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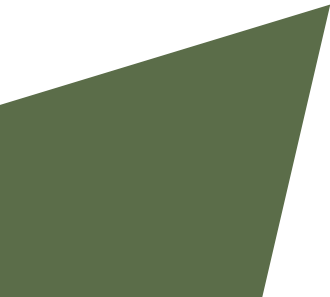
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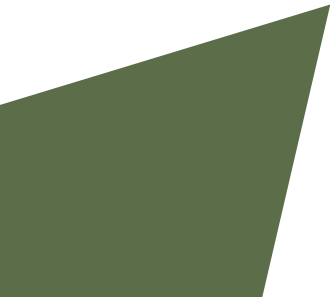
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**Awareness for Emotional Abuse- Helping prevent the problem**

**Bharat Bhushan**

## **ABSTRACT**

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*All abuse is about power and control, and the abuser uses tactics to exert power and control over his or her victims. Emotional abuse is any kind of non-physical abuse imposed from one person to another. Victims of emotional abuse are subjected to repeated threats, manipulation, intimidation, and isolation that cause them to feel anxiety, fear, self-blame, and worthlessness. They can become convinced that no one else cares or wants them. Frequently they stay in abusive situations because they believe they have nowhere else to go. In contrast to physical violence, emotional violence is not easily identified because it is not readily evident. Emotional abuse can sometimes predict physical violence.*

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## INTRODUCTION

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The foundations for good mental health are laid down in the emotional development that occurs in infancy and later childhood and appears to be dependent upon the quality and frequency of response to an infant or child from a parent or primary caregiver (O'Hagan 1993; Oates 1996). The parental response to the infant's emotions or expressive behaviours usually results in the formation of an attachment bond between the two. This bond develops in the early months and years of life, and is closely linked to the behavioural response of the parent and the ongoing cycle of parent-child interaction.

Bowlby (1969) proposed that for humans, and for infants in particular, survival depends to some extent on having access to such an attachment figure, usually a parent and most commonly the mother. Such attachment experiences have a profound influence on the development of other interpersonal relationships that form in later childhood or adult life, and have implications for the way in which adults subsequently relate to their own children (Oates 1996).

Where a child experiences a warm, intimate and continuous relationship with her or his mother or other care-giver, that child would thrive. Conversely, an unresponsive parent, or one who responds inappropriately to a child's needs, would increase the likelihood of the child becoming anxious and insecure in its attachment.

If a parent inadvertently or deliberately engages in a pattern of inappropriate emotional responses, the child can be said to have experienced *emotional abuse* (O'Hagan 1993). Emotional abuse is the least studied of all the forms of child maltreatment and its etiology (i.e. theories of causation) is less developed (National Research Council 1993).

Research into the impact and prevalence of emotional abuse has been plagued with disagreements about how to define it, measure it and treat it (Nesbit & Karagianis 1987; Giovannoni 1989; Claussen & Crittenden 1991; McGee & Wolfe 1991; O'Hagan 1993). The failure to overcome these issues has been taken as an explanation for the omission of emotional abuse from most policy agendas and research programs (Frost 1982, as cited in Daro 1988).

The precise relationship between emotional abuse and other forms of maltreatment is currently not known (National Research Council 1993). Emotional abuse may occur as a distinct form of abuse (e.g. verbal abuse, threats to abandon a child, witnessing domestic violence) (Navarre 1987), or in conjunction with other forms of maltreatment (Herrenkohl 1990). It is increasingly



considered to be the core issue in all forms of child abuse and neglect (Hart, Germain & Brassard 1987; Navarre 1987; McGee & Wolfe 1991).

Not only does emotional abuse appear to be the most prevalent form of child maltreatment, but some professionals believe it to produce the most destructive consequences (Garbarino & Vondra 1987). The effects of emotional abuse may be manifested in the sense of helplessness and worthlessness often experienced by physically abused children (Hyman 1987), in the sense of violation and shame found in sexually abused children (Brassard & McNeil 1987), or in the lack of environmental stimulation and support for normal development found in neglected children (Schakel 1987).

O'Hagan (1993) has further argued that it is the emotional and psychological trauma associated with physical and sexual abuse that has the most detrimental impact on the development of children, a view supported by the United Kingdom's National Commission of Inquiry into the Prevention of Child Abuse (1996).

On the basis of a sub-sample of 721 letters submitted by adults who had been abused as children the National Commission determined that 80 per cent of respondents who had experienced sexual abuse in combination with physical and/or emotional abuse felt that the emotional abuse was most damaging in the long term.

Similar findings were confirmed by Briggs (1995) in interviews with men allegedly sexually, physically and emotionally abused by caregivers while in Christian Brothers boarding schools in Western Australia. Children may recover from physical pain and injuries, but may never recover from the terror, degradation, humiliation or breach of trust involved in sexual abuse (Briggs 1995; Briggs & Hawkins 1996).

However, unlike the more visible consequences of physical abuse or neglect, the consequences of emotional abuse have not been extensively investigated, because they are more elusive (Herrenkohl 1990). Most maltreatment typologies tend to use emotional abuse as a residual category, encapsulating the forms of maltreatment not captured by the categories of physical abuse, sexual abuse or neglect (Daro 1988).

Consequently, the effectiveness of the response to emotionally abused children has been questioned by a number of authors. Melton and Davidson (1987) have maintained that the concept of emotional abuse may be too imprecise for use as a basis for state intervention with families.

Bourton and Burnham (1992) describe their experience of social workers visiting families without a clear agenda for intervention, at times manufacturing a crisis to resolve a chronic situation. Garbarino and Vondra (1987) have argued that children appear to suffer not only from the identified abuse, but also from the iatrogenic effects (where the treatment causes more damage than the illness itself) of the protective and therapeutic systems designed to assist them to recover from the experience - commonly known as 'systems abuse'.

## **TERMINOLOGY**

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One of the main issues in defining emotional abuse is the search for agreement on the most accurate term to describe it. A variety of labels appear to be used interchangeably with emotional abuse: mental cruelty (Navarre 1987); psychological maltreatment (Hart, Germain & Brassard 1987); emotional neglect (Whiting 1976; Junewicz 1983); mental injury (Kavanagh 1982); psychological battering (Garbarino, Guttman & Seeley 1986); and coercive family processes (Patterson 1982). Each term appears to reflect an attempt to incorporate within it a resolution of issues related to the following.

First, whether the abuse is intentional. For example, *emotional neglect* reflects acts of omission, a failure to take action; that is, the caregiver may not be aware that her/his behaviour or attitude is abusive. In contrast, a key assumption of *mental cruelty* and *psychological battering* is the caregiver's intent to cause harm; in other words, an act of commission.

Second, whether there is a difference in the processes affected by this form of abuse. For example, *psychological maltreatment* focuses on the impact on the mental abilities of a child, such as intelligence, memory, recognition and attention. However, *emotional abuse* places a greater significance on the impact on a child's feelings and capacity to express emotion and develop relationships (O'Hagan 1993).

Third, 'goodness of fit' within a legislative framework requires differing standards of evidence to aid in decision making.

Fourth, the emphasis placed on patterns in family relationships (attachments) as a cause of children's distorted social learning processes (Patterson 1982).

Clearly there is a need to examine the terminology employed in the process of defining emotional abuse. In the following sections, the term 'emotional abuse' has been adopted to facilitate the writing process; it does not reflect a premature resolution of these issues.

## **LEGAL DEFINITION**

Nowhere is the need for clarity of definition more important than in child protection policy and legislation. Emotional abuse was recognised as a separate form of child maltreatment by legislators in the United Kingdom in the 1980s. However, it had been part of the child abuse statutes in several states within the United States as early as 1977 (Iwaniec 1995).

The language employed in the drafting of state laws which deal with emotional abuse has a direct influence on the successful adjudication of subsequent cases brought before the court. It affects the regulations, guidelines and policies of child protection agencies; the personal attitudes and training of child protection caseworkers; the opinions and competency of the lawyers representing the state; and the attitudes and knowledge of the judges deciding such cases (Corson & Davidson 1987).

It is contended that the definition of emotional abuse in most Australian and United States statutes reflects the history of confusion often associated with issues surrounding emotional abuse within the research and practice fields.

In a review of the United States federal and state legislative frameworks for emotional abuse, Corson and Davidson (1987) concluded that, even where statutes made reference to emotional abuse, the relevant provisions were too imprecise for much case law to have been produced in the area. Similarly, McGee and Wolfe (1991) noted that many legal and procedural definitions of emotional abuse were so broad that caseworkers commonly assumed that emotional abuse rarely existed on its own. Rather, it is assumed to occur primarily in combination with other types of child maltreatment.

With rare exceptions (e.g. Newfoundland and Alberta, Canada), few legally mandated definitions of emotional abuse exist that explicitly define a threshold or criterion for state intervention, or the nature of emotionally abusive parental acts (Wolfe 1991).

However, the degree of observable behavioural disruption required when considering whether or not a child needs legal protection, *has* been described (Wolfe 1991). For example, the American Bar Association (Corson & Davidson 1987) recommends protective intervention only when a child is already suffering serious emotional damage as evidenced by severe anxiety, depression, withdrawal, self-harming behaviour or aggressive behaviour towards others, and where the child's parents are unwilling to provide appropriate treatment.

## PREVALENCE

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Emotional abuse does not leave physical injuries and its ongoing nature usually means there is no crisis which would precipitate its identification by the health, welfare or criminal justice systems (Oates 1996). For that reason emotional abuse is the most hidden and underestimated form of child maltreatment. Of the data available, and depending on the definition adopted, estimates of the prevalence of 'psychological maltreatment' vary from between 0.69 to 25.7 per cent of children (Fortin & Chamberland 1995). Emotional abuse accounts for approximately 7 per cent of all reported cases of child maltreatment across the United States (Second National Incidence Study 1986, NCANDS 1990, as cited in National Research Council 1993). However, the absence of operational definitions and true standards of severity means that the true occurrence of the extent of emotional abuse is unknown (National Research Council 1993).

The most recent national Australian data, produced by the Australian Institute of Health and Welfare, indicate that in 1995-96 emotional abuse cases accounted for 31 per cent of substantiated child maltreatment cases. The rate of emotional abuse among those aged 0-16 years (based on the number of substantiated child protection cases for the year) was 0.2 per cent (Broadbent & Bentley 1997). No other estimates of the prevalence or incidence of emotional abuse in Australia are known to the authors.

A more detailed investigation of the substantiation rates of emotional abuse cases across the nation serves to high-light the effect that variations in State and Territory child protection practices, legislation and policy contexts may have on the observable prevalence of emotional abuse.

The first national statistics (for 1988-89) describing rates of substantiated child maltreatment were presented at the opening of the Australian Child Protection Conference in 1990 (Calvert 1990) (see Table 1).

**Table 1: State and Territory breakdown of 1988-89 national child abuse and neglect case statistics by type of abuse**

State or Territory*	Type of Abuse			
	Physical	Emotional	Neglect	Sexual
New South Wales	24.1	17.5	29.7	28.4
Victoria	15.0	48.3	28.2	8.5
Queensland	26.1	16.7	37.7	19.5
Western Australia	30.3	3.2	29.8	36.7

South Australia	39.5	6.0	24.2	29.0
Tasmania	53.0	4.0	7.0	30.0
Northern Territory	32.0	3.0	34.0	31.0
AUSTRALIA	31.4	14.1	27.7	26.2

As Goddard and Carew (1993) note: 'Even a cursory glance at this table reveals extraordinary differences in how abuse is defined, with almost half (48.3 per cent) of the referrals in Victoria classified as emotional abuse compared to an average of just over 8 per cent for the other States (ranging from 3 per cent in the Northern Territory to nearly 18 per cent in NSW). Even allowing for differences in reporting and data collection, it can only be assumed that even within Australia child abuse is defined differently' (Goddard & Carew 1993, p.208).

Unquestionably, the category of emotional abuse reflects the widest range of substantiation rates in comparison to other maltreatment types. It is also apparent from these figures that determining the prevalence of emotional abuse across Australia has been hampered by the failure to achieve an acceptable operational definition and standards of severity. For emotional abuse, as for other forms of child maltreatment, the debate about what is excluded or included in a definition of abuse ultimately affects how much of it can be identified.

Data compiled from a number of different Australian Institute of Health and Welfare child abuse and neglect Annual Reports (Angus, Wilkinson & Zabar 1994; Angus & Woodward 1995; Broadbent & Bentley 1997) indicate that the wide disparity in the range of substantiation rates of emotional abuse nationally has continued over the past decade (see Table 2). Indeed, no other form of child maltreatment appears to match the order of this difference.

**Table 2: Percentage of cases substantiated as emotional abuse by State and Territory, 1991-96.**

State or Territory	1995-96	1993-94	1995-96
New South Wales	32	33	38
Victoria	31	30	36
Queensland	16	16	19
Western Australia	4	5	4
South Australia	10	14	17

Tasmania	5	11	6
Australian Capital Territory	19	37	24
Northern Territory	1	8	7
AUSTRALIA	25	27	31

It would appear that just as different definitions of emotional abuse can produce different rates of child protection notifications and substantiations, so too can definitions affect the extent of legal protective intervention undertaken on the grounds of emotional abuse. Goddard contends, for example, that emotional abuse is 'virtually impossible to persuade the courts to recognise' (1996, p.38); however, this is not necessarily the case.

In Victoria, 46 per cent of all child maltreatment cases in 1994-95 for which child protection staff applied for protection applications, were on the grounds of emotional and/or intellectual harm under section 63(e) of the *Children and Young Persons Act 1989* (Health and Community Services Victoria 1996).

Victoria, which together with New South Wales has the highest proportion of emotional abuse cases in its annual figures (see Table 2), also has one of the broadest definitions of what constitutes emotional abuse. The Victorian definition includes cases where children's functioning is adversely affected as a result of exposure to domestic violence and/or parental mental disorder (Broadbent & Bentley 1997).



Though specific data is not available, it is likely that this expanded definition is partially responsible for the high proportion of emotional abuse cases for which protective action has been taken. The new categories are somewhat easier to prove before a court (i.e. the presence of an incapacitating parental mental disorder or a history of serious spousal violence), in comparison with the traditional, more nebulous types of emotional abuse, such as yelling, threatening and withholding affection.

## **CAUSES**

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There is a dearth of knowledge surrounding the causes of emotional abuse. Much of the literature devoted to the investigation or delineation of aspects of emotional abuse discusses the etiology in terms of child maltreatment in general (e.g. Wolfe 1991); that is, the effect of parental and child characteristics and socio-cultural context on the propensity for abuse.

However, adults or parents who emotionally abuse are frequently described as poorly equipped with the knowledge to cope effectively with children's normal demands at different developmental stages (Oates 1996). A study comparing emotionally abusive parents with a closely matched control group of 'problem' parents in a day nursery (Brazelton 1982, as cited in Oates 1996), indicated that emotionally abusive parents showed poorer coping skills, poorer child management strategies, and more difficulty in forming and maintaining relationships. These parents also reported more deviant behaviour in their children displayed than parents in the control group.

## **TYPES OF EMOTIONAL ABUSE**

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### **VERBAL ABUSE**

Verbal abuse is, perhaps, the core emotionally abusive behaviour.

Schaefer (1997) sought to determine which specific parental verbal utterances were generally perceived as psychologically harmful. A sample of 151 local mental health professionals and parents (120 women, 31 men) completed a questionnaire which described 18 categories of parental verbalisations commonly associated with psychological maltreatment in the literature.

Eighty per cent of respondents rated 10 of the 18 categories as being 'never acceptable' parenting practices. These were: rejection or withdrawal of love; verbal putdowns; perfectionism; negative prediction (e.g. 'you'll never amount to anything'); negative comparison (e.g. 'Why can't you be

more like your sister?'); scapegoating; shaming; cursing or swearing; threats; and guilt trips (e.g. 'How could you do that after all I've done for you?').

### **NON-ORGANIC FAILURE TO THRIVE**

Non-organic failure to thrive is one of the few forms of emotional abuse that generates observable physical symptomology for the child, and has produced a specific body of literature, particularly in the medical field.

Failure to thrive is a general term used to describe infants and children whose growth and development is significantly below age-related norms (Iwaniec, Herbert & Sluckin 1988). Cases can be classified into two categories (Oates 1982): *organic failure to thrive*, where a disease has caused the problem and medical treatment is prescribed; and *nonorganic failure to thrive*, where psychosocial factors are responsible and the treatment involves adequate feeding in combination with efforts to ensure the child's emotional needs are met. Non-organic failure to thrive has been described as the meeting point of emotional abuse and neglect (Goddard 1996).

Oates (1982) suggested that non-organic factors account for the highest proportion of failure to thrive cases, a contention supported by Schmitt (1978, as cited in Goddard 1996) who reported that organic reasons account for only 30 per cent of failure to thrive cases, while 20 per cent are nonorganic cases caused by underfeeding errors and the remaining 50 per cent are attributed to non-organic failure to thrive caused by parental neglect.

It is unclear, however, as to whether emotional deprivation alone can lead to growth failure (Jones et al. 1987). The early evidence from studies investigating the causes of failure to thrive was conflictual (Oates 1996). For example, growth failure caused by emotional deprivation was first documented in children in institutional settings (Spitz 1945, Widdowson 1951, both cited in Oates 1996). Despite living in an hygienic environment, the children received minimal individual attention, were prone to infection and displayed developmental delay and inadequate weight gains. However, the authors failed to report if an assessment of food intake was carried out (Oates 1996).

In contrast, other studies have reported that insufficient diet is the sole cause of non-organic failure to thrive (American Humane Association 1992, as cited in Goddard 1996; Whitten, Pettit & Fischhoff 1969, as cited in Oates 1996). Yet others have concluded that the probable cause is a combination of emotional abuse and inadequate diet (Oates 1982).

Investigation of non-organic failure to thrive cases has indicated that there are often multiple family problems occurring, including poverty, housing problems, unemployment and marital discord (Oates 1996). The parents may have unconventional beliefs or perceptions about what constitutes a normal diet for an infant (Oates 1996); the primary caregiver (in the vast majority of cases, the mother) may be emotionally unresponsive to the child (Iwaniec, Herbert and Sluckin 1988; Oates 1996); and the mother-child relationship may appear fraught and unhappy (Iwaniec, Herbert and Sluckin 1988).

Mothers in these cases have been found to have poor parenting skills; to be immature or depressed; or to have a knowledge of parenting but to have failed to use it because of the overwhelming nature of other family problems. Some have wholly negative perceptions of their infants, accusing them of being deliberately naughty to annoy them (Oates 1982).

The infants in such cases have been described as being lethargic, anxious, fussier, more demanding and unsociable, less adaptable, more inconsolable and less happy than other babies (Iwaniec, Herbert & McNeish 1985; Oates 1996). It is not clear whether these factors merely increase the likelihood of failure to thrive, or result from it.

Overall, it is quite probable that other factors within the child, together with defects in parent-child interactions, poor dietary intake and insufficient affection and stimulation cause the condition (Oates 1996).

Oates (1989) contends that the key to diagnosis is the psychosocial history of the family. Health and medical staff may identify warning signs of nonorganic failure to thrive even during pregnancy. The American Humane Association Guide (1992, as cited in Goddard 1996) suggests that early warning signs for non-organic failure to thrive are: inadequate ante-natal care; consideration of abortion and/or adoption; substance abuse or psychiatric problems; a lack of social support; financial problems; a maternal history of being maltreated as a child; and inadequate attachment to the baby after birth.

Post-natally, home visitor services, and infant welfare nurses in particular, are ideally placed to identify the first signs of failure to thrive caused by a lack of parental care (Olds et al. 1986a; Olds et al. 1986b; Goddard 1996). These workers have much to offer inexperienced parents or those who do not understand or do not respond to their child's needs (Goddard 1996). Often such assistance is welcomed and the mothers respond well when it is provided (Oates 1982).

## CONCLUSION

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Garbarino contends that as the 'study of children-at-risk matures ... it will turn increasingly to the concept of psychological maltreatment as its unifying theme. If we can set minimal standards of care that address directly emotional and intellectual development, identity and self-esteem, we as a society will have arrived at a mature conception of the social dimension of normality. Armed with this conception, we will be able to formulate better policy and practice for preventing developmental risk' (Garbarino 1990, p.297)'.

The adoption of such an integrated perspective has not been universal, in part because of the problems in arriving at concrete definitions of emotional abuse described in this paper. Difficulties in constructing universal definitions of emotional abuse or any form of maltreatment occur, in part, because of the lack of social consensus over what forms of parenting are unacceptable; uncertainty about whether to define maltreatment on the basis of adult characteristics, adult behaviour, the outcome for the child, and the environmental context in isolation or in combination; conflict over whether standards of risk or harm should be used in constructing definitions; and confusion as to whether similar definitions should be used for scientific, legal and clinical purposes (National Research Council 1993).

While there has been increased momentum in attempts to explicitly define and describe emotional abuse over the past decade, developing a uniform definition remains an elusive goal. As Goddard (1996) notes, defining emotional abuse and establishing the connection between parents' behaviour and the consequences for children are difficult tasks.

The tendency in society is to address the forms of child maltreatment which involve identifiable acts of omission or commission by adults, and which produce observable, negative consequences for children. Although recognised for the severity of its impact, emotional abuse remains on the margins of child abuse. It is contended that until emotional abuse is clearly defined and identifiable and is attended to with the vigour currently applied to prevention of the more overt forms of child maltreatment, the effective prevention of this 'hidden' form of abuse and its associated long-term consequences will remain a highly difficult task.

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