



The American
Professional Society
on the Abuse of ChildrenTM

In partnership with



Strengthening Practice Through Knowledge

This webinar is
presented in
partnership with
International Society
for the Prevention of
Child Abuse and
Neglect





The American
Professional Society
on the Abuse of Children[™]

In partnership with



Strengthening Practice Through Knowledge

Join APSAC!

Enjoy access to peer reviewed publications, guidelines for professional practice and more!

Enjoy discounts on educational and training events!

Enjoy a special rate for our on-line course, featuring presentations by more than 20 national experts!

Enjoy fellowship with peers!

Dr. Marla Brassard



WHEN DOES POOR PARENTING CROSS OVER INTO PSYCHOLOGICAL MALTREATMENT

MARLA R. BRASSARD, PHD

Professor of Psychology and Education

Programs in School Psychology

Teachers College, Columbia University

525 West 120th Street, TC Box 1

New York, NY 10027

mrb29@columbia.edu

COLLABORATORS

- Much of the material presented was developed with the following colleagues:
 - Amy L. J. Baker, Director of Research at the Vincent j Fontana Center, New York Foundling
 - Stuart N. Hart, Professor Emeritus of Indiana University Purdue University at Indianapolis
 - Zoe Chiel, NY Presbyterian Hospital
 - Definitions, Laws and Standards workgroup at the PM Summit held in Indianapolis in October 2019: Amy Slep, Jody Manly, Judge Charles Pratt, Julie Whitman, Yanghee Lee, JauNae Hanger and Leslie Schmerler

PM DESERVES ATTENTION

Psychological maltreatment (PM) is the most pervasive and widespread of all types of violence against children.

Also called emotional abuse and neglect, mental cruelty, and mental violence, It exists in stand-alone forms & is embedded in and/or co-occurs with all forms of child maltreatment.

It is a major contributor to negative child development.

PM is the least understood and least combatted/addressed form of maltreatment and when left untreated makes prevention and correction of other forms of child maltreatment unlikely to be successful.

BAD PARENTING? ABUSE?

- PM behaviors lie on a continuum of parenting practices from nurturing/affectionate/ supportive/appropriate/accepting on one end to abusive on the other end.
- Most parents exhibit some less ideal parenting practices that, in the extreme form or on persistent basis, can be PM.
- Even low levels (more than two instances a year) are related to poorer outcomes in longitudinal studies (e.g., Donovan & Brassard, 2007)

IS THERE A BRIGHT LINE?

NO

Just as corporal punishment is harmful but not considered physical abuse, many common, hurtful, impairing non-physical parental behaviors are not considered PM in most jurisdictions.

Why does it matter if a behavior is poor parenting or PM?

You must know what PM is in order to identify it and do something about it.

HOW CAN THIS TRAINING HELP YOU?

- 1. If you are a mandated reporter it can help you decide when to make a report for PM.
- 2. If you are a CPS investigator or prevention worker it can help you identify PM in your caseloads.
- 3. If you are a researcher or policy maker this can help you think about next steps.

Overview of Training

Section 1: Forms of psychological maltreatment

Section 2: Harm caused by psychological maltreatment

Section 3: When does poor parenting become psychological maltreatment

SECTION 1: FORMS AND TYPES

CAPTA 1974

Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or **emotional harm**, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.

UN CONVENTION ON THE RIGHT OF THE CHILD (1989)

- Article 19
- States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

US FEDERAL AND STATE LAWS

While Federal legislation sets minimum standards, each state is responsible for providing its own definition of maltreatment within civil and criminal contexts.

US STATE STATUTES: PM BEHAVIOR

Most state statutes mention mental/emotional cruelty/injury/abuse in their child maltreatment definitions. Only a few describe psychologically maltreating parental behavior

- **DELAWARE**

- **“Emotional abuse” means threats to inflict undue physical or emotional harm, and/or chronic or recurring incidents of ridiculing, demeaning, making derogatory remarks or cursing.**
- **“Neglect” Fails to provide care necessary for the child’s emotional, physical, or mental health, or safety and general well-being;**

PM = MENTAL INJURY

- Most states define PM by describing the kind of harm that it causes.
- MAINE
 - “Serious mental, behavioral or personality disorder, including severe anxiety, depression or withdrawal, untoward aggressive behavior, seriously delayed development or similar serious dysfunctional behavior”
- PENNSYLVANIA
 - "Serious mental injury." A psychological condition that:
 - (1) renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened; or
 - (2) seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks.

SHOULD HARM BE REQUIRED?

From a child protection point of view, in many states PM may be actionable only when it has already caused emotional/mental injury.

Our position is that PM is best defined as caregiver behaviors that do or are likely to cause psychological harm so that prevention, intervention, and treatment do not have to wait until a child is demonstrably harmed (Baker & Brassard 2019).

PM DEFINITION (HART, BRASSARD, BAKER, & CHIEL, 2017)

Psychological maltreatment is defined as a **repeated pattern or extreme incident(s)** of caretaker behavior that thwart the child's basic psychological and developmental needs and conveys that the child is worthless, defective, damaged, unloved, unwanted, endangered, primarily useful in meeting another's needs, and/or expendable.

The definition and forms of PM presented here are the result of a long history of accumulated research and expert opinion.

THERE ARE OTHER DEFINITIONS

ISPCAN I-CAST measure: 5 types of emotional abuse (Dunne, Zolotor, et al., 2009). HARM NOT REQUIRED.

US National Incidence Study-4: 8 types of emotional abuse and 11 types of emotional neglect (Sedlack, et al 2010). HAS AN ENDANGERMENT AND A HARM STANDARD.

Air Force Family Management (AFFM; Slep, Heyman, & Snarr (2011): any of 6 non-accidental parental behaviors that constitute emotional abuse or neglect AS LONG AS HARM OR POTENTIAL OF HARM TO THE CHILD HAS ALSO OCCURRED.

SIX TYPES OF PM

1. Spurning
2. Terrorizing
3. Isolating
4. Exploiting/corrupting
5. Denying emotional responsiveness
6. Medical, mental health, and educational neglect

SPURNING

Verbal and nonverbal caregiver acts that reject and degrade a child

SPURNING: EXAMPLES

- Cruel nicknames
- Saying “I hate you”
- Looking disgusted
- Mocking child for being sad, angry, hurt, or scared
- Treating one child significantly worse than siblings
- Denigrating the child’s loved ones (friends, family, pets)





"Gimme, gimme, gimme!"



TERRORIZING

**Caregiver behaviors that threaten to or do hurt
the child or the child's loved ones**

TERRORIZING: EXAMPLES

- Threatening to abandon, expel or disown the child
- Allowing child to witness the parent harming him/herself or others
- Purposefully frightening the child or playing mean tricks on the child
- Telling the child that someone will hurt them when this is not true
- Expecting perfection and rejecting the child for failing to meet the standard



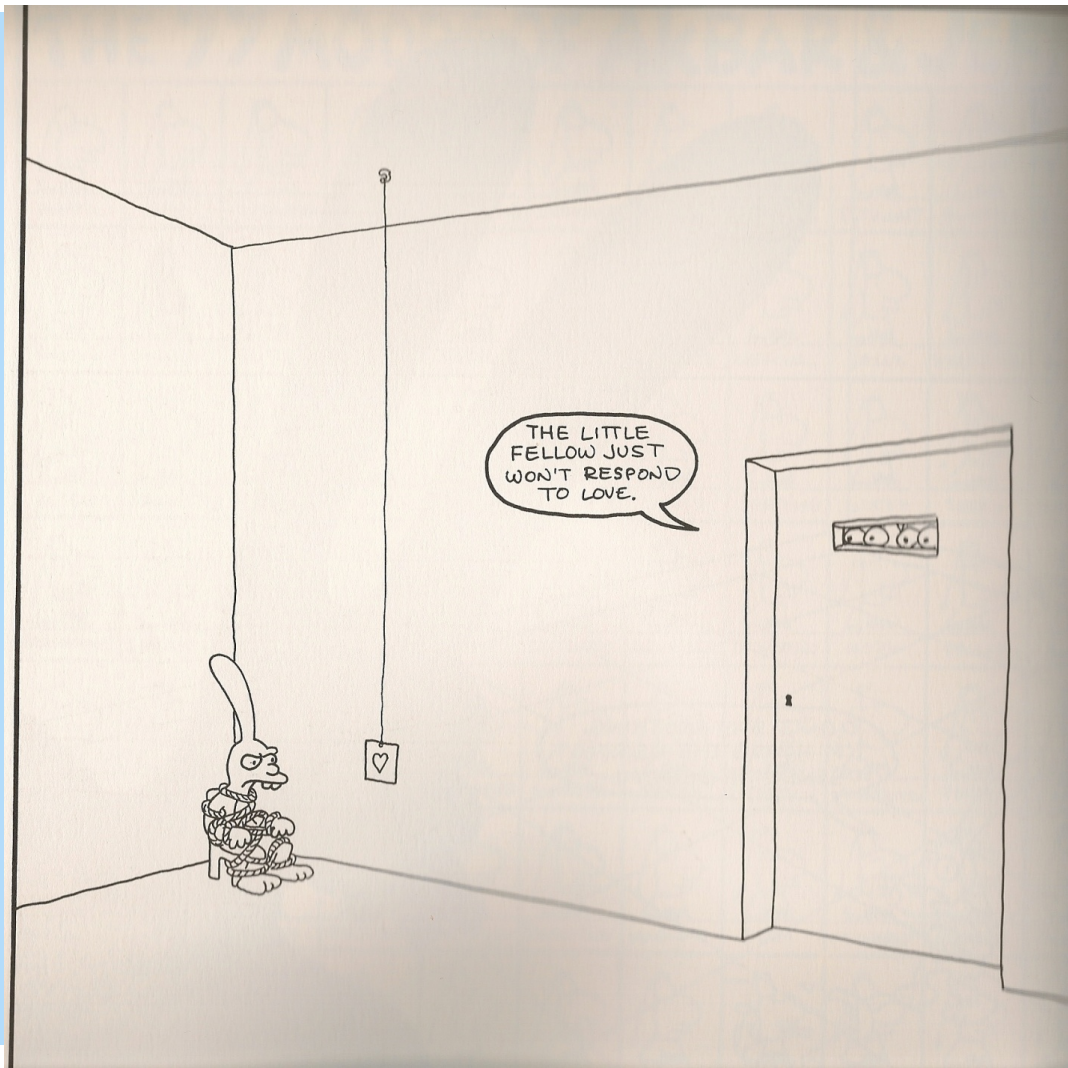


ISOLATING

Caregiver acts that consistently and unreasonably deny the child opportunities to interact with others

ISOLATING: EXAMPLES

- Locking child in a small space
- Leaving a child unattended in the crib/playpen for extended period
- Tying a child to a chair or bed
- Interfering in the child's appropriate friendships
- Placing unreasonable restrictions on the child's interactions with family members.



EXPLOITING/CORRUPTING

Caregiver acts that encourage the child to develop inappropriate behaviors and attitudes

EXPLOITING/CORRUPTING: EXAMPLES

- **Prostitution:**
 - Having child witness it
 - Forcing child to engage in it
- **Pornography:**
 - Watching it in front of child
 - Inviting child to watch
 - Giving it to child
- **Criminal Activity:**
 - Engaging in it in front of child
 - Forcing/asking child to engage in (steal, join gang)
- **Substance Abuse:**
 - Doing it in front of child
 - Inviting child to join in
 - Leaving it around for child to find
- **Violence:**
 - Exhibiting violence in front of child
 - Inviting child to engage in violence
 - Inciting child to engage in violence
- **Truancy:**
 - Allowing the child to be truant
 - Forcing the child to be truant







EMOTIONAL UNRESPONSIVENESS

Caregiver acts that ignore the child's needs for affection and attention

EMOTIONAL UNRESPONSIVENESS: SOME EXAMPLES

- Being too busy, bored, depressed, high, self-involved to pay attention to or respond to child
- Interacting only to change, bathe or feed an infant
- Ignoring child's pleas for help
- Not spending regular quality time with the child
- Rarely if ever saying "I love you," hugging, or praising the child



MEDICAL, MENTAL HEALTH, AND EDUCATIONAL NEGLECT

- Not allowing or supporting the child's need for therapy
- Not allowing or supporting the child's need for academic/educational assistance
- Not allowing or supporting the child's need for medical care

SECTION 1: TAKE-AWAYS

- We endorse the Hart, Brassard, Baker, Chiel (2017) definition of PM although there are others.
- This definition has six major types.
- Each type has many sub-types/examples.
- This definition identifies the caregiver behaviors. Government definitions tend to focus on harm to the child.

SECTION 2. HARM CAUSED BY PM

ALL CM TYPES INCREASE RISK OF PHYSICAL AND MENTAL PROBLEMS

Maltreated children all over the world show significantly more problems over the lifespan than non-maltreated children

All forms of maltreatment are bad for children

ARE THERE UNIQUE EFFECTS FROM PM?

While all forms of CM increase risk of adverse outcomes, each form has unique effects above and beyond other forms of maltreatment and demographic risk factors (Cicchetti & Toth, 2006).

What are the unique effects of PM?

HARM BY PM FALLS INTO 5 BROAD CATEGORIES

- (1) Depression and suicidality**
- (2) Conduct disorders**
- (3) Thought problems**
- (4) Cognitive decline in infancy and low cognitive functioning**
- (5) Physical health problems**

SECTION 4: TAKEAWAYS

PM research is extensive, international, high-quality and supports the existence of a causal relationship between PM and negative outcomes.

There are five main domains of uniquely greater harm.

PM is associated with numerous negative outcomes for children in the short-term and over the course of their life.

PM is an adverse childhood experience.

PM is not treated as seriously as other forms of maltreatment in policy and in practice and it should be.

SECTION 3. WHEN IS IT PM?

SECTION 3: WHEN IS IT PM?

- **What it is - Research and Professional Definitions (APSAC, I-CAST, NIS-4, CIS)**
- **What can be substantiated –**
 - Country and State laws
 - US Air Force Family Maltreatment
- **How to document it in any legal context - APSAC PM Guidelines Assessment Framework**

AF FAMILY MALTREATMENT DEFINITIONS

- AIR FORCE FAMILY MALTREATMENT (AFFM) DEFINITIONS
- Heyman & Slep (2006, 2009) with the US Dept. of Defense over 15+ years developed & field tested a categorical model for PM and Problematic Parenting: specific criteria for (a) parental behavior that is verbal or symbolic & (b) with potential to cause harm to child or actual harm.
- ICD/DSM FORMAT

AFFM: CHILD EMOTIONAL ABUSE

- Berating, disparaging, scapegoating, humiliating (Spurning)
- Threatening child-including to harm child or child's loved ones, abandon child, sexually assault child (Terrorizing)
- Harming or abandoning – or indicating that alleged abuser will harm or abandon people/things child cares about (Terrorizing)
- Confining child – binding to chair or bed, closet (Isolating)
- Coercing child to inflict pain on self (e.g., kneeling on rice)
- Disciplining excessively (but not to physical abuse level)

AFFM HARM STANDARD FOR CEA

- **1. Psychological harm**

- A. More than inconsequential fear reaction (verbalized or displayed) of bodily injury to self or others

AND at least one of the following signs of fear or anxiety lasting at least 48 hours (e.g., sleep disruption, irritability, etc.)

- B. Significant psychological distress (at or near diagnostic threshold for PTSD, MDD, or Acute Stress Disorder)

2. Potential psychological harm (for developing psychiatric disorder or disruption in psychological, social or cognitive development)

3. Stress related somatic symptoms that interfere normal functioning

AFFM FIELD RESULTS

- 90% overall agreement between “experts” and field investigators if PM or not
- Strong specificity and sensitivity
- Social workers said easy to learn & apply, process fair to alleged offenders & victims
- Rate of one-year substantiated re-offenses cut in half suggesting preventative effect (Snarr, Heyman, Slep, & Malik, 2009)

LIMITATIONS AFFM PM DEFINITION

1. Two forms of PM omitted: emotional neglect, exploiting/corrupting
2. Focus on acts, not pattern
3. Mental health professional needs to assess whether DSM thresholds for psychiatric illness met

APSAC PM GUIDELINES ASSESSMENT FRAMEWORK

- All sources of relevant information applied to decision-making using three worksheets
- PART A: Evidence of Psychological Maltreatment
- PART B: Risk Factors for Psychological Maltreatment
- PART C: Evidence of Harm to Child

ASSESSMENT WORKSHEET CASE EXAMPLE

- Child is TA, male, age 10, second born of five children of born to a married couple.
- Information comes from interviews with Mom, Dad, TA, school personnel, review of school records, and telephone call with ENT.

TA EVIDENCE OF PM

- **Spurning:** Mother, father, & TA all report that father frequently uses degrading language to TA & his brothers, singles them out for markedly worse treatment than their sisters receive. Blames them for their poor treatment.
- **Terrorizing:** Mother's realistic threats of suicide (given her previous attempts, current depression) and his father's scary behavior with guns, conflicts with neighbor, defensive stance in anticipation of threats against the family home, and family surveillance (camera & recorders all through house) is terrorizing.
- **Emotional unresponsiveness:** Father never emotionally responsive or affectionate. Mother only emotionally responsive only when TA is so sick that he might die.

EVIDENCE OF HARM FOR TA

- 2 years behind grade level, has impaired ability to attend despite average ability, attending a good school system, & receiving special educational services addressing learning, mood, and behavior problems (IEPs, school psych assessment).
- Depressed mood, thoughts of suicide, negative cognitive style, very low self-esteem, and low motivation that are impairing his ability to function at school (school social worker, school psych).
- Severe asthma despite access to good medical care. His rate of hospitalization (3 X per year) indicates that home management protocols are not being followed (interview with ENT).

CONCLUSIONS: PM DEFINITIONS

All major definitions are good – they are based on a mountain of high-quality observational research, much of it longitudinal.

Adopt the AFFM definitions of PM but build on them through careful field trials, adding the missing forms of PM identified in the Hart et al definition adopted by APSAC (2017)

CONCLUSIONS – HARM STANDARD

- Harm or high likelihood of harm is still the consensus standard for substantiating PM, as it is for physical abuse. We should accept this for now and work on expanding our ability to assess all forms of PM and all viable ways to assess harm.
- The AFFM approach is a sound way if clinicians available
- The APSAC PM guidelines assessment framework is a systematic way to gather information on the presence of PM, risk and protective factors relevant for treatment, and harm.

CONCLUSIONS – WHO CAN ASSESS?

- Some jurisdictions have stringent standards for who can assess harm and tie it to parental behavior, severely limiting who can be identified as having PM.
- ARIZONA – “diagnosed by a medical doctor or psychologist”
- PENNSYLVANIA – “physician or licensed psychologist”
- IOWA - licensed physician or qualified mental health professional

CONCLUSION: CASEWORKERS

- Caseworkers should assess PM behaviors and collect information on harm.
- Rigorous training of caseworkers with ongoing group supervision/decision-making about cases and the availability of licensed mental health professionals in select cases is the way forward.

REFERENCES

- Abajobir, A. A., Kisely, S., Scott, J. G., Williams, G., Clavarino, A., Strathearn, L., & Najman, J. M. (2017). Childhood maltreatment and young adulthood hallucinations, delusional experiences, and psychosis: A longitudinal study. *Schizophrenia Bulletin*, 43(5), 1045–1055. doi:10.1093/schbul/sbw175
- Abajobir, A. A., Kisely, S., Williams, G., Strathearn, L., & Najman, J. M. (2017). Height deficit in early adulthood following substantiated childhood maltreatment: A birth cohort study. *Child Abuse & Neglect*, 64, 71–78. doi:10.1016/j.chiabu.2016.12.010
- Abajobir, A. A., Kisely, S., Williams, G., Strathearn, L., & Suresh, S., & Najman, J. M. (2017). The association between substantiated childhood maltreatment, asthma, and lung function: A prospective investigation. *Journal of Psychosomatic Research*, 101, 58–65. doi:10.1016/j.jpsychores.2017.08.003
- Abajobir, A. A., Najman, J. M., Williams, G., Strathearn, L., Clavarino, A., & Kisely, S. (2017). Substantiated childhood maltreatment and young adulthood cannabis use disorders: A pre-birth cohort study. *Psychiatry Research*, 256, 21–31. doi:10.1016/j.psychres.2017.06.017
- Altamimi, D., Alumuneef, M., Albuhairan, F., & Saleheen, H. (2017). Examining the relationship between child maltreatment and school performance in public schools in Saudi Arabia: A pilot study. *Scandinavian Journal of Public Health*, 45(5), 536–542. doi: 10.1177/1404494817703211

APSAC. (2017). *Guidelines for the investigation and determination of suspected psychological maltreatment of children and adolescents*. Columbus, OH: Author

Baker, A.J.L. & Brassard, M.R. (2019). Predictors of variation in state reported rates of psychological maltreatment: A survey of U.S. statutes and a call for change. *Child Abuse & Neglect*, 9, 104102. <https://doi.org/10.1016/j.chiabu.2019.104102>.

Donovan, K. L., & Brassard, M. R. (2011). Trajectories of maternal verbal aggression across the middle school years: Associations with negative view of self and social problems. *Child Abuse & Neglect*, 35(10), 814-830.

Dunne, M. P., Zolotor, A. J., Runyan, D. K., Andrevia-Miller, I., Choo, W. Y., Dunne, S. K., .. . Youssef, R. (2009). ISPCAN child abuse screening tools retrospective version(ICAST-R): Delphi study and field testing in seven countries. *Child Abuse & Neglect*, 33(11), 815–825. doi:10.1016/j.chiabu.2009.09.005

Berzenski, S. R., & Yates, T. M. (2011). Classes and consequences of multiple maltreatment. *Child Maltreatment, 16*(4), 250–261. doi:10.1177/1077559511428353

Braehler, C., Valiquette, L., Holowka, D., Malla, A. K., Joober, R., Ciampi, A., ... King, S. (2013). Childhood trauma and dissociation in first-episode psychosis, chronic schizophrenia, and community controls. *Psychiatry Research, 210*(1), 36–42. doi:10.1016/j.psychres.2013.05.033

Brassard, M. R., Hart, S. N., Baker, A. J. L., & Chiel, Z. (2019). *The APSAC psychological maltreatment monograph*. Columbus, OH: APSAC.

Brunner, R., Parzer, P., Schuld, V., & Resch, F. (2000). Dissociative symptomatology and traumatogenic factors in adolescent psychiatric patients. *The Journal of Nervous and Mental Disease, 188*(2), 71–77. doi:10.1097/00005053-200002000-00002

- Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82, 217-225. Doi:10.1016/j.jad.2003.12.013
- Egeland, B., Sroufe, L. A., & Erickson, M. (1983). The developmental consequences of different patterns of maltreatment. *Child Abuse & Neglect*, 7(4), 459-69.
- Erickson, M. F., & Egeland, B. (1987). A developmental view of the psychological consequences of maltreatment. *School Psychology Review*, 16, 156-168.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- Geoffroy, M. C., Pereira, S. P., Li, L., & Power, C. (2016). Child neglect and maltreatment and childhood-to-adulthood cognition and mental health in a prospective birth cohort. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55(1), 33-40.

Gottman Institute (2020). How to fight smarter-Soften your start-up.
<https://www.gottman.com/blog/softening-startup/>

Hardy, A., Emsley, R., Freeman, D., Bebbington, P., Garety, P. A., Kuipers, E. E., Dunn, G., & Fowler, D. (2016). Psychological mechanisms mediating effects between trauma and psychotic symptoms: The role of affect regulation, intrusive trauma memory, beliefs, and depression. *Schizophrenia Bulletin*, 42(suppl 1), S34–S43. doi:10.1093/schbul/sbv175

Heyman, R. E., & Slep, A. M. S. (2006). Creating and field-testing diagnostic criteria for partner and child maltreatment. *Journal of Family Psychology*, 20(3), 397.

Heyman, R. E., & Smith Slep, A. M. S. (2009). Reliability of family maltreatment diagnostic criteria: 41 site dissemination field trial. *Journal of Family Psychology*, 23(6), 905.

Heyman, R. E., & Slep, A.M.S. (2010, June). *AF Family Advocacy Program Family Maltreatment Definitions*.

Jaffe, S. R., Ambler, A., Merrick, M., Goldman-Mellor, S., Odgers, C. L., Fisher, H., ... Arseneault, L. (2018). Child maltreatment predicts poor economic and educational outcomes in the transition to adulthood. *American Journal of Public Health, 108*(9), 1142–1147.

Jung, H., Herrenkohl, T. I., Lee, J. O., Klika, J. B., & Skinner, M. L. (2015). Effects of physical and emotional child abuse and its chronicity on crime into adulthood. *Violence and Victims, 30*(6), 1004–1018. doi:10.1891/0886-6708.VV-D-14-00071

Komoria, K., Komorib, M., Eitokua, M., Muchangaa, S. M. J., Ninomiyad, H., Kobayashib, T., Suganumaa, S., & the Japan Environment and Children's Study (JECS) Group. (2019). Verbal abuse during pregnancy increases frequency of newborn hearing screening referral: The Japan Environment and Children's Study. *Child Abuse & Neglect 90*, 193–201. <https://doi.org/10.1016/j.chiabu.2019.01.025>

Liu, J., Fang, Y., Gong, J., Cui, X., Meng, T., Xiao, B., He, Y., Shen, Y., & Luo, X. (2017). Association between suicidal behavior and childhood abuse and neglect: A meta-analysis. *Journal of Affective Disorders, 220*, 147–155. doi: 10.1016/j.jad.2017.03.060

McGee, R. A., Wolfe, D. A., & Wilson, S. K. (1997). Multiple maltreatment experiences and adolescent behavior problems: Adolescent perspectives. *Development and Psychopathology, 9*, 131–149.

Mulder, R. T., Beautrais, A. L., Joyce, P. R., & Fergusson, D. M. (1998). Relationship between dissociation, childhood sexual abuse, childhood physical abuse, and mental illness in a general population sample. *American Journal of Psychiatry*, *155*, 806-811. doi: 10.1176/ajp.155.6.806

Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PLOS Medicine*, *9*(11), e1001349. doi: 10.1371/journal.pmed.1001349.

Rosenkranz, S. E., Muller, R. T., & Henderson, J. L. (2012). Psychological maltreatment in relation to substance use problem severity among youth. *Child Abuse & Neglect*, *36*(5), 438-448. doi:10.1016/j.chiabu.2012.01.005

Schalinski, I., & Teicher, M. H. (2015). Type and timing of childhood maltreatment and severity of shutdown dissociation in patients with schizophrenia spectrum disorder. *PLOS ONE* *10*(5): e0127151. doi:10.1371/journal.pone.0127151

Seff, I., & Stark, L. (2019). A sex-disaggregated analysis of how emotional violence relates to suicide ideation in low- and middle-income countries. *Child Abuse & Neglect*, *93*, 222-227. doi.org/10.1016/j.chiabu.2019.05.008

Skinner, M. L., Hong, S., Herrenkohl, T. I., Brown, E. C., Lee, J. O., & Jung, H. (2016). Longitudinal effects of early childhood maltreatment on co-occurring substance misuse and mental health problems in adulthood: The role of adolescent alcohol use and depression. *Journal of Studies on Alcohol and Drugs*, 77(3), 464-472. doi:10.15288/jsad.2016.77.464

Snarr, J. D., Heyman, R. E., Slep, A. M. S., & Malik, J. (2011). Preventive impacts of reliable family maltreatment criteria. *Journal of Consulting and Clinical Psychology*, 79(6), 826-833. doi: 10.1037/a0025994

Spinazzola, J., Hodgdon, H., Liang, L-J., Ford, J. D., Layne, C. M., Pynoos, R., ... Kisiel, C. (2014). Unseen wounds: The contribution of psychological maltreatment to child and adolescent mental health and risk outcomes. *Psychological trauma: Theory, research, practice, and policy*, 6(51), 518-528. doi: 10.1037/a0037766

Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

Slep, A.M.S., Heyman, R.E. & Snarr, J.D. (2011). Child emotional aggression and abuse: Definitions and prevalence. *Child Abuse & Neglect*, 35, 783-796.

Spinhoven, P., Elzinga, B. M., Hovens, J. G., Roelofs, K., Zitman, F. G., van Oppen, P., & Penninx, B. W. (2010). The specificity of childhood adversities and negative life events across the life span to anxiety and depressive disorders. *Journal of Affective Disorders*, *126*(1), 103-112. doi:10.1016/j.jad.2010.02.132

Teicher, M.H. & Samson, J.A. (2013). Childhood maltreatment and psychopathology: A case for ecophenotypic variants as clinically and neurobiologically distinct subtypes. *American Journal of Psychiatry*, *10*, 1114-33.

Vachon, D. D., Krueger, R. F., Rogosch, F. A., & Cicchetti, D., (2015). Assessment of the harmful psychiatric and behavioral effects of different forms of maltreatment. *JAMA Psychiatry*, *72*(11), 1135-1142. Doi:10.1001/jamapsychiatry.2015.1792

van Harmelen, A., de Jong, P. Glashouwer, K.A., Spinhoven, P., Penninx, B., & Elzinga, B. (2010). Child abuse and negative explicit and automatic self-associations: The cognitive scars of emotional maltreatment. *Behavior Research and Therapy*, *48*(6), 486-494.

Wan, Y., Chen, J., Sun, Y., & Tao, F. (2015). Impact of childhood abuse on the risk of non-suicidal self-injury in mainland Chinese adolescents. *PLOS ONE*, *10*(6), doi: 10.1371/journal.pone.0131239