we can't change long-term dynamics with birth parents, we can help children make these connections so they will know what an emotionally healthy relationship feels like. ♦

## Programs that Promote Emotionally Healthy Parenting

### EVIDENCE-BASED PROGRAMS

The following programs are available in North Carolina, well-supported by research evidence, and include a focus on secure attachment and parental sensitivity:

#### Attachment and Bio-behavioral Catch-Up (ABC)

For a list of certified ABC parent coaches:

<http://www.infantcaregiverproject.com/#!certified-parent-coaches/crx5>

For information on becoming an ABC provider:

[http://www.ccfhnc.org/young\\_children.php](http://www.ccfhnc.org/young_children.php)

#### Parent Child Interaction Therapy

For a list of certified PCIT therapists and trainers:

<http://www.pcit.org/certified-pcit-providers-map>

For information on becoming a PCIT provider:

[http://www.ccfhnc.org/young\\_children.php](http://www.ccfhnc.org/young_children.php)

#### Triple-P Parenting

<http://www.triple-p-parenting.net/nc-en/get-help/find-a-triple-p-provider>

#### Nurse-Family Partnership

<http://www.nursefamilypartnership.org/locations/North-Carolina>

#### Nurturing Parenting Program

<http://nurturingparenting.com>

### PROMISING PRACTICES

In their comprehensive review, Barlow and MacMillan (2010) found that parenting programs with the following elements showed promise in addressing emotional maltreatment:

- Parent training with a cognitive-behavioral approach
- Anger-management that includes "attributional re-training"
- Stress and problem-solving training
- Mindfulness techniques



# Emotional Maltreatment: One Clinician’s Perspective

## A Conversation with Nancy Berson

Nancy Berson, LCSW, began her career as a DSS child welfare worker in Robeson and Durham counties. Since 1989 she’s been with the Program on Childhood Trauma and Maltreatment at UNC Hospitals in Chapel Hill, which specializes in the assessment and treatment of abused, neglected, and psychologically traumatized children and adolescents.

### What has your work taught you about emotional maltreatment?

Emotional abuse is often referred to as leaving invisible scars. In reality the scars are present if we look carefully at what’s missing from the child’s world: unconditional love, positive praise, and acceptance. Emotional abuse goes to the heart of a person—to their sense of self—and damages their belief in their worth and capability.

When this happens children see themselves as worthless, bad, flawed, undeserving, unlovable. They struggle with problems of social relationships, attachment, and the ability to believe in themselves. You often see a sense of hopelessness. These children have difficulty with self-regulation. Rather than communicating needs and feelings with words, their behaviors communicate their distress. Emotionally abused children are frequently anxious, depressed, and have somatic (physical) complaints. Teens may abuse drugs in an effort to manage their anxiety, depression, and self-loathing.

Emotional abuse presents in a variety of ways. It is more than belittling or yelling. It can also take the form of terrorizing, threatening, or isolating the child. One of the more troubling forms is when the parent’s behavior is unpredictable—one minute loving, the next cruel and degrading. This can be “crazy making.”

### Is emotional abuse rare?

Emotional abuse is not uncommon. Too often it is under-identified and under-addressed.

### Why do you think that is?

Unfortunately, we don’t do enough to help CPS workers feel comfortable or competent identifying emotional maltreatment. Workers may see signs of emotional abuse but don’t know how to proceed. Or they don’t pursue it because they think it will be rejected by the court.

When investigating sexual or physical abuse, we want tangible evidence. In our focus on the concrete, emotional abuse is sometimes ignored. When this happens, we fail to protect children from the long-term impact of emotional maltreatment.

In fairness, it’s not just DSS. Our child welfare system, including mental health, is overworked, inadequately trained, and poorly funded.

The courts also fail to understand the insidiousness of emotional abuse. Too often judges and attorneys treat

**“Every child should have their basic needs met. This includes being told they matter and that they are worth something.”**

non-criminal abuse cases like criminal ones, with higher standards of evidence. Although, I have found judges take emotional abuse quite seriously if it is presented clearly and convincingly.

### Can you give an example?

Judges want facts on which to base decisions. When a child has been the victim of emotional maltreatment the facts are there—they just look different. It’s not going to be an x-ray. Instead it’s going to be things you have documented from a variety of sources. I remember a judge who completely shifted the way he viewed a parent when he heard exactly what the reporter and collaterals had heard this mother repeatedly screaming at her 3-year-old and 4-year-old. Documenting these details can make a critical difference. ♦

## Practice Suggestions for Child Protection

Avoid tunnel vision. If you get a report about one form of maltreatment, be open to the possibility that emotional maltreatment may also be present. It often co-exists with physical abuse, sexual abuse, and gross neglect.

Look for patterns of behavior. Sometimes you have access to years of reports regarding the same family. Be curious. How does all this information flow together? What does it tell you?

Dig deeper. If a child says they hear their parents yelling, ask what words they hear. Children often tell me their parents make comments to them such as, “You’re nothing and will always be nothing. I wish I had never had you.”

If this is what you find, ask children, “What do you feel when you hear this?” Document their answers. Ask yourself how these comments affect the child’s sense of safety, sense of self, and psychological well-being.

Beware of assumptions. For example, sometimes we assume teens can take care of themselves. We think, “If

it’s bad enough, they’ll get out, run away.” This is incorrect. Emotional maltreatment can strip children of their ability to cope.

Be attentive to what people say. Be alert to parents’ negative statements and perceptions of their children. In addition, do not discount children’s statements and perceptions.

Parents often fail to recognize how negative they are about their children. Be alert to messages and behaviors such as: “He’s just like his father”; “She acts like a whore”; “It’s hopeless, she will never be a good child.”

Document, document, document. Contact teachers, daycare workers, neighbors, family friends, and any other sources. Document their concerns, observations, and insights.

Act on what you learn. If you establish emotional maltreatment, address these behaviors in your plan with the family even if you are not in a position to formally substantiate emotional abuse.

# NC's Child/Family Evaluation Program

## A Valuable Resource for Assessing Possible Emotional Abuse

North Carolina's Child/Family Evaluation Program (CFEP) can be extremely helpful during assessments involving possible emotional abuse. A part of our state's Child Medical Evaluation Program, the CFEP provides forensically-informed mental health evaluations for children and youth who are being actively investigated by child protective services as possible victims of abuse or neglect. Funding for CFEs is provided by the NC Division of Social Services—no local funds are involved.

During a CFE a specially trained mental health professional, or CFE examiner, interviews the child and others to address questions such as:

1. What is the likelihood the child has been abused and/or neglected and, if so, who is the probable abuser and what is the extent of the abuse/neglect?
2. Is the child safe in their current living situation and, if not, what interventions are necessary to ensure child's safety?
3. In light of the concerns, does the child need psychological treatment or other child or family interventions?

The evaluation process typically consists of interviews with the child and others as well a review of relevant records. Afterwards the examiner shares with DSS a report outlining his or her findings and recommendations.

As the case example at right illustrates, the CFEP can be a great resource for DSS agencies struggling with potential emotional abuse. For information on accessing the CFEP, see the box below or visit the Child Medical Evaluation Program at [www.med.unc.edu/cmep](http://www.med.unc.edu/cmep). ♦

### CFEP Case Example

Mary, a CPS investigative assessor, was struggling. She'd been working with a family for weeks and getting nowhere. The case involved in an ugly, years-long feud between a divorced couple. Their 11-year-old daughter was caught in the middle and showing increasing signs of psychological distress. Based on this and Mary's difficulty understanding what was really happening in the family, her supervisor and program manager suggested she seek assistance from the CFEP.

It was the right choice. Although the process took a while—about three months—the CFE helped DSS reach a sound decision to substantiate. The CFE found both parents emotionally abused their daughter. Mary was somewhat surprised by this, since the mother had been polite and easy to work with.

The CFE examiner's report underscored the seriousness of the situation and removed any doubts the agency had about whether the statutory definition of emotional abuse had been met.

## Frequently Asked Questions about North Carolina's CFEP

*Adapted from NC Child Medical Evaluation Program, 2015*

### Who is eligible for funding through CMEP/CFEP?

Children/youth who are actively being investigated by child protective services as possible victims of abuse or neglect.

### Is pre-approval required?

For CFEs, yes. Pre-approval is not required for medical exams, though DSS must have an open investigation on the child and complete the DSS-5143 and the DSS portion of the medical report form prior to the exam.

### How do I get pre-approval?

Fill out the Authorization Request Form for a Child/Family Evaluation (<http://bit.ly/1dxYNLS>) and the Consent/Authorization form (DSS-5143, <http://bit.ly/1FaWLqG>) and fax them to 919-843-9368. If you don't hear back within a day or two, give us a call. We will fax back your approval request with an approval number and the number of hours you are approved for. You may then call a rostered examiner to schedule an appointment. The examiner will want to see a copy of this approval and the consent form.

### How do I find a CFE examiner?

Go to [www.med.unc.edu/cmep/services/find-local-examiners](http://www.med.unc.edu/cmep/services/find-local-examiners) and log in. Call 919-843-9365 first to obtain a password.

### How many hours of evaluation time will be approved for a CFE?

We approve 15 hours evaluation time for the first child in the family, 10 hours for the second and third children, and 6 hours for each child thereafter. We also approve one hour per family for a case conference, which is an interpretive session at the end of the evaluation where the examiner explains the findings and recommendations.

### What are the criteria for CFE approval?

The CFEP exists to assist county CPS agencies in decision-making and case disposition, including treatment planning. It is designed to assist CPS in their investigations by providing brief forensic evaluations in cases that have not been, or are unlikely to be, determined through the standard CPS investigative process or through medical evaluation.

The case must be in the CPS investigative stage, and the questions to be addressed in the evaluation must be

related to assessment of abuse/neglect. Approval may not be granted to address other issues such as clinical psychological evaluation/treatment, global family functioning, custody evaluation, educational/developmental testing, etc.

CFEP evaluations are meant to supplement—not supplant—the standard CPS investigative process. In the vast majority of cases, we also ask that you have a CME performed on the child before going forward with the CFE, as this is considered part of the standard CPS investigation.

Note that the CFEP is not affiliated with, or specifically designed to aid, law enforcement agencies or district attorneys in criminal prosecutions.

### How can I get a consultation on a case I am investigating?

Call Deb Flowers, RN, at 919-843-9365 and let her know you need a consultation. She will tell you what information to send us.

## References for this Issue (Children's Services Practice Notes, v. 20, n. 3 • www.practicenotes.org)

- American Humane Association. (n.d.). *Emotional abuse*. Denver, CO: Author.  
<http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/emotional-abuse.html>
- American Professional Society on the Abuse of Children. (1995). *Guidelines for the psychosocial evaluation of suspected psychological maltreatment in children and adolescents*. Chicago: Author.
- Barlow, J. (2015, May 5). *Positive parenting: Bonding and attachment, core elements* [webinar].  
[http://www.ispcan.org/events/event\\_details.asp?id=610515&group=](http://www.ispcan.org/events/event_details.asp?id=610515&group=)
- Barlow, J. & MacMillan, A. S. (2010). *Safeguarding children from emotional maltreatment: What works*. London: Jessica Kingsley.
- Benoit, D. (2004, Oct.). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Paediatrics & Child Health, 9*(8), 541-545.
- Brassard, M. R. & Donovan, K. L. (2006). Defining psychological maltreatment. In M. M. Feerick, J. F. Knutson, P. K. Trickett, & S. M. Flanzer (Eds.). *Child abuse and neglect: Definitions, classifications, and a framework for research* (pp. 3-27). Baltimore, MD: Paul H. Brookes Publishing.
- Carlson, E. A., Sampson, M. C. & Sroufe, L. A. (2003, Oct.). Implications of attachment theory and research for developmental-behavioral pediatrics. *Journal of Developmental and Behavioral Pediatrics, 24*(5), 364-380.
- Delahanty, D. L. (Ed.). (2008). *The psychobiology of trauma and resilience across the lifespan*. Lanham, MD: Lanham, MD: Rowman & Littlefield.
- Domestic Abuse Intervention Project. (n.d.). *Power and control wheels*. Duluth, MN: Author. [www.duluth-model.org/](http://www.duluth-model.org/)
- Doyle, C. (1997). Emotional abuse of children: Issues for intervention. *Child Abuse Review, 6*, 330-342.
- Dozier, M., Lindhiem, O. & Ackerman, J. (2005). Attachment and biobehavioral catch-up. In L. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.). *Enhancing early attachments: Theory, research, intervention, and policy* (pp. 178-194). New York: Guilford.
- Duncan, D. F. (2015). *Personal communication of NC administrative data*. Chapel Hill, NC: UNC-CH School of Social Work.
- Egeland, B. (2009). Taking stock: Childhood emotional maltreatment and developmental psychopathology. *Child Abuse & Neglect, 33*, 22-26.
- English, D., Thompson, R., White, C. R. & Wilson, D. (2015). Why should child welfare pay more attention to emotional maltreatment? *Children and Youth Services Review, 50*, 53-63. doi: 10.1016/j.childyouth.2015.01.010
- Everson, M.D., Smith, J.B., Hussey, J.M., English, D., Litrownik, A.J., Dubowitz, H., et al. (2008). Concordance between adolescent reports of childhood abuse and child protective service determinations in an at-risk sample of young adults. *Child Maltreatment, 13*(1), 14-26.
- Finkelhor, D., Turner, H., Ormrod, R. & Hamby, S. L. (2009). Violence, abuse, and crime exposure in a national sample of children and youth. *Pediatrics, 124*(5), 1-13.
- Garbarino, J. & Garbarino, A. (1994). *Emotional maltreatment of children*. Chicago: National Committee to Prevent Child Abuse.
- Gauthier, A. J., Stollak, G., Messe, L. & Aronoff, J. (1996). Recall of childhood neglect and physical abuse as differential predictors of current psychological functioning. *Child Abuse and Neglect, 20*, 549-559.
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E. & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *Lancet, 373*, 68-81.
- Glaser, D. (2002). Emotional abuse and neglect (psychological maltreatment): A conceptual framework. *Child Abuse & Neglect, 26*(6-7), 697-714.
- Glaser, D. (2011). How to deal with emotional abuse and neglect: Further development of a conceptual framework (FRAMEA). *Child Abuse & Neglect, 35*, 866-875.
- Groleau, P., Steiger, H., Bruce, K., Israel, M., Sycz, L., Ouellette, A., et al. (2012). Childhood emotional abuse and eating symptoms in bulimic disorders: An examination of possible mediating variables. *International Journal of Eating Disorders, 45*(3), 326-332. doi:10.1002/eat.20939

- Hart, S. N., Brassard, M. R., Binggeli, N. J. & Davidson, H. A. (2002). Psychological maltreatment. In J.E.B. Myers, L. A. Berliner, J. N. Briere, C. T. Hendrix, T. A. Reid, & C. A. Jenny (Eds.), *The APSAC Handbook on child maltreatment* (pp. 79-104). Thousand Oaks, CA: Sage Publications.
- Hibbard, R., Barlow, J., MacMillan, H., the Committee on Child Abuse and Neglect, & American Academy of Child and Adolescent Psychiatry, Child Maltreatment and Violence Committee. (2012). Clinical report: Psychological maltreatment. *Pediatrics*, 130, 372. doi: 10.2542/peds.2012-1552
- Holt, S., Buckley, H. & Whelan, S. (2008) The impact of exposure to domestic violence on children and young people: a review of the literature. *Child Abuse & Neglect*, 32. 797-810. doi:10.1016/j.chiabu.2008.02.004.
- Mayo Clinic. (2015). *Diseases and conditions: Eating disorders*. Rochester, MN: Author. [www.mayoclinic.org/diseases-conditions/eating-disorders/basics/complications/con-20033575](http://www.mayoclinic.org/diseases-conditions/eating-disorders/basics/complications/con-20033575)
- Miller-Perrin, C. L., Perrin, R. D., & Kocur, J. L. (2009). Parental physical and psychological aggression: Psychological symptoms in young adults. *Child Abuse & Neglect*, 33(1), 1-11. doi:10.1016/j.chiabu.2008.12.001
- National Childhood Traumatic Stress Network. (2011). *Birth parents with trauma histories and the child welfare system: A guide for child welfare staff*. Los Angeles, CA & Durham, NC: Author. [http://nctsn.org/sites/default/files/assets/pdfs/birth\\_parents\\_trauma\\_history\\_fact\\_sheet\\_final.pdf](http://nctsn.org/sites/default/files/assets/pdfs/birth_parents_trauma_history_fact_sheet_final.pdf)
- National Child Traumatic Stress Network & the California Social Work Education Center. (2013). *Child welfare trauma training toolkit*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- Pennsylvania Child Welfare Resource Center. (2014). *Charting the course towards permanency for children in Pennsylvania: An administrator's overview [curriculum]*. Mechanicsburg, PA: University of Pittsburgh School of Social Work.
- Potter, D. (2014). *Attachment circles expanded [presentation]*. Durham: Center for Child and Family Health.
- Rees, C. A. (2010). Understanding emotional abuse. *Archives of Disease in Childhood*, 95(1), 59-67.
- Sturge-Apple, M., Skibo, M. A., & Davies, P. T. (2012). Impact of parental conflict and emotional abuse on children and families. *Partner Abuse*, 3(3), 379-400.
- Teicher, M. H., Samson, J. A. & Polcari, A. (2006). Sticks, stones, and hurtful words: Relative effects of various forms of childhood maltreatment. *American Journal of Psychiatry*, 163(6), 993-1000. doi:10.1176/ajp.2006.163.6.993
- Trickett, P. K., Kim, K. & Prindle, J. (2011). Variations in emotional abuse experiences among multiply maltreated young adolescents and relations with developmental outcomes. *Child Abuse & Neglect*, 35(1), 876-886.
- Tullberg, E. (2011). *Addressing trauma in the child welfare system (teleconference)*. Presented November 16, 2011 by the National Resource Center for Permanency and Family Connections. [www.nrcpfc.org/teleconferences/2011-11-16/Addressing\\_Trauma\\_in\\_the\\_CW\\_System.pdf](http://www.nrcpfc.org/teleconferences/2011-11-16/Addressing_Trauma_in_the_CW_System.pdf)
- Turner, H. A., Finkelhor, D. & Ormrod, R. (2010). The effects of adolescent victimization on self-concept and depressive symptom. *Child Maltreatment*, 15(1), 76-90. doi: 10.1177/1077559509349444
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). *Child maltreatment 2013*. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment> .
- Wekerle, C., Leung, E., Wall, A., MacMillan, H., Boyle, M., Trocme, N., et al. (2009). The contribution of childhood emotional abuse to teen dating violence among child protective services-involved youth. *Child Abuse & Neglect*, 33(1), 45-58. doi:10.1016/j.chiabu.2008.12.006
- Wright, M. O., Crawford, E., & Del Castillo, D. (2009). Childhood emotional maltreatment and later psychological distress among college students: The mediating role of maladaptive schemas. *Child Abuse & Neglect*, 33(1), 59-68. doi:10.1016/j.chiabu.2008.12.007
- Yates, T. M. (2007). The developmental consequences of child emotional abuse: A neurodevelopmental perspective. *Journal of Emotional Abuse*, 7(2), 19-34. doi:10.1300/J135v07n02\_02