

Spring 2016

# Defining, Prioritizing, and Healing Emotional Abuse

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## Recommended Citation

Schillinger, Sarah A., "Defining, Prioritizing, and Healing Emotional Abuse" (2016). *Selected Honors Theses*. Paper 47.

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### Abstract

This is a literature review which seeks to provide current research done on emotional abuse, emotional neglect, psychological maltreatment, verbal abuse, and any non-contact form of abuse. The purpose is to show issues with definitions, show effects of childhood emotional abuse, and show that the church can be an avenue of healing for victims of emotional abuse. Definitions of childhood emotional abuse (CEA) are presented, as well as problems inherent within the definitions. Effects shown to be congruent with victims of emotional abuse are shown. Lastly, a chapter on the purpose of the church and the ability of the church to extend healing to victims is presented.

*Key words:* emotional abuse, emotional neglect, psychological maltreatment, verbal abuse

### A Word of Thanks

I would like to take a moment and thank some very important people who have helped me along this journey. I do not know where I would be without my loving parents and family. My parents have always been very supportive of all my endeavors academically and spiritually, and for that I have to say “Thank you.” My fiancé has always been there for me, helping me through this journey as well. He has been more than generous with his time and affirmation that there was a bigger purpose to what I was doing than what I could immediately see before me. He is a God-send to me, and for that I have to say “Thank you.” My boss, mentor, and friend Dr. Archer has been speaking truth and life to me since the first day I met her. She quickly became a role model of mine. She is one of the most encouraging and supportive people I have ever met, and for that I have to say “Thank you.” I would also like to thank Dr. Milner and Dr. Miller. These two have been instrumental in the process of writing this paper, and for that I have to say “Thank you.”

My last thank you is to my Lord, Jesus Christ. He has always held my hand through every season of life. He has given me the ability and assurance that He would help me through everything I endeavored to do. He is my best friend, my counselor, and my God. Anything in life I accomplish is because of Him and through Him. For that, I will spend my life saying “Thank you.”

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### **Introduction**

There is an epidemic that has been a quiet predator of America for years. According to Child Abuse statistics, there are seventy-seven reports made pertaining to this epidemic every hour. The highest rates of this epidemic are found among children less than age one. Almost 70% of victims are under the age of four. It is affecting every ethnic population, cultural affiliation, socioeconomic status level, and all across the globe. Once this epidemic hits a person, about 30% of people will go on to spread this horrific cycle on to their own children. Over 1,800 children are inflicted with this epidemic every day in the United States.

What is this epidemic? It is childhood abuse. Children are precious members of society, innocent and vulnerable. It is this angelic nature of theirs that can become marred and, when taken advantage of, can become a breeding ground for many psychological disorders.

Many have already extensively researched the physical and sexual abuse of children. Yet, emotional abuse (i.e., psychological abuse, psychological maltreatment, emotional neglect, verbal abuse) is not commonly spoken of or acknowledged. This form of abuse makes up for a combined total of 25.4% of childhood maltreatment (Child Abuse Statistics & Facts, n.d.). While informant studies suggest that only 0.3% are emotionally “abused,” 36.3% suffer from emotional abuse (Stoltenborgh, Bakermans-Kranenburg, Alink, & Van Ijzendoorn, 2012, p. 880).

This is an epidemic that has been silently silencing children across the globe and it is time for the facts to be revealed. Does childhood emotional abuse really affect the lives of its victims later on in life? Are there actual psychological implications of this form of abuse? What is the actual definition or categorization of emotional abuse?

The church is a sleeping giant that can bring healing to these unspoken victims. It has remained all-together too quiet on this topic. The church is a light on a hill to bring restoration to the broken. The church is a place where restoration of health and healing for wounds is found (Jeremiah 30:17, New International Version). The church is a place where there is a promise of being upheld and having joy (Psalm 51:12, New International Version), where shame and dishonor will be removed and filled with joy (Isaiah 61:7, New International Version), where hearts no longer need to be troubled (John 14:1, New International Version), and where children are to be prioritized, loved, and cared for (Matthew 18:5, Mark 10:14, New International Version). The church is a place that can bring healing and help to the victims of emotional abuse, if it is properly equipped. This place is the church, specifically the evangelical churches in America.

This paper will seek to analyze how emotional abuse is defined according to existing literature. It will also delve into categorizing and understanding the psychological and physiological implications of this form of abuse. This paper will conclude with a look at the healing power of the church and why the evangelical churches in America are places where children can find healing and restoration.

### *Methodology*

In an effort to bridge the gap from research to reality, this paper is an extensive literature review. Traditional academic research methodology with databases and peer-reviewed work has been used. There is a vast amount of work available on this and related topics. This paper is not intended to be an exhaustive, all-inclusive literature review. This paper is an expanded look at some of what the research reveals and how the church can be used as a healing tool for emotional abuse victims. The information presented does not claim to represent the totality of the subject

of childhood emotional abuse (CEA). Rather, this is informative as to what the research currently states, where there is room for improvement, and why there is need for the church to be a tool of healing from this form of abuse.

### **Defining Emotional Abuse**

To understand any concept in any field or area of study, it is important to know the pertinent terms. It is difficult to understand something without being able to describe what it is and what it means. The purpose of addressing the basic, foundational level of understanding of definition is to have the trajectory for this chapter clearly established. This chapter seeks to explore different definitions of emotional abuse and approaches to childhood emotional abuse.

Definitions for childhood emotional abuse (CEA) are numerous and there are many issues within them that cause confusion. Defining childhood emotional abuse has been done in broad, unspecified strokes and it must be defined in a clear and concise way as an act of commission or omission which delays developmental processes, is action-based, and leaves effects on a child. Doyle (1997) provides this three-fold structure for defining childhood emotional abuse and will be used as the standard definition for this paper, after the deficiencies of other definitions are discussed.

Definitions for CEA are often broad or are not specific enough for the nature of this form of abuse. For example, the English Act of 1989's definition of child maltreatment may be too broad. The Act defines child maltreatment as "Ill-treatment of the child and/or impairment of the child's development..." which is not what is "reasonable to expect a parent to give him" (Glaser, 2011). Stating that ill-treatment of a child or that which impairs the child's development through actions is unreasonable for a parent. The breadth of the general understanding of ill-treatment leaves room for disagreement. What is the definition of ill-treatment, within this proposed definition of childhood maltreatment? In an attempt to be inclusive of all forms of ill-treatment, the proposition is not specific enough. Also, what is reasonably expected of a parent is a very broad question and expectation. Different and shifting cultures propose different family

structures and parenting styles. Understanding what is reasonable to expect from a parent of one culture may be completely unreasonable to expect from a parent of a different cultural background. Placing culturally-indistinct expectations upon all parents as a qualifying statement for defining abuse leaves much room for disagreement.

Gavin (2011) defines abuse as “any behavior that is designed to control or subjugate another human being through the use of fear, humiliation, or verbal or physical assault” (p. 504). “Any behavior” leaves a broad spectrum of behaviors to consider. Childhood emotional neglect also falls under the category of CEA, but is not mentioned in Gavin’s definition because neglect is not a behavior, but a lack of a behavior. By trying to encapsulate any behavior that has an abusive intent as abuse has good intentions, but is too broad of a definition.

Per Glaser, (2011), the American Professional Society on Abuse of Children provides a definitional guideline of CEA as, “repeated patterns of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another’s needs” (p. 867). These “repeated patterns” are undefined and unspecific. There is no specificity as to the nature of the patterns of behavior or to the duration of the repeated patterns of behavior. Attempting to show the value of the effects inflicted on the child leaves this definition too broad to use in understanding CEA.

The definition proposed by the American Professional Society on Abuse of Children is also unfocused. The patterns of behavior or the incidents categorized as “extreme” are not given titles, explanations, standards or guidelines to fit into. The lack of specificity leaves the nature of abuse subjective. While the effects conveyed to the child are listed explicitly, the patterns themselves are undefined. This attempt to categorize any cause by the nature of the effects is too

generalized and would be hard to use in showcasing particular patterns of abuse. A definition needs clarity and precision. Attempts to be all-inclusive are ineffective.

Glaser (2011) also notes that a government guidance in England called “Working Together” defines emotional abuse as, “Persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child.” The maltreatment mentioned that is inflicted on the child is not specified and is left to the discretion of whomever is reading the definition or investigating how this abuse looks in real life situations. Without a specific understanding of what persistent maltreatment of a child looks like, and what the effects must be to be defined as adverse, the definition is vague and fails to create a clear picture of CEA.

The two shortcomings of currently proposed definitions are their broad nature and the lack of specificity in their portrayal of CEA. There are three aspects of CEA which must be included in order to create a holistic and well-rounded definition: it must be action-based, it must include the aspect of commission and omission, and it must take into account the delays in development for a child and the tangible effects present when the child is victimized. These three aspects are derived from Doyle’s (1997) definition, which will be used as the standard definition of CEA for this paper. A few definitions which centralize one of these three necessary foci will be reviewed, cumulating in Doyle’s (1997) definition.

Coates et al. (2013) take the definition proposed by the American Professional Society on the Abuse of Children and shows six categories of abuse encompassed in the definition: terrorizing, spurning, exploiting or corrupting, isolating, mental health, medical, and education and neglect, and denying the child emotional responsiveness. The breakdown of the previously proposed definition into categories which are action-based, or neglectful and lack an action-base,

encompasses a more holistic approach to CEA. These six categories are easily identified because they are clearly stated, which makes the identification of CEA easier and more clear.

Hamarman and Bernet (2000) make categorical sense of defining emotional abuse by breaking it down into a focus that is action-based. The breakdown includes the categories of rejecting, ignoring, isolating, corrupting, terrorizing, verbally assaulting, and over-pressuring. Categorizing actions into the definition of CEA helps give guidelines to identify whether an action is abusive or not. This categorical approach rids the broad spectrum of possibilities and makes an action-based proposition of CEA. When looking and investigating whether an action is abusive, Hamarman and Bernet's approach through categories provides guidance to help clarify what specifically to look for.

Sims (2008) writes a testimonial article on her own struggles with CEA and includes a definition of emotional violence as, "The ability to impose one's will on another person through the use of verbal or nonverbal acts, or both...carried out with the intention or perceived intention of inflicting physical or psychological pain, as injury" (p. 380). Additionally Sims give further clarification of how to define CEA:

A form of violence that is an ongoing process in which one individual systematically diminishes and destroys the inner self or another through belittling and denigrating the victim's ideas, feelings, perceptions, and personality to such an extent that these aspects of the victim self-erodes or disappear (p. 381).

These two definitions are exemplary in showing the necessity of acknowledging that CEA can be through acts of commission or omission, as well as identifying the developmental delays which occur in a child suffering the victimization of CEA. Mentioning that action of intention, or

perceived intention, shows that CEA encompasses whether it is an act of commission, omission, neglect, or perceived neglect. Also inherent in Sims' definition is the developmental delay, or possibility of long-term effects on a child, through mentioning the self-eroding or disappearing of the victim's self.

Gold and Pitariu (2004) propose a definition of CEA as, "When one's emotions are manipulated by game playing, verbal abuse, physical abuse, outburst of anger, or other methods of power and control, the result is emotional abuse," and this abusive behavior "can be categorized as negation, minimization, or both." Gold and Pitariu highlight that CEA is action-based, but also that the abusive behavior can be acts of commission or omission by mentioning outbursts of anger or methods of power and control. These two methods of abuse may be intentional or unintentional, neglect or action, but are all CEA.

The final definition to be discussed is Doyle's (1997), which states the following:

Emotional abuse of children, as the sole or main form, consists of acts of omission and commission which are judged on the basis of a combination of community standards and professional expertise to be psychologically damaging. Such acts are committed by parent figures who are in a position of differential power that renders the child vulnerable. Such acts damage immediately or ultimately the behavioral, cognitive, affective, social and physiological functioning of the child.

Defining CEA this way encompasses all three necessary components. "Such acts that are committed" shows that it is an action-based behavior and an action-based look at CEA. Doyle (1997) explicitly states that these acts and behaviors may be acts of omission and commission. Lastly, the definition shows the effects rendered on the child and the delays in the child's development which are experienced as a result of CEA either immediately or ultimately. This is

the best definition because it is inclusive of a multitude of factors, while simultaneously including the specificity necessary in a definition. Three things must be mentioned in order to understand the scope of CEA: action-based, acts of commission and omission, and the developmental delays caused by the action. Doyle proposed a definition that is holistic in scope and will be used as the standard for CEA for the remainder of this paper.

### **Prioritizing Emotional Abuse**

Now that a thorough understanding of CEA's definition has been established, another dimension of understanding will be addressed. Emotional abuse is non-physical in nature because the abusive behavior is inflicted without a hand ever being laid on a child, without physical touch ever occurring. However, the ramifications of CEA are not limited to emotional scars. A study by Christofferson and DePanfills (2009) shows that one of the most damaging family conditions social services was aware of was that of psychological maltreatment, a non-contact form of maltreatment. CEA leaves two categories of scars: psychological/internal and physiological/external. The following will be a comprehensive review of different facets of the effects of CEA on a child psychologically and internally, as well as physiologically and externally,

The psychological and internal effects of CEA which will be discussed are its relationship to early maladaptive schemas (EMS), its relationship to bipolar disorder, post-traumatic stress disorder (PTSD), depression, and suicidality. The discussion on each of these dimensions is to bring attention to the severity of CEA's consequences on the victim, especially those that are not physically seen.

Calvete (2014) conducted study which focused on whether emotional abuse could be predictive of early maladaptive schemas (EMS) and the contributions thereof to one's depression and social anxiety symptoms development. CEA inflicted on someone by their peers was initially seen as a predictor of the worsening of one's schemas in the area of disconnection/rejection, as well as other areas, rather than CEA inflicted on someone by their parents. However, although CEA done by the parents did not predict one's early maladaptive schemas worsening, "it could have influenced the origin of EMSs" (Calvete, p. 743). The role of

the parents in the development of a child's EMA is present before their friends ever have a chance to influence it. EMS is a cognitive framework that helps organize and interpret information in a way that is inadequate or inappropriate for helping a child to adjust early on. Therefore, CEA done via the parents can influence the trajectory of the schemas through which the child navigates life.

A study was conducted by Etain et al. (2010) using the CTQ (Childhood Trauma Questionnaire) scale on a control group and those suffering from bipolar disorder. This study divided trauma into five different subtypes: sexual abuse, physical abuse, physical neglect, emotional abuse, and emotional neglect. Areas where the frequency distribution was different in a significant way was for the trauma subtype of emotional abuse. "The higher the emotional abuse severity was, the higher the proportion of bipolar patients in the group" (p. 379). This shows a correlation existing between bipolar disorder and CEA that indicates a relationship between the two.

Burns, Jackson and Harding (2010) looked at one's emotional regulation and the stress CEA causes. They discovered a unique relationship existing between emotional abuse and regulating one's emotions. Difficulty in emotion regulation helps partly explain the relationship between maltreatment physically or emotionally in childhood and post-traumatic stress disorder (PTSD) symptoms in one's young adulthood. Those with histories of emotional abuse were found to have the greatest amount of difficulty regulating their emotions. These results show a history of CEA is predictive of having emotion dysregulation.

Depression has many different links with CEA. Childhood is a very important time in a person's life for development, learning, personality building, and identity forming. Things like rejecting, teasing, demeaning and humiliating can cause developmental problems, and these are

all actions under the label of CEA. These sorts of things contribute to the “development of depressive cognitions and symptoms in children,” (Gibb and Abela, 2008, p. 172).

As these depressive cognitions and symptoms in children can result from CEA, another problem that arises is that CEA victims often do not view themselves as abused. Goldsmith and Freyd (2005) found that “few participants who indicated having had emotional abuse experiences acknowledged having been abused” (p. 115). Emotionally abused victims will identify their experiences as abusive, but they will not identify themselves as one who has been abused. Such a small number identified themselves as being abused that Goldsmith and Freyd said it would be impossible to find correlations between individuals’ labeling experiences that were abusive as abuse, the severity of the abuse, emotional awareness and their mental health. Thus, their ability to understand the connection to their experiences is impaired.

Courtney, Kushwaha and Johnson (2008) conducted a study about the hopelessness and symptoms of depression for those who have experienced CEA. Ninety-two adolescent participants yielded the results that 87.3% of the variance found between the associations of the emotional abuse index scores with symptoms of depression was attributed to hopelessness. The findings in this study coincide with previous studies done, showing that depression and hopelessness are associated with CEA. Emotional abuse was specifically predictive of hopelessness and the symptoms of depression that follow.

Different mediators between the onset of depression in adulthood and CEA specifically were studied by Maciejewski and Masure (2006). Physical and sexual abuse were studied to see if specific emotional abuse as a form of abuse is related to a fear of criticism and rejection. Fear of criticism and rejection is predictive of major depression. Emotional abuse in childhood was shown to be significantly predictive of a fear of criticism and rejection. Neither physical nor

sexual abuse in one's childhood was significantly associated or related with a fear of criticism and rejection in this study. The only form of childhood abuse in one's childhood relating to a fear of criticism and rejection is CEA. This study showed that this fear can be associated with a risk of depression that only was found to be associated when compared to other forms of childhood abuse.

Emotional abuse is considered predictive of later psychological problems, as well as poor health outcomes. Negative self-evaluation, depression, interpersonal sensitivity, and anxiety are all symptoms related to emotional abuse (Dias et al., 2015). Their study done with Portuguese adults found "emotional neglect was the most endorsed CM (childhood maltreatment) form, but emotional abuse was also highly reported and showed the largest correlations with psychological symptoms" (p. 774). Maltreatment by emotional abuse was shown to be the highest correlated to symptoms of psychological problems.

Lee (2015) studied the roles of emotional abuse and depressive symptoms in suicidality. CEA was "significantly associated with suicidality in adulthood" and may lead to re-victimization. This re-victimization is the path through which CEA has long-term effects on suicidality. CEA affects one's self-esteem, as well as the processes which teach someone how to learn to trust (Dimitrova et al., as cited in Lee). Childhood abuse does not dissipate over time, but "continues to influence family relationships in mid- and later life" (Salva et al., 2013). Social skills that are important in shaping one's interpersonal mid- and later relationships and the quality thereof are harmed due to CEA, which leaves children who were emotionally abused vulnerable to adulthood emotional abuse. This re-victimization, especially when it is not the sole form of adversity a person is facing, has the potential to have a detrimental and significant effect on suicidality.

Psychological and internal ramifications are not the only kind resulting from a non-contact form of abuse. CEA also brings about physiological and external scars. The five arenas of CEA effects on a person externally which will be looked at in depth are intimate personal violence (IPV), headaches and migraines, disordered eating, specifically, bulimia and anorexia nervosa (AN), and suicidality. Each of these effects are external or physiological and are dangerous to a person, despite that the inflicted form of abuse is non-physical in nature.

Gay et al. (2013) looked to “test the relationship between the experience of CEA and later IPV” (p. 412). IPV-V is intimate partner violence victimization and IPV-P is intimate partner violence perpetration. CEA was found to be a predictive factor of IPV-V, as well as attachment avoidance and attachment anxiety in adulthood. CEA was also shown to be predictive of the endorsement of disconnection/rejection schemas and other EMSs. CEA was also a predictor in IPV-P. The disconnection/rejection EMS schema predicated upon CEA, was the only one unique to mediate the relationship between both IPV-V and IPV-P.

Tietjen et al. (2010) did a study on people at eleven different outpatient centers for headaches. Those who reported having experienced physical or emotional abuse had a higher frequency of chronic migraines and a higher frequency of episodic migraines, transforming into chronic migraines. Those who reported having been victimized by emotional abuse had a significantly earlier onset of headaches, and at a much younger age. Only those who reported emotional abuse had a frequency of headaches that was daily and continuous, one which was much higher when compared with others who had not been victims of CEA. Those having reported emotional abuse had the strongest relationship with chronic migraines. Having been emotionally abused became a risk factor for migraines classified in the category of “chronic.” Childhood maltreatment, particularly CEA was shown to possibly be a “risk factor for

development of chronic headache, including transformed migraine” (p. 38). This is a purely physiological and unique effect of CEA.

Kennedy, Ip, Samra and Gorzalka (2007) sought to research the relationship between disordered eating and CEA. This study indicated that anxiety and self-esteem mediated the effects of childhood neglect upon disordered eating, while both physical and emotional abuse in childhood had direct effects on unmediated effects of eating pathology. CEA was a predictor of disordered eating symptomology and had direct, unmediated effects. The results found suggest that, “nonphysical forms of childhood abuse may be especially predicative of later disordered eating” (p. 32). The primary forms of childhood trauma or childhood abuse which will result in the negative states of one’s emotions that are actually risk factors for the onset of eating pathologies may be both childhood neglect and emotional abuse. These are the two aspects of CEA found in this study to play a part in affecting the emotional state of a person to bring eating pathologies which lead to disordered eating. CEA has direct ramifications to one’s eating pathology and is uninfluenced by self-esteem.

Another role CEA plays in its victims’ lives was studied by Groleau et al. (2012). They explored the “potential mediating roles, in the link between CEA and bulimic symptoms” (p. 327). The results showed a much higher percentage among people now suffering through an eating disorder who had been victimized by CEA than those who had not been. This study yielded results showing that 80.7% of those who met the criteria of one suffering with bulimia reported emotional abuse, while only 52.5% of the control group reported experiencing CEA. There was a much higher percentage of those having experienced CEA who were bulimic than those who were not. Neither physical nor sexual abuse played a vital role in the severity of

eating-disorder symptoms. The only form of abuse that played a key role in the severity of eating-disorder symptoms was emotional abuse.

Anorexia nervosa (AN) was studied by Racine and Wildes (2015) to see if there was a correlation between AN and CEA similar to that which has been found between bulimia and CEA. Individuals who reported CEA reported a greater level of emotion dysregulation and a greater AN symptom severity. The CEA-AN relationship was mediated by emotion dysregulation. The results from this study “are suggestive of a model in which CEA precipitates emotion dysregulation, and AN symptoms develop and are maintained due to their emotion regulating functions” (p. 57). CEA has been shown to have correlations with bulimia and AN, due to the nature of its dysregulating effects on one’s emotions.

### **Healing Emotional Abuse**

Emotional abuse must be something of which the church must be actively aware. The previous sections have focused on the problem of CEA and have sought to understand its effects. The following will be a focus on why the church ought to be a healing arm for victims of CEA. When “church” is referred to throughout this section, the evangelical churches in America is the focus. Why the evangelical church in America? The National Association of Evangelicals states that evangelicals “take the Bible seriously and believe in Jesus Christ as Savior and Lord” (What is an Evangelical?). Jesus came to “heal the brokenhearted” (Isaiah 61:1, New International Version). This is a call to leaders and pastors of evangelical churches that this is time to act, this is the time to rise up, and churches are the avenue of healing for the emotionally abused. The church ought to be active in helping the healing and restoration of CEA victims because of its call as a church body and its capability.

This paper will take a firm stance that healing is both an internal and external matter. Jesus Christ, the foundation of the church, came to “heal the brokenhearted” (Isaiah 61:1, Luke 4:18, New International Version). This references an internal healing and those with that need are the ones Jesus came to heal. Therefore, when healing is referenced throughout the rest of this chapter, it will be identified as something that is necessary for both internal and external wounds.

Historically, the idea of the church being coupled with helping people through their problems and their healing process is not a new concept; thus making the identification of the church as the necessary arm of healing something that has been around for a long time. Hiltner (1977) takes a journey through the history of the church and shows the integration of church and “pastoral counseling,” and shows that as far back in church history as John Calvin and Thomas Aquinas, the church has looked into scholarship, philosophy and science as opportunities to

“rework everything from their primary theological perspective to take the new wisdom into account” (p. 195). The church can now take the research done on CEA into account and rework its theological framework and perspective in such a way that healing can be brought to hurting people. The church is historically capable of learning from new studies done and new realms of research, like CEA, and apply them to its ministry perspective.

Healing is an important part of a church’s calling as an extension of showing the love of Jesus, and Grundmann (2006) points out two reasons why. The first reason is the strong and broad basis of healing found in the Bible and in Christian history. The second reason is the “actual presence of healing as a phenomenon within the ecumenical community of churches today” (p. 373). Grundmann questions how churches can profess to follow Christ, yet extend no sacrament of healing. Jesus healed many times, and He is the one churches are to follow. People were often “drawn to Jesus on account of his healings (Matt. 4:23-25; Mk. 3:7; Lk. 6:18-19, New International Version)” (p. 374). If churches exercise the power of Jesus’ healing today, people would be drawn in and find their healing and restoration. Healing is part of the church’s identity and call.

The church is called to be a “city on a hill” (Matthew 5:14-16, New International Version). Something unique about the call of the church and its influence is that the church is often one of the central figures in helping communities, families, and individuals heal when hard times come. When the compassion inherently within faith communities is coupled with resources that are supportive and informed, as well as resources that are specialized for the community, it can be the brightest city on a hill possible (Zuniga and Davis, 2010). Zuniga and Davis put it best: “Silence is dangerous and creates space where abusers can exploit the embarrassment of their victims to ensure secrecy” (p. 38). Silence given by the church can be

detrimental and is not part of its calling, as silence creates dangerous space. Though this article was written specifically in reference to sexual abuse, CEA has been shown to have serious ramifications as well and should be taken just as seriously. The church is to speak life and God's truth into circumstances, not remain silent.

Hart and Glaser (2011) call for a response to the abuse and maltreatment of children from more than health practitioners, but by all of society. The time is now for the church to answer that call with the calling placed on them by God. Part of the church's call is to be a "force for healing and reconciliation" and to be communities of "hope amid countless forms of pain and brokenness, where God can be encountered as Healer" (Laar, 2006, p. 227). Laar goes on to describe the call of healing communities to be a safe haven where people can discover a "new home, rediscover their dignity and create for themselves the space that others denied them" (p. 232). Churches are to create atmospheres for people to find healing and self-discovery. Those having gone through childhood emotional abuse will be seeking a place to feel safe, have dignity, and a place to call home; the church's call is to be this place for people.

The church is to create imitators of Jesus, whose ultimate showing of love was the action of His death on the cross. Love is not to be silent, but is responsible and direct. The church's call is to show the action of Christ's love being played out through responsible and direct actions. This institution of church is created by God and has a mandate to care for the world and each other (Chryssavigs, 1989). The church exists to not simply love through action, not simply heal, but to save. Christ's will is John 3:17 (New International Version), that the "whole world be saved...especially those who are lost, unwanted, exiled, ostracized, unloved" (p. 361). All are to be shown love in action, and all does not exclude the abused. Those who are survivors of CEA

should be shown love, to be cared for, and to have affection shown them, as this is an inherent call of the church to the world.

Fitch (2000) writes about a tension often affiliated with church and counseling coming together to answer the church's call to be a place of healing. Church used to look for direction, correction, and change strictly in the preaching of the Bible. With new discoveries in psychology and counseling, counseling is now the place people go to understand, locate, and take responsibility for what dysfunctions they may have, as well as the place people make a commitment to change. This shift can be looked at as an opportunity for the church to embrace the role that counseling plays in a person's life. Fitch describes Christianity as being like psychology in that his Christianity is "a means of making sense out of [his] life" (p. 199). This means that church can be a place of making sense out of life through one's discovery of the loving, healing community the church exists to create. Abuse victims, left to figure out their emotions, wounds, and broken lives on their own ought to have the chance to let Jesus make sense out of their lives via the cross, through the church. The church can speak truth into an abused victim's life, show Christ's healing and truth to them, and exist to make sense out of the mess life can sometimes be. Christianity is exactly what Fitch explains as: "a means of making sense out of" one's life (p. 199).

A reawakening of the church's call to healing is vitally important. After abusive situations occur, many child abuse victims experience a damaged faith as a result of their abuse, but there is something else to note. The relationship between religion and spirituality, mental health outcomes and abuse, was studied and those who chose to keep some kind of connection to their own personal faith, though damaged from abuse, "experienced better mental health outcomes compared to adult survivors of abuse who did not" (Vieth, Tchividjian, Walker,

Knodel, 2012, p. 330). If keeping a relationship to one's own faith can be linked with experiencing a better state of mental health after abuse, then the place where one's faith can be grown and nurtured ought to play an active role in the abuse survivor's life. Vieth et al. suggested that women who had suffered abuse and were religious had "better outcomes than religious women who had not suffered abuse if they maintained a high degree of religious involvement in organized church activities" (p. 330). This means that the church's role as a place of healing is shown to have the ability to bring better outcomes to abuse victims. The church's calling to be a place of healing is not something to be taken lightly, as Vieth et al. express, showing the advantages the church brings for previously abused women.

Viet et al. (2012) state that it is common to seek God's help after one has experienced traumatic abuse. However, people who have experienced trauma will often distance themselves from church in the process of seeking God's help. They will commonly question why God would allow them to go through abuse while seeking His help in dealing with the ramifications of the abuse. Among the participants in a study examining the relationship between mental health outcomes, religion/spirituality and abuse, the participants who "maintained some connection to their personal faith (even if it was damaged as a result of abuse) experienced better mental health outcomes to adult survivors of abuse who did not" (p. 330). Connection to personal faith can be partially maintained by attending church. This connection to faith can bring about better mental health outcomes, showing healing and restoration.

The mandate for churches to be places of healing is further strengthened by a study done by Kennedy and Drebing (2002), who studied the effects of abuse on religiously committed adults, their behaviors and experiences, their view on prayer, Bible reading and church attendance. This study highlighted one fairly consistent finding among committed and

religiously active adults who had a history of abuse. The formerly abused people had more transcendent spiritual experiences reported, but felt a “greater degree of distance from God” (p. 233). According to Seamands (2005), the calling of the church and its leaders is to participate “with Christ in his ongoing ministry as he offers himself to others” (p. 20). While Christ was physically on Earth, He healed the sick and was close to the hurting. As the hands and feet of Jesus, the church is to be an avenue of healing for the internally and externally sick, as well as be close to the hurting. People might feel distant from God after experiencing abuse, but they ought to be able to walk into a church that cares for them and can extend the love of Christ in a physical way. It is imperative for the church to exist in its calling to be a healing community so those who feel distant from God can feel close to Him again.

The church’s calling is conveniently appropriate, in that many people with mental health problems will “first turn to a pastor or other religious leader before seeking psychological services from a professional therapist” (Potgeiter, 2015, p. 1). Potgeiter’s statement holds tremendous implications for church leaders to create a church where victimized people feel comfortable and where leaders are capable to helping them, because people are most comfortable coming to a church setting for help. If pastors are the ones people turn to first for help and healing, then this presents an opportunity for the church’s calling to be a place of healing to be exercised. God has placed the church and its leaders to be instruments of healing and transformation, as well as to be hospitals for the sick and hurting. Churches are capable of exercising influence because they are doing so, as people are choosing to turn to church leaders as a source of help. It is time for victims of CEA to find healing and hope in the evangelical churches in America.

Before delving into the capability of the church to execute its calling and capability of helping those in need, the necessity of church attention to know how to care for CEA victims must be addressed. Linda Hunter (2009) from the Nebraska Mental Health Center points out that often sin is looked at by the church as the “root cause of behavioral problems,” while those working as Christian psychologists point out that unhealthy relationships during one’s early, developmental and formative years, faulty learning patterns, and incorrect thinking are the root of one’s problems (p. 101). This does not need to be an either/or perspective one the root causes of one’s problems, but needs to be a both/and perspective. Pastors need to be aware of all the factors at play in one’s life, mind, and heart. It is possible to integrate psychology and church, so long as it is done in an integrative way, a respectful way, and an informed way. McMinn, an integrationist, believes one must “appreciate what theology and psychology offer for the Christian counselor” (as cited in Hunter, 2009, p. 103). Churches have the calling to be places of healing, and must be ready to understand the necessity of integrating the theology behind and fueling their calling, as well as the psychology and knowledge that can help resource their calling.

The need for education and training in order to be effective at counseling within the church to bring healing is shown by Polson and Rogers’ (2007) study on church staff. The study related to the minister(s) of fifty-six churches and their counseling practices and referrals. 60% of ministers received counseling specialized training, but only 18% had a counseling license. Out of the referrals to other psychologists or psychiatrists made by the ministers, 87.5% of these referrals were made because the minister did not feel qualified to counsel or aid in administering the help a person needed. Polson and Rogers show that 93.3% of church staff who responded to the study felt that continuing education was something they needed to do.

Now is the time for the church to rise to the calling placed on them and respond by expanding their capability to be a place of healing for CEA victims. Peterson (2002) cites findings from studies done by Domino and Orthner, which state that many “clerics lack adequate preparation for counseling” (p. 226). The church has an opportunity to change that perception and begin to give preparation and training to its leaders and pastors, recognizing the need for better education. Churches have a choice and opportunity in moving forward with becoming better equipped to execute their calling as healing communities.

Vieth et al. (2012) present a, “call to the global Christian Church to prevent and treat child abuse” (p. 323), and the church is capable of answering that call. Several different avenues of becoming more capable of helping people are available to churches. Polson and Rogers (2007) suggest that mental health agencies and social workers consider holding seminars and training programs for church staff in order to help them become better equipped to counsel those who come to them.

Rehoboth CRC in Bowmanville, Ontario, and Grace CRC in Scarborough, Ontario, implemented a system to help their congregants, as they recognize the need to help their members through tragic issues. They call it the Congregational Assistance Program, or CAP for short. The churches expected initial utilization to be around 5%. Instead, for both churches, the utilization estimate was exceeded, showing that people were making use of the program the church had made available to them. On a scale of one to ten, with one being extremely satisfied and a ten being poor, the average program satisfaction was a 1.5 (Smit-Vandezande, Vander Vennen, Van Wyk, Csiernik, 2013). That represents an average of extremely satisfied congregation members. The CAP was made available for congregation members seeking psychotherapy services, for up to six sessions. This is a model that can be adopted by any church

in America. The process is simple. Parishioners call a toll-free number, identify their state of residence, provide a brief description of their problem/issue, identify their preference for therapist gender, and they are referred to an appropriate provider in their community. The participating churches were interested in helping their congregants in any way possible.

Grace CRC used “Jesus sent his disciples out to preach the kingdom of God and to heal the sick” (Luke 9:2, New International Version) to support their belief that they were to do healing ministry. The pastor thought the church should do more “than listen and send a person away wishing them [*sic*] well,” motivating him to be involved in making CAP available to help in a deeper way than listening (Smit-Vanderzande et al., 2013, p. 40).

Grace CRC recognized they could help hurting people through pastoral care, listening and prayer, but the professional counseling often needed was not something the church was equipped to provide. Something that both Grace CRC and Rohoboth CRC noted was that financial hardship was often a reason those hurting would not seek more help than the services freely available at a church, so they used this as motivation to provide a church-funded opportunity to get help for those needing professional help and counseling.

These two churches took it as their role to provide their congregants with the opportunity to get more help than they themselves could afford. They worked with the community and united with professional counselors in an effort to bring counseling to hurting people who were not financially able to get this for themselves. Matthew 25:40 says “Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me” (New International Version). These churches decided that one thing they could do for the least of these in their community was to provide help and healing through counseling.

Another example of what churches have done to help heal CEA is the American Association of Christian Counselors (AACC), formed in 1986. With a large following, the AACC holds conferences and workshops, offering aid and resources in the areas of spiritual formation, biblical counseling, grief and crisis counseling, and others. The AACC and Christian Counseling movement have made strides toward spreading their services and becoming more accessible to pastors around the country, as Christian and biblical counselors “are not evenly distributed geographically,” and many pastors “have no Christian counselors within driving distance” (Marrs, 2014, p. 35). These workshops can be utilized as resources to help train and equip pastors and Christian counselors to better understand and to be prepared to answer CEA victims’ questions, concerns, and hurts with the truth of the Gospel of Jesus.

These two programs provide the evangelical communities in America with adequate services to become more than capable in their calling to be healing communities. The church is ready to move forward in its mission of healing. Just as Hiltner (1977) wrote about how Aquinas and Calvin learned from the scholastics of their time in order to create a better theology and understanding, the church has an opportunity to learn from the research and resources available in order to create a better paradigm of ministry to answer the call to be communities of healing. The weight of impact CEA has on its victims creates the need for healing and provides opportunity for religious leaders to shed light on healing available through Jesus.

### **Conclusion**

This paper is intended to be holistic and extensive; however, it is not an exhaustive overview of the entire body of research, studies, and articles written on this topic. The purpose was to give an overview of research already done in an effort to bring attention to definitional issues within emotional abuse research, attention to the severity of what CEA can do to damage a person, and attention to the idea that church can be the avenue of healing for people who have fallen victim to this maltreatment. There is further work to be done to establish one general, universal, consistent definition of CEA. More work can be done to present the vast number of studies available on the effects of CEA, and why it should be given priority. Further, there is a need for more study to be done in the realm of the damaging effects of CEA in general. The connection between CEA and depression, eating disorders, bipolar disorder, suicidality, headaches and migraines, as well as other ways CEA might independently affect a person, need to be further researched. Indeed, there is much work that can be done in the realm of practical integration of psychology and church. What should the role of church leaders be in counseling abuse victims? What can the church do to help? What are other ways the church can live out its calling and capability to bring healing to victims of childhood emotional abuse?

A potential weakness of this literature review is that there are always more sources to be found and conducting a literature review on such a broad a topic can omit multitudes of sources and studies. The sources used were scholarly, peer-reviewed sources and academic studies, but there are many more articles available on this topic. Another potential weakness is the biases of the author. Church attendance and a desire to be a pastor in an evangelical church with the intention of facilitating a counseling care program in the church produces bias that can manifest itself in the perception and approaches to the research.

The intent of this literature review is to call attention to this topic. Emotional abuse, emotional neglect, verbal abuse, psychological maltreatment and any form of abuse that is non-contact are valid forms of abusive actions and should be taken seriously. Victims of CEA may not know they have been abused. The church is to be like a “city on a hill” and the “light of the world” (Matthew 5:14, New International Version). The church should be the voice of speaking truth to others (Ephesians 4:25, New International Version). The church is a place where the promise of a restoration of health and healing for wounds is found (Jeremiah 30:17, New International Version). The church is a place where hearts no longer need to be troubled (John 14:1, New International Version). The church is where children are to be prioritized, loved, and cared for (Matthew 18:5, Mark 10:14, New International Version). The church is where Jesus can heal broken hearts and bind up wounds, both internal and external (Isaiah 61:1, New International Version). This literature review was to show that this church spoken of in the Bible can be a reality if the church is informed, aware, and willing to embrace its calling and become capable administrators of help and hope.

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