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# Studying The Long-term Psychological Effects of Emotional Abuse Experienced in Childhood.

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## Abstract

***Objectives:** In order to study the effect of child emotional abuse (CEA) on adult well-being, a survey was conducted to determine the links. In order to understand how the various forms of abuse are dealt with by the victim, this research examines the different coping strategies employed in both childhood and adulthood. **Design:** An online survey was developed including questions designed to elicit qualitative and quantitative data. The online survey method was used in order to maintain anonymity of participants and produce rich and useful data. **Method:** Charitable organisations who work with adult victims of child abuse agreed to help network this survey to their client groups. The data from this client group will be compared to that collected from non-client groups who may or may not have been subject to abuse. **Results:** Data will be analysed using both qualitative (thematic) and quantitative (correlational) analytical procedures. The results discussed in this paper are preliminary results only. **Conclusions:** Practical implications in terms of understanding how emotional abuse experienced in childhood impacts on mental health and well-being in adulthood will be discussed, alongside the possibility of identifying the most effective defence mechanisms/coping strategies employed which could then be utilised effectively in child and adult therapy sessions or interventions.*

relatively recent years. Childhood abuse is now understood to include: physical, sexual and emotional abuse, neglect and/or witnessing traumatic events or domestic violence [15]. However, Emotional abuse is still thought to be the most prevalent form of abuse inflicted on children but it is also thought to be the least recognised, least reported and the most difficult form of abuse to identify [8]. It is widely recognised within the literature that all forms of abuse, whether imposed on an adult or a child, include an element of emotional abuse [12]. For example, sexual abuse in childhood is known to include a huge element of psychological abuse or torment as this is one of the most powerful tools used by child sex abusers in order to manipulate and control their victims [14]. According to the NSPCC [16], any abuse inflicted on a child, regardless of intent, will have an emotionally damaging effect on that child. In 2014, more than fifty-six thousand children in the UK were on either a child protection register or subject to a child protection plan due to abuse and/or neglect [17]. This is a shocking figure considering that all forms of abuse are likely to include an emotional element [12] and that it is the emotional aspect of abuse that is thought to be the most damaging to the child, even when emotional abuse is experienced alone [1]. Another concern with this figure is that it is merely the tip of the iceberg as many child abuse cases go unreported each year and as emotional abuse is the most difficult to identify, it is also likely to be the least reported form of child abuse [9]. This statistic could therefore be hugely underestimated [1].

## 1. Introduction

Research into child emotional abuse and the potential impact this has on both physical and mental health in adulthood has been limited until

### 1.1. Defining emotional abuse

Emotional abuse has many different terms and definitions attached to it, for example, emotional abuse [12], emotional maltreatment [26],

psychological abuse or maltreatment [19], non-physical abuse [6] and mental cruelty [19] are all terms which have been associated with emotional abuse. Moreover, there appears to be at least one definition used to define each of these terms which makes the task of developing an operational definition a rather difficult one. Unlike definitions for physical and sexual abuse, emotional abuse cannot be defined in terms of the harm caused to victims as this will vary tremendously for each individual [25]. For the purpose of this paper, the term emotional abuse will be used throughout to describe all non-physical acts of abuse and this will be defined as "a repeated pattern of damaging interactions between parent(s) and child that becomes typical of the relationship" [10.p1].

The key point of this definition is that the damaging acts committed are "repeated" and become "typical" of the parent-child relationship. Isolated acts of emotional abuse will not tend to have the same level of long-term negative impact as a repeated pattern of emotionally abusive acts. For example, if a parent is having an unusually hard time (e.g. loss of a loved one) and they unknowingly reject and isolate their child for only a short period of time, the child will likely get over this with little to no impact so long as the caring, responsive relationship resumes. This differs somewhat from other forms of abuse such as, physical or sexual as these abusive acts can be isolated (e.g. rape) and still have long-term negative effects on the individual [20].

Horner provides an accurate description of childhood emotional abuse when she says that emotional abuse is unlike any other form of abuse. No weapons are used which could leave visible marks [9]. Instead, weapons used will consist of hurtful, derogatory words, rejection and/or withholding emotion from the child. However, the consequences of using these "weapons" against a child can often be just as severe and long-lasting as any form of physical or sexual abuse. The long-term negative effects which are often associated with childhood abuse, particularly childhood emotional abuse can include a range of long-term issues, such as, physical and mental health issues and psychological issues. These may include among others; fatigue, poor general health, increased need for prescriptions [23], drug and alcohol abuse, anxiety [10], depression [3], sexual difficulties and decreased self-esteem [13].

## **1.2. Impact of childhood abuse on adult health**

Greenfield and Marks examined patterns of associations between participants experiences of physical and psychological abuse during childhood. They found that experiences which involved both physical and psychological violence were associated with higher levels of negative affect, regardless of the gender of abuser [7]. However, psychological violence was reported to have greater negative affect when abuse was received from the mother, regardless of the frequency of the psychological violence. Violence from fathers, (whether physical or psychological) was only associated with high levels of negative affect when it was experienced frequently. This study indicates that the gender of the abuser and the frequency it occurs play a major role in how negatively it affects an individual in later life.

Studies have also provided evidence that experiencing multiple types of maltreatment in childhood increases the likelihood of poor mental health in adulthood. One study in particular found that sufferers of depression reported significantly more experiences of childhood abuse than non-depressed individuals [3]. The most frequent form of abuse reported was emotional neglect, followed by psychological abuse, sexual abuse and then physical abuse. Not surprisingly, this study also found that the more frequently abusive behaviours were experienced, the higher the probability the individual would develop depressive symptoms [3].

The relationship between childhood emotional abuse and the impact on various aspects of adult health has also been investigated by Gavin [6]. Gavin found a significant negative relationship between the participants experiences of childhood emotional abuse and their actual and perceived health in adulthood. Gavin suggested that the cumulative disadvantage theory can be applied to emotional abuse as her findings indicate that experiences of emotional abuse in early childhood can lead to continued negative experiences throughout an individual's entire life course. This finding supports Vallone et al [22] as they claimed that experiences of abuse in childhood would increase a child's chance of recurrent abuse by 50% and that an abusive home environment during a child's development may lead to a negative cumulative effect continuing long into adulthood.

Interestingly, in Gavin's study, a small number of participants reported high levels of emotional abuse in childhood but also reported healthy and satisfying experiences in adulthood [6]. Gavin found that the cumulative disadvantage theory did not appear to apply to these participants as they had reportedly adopted family avoidant strategies. This strategy of cutting all ties with their abuser was considered a healthy and necessary adjustment for those particular participants to have a healthy approach to adult life [6].

The limitations of this finding is that it was reported by only a small number of participants, however, the implications for this could be of great importance for future victims of abuse in order to make healthy adjustments and live a fulfilling adult life. The current study aims to examine this issue further. In relation to coping strategies employed by victims of abuse, previous studies have found that dissociation [22], eating disorders [4], self-harm and alcohol or substance use [2] are common coping strategies associated with childhood abuse. However, these behaviours tend to be most commonly associated with experiences of sexual or physical abuse but it is so far unclear as to whether it is the emotional element of these forms of abuse that cause these harmful coping strategies to be employed. For this reason, further investigation is needed into the coping strategies and defence mechanisms employed by victims of childhood emotional abuse in both childhood and adulthood in order to better understand and utilise these. If more positive strategies can be identified to assist victims of childhood abuse in dealing with their experiences, it may be possible to reduce the long-term psychological issues associated with their abusive experiences or in the very least, reduce the impact these issues have.

### 1.3. Research objectives

With this in mind, the objectives of the present study are to 1) develop and validate an instrument which will facilitate a deeper understanding of how experiencing emotional abuse in childhood contributes to long-term psychological effects experienced in adulthood, 2) explore the extent to which the cumulative disadvantage theory can be applied to victims of childhood emotional abuse, 3) to understand how the various forms of abuse are dealt with by the victim and what effective coping strategies are employed to deal with their

experiences in both childhood and adulthood and 4) to raise awareness among general public and health care professionals how profoundly damaging emotional abuse is to anybody experiencing it, whether that be an adult or a child.

## 2. Materials and methods

### 2.1. Sample

A total of 88 participants took part in the first stage of this research. These participants included 70 female (76.9%) and 18 male (19.8%) participants with an age ranging between 19-68 years ( $M=36.99$ ). In terms of demographics, the only criteria for participating in this research was a minimum age of 18. No restrictions were placed on geographical location or ethnicity of participants resulting in responses from a number of different countries (e.g. Britain, Cyprus, Australia, US and China) and ethnic backgrounds (Caucasian, Asian, Latino, etc.)

Participants were recruited from both abusive and non-abusive backgrounds. Participants were asked to indicate whether or not they had experienced abuse as a child. Of the 88 participants 49.4% ( $n=44$ ) answered yes to this question and 50.6% ( $n=45$ ) answered no to this question.

Volunteers for this research were obtained through various methods. Snowball sampling was the main recruitment method for non-abused participants as the survey information and link were posted on various social networking sites and passed on to others via word of mouth. Abused participants were recruited with the assistance of a number of charities and organisations designed to support, counsel and provide information to adult survivors of many different forms of abuse. These charities and organisations include; Help for Adult Victims of Child Abuse (HAVOCA), National Association for People Abused In Childhood (NAPAC), Rape, Abuse and Incest National Network (RAINN) and Mankind. The charities staff members assisted by posting the information and link to the survey on either their websites, forums or social networking pages. A major advantage of using these organisations to recruit participants who survived childhood abuse is that participants recruited via these methods are more likely to have sought some

level of support or counselling for their experiences thus reducing the risk of psychological harm to participants following participation in this study.

## 2.2. Procedure

An extensive review of the literature surrounding childhood abuse and its psychological effects generated a large number of potential items for inclusion. These were used to develop a cross-sectional survey that consisted of both qualitative and quantitative questions. Following the development of the survey, experts with a wide range of knowledge volunteered to check this survey and establish face validity. The expert volunteers included psychologists, university psychology lecturers, a probation officer with research experience and people who work closely with adult survivors of childhood abuse. Experts were informed of the aims of the study and then asked to rate each individual item on the survey in terms of relevance to the study's aims. They did this using a Likert scale with 1 meaning highly irrelevant, 3 being neutral and 5 being highly relevant. Descriptive statistics were then carried out on the feedback received from these experts and the questionnaire was amended accordingly. These amendments included eliminating items that were too sensitive and items that were not collecting information relevant to research aims. The items that were deemed irrelevant or insensitive were those with a low mean ( $<4.70$ ) and high standard deviation ( $>1.3$ ) and items with a high mean ( $>4.70$ ) and low standard deviation ( $<1.3$ ) were kept. Amendments also included re-wording some questions and changing the format of questions to be made clearer. The developed survey also included the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) which comprises 14 statements about participants' thoughts and feelings over a 2 week period. This scale was chosen to make it possible to assess participants' current well-being in relation to their childhood experiences. Expert ratings for these items were disregarded in order to keep the validity of the Mental Well-being scale.

The survey was then transferred onto an online survey website (Kwiksurveys), this enables participants to complete the survey in their own time and with complete anonymity as they can just follow a link. A small pilot study was carried out to test the survey worked and to check that questions

were understood correctly; no issues were identified from this.

All participants completing the survey were also asked to provide their contact details if they were willing to take part in the second stage of this study which involved participant interviews. It was emphasised here that in order to maintain anonymity, contact details should only be provided if participants were happy to participate in the second stage of this study. Thirty-four (39%) of all participants were willing to participate in the interview stage. Due to the geographical location of some of these participants (e.g. USA, Australia, etc), face to face interviews were not an option. An alternative for this was considered in the form of telephone or Skype interviews.

## 2.3. Ethics

Prior to any participant recruitment, this project was reviewed and approved by the University of Huddersfield, School of Human and Health Sciences research ethics committee. Approval was granted for both stages of the research as all methods and measures taken adhered to the ethical guidelines provided by the British Psychological Society (BPS). As previously mentioned, the only exclusion criteria for this research was those participants under the age of 18. All information regarding the study was provided to participants prior to the request for written consent, participants then had the choice whether to continue and complete the survey or disregard it with no consequence. A detailed debrief was provided for participants who completed the survey and contact details were provided for a variety of additional supportive organisations and help lines e.g. Victim support, Rape crisis and Mind. Information was also provided in the form of contact details for the NSPCC to assist any person wishing to voice concerns regarding a child following the completion of the survey.

## 3. Results and Discussion

As previously mentioned, findings discussed here are preliminary results only at this stage.

Eighty-eight participants completed the anonymous survey, these participants were predominantly white British (67%), employed (61.4%) and ranging in age from 19-68 years (Mean = 36.99). Additionally, participants were predominantly female (76.9%) with a sample of 18 male participants (19.8%). Of these 88 participants, 49.4% of them stated they had abusive childhoods. Table 1 below demonstrates the age of initial abuse experience and the length of abuse period for these individuals.

**Table 1: Age of initial abuse experience and length of abusive period (in years).**

Age abuse started	Frequency	%	Length of abuse	Frequency	%
From birth	7	15.9	Single event	1	2.3
Before age of 5	12	27.3	Up to 1 year	2	4.7
Between age 5-10	17	38.6	1-2 years	2	2.3
Between age 11-16	3	6.8	2-5 years	3	7.0
Unknown	5	11.4	5-10 years	11	25.6
			10+ years	18	41.9
			Still ongoing	5	11.6
			Unknown	2	4.7

Alarming, 32% of abused individuals reporting initial abusive experiences prior to the age of 5, also reported that their experiences of abuse had either lasted more than 10 years or is currently still ongoing. It is difficult to believe that in 10 years, there was no suspicions from outsiders or opportunities to intervene and safeguard these children. One survey question asked participants "...did you ever disclose the abuse to a 'trusted' adult?". Of this 32% (14 abused participants), over half of them reported to have disclosed the abuse to a 'trusted' adult at some point throughout the duration of their abuse. When asked "What was the result of that disclosure?" one participant recalls *"Sometimes they told on me to my parents. Sometimes they didn't believe me. Sometimes they just didn't know what to do..."* (P44).

Another question asked "...did your behaviour/actions following an episode of abuse change in a way that you believe should have been noticeable by others?". Of the 14 individuals who

reported initial abuse prior to the age of 5 and lasting more than 10 years, 12 of them believed that their change in behaviour was significant enough to raise concerns outside of the abusive relationship. P34 stated *"I was a quiet child who was labelled moody. I wasn't moody I was deeply unhappy, scared and lonely"*. One 60 year old, female participant recalls:

*"It WAS noticed, and commented on, even acted on in a couple of cases. I wet the bed. I dissolved into tears at the drop of a hat. I had everything going for me, but was suicidal...People didn't know what to do, and they didn't understand how deep the problem was...A guidance counsellor gave me a free pass to get out of class when I needed to, and just go sit in the palm garden and read a book until I felt ready to cope with the world again. I guess they all felt like they had done all they could, or all they were supposed to do."* (P49)

These experiences highlight the importance of recognising the signs of abuse in children and knowing how to act upon signs and/or suspicions of abuse. If the victims disclosures had been taken seriously or if someone had questioned the children's unusual behaviour then it is possible that safeguards could have been put in place and the long-term psychological issues experienced by these victims could have been significantly reduced [13].

### 3.1. Single act of abuse VS frequently abused

As can be seen from Table 1, only one participant reported a single act of abuse, at least 34 participants reported ongoing abuse lasting a minimum of 5 years. This is consistent with previous research [5]. One female participant reported daily occurrences of physical and emotional abuse for more than 5 years of her childhood, when asked about the long-lasting negative effects of her childhood experiences, P36 stated she has *"PTSD. Social anxiety. difficulty trusting others. difficulty with conflict resolution. low self-esteem..."*. Another participant (P48) who reported physical, sexual, emotional and spiritual abuse over a period of at least 7 years explained that the long-lasting negative effects she

experiences include; "*Complex PTSD. Chemical imbalance. Chronic anxiety. Recurring depression.*" These findings support previous research that frequent episodes of childhood abuse can lead to PTSD, anxiety disorders [22] and depression in adulthood [3].

P26 stated that her childhood was not an abusive one, although she did experience sexual abuse on one occasion. However, this participants experience of a single abusive act does not appear to be an accurate depiction of how an isolated act of abuse would affect long-term psychological health. This is due to the fact that a number of her survey responses indicate that she did experience a level of emotional abuse as a child. For example, she reported being ridiculed or made to feel ashamed if she showed emotion, she recalled a member of her family threatening to hurt members of her family, siblings or favourite pets and feeling the need to protect them and she stated that a member of her household was drug or alcohol dependant which affected her relationship with that person. This finding potentially supports previous research that a person can experience long-term negative effects of abuse even when the abuse is not recognised as such [6]. Additionally, this finding also supports Edwards et al's theory that the effects of one form of abuse such as sexual abuse, can be amplified by the presence of an emotionally abusive home environment [5].

### 3.2. Experiences of abuse

Among all the abused participants, a wide range of relationships were reported between victims and abusers. Multiple abusers throughout childhood was the most frequently reported (33.3%), followed by father (15.4%), both parents (12.8%), non-specified parent (10.3%), parents boyfriend/girlfriend (10.3%), sibling (5.1%) and family friend (5.1%). Comparisons between abuse experienced by Mothers and Fathers was not possible with this dataset as no participants reported experiencing abuse from Mothers alone. A small number of participants (n=5) reported abusive experiences from both parents. Typically this involved sexual and/or physical abuse from the father and emotional abuse from the mother, although 2 participants also reported experiencing emotional abuse from their father at various stages throughout childhood.

Moreover, no participants specifically reported experiencing emotional or psychological abuse alone. However, a number of participants who stated that they did not have abusive childhoods, also reported various experiences which indicate emotionally abusive behaviours from their caregivers. For example, being ridiculed or made to feel ashamed for showing emotions, parent or member of household ridiculing and insulting them as a child, threats made to loved ones, threats made to send child away, family environment feeling unpredictable, etc. According to the literature, research into emotional abuse has developed over recent years and researchers and professionals have a clearer understanding that emotional abuse can be experienced without the presence of other forms of abuse and in fact, may be the core component of all forms of abuse [18]. However, it is possible that victims of childhood emotional abuse do not recognise it as such and believe their experiences to be quite normal or at most, simply believe their parents were more strict than the parents of their peers.

Sexual abuse and witnessing Domestic Violence (WDV) were the only two forms of abuse reported to have been experienced alone. Five (11%) of the 44 participants who reported abusive childhoods, reported only sexual abuse and one (2.3%) participant reported witnessing DV between her parents throughout her childhood. Interestingly, the participant who witnessed DV (P82) remained in contact with her parents, particularly her father who was said to be the main instigator of DV and she was the only victim (of a single form of abuse) who went on to experience abuse in her adult relationships. It is possible that this participant modelled her own adult relationships on that of her parents which led to her accepting abuse as the norm.

All of the 5 other participants who reported experiences of sexual abuse only stated that they had not experienced further abusive relationships into adulthood. Four of these 5 have reportedly adopted family avoidant strategies. However, these findings do not support those of Gavin's [6] who suggested that family avoidance strategies lead individuals to achieve a healthy and satisfying adult life as a number of long-term mental health issues were also reported, such as, severe depression, bipolar disorder, anxiety, PTSD and others. Nevertheless, what this finding may support is Gavin's theory that the cumulative disadvantage theory does not apply to these individuals as the act of cutting all contact with their abuser may have reduced the severity of the negative impact of their

experiences just enough to allow them to avoid entering into any further abusive relationships [6].

Most commonly reported combinations of abuse experienced together were emotional and physical abuse (20%), followed by experiences of emotional, physical and sexual abuse (18%). Participants who reported these combinations of abuse also reported a number of severe long-term mental health issues including; Complex-PTSD, Severe depression, anxiety, various addictions, OCD, self-harm, low self-esteem, low self-worth and various phobias. These findings support previous research that experiencing multiple types of abuse increases the likelihood of poorer mental health [5] and depression in adulthood [3].

In regards to further experiences of abuse in adult relationships, Five of the 12 participants reporting multiple forms of abuse were subject to further abusive relationships, irrespective of the fact they had adopted family avoidance strategies. These findings indicate that the experience of multiple forms of abuse lead to an increased chance of participants being drawn to violent partners [11] which also supports the cumulative disadvantage theory [6]. The other seven participants did not experience further abusive relationships, however, other factors affecting this could include; severity of their abuse, length of abuse, age of participant when they decided to sever ties with their abuser and/or coping strategies employed to deal with their experiences of abuse.

### **3.3. Coping strategies and defence mechanisms employed by abuse victims**

Defence mechanisms employed by abused children will take many forms and can often appear in the form of; aggressive behaviour, withdrawal of communication, dissociation, deliberate self-harm or demonstrating excessively 'good' behaviour [15]. These defence mechanisms may develop into long-term coping strategies and adult victims of child abuse also appear to develop various other unhealthy behaviours in order to help them cope with their experiences. Findings from this study support previously identified coping strategies employed by abused individuals such as, drug and/or alcohol abuse [10], unsafe sex and/or promiscuous behaviour [24], self-harming behaviours [2], eating disorders [4] and dissociation [22].

Findings from this study also indicate a previously unknown coping strategy employed by abused individuals both in childhood and adulthood. This coping strategy is simple but seemingly very effective in helping individuals to deal with their experiences in a healthy way. Twenty per cent of participants in this study reported reading books to be their most effective tool, anything from short stories to fantasy, science fiction, etc helped them to 'tune out' of reality and immerse into a fictional world without necessarily dissociating. When asked "Are you aware of any defence mechanisms/coping strategies you used when you were growing up?", P12 reported "*I used to read a lot to switch my brain off from what was going on around me.*" P49 answered "*I escape into books*" and P34 reported "*I would retreat into my books and the stories I read*". These participants went on to say that they still use this coping method in adulthood and it remains effective for them. Similarly, when asked the same questions, P30 stated "*Reading (particularly fantasy stories, with heroes on grand quests or with darker tones) helped sustain my sense of hope and made me believe I could overcome difficulties in my life, even if they seemed overwhelming. They also made me feel more normal...*". P30 also remarked that this method is still one she uses often as an adult.

Some of these participants stated that writing had a similar helpful effect although this has the potential to turn into writing about negative experiences and the effectiveness of that is not clear here. As can be seen by P49 saying "*...sometimes writing hate letters to myself. I get sick, I continued to write - journal, poems, story. I try to learn what normal looks like, and pretend to be that myself.*" This comment suggests that sometimes writing is effective and other times it becomes a negative or far from productive exercise.

It is possible that the use of literature (both reading or writing) as a coping strategy is an effective one because it shares characteristics of dissociation and possibly self-harm. Dissociation can be understood in terms of leaving the current reality [12] and self-harm can be used as a means of blocking out emotional pain [21]. Participants in this study describe reading as a way to "switch off the brain", "retreat" or "escape" which suggests that by immersing themselves into the plot of the story, they are engaging in a mild form of dissociation from the present environment in order to block out emotional pain but in a much more healthy and beneficial way.

As this method of coping was reported by only 9 participants, it is difficult to apply these findings to a larger sample. However, further research into this area is needed in order to establish how effective reading and/or writing would be as a coping method for abuse victims in the future. This finding potentially has huge implications for implementation as it is a fairly simple method to encourage. Teachers are often the first people to notice any changes to behaviour or signs of abuse in young children and they will already have some influence over the child learning to read and write. Obviously, when there is suspicions of abuse, the initial focus should be on intervention and putting a stop to any further abuse. However, if this coping strategy could be encouraged and employed at a young age, it could potentially reduce the long-lasting negative impact of those abusive experiences.

### 3.4. Limitations

As the full data set has not been completely analysed at this stage, the findings discussed and conclusions drawn are preliminary only and have to be considered with caution. The data for this study was obtained through self-report measures therefore, there is no guarantee that data or findings are completely accurate. All findings, (although preliminary at this stage), are based on reported, not confirmed abusive experiences.

In order to comply with BPS ethical considerations and reduce risk of psychological harm to participants, the survey allowed respondents to skip any questions they were uncomfortable with. This has resulted in a considerable amount of missing data throughout the 88 responses, it is currently unknown whether this has negatively affected the results in the form of a response bias.

### 4. Conclusion

It is obvious from the present study and from previous findings that childhood emotional abuse is a major issue. As emotional abuse is thought to be at the core of all other forms of abuse, it seems only sensible to try and understand this further. There appears to be a number of factors associated with

childhood abuse, of all forms, that can affect the impact of those abusive experiences, e.g. presence of multiple forms of abuse, age of initial abuse, relationship to abuser, victims own perceptions of their experiences, etc. These need to be examined further in order to attempt to reduce the amount of impact they have. A better awareness is also needed among members of the public and among professionals into how to deal with disclosure of abuse by a child as findings from this study demonstrate that with effective intervention upon disclosure, years of abuse and torment could have been avoided for multiple victims.

As this research demonstrates, family avoidance strategies and more healthy ways of blocking out emotional pain in the form of reading fiction have been effective for a number of participants. However, more research is needed into these coping strategies in order to find the most appropriate way to develop these and assess whether these methods could be utilised by others without further impact to their mental health.

### 5. Acknowledgements

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### 6. References

- [1] Barlow, J., & Schrader-McMillan, A. (2010). *Safeguarding children from emotional maltreatment*. London: Jessica Kingsley Publishers
- [2] Berelowitz, S., Firmin, C., Edwards, G., & Gulyurtlu, S. (2012). "I thought I was the only one. The only one in the world". The office of the Children's commissioner's inquiry into Child Sexual exploitation in gangs and groups. *Children's Commissioner: Interim Report*.

- [3] Comijs, H. C., Van Exel, E., Van Der Mast, R. C., Paauw, A., Oude Voshaar, R., & Stek, M. L. (2013). Childhood abuse in late-life depression. *Journal of Affective Disorders, 147*, 241-246
- [4] Doyle, C. (2001). Surviving and coping with emotional abuse in childhood. *Clinical Child Psychology and Psychiatry, 6*, 387-402
- [5] Edwards, V.J., Holden, G.W., Felitti, V.J. & Anda, R.F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the adverse childhood experiences study. *American Journal of Psychiatry, 160*:8, 1453-1460
- [6] Gavin, H. (2011). Sticks and stones may break my bones: The effects of Emotional abuse. *Journal of Aggression, Maltreatment & Trauma, 20*, 503-529
- [7] Greenfield, E.A., & Marks, N.F. (2010). Identifying experiences of physical and psychological violence in childhood that jeopardize mental health in adulthood. *Child Abuse & Neglect, 34*, 161-171
- [8] Hibbard, R., Barlow, J., MacMillan, H., & the Committee on Child Abuse and Neglect, American Academy of Child and Adolescent Psychiatry, Child Maltreatment and Violence Committee. (2012). Psychological Maltreatment. *Pediatrics, 130*, 372-378
- [9] Horner, G. (2012). Emotional Maltreatment. *Journal of Paediatric Health Care, 26*, 436-442
- [10] Kairys, S.W., Johnson, C.F., & Committee on Child Abuse and Neglect. (2002). The Psychological Maltreatment of Children - Technical Report. *Pediatrics, 109*, 1-3
- [11] Kim, J., Talbot, N., & Cicchetti, D. (2009). Childhood abuse and current interpersonal conflict: The role of shame. *Child Abuse & Neglect, 33*, 362-371
- [12] Loring, M. T. (1994). *Emotional Abuse*. San Francisco: Jossey-Bass Publishers.
- [13] Mullen, P.E., Martin, J.L., Anderson, J.C., Romans, S.E., & Herbison, G.P. (1996). The long-term impact of the physical, emotional, and sexual abuse of children: A community study. *Child Abuse & Neglect, 20*, 7-21
- [14] NAPAC. (2011). Untangling the web of confusion. *The National Association for People Abused in Childhood*. Retrieved April 23, 2014 from: <https://www.yumpu.com/en/document/view/15999049/untangling/23>
- [15] National Institute for Health and Care Excellence (2014). When to suspect child maltreatment overview. *National Institute for Health and Care Excellence*. Retrieved June 15, 2015 from: <http://pathways.nice.org.uk/pathways/when-to-suspect-child-maltreatment>
- [16] NSPCC. (2010). Child Protection fact sheet: The definitions and signs of child abuse. *The National Society for the Prevention of Cruelty to Children*. Retrieved April 23, 2014 from: [http://www.essexclerks.org/sites/default/files/The%20definitions%20and%20signs%20of%20child%20abuse%20NSPCC%20June%202010%20\(2\).pdf](http://www.essexclerks.org/sites/default/files/The%20definitions%20and%20signs%20of%20child%20abuse%20NSPCC%20June%202010%20(2).pdf)
- [17] NSPCC. (2015). Child Protection register statistics UK: 2010-2014. *The National Society for the Prevention of Cruelty to Children*. Retrieved March 7, 2016 from: <https://www.nspcc.org.uk/globalassets/documents/statistics-and-information/child-protection-register-statistics-united-kingdom.pdf>
- [18] O'Dougherty, W. (2007). The long-term impact of emotional abuse in childhood. *Journal of Emotional Abuse, 7*, 1-8
- [19] O'Hagan, K.P. (1995). Emotional and Psychological abuse: Problems of definition. *Child Abuse & Neglect, 19*, 449-461
- [20] Stoltenborgh, M., Bakermans-Kranenburg, M., Alink, L., & van IJzendoorn. (2012). The universality of childhood emotional abuse: A meta-analysis of worldwide prevalence. *Journal of Aggression, Maltreatment & Trauma, 21*:8, 870-890
- [21] Sutton, J. (2007). *Healing the hurt within: Understand self-injury and self-harm, and heal the emotional wounds*. Oxford: How To Books
- [22] Vallone, R., Addona, F., D'Elia, L., & Vicari, S. (2009). Child Abuse: A multidisciplinary approach. *Paediatrics and Child Health, 19*, 207-210
- [23] Wagner, P.J., & Mongan, P.F. (1998). Validating the concept of abuse. *Archives of Family Medicine, 7*, 25-29
- [24] Walker, E.A., Gelfand, A., Katon, W.J., Koss, M.P., Von Korff, M., Bernstein, D., & Russo, J. (1999). Adult health status of women with histories of childhood abuse and neglect. *American Journal of Medicine, 107*, 332-339
- [25] Wolfe, D.A., & McIsaac, C. (2011). Distinguishing between poor/dysfunctional parenting and child emotional maltreatment. *Child Abuse & Neglect, 35*, 802-813
- [26] Yates, T., & Wekerle, C. (2009). The long-term consequences of childhood emotional maltreatment on development: (Mal) adaptation in adolescence and young adulthood. *Child Abuse & Neglect, 33*, 19-21

