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Emotional Abuse Research: A Narrative Review Emotional Abuse Research: A Narrative Review

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ABSTRACT

The current literature (2024-2025) on emotional abuse can be categorized as the prevalence of emotional abuse, negative effects of emotional abuse, comorbidities of emotional abuse and potential underlying biological mechanisms. The prevalence of emotional abuse has varied widely from 16% to 60% across cultures and different ages. When it has been compared to other forms of abuse including physical and sexual abuse, its negative effects on mental health have been surprisingly greater. Emotional abuse has also led to academic, relationship, emotional, physical, and addiction problems as well as self-harm/suicidality. Emotional effects include emotional dysregulation, rejection sensitivity and loneliness. Physical problems include sleep disturbances, cardiac dysfunction, infectious diseases and accelerated biological aging. Addictions include internet and gaming addiction as well as workaholism. Comorbidities include depression, anxiety, eating disorders and substance use disorder. Potential underlying biological mechanisms for the negative effects of emotional abuse have also been reported including low heart rate variability, elevated inflammatory biomarkers, hyperactivation of the right amygdala and changes in activation and connectivity in multiple brain regions. Methodological limitations of this literature include self-report recall data that has limited reliability, the arbitrary selection of mediation/moderation variables and the confounding of the negative effects of emotional abuse by emotional neglect, multiple emotional states and comorbid psychiatric conditions.

Most of the current literature (2024–2025) on emotional abuse involves child abuse, also frequently referred to as childhood maltreatment, childhood trauma or adverse childhood events. In a meta-analysis of 34 studies (N = 54,646), childhood maltreatment accounted for 21% of depression and 41% of suicides[1]. The authors presented data suggesting that there were more than 1.8 million cases of depression, anxiety and substance use disorder associated with child abuse. The authors also reported that 66,143 years of life had been lost through suicide and 184,636 years of disability, highlighting the negative effects of childhood maltreatment.

Emotional abuse has been noted to have the most negative effects on children. In the current literature emotional abuse has been assessed most frequently by the Childhood Trauma Questionnaire-Short Form that includes a subscale on emotional abuse. The subscale includes five items that are rated on a 5-point scale. The items are: 1) People in my family call me things like stupid, lazy or ugly; 2) I thought that my parents wished I had never been born; 3) I felt that someone in my family hated me; 4) people in my family said hurtful or insulting things to me; and 5) I believe I was emotionally abused.

Emotional abuse has often been compared with emotional neglect, physical abuse, and physical neglect, and occasionally with sexual abuse. When those comparisons have been made, emotional abuse is frequently reported as the most severe problem. Surprisingly, even though emotional abuse has been documented as having more severe effects, it is generally not perceived that way. For example, in a study comparing the perceptions of psychologists, students and the general public, emotional abuse was seen as less severe than other forms of abuse (N= 444) [2]. The participants completed the Childhood Trauma Questionnaire– Short Form and provided ratings of

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severity and offender responsibility on 8 case vignettes. All three groups perceived emotional abuse as less severe than other forms of abuse and the offender as having less responsibility than offenders of sexual and physical abuse. The data from these studies highlight the importance of research on emotional abuse.

In this narrative review, research on emotional abuse that was published in 2024-2025 is briefly summarized. This research was found on PubMed, PsycINFO and Google Scholar by entering the terms emotional abuse and the years 2024-2025. Exclusion criteria included non-English papers, pilot studies and proposed protocols.

This current literature on emotional abuse can be divided into different sections. The sections include prevalence data, negative effects, comorbidities, and potential underlying biological mechanisms. These sections are followed by a discussion on the methodological limitations of the literature. This review briefly summarizes 76 papers including 2 in the introduction, 5 on prevalence data, 26 papers on negative effects, 35 papers on comorbidities, and 8 papers on potential underlying mechanisms.

Prevalence of Emotional Abuse

The prevalence of emotional abuse has varied widely from 16% to 60%. This variability has occurred across cultures and different ages (see table 1). For example, in a sample of secondary school age children in Jordan (N= 559, grades 7–11), emotional abuse prevalence was as high as 60% [3]. In this study, the prevalence of household violence was 52%, bullying 45%, physical abuse 32%, emotional neglect 26%, physical neglect 13%, and parent separation 5%. These prevalence data were based on responses to the 28-item Childhood Trauma Questionnaire. In this sample, males experienced more physical abuse and neglect and females more household violence. Those who experienced physical abuse, emotional neglect, and physical neglect had lower self-esteem. This research had the typical problem of being a retrospective, cross-sectional study comprised of young adolescents who were so close in age to the abuse experience that they were still traumatized

Table 1: Prevalence of emotional abuse (and first authors)

Prevalence	First Authors
60% Jordan (grades 7-11)	Shattnami
60% 16 states (adolescents)	Sinedo
16% Albania (15 year-old adolescents)	Quijako
24% China (university students)	Zheng
15% UK (adults)	Quiroz

Data on adolescent samples from 16 states revealed a similarly high prevalence of emotional abuse (60%) [4]. Many adolescents experienced at least one aversive childhood experience (ACE) (81%) and more than four ACEs were experienced by 22% of the sample. Physical abuse was noted in 33%. Emotional abuse was greater in females (28%), non-Hispanic multiracial adolescents (34%), gay or lesbian adolescents (37%), and bisexual adolescents (42%). Interestingly, self-reported problems exceeded parent -reported problems that had been noted in other studies.

In a similar age sample from Albania (N= 1877 students who were 15 years-old) the prevalence of emotional abuse was significantly lower at 16% [5]. This prevalence was derived from 5 emotional abuse items including the child having ever been sworn at, insulted, humiliated, threatened or made to feel unwanted. In this sample, as in many others, emotional abuse and neglect had the strongest association with mental health problems. Whether these problems contributed to the abuse is not clear given that this was a cross-sectional study. The contrast between the 60% and 15% prevalence rates may reflect cross-cultural differences or they could be related to the significantly different sample sizes, the different age ranges across samples and/or the use of different emotional abuse items to classify the children as emotionally abused.

In a large sample of students from 63 universities in China (N=117,769), childhood trauma was reported by 24% [6]. In a large UK Biobank sample of adults (N =30,814), 15% reported childhood emotional abuse, 20% physical abuse, 9% sexual abuse, and 22% emotional neglect [5]. In a meta-analysis of 52 studies, 33% of the total sample reported having experienced emotional abuse [7]. Thirty-three percent appears to be the average prevalence for the child and adult samples combined.

These data suggest that older samples (adults versus children) have reported lower prevalences of childhood abuse. That might relate to the children being closer to the experience of child abuse such that they have more vivid memories of the abuse and/ or they haven't had sufficient time to recover from its negative effects.

Negative Effects of Emotional Abuse

Several negative effects have been the focus of this current literature on emotional abuse (see table 2). They include negative effects on academic, emotional, relationship, physical, and addictive problems as well as self-harm/ non-suicidal self-injury and suicidality.

Table 2: Negative effects of emotional abuse (and first authors).

Negative Effects	First Authors
Academic	
Language and math	Chang
Emotional	
<emotional intelligence	Irshal, Ren
>emotional dysregulation	Palmer-Claus
>rejection sensitivity	Euteneur, Gao
<resilience	Fares-Otero
>loneliness	Kolar, Heer
Relationships	
Parent-adolescent	Celik
Adolescent-peer	Kamis
Adult romantic	Cao
Physical	
Sleep disturbances	Zarchev
Adult cardiac dysfunction	Quiroz

Gastro-esophageal disease	Zhou
Infectious diseases	Huang
Accelerated biological age	Huang, Yu
Addictions	
Internet	Li, Liu, Wang
Gaming	Verrastro
Workaholism	Verrastro

Academic Problems

In a systematic review and meta-analysis on the association between childhood maltreatment and academic achievement, seven English and three Chinese databases were included (N=11,568, mean age=10) [8]. In this review of 59 studies, emotional abuse and neglect had the most adverse effects on academic performance including **language and math**. Boys, younger children, and those living in Euro – American regions experienced the most negative effects of emotional abuse on academics. It is well-known that boys and younger children are more vulnerable to academic performance problems, but the Euro-American risk factor has not appeared in the earlier literature on emotional abuse effects. This finding may relate to the superior academic performance typically reported for Asian students independent of risk factors like emotional abuse or it may be that emotional abuse is less common in Asian countries.

Emotional Problems

Several emotional problems have been reported in this current literature on emotional abuse. They include lower emotional intelligence, emotional dysregulation, rejection sensitivity, lack of resilience and loneliness.

In a study on emotional intelligence of university students from Saudi Arabia (N= 272), as many as 73% reported having experienced adverse childhood experiences (ACEs), with 18% having experienced more than four ACEs [9]. Not surprisingly, childhood maltreatment had a negative influence on **emotional intelligence** as well as psychological well-being of this sample. These prevalence data seem high and may relate to socioeconomic factors that were not measured in this survey. The ACEs may have been more broadly based than childhood maltreatment itself.

Other research supports the finding that emotional abuse negatively affects emotional intelligence. In a study entitled "Childhood emotional maltreatment and emotional intelligence in adolescents: the mediating role of mindfulness", the results are given in the title [10]. The researchers of this study on Chinese adolescents (N=580) assessed the mindfulness mediator based on the theory that emotional abuse had an indirect effect on emotional intelligence via the lack of mindfulness.

In a meta-analysis entitled "The relationship between childhood adversity and affective instability across psychiatric disorders", 36 studies were included (N= 8431) [11]. In these longitudinal studies, emotional abuse led to affective lability and **emotional dysregulation**. In this meta-analysis, like many others in this literature, emotional abuse and emotional neglect were more associated with negative effects than physical and sexual abuse. Given that these were longitudinal studies, their results would seemingly suggest causal relationships between emotional abuse and affective lability as well as emotional abuse and emotional dysregulation. However, its not clear the degree to which the psychiatric disorders experienced by these individuals may have contributed to their affective lability and emotional dysregulation.

Surprisingly, potential underlying mechanisms that might explain the greater effects of emotional versus physical and sexual abuse have not been addressed in this current literature. Emotional abuse would clearly be more subtle than physical and sexual abuse, suggesting that it might be more difficult to notice and to avoid than physical and sexual abuse, resulting in more frequent experiences with emotional abuse and possibly more prolonged experiences than sexual or physical abuse. It might also go undetected and therefore under-treated. In addition, emotional abuse may have greater effects because the target of the abuse may be self-blaming for having the emotional abuse scale qualities (e.g. stupidity, laziness, ugliness) rather than the blame being placed on the parent/caregiver who lost control in the case of sexual and physical abuse situations.

Rejection sensitivity has also resulted from emotional abuse. In a study on emerging adults (N= 311 18-to-25-year-old adults), emotional abuse was associated with rejection sensitivity [12]. This association is not surprising given that at least two of the five items on the emotional abuse subscale of the Child Trauma Questionnaire-Short Form involve rejection by family members, for example, "I felt that someone in my family hated me".

Similarly, in a meta–analytic review, child maltreatment was a risk factor for rejection sensitivity (N=16 studies, 5335 participants) [13]. In this meta-analysis, **rejection sensitivity** resulted from emotional versus physical abuse. Again, these results were not surprising given the difference in the emotional and physical abuse items with the emotional abuse subscale items being rejection items. And, again, physical abuse could be viewed as the abusing person's "losing control" and emotional abuse as self-blame for having the negative qualities listed on the emotional abuse subscale of the Childhood Trauma Questionnaire-Short Form (stupid, lazy or ugly).

Another systematic review and meta-analysis focused on the effects of child maltreatment reducing **resilience** (N= 203 studies and 145,317 participants) [14]. The negative association between child maltreatment and resilience was stronger for emotional abuse and emotional neglect than for other forms of child abuse in this sample. Resilience has been defined as "toughness or the ability to recover quickly from difficulties". Emotional abuse may be more frequent or more prolonged which would make recovery more difficult.

Loneliness has also been reported by adolescents who have scored high on the emotional abuse subscale. In a paper entitled "From childhood emotional abuse to adolescent loneliness: the roles of self- compassion and rejection sensitivity", the results are given in the title [15]. In this sample (N = 567 Chinese adolescents 12 to 17- years- old), the results of the authors' data analysis suggested a direct effect of emotional abuse on loneliness but also chain mediating effects of self-compassion

and rejection sensitivity. Other forms of abuse were entered as covariates, suggesting that they did not confound the effects of emotional abuse.

In another paper entitled "Pathways between child maltreatment, psychological symptoms and life satisfaction" (N= 890 adolescent inpatients), emotional abuse led to feelings of **loneliness** [16]. Emotional abuse also led to worthlessness and thinking about dying. Both emotional abuse and neglect were predictors of psychopathology. Emotional abuse and neglect have been combined in several studies, making them confounding variables. Although many current studies on emotional abuse have involved mediation/moderation analyses, no mediators/moderators were noted for the relationships in this study.

In a systematic review and meta-analysis entitled "The association between child maltreatment and loneliness across the lifespan" (N= 52 studies and 1,705,493 participants), a moderator analysis showed that the effect sizes for the relationship between maltreatment and **loneliness** were greater for emotional abuse and neglect as compared to other forms of abuse [17]. The other forms of abuse, for example, physical and sexual abuse may have turned the victims away from the abusing individuals toward non-abusing individuals while those experiencing emotional abuse may have remained with the abusing individuals and experienced loneliness. Surprisingly, none of the studies in this current literature have focused on whether individuals who experienced childhood emotional abuse were more likely to have relationships with abusing individuals later in life during adolescence or adulthood.

Relationship Problems

Relationships that have been negatively affected by emotional abuse have included parent-adolescent relationships, adolescent peer relationships and adult romantic relationships. In research on emotional abuse and its relationship to **parent-adolescent relationships** (N= 400), scores on the Emotional Abuse Questionnaire were negatively correlated with the Adolescent-Mother, Father Relationship Inventory [18]. A moderate negative relationship was noted for mothers and a weak negative relationship for fathers.

In a study on **adolescent peer relationships**, childhood maltreatment was associated with relationship problems (N= 9154) [19]. In this analysis of data taken from The National Longitudinal Study of Adolescence to Adulthood, emotional abuse during adolescence led to avoidance of peers and lower popularity among peers in adulthood. Emotional dysregulation and rejection sensitivity could have contributed to avoidance of peers and lower popularity, although these variables were not included in this data analysis.

In a meta-analysis entitled "Childhood emotional maltreatment and adulthood romantic relationships", 23 studies were included [20]. Childhood emotional abuse was negatively related to **adult romantic relationship** well-being. This relationship was not surprising given that adult romantic relationship problems have been notably similar to parent-child and adolescent peer relationship problems. Adult relationships may be vulnerable to avoidance by those who have experienced early relationship problems likely because those individuals may be worried about replicating those problems in their adult romantic relationships. The avoidant attachment literature features many examples of this problem. Surprisingly, none of the studies in the current literature on child abuse have focused on the effects of child abuse on different attachment styles. Both insecure and avoidant attachment styles might be expected for individuals who have experienced emotional abuse.

Other relationship factors that have been affected by emotional abuse include **fear of intimacy** and love addiction. In research on emotional abuse contributing to fear of intimacy, the sample was drawn from the Israeli public (N=180, age range =21 to 30) [21]. The relationship between emotional abuse and fear of intimacy was mediated by attachment styles (both insecure and avoidant styles) and rejection sensitivity. Unfortunately, even though these variables are all related, the mediation/moderation analyses cannot determine the relative contributions of emotional abuse, rejection sensitivity and attachment style to the variance in the fear of intimacy. Regression analyses or structural equation modeling are required to determine the relative contributions of these variables to the fear of intimacy. Those analyses could inform more specific intervention protocols.

love addiction has also been related to childhood emotional abuse. In research on that relationship, mediation/moderation analyses were conducted on a sample of adults who had been emotionally abused during childhood (N= 506, mean age = 25) [22]. The results of those analyses suggested that the relationship between childhood emotional abuse and love addiction was mediated by vulnerable narcissism (self-consciousness and hypersensitivity to rejection). This only occurred for the females of the sample. This gender difference is not surprising given that vulnerable narcissism tends to be more prevalent in females. The authors likely selected vulnerable narcissism as a mediator because they were familiar with the research on gender differences in vulnerable narcissism. Surprisingly, love addiction only appears in this one study in this current literature, although one might expect that individuals who had experienced child emotional abuse might be persistently seeking love to compensate for their abusive experience, as in love addiction.

Physical Problems

Given the many negative effects of emotional abuse on emotional and relationship problems, it is surprising that only five studies on negative physical effects have appeared in the current literature on child abuse, although they are not minor problems. These include sleep disturbances, cardiac conditions, esophageal disease, infectious diseases and accelerated biological aging.

Sleep disturbances have been surprisingly only reported in one study in this current literature. In a paper entitled "The association between child maltreatment and multidimensional sleep health in adolescents at high risk for emotional and behavior problems" (N= 494, mean age = 18), the data included nine nights of actigraphy (sleep monitoring by Fitbit) and sleep diaries [23]. All forms of abuse were associated with **sleep disturbances** based on both actigraphy and sleep diaries. This is one of the only studies that included both the objective measure of actigraphy along with the relatively subjective sleep diaries, suggesting that the results are compelling, although

not surprising. The sleep disturbances were likely persistent throughout childhood and adolescence, as sleep disturbances are typically habitual developmental problems. That could not be determined here as the actigraphy data and sleep diaries were only collected at the follow-up assessment during adolescence and were retrospective data dependent on the adolescents' memories of child abuse. The reliability of retrospective recall has been a methodological limitation of this literature.

Adult cardiac function has also been affected by child abuse. Data from the UK Biobank database has suggested a relationship between adverse childhood experiences (ACEs) and adult cardiac function [5]. In this sample (N=30,814), 15% experienced emotional abuse and 22% emotional neglect. Physical neglect was also reported for 20% of the sample and sexual abuse for 9%. The negative effects of ACEs on adult cardiac function included both smaller left and right ventricular volume and functioning. Unfortunately, this research, like many of the studies on abuse effects, did not assess the relative contributions of the different forms of abuse to the negative outcomes.

In another UK Biobank study, those with ACEs had a 15% greater overall risk of **gastro- esophageal disease** (N= 133,638 adults 40 to 69 years of age) [24]. This association was most prevalent for those who had experienced emotional abuse and sexual abuse. This combination of emotional and sexual abuse effects has rarely appeared in this current literature, but the Biobank database includes both forms of abuse and extremely large samples that would be more likely to reveal multiple forms of abuse effects.

In still another UK Biobank cohort on a smaller sample (N= 22,688 adults ranging from 38 to 72 years-old), a dose–response relationship was reported between the number of self–reported maltreatments and **infectious diseases** [25]. Not surprisingly, those who had experienced multiple forms of maltreatment had the highest number of infectious diseases. A few mediators were noted including C–reactive protein, phenotypic age acceleration and loneliness. The combined findings of both psychological (loneliness) and physiological data (the biological age marker and the C-reactive protein inflammatory marker) highlight the negative effects of child abuse on multiple infectious diseases.

Accelerated biological aging has been reported as another negative effect of emotional abuse based on a very large UK Biobank sample (N=142,872) [26]. This problem was based on an association between childhood abuse and the length of telomeres (protective caps at the ends of chromosomes). Shorter telomeres, indicative of cell death, have been a biomarker of accelerated biological aging. Again, not surprisingly, this association was more frequent in females, likely because more females have experienced emotional abuse. Given the greater prevalence of emotional abuse in females, it is surprising that very few studies in this current literature have reported gender differences, possibly because they were not assessed.

Addictions

Three addictions were the focus of studies in the current literature on child abuse. They include **internet addiction**, gaming addiction and workaholism. In research on an association between childhood maltreatment and internet addiction, middle-school children from China were assessed (N=1610) [27]. In this sample, emotional abuse led to depression which, in turn, led to Internet addiction. Emotional abuse also led to low activity which led to depression. Although low activity often leads to depression, low activity did not mediate the relationship between emotional abuse and internet addiction. In another sample of Chinese children (N=556 in grades 4-6, mean age=10) emotional abuse led to **internet addiction** with emotional dysregulation as a mediator [28]. This research group theorized that emotional dysregulation would be a necessary mediator for the relationship between emotional abuse and internet addiction. Researchers are basing their mediation/moderation analyses on theories which is a necessary criterion for conducting those analyses.

Emotional abuse has also led to **internet addiction** in a sample of university students (N=1591) [29]. In this research, anxiety was a mediator, and physical activity was a moderator that reduced the relationship between emotional abuse and internet addiction. Anxiety has been a mediator between emotional abuse and several forms of addiction. Because most of the studies in this current literature are not longitudinal, it is difficult to determine the relative importance of the initial childhood emotional abuse and the more contemporary mediator of anxiety for internet addiction. Physical activity as a moderator in buffering the effects of emotional abuse on anxiety and internet addiction is not surprising as physical activity would reduce anxiety and time spent on the internet (internet addiction).

In still another study on **internet addiction** entitled "Network analysis of child maltreatment and internet addiction in adolescents with major depression disorder" (N=332), sleep loss due to late night logins and emotional abuse emerged as "central symptoms" within the child maltreatment-internet addiction network [30]. Network analysis has also been frequently used in child abuse research. This is another statistical analysis strategy for accommodating multiple mediator and moderator variables in a statistically more robust way than treating them as confounding variables or covariates.

Gaming addiction is related to internet addiction, although it has been treated separately as being associated with emotional abuse. In one of the few longitudinal studies in this literature entitled "Longitudinal pathways from emotional abuse to problematic gaming", Italian adolescents (N= 1902 15-year-old adolescents) were seen at baseline and at follow-up assessments 6 and 12 months later [31]. In this sample, emotional abuse led to psychoticism which was a moderator that increased/exacerbated the relationship between emotional abuse and **gaming addiction**. Surprisingly, psychoticism was only a moderator variable, not a more direct mediating variable, given that psychoticism has been defined as a personality trait that includes the very negative behaviors of aggression, impulsivity, coldness and antisocial behavior.

Workaholism might be considered another form of addiction, especially in working adults. In a sample of Italian young adult workers (N=1176, age range=18-25-years), emotional abuse led to workaholism [32]. This relationship was mediated by both neuroticism and perfectionism. Perfectionism might be expected

to lead to workaholism in the interest of "finding perfection", but neuroticism as a more negative mediator is less interpretable. Typically, multiple mediators or chain mediators have the same direction, but occasionally, because of the researchers' theoretical model, opposite mediators (a positive and negative mediator) are hypothesized, as they were in this study.

Comorbidities of Emotional Abuse

Several comorbidities of emotional abuse have been the focus of research in this current literature (see table 3). They Include depression and anxiety, postpartum depression, eating disorder, substance use disorder, obsessive-compulsive disorder, mental health problems in general and self-harm, non-suicidal self-injury and suicidality.

Table 3: Comorbidities of emotional abuse (and first authors).

Comorbidities	First Authors
Depression and anxiety	Makino, Dong, Reis, Huang
Postpartum depression	Fu,Camargo
Eating disorders	Monteleone, Costanza
Substance use disorders	Hashim. Xie, Kang, Luo
Obsessive-compulsive disorder	Baldini
General mental health problems	Chen, Prachason, Hashim
Self-harm	Ntshalintshali, Zhang
Non-suicidal Self-injury	Lei, Peng, Wang, Liu
Suicide attempts	Lyons, Kim, Zheng

Depression and Anxiety

Depression and anxiety are typically comorbid conditions and often result from child abuse. However, because most of the studies are cross-sectional, it's difficult to know whether abuse led to depression or depression led to abuse or they happened concurrently as reciprocal variables. In research that compared children who had been maltreated (N= 32) with typically developing children (N=29), emotional abuse led to "anxious/depressed" feelings and thought problems [33].

In a study entitled "Correlations between childhood maltreatment, anxiety and depressive symptoms and risk behaviors in adolescent school children" (N= 654 who were 11 to 17 years-old), emotional abuse and neglect were the most prevalent types of maltreatment and the most significant predictors of **anxiety and depression** [34]. Emotional abuse and neglect, however, tended to occur along with other types of maltreatment, suggesting that they were confounding variables in this sample.

In another sample of adolescents (N=488 Chinese adolescents, mean age =17), the relationship between emotional abuse and **depressive symptoms was mediated by ruminative thinking** [35]. This relationship was moderated (exacerbated) by deliberate rumination. Typically, ruminative thinking involves negative thoughts. It's not clear why individuals would deliberately ruminate if their ruminative thinking was leading to depression unless the rumination was focused on positive thoughts in which case the deliberate rumination might buffer the effects of ruminative thinking on depression.

In a paper on emotional abuse and depressive symptoms in older university students (N= 1728 students 18-to-24-years-old), the emotional abuse subscale of the Childhood Trauma Questionnaire-Short Form was used along with The Emotion Regulation Scale and the Beck Depression Inventory [36]. In this sample, emotional abuse led to **emotional dysregulation which led to depressive symptoms**. These results were not surprising given that emotional abuse has led to emotional dysregulation in other studies, and emotional abuse has commonly led to depressive symptoms, as in papers previously described in this narrative review. Data from earlier studies were likely the basis for this research group selecting these variables for their mediation analysis.

In a comparison between patients with major depressive disorder (N= 1001) and healthy developing adults (N= 494), emotional abuse led to early onset of **major depressive disorder** [37]. No gender differences were noted in depression. Even though males had experienced more physical abuse which might be expected to lead to depression, females are typically more vulnerable to depression.

Other mediators/moderators have been noted for the relationship between emotional abuse and depression including resilience and neuroticism. A moderated mediation model was explored in a sample of Chinese middle school students (N=3993) [38]. In this sample, **psychological resilience was a moderator and neuroticism was a mediator** in the relationship between emotional abuse and depression.

In a study on older adolescents entitled "Childhood emotional abuse and depression among Chinese adolescents: a mediating and moderating dual role model of rumination and resilience", the results are given in the title [39]. In this sample (N= 919 students, mean age = 14), **rumination was a mediator** of the relationship between childhood emotional abuse and depression, and **resilience was a moderator** that reduced that relationship. These results would also suggest a dual model for intervention including both reducing rumination and increasing resilience.

And, in an adult online sample (N=1116), the relationship between childhood emotional abuse and depression and anxiety was also mediated by **neuroticism** based on the Trait Self-Description Inventory for personality assessment [38]. These relationships are not surprising as neuroticism has been defined as a personality type that features anxiety and depression, and it has been a predictor of anxiety and depression in many studies.

The results of these studies on the mediating/moderating variables of rumination, resilience and neuroticism are supportive of the findings of other studies already described, highlighting the similarity of mediator and moderator variables selected by different researchers studying the effects of childhood emotional abuse.

Postpartum Depression

At least two studies on the relationship between emotional abuse and postpartum depression have appeared in this literature. In one study entitled "Relationship between adverse childhood experiences and postpartum depression: a systematic review

and meta-analysis", 24 studies were included [40]. Across this group of studies, emotional abuse was most strongly related to **postpartum depression**, followed by emotional neglect. In the second paper, emotional abuse was the most significant predictor of both **early onset and chronic postpartum depression** (N=153) [41]. The results of these studies on postpartum depression are not surprising given the results of many other studies documenting the effects of child emotional abuse on adult depression. Postpartum depression currently has a prevalence of 13% in the U.S., but the degree to which emotional abuse contributes to that prevalence is not clear.

Eating Disorders

In a sample of inpatients with **anorexia**, depression and anxiety were related to higher emotional abuse subscale scores on The Childhood Trauma Questionnaire (N=331) [42]. Emotional abuse was also related to somatic symptoms in this sample, likely related to depression and anxiety, although they were not entered as mediator variables.

In a multiple mediation analysis on the relationship between emotional abuse and body dissatisfaction in those with eating disorder psychopathology (N= 151 with anorexia, 115 with bulimia and 105 controls), different mediators were noted for **anorexia nervosa and bulimia nervosa** [43]. For anorexia, impulsivity was a mediator for the emotional abuse/ body dissatisfaction relationship. For bulimia, ineffectiveness and alexithymia were mediators for the relationship between emotional abuse and body dissatisfaction. The alexithymia (less recognition and feeling of emotions) mediator for those with bulimia could lead to more binging and purging, although the impulsivity experienced by those with anorexia would seemingly lead to more rather than less eating.

A relationship between childhood emotional maltreatment and eating disorder symptoms has also been reported for a sample of pregnant women (N= 272, mean age =31) [44]. In this study, emotional maltreatment led to prenatal distress, which, in turn, led to eating disorder symptoms. That the prenatal distress led to eating disorder symptoms would not be surprising because of their close proximity in time, but the distant relationship between childhood emotional maltreatment and prenatal distress is surprising. Most of the mediator variables have been distant from childhood maltreatment (as in adulthood) and in close proximity to the outcome variables. That childhood maltreatment is so removed from adulthood may be the reason childhood maltreatment rarely has direct relationships to adult experiences/ variables and the researchers then need to find mediator variables that are closer in time and have a theoretical basis.

Substance Use Disorder

In a meta-analysis of six studies (N= 7624) on substance use in adolescents, childhood emotional maltreatment contributed to **alcohol and cannabis consumption** [45]. In a sample of Nepali women (N=1100, mean age = 38), **alcohol use disorder** was also associated with childhood emotional abuse [46]. Borderline personality traits were a serious mediator in this study.

In another study on substance use disorder, Asian American adults who experienced childhood emotional abuse (N=279) showed **opioid use** in adulthood [47]. In this sample, stress intolerance was a significant mediator. These authors concluded that opioid use was an analgesic for the pain of emotional abuse, although it could also be an analgesic for the more current stress that couldn't be tolerated.

In a systematic review and meta-analysis of 42 studies, **substance use** in parents/caregivers was a significant risk factor for child abuse [48]. Other risk factors included parental mental health and a history of maltreatment. These risk factors are not surprising, but it is surprising that this was the only risk factor study that appeared in this current literature. Seemingly, the researchers have been almost entirely focused on mediators of child emotional abuse and outcome negative effects. Focusing on mediator (contemporary) variables might be more informative for intervention research.

Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD) has also been related to childhood trauma. In a review of 22 studies (N= 5603, mean age = 30), emotional abuse and neglect were related to increased OCD symptoms [49]. Childhood trauma was also related to religious, sexual and aggressive behaviors across these studies. Although those behaviors are not typically associated with OCD, they may have confounded the effects of OCD.

General Mental Health Problems

General mental health problems have been noted in at least three studies in this current literature on emotional abuse. In one study, the mental health problems were called transdiagnostic [50]. In that sample, mental health problems in young adults were primarily noted for those who had experienced emotional neglect.

In another sample, gender differences were noted in the association between childhood maltreatment and psychopathology (N =791) [51]. In that sample, psychopathology was related to emotional abuse in females and psychopathology was associated with emotional neglect in males. Those gender differences may relate to the greater prevalence of emotional abuse in females and emotional neglect in males.

In a systematic review and meta-analysis of 56 studies, childhood emotional maltreatment in general was predictive of psychopathology in adolescents [45]. The same research group found that emotional maltreatment contributed to alcohol and cannabis consumption which may have related to their psychopathology [52].

Self-harm, Non-suicidal Self-injury and Suicidality

Self – harm and suicidality are the two most negative effects of childhood maltreatment. Surprisingly, only a few studies have appeared on these problems in the current literature on child emotional abuse effects.

In a study on the relationship between childhood trauma and **self-harm behavior** in adolescents (N= 470, mean age= 17), the Childhood Trauma Questionnaire, and the Risk- taking and Self-harm Inventory for Adolescents were given [53]. Emotional abuse led to risk – taking and self – harm behavior. Surprisingly,

emotional abuse was a more significant predictor of self – harm behavior than sexual or physical abuse. Again, that might relate to emotional abuse typically being more prolonged than sexual or physical abuse. Longitudinal studies like the LONGSCAN project are needed to trace the trajectory of these different forms of abuse, although emotional abuse is more difficult to identify as it often goes unreported except retrospectively.

Self-harm behavior has also resulted from emotional maltreatment and depression in a sample of Chinese adolescents (N= 588, mean age=13) [54]. A path analysis on longitudinal data that was taken at three time points showed a relationship between emotional abuse and self-harm that was mediated by depression. In this rare longitudinal study, the more concurrent depression versus the earlier emotional abuse would likely explain more of the variance in the self-harm behavior. However, that would need to be determined by regression analysis or structural equation modeling as the relative importance of variables cannot be determined by mediation analysis except to say typically that child emotional abuse had an indirect effect and the mediator had a direct effect on the outcome variable .

Non-suicidal self-injury (NSSI) has been associated with childhood emotional abuse in several studies. In a network analysis of the relationship between non-– suicidal self-injury (NSSI), depression and childhood trauma in adolescents (N= 2640 adolescents who were 11-to-17-years-old with a mean age of 13), emotional abuse was the only abuse mode that predicted non-suicidal self-injury [55]. Other modes of abuse were indirectly related to NSSI via the emotional abuse variable.

Another study documented the effects of childhood trauma on **non-suicidal self-injury** (N= 313 adolescents with major depression disorder) [29]. Based on the short form of the Childhood Trauma Questionnaire-Short Form, emotional abuse was, again, the form of abuse most frequently associated with non-suicidal self-injury.

In other research on this relationship (childhood emotional abuse relating to NSSI), a moderated mediation model was explored in a large sample of adolescents in China (N=7447) [56]. In this sample, a mediating role of depressive symptoms was reported along with a chain mediating role of both attachment problems and depression. School connectedness was a moderating variable, buffering the effects of emotional abuse on **NSSI**. Surprisingly, this was the only study in this literature that assessed school connectedness (peer and teacher connectedness) as a potential moderator of emotional abuse effects.

In still another study on the impact of childhood emotional abuse on **non-suicidal self-injury**, Chinese adolescents who had experienced emotional abuse (N=1214, mean age=15) also experienced non-suicidal self-injury [56]. In this research, the relationship between emotional abuse and non-suicidal self-injury was mediated by lower self-compassion and peer attachment. It's interesting to note that some research groups choose positive mediators/moderators that are buffers of emotional abuse and its negative effects, like school connectedness in the previously mentioned study, and others select mediators that are negative like lower self-compassion and peer attachment in this study. It would be interesting to compare intervention protocols (that did not exist in this current literature) that focused on enhancing positive mediators with those that attempted to reduce negative mediators.

In a study that documented the symptoms of NSSI, a network analysis was performed on the relationship between childhood maltreatment and NSSI (N=689 adolescents with depressive disorder) [57]. These **self-harm symptoms** included intentional scratches, hitting hard objects with the head, hitting self with fists or harder objects, pinching and cutting one's self. These self-injurious symptoms sound like those of physical abuse, although the specific relationship between child physical abuse and these self-abuse symptoms was not assessed in this study.

In a study entitled "Profile of childhood trauma, sub-types associated with self-injurious thoughts and behavior", Chinese university students were surveyed (N = 89,281) [58]. Emotional abuse was a more significant predictor than other forms of abuse for **non-suicidal self-injury, suicidal ideation, and suicide attempts**, highlighting the significance of research on emotional abuse. It would be interesting to know which of these behaviors was more strongly correlated with emotional abuse, or in the case of regression analyses, which self-harm behavior was more significantly predicted by emotional abuse. Suicide attempters would certainly need to be targeted for intervention research. In these anonymous surveys, of course, those who report suicide attempts cannot be identified. Some institutional review boards in the U.S. have required researchers to omit suicide attempt items on surveys for that reason.

Self-disgust has been a mediator variable for the relationship between emotional abuse and **suicidal ideation** in a sample of Chinese students (N= 4,731, mean age = 11) [59]. In this four-wave study with assessments at six-month intervals, emotional abuse led directly to suicidal ideation and that relationship was also mediated by self-disgust. The sexual abuse scale items, for example, "People in my family call me things like stupid, lazy or ugly" might be expected to lead to self-disgust.

Emotional abuse has also been related to **suicidal ideation** in a community dwelling Korean older adult sample (N= 10,097 adults greater than 65- years- old) [60]. In this sample, child emotional abuse was reported by only 4% of the older adults. The risk factors for suicidal ideation were depression, being a younger – older adult, being an older adult without a spouse, having poor social support and subjective health status. Clearly these risk factors were more predictive of suicidal ideation than child emotional abuse given that only 4% of these older adults reported child emotional abuse. These data also support the earlier mentioned decrease in reporting child abuse across the lifespan, likely because of the older adults' fading memory of child emotional abuse, its lesser significance than other more recent stressors and later experiences/relationships that had enabled recovery.

In a paper entitled "Childhood trauma is associated with early – onset but not late – onset suicidal behavior in late–life depressed adults", three groups were compared including **suicide attempters**, ideators and controls (N= 224 adults in three age groups including less than 30 years-old, 30 to 50 years-old and greater than 50-years-old) [6]. The less than 30-year-

old attempters experienced more emotional abuse and neglect and multiple forms of abuse as well as PTSD which may have contributed to the abuse effects. The youngest group of adults reporting greater abuse may again relate to their fewer years for recall and for recovery.

Although the previous study results were possibly confounded by posttraumatic stress disorder, another research group explored the contributions of mental disorders to **suicide attempts** [61]. This group found that more suicide attempts occurred for those who had experienced childhood maltreatment independent of their having mental disorders.

In a large sample of U.S. high school students recruited during COVID-19 (N=7,705), 77% were heterosexual and 23% LGBQ [62]. Those who had experienced emotional abuse were three times more likely to report suicide attempts. The LGBQ sample was as many as 10 times more likely to make suicide attempts.

In research that explored specific effects of cumulative child trauma on suicidality (N= 117,769 students from 63 universities in China) a Venn diagram was used to represent the distribution of single and cumulative childhood traumas [6]. Emotional abuse had a prevalence rate of 24%. Suicidality most frequently occurred in the "overlap of child neglect, emotional abuse, and physical abuse group". However, suicidality was comorbid with depression, obsessive-compulsive disorder, and posttraumatic stress disorder, suggesting that the different forms of abuse were confounded by comorbid conditions.

Potential Underlying Biological Mechanisms

Several potential underlying biological mechanisms have been the focus of research in this literature on child emotional abuse (see table 4). They include low heart rate variability, elevated C-reactive protein, elevated inflammatory biomarkers, hyperactivation of the right amygdala, and reduced activation in different brain regions.

Table 4: Potential underlying biological mechanisms (and first authors).

Mechanisms	First Authors
Low heartrate variability	Gabilin, Sigiris
Elevated inflammatory biomarkers	Klinger-Konig, Cunat
Decreased brain derived neurotrophic factor (BDNF)	Possamai-Della
Cerebellar remodeling	Baldini
Hyperactivation of the right amygdala	Kuo
Altered connectivity in different brain regions	Lim, Yeo

Low heart rate variability (low vagal activity) has been a mediator in at least two studies in this literature. In a study on child maltreatment and adolescent dissociative symptomatology (N= 232), children were seen at ages 6, 8 and 10 and then during adolescence at age 17 [63]. Emotional abuse led to low heart rate variability which, in turn, led to dissociative symptoms related to mental health problems, for example depression.

Similar findings were reported in the second study entitled "A sex – specific pathway linking early life maltreatment, vagal activity and depressive symptoms (N= 213) [64]. Network analysis revealed that exposure to emotional abuse led to **low vagal activity** (heart rate variability) which, in turn, led to depression, but in females not males. This gender difference may relate to the greater prevalence of emotional abuse in females versus males. The low vagal activity/heart rate variability has been reported in many studies on depression. These researchers suggested that early abuse led to low vagal activity which, in turn, led to depression, but this was not a longitudinal study. The pathway was based on a network analysis not a developmental trajectory.

Elevated inflammatory biomarkers C-reactive protein and fibrinogen have been reported for adults who were abused as children (N=2412 adults 38-89-years-old) [65]. C-reactive protein has also been a mediator between child maltreatment and infectious diseases in a UK Biobank cohort [25]. But other mediators of that relationship have been noted in the same sample including phenotypic age acceleration, loneliness, psychiatric disorders, and unhealthy lifestyles which likely confounded the effects of C-reactive protein.

Other inflammatory biomarkers have been increased in those who have been maltreated as children. These include the **neutrophil to lymphocyte ratio, the monocyte to lymphocyte ratio, and the platelet to lymphocyte ratio** [66]. These data, however, were derived from a sample of patients with psychosis which in itself may have contributed to the elevation of these inflammatory biomarkers.

Brain region effects noted in adults who experienced child maltreatment include **decreased brain derived neurotrophic factor** (N= 36 bipolar disorder and 46 healthy adults) [67]. This protein that plays a critical role in the function of nerve cells in the brain could be negatively affected by the bipolar disorder as well as the child abuse. These data highlight the need for longitudinal research to determine causality. Another brain region effect was labeled **cerebellar remodeling** in a review on 22 studies (N=5603 adults) that reported dysregulation of the stress – response system [49]. These data suggest changes in neuronal connections in the cerebellum such as reduced gray matter volume.

Similar data from another study entitled "Atypical brain structural connectivity" has suggested that caregiver maltreatment was associated with **alterations of the pathways connecting the frontal, temporal and occipital cortices** involved in cognitive and affective control (N= 107, mean age = 20) [68].

Reduced connectivity was reported in still another study on child abuse effects. In this research entitled "Emotional abuse mediated by negative automatic thoughts impacts functional connectivity during adolescence" (N= 54 13–17-year-old adolescents), fMRIs were conducted [69]. Emotional abuse led to negative automatic thoughts which, in turn, led to **reduced connectivity in the precuneus, prefrontal cortex, para-hippocampal cortex, and the temporal cortex**.

Hyperactivation of the right amygdala was noted in a meta-analysis of 30 fMRI studies (N = 2474 including 1169 in the maltreatment group) [70]. Hyperactivation in the right amygdala occurred during emotional processing, suggesting heightened threat detection and emotional reactivity by the maltreated individuals. The authors suggested that the amygdala is a neural substrate of emotional dysregulation in those who experienced child maltreatment. Hyperactivation of the amygdala has been associated with depression in many studies, as have the other potential underlying biological mechanisms summarized above.

Hyperactivation of the amygdala, low vagal activity, elevated inflammatory biomarkers and reduced connectivity have also been reported for depression and other comorbid disorders, highlighting the methodological limitation of attributing these underlying biological mechanisms to child emotional abuse. Ultimately, they may relate to child emotional abuse which cannot be altered retrospectively in the same way that current comorbidities could be treated. Surprisingly, no intervention studies appeared in this current literature likely because the research has been focused on an early childhood problem that cannot be treated, although it might be prevented by, for example, parenting programs that inform parents on the negative effects of childhood emotional abuse.

Methodological Limitations of this Literature

The methodological limitations of this literature could be categorized as samples that include groups that differ, problems with assessing emotional abuse almost exclusively by self-report, the arbitrary selection of mediator effects and the confounding of emotional abuse effects by emotional neglect, comorbidities and other emotional problems and the absence of intervention studies.

The sampling problem of including groups that differ relates to including both genders in the same sample given the greater prevalence of females versus males reporting emotional abuse. The combining of different types of abuse as, for example, in the studies on ACEs is also a methodological limitation based on several studies that have compared different types of abuse and have reported greater effects for emotional abuse versus other forms of abuse.

The problem with the exclusive use of the scales is that they are self-report with questionable reliability. The use of self-report scales also has the problems of recall bias and "faking good" bias especially by adolescents and adults remembering child abuse many years later and perhaps over-reporting (exaggerating) or under-reporting ("faking good") depending upon their current feelings. They are also retrospectively relying on memory which could be a function of the age of the participants. The older adults may have recovered or had more recent stressors that outweigh the early childhood stressor.

Most of the studies are based on cross-sectional, retrospective recall data as opposed to tracking the effects longitudinally. The negative effects studies have also typically focused on one effect rather than sequential effects such as a series of individual effects or multiple effects. As a predictor variable, emotional abuse has invariably led to multiple negative outcomes in adolescence and adulthood, but its Immediate effects on children have not been the focus of studies in this current literature.

The selection of mediator variables has often seemed arbitrary and atheoretical. They have typically been variables that are proximal to outcomes in these cross-sectional studies. Although the selection of a mediator variable requires a theoretical model, mediator variables would seemingly be necessary to explain the distal relationships between childhood abuse and its effects as late as adolescence and adulthood.

The comorbidities of emotional abuse effects might also be considered risk factors. Almost every psychiatric condition is a comorbidity of emotional abuse in this literature including depression, anxiety, psychosis and mental health problems in general. The effects of emotional abuse are confounded by the effects of these comorbidities. In addition, emotional abuse effects are likely confounded by the emotional states reported including loneliness, rejection sensitivity and emotional dysregulation.

Several potential biological mechanisms were the focus of research in this current literature including low heart rate variability, inflammatory biomarkers, lower activation of different brain regions and hyperactivation of the amygdala. Unfortunately, these were not multivariate studies to determine the relative contributions of these potential biological mechanisms for the negative effects of child abuse, thus limiting the suggestions for intervention research.

Despite these methodological limitations, this literature has been informative. The severity of the emotional abuse effects and the absence of risk variable and intervention studies highlight the importance of continuing research on emotional abuse and its effects to inform emotional abuse prevention and intervention programs.

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