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**Research Paper** 



# The Insidious Nature of Childhood Emotional Abuse

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# **ABSTRACT**

Emotional abuse, especially during childhood, is a difficult concept to define. It could include constant criticism, threats of rejection, withholding love from a child, etc. Moreover, the interpretation is subjective. Unfortunately, it leaves a lasting emotional impact on the child's mind and impedes emotional development and self-esteem. Based on more than 600 personal interviews, the article reviews the qualitative insights presented by individuals who experienced emotional abuse during childhood. These individuals' issues varied, including low self-esteem, guilt, anger, etc. The article highlights some repeated patterns of emotional abuse we encountered during the interviews with Indians. The implications for therapeutic interventions are highlighted for psychotherapists and psychologists.

**Keywords:** Childhood Trauma, Emotional Abuse, Adverse Childhood Experiences, Mental Health, Physical Abuse, Inner Child Integration, Healing the Child Within

hat is Emotional Abuse?

Emotional abuse, by its nature, is not easy to define compared to physical abuse or sexual abuse. Emotional abuse refers to behaviours that harm a child's self-worth or emotional well-being. Examples include name-calling, shaming, rejecting, withholding love, and threatening (CDC 2023). Emotional abuse is a behavioural pattern where a person deliberately and repeatedly uses actions and words to impact the mental well-being of the target person negatively. While the physical force is absent, the emotional manipulation is core to emotional abuse (Pietrangelo 2022).

Examples of emotional abuse include threats of violence, abandonment, intentional frightening or making the child fear that they will not get food or the care they need. This may include fear-based parenting or social isolation of the child, including not letting them meet anyone or constant criticism (Tracy 2023). Unfortunately, it is subjective and difficult to prove. However, it leaves a lasting emotional impact on the child's mind and impairs emotional development and self-esteem (Children's Bureau 2019).

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# Prevalence of Emotional Abuse

A study conducted in 2012 combined the prevalent figures of childhood emotional abuse, which was reported in 29 studies and included 46 independent samples, which came to a total of 7,082,279 participants. The study particularly highlighted that child emotional abuse is a problem that universally affects the lives of millions of children all over the world, which is a total contrast to the United Nations Convention on the Rights of the Child. The results of this study indicated that the prevalence of childhood emotional abuse as per the interview with the individual is significantly more compared to the informant studies, i.e., 36.3% or 363 per 1,000 children vs. 0.3 or 3 per 1,000 children respectively (Stoltenborgh et al. 2012).

# Long-term health implications of Emotional Abuse

A study based on a meta-analysis of the literature was done to understand the role of childhood trauma as a risk factor in the start of depressive disorders. The results from over 14,000 participants indicated that the most vital link with depression was emotional abuse (Odds Ratio=2.78), followed by emotional neglect and sexual abuse (Mandelli, Petrelli, and Serretti 2015).

A study was conducted on children and adolescents (N=287) who had received traumarelated symptom therapy in a Dutch mental health facility. When compared to other types of childhood maltreatment, emotional abuse was highly associated with the severity of PTSD (Post Traumatic Stress Disorder) symptoms as well as depression symptoms. Emotional maltreatment was the index trauma for nearly 26% of children and adolescents. Physical abuse, physical neglect, and sexual abuse, on the other hand, were not found to be significantly connected to severe PTSD (Hoeboer et al. 2021). A recent study also highlighted that emotional abuse was present in 80% of the individuals who had positive assessment for PTSD (Trivedi et al. 2023).

# Why is it essential to assess the history of childhood emotional abuse?

Emotional abuse is one of the strongest risk factors for PTSD, and it co-occurs with many other adverse childhood experiences, especially physical abuse and emotional neglect. All these 3 interpersonal adverse childhood experiences have a significant impact on emotional health, i.e., anxiety & and depression, sleep quality, and potential risk for acute stress disorder or PTSD. Hence, assessing the presence of emotional abuse is very critical in the therapeutic environment.

# **METHODS**

# Design

A mixed method purposive sampling design was used to gather both quantitative (ACE questionnaire) and qualitative insights with a focus on understanding emotional abuse. Given the insidious nature of emotional abuse, a combination of the approaches could provide more specific insights into the context in which it happens and the long-term implications on mental health.

### Setting

The study was conducted at a wellness centre in Ahmedabad, India, with a cross-sectionalanalytical study design. Individuals reach out to the wellness centre for help with anxiety and depression, trauma, and relationship issues, primarily through word-of-mouth and social media. The wellness centre, staffed by qualified therapists and psychologists, provides

consulting for individuals, self-regulation tools, and therapeutic interventions using an evidence-based approach.

# Participants & recruitment

After initial contact, the subjects choose an individual one-on-one or group workshop teaching self-regulation techniques. The inclusion criteria included healthy individuals (aged ≥18 years) with chronic disease (type 2 diabetes without complications, asthma, thyroid issues, hypertension without cardiovascular complications, and individuals with PCOD (Polycystic Ovarian Disease). Exclusion criteria included any recent (past three months) major surgery or chronic conditions with complications (e.g., diabetes neuropathy, recent heart attack history).

Each subject registered for this consultation signed informed consent and was sent background videos on adverse childhood experiences and the consultation procedure. He/she also filled up all the required forms, paid the consulting fees, and signed the informed consent form.

### Recruitment procedure and measures

Before the consultation, each subject received a self-assessment ACE form filled out online. During the consultation, a detailed timeline was made covering each ACE score, and as needed, based on client confirmation, the relevant ACE score was revised. The detailed ACE binary questionnaire included a total of sixteen questions; the first ten questions were from the original ACE study ((Adverse Childhood Experiences, n.d.; Felitti et al., 1998), and an additional six questions were based on insights from subsequent research (Trivedi 2022), and the final question was added based on our practical experience in India where parents' separation is less prevalent. Typically, parents stay together, continuing the physical and verbal violence in the family environment where the child is growing up.

The study is based on the IEC approval Ref No ECR/274/Inst/GJ/2013/RR-19, dated 27/10/2020. Each in-depth consulting session was at least one hour long, specifically focusing on childhood adversity. To ensure the quality of the data, the individual first completed the online ACE self-assessment, which was then validated and revised (as needed) after the consultation with two experienced therapists (including a psychologist). The interview also gathered qualitative information such as events connected with each ACE element on the timeline, the individual's emotions based on their interpretation of what happened because of the event, and their internalization. The observations also noted the interconnectedness of several ACE events leading to trauma. Finally, for emotional abuse, specific experiences (many verbatim) were also noted based on the timeline and the individuals involved. Given the team's extensive experience and the pre-work sent before the interview (filled out forms, including the ACE form), the interview focused on the specific adversity and the context of the event. For each participant, the demographic variables (gender, age, and chronic conditions) were also noted.

Several individuals, after consultation, continued for therapeutic intervention. The intervention (not in scope for this article) consisted of evidence-based methods using hypnotherapy, parts work, psychodrama, reconsolidation of traumatic memory and selfregulation techniques.

# Analysis

Both the interviewers took separate notes, and as appropriate, verbatim sentences were noted down for traumatic events, including emotional abuse. If the trauma element was not highlighted during the assessment, the quantitative form was revised with the participant's and the interviewers' consent. The mixed-method approach covered two levels of analysis. Ouantitative analysis included descriptive statistics and a correlation of emotional abuse with specific interpersonal and other ACE elements. The frequency of emotional abuse and its co-occurrence with other ACE elements was also measured. Many of the individuals continued after the consultation for therapeutic intervention. For qualitative analysis, the verbatims across the participants were highlighted and described into several groups or categories for ease of understanding and presentation.

### RESULTS

Table 1 shows the breakdown of the total samples by gender and by presence and absence of emotional abuse. Approximately 70% of the individuals approaching the wellness centre (regardless of gender) had experienced emotional abuse. The table also highlights that emotional abuse does not happen in isolation and co-occurs with other adverse childhood experiences. The average ACE score for men with emotional abuse experiences is 6.6 compared to those without emotional abuse, whose ACE score was only 2.6. For women, the average ACE score was 7.1 for those with emotional abuse. However, for the women who had not experienced emotional abuse, the ACE score was 3.0.

Table 2 provides insights by showing correlations between the four interpersonal adverse childhood experiences (i.e., trauma elements where the subject is at the centre of the experience and includes Emotional Abuse, Physical Abuse, Sexual Abuse and Emotional Neglect), Figure 1. It is evident that many of the interpersonal negative childhood experiences co-occur (Pearson Correlation, P<.05). Specifically, there is a strong linkage between physical abuse, emotional abuse, and emotional neglect.

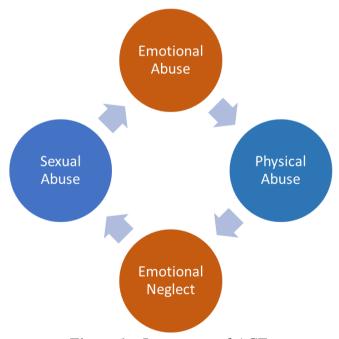


Figure 1 – Interpersonal ACEs

Table 1 – Demographics (Gender, Emotional Abuse, and total ACE score)

	N	Age (Mean, Standard Deviation)	Average ACE score
Female	615	33.9±9.8	6.0
No emotional abuse	127	34.6±10.5	3.0
Emotional abuse	339	33.7±9.4	7.1
Male	149	33.3±11.0	5.3
No emotional abuse	46	35.4±11.1	2.6
Emotional abuse	103	31.8±10.7	6.6

Table 2- Correlation between interpersonal ACEs (Emotional Abuse, Physical Abuse, Sexual Abuse & Emotional Neglect)

	Physical Abuse	Sexual Abuse	<b>Emotional Neglect</b>
Emotional Abuse	.509**	.175**	.480**
Physical Abuse	-	.220**	.322**
Sexual Abuse	.220**	-	.177**
Emotional Neglect	.322**	.177**	-

<sup>\*\*</sup> Correlation is significant at 0.01 level (2-tailed)

# Qualitative insights

In our therapeutic work with more than 600 individuals, one very clear thing is that the clients seldom realize how deep the scars are of their emotional abuse. This is probably because it is so normalized and accepted that its impact is not even realized and understood. In the context of an Indian household, our work over the years with Indians has helped us to recognize and understand the behaviours of adults, including parents, which have a profound impact on the child and are powerful influences on adult PTSD (Mauritz et al. 2013).

One fact that has become very clear over the years is that clients with emotional abuse present with low and poor self-worth, self-esteem, and self-confidence issues. Many clients manifest their childhood emotional abuse through severe body image issues. Some repeated patterns of emotional abuse that we have encountered while interviewing our clients are presented below.

### They fall into 13 broad categories:

# 1. Shaming the child:

Some of the commonly used phrases by parents to shame a child are.

### 2. Making the child feel guilty.

<sup>&</sup>quot;You should be ashamed of yourself for being so slow".

<sup>&</sup>quot;Look at you, you are so dark and ugly; who will marry you?"

<sup>&</sup>quot;Because of you, every PTM, we have to listen to your teachers complaining."

<sup>&</sup>quot;Because of you and your behaviour, our family's reputation has been washed down the drain"

<sup>&</sup>quot;Nobody in our family has ever failed any exam; how could you?"

<sup>&</sup>quot;Because of you, Daddy gets upset at me".

<sup>&</sup>quot;Because of you, I get beaten up".

<sup>&</sup>quot;If only you weren't born."

<sup>&</sup>quot;We never wanted a third child, but here you are...."

<sup>&</sup>quot;We tried so hard to abort you, but you are so strong, nothing could stop you from

being born" (though said by the parents as a positive quality, the child interprets it as a negative sentence and ends up feeling guilty, unloved, or unwanted)

"We have such high expectations of you, but you never live up to those expectations".

# 3. Constant comparing with siblings, friends' children, or relative's children.

"Look at your sister and look at you! Why can't you be a little more like her? She is so smart."

"Your sister is so fair and pretty, just like our family. What happened to you? Why are. vou so dark?"

"You are the only one who hasn't taken after me your father and me. God knows from where you get that big nose/forehead/dark skin."

"Your sister always comes home with a prize every year. What about you? You can never do anything right?"

"Your brother is so good at both sports and his studies. You I wonder, will you ever be good at anything?"

# 4. Body shaming

You have become so fat, please stop eating so much.

Look at you, so fat and dark, who will marry you?

Have you looked at yourself in the mirror lately? Don't you see how your body looks? My little black bear!

My cute little humpty dumpty

You have such a long nose - if only it was a bit shorter...

Nobody in our family has or has had pimples. Why do you have them? They completely ruin your looks.

How come you are so short? Nobody in our family is so short. I wonder who you got those genes from?

#### 5. Humiliation

In India it is completely acceptable and normal for parents to demean and humiliate their child in front of other adults: friends, relatives, teachers etc Very often this is done at social gatherings where the others laugh at the parents' narrative which is directed at the child. It could be about the child's grades and school performance, their physical attributes like height, weight, skin color, features etc., their social skills or lack of them etc.

# 6. Being the mother's confidant

It is not uncommon in India for mothers to confide in their children on matters related to their marital problems. This could include conversations about their distrust of their husbands, their infidelity, and worse still, details of their sexual problems. They forget that the partner they are discussing and bashing so brutally is the other parent of the child. Consequently, we have seen clients who hate and distrust the maligned parent. The emotional trauma runs very deep, following these children into adulthood.

### 7. Threatening the child

Threatening (different from abusing) includes constant threatening to punish or beat or isolate the child.

"If you don't behave, you will be punished"

"You will be thrown out of the house"

### 8. Eldest Sibling forced to take on the role of a caretaker:

In India, a unique circumstance for emotional abuse is when the oldest sibling is forced to become the caretaker and caregiver for their younger siblings. Often, the ailing parent, due to their own mental health issues, is unable to take care of the physical, mental, and emotional needs of their children.

A stressful job, physical problems, and a joint family setup are some of the other reasons why a child is forced to take on the mantle of an adult. Also happens when one of the parents has chronic health issues or is bedridden and the child has to take care of and nurse the parent like an adult.

As a result, this child is forced into the role of an adult, thereby sacrificing their own childhood in the process. This leads to years of built-up resentment, spilling over into their adulthood.

# 9. Emotional Blackmail by a parent

Constant threats of suicide or leaving the house (abandonment), by a parent amount to emotional abuse. The parent uses these threats to manipulate and influence the child's behaviour. These children often grow into adults who have trust issues, fear of abandonment, insecurities, and fears. In our therapy, we have found that most often, this kind of emotional abuse is perpetrated by the mother. In one extreme case, one mother actually doused herself with kerosene on numerous occasions and threatened to set herself alight. In another case, the mother would make a noose off the ceiling fan and threaten to hang herself. One other mother would sit on the window parapet and threaten to fling herself off the wall.

Children who have been exposed to such parental emotional Blackmail, and unfortunately it happens more often than expected, grow into adults who have suicidal ideation, thoughts and even attempts.

# 10. School teachers, tuition teachers

Unfortunately, though teachers in school can mould us, they could also be the tools of emotional abuse. The child is name-called, regularly punished, complained about, and made to feel unwanted and resentful. Oftentimes, these very same children are the ones who need a gentle and understanding approach. School becomes a place filled with unhappy associations and resentment.

# 11. Bullying (including body shaming by peers)

Classmates, neighbourhood children, school bullies etc. often resort to bullying and shaming. The use of words like "Fatso", "Kaali", "You are not one of us", are used to bully and shame a child.

These cause peer isolation.

#### 12. Constant criticism

When a child is constantly criticized, corrected, and nagged, they grow into adults who have many shortcomings. They become full of self-doubt, self-loathing, or hypercritical of themselves or of others. It might cause the child to become a perfectionist or a codependent in relationships. Either way, the result is usually a dissatisfaction between themselves and others.

# 13. Keep secrets

The constant pressure on children by adults, to keep secrets, is another form of emotional abuse.

"Don't tell anyone about Dad beating us".

"Don't tell anyone you failed in 2 subjects",

"Don't tell anyone you have a boyfriend, because what will people think of us if they find out?", "Don't tell anyone your dad is an alcoholic" "it's a family secret...nobody should ever find out"-

This pressure on a child to be the keeper of family secrets often leads to deep-rooted feelings of shame and guilt. Secrets are associated with shame. Shame is a very toxic emotion and people carry it throughout their lives. As adults, it makes them hide, deceive and tell lies all the time, even when it is not required.

# 14. Being a mediator (or marriage counsellor) to parents in their marital issues

The child is forced to take sides, judge or mediate with the fighting parents.

Some of the consequences on the child of sustained emotional abuse are highlighted below:

1. Emotionally abused children often grow into adults who feel unloved, unaccepted, and outliers. Some of the verbatims from our interviews are highlighted below:

"Nobody loves me, nobody cares for me".

"Nobody cares if I live or die".

"Whether I live or die, it won't matter to anyone at all!"

"Nobody understands me".

They have disempowering belief systems that follow them into adulthood, influencing their decisions and worldviews even as adults.

"I am a failure".

"I did not achieve what was expected of me".

2. Emotionally abused children often grow up as adults hating their parents. We have come across numerous instances where adult women hate their mothers very deeply due to the constant criticism, nagging, comparison and abuse they endured throughout their childhood. This in turn also affects their own relationships with their spouse, in laws and children. They tend to have a deep-rooted distrust of others and a low expectation of their abilities. As a result, they believe they do not deserve any better and whoever is there in their life, is there for some ulterior motive, not because of love. I don't deserve to be loved; how can anyone love me? My partner is with me only for their own sexual/social/family reasons and not because they love me.

### DISCUSSIONS

Emotional abuse is a subtle form of ACE and leads to a stronger internalization and externalization impact on the adult (Mandelli et al. 2015; Norman et al. 2012). Tables (1 and 2) highlighted, based on frequency of occurrence and correlation with other interpersonal ACEs, that emotional abuse is very common in individuals who seek help for well-being, and it does not occur in isolation. The impact is not just limited to anxiety & depression; it also increases the risk of experiencing PTSD (Fox et al. 2015; Hosey 2019; Mauritz et al. 2013). Table 2 also highlights that several interpersonal ACEs happen together in the same individuals, especially with emotional abuse as the core experience.

The findings provide a useful framework for psychotherapists, psychotherapists, and psychiatrists that emotional abuse is relatively common and often occurs with several other

ACEs. Specifically, emotional abuse is common for individuals who have been physically abused since both situations are interrelated. The strong correlation between emotional abuse and emotional neglect also confirms that individuals who experience emotional abuse often feel emotional neglect that may result in feelings of loneliness or isolation. The insights from Table 2 are consistent with the extensive meta-analysis findings indicating the correlation between non-sexual interpersonal ACEs, i.e. childhood physical abuse, emotional abuse and emotional neglect (Mauritz et al. 2013; Norman et al. 2012). Extensive evidence confirms the link between these non-sexual abuse elements and depressive disorders, anxiety disorders, suicide attempts, etc. (Hoeboer et al. 2021; Norman et al. 2012). This leads to the importance of qualitative insights because understanding the drivers that lead to the child feeling emotional abuse can help in better assessment.

The qualitative observations help provide the framework for assessing emotional abuse. While there is global evidence on emotional abuse during childhood and long-term consequences (self-worth, self-esteem, conflict resolution, psychological stress, mental health issues), the real challenge is in the identification of emotional abuse (Erses, Kiliç, and Berkmen 2022; Humeny 2013; Mwakanyamale and Yizhen 2019; Weaver and Sullins 2022; Wojcik, Cox, and Kealy 2019; Yun, Shim, and Jeong 2019). These elements of self-esteem, guilt, inner conflict, psychological stress, and aggression are consistently observed in our qualitative findings.

The findings have several implications for parents, therapists and adults who are seeking support for mental health issues. First, it is important to recognize the presence or history of emotional abuse, especially based on the qualitative insights highlighted in our findings. This is relevant for both the therapist and the individual seeking help. Not capturing the presence and the implications of emotional abuse may negatively influence the therapeutic outcome. Second, the mental health community needs to recognize the critical role of emotional abuse (and related interpersonal ACEs) as a risk factor for several mental health outcomes. The findings consistently highlight a stronger (negative) impact of emotional components (emotional abuse and neglect) compared to physical components (physical abuse and sexual abuse) (Hoeboer et al. 2021; Mandelli et al. 2015; Norman et al. 2012). This is not limited only to depression and anxiety disorders, but it is also prevalent in suicide behaviour and PTSD (Post Traumatic Stress Disorders). Third, the psychotherapists (or psychologists or psychiatrists) must understand the subtle nature of the environment in which emotional abuse is felt (or even perceived). The qualitative insights add structure that can be leveraged as part of the interviewing or screening process. Individuals also often do not recognize the internalization of emotional abuse (for example, I was beaten up and felt terrible. Upon inquiring, the mother's threat of attempting to kill herself had a much stronger impact on the child as compared to the impact from the irrational physical abuse). Fourth, the correlation of several non-sexual childhood trauma needs to be incorporated into the educational curriculum and research studies. Finally, increasing the awareness of the need to identify and understand the implications of emotional abuse can not only help therapists and trauma survivors but also parents who nurture young children. Hence, the awareness or education to identify and address emotional abuse must not be limited to just the therapists. Still, it should be expanded to the teachers and parents, especially during early school years. The study has a few limitations. It only highlights the occurrences of emotional abuse at a wellness center and doesn't identify the correlation with several internalization issues. This could be part of the future work, where the scope of the subjects could be expanded to cover a broader geography and more diverse demographics. Future work could also understand the correlation of emotional abuse with several internalization challenges (e.g., depression and

anxiety, insomnia, excessive stress) and behavioural issues (e.g., self-harm, and suicide behavior). Finally, our research focused on understanding emotional abuse. Addressing the long-term implications of abuse (also known as inner child integration or healing the child within) is not covered in this research (Kneisl 1991; Sjöblom et al. 2016; Trivedi, Pillai, and Trivedi 2021).

# CONCLUSION

The study highlighted the insidious nature of emotional abuse since it co-occurs with several other interpersonal childhood trauma situations, specifically, physical abuse and emotional neglect. The qualitative highlights provide a framework for the therapists to understand the situations where the trauma could have occurred. Several situations, locations and individuals play a role in the creation of emotional abuse. Finally, the implications for therapists, teachers and parents are highlighted for management and prevention.

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# Conflict of Interest

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