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## Emotional Abuse in Children Under Five

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Philadelphia College of Osteopathic Medicine  
Graduate Program in Biomedical Sciences  
School of Health Sciences

**Emotional Abuse in Children Under Five**

A Capstone in Public and Population Health Leadership by Julia Perfidio  
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Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Science  
in Biomedical Sciences, Public and Population Health Leadership Concentration  
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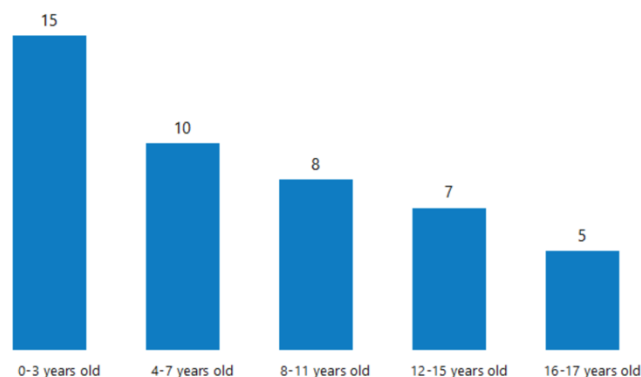
## **ABSTRACT**

This capstone project aims to discuss the difficulties in diagnosing and assessing the risk of emotional abuse in children under five. Emotional abuse is often broadly defined but can be generalized as abuse where a guardian will excessively criticize a child and make them feel unwanted [10]. Diagnosing emotional abuse in this age group is difficult as children are less likely to be around outsiders (non-family members) who could detect these signs. In addition, the signs and definitions of emotional abuse are unique to each case and vary among states [8,10,11]. Emotional abuse could affect the child's development and then leave lasting marks on the adult life, potentially causing depression and emotional dysregulation [6,10]. This paper uses various sources such as a forensic nursing journal, PubMed articles, and various child welfare organizations. This paper aims to bring awareness to the difficulties of diagnosing emotional abuse in children of this age group and present possible ways of creating a protocol that could help in diagnosis. Protocols need to be implemented for physicians, daycare teachers, and others in contact with children to alleviate the effects of emotional abuse.

## INTRODUCTION

Child abuse in the United States (and globally) is a major Public Health crisis, and the effects of child abuse have been shown to leave lasting marks, both mentally and physically [6]. Statistics from the American Society for the Positive Care of Children (American SPCC) note that there have been over four million child abuse and maltreatment cases reported and that approximately “five children die every day from child abuse” [4]. There are four major categories of abuse that children face: physical, sexual, emotional (or psychological), and neglect [4]. After further delving into the information about child abuse, most definitions and laws surrounding prevention and care are defined for physical, sexual, and neglect; however, the explanations for emotional abuse are broader [11]. Other statistics surrounding child abuse have noted that children under the age of one year old are some of the greatest victims of child abuse and that seventy-five percent of deaths resulting from child abuse occur in children under the age of three [9]. This lack of a concise definition of emotional abuse and the severity of cases in this age bracket has been the motivating factor in choosing an area to focus on.

### Child Maltreatment\* Rate (Unique Victims per 1,000 Population), by Age: 2017



\*Child Maltreatment refers to substantiated victims  
 Source: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2019). Child Maltreatment 2017. Retrieved from <https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>

**Figure 1.** Child Abuse Across Different Age Groups This figure shows data from 2017. The figure is showing how many children are affected (per 1000) in each age bracket. The chart shows that children ages 0-3 experience greater amounts of abuse.

## BACKGROUND

### Defining Emotional Abuse

As previously mentioned, the definition of emotional abuse is much broader and can lead to some confusion when states come up with legislature. In the United States, The Federal Child Abuse Prevention and Treatment Act (CAPTA) has created a broad definition of child abuse that encompasses all different types of abuse. The individual states then interpret to decide their definitions of abuse. CAPTA defines abuse as: “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, any act or failure to act which presents an imminent risk of serious harm. [11]” This is the national, all-encompassing definition of child abuse, which is then interpreted from state to state and

taken into consideration for each state's law. To highlight the variety of definitions, please see the following table and refer back as necessary.

### Defining Child Abuse Across Various Sources

Definition	Resource
“When a parent treats a child in ways that make the child feel unwanted, or like a bad person so much that the child’s normal development, learning or behavior suffers. This may include harshly criticizing or frequently blaming the child or making the child feel unwanted”	<i>Thewholechild.org</i> [10]
“an aggressive attitude towards a child, which is not physical in nature, and may include verbal assaults on one's sense of worth or well-being or any humiliating or demeaning behavior”	Christ, C., et al., 2019 [6]
“serious mental injury” that has been diagnosed by a “physician or licensed psychologist” that includes the following: A child that is “chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic, or in reasonable fear that the child's life or safety is threatened” OR “Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks [14]”	<i>Childwelfare.gov</i> ; Pennsylvania’s definition of child abuse
“[an] abused or neglected child' includes a child under age 18 who is in an institution, and either of the following applies: <ul style="list-style-type: none"> <li>• Has been placed there inappropriately for a continued period with the knowledge that the placement has resulted or may continue to result in harm to the child's mental or physical well-being</li> <li>• Who has been willfully isolated from ordinary social contact under circumstances that indicate emotional or social deprivation [14]”</li> </ul>	<i>Childwelfare.gov</i> ; New Jersey’s definition of child abuse
“threats to inflict undue physical or emotional harm, and/or chronic or recurring incidents of ridiculing, demeaning, making derogatory remarks or cursing [14]”	<i>Childwelfare.gov</i> ; Delaware’s definition of child abuse

**Table 1.** Defining Child Abuse Across Various Sources

Table showing emotional abuse definitions and highlighting the variation across multiple sources. Please note that these definitions are strictly related to emotional abuse and no other forms of major child abuse.

## **Signs of Child Abuse and Lasting Effects**

Every child is different, and as the definitions of emotional abuse vary, so does the inflicted abuse. Therefore, detecting emotional abuse in children can be difficult; their signs can be very different. Some examples of abuse can be that children can reject affection from their parent (or caretaker), but they could also be clingy with their parents; either way, the child will usually show behavioral signs on extreme ends of the spectrum [10]. The signs of abuse could also result in changes in their behavior: their speech and other developmental milestones could revert back, with a child speaking less or acting younger than their age or their other milestones in development can be delayed; for example, they might walk and talk later than other children [10]. On the other hand, children could act more mature than others their age, acting as a protective parent to another child. Thus, the signs of child abuse are very different among children, and with every child developing differently, even those signs can be hard to pinpoint. The following chart outlines some of the most common signs of emotional abuse for reference later.

### Signs of Emotional Abuse

Type of Behavior	Examples
<b>Extremes in behavior regarding the parents</b>	<ul style="list-style-type: none"> <li>- Rejecting affection from parents</li> <li>- Excessive clinging to parents</li> </ul> Acting out – angry or depressed
<b>Changes in behavior/personality</b>	<ul style="list-style-type: none"> <li>- An outgoing child might start acting compliant/passive</li> <li>- A mild acting child might be more demanding and aggressive</li> </ul>
<b>Changes in Communication</b>	<ul style="list-style-type: none"> <li>- Talking less</li> <li>- Develop a stutter or other speech disorder</li> </ul>
<b>Inappropriate Behavior</b>	<ul style="list-style-type: none"> <li>- Acting like an adult → being protective over other children</li> <li>- Acting younger than their age / regressing</li> </ul>
<b>Delays in development (physical or emotional)</b>	<ul style="list-style-type: none"> <li>- Walking later</li> <li>- Talking later</li> <li>- Having excessive tantrums</li> </ul>
<b>Non-existent Medical Issues</b>	<ul style="list-style-type: none"> <li>- Complaining of stomach pain when they are not sick</li> <li>- Complaining of headaches that they do not have</li> </ul>
<b>Concerning Statements</b>	<ul style="list-style-type: none"> <li>- A child asking things like, "why does mommy think I am bad?"</li> </ul>

**Table 2.** Signs of Emotional Abuse in Children Under 5 Years of Age

Some of the most common signs of emotional abuse in children of this age bracket with examples included. Most signs of abuse are found in the article on *thewholechild.org* [10].

The lasting effects of childhood emotional abuse (CEA) is another area for research to be done. A study attempts to link CEA with depression, and they have highlighted that CEA and depression seem to be better linked than depression is with childhood sexual abuse and childhood physical abuse [6]. This study also defines the relationship between CEA and emotional dysregulation, which is the inability to manage emotions and your emotional response [2,6]. Some research suggests that emotional



abuse as a child can lead to interpersonal problems (which is a lack of social relationships and social support); however, some research does contradict this finding [6].

### **Detecting Emotional Abuse**

To reiterate, there are some common signs to detecting emotional abuse in children under the age of five, most generally would be showing signs of extreme behaviors – acting too young or too mature, avoiding affection or clinging to parents, etc. (see Table 2 above for more). An article for a forensic nursing journal written in 2017 provides a review of the available literature that surrounds screening tools used for childhood abuse. In this article, they break down the types of screening tools for the four categories of abuse. When it mentions psychological abuse screening, they state there were no tools found in the literature to screen for psychological abuse [9]. A feasibility study conducted in three South European countries has started to develop a screening tool for neglect and physical and emotional abuse [8]. In their screening tool, they had a questionnaire for healthcare workers to fill out in suspected cases. The questions they included for emotional abuse detection were based on the interaction between the caregiver and the child. Some questions included: "coldness and/or detachment? Tension and/or excessive anxiety? [8]." The review article from a nursing journal solidified a lack of guidance when trying to diagnose emotional abuse. As Sara Oon points out in her piece, 46% of child abuse in Michigan was from emotional abuse, but in Illinois, less than 1% of child abuse cases were from emotional abuse [11]. Sara Oon raises the shocking question discussing these disparities, asking how is it possible that two states (similar in the region at that) can have such vastly different percentages of children facing emotional abuse [11]? The screening for emotional abuse is not consistent. There have

shown to be inconsistencies in the definition of emotional abuse itself, as seen in just a few of the listed definitions in Table 1.

Emotional abuse is a public health issue that affects child-to-adult relationships as well as adult-to-adult relationships. It is no secret that domestic violence in adult relationships but does not just mean physical abuse because emotional abuse exists there too. In addition, some of the signs of emotional abuse in adults are surprisingly quite similar when reading about things to look for. The following table has provided some insight into the signs of emotional abuse in adult relationships, mostly from how the abuser treats the person being abused. This information could help people working with young children interpret the parent's behavior and be incorporated into a diagnostic screening of abuse, which will be discussed later.

<b>Emotional Abuse in Adult Relationships</b>	
<b>Behavior</b>	<b>Example</b>
<b>Things Seem "perfect."</b>	<ul style="list-style-type: none"> <li>- The start of the relationship seems perfect.</li> <li>- The partner puts on an act in public: they seem charming, but things are different when you are not in public.</li> </ul>
<b>No Separation / Space</b>	<ul style="list-style-type: none"> <li>- Controlling, protective, possessive, mistrusting</li> <li>- Accuse the other person of being abusive, and they turn things around on the other person.</li> </ul>
<b>Belittling the Partner</b>	<ul style="list-style-type: none"> <li>- Putting the other person down, insulting their looks/ behavior</li> <li>- Publicly embarrassing the other person</li> </ul>
<b>Guilt Tripping</b>	<ul style="list-style-type: none"> <li>- Using manipulation tactics</li> </ul>

**Table 3.** Emotional Abuse in Adult Relationships.

This table provides a few examples of emotional abuse in adult relationships based on how the abuser treats the person they are abusing. The information was found from *healthline.com* [13] and Mental Health America [1].

## **Laws Regarding Child Abuse**

As mentioned previously, all states are required by CAPTA to have certain procedures put in place when it comes to child abuse. Under CAPTA, some people are required to report suspected abuse, mandated by state law [5]. There are a few different stages where states determine their laws of child abuse – the reporting stage, definitions of child abuse, and the last stage is after child abuse has been reported and helps determine if a child should be removed from the home for protection during the process [14]. Each state has its laws and sometimes can seem redundant, or they can be vastly different. Still, for the sake of this paper and the location of Philadelphia College of Osteopathic Medicine, the focus will be on Pennsylvania, New Jersey, and Delaware.

To an extent, the definitions of who must report child abuse are common amongst most of the States. In about 47 states, professionals who are required to report child abuse include those who have frequent contact with children, including but not limited to social workers, teachers, principals, physicians, nurses, counselors, therapists, childcare providers, medical examiners, coroners, and law enforcement officers to name a few [5]. Other states (18 states and Puerto Rico) also require any person who suspects abuse to report it, regardless of the profession [5]. For these professionals who are required to report abuse, they have what is termed an "institutional responsibility to report," which means that if they work in an institution such as a school or hospital that they are required to report at the time that they suspect any abuse [5]. In these mandatory reports of child abuse, there are certain standards and privileges that the reporters have. For example, when making a report, the reporter must report the facts that lead them to suspect that there is abuse or neglect present, but they are not required to provide proof. There is also

the term "privileged communications," which discusses a professional and their client's right to maintain confidentiality; however, in most states, there are exceptions in the case to protect maltreated children and not give an excuse to fail to report suspected abuse [5]. Examples of cases where these confidentiality are denied are in the case of the physician-patient and husband-wife privilege. In the case of the reporter, in most states, there is a toll-free number people can call to make an anonymous report, and in 44 states, the "identity of the reporter is specifically protected from disclosure to the alleged perpetrator [5]."

### **Pennsylvania, New Jersey, and Delaware Law**

All states may vary in some ways or be similar to others, but this paper will focus solely on highlighting some of the laws and statutes in PA, NJ, and DE to avoid unnecessary length and redundancies. In the state of Pennsylvania in 1975, the PA Child Protective Services Law (CPSL) was developed to protect children from being subject to continued abuse and other things, such as trying to preserve and stabilize the family where possible [12]. Based on the CPSL, child abuse is a recent act (within two years) in which a perpetrator causes nonaccidental injury (physical or mental) to a child under 18 or sexual abuse/sexual exploitation of a child under 18 (this has no time limit) [12]. Concerning how Pennsylvania defines emotional abuse, please see Table 1 (above). The state of PA focuses on a diagnosed case of emotional abuse that includes a severe injury already being in place to the child. In PA, the toll-free number is Childline (1-800-932-0313) to call if there is suspected abuse. The mandated reports for PA are the same as outline previously. In PA, the law requires the county and a youth agency to begin an

investigation within 24 hours of the report and must be completed within 30 days unless otherwise noted [12].

In New Jersey, the residents (no matter what profession) must report abuse if they have reasonable cause [7,14]. The definitions of child abuse in New Jersey are some of the most detailed, so for this paper, the focus will be on the definition of emotional abuse and has already been outlined in Table 1 (above). Suppose emotional abuse (or any other abuse) is suspected. In that case, the person with a reasonable cause is expected to report the information to the State Central Registry (SCR). If the child is in immediate danger, they should call 911 and 1-877-652-2873, do not need proof and report anonymously [7]. After a report is made, an investigator from the Division of Child Protection and Permanency will start the investigation within 24 hours of the report [7].

The state of Delaware also has a very detailed breakdown of definitions of physical abuse, neglect, sexual abuse/exploitation, and emotional abuse, so once again, the focus will be on defining emotional abuse, also mentioned in Table 1. In addition, Delaware child welfare organizations outline that all suspected abuse needs to be "reported to the Division of Family Services (DFS) Child Abuse and Neglect Report Line" at 1-800-292-9582 or using an online portal; reports may also be made to 9-1-1 or other law enforcement but not without contacting the DFS [15]. Delaware also similarly states that reporters are not required to provide proof. As long as reports are made in good faith and "based on reasonable grounds," they will not be charged with anything in the case that their report was not valid and the child was not being abused [15].

## **RESEARCH STRATEGIES**

The research presented in this paper comes from a variety of different sources. Some of the articles referenced were those that performed research conducted and produced for PubMed; a few articles were found from child wellness organizations aiming to raise awareness about public health issues related to children. There are also a few resources presented from state websites and one article from a news organization. To determine the long-term effects of emotional abuse, a few articles were found from PubMed was used to highlight that. The articles mentioned focused on emotional dysregulation due to childhood abuse and how it may lead to an increase in signs of depression into adulthood [2, 6]. Another PubMed article (the article that inspired this paper) discusses the development process of a screening tool in three European countries [8]. A majority of the sources mentioned throughout the body of the paper came from various organizations dedicated to bringing awareness to child welfare issues. These websites provided useful information in presenting the signs of abuse in the specific age bracket this paper focused on, abuse statistics, and how the United States laws vary when reporting abuse [4,5,10,14]. Two sources were used to provide insight into the lack of information regarding emotional abuse, a new article that raises questions about the disparities between states and overall laws and a nursing journal that discusses the current literature about screening for childhood abuse and the lack of literature focusing on emotional abuse [9,11]. Other resources used were from state websites, specifically Pennsylvania, New Jersey, and Delaware, to give information and numbers to call when reporting abuse [7,12,15]. The final type of research conducted to add to this paper

focused on signs of emotional abuse in adult relationships to highlight the similarities in children being abused emotionally [1,13

].

## **DISCUSSION**

The topic of abuse in children is tough because it is so sensitive, but the massive public health issue remains to make it a necessary area of discussion and to further the research. There are a few different things this discussion area will focus on: (1) the lack of current literature regarding screening of emotional abuse, (2) discuss how emotional abuse in adult relationships compares to childhood emotional abuse, and (3) potential ways to better train those who would be considered a mandatory reporter.

Throughout the research conducted and reviewed, there has been a clear lack of information surrounding emotional abuse and in many different ways. There is no clear and concise way to define emotional abuse or screen for it. The definitions that were provided in Table 1 show proof of this. Three neighboring states can have all very different classifications of what emotional abuse looks like, and that can still vary from the general definition provided by some awareness organizations. For example, Pennsylvania's definition focuses on children who have been diagnosed by a professional, and New Jersey's definition requires a child to be institutionalized. In contrast, Delaware has a more traditional take on the definition, discussing a child harmed by ridiculing and demeaning behavior from an adult. The definitions for Pennsylvania and New Jersey are prime examples of why there needs to be continued research on this topic, especially for

the 0-5 years of age group. The abuse would most likely need to be severe and obvious for a child to have been institutionalized or diagnosed by a psychiatrist at this age. The damage that occurred during these crucial years of cognitive development could be severely debilitating later on. The article reviewing literature for child abuse screening made it evident that while there are many different protocols that are done for physical and sexual abuse, the same was not true for the case of emotional abuse.

Emotional abuse does not only occur in children with their guardians, but this is also something that is unfortunately seen among many adult relationships and is a form of domestic abuse. This lack of literature for emotional abuse screening led to how adult emotional abuse is perceived and researched. The findings ended up being quite interesting because of some of the similarities of the abuse. When looking at detecting emotional abuse in a romantic relationship, many of the signs were characterized by how the abuser treats the person being abused, which gives some interesting context to some potential ways to screen children. Before getting into that, however, there were some similarities in the behavior of the abuser in adult relationships and some of the definitions of emotional abuse from Table 1. In Table 3, there were four overarching types of adult emotional abuse signs that seemed very similar to some of the signs seen in children. The way someone emotionally abuses their partner was very similar to how someone would abuse their child, even though the presenting signs of abuse may show up a little differently. Among the few definitions of CEA mentioned, the definitions can be summed up into the following: verbally assaulting a child, criticizing them, blaming them for something, humiliating them, or being demeaning. This is all very similar to the signs of abusive relationships – controlling their partner, belittling them, embarrassing them in



front of others, and putting them down. While the dynamics of a parent-child relationship and a romantic relationship are two very different things, the behaviors typically seen are extremely similar.

For adults in an emotionally abusive relationship, many of the articles put out there are things that someone who thinks they are being abused would read and then self-diagnose their relationship. Of course, this is not something that a child in this age group would be able to do, but it could be beneficial to those aforementioned mandatory reporters. For adult relationships, these are tell-tale signs of an emotionally abusive relationship. Someone who is in one of these situations can look up the signs themselves and, when they are ready, contact certain hotlines to help get them out of the situation, but a child under the age of five cannot do this for themselves; they need someone to be able to recognize these signs and get them help. This is where the lack of a defined protocol comes into play. The parallel in the behavior of the abuser is a key factor that should be considered when trying to determine if a child is experiencing this emotional abuse. It is hard for a child to advocate for themselves, so an outsider will most likely need to be the one to do this for them, and most likely someone who is a mandatory reporter. Signs of emotional abuse may be much easier detected by a trained professional (a psychiatrist, pediatrician, social worker) but not as obvious to someone who is around children much more often, so this is where the focus should initially be. Still, there does need to be some standard protocol implemented into routine pediatric care visits.

The initial focus should be on training the daycare and preschool teachers. Children who are in some sort of schooling spend the most time with their teachers and teaching aids, so these people will be the most likely to catch the signs (as long as they

know what to look for). Teachers will interact with the parents when they pick their child up from school or generally see how they are developing and progressing through their skills; they will see how they interact with other children. All of the signs that have been discussed will likely show up at some point, and if the teachers know what to look for, they will be great advocates for that child. Providing these professionals with mandatory training (possibly during in-service days at school) and giving them a handout with the necessary steps to report a suspected case of abuse should be a protocol that is implemented into these systems. There also should be some standard protocol and performed regularly in the medical setting of pediatric care. As far as the literature discussed in this paper is concerned, there has not been any reported necessary screening for emotional abuse in these visits, which should be implemented. An example could be a questionnaire developed for medical professionals to ask in every primary care visit. In this questionnaire, they can ask the parents and guardians some things to gauge the relationship. This could help in more ways than just determining if a child is being abused; it could help discover that a parent may not be abusing their child; they may be struggling (which could lead to abuse later down the line due to frustration). If the healthcare professional finds that a parent may be struggling with something, they could help guide them through the process, and it can just open up the space for conversation. Suppose this type of screening is not an option to implement. In that case, there could be some routine screening that a physician fills out after every general visit, based on what they have seen through how the family interacts with each other, much like the one studied by the three European countries [8]. This screening questionnaire has been added to the appendix for reference.

## **RECOMMENDATIONS FOR FUTURE STUDIES**

There needs to be ongoing research done to combat the public health crisis that surrounds childhood abuse. This paper highlights the lack of literature around screening for emotional abuse and the severe, lasting effects of this CEA into adulthood. Sara Oon had discussed the disparities in the number of reports of emotional abuse that were so drastic it clearly shows how dysregulated the reporting and measurement of emotional abuse is. This raises the question, why? Why is there such a lack of measurement of emotional abuse in children compared to how physical and sexual abuse is measured? Does it have to do with emotional intelligence largely gaining more acknowledgment in recent years? This is a possible area for future studies to be conducted to determine a reason why there is still this gap between emotional abuse and other types of abuse, especially when it has been shown to have such lasting effects into adulthood.

There is also the aspect of what is done after emotional abuse has been detected, reported, and investigated. What is done to help combat the effects of CEA and give these children the best outcomes possible? Do they get put into therapy or have support systems and groups they can attend? As briefly mentioned when discussing abuse in adult relationships, these victims can advocate for themselves (when and if they feel ready to do so), and they can call these hotlines to help them get out of the situation they are in, and there are also numerous support groups to help, could this be something implemented into helping the children who are faced with a similar situation? This area of research could open up a lot of potential for other areas of research, possibly comparing the effects

of therapy to those who had received some support after the abuse versus those who had not.

The other essential area for future research is developing a universal protocol for those who are considered mandatory reporters (and people with a similar position who may not be deemed a mandatory reporter based on state law: physicians, social workers, teachers, etc.). There needs to be some type of screening implemented into the medical setting, whether it be one where the physician opens up a discussion with the parents and gauges the relationship or one that is filled out based on what the physician sees after the visit. This second option would require some training to highlight the signs of an emotionally abusive relationship and could still lead to emotional abuse being missed based on the short nature of a visit. More research needs to be done to create a screening tool for the professionals who spend the most time with children but may not have the background to help them see signs of abuse. Implementing this training will provide those who see children the most with the information they need to be educated on the signs of abuse and potentially get the quickest help to the child.

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## APPENDIX

Question	Yes	No	Not applicable
1. In the case of noticing a physical trauma/mark or being informed about an accident:			
a. Is the caregiver's story consistent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Could the accident/physical trauma have been avoided or prevented with age-appropriate supervision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is the caregiver-infant/toddler interaction characterized by (a, b and c are NOT mutually exclusive):			
a. anger and/or hostility?	<input type="radio"/>	<input type="radio"/>	
b. coldness and/or detachment?	<input type="radio"/>	<input type="radio"/>	
c. tension and/or excessive anxiety?	<input type="radio"/>	<input type="radio"/>	
3. Does the caregiver handle the infant/toddler in a physically rough and/or harming way?	<input type="radio"/>	<input type="radio"/>	
4. Are there any other signals that make you doubt:			
a. the physical safety of the infant/toddler?	<input type="radio"/>	<input type="radio"/>	
b. the emotional safety of the infant/toddler?	<input type="radio"/>	<input type="radio"/>	
5. Is there any other risk factor that makes you doubt the safety and/or the appropriateness of care for this infant/toddler?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, please specify:			

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Example of a screening tool developed by researchers in South Europe. This screening tool was used to assess the risk of emotional abuse, physical abuse, and maltreatment of children under three [8].