



# The emotional maltreatment of children in domestically violent homes: Identifying gaps in education and addressing common misconceptions



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## *The risk of harm to children in domestically violent homes mandates a well-coordinated response*

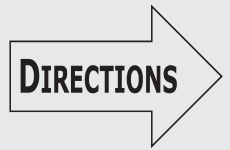
**D**omestic violence, defined as the intentional use of physically or emotionally damaging behavior by one adult toward another, often to gain or maintain control in the home, occurs frequently in the United States and affects families from all backgrounds, ethnicities, and socioeconomic statuses. Children who live in homes where

domestic violence occurs are at a substantially increased risk of experiencing harm, including all forms of child maltreatment (neglect; physical, sexual, and emotional abuse). According to the U.S. Department of Health and Human Services child maltreatment report, 678,932 children (about 1% of the entire U.S. child population) were abused or neglected in the United

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<http://dx.doi.org/10.1016/j.chiabu.2015.08.009>

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States during 2013. Among children living in a home where domestic violence occurs, studies estimate that the prevalence of child abuse or neglect may rise to as much as 60%. This substantial increase in prevalence is concerning and clearly indicates the need for effective measures for identifying and ensuring the protection of this vulnerable population. Although the risk of child maltreatment in all its forms is substantial – exponentially higher than the risk for children in non-domestically violent homes – this article will focus primarily on the risks of emotional and psychological harm associated with these unstable and often volatile home environments.

The risk of harm to children in these high-risk environments mandates a well-coordinated and effective response whenever domestic violence is known to have occurred in the household. The negative physical, behavioral, and emotional symptoms experienced by children who have been maltreated or exposed to domestic violence can be extensive. Without proper intervention or treatment, these experiences can lead to life-long difficulties, including placing them at risk for perpetrating violence in their own future relationships. A 2014 study by Joanna Will and colleagues indicated that incarcerated persons who had been exposed to domestic violence as children were more likely to engage in violence in their own adult relationships. This violence typically resulted in inflicted or received injury. The study further compared first-generation inmates to second-generation inmates (an adult inmate who experienced the incarceration of a parent) and found reports of more childhood domestic violence exposure and an increased likelihood of being injured by a relationship partner in second-generation prisoners. This study exemplifies the often cyclic nature

of domestic violence within families and further validates the importance of developing effective intervention plans for child victims.

## Prevalence

In examining prevalence and risks for children in domestically violent homes across five U.S. cities, John Fantuzzo and colleagues found that domestic violence occurred more often in homes that had children than in those that did not. They also found that a disproportionate number of these homes included children under the age of 5. In total, it is estimated that approximately 15.5 million children witness domestic violence in the United States each year. This figure represents nearly 30% of the total child population in the United States.

Although domestic violence can occur in any home, children are substantially more likely to be exposed to violent behavior in communities with known associated risk factors for violence (e.g., poverty, lack of education, unemployment, limited social support). Albert Farrell and Steven Bruce interviewed sixth graders from a low-income neighborhood and found that over 90% had been exposed to some form of violence, which included witnessing or experiencing “beatings” or “threats of violence.”

### *Prevalence of Emotional Abuse*

*Emotional maltreatment* (i.e., psychological maltreatment) can be defined as a single traumatic event or a pattern of behavior that impairs a child’s emotional development or sense of self-worth. These behaviors may



be acts of omission or commission and can include constant criticism; threats; rejection; or withholding love, support, or guidance. This form of maltreatment is often reported as being less common than other forms of child abuse or neglect. Estimates indicate that approximately 10–12% of children experience emotional maltreatment. These estimates are believed to be severely limited by underreporting, however, and are likely to be much lower than actual occurrence rates.

In 2008, Mark Everson and colleagues administered follow-up interviews to a group of adolescents who had been identified as being at risk of child maltreatment at 2 years of age. Although only 6% of the study population had been victimized by psychological abuse, as determined by child protective services, 39% of the study participants disclosed a history of psychological abuse by their caregivers. Overall, 35% of participants described psychologically abusive events that were not documented anywhere in the child protective services records. This disparity may indicate an education gap among investigators relating to definitions of psychologically and emotionally abusive behaviors.

Various forms of maltreatment often overlap, which could result in emotional maltreatment being less likely to be documented. Gaining a better understanding of emotional maltreatment, especially in domestically violent homes, and being more vigilant in separating out and reporting each form of maltreatment that occurs when there is overlap can lead to more accurate data collection. It can also help in the development of more effective intervention and education programs.

## Misconceptions Relating to Child Emotional Maltreatment in Domestically Violent Homes

Our experience on the child protection team has included working with the local county child fatality review team, participating in weekly reviews of child abuse and neglect cases from across the state of Indiana, and coordinating multidisciplinary education efforts regarding identifying and reporting child maltreatment. Over the last several years, we have identified several key educational gaps or misconceptions relating to emotional and psychological threats of harm to children in domestically violent environments. Many of these misconceptions involve key concepts that are critical in assessing safety for these children and could lead to missed opportunities for appropriate intervention. Future education efforts must work to ensure the inclusion of these key concepts in training materials for new and existing staff involved in domestic violence and child maltreatment investigations.

### *Misconception #1: The Child Has No Physical Signs of Injury and Therefore Was Not Victimized by the Violence*

*I typically only consider consulting child protective services if I see visible injury to a child when responding to a domestic violence scene. For example, if the child has a black eye or clear abrasions on their face, arms, or legs, I will make the call; otherwise I would not feel the need to involve other*



*agencies in the investigation. – Law enforcement officer*

The underlying emotional and psychological damage of witnessing or experiencing violence can seriously affect a child, and lead to extremely inhibiting social, behavioral, and emotional side effects. It is a falsehood that a mental health-related injury is in some manner “less serious” than other forms of injury. Only recently have researchers begun to pay more attention to the damaging effects of emotional maltreatment. This gap in existing literature may have helped propagate the misconception. Injuries resulting from physical and sexual abuse must warrant a great deal of concern; however, the absence of physical indicators of injury in no way intimates the extent to which a child has been exposed to or affected by a violent episode. These “invisible injuries” may be difficult to assess during a scene investigation and illustrate the importance of involving mental health professionals, when indicated, to better ensure a more complete evaluation for the children.

Emotional maltreatment can occur in a single, significantly impactful incident or as the underlying theme of a series of events that over time leave a child feeling unloved, unwanted, or inadequate. According to Stuart Hart and colleagues, emotional maltreatment can take many forms including: (a) terrorizing (placing a child in chaotic circumstances or threatening violence or harm to the child), (b) spurning (demeaning or ridiculing for showing normal behaviors), (c) exploiting or corrupting (modeling antisocial or inappropriate behavior), (d) denying emotional responsiveness (being detached, exhibiting a lack of nurturing), (e) isolating (confining within an environment), and (f) mental health, medical, or educational neglect (limiting a child’s access to necessary

health care or failing to meet a child’s mental health or educational needs). Children who live in homes where domestic violence occurs are at increased risk of experiencing every form of emotional maltreatment.

Whereas bruises, fractures, and other physical injuries fade or heal over time, emotional maltreatment is associated with significant long-term morbidities that, without intervention, can lead to life-long behavioral, social, and emotional problems. The extent of these “invisible injuries” can vary greatly based on a number of factors, including the nature and duration of the maltreatment and the child’s resilience and access to support. Child victims of emotional maltreatment also often exhibit a number of negative mental health behaviors including aggression, depression, and anxiety. As the child gets older, they may become at risk for self-injurious behaviors, suicidality, and a range of other mental health disorders.

The effects of experiencing emotional maltreatment as a child often extend throughout adolescence and into adulthood. This makes it difficult for the individual to form and maintain healthy relationships, which can further exasperate existing mental health issues leading to isolation, alcohol/drug abuse, or self-inflicted injury. Adults who have been victimized by violence as children are at an increased risk for both perpetrating violence and being victimized by violence in their own relationships. Although more study is required to better understand the far-reaching psychological effects of child emotional maltreatment, what is clear is that these experiences can have a profoundly negative effect on children and can continue to hinder them throughout their entire lives.

It is also important to recognize that a caregiver need not be physically injured in the violent episode for a child to be affected.



Directly witnessing or even perceiving emotionally abusive behavior from one caregiver to the other can also be detrimental to a child's health. Such actions can cause the child to fear the offending caregiver and may result in chronic feelings of anxiety and helplessness. The manner of violence, whether physical or emotional, may not necessarily determine the extent to which a child is affected by the act. It may be the underlying theme or message behind the act that undermines the child's mental health and sense of security.

### ***Misconception #2: The Child Did Not See the Violent Act Occur and Therefore Was Not Significantly Harmed by the Incident***

*The suspect reportedly chased the victim throughout the home before the victim managed to lock herself in the upstairs bathroom. The suspect broke through the bathroom door with a baseball bat and dragged the victim down the hall to her bedroom. The victim struggled with the suspect, at which point he struck the victim over the head with a lamp, knocking her unconscious. The victim's three children were present in the home but had been locked in their bedrooms prior to the incident and did not witness the event.*  
– Law enforcement officer

Children do not have to actually see domestic violence to be affected by it. As demonstrated in the example above, these violent events may occur throughout various parts of the home, be quite loud, and last for a lengthy period of time. It seems highly unlikely that a child who is in a home where domestic violence occurs would not experience it in some manner. Witnessing violence to a caregiver in any form can cause

harm to a child's emotional health and greatly affect their perception of safety in their home. It can destroy their sense of security and lead to continued feelings of anxiety and depression. In some cases, particularly in older children, child victims could even feel that they are in some way responsible for the abuse of their caregiver or feel that they failed to adequately protect them. They may also feel responsibility in protecting their siblings and take on duties inappropriate for their age and developmental capabilities. These feelings of added responsibility can lead to increased levels of stress and undermine healthy development.

Children are often aware of much more than caregivers perceive them to be. Even if caregivers report things like "we never argue in front of our children" or that arguments occur "only after they are asleep" it is very likely that children are still aware of these events and have witnessed them in some manner. Studies have shown that children can often accurately describe events to which their parents claimed they had not been exposed.

Directly asking a child if they witnessed the violence, however, could be problematic. Although younger children may be more likely to respond honestly, older children may be hesitant to disclose information involving maltreatment or exposure to violence. A child may be less likely to respond truthfully if they feel their own safety is threatened, or that life could get worse for their loved ones (e.g., siblings, caregiver, pets). They may have even been instructed by a caregiver not to cooperate with authorities or to provide scripted answers to law enforcement or child welfare service providers. Whenever possible, investigators should interview children in a secure environment away from the offending caregiver to make the child feel more comfortable in providing information relating to their exposure to the violent event.



### *Misconception #3: The Child Was Present for the Domestic Violence Event But Is Too Young To Be Adversely Affected*

*The suspect allegedly struck the victim with an open hand, knocking her to the ground. Their 1-year-old child was present but was not physically injured or involved in the altercation. The child was crying on scene but was able to be comforted. No referral was made to child protective services as child was not physically injured and is too young to be affected. – Law enforcement officer*

Exposure to violence can adversely affect children of all ages, even from the earliest stages of infancy. These young children are not only at a considerable risk of physical harm or death, but they are also at substantial risk for suffering emotional harm. From birth, the body is programmed with a natural, physiological response to stressful stimuli (e.g., increase in blood pressure, quickened heart rate). Intended to be short-term in nature, these responses are mitigated by the release of hormones into the bloodstream that work to restore the body to equilibrium. Extended or chronic exposure to stressful stimuli, which often occurs in homes in which there is domestic violence, can lead to a prolonged physiological response and the subsequent release of excessive amounts of hormones into the bloodstream. A 2005 article by Michael De Bellis, stated that prolonged exposure to toxic stress can cause extensive damage to a child's physiological stress response and lead to an either hyper-responsive or under-responsive system to future stressful events. Excess amounts of cortisol (one of the hormones the body releases to restore equilibrium) in the bloodstream can

cause extensive structural damage to a child's developing brain and undermine growth and development. Because the brain develops in a hierarchical fashion from least to most complex process, the earlier the stage of development the child is in when affected by stress-exposure, the potentially more devastating the deficits. This damage to the child's developing brain can be irreversible in some instances and lead to a diminished brain size with life-long cognitive delays and a lower IQ.

By the time victims of emotional maltreatment are old enough to attend school, they may be at a severe disadvantage compared to their classmates as a result of delays in cognitive growth and development. Once these children enter the education system, they could be at risk for being misdiagnosed with a hyperactivity or attention deficit disorder, when in reality their difficulties may be related to underlying mental health issues resulting from prolonged exposure to violence and stressful stimuli in their homes.

Child maltreatment often increases in intensity over time making it imperative that children who are victimized by abuse or neglect are identified as early as possible. Domestic violence may often be a precursor to child maltreatment and thus provides a unique opportunity for prevention. By identifying families where violence is occurring in the home, particularly those with young children, agencies may be able to provide support and education that can reduce the risk of subsequent violence or child maltreatment. Assessing the risk of harm for young children in the absence of physical injury is particularly difficult because they are unable to speak for themselves, and therefore, are dependent on investigators to recognize the dangers in their environment. Child serving agencies must continue to work to find ways to better identify and protect these young and vul-



nerable victims before severe or fatal injuries occur.

### *Misconception #4: The Violent Offender in a Domestic Violence Incident is the Only Threat to the Child*

*The violent offending caregiver has been imprisoned and therefore no longer has access to the children in the home. The mother has no intention of letting him return to the home. The threat to the children has been removed. – Child protective services representative*

Offending caregivers in domestic violence incidents clearly pose a significant threat to children in the home for all types of child maltreatment. It is important, however, to remember that the threat of harm to children does not lie solely with the violent offender. The adult who was victimized during the domestic violence event may also pose a threat to the child's well-being. Caregivers with unmet emotional needs may have difficulties providing the care and attention children need to promote healthy growth and development. It is imperative that when agencies assess domestically violent environments to determine the risk of harm for children, they consider the statuses of all caregivers when making decisions about the child's safety.

Caregivers who have been victimized by violence may struggle to form strong attachments with their children, putting these children at risk of experiencing a wide range of negative symptoms. The work of Byron Egeland and colleagues on the Minnesota Mother–Child Project exemplifies the importance of this caregiver–child relationship. The study followed a group of children born to first-time

mothers considered to be at-risk for parenting problems because of a lack of education, low income, instability, and a lack of social support. Through periodic follow-up interviews and reports, developmental consequences for different types of child abuse or neglect experienced by these children were recorded and compared. The children who experienced emotional neglect or psychologically unavailable parenting appeared to have the most dramatic consequences. Children of psychologically unavailable mothers often received inconsistent and inadequate care and showed a decline in intellectual functioning by 24 months; exhibited self-injurious behaviors in preschool; experienced low peer acceptance and displayed aggressive behaviors in Elementary School; and had increased aggressiveness, social problems and psychiatric disorders by the time they entered their teenage years.

A caregiver may have every intention of providing appropriate care for their children, but may simply not be at a place emotionally that allows them to do so. Well-intentioned caregivers can still maltreat their children. Although determining intent can aid in assessing whether the threat of harm can be neutralized by providing education to the caregiver, it should not be used as a factor to determine whether a child has been maltreated. Well-intentioned but emotionally unavailable caregivers may benefit greatly from mental health services. The caregiver's own circumstances and emotional difficulties must be addressed and improved before they may be able to adequately support the needs of the children in the home. Strong, healthy caregiver–child attachments must be the desired goal of any intervention plan because it is likely to lead to a more positive outcome for both the caregiver and the children.



DIRECTIONS

## ***Misconception #5: The Threat of Harm for Children Ends When the Domestic Violence Incident Has Been Resolved***

*The charges have been dropped in the domestic violence case and the investigation is now closed. The victim claims that the event was blown out of proportion and that the suspect would never intentionally harm them in any way. – Child protective services representative*

In addition to the violence itself, there are a number of factors that can put children at an increased risk of harm in homes in which domestic violence occurs. These factors must be addressed to ensure the sustainability of a safety plan for the children in the home. Families who experience domestic violence may be struggling with poverty, a lack of education, substance abuse, mental illness, poor housing, or a limited social support system (all risk factors for domestic violence and child maltreatment). Once the investigation phase has concluded, referrals must be made to agencies specifically equipped to help families deal with some of these issues to help reduce stressors that could potentially be contributing to or creating conflict in the household. If the root of the difficulties in the home is not addressed, domestic violence events may continue to occur and the children in the home may be at continued risk.

In some instances, caregivers may withhold information from investigators or otherwise refuse to cooperate with the investigation because they feel they may be further endangering themselves and their children by doing so. Studies tend to validate these fears, often finding negative outcomes for women and children associated with those who flee from

domestically violent homes. In addition to fear of further harm or injury, there are a number of other reasons why a victimized caregiver may choose to remain in the home with a violent offender. The victimized caregiver may depend on the income of the offender and feel an overwhelming sense of helplessness at the thought of attempting to manage expenses alone. They may have grown accustomed to the relationship, particularly if it is a long-term relationship, and fear being alone. Caregivers may also be more likely to stay in the home with the violent offender when that individual is the biological parent of their children. It is also possible for victimized caregivers to feel that there is nowhere else to go, even if they want to leave.

If caregivers do separate, a substantial threat could exist for children in the form of retaliation from one caregiver toward the other. Children can quickly become caught in the middle of these disputes and be at increased risk of substantial emotional and physical harm. A caregiver may force a child to “choose sides” or blame the child for the difficulties in the relationship and subsequent separation. In some cases a caregiver may even purposefully injure the child in an attempt to “get back at” or hurt the other caregiver. Organizations who work with these families must tailor plans to address the stress-specific issues each caregiver may be dealing with and attempt to ensure a safe environment for the children in both homes.

## **Where To Go From Here: A Call to Action**

The complexities involved in these family structures and interconnectedness of the different factors that can be contributing to the creation of these unstable environments make





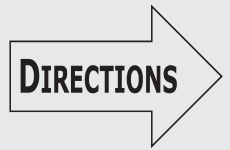
it nearly impossible for a single agency to effectively respond to the various needs of the families. Domestic violence scenes are often chaotic, which can make assessments of the home environment and identification of potential risks of harm to children difficult. The stakes are too high and the burden is too great for any one agency to shoulder the entire responsibility. It is thus imperative that all agencies who are involved in domestic violence investigations come together within their community to establish protocols that ensure efficient utilization of all available resources and to ensure that services are in place after the investigation phase has concluded. These services may often require a mental health component because of the many negative emotional and psychological symptoms often experienced by children who live in domestically violent environments.

Improved awareness of the potential risk of harm to children who live in these environments is likely to lead to increased reporting of incidents to child protective services (particularly in states where individuals are legally mandated to file a report with the agency whenever child abuse or neglect is suspected or known to have occurred). The increasing number of incoming reports is likely to put additional strain on an agency that may already be understaffed and operating on limited funds, further demonstrating the need to develop a multi-disciplinary approach involving local community agencies equipped to work with these complex family structures. Research consistently shows the negative effects of removing children from their home environment. Any concerns related to removal must always be weighed against the threat of harm to the child if they remain in the home. The child's safety must be of utmost concern.

## Research

Although change and improvement is necessary at the community level, on a larger scale, further advances must also be made in research, education, and in-home services. Future research in this area must focus on further exploring and identifying relationships between the underlying complexities that may contribute to caregiver behavior in domestically violent environments. A better understanding of the “whys” behind this destructive behavior is needed to aid in the development of effective intervention programs that promote safety and improve the quality of life for these families. Continued research on the effects of toxic stress is important, and future studies must continue to examine how chronic exposure to stressful stimuli affects children, particularly those in the earliest stages of infancy. Further study into the damaging effects of emotional maltreatment and the underlying emotional effects of other forms of abuse and neglect is also needed. Researchers must continue to seek effective strategies for addressing the many negative health outcomes often related to these “invisible” injuries.

The difficulties in obtaining accurate prevalence data must also be addressed. The lack of data likely results from inconsistencies among agencies in tracking data and the substantial number of cases that go unreported. Efforts must be made to increase opportunity for disclosure of violence or maltreatment, particularly in communities that are known to experience high rates of crime and where many of the known risk factors for violence and maltreatment are present (e.g., poverty, limited education, inadequate housing, drug/alcohol abuse, unemployment). As mandated reporters,



school staff, medical professionals, social services providers, and other individuals who work with children need to be aware of common indicators of child maltreatment and must report these concerns to authorities whenever child abuse or neglect is suspected or known to have occurred.

## Education

Education efforts must promote inclusion and the strengthening of relationships among involved agencies within the community. The fact that children living in these environments are at high risk for both physical and emotional harm must be prominent in training materials for all investigating agencies. All professionals who work with children within the community (e.g., childcare providers, church staff, educators, social services providers, medical professionals, law enforcement officers, child protective services staff) should be aware of common risk factors and warning signs of child maltreatment and domestic violence. Community agencies who work with at-risk families must also be educated about risk factors that may place caregivers at increased risk for perpetrating violence or child maltreatment.

It is also important that medical providers, social service professionals, and education staff understand the many behavioral and cognitive symptoms often experienced by children from these environments. Children who grow up in violent environments and are constantly exposed to stressful stimuli could potentially be misdiagnosed with a medical condition or mental health disorder (e.g., attention-deficit disorder) once they enter the school system. Referrals should be made to mental health providers when indicated, who may be able to help children and their caregivers begin to work through the many behavioral and emotional

symptoms associated with witnessing or experiencing violence or child maltreatment.

## *In-Home Service Programs*

Once investigations have concluded, agencies must continue to coordinate efforts to decrease the likelihood of subsequent violence or child maltreatment in the home. The dangers for women and children associated with fleeing a home where domestic violence occurs necessitates developing programs and intervention plans that will work to keep healthy family structures together whenever possible. Research has often shown that the majority of in-home service efforts do not include male caregivers in their programs. Greater efforts must be made to include all caregivers in these programs. Indeed, each caregiver may interact with the children differently and necessitate individualized instruction.

The development of long-term in-home service programs geared specifically for families with a history of violence may provide the greatest opportunity to directly address underlying issues and create sustainable change. Services must see to the provision of education for all caregivers relating to the negative effects of stress on children of all ages, clearly portray the importance of creating a safe and stable environment for children, and work to reduce stressors for the caregivers in the home in an effort to improve the overall quality of life for these families.

Studies have consistently shown that supportive caregivers can greatly help to alleviate the negative symptoms of child emotional maltreatment. Programs must work to strengthen the child–caregiver bond to provide an additional barrier against emotional or



psychological harm and facilitate the creation of a safe and healthy environment for children.

## Conclusions

Children of all ages who live in a home where domestic violence occurs are at substantial risk for both physical and emotional harm. Physical indicators such as bruises or abrasions are not sufficient grounds for determining exposure to or effects of the violence. Without appropriate intervention, child victims of domestic violence and emotional maltreatment will likely continue to experience worsening negative symptoms and be at risk for a wide range

of social, behavioral, physical, and emotional difficulties, many of which can be long-term or irreversible. Future efforts must include advances in research, education, and the development of a consistent method of responding to these incidents at the community-level to encourage a well-coordinated and effective multi-disciplinary response. Intervention and education efforts must attempt to alleviate stressors and work with all caregivers to improve the quality of life for these vulnerable children and their families.

**Keywords:** domestic violence; emotional maltreatment; child maltreatment; toxic stress; child abuse; mental health; multidisciplinary

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