LONG-TERM EFFECTS OF CHILDHOOD EMOTIONAL ABUSE AND NEGLECT ON ADULTHOOD INTERPERSONAL FUNCTIONING AND EMOTIONAL REGULATION

A dissertation presented to the faculty of the Graduate School of Western Carolina University in partial fulfillment of the requirements for the degree of Doctor of Psychology in Health Services Psychology

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ABSTRACT

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Emotional abuse and neglect are less studied than more overt forms of abuse, yet are found to have myriad deleterious outcomes. Childhood emotional abuse and emotional neglect are also often combined into one emotional maltreatment construct in the literature; however, the different nature of these two forms of abuse suggest it is it is important to tease these subtypes apart to determine differential impacts on adulthood. This study examines how emotional abuse and neglect predict additional variance in emotional dysregulation and interpersonal problems above and beyond what is already accounted for by other forms of childhood abuse. It was hypothesized that these two forms of abuse would predict emotional dysregulation above and beyond what is accounted for by other forms of maltreatment. It was hypothesized that emotional neglect would be more predictive of detachment behaviors whereas emotional neglect would be more predictive of hostile dominant behaviors. Participants (n = 219) completed the Childhood Trauma Questionnaire and the Minnesota Multiphasic Personality Inventory – 3. Multiple regression analyses were conducted to determine if emotional abuse and neglect predicted interpersonal problems and emotional dysregulation above and beyond physical abuse, physical neglect and sexual abuse. Results suggest that emotional abuse, specifically emotional neglect, predict additional variance in interpersonal detachment above and beyond the other forms of abuse. Emotional abuse and neglect did not contribute anything meaningful to the model predicting hostile dominant behaviors, likely because physical abuse consumed most of the variance. Emotional abuse and neglect, specifically abuse, accounted for additional variance in

emotional dysregulation above and beyond the other forms of abuse. Bivariate correlations shed further light on the distinction between abuse and neglect in their associations with varied adulthood problems. Findings highlight the significance of these two forms of abuse on adulthood functioning and the importance of research and clinical practice continuing to distinguish emotional abuse versus emotional neglect.

CHAPTER ONE: INTRODUCTION

Since the COVID-19 pandemic, there has been a significant uprise in child abuse and neglect across the globe (Ellis et al., 2021). Childhood emotional abuse and emotional neglect are increasingly common and pervasive subtypes of child maltreatment; however, these constructs are not as well examined as physical and sexual abuse, likely because of their more covert nature, and the multidimensionality of this more complex type of maltreatment (Yates & Wekerle, 2009). These two forms of emotional maltreatment are gaining more recent research attention, however, as their effects have been shown to be deleterious and enduring (Maguire et al., 2015; Wright, 2007; Yates & Wekerle, 2009). Psychological or emotional neglect is characterized by failure to provide for the child's emotional needs, demonstrated by not expressing concern, not attending to the child and not showing love (English et al., 2005). These forms of abuse are often ongoing throughout childhood and can be subtle yet pervasive (Hart & Brassard, 1987). Poon and Knight (2012) found that adult daughters who recalled childhood emotional abuse reported higher emotional distress than non-psychologically abused counterparts nearly a decade later. Research similarly suggests that childhood physical and emotional neglect has long-lasting impacts on physical and emotional well-being in adulthood (English et al., 2005).

Given the pervasiveness of these two forms of maltreatment, is important to consider the long-term effects that they may have on adulthood functioning. Specifically, emotional abuse and neglect have been found to negatively impact the development of healthy relational attachment patterns (English et al., 2005). Further, emotional abuse generally contributes to negative schemas about the self and others (e.g., viewing self as shameful or unworthy, viewing others as hostile or controlling; see Cloitre et al., 2002; Wright et al., 2009), as well as negative

cognitive styles marked by interpersonal disconnection and rejection (Cukor et al., 2006). This prior literature, however, focuses on either sexual abuse or abuse as one construct rather than teasing out the other individual forms including emotional abuse and neglect; therefore, it is worth examining how these specific, enduring forms of abuse may impact different aspects of interpersonal functioning.

Given the nature of emotional abuse and neglect (e.g., a lack of caregiving; a caregiver criticizing or invalidating emotions), it is also probable that these two forms of maltreatment have a significant impact on an individual's ability to regulate emotions. Emotion dysregulation is characterized by a heightened intensity of emotions, poor understanding of emotions, negative reactivity to emotions, and poor management of emotions (Mennin et al., 2007). Importantly, some research suggests the significance of emotion dysregulation in understanding much regarding psychological disorders. Specifically, a broad emotion dysregulation factor arguably underlies much psychopathology, such as anxiety and mood disorders (see Mennin et al., 2007), as well as personality disorders (Glenn et al., 2009; Garofalo et al., 2018).

Problems with interpersonal functioning (e.g., forming and maintaining close relationships), and regulating emotions understandably lead to a range of problems as an adult. For example, research suggests that both interpersonal relationships and ability to regulate emotions are central to psychological functioning and well-being (Cabello & Fernandez-Berrocal, 2015; Quoidbach et al., 2010); conversely, a lack thereof would suggest a strong, negative impact on functioning and well-being. This psychological distress as an adult can not only negatively impact the individual's life experiences, but may also perpetuate the cycle of abuse or neglect if these individuals who were maltreated as children become parents.

Interpersonal Functioning

Interpersonal theory suggests the significance of relational functioning. Interpersonal theory is said to represent two basic human motives – agency and communion. Agency represents influence, control or mastery over the self, other people and the environment, while communion represents connection with others (Horowitz et al., 2006). Agency and communion are both thought to be crucial in influencing personality, and specifically how one perceives, thinks, feels, and behaves (Pincus & Ansell, 2013).

Interpersonal relationships and connections with others are vital to psychological functioning and happiness (Mauss et al., 2011). The sense of support and connection found in interpersonal relationships and social connection yields significantly more happiness, better quality of life, and better emotion regulation ability (Cabello & Fernandez-Berrocal, 2015). These social connections are also linked to decreased risk for suicidal behavior (Van Orden et al., 2010). Conversely, social isolation is arguably the strongest predictor of suicidal ideation and attempts (Conwell, 1997; Joiner & Van Order, 2008), suggesting that a lack of connection with others is a key predictor of psychological unrest. Beyond an internal sense of well-being, building connections with others and ability to maintain these connections is also crucial to an adult's career development. For example, strategic social networks amongst work environment individuals promotes individual and organizational performance (Collins & Clark, 2003).

Timing may play a role in the significance of interpersonal relationship development. Specifically, emerging adulthood is a crucial time for developing and maintaining more serious relationships than had previously been experienced in adolescence (Arnett, 2000). Given that emerging adulthood is a crucial time for development of more significant relationships, it is important to examine how this population's early experiences of emotional maltreatment may impact these interpersonal relationships within this time frame.

Interpersonal Skills, Emotion Regulation, and Childhood Maltreatment

Literature suggests that childhood abuse has lifelong influences on interpersonal skills and management of emotions, both of which contribute to role performance and adaptive functioning (Cloitre et al., 2005). Importantly, not only are interpersonal and emotion regulation deficits particularly salient amongst childhood abuse survivors, but these issues distinguish these child survivors from adult-onset trauma victims, as they are strikingly more commonly associated with childhood abuse (Zakriski et al., 1996). Related to developmental theory, researchers believe that the childhood abuse timepoint is especially significant because children are learning how to interact and manage emotions, primarily from their caregivers, and these skills are hindered when they are experiencing maltreatment from these primary figures (Cloitre et al., 2005). It is plausible that abuse from a caregiver harms their ability to have a strong sense of self as well as trust in others. Moreover, parents' behavior serves as a modeling tool for children observing them.

Children with a history of various types of abuse are more likely to have reactive aggression problems, difficulty engaging with peers (linked to both bullying and being bullied), and limited social competence in general (Ryan & Cicchetti, 1994). Relatedly, these individuals are more likely to have problems modulating their feelings, have higher levels of hostility and anxiety, and issues with anger management (van der Holk, 1996; Zlotnick et al. 1996; Briere, 1988), which can all understandably influence ability to build and maintain healthy relationships and generally function within a social world. These interpersonal deficits and emotional regulation problems are found to be associated with childhood abuse itself, and also independently contribute to functional impairment in adulthood after controlling for PTSD symptoms stemming from childhood abuse (Cloitre et al., 2005). On the other hand, the majority

of these studies linking child abuse to aggression and reactivity examine physical abuse or childhood abuse as one construct including all subtypes of maltreatment.

While the relationship between child maltreatment and poor mental/emotional health outcomes is fairly well-examined, most of the recent literature to date examining associations between childhood abuse and interpersonal and emotional problems either lumps abuse types together (i.e., combining emotional, physical, and sexual abuse, and sometimes neglect into one overall childhood trauma or abuse construct), focuses on more overt and operationally defined physical and/or sexual abuse history, or lumps emotional abuse and neglect into one emotional maltreatment construct. More recently, research is highlighting the importance of distinguishing between these two maltreatment types, as they have been found to lead to varying outcomes. For example, Cohen & Thakur (2021) found that while youth-reported emotional neglect predicts heightened social impairment (defined as deficits in cooperation, assertiveness, self-control), emotional abuse does not have the same effect. It is important to consider how these more covert, yet enduring, forms of maltreatment may influence these impactful lifelong factors in different ways from one another.

Due to the nature of emotional abuse and emotional neglect, it would be expected that these specific forms of maltreatment would have significant influences on how the individual relates to others, builds and maintains relationships, and generally functions and perceives the world. Indeed, a recent study found that of physical, sexual, and emotional abuse, only emotional abuse was independently linked to interpersonal problems and emotion dysregulation, as well as depression (Christ et al., 2019), but this article did not also examine emotional neglect. Emotional neglect may specifically negatively impact not only the individual's perception of themselves and others, but this lack of interaction and engagement with the caregiver may also

deprive the child of the ability to practice a broad range of interpersonal functioning skills and subsequently form stable bonds with others, as well as depriving them from learning how to recognize and manage emotions (Podubinski et al., 2015). Loos and Alexander (1997) examined long-term effects of childhood physical abuse, verbal abuse (synonymous here with emotional abuse), and emotional neglect. Their results suggest that while verbal abuse predicted current anger, emotional neglect predicted loneliness and social isolation above and beyond the other types of maltreatment, suggesting that neglect may be a key contributor to social disconnection and a lack of strong relationships. Moreover, these results highlight that, while "emotional maltreatment" is often lumped together as one construct or combined with other forms of abuse (physical, sexual), these two forms of emotional abuse are related to very different interpersonal and emotional outcomes.

Relatedly, research examining interpersonal outcomes between childhood abuse versus childhood neglect has been mixed. For example, some research suggests that neglected individuals may not exhibit the same hostile behaviors and attitudes as the other forms of abuse. While emotional abuse has been found to predict hostile dominance, characterized by a tendency towards interpersonal, affective, and behavior problems reflecting hostility, neglect has been found not to predict hostile behavior (Podubinski et al., 2015). On the other hand, a study of college students from 2021 found that heightened levels of childhood emotional neglect was significantly related to increased levels of intimate partner violence (IPV) *perpetration* in young adulthood, which was fully mediated by the combination of IPV victimization and depressive symptoms (Brennan et al., 2021). These results were found after accounting for emotional, physical and sexual abuse types. These findings suggest that higher levels of emotional neglect do in fact lead to increased risk for physically aggressive behaviors in adulthood (in this case,

however, specific to intimate relationships). The authors also note that neglect may lead to IPV perpetration within the context of victimization (i.e., a mutually aggressive relationship).

The Current Study

It is likely that those who have been abused or neglected are at higher risk to have interpersonal functioning and emotional regulation issues, but that the nature of these deficits is quite different. How these two forms of emotional maltreatment lead to differing issues related to a number of specific interpersonal functioning and emotional regulation problems has not yet been closely examined. For example, we do not yet know the difference between a previously neglected individual verses a previously abused individual verses an individual who has experienced both in how they modulate emotions, and how does this potential difference in modulation of emotions impacts interpersonal problems differently. Understanding these key differences in these two underexamined, prevalent forms of abuse can lead to improved tailoring of intervention targets. This is especially important to consider, given that interpersonal connections and ability to regulate emotions are vital for psychological well-being and they are also modifiable treatment targets.

In regard to romantic relationships, recent investigations have found that emotionally maltreated individuals' later relationships are extremely impacted in the form of the quality of their relationships, which appear to relate to communication deficits (Peterson et al., 2018; Reyome, 2010). For example, females who have experienced emotional neglect exhibit interpersonal problems within their couple relationships related to being nonassertive, distant, and self-sacrificing (Paradis & Boucher, 2012). As noted previously, while much literature has focused on the effects of emotional abuse and neglect on relationships, the focus has often been on intimate and romantic relationships rather than general interpersonal relationships (see

Neumann, 2017; Paradis and Boucher, 2012; Peterson et al., 2018; Reyome, 2010), which we know are vital to psychological well-being and adulthood role functioning.

Research suggests that emotion dysregulation is considered a transdiagnostic risk factor for a range of psychological disorders (Svaldi et al., 2012). In regard to emotion regulation's connection to early maltreatment, most research to date has focused on the effects of a general "abuse" construct (combining most forms of maltreatment into one), or sexual or physical abuse and its association with emotion regulation. Further, no research to our knowledge has specifically considered the differential impacts of emotional neglect, verses emotional abuse, verses emotional abuse and neglect combined on emotion regulation in young adulthood.

Overall, emotional maltreatment forms are pervasive and often chronic throughout childhood, and the effects are enduring, yet they are not as widely studied as the more overt forms of maltreatment. Moreover, the very nature of emotional neglect is quite different from emotional abuse, which suggests these two forms of abuse should have varied long-term implications for maltreated individuals. Thus, the current study aims to examine how these two forms of child maltreatment predict interpersonal functioning and emotion regulation problems in adulthood, above and beyond the three other forms of abuse (physical abuse, physical neglect, and sexual abuse). Further, the current study will shed more light on the differential interpersonal and emotional outcomes that follow these two forms of emotional maltreatment. Hypotheses are as follows:

Hypotheses

Hypothesis 1: Prior literature suggests that emotional maltreatment is linked to social isolation, loneliness, and disconnectedness (see Cohen & Thakur, 2021; Christ et al., 2019; Loos & Alexander, 1997). It is hypothesized that a positive history of emotional neglect and emotional

abuse will account for additional variation in interpersonal functioning problems related to detachment behavior above and beyond what is accounted for by childhood physical neglect, physical abuse, and sexual abuse. Specifically, the 3 traits of shyness, disaffiliativeness and social avoidance will first be combined into one composite score to represent one higher-order interpersonal construct of detachment. It is hypothesized that a positive history of emotional neglect and emotional abuse will account for additional variation in this broader interpersonal construct of detachment, above and beyond what is accounted for by physical abuse, physical neglect, and sexual abuse. To test this hypothesis, multiple hierarchical linear regressions specifically predicting interpersonal detachment will be performed. Step 1 of the hierarchical regression will include the 3 predictor variables that are being controlled for; specifically, physical neglect, physical abuse, and sexual abuse will be entered. Step 2 of the hierarchical regression will include the 2 variables of interest: emotional neglect and emotional abuse. It is hypothesized that these two variables will contribute uniquely to the model above and beyond the 3 controlled for variables entered in step 1, which will be demonstrated by a significant change in R^2 from step 1 to step 2.

Hypothesis 2: Prior literature suggests that emotional abuse leads to increased hostile adulthood behaviors (see Brennan et al., 2021; Podubinski et al., 2015); therefore, it is hypothesized that emotional neglect and emotional abuse history will account for additional variation in interpersonal functioning related to aggressive and dominant behavior above and beyond what is accounted for by childhood physical neglect, physical abuse, and sexual abuse. Specifically, the two traits of dominance and aggressiveness will first be combined into one composite score to represent one higher-order interpersonal construct representing hostile dominance. It is

hypothesized that a positive history of emotional neglect and emotional abuse will account for additional variation in this broader interpersonal construct of hostile dominance, above and beyond what is accounted for by physical abuse, physical neglect, and sexual abuse. To test this hypothesis, multiple hierarchical linear regressions specifically predicting interpersonal dominance will be performed. Step 1 of the hierarchical regression will include the 3 predictor variables that are being controlled for; specifically, physical neglect, physical abuse, and sexual abuse will be entered. Step 2 of the hierarchical regression will include the 2 variables of interest: emotional neglect and emotional abuse. It is hypothesized that these two variables will contribute uniquely to the model above and beyond the 3 controlled for variables entered in step 1, which will be demonstrated by a significant change in R^2 from step 1 to step 2.

Hypothesis 3: Prior literature indicates strong associations between emotional abuse and emotional regulation problems in adulthood (Christ et al., 2021), and also suggest emotional dysregulation as a distinct pathway between emotional abuse and neglect and a variety of later psychopathological problems (Berzenski, 2018). It is hypothesized that emotional neglect and emotional abuse history will account for additional variation in adulthood emotion dysregulation above and beyond what is accounted for by childhood physical neglect, physical abuse, and sexual abuse. To test this hypothesis, a second set of multiple hierarchical linear regressions specifically predicting emotion dysregulation will be performed. Step 1 of the hierarchical regression will include the 3 predictor variables that are being controlled for; specifically, physical neglect, physical abuse, and sexual abuse will be entered. Step 2 of the hierarchical regression will include the 2 variables of interest: emotional neglect and emotional abuse. It is hypothesized that these two variables will contribute uniquely to the model above and beyond

the 3 controlled for variables entered in step 1, which will also be demonstrated by a significant change in R^2 from step 1 to step 2.

Hypothesis 4: emotional neglect and emotional abuse will demonstrate differences in associations based on the nature of the two interpersonal composite variables. As prior literature suggests that emotional neglect is associated with later social isolation and loneliness (see Loos & Alexander, 1997), emotional neglect will be significantly more associated with the detachment factor than emotional abuse. This will be tested within the first regression model examining detachment as the outcome variable. Specifically, the beta weights analyzed in step 2 of this model will determine if emotional neglect is more strongly associated with detachment than emotional abuse. Secondly, and based on prior literature suggesting that emotional abuse is associated with hostile and aggressive behaviors (see Podubinski et al., 2015), Emotional abuse will be more strongly associated with the hostile dominance factor than emotional neglect. This will be tested within the second regression model examining hostile dominance as the outcome variable. Specifically, the beta weights analyzed in step 2 will determine if emotional abuse is more strongly associated with hostile dominance than emotional neglect.

CHAPTER THREE: METHOD

Participants

Power analyses were conducted using a moderate effect size (.15) and an assumed power of .95. The most stringent power analysis was for the overall model, which suggested a sample size of 146 people. Because this study excluded participants who do not meet validity criteria of the Minnesota Multiphasic Personality Inventory (Ben-Porath & Tellegen, 2008/2011; see below), the current study recruited 219 undergraduate students from a Southeastern regional university. Participants were provided with course credit in order to complete research credit hours. 62% of the sample identified as female and 38% identified as male. The sample was 79% White, 5% Hispanic, 6.4% African American, .9% American Indian or Alaska Native, 8.3% multiethnic, and .5% Other.

Measures

Childhood Emotional Abuse and Neglect

The Childhood Trauma Questionnaire (CTQ) is a 28-item self-report measure developed to measure five types of childhood abuse or neglect: sexual abuse, physical abuse, emotional abuse, physical neglect, and emotional neglect. The scale also consists of three validity items assessing minimization and denial. This scale uses a 5-point Likert scale ranging from never true (score of 1) to very often true (score of 5). Each scale has a minimum score of 5 with a maximum score of 25. This 28-item measure was developed based on data from seven samples, including male and female college students (Bernstein & Fink, 1998). The CTQ has been widely used and has been found to have strong convergent validity, discriminant validity, and criterion validity, as well as good sensitivity for all forms of maltreatment (Bernstein et al., 1998, 2003). Paivio and Cramer (2004) examined reliability for the CTQ among a Canadian college sample

and found strong internal consistency, with alpha coefficients ranging from .76 to .97. The lowest alpha coefficient for this prior study of .76 was for the physical neglect subscale, while emotional abuse yielded an alpha of .86 and emotional neglect a .97. Total scale reliability in this study yielded an alpha of .96. Previous studies using a community sample also found the CTQ demonstrated strong internal consistency (Scher et al., 2001). The current study demonstrated strong reliability with a Cronbach's alpha of .85 for the emotional abuse subscale and .88 for emotional neglect subscale. Total scale reliability for all 28 items in the current study yieled a Cronbach's alpha of .794. One advantage of the CTQ is that it uses continuous rather than dichotomous scores for each type of maltreatment. These continuous scores can be translated into severity levels (None/Minimal, Low/Moderate, Moderate/Severe, Severe/Extreme) (Perry et al., 2007).

Emotional Regulation, Interpersonal Problems, and Other Psychological Concerns

The Minnesota Multiphasic Personality Inventory – 3 (MMPI-3) based on a hierarchical dimensional model to assess personality and psychopathology, including problems related to interpersonal functioning and emotional difficulties. Participants rate the 335 items as "True" or "False." The scale was recently currently developed by the authors of the MMPI-2-RF (Ben Porath & Tellegen, 2008/2011). The scale consists of multiple validity scales to ensure that participants are approaching the test in a valid and honest fashion, and invalid profiles are excluded from analyses. For the purpose of the current study, we will firstly be combining several subscales to represent two, higher-order interpersonal functioning constructs. Firstly, the MMPI-3 subscales of Social Avoidance, Shyness, and Disaffiliativeness will be combined to represent one higher-order trait of interpersonal detachment that will form its own composite score, formed from adding T-scores from these 3 scales and taking the average. The rationale for

creation of this broader composite score is based on the content of these individual interpersonal subscales, which, when considered together, are a fair representation of an individual who is generally detached or disconnected from others. A second higher-order interpersonal composite score will be constructed in order to adequately capture another broader yet distinct interpersonal factor of hostile dominance. This composite score will be created from the combination of MMPI-3 subscales of Aggressiveness and Dominance (adding together the T-scores for these two subscales and then taking the average). The rationale for creation of this second broader composite score is: 1) dominant and aggressive behaviors are distinct from shy and avoidant behaviors, yet equally important interpersonal considerations; and 2) examining these two subscales as one composite score representing hostile dominance is fitting, as the general content of these subscales are representative of an overall hostile and domineering interpersonal personality.

Though the MMPI-3 does not have a scale directly assessing emotional regulation, research has found strong correlates between a MMPI scale and a widely used instrument that directly assesses emotion regulation (Difficulties in Emotion Regulation scale, or DERS; see Hall et al., 2019). Based on these findings from Hall et al. (2019), the current study will consider one higher-order MMPI scale as a proxy for emotion regulation difficulties. Specifically, the broadband, higher-order scale of the MMPI-3 titled Emotional/Internalizing Dysfunction (EID) will be used to represent emotion dysregulation problems.

Procedures

All participants will present to a lab on the university campus to complete the questionnaires on a laptop via an electronic survey. Students will be given a consent form of

which they must sign before completing any questionnaires. Students will receive credit for psychology courses for participating in the study. Participants will be administered questionnaires in a random order to diminish questionnaire bias. In order to ensure that participants are psychologically stable upon completing the measures, study staff will meet with all participants following completion of the questionnaires to debrief and complete additional assessment assuring that the participants are not as risk for harming themselves.

Data Analytic Plan

This study will consist of 3 total hierarchical regression analyses. In order to consider if EN and EA contribute to interpersonal problems (characterized by a composite variable of detachment) above and beyond the other forms of childhood maltreatment captured by the CTQ, a hierarchical regression analysis will be conducted in SPSS. Physical abuse, sexual abuse, and physical neglect will be entered into the model in step 1 to examine main effects of these separate forms of maltreatment on detachment. In step 2, emotional abuse and neglect will be added to determine if these two forms of maltreatment predict detachment above and beyond the aforementioned types of abuse and whether or not they contribute something unique regarding the outcome variable of detachment. If EN and EA contribute uniquely to the model, we expect to see a significant change in R^2 from step 1 to step 2.

In order to consider if EN and EA predict interpersonal problems (characterized by hostile dominance) above and beyond the other forms of childhood maltreatment captured by the CTQ, a second hierarchical regression analysis will be conducted in SPSS. Physical abuse, sexual abuse, and physical neglect will be entered into the model in step 1. In step 2, emotional abuse and neglect will be added to determine if these two forms of maltreatment predict hostile

dominance problems above and beyond the aforementioned types of abuse and whether or not they contribute something unique regarding the outcome variable of interpersonal problems characterized by hostile dominance. If EN and EA contribute uniquely to the model, we expect to see a significant change in R^2 from step 1 to step 2.

In order to consider if EN and EA contribute to emotion dysregulation problems above and beyond the other forms of childhood maltreatment captured by the CTQ, a third hierarchical regression analysis will be conducted in SPSS. As with the first two regression models, physical abuse, sexual abuse, and physical neglect will be entered into the model in step 1 to examine main effects of these separate forms of maltreatment on emotion regulation. In step 2, emotional abuse and neglect will be added to determine if these two forms of maltreatment predict emotion regulation problems above and beyond the aforementioned types of abuse and whether or not they contribute something unique regarding the outcome variable of emotion dysregulation problems. If EN and EA contribute uniquely to this model predicting emotion dysregulation, we expect to see a change in R^2 from step 1 to step 2.

Lastly, exploratory analyses involving a series of bivariate correlations will be conducted in order to shed further light on a number of individual associations. These analyses will examine the associations between emotional abuse and neglect and varied interpersonal-related subscales not previously considered from the MMPI-3, and associations between emotional abuse and neglect and several scales representing emotional problems from the MMPI-3. We expect that these analyses will shed further light on how these two different forms of emotional abuse predict different types of adulthood problems.

CHAPTER FOUR: RESULTS

Bivariate Correlations

Emotional and Internalizing Dysfunction Scales

Results from Table 4 suggest that emotional abuse overall has much stronger effects for a range of internalizing dysfunction than CEN, including, but not limited to, suicidal ideation, self-doubt, feelings of inefficacy. Higher levels of CEA and CEN are related to higher levels of emotional and internalizing problems (EID), but correlational differences between CEN and CEA for this broadband, higher-order scale assessing emotional dysregulation are statistically significantly different, with CEA being a significantly stronger predictor of EID. These results mirror the results from multiple regression analyses, suggesting that CEA is a much stronger predictor of emotional dysregulation, which is strongly associated with the EID scale (Hall et al., 2019). CEA was a particularly robust predictor of demoralization (r = .521). CEN was also a significant predictor of demoralization, but the effect was not as strong as CEA (r =.374). According to Steigler's *Z,* this difference is statistically significant (Z = 3.41; p = <.001) which suggests that higher levels of CEA are more strongly associated with a sense of general dissatisfaction and discouragement in adulthood than CEN. Higher levels of CEA and CEN are related to stronger tendencies towards anhedonia and introversion. Anxiety-related scale differences are noteworthy. Higher levels of CEA are much more strongly associated with worrying and anxiety-related behaviors than CEN, and Steigler's Z suggests that these correlational differences are statistically significant (worrying Z = 3.6; p <.001; anxiety-related behaviors Z = 4.50; p <.001). Higher levels of CEA are much more predictive of negative emotionality than CEN, and these correlational differences between CEN and CEA are statistically significant (Z = 4.22, p <.001).

Table 1:

Correlations between Emotional/Internalizing Dysfunction and Emotional Maltreatment

	Emotional Abuse	**Emotional Neglect**
EID - Emotional/Internalizing Dysfunction	.483*	.349*
RCd - Demoralization	.521*	.374*
SUI - Suicide/Death Ideation	.382*	.287
HLP - Helplessness/Hopelessness	.357*	.264
SFD - Self Doubt	.479*	.299
NFC – Inefficacy	.341*	.216
RC2 - Low Positive Emotions	.384*	.389*
INTR - Introversion/Low Pos Emotions	.304*	.372*
RC7 - Dysfunctional Negative Emotions	.367*	.184
STR – Stress	.291	.131
WRY – Worry	.446*	.283
CMP - Compulsivity	.085	.000
ARX - Anxiety-Related Experiences	.412*	.204
ANP - Anger Proneness	.209	.166
BRF - Behavior Restricting Fears	.214	.107
NEGE - Negative Emotionality	.410*	.215

* = $p < .05$

Thought Dysfunction

Results from Table 5 indicate that higher levels of CEA are strongly related to higher levels of thought dysfunction as an adult. In comparing CEA versus CEN in predicting thought concerns, CEA is a much stronger predictor of all thought-related concerns in adulthood. The correlational differences between CEN and CEA for each of these thought dysfunction scales are statistically significantly different as shown by Steiger's *Z* tests: Thought Dysfunction ($Z = 3.85$; $p < .001$); RC6 ($Z = 4.15$; $p < .001$); RC8 ($Z = 2.88$; $p < .001$); PSYC ($Z = 3.48$; $p < .001$).

Table 2:

Correlations between Thought Dysfunction and Emotional Maltreatment

	Emotional Abuse	**Emotional Neglect**
THD - Thought Dysfunction	.313*	.129
RC6 - Ideas of Persecution	.341*	.144
RC8 - Aberrant Experiences	.377*	.243
PSYC - Psychoticism	.289	.122

* = $p < .05$

Behavioral/Externalizing Dysfunction

Results depicted in Table 6 showing correlations between Behavioral/Externalizing Dysfunction (BXD) scales and emotional maltreatment are shown in Table 6. BXD is a broadband, higher-order MMPI-3 scale consisting of a number of subscales assessing externalizing behavioral problems. Across all subscales, both forms of emotional maltreatment appear to be strongly predictive of negative perceptions of family as an adult ($r = .630$; $r = .691$). CEA is a slightly stronger predictor of adulthood antisocial behavior at a moderate effect size, but this difference between CEN and CEA in predicting antisocial problems is not statistically significant. Higher levels of CEA are also more strongly associated with higher levels of impulsive and disinhibited behaviors in adulthood than is CEN, at a moderate effect size, but this difference between CEN and CEA in predicting disconstraint is not statistically significant.

Table 3:

Correlations between Behavioral Externalizing Dysfunction and Emotional Maltreatment

	Emotional Abuse	**Emotional Neglect**
BXD - Behavioral/Externalizing Dysfunction	.294	.197
RC4 - Antisocial behavior	.338*	.290
FML - Family Problems	.630*	.691*
JCP - Juvenile Conduct Problems	.261	.166
SUB - Substance Abuse	.224	.230
RC9 - Hypomanic activation	.177	.008
IMP - Impulsivity	.310*	.123
ACT - Activation	.083	.002
AGG - Aggression	.268	.219
CYN - Cynicism	.289	.204
DISC - Disconstraint	.303*	.202

* = $p < .05$

Somatic Complaint Scales

Results comparing correlations between different kinds of somatic complaints and the two forms of emotional maltreatment are depicted in Table 7. When comparing CEA to CEN in their associations with adulthood somatic concerns, higher levels of CEA are much more strongly related to higher levels of all somatic related concerns than CEN. The MMPI-3 consists

of 1 overall Somatic Complaints clinical scale and 4 subscales representing specific somatic concerns: Malaise, Neurocognitive Complaints, Eating Concerns, Cognitive Complaints. Correlational differences for RC1 between CEN and CEA were statistically significant ($Z = 3.22$; $p < .001$). Correlational differences for NUC between CEN and CEA were statistically significant ($Z = 2.67$; $p < .001$). Correlational differences for EAT between CEN and CEA were statistically significant ($Z = 3.72$; $p < .001$). Correlational differences for malaise and cognitive complaints between CEN and CEA are not statistically significantly different according to Steiger's Z test, but both are still slightly more associated with CEA. Overall, results from this table indicate that CEA has more deleterious effects on later somatic related concerns.

Table 4:

Correlations between Somatic Complaints and Emotional Maltreatment

	Emotional Abuse	**Emotional Neglect**
RC1 - Somatic Complaints	.423*	.276
MLS – Malaise	.401*	.368*
NUC - Neurocognitive Complaints	.340*	.214
EAT - Eating Concerns	.330*	.153
COG - Cognitive Complaints	.425*	.321*

* = $p < .05$

Interpersonal Functioning Scales

Table 8 depicts correlations between interpersonal functioning behavior scales and emotional maltreatment. Results suggest that higher levels of both CEN and CEA are strongly related to lower feelings of self-importance. These results support other research suggesting that emotional maltreatment leads to negative schemas about the self and viewing the self as unworthy (Cukor et al., 2006; Wright et al., 2009). Higher levels of both CEA and CEN are significantly associated with higher levels of disaffiliativeness. Emotional neglect appears to be

slightly more associated with higher levels of social avoidance in adulthood, but these correlational differences between CEN and CEA are not significant. Moreover, as CEN is a predictor of social avoidance but not of shyness, this finding further supports the discriminant validity between the SHY and SAV scales (two interpersonal subscales that appear similar in nature, but some research to date has supported their differences; see Franz et al., 2017). Both forms of maltreatment showed slight negative associations with aggressiveness, but these correlations were not significant.

Table 5:

Correlations between Interpersonal Functioning and Emotional Maltreatment

	Emotional Abuse	**Emotional Neglect**
SFI - Self Importance	-.352*	-.322*
DOM – Dominance	-.125	-.134
AGGR - Aggressiveness	-.023	-.033
DSF – Disaffiliativeness	.308*	.316*
SAV - Social Avoidance	.246	.302*
SHY – Shyness	.224	.187

* = $p < .05$

Hypotheses 1 and 4

Interpersonal Detachment as Criterion Variable

In step 1, individual effects were examined to test direct relations between the three forms of maltreatment excluding emotional maltreatment and adulthood interpersonal detachment behaviors. The effect of physical abuse on interpersonal detachment was not significant ($\beta = -.121$, $p = .125$), which indicates that physical abuse does not impact later detachment behaviors. The effect of sexual abuse on interpersonal detachment was significant ($\beta = .163$, $p < .05$), such that, the severity of interpersonal detachment in adulthood can be

significantly predicted by differing levels of sexual abuse. The effect of physical neglect on interpersonal detachment was significant (β = .148, p <.05), which indicates that the level of interpersonal detachment behaviors in adulthood can also be significantly predicted by differing levels of physical neglect in childhood. The overall *F* value for step 1 of this model (*F* = 5.219) is significant.

In order to test hypothesis 1 and determine if the two forms of emotional maltreatment contribute anything significant in predicting adulthood detachment behaviors above and beyond the other types of maltreatment., emotional abuse and neglect were entered into the model in step 2. The overall *F* value for step 2 of this model (*F* = 7.072) is significant. The ΔR^2 was significant, $\Delta F(2, 9.23) = .076$, and suggests that approximately 8% of additional variation in detachment behaviors are accounted for when childhood emotional abuse (CEA) and childhood emotional neglect (CEN) are added to the model. These data support hypothesis 1 that emotional maltreatment would account for interpersonal detachment behaviors above and beyond what is accounted for by physical abuse, sexual abuse, and physical neglect. *P* values corresponding to CEA (*p* = .101) and CEN (*p* = .024) in step 2 of the model suggest that it is CEN, rather than CEA, that is adding something meaningful in predicting detachment problems. These results also support hypothesis 4 that CEN would be a stronger predictor of detached interpersonal functioning than CEA. Further, interscale correlations between the 3 subscales comprising the composite variable of detachment were significant with a moderate effect size (*r* = .667, *r* = .657, *r* = .446*)*, suggesting that the overall composite variable is a strong overall representation of these types of detachment related behaviors.

Table 6:

Hierarchical Regression Analysis of Interpersonal Detachment Behaviors

	β	SE	*t*	*p*	R^2 change
Interpersonal Detachment					
Step 1					
Physical Abuse	-.121	.507	-1.540	.125	
Sexual Abuse	.163	.079	2.964	.003*	
Physical Neglect	.148	.063	2.333	.021*	
Step 2					.076
Physical Abuse	-.044	.059	-.744	.459	
Sexual Abuse	-.022	.042	-.513	-.609	
Physical Neglect	-.029	.074	-.391	.696	
Emotional Abuse	.084	.051	1.645	.101	
Emotional Neglect	.126	.056	2.274	.024*	

* = $p < .05$

Hypothesis 2

Hostile Dominance as Criterion Variable

In step 1, main effects were examined to test direct relations between the three forms of maltreatment excluding emotional maltreatment and adulthood interpersonal hostile dominant behaviors. The effect of physical abuse on hostile dominance was significant (β= .200, $p < .05$), which indicates that the magnitude of adulthood hostile dominant behaviors can be significantly predicted by differing levels of childhood physical abuse. The effect of sexual abuse on interpersonal detachment was not significant (β = -.022, p = .743), which suggests that sexual abuse as a child does not predict later hostile dominant interpersonal behaviors. The effect of physical neglect on interpersonal detachment was not significant (β = -.124, p = .103), suggesting that physical neglect as a child does not impact later hostile dominant behaviors. The overall F value for step 1 in this model (F = 1.663) was not significant.

To test hypothesis 2 and determine if the two forms of emotional maltreatment contribute anything significant when predicting adulthood hostile dominant behaviors, emotional abuse and neglect were entered into the model in step 2. The overall F value for step 2 of this model (F =

1.605) was not significant. The ΔR^2 was not significant, $\Delta F(2, 1.51) = .014$, which suggests that CEA and CEN do not account for additional variation in interpersonal hostile and dominant behaviors, above and beyond what is already accounted for by physical abuse, sexual abuse, and physical neglect. This indicates that both forms of emotional maltreatment are not stronger predictors of hostile dominant interpersonal functioning behaviors than are the 3 other forms of maltreatment. Relatedly, interscale correlations between the subscales comprising the hostile dominance composite variable (aggression and dominance) were significantly correlated (r = .227), but not as strongly correlated as the interscale correlations between the subscales comprising the detachment composite variable This smaller correlation between these two subscales may partially explain the lack of significant findings reflecting hypothesis 2.

Table 7:

Hierarchical Regression Analysis of Interpersonal Hostile Dominant Behaviors

	β	SE	*t*	*p*
Hostile Dominance				
Step 1				
Physical Abuse	.200	.094	2.124	.035*
Sexual Abuse	-.022	.066	-.328	.743
Physical Neglect	-.124	.076	-1.636	.103
Step 2				
Physical Abuse	-.228	.097	-2.355	.019*
Sexual Abuse	.008	.070	.109	.913
Physical Neglect	-.037	.092	-.402	.688
Emotional Abuse	-.050	.063	-.784	.434
Emotional Neglect	-.056	.069	-.804	.422

* = $p < .05$

Hypothesis 3

Emotional Dysregulation as Criterion Variable

In step 1, main effects were examined to test direct relations between the three forms of maltreatment excluding emotional maltreatment and adulthood emotional dysregulation. The effect of physical abuse on emotional dysregulation was not significant ($\beta = -.261$, $p = .554$), which suggests that physical abuse as a child does not predict later emotional dysregulation. The effect of sexual abuse on interpersonal detachment was significant ($\beta = 1.039$, $p < .05$), which suggests that the level of emotional dysregulation in adulthood can be significantly predicted by differing levels of childhood sexual abuse. The effect of physical neglect on emotional dysregulation was significant ($\beta = .860$, $p = <.05$), suggesting that the severity of emotional dysregulation problems in adulthood can also be significantly predicted by childhood physical neglect. The overall F value for step 1 of this model ($F = 7.37$) is significant.

To test hypothesis 3 and determine if the two forms of emotional maltreatment contribute anything significant when predicting adulthood emotional dysregulation, emotional abuse and neglect were entered into the model in step 2. The overall F value for step 2 of this model ($F = 13.201$) is significant. The ΔR^2 was significant, $\Delta F(2, 19.94) = .147$, and suggests that approximately 15% of additional variation in emotionally dysregulated behaviors are accounted for when childhood emotional abuse (CEA) and childhood emotional neglect (CEN) are added to the model, supporting hypothesis 3. Upon closer examination of step 2 results, it appears that CEA is a strong predictor of adulthood emotion dysregulation ($p < .005$), whereas emotional neglect is not. This suggests that CEA is a highly meaningful factor when considering later problems with emotional regulation, but CEN is not as impactful on this outcome. Results from step 1 indicated that childhood sexual abuse and physical neglect appeared to be strong predictors of emotional dysregulation when considered with physical abuse; however, when

CEN and CEA are added to the model, CEA most likely consumes the majority of the variance and becomes the most robust predictor of emotional dysregulation.

Table 8:

Hierarchical Regression Analysis of Emotional Dysregulation

	β	SE	*t*	*p*	R^2 change
Emotion Dysregulation					
Step 1					
Physical Abuse	-.261	.439	-.593	.554	
Sexual Abuse	1.039	.308	3.371	<.001*	
Physical Neglect	.860	.354	2.427	.016	
Step 2					.147
Physical Abuse	-.853	.417	-2.048	.042*	
Sexual Abuse	.437	.301	1.452	.148	
Physical Neglect	-.245	.395	-.622	.535	
Emotional Abuse	1.348	.272	4.947	<.001*	
Emotional Neglect	.094	.297	.318	.751	

* = $p < .05$

CHAPTER FIVE: DISCUSSION

The current study found support for perceived childhood emotional abuse (CEA) having differential outcomes on adulthood functioning than perceived childhood emotional neglect (CEN), with emotional abuse overall being more impactful on a range of adulthood concerns than emotional neglect. It is important to tease apart these two emotional maltreatment constructs, as CEN by nature is a much different pattern of caregiver behavior than CEA, and therefore impacts individuals in distinct ways. Further, findings suggest that CEA and CEN account for additional variation in adulthood detached interpersonal functioning and emotional regulation, above and beyond the more widely studied and covert forms of childhood abuse.

Support was found for hypothesis 1 stating that CEA and CEN would account for additional variation above and beyond what is already accounted for by CPA, CSA and CPN in predicting adulthood detachment behaviors. These behaviors are characterized by being avoidant of social interaction, disliking engaging with others, and/or are shy in nature. This is congruent with previous research suggesting associations between emotional maltreatment and social isolation, loneliness and disconnectedness (Cohen & Thakur, 2021; Christ et al., 2019; Loos & Alexander, 1997). Moreover, support for hypothesis 4 was also found, which was that CEN is what adds anything meaningful in predicting detached behaviors, rather than CEA. This suggests that individuals who are withheld affection, support and guidance in childhood are particularly more likely to be detached from others as an adult. It is possible that CEN is often a more ongoing, consistent lack of regard or concern for the child which impairs the formation of a stable attachment bond with their main caregivers. This lack of attachment to a central figure during upbringing leads to these individuals having a difficult time forming bonds with others as

an adult, either because this is not familiar to them, and/or they do not believe they are worthy of others' attention or regard. On the other hand, it is possible that, when emotionally abusive parents are not being critical, demeaning, or threatening, there are periods in which they appear supportive or loving with their child; thus, some level of bonding (albeit dysfunctional) exists.

CEN and CEA, however, still have factors in common with one another in their associations with interpersonally avoidant behaviors. Bivariate correlations (discussed further below), suggest that higher levels of both CEA and CEN are associated with stronger feelings of insignificance as adults. Both CEA and CEN are also associated with adulthood dissafiliativeness, suggesting that both of these forms of maltreatment lead to a general dislike of others. These outcomes are likely both a result of these individuals not having stable/consistent support from their primary caregivers as children, which more broadly characterizes both forms of emotional maltreatment.

Support for hypothesis 2 predicting that CEA and CEN would account for additional variation above and beyond what is already accounted for by CPA, CSA and CPN in predicting adulthood hostile dominance behavior was not found. This suggests that more frequent experiences with emotional abuse or neglect do not relate more strongly to hostile and dominant behaviors than other forms of maltreatment. Interestingly, bivariate correlations (discussed further below) suggested no associations with CEA and CEN and aggression, which is not consistent with other research suggesting positive associations between emotional neglect and abuse and aggressive behaviors (e.g., Gerra et al., 2017; Podubinski et al., 2015). It is possible that our lack of association with emotional maltreatment forms and aggression was due to our sample being an undergraduate sample, which implies a certain level of resiliency despite perceptions of neglect or abuse, in comparison to community mental health samples or substance

abusing samples. Further, some research suggests the importance of teasing out types of aggression in considering outcomes. For example, Kang et al. (2021) found that physical abuse was linked to physical aggression in adulthood, but these individuals were actually at lower risk for verbal aggression and other hostile behaviors. Of note, findings suggest that CPA is the strongest predictor of adulthood hostile dominant behaviors, which is congruent with prior research (e.g, Keene et al., 2016).

Support for hypothesis 3 predicting that CEA and CEN would account for additional variation in adulthood emotional dysregulation above and beyond what is already accounted for by CPA, CSA and CPN was found. These findings suggest the importance of considering these two forms of emotional maltreatment when considering emotional regulation problems in adulthood. Results from step 1 indicate that CSA is a strong predictor of emotional dysregulation when considered with CPA and CPN alone; however, when CEN and CEA are added to the model, CEA appears to consume most of the variance and becomes the most robust predictor. Results indicate that it is CEA, rather than CEN, that adds anything meaningful to this model predicting emotional dysregulation. Whereas individuals who have been emotionally neglected may be slightly more likely to be socially withdrawn and shy around others than those who have been emotionally abused, these findings suggest that individuals who have experienced emotional abuse are more likely to experience problems regulating their emotions than are emotionally neglected individuals. Verbal assault, criticism, rejection, and threats on behalf of the caregiver to the child appear to be significantly more impactful on that child's ability to respond to and manage their emotional reactions in adulthood. These behaviors likely have negative interpersonal consequences (e.g., reacting in unconducive ways to friends or partners; becoming easily upset or angered and pushing others away), but do not necessarily imply that

these individuals who have been emotionally abused *avoid or dislike* interactions as much as those who have experienced neglect do.

A series of bivariate correlations depicted further important distinctions in CEN versus CEA in predicting adulthood behaviors. Overall, correlational results suggest that higher levels of CEA are more harmful for a range of adulthood problems than CEN. Specifically, higher levels of CEA are significantly more associated with a higher level of adulthood somatic complaints, a range of emotional and internalizing concerns, thought dysfunction, and behavioral/externalizing problems.

Both CEA and CEN significantly predict adulthood physical debilitation and poor health and cognitive complaints; however, higher levels of CEA are also strongly related to higher levels of adulthood neurocognitive complaints and eating concerns as well. Neurocognitive complaints go beyond solely cognitive complaints, in that these complaints are more physically debilitating than are cognitive complaints of attention and memory problems (e.g., neurocognitive complaints involve problems with balance, muscle weakness, numbness, seizures). CEA was a strong predictor for a range of thought-related concerns as well. Specifically, these findings suggest that higher levels of CEA are more strongly related to feeling paranoid or persecuted and having unusual perceptual experiences as an adult.

CEA is a robust predictor of a multitude of emotional and internalizing concerns. Both CEA and CEN lead to a general sense of dissatisfaction and discouragement, but CEA is a stronger predictor of these feelings. Both CEA and CEN predict low positive emotionality and introversion. CEA is a strong predictor of suicidal ideation, whereas CEN was not a significant predictor of suicidal ideation. This is congruent with CEA being strongly impactful on emotional regulation, as those who are less able to manage and respond to their emotions effectively are

more likely to have suicidal thoughts and behaviors (Berardis et al., 2020; Janiri et al., 2021). Individuals who have experienced CEA are more likely to have a consistent undercurrent of negative emotionality than are individuals who have been neglected. These individuals are also more likely to worry as an adult, doubt themselves, have a low sense of self-efficacy, and feel helpless. Overall, these findings suggest that criticizing, blaming, threatening, or verbally assaulting a child is extremely detrimental to emotional functioning later relatively to withholding love and affection.

CEA predicted slightly more behavioral and externalizing dysfunction than did CEN. Specifically, individuals who have been emotionally abused are less inhibited and more impulsive. This suggests that those who have been emotionally abused are more likely to take risks and engage in reckless behaviors, which may lead to a cascade of negative impacts throughout adulthood. Both CEN and CEA are, perhaps not surprisingly, very strongly related to the Family Problems subscale. This suggests that both forms of emotional maltreatment are related to a poor perception of family functioning and dynamics. Of note, there are no significant differences between CEA and CEN in predicting these negative perceptions of family.

Limitations

These findings should be considered in the context of the study's limitations. Firstly, due to the cross-sectional nature of the design, we cannot infer that CEN or CEA causes any of the above outcomes. A longitudinal design would be necessary to to have, for example, a growth curve analysis and a more causal model. For obvious reasons, we cannot manipulate abuse, but a longitudinal design would allow us to follow individuals over time, and evaluate changes in mental health during the trajectory of abuse, which would infer more causality than is possible

with this design. Secondly, retroactive reporting can yield errors for several reasons (e.g., memory issues, mood or context of the study day influencing response bias). On the other hand, what is arguably a more crucial factor is that the reporting individual perceives that they have been abused or neglected, which this study assessed. As noted above, the scope of these questionnaires did not permit us to evaluate how bothered or distressed by the previous abuse the adult is, which is a significant factor when assessing associated problematic outcomes. Thirdly, future studies assessing a genetic linkage between mental health and maltreatment of a child would shed further light. For example, understanding if the child inherited mental health issues from their parents, which in turn led to increased maltreatment of the child, due to (for example) increased parental stress or parental burden. Lastly, this sample was biased in that it was a rural, undergraduate sample that was mostly White; however, there was a fairly equal distribution of females and males, and sex is an important variable to consider when evaluating effects of abuse. Future research may gain further insight into these outcomes if using a more racially diverse population and also using child (or parent) sex as a moderator between childhood emotional abuse and neglect and interpersonal and emotional outcomes.

Conclusions and Clinical Implications

Overall, this study found extensive support for significant differences between CEA and CEN as they relate to and predict adulthood problems. It will be important for future research to tease apart these two separate constructs, rather than lump them together into one emotional maltreatment construct, in order to get stronger, more accurate understandings of their distinctive impacts on adulthood outcomes. Whereas CPA, CSA and even CPN are easily detected due to their more overt and more concrete nature, these findings highlight the importance of not

neglecting emotional abuse and neglect when assessing developmental history in clinical settings, despite their less obvious nature. These data suggest that emotional abuse, in particular, has a range of long-term effects on emotional, thought, and behavior-related concerns. In clinical settings, it is important to assess for these more covert forms of abuse, as some of these analyses indicated that they predict unique mental health outcomes, above and beyond the other more widely studied forms of maltreatment.

Relatedly, strong intercorrelations between CEN and CEA (r = .737) suggest that while it is important to consider that many individuals experience distinct experiences of CEA or CEN, they often co-occur. At the same time, these are not dichotomous constructs; rather, every individual that perceives that they have been abused or neglected experienced varying levels of severity of each. Therefore, while CEN and CEA often co-occur, it is important to consider that an individual who reflects on experiencing both (and meets assessment criteria cut-off for both) it is plausible that they may have had much greater levels of one over the other. Moreover, how bothered an adult is by their perceived childhood abuse has a significant impact on how this is impacting their functioning today (Solomon et al., 2022). In other words, future research and clinical work should consider this important question ("how much does it bother you that X happened today?"), rather than simply assessing whether or not the individual has experienced this adversity. Clinicians should not assume that because abuse was present that the individual will be struggling with any of the outcomes discussed here, and should always assess for levels of associated distress in order to accurately gauge the impact.

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