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Exploring the Impact of Childhood Emotional Abuse on Adult Emotional Adjustment

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Abstract

Childhood emotional abuse (CEA) is a pervasive set of destructive behaviours that have negative effects lasting into adulthood. In order to examine these negative effects, it is important to determine the links between CEA and adult adjustment i.e., how various forms of abuse are dealt with by the recipients, and how effective different coping strategies are. A small scale online survey was developed that included questions designed to elicit both qualitative and quantitative data, to facilitate the collection of rich and useful data, whilst maintaining participant anonymity. The survey was disseminated via social media and a number of charitable organisations working with adult victims of child abuse. Using qualitative and quantitative analytical procedures, research findings suggested how childhood experiences of emotional abuse impact on adulthood. The findings also exposed a potentially effective coping strategy that could be incorporated into practice settings. The identified coping strategy, reading, was reported as effective when employed in both childhood and adulthood and may help clients cope with abusive experiences.

Keywords: emotional abuse, coping strategy, disclosure, mental health, reading

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Exploring the Impact of Childhood Emotional Abuse on Adult Emotional Adjustment

The National Institute for Health and Care Excellence (NICE, 2014) advises that child maltreatment is now understood to include physical, sexual, and emotional abuse, neglect and/or witnessing traumatic events or domestic violence. However, emotional abuse is still thought to be the most prevalent form of abuse inflicted on children, but the least recognised, least reported, and the most difficult form of abuse to identify. Hibbard et al (2012), suggested, when providing advice for clinicians in paediatric care, that recognising and preventing emotional or psychological abuse was of paramount importance, but that there is little standardisation of programmes leading to investigation and intervention than with other forms of abuse. 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 (Loring, 1994). For example, sexual abuse in childhood is known to include a significant component of psychological abuse or torment; this is one of the most powerful tools used by child sex abusers in order to manipulate and control their victims (NAPAC, 2011).

According to the National Society for the Prevention of Cruelty to Children (NSPCC) (2010), any abuse inflicted on a child, regardless of intent, will have an emotionally damaging effect on that child. Child protection refers to the procedures in place to protect vulnerable children from suffering, or being likely to suffer, from significant harm (HM Government, 2015). Within the UK, any child who is subject to a Child Protection Plan (CPP) or on the Child Protection Register (CPR) is considered to be at a continued risk of identified harm and in need of continued protection (NSPCC, 2017). In 2016, more than 58,000 children in the UK were on either a child protection register or subject to a child protection plan due to abuse and/or neglect (NSPCC, 2017). This figure is extremely high considering that all forms of abuse are likely to include an emotional element (Loring, 1994)

and that the emotional aspect of abuse is very damaging to the child, even when it is experienced alone (Barlow & Schrader-McMillan, 2010). Spinazzola et al. (2014) confirm this with their research on maltreated youth in the USA, in which their sample exhibited high prevalence of psychological or emotional maltreatment and concluded it was harmful in itself and exacerbated other negative outcomes of physical and sexual abuse. Another concern with this figure is that it may not be truly representative, as many child abuse cases go unreported each year and as emotional abuse is thought to be the most difficult to identify, it is also likely to be the least reported form of child abuse (Horner, 2012). According to Barlow & Schrader-McMillan (2010), although the number of children on the child protection register is continuously rising, these highlighted concerns mean that many of the statistics related to child emotional abuse cases are likely to be hugely underestimated.

Emotional abuse has many different terms and definitions attached to it. For example, emotional abuse (Loring, 1994), emotional maltreatment (Yates & Wekerle, 2009), psychological abuse or maltreatment (O'Hagan, 1995), non-physical abuse (Gavin, 2011) and mental cruelty (O'Hagan, 1995) 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 complex one. Wolfe and McIsaac (2011) point out that, unlike definitions for physical and sexual abuse, emotional abuse cannot be defined in terms of the harm caused to victims, as this will vary considerably for each individual. Therefore, for the purpose of examining and understanding the effects of emotional abuse, the definition adopted here will describe all non-physical acts of abuse and damaging interactions between parent(s) and child that are repeated patterns that become typical of the relationship.

The key point of this definition is that the damaging acts committed are *repeated* and become *typical* of the parent-child exchange. inappropriate emotional response from a parent

can be considered as emotional abuse but isolated acts will not tend to have a severe negative impact in the long-term (O'Hagan, 1993). Difficulties in life (such as death of a loved one) may cause a parent to unusually reject and isolate their child for only a short period of time, however, infrequent emotional absences from the parent will have little to no impact on the child so long as the caring, responsive relationship resumes (Loring, 1994). 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 (Stoltenborgh et al, 2012).

Horner (2012) provides an accurate description of the actions and effects of childhood emotional abuse when she says that it is unlike any other form of abuse. No physical weapons that could leave visible marks are used. Instead, weapons will consist of hurtful, derogatory words, rejection and/or with-holding 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 (Horner, 2012). The long-term negative effects which are often associated with childhood abuse, particularly childhood emotional abuse, can include a range of physical and psychological issues. These may include among others: fatigue, poor general health, increased need for prescriptions (Wagner & Mongan, 1998), drug and alcohol abuse, anxiety (Kairys & Johnson, 2002), depression (Comijs et al, 2013), sexual difficulties and decreased self-esteem (Mullen, et al, 1996).

As a result of the decreased self-esteem and the feelings of shame many abused individuals' experience, further long-term issues include negative intimate relationships and interpersonal conflict, particularly in women who experience sexual abuse in childhood (Kim, Talbot & Cicchetti, 2009). Riggs & Kaminski (2010) also suggest that emotionally abusive parents provide their children with attachment anxiety and avoidance, which then increases the risk of insecure attachments in adult relationships. The inability to form secure

attachments means that a healthy, adult relationship is extremely difficult for individuals who have experienced childhood abuse.

Greenfield and Marks (2010) 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 (emotional expression), regardless of the gender of abuser. 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 may play a major role in how negatively it affects an individual in later life. This is supported by Gavin (2011) who reported that the mother or stepmother was most frequently identified as the emotional abuser in adults recalling emotional abuse in childhood. However, it is unknown whether this finding is due to the mothers' gender or to the role a female typically plays in a child's life e.g. mother figure/primary caregiver, and that, if families in which the male parent (or parent figure) was the primary caregiver were to be examined, similar findings would ensue.

Studies have also provided evidence that experiencing multiple types of maltreatment in childhood increases the likelihood of poor mental health in adulthood. For example, Edwards et al. (2003) found a direct correlation between the number of abuse categories experienced by the women in their study and an increased risk of adverse health effects, including physical symptoms, mental disability and an increased likelihood of engaging in risk taking behaviours, such as, unsafe sex and alcoholism. Comijs et al.'s (2013) study revealed that sufferers of depression reported significantly more experiences of childhood abuse than non-depressed individuals. This finding must be treated with caution, as the

possibility is that depression may lead an individual to identify negative experience where one did not truly exist, but it is the impact of the mental health issue on recall of childhood. It is interesting to note that the most frequent form of abuse reported in Comjj's study was emotional neglect, followed by psychological abuse, sexual abuse and then physical abuse. Not surprisingly, the more frequently abusive behaviours were experienced, the higher the probability the individual would be experiencing depressive symptoms.

Gavin (2011) also investigated the relationship between childhood emotional abuse and the impact on various aspects of adult health. Using a mixed method approach, she found a significant negative relationship between the participants' experiences of childhood emotional abuse and their actual and perceived health in adulthood. Gavin suggested that this relates to a cumulative disadvantage effect (see Ferraro & Kelley-Moore, 2003) of emotional abuse, as her findings indicate that experiences of emotional abuse in early childhood can lead to a continued accumulation of negative experiences throughout an individual's entire life course. This finding supports Vallone et al. (2009) 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.

Gavin (2011) also highlighted a small number of participants who reported high levels of emotional abuse in childhood but also reported healthy and satisfying experiences in adulthood. She found that the cumulative disadvantage effect did not appear to be as evident for these participants as adversely as others, and attributed this to these participants indicating that they had adopted family avoidant strategies. This coping strategy involved 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.

One limitation of Gavin's (2011) finding is that it was reported by only a small number of participants, nevertheless, the implications of this finding could be of great importance for future victims of abuse in order to make healthy adjustments and live an adult life without these attendant adverse effects. This study will further investigate Gavin's previous finding.

The aims of the current study are to examine the issue of how coping strategies that lead to avoidance of the abuser aid in dealing with emotional abuse, as it could be suggested that these avoidant strategies provide a functional coping mechanism for childhood abuse victims. In relation to coping strategies employed by victims of abuse, previous studies have found that dissociation (Vallone et al, 2009), eating disorders (Doyle, 2001), self-harm and alcohol or substance use (Berelowitz et al, 2012) are common coping strategies associated with childhood abuse. However, these negative behaviours tend to be most commonly associated with experiences of sexual or physical abuse, but it is so far unclear 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 during 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.

Taking these issues into consideration, the objectives of the present study are to 1) to begin to understand the various factors associated with abusive experiences such as age of onset, length of abuse, relationship to abuser, and 2) to understand how people come to terms, consciously and unconsciously, with the various forms of abuse and what coping strategies might be employed in both childhood and adulthood. In this way, and by extending such

research, it may be possible to raise awareness among the general public and health care professionals how profoundly damaging emotional abuse is to anybody experiencing it, whether that be an adult or a child.

Method

Sample

A total of 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 (79.5%) with a sample of only 18 male participants. The only criterion 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.).

Although this study is subsequently seen as limited in its capacity for in-depth inferential statistical analysis due to the relatively small sample size, the decision to add qualitative responses was seen as important for the potential of exposing themes not explicit in statistical analyses, as seen in Gavin's (2011) study of thirty-five respondents, Moulding's (2017) discourse analysis of interviews with thirteen women and their narratives around childhood emotional abuse, and Deya's (2018) doctoral thesis involving in-depth interviews with four women and their experience of childhood parental verbal abuse. The precedent for small sample in-depth analysis is well-defined.

Participants were asked to indicate whether or not they had experienced abuse as a child. Of the 88 participants 49.4% ($n=44$) of them stated they had abusive childhoods. However, a number of participants who answered "no" to this question (claiming they did not have abusive backgrounds) also indicated childhood experiences that may be considered

abusive in later survey responses. For the purpose of this paper, data from those participants has not been categorised within the abused group of participants, but it is clear that perceptions of experience are varied and any distinction between abused and identifying as non-abused participants is to be treated with caution. Table 1 shows the proportion of male and female participants who indicated they had abusive childhoods.

Table 1.

Gender and Background of Participants

Gender	Percentage (%)	Background	Percentage (%)
Male	20.5	Abused	49.4
Female	79.5	Non-abused	50.6

Volunteers for this research were obtained through various methods. Snowball sampling was the main recruitment method for participants who would identify as not abused 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 staff members of the charities 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 experienced 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. The source of contact for individual participants was not recorded in order to ensure anyone taking part felt assured of anonymity and confidentiality.

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 survey that consisted of questions designed to elicit both qualitative and quantitative data. Following the development of the survey, experts with a wide range of knowledge were recruited to check this survey and establish face validity. These 10 experts 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-type scale with 1 meaning highly irrelevant 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. Minor amendments were also made to some items which included re-wording, changing the format or moving to a more appropriate section.

Coping Strategies Inventory Short Form or CSI-SF. In addition to the questions described above, the survey also included the questions from the 15-item Coping Strategies Inventory Short Form or CSI-SF (Addison et al, 2007). The CSI-SF has internal reliability of $\alpha = 0.58-0.7$, goodness of fit indices of 0.95, and validity was established via confirmatory factor analysis revealed a sound model fit. The scale was included simply to indicate the relative level of emotional adjustment the participants displayed, and not to identify any psychological problems. At several points within the survey, there were free

form boxes in which the respondents could expand on their answers in any way they wished. Each free form box was aligned to a specific question, but there were no restrictions on what the respondents could write. For example, after the question “*If you did experience abuse, did you ever disclose the abuse to a ‘trusted’ adult?*” there were free form boxes headed “*If yes, what was the result of the disclosure?*” and “*If no, what stopped you from disclosing the abuse?*” Participants could choose to write about their experiences as they wished. This was therefore a set of short answers expanding on specific questions.

The survey in its entirety was then developed into an online format, with clear instructions on how to complete and enabled all participants to complete the survey in their own time and with complete anonymity. The survey was piloted before participants were recruited.

Ethics

Prior to any participant recruitment, this project was reviewed and approved by a university research ethics panel. Approval was granted for this research as all methods and measures taken adhered to the ethical guidelines provided by the British Psychological Society (BPS) and all participants were over 18.

Analytical process

The data was recorded via an online survey program, then transferred to a statistical package for quantitative analysis. Means and standard deviation for emotional abuse scores were examined with respect to gender and recording of abusive relationship. An independent t-test was carried out on emotional abuse scores with abusive relationship as the grouping variable. This was repeated with the participants who recorded no abusive childhood experiences removed from the data set. Due to the small sample size and lack of clarity over abuse status (see below), emotional abuse was analysed via non-parametric tests of distribution (Kruskal-Wallis H test) when examining the smaller subset only.

The answers to the open-ended questions were examined by two readers independently, using a thematic analysis approach. It must be stressed that the responses were essentially brief, these were not full semi-structured interviews, but responses in free form boxes on an online survey. Prominent and/or recurring responses were highlighted throughout, and descriptive and interpretative codes were attached at various stages throughout the thematic analysis process and checked for coherence and agreement in the two readers' examinations. The themes that were exposed from this dataset were "Disclosure", "Nature of abuse", "Relationship to abuser" and "Necessary coping strategies employed", each of which is discussed in more detail below. Each participant was allocated an I.D. code to maintain anonymity and is referred to by their code throughout. Codes will start with either M or F (Male/Female) followed by their survey number. Sections relating to schedule of abuse (when it started, how frequent it was, and how long it continued), disclosure of abuse, multiple types of abuse, relationship to abuser, nature of abuse and coping strategies will be discussed in terms of the proportions of participants reporting specific answer to both the closed and open-ended questions.

Results and Discussion

Statistical analysis has been provided, but there has been no attempt to generalise from it, due to the status of participants with respect to abusive experiences. Some participants responded "no" to the question relating to an abusive childhood, but did, in later questions, appear to have experienced events that would be classed as abusive. As such, it is assumed that any result would be muddied by this apparent lack of awareness of their own experience, and that it would be safer to exclude them from the inferential analysis. In addition, the statistically significant results were not considered to outweigh the range of findings that the qualitative data provided. The conclusion that can be drawn from this is that statistical data alone, or categorical questions on the nature of one's experience, are not

sufficient to explore such a nuanced childhood experience, adult self-awareness of this and its effect on adult wellbeing, or the coping strategies people might employ.

Statistical Analysis

The responses to questions for emotional, physical and sexual abuse were added into an overall score for each type of abuse. These scores do not relate to any specific psychological diagnostic measurement and are simply a way of handling the responses.

As 79.5% of the sample was female, no inferential tests were performed with gender as the independent variable. The overall mean for emotional abuse scores was 39.18 with a maximum possible score of 90 (minimum 0), a score that reflects the number of participants recording little or no emotional abuse. The standard deviation was 27.897, and a Kolmogorov-Smirnov test for normality suggested that emotional abuse was normally distributed in the sample (test statistics was 0.121 with a significance of 0.003). The group was split on the question "*Do you feel your childhood was abusive?*", with yes/no responses. Carrying out the same test on the subset of those who responded as having abusive childhoods resulted in a mean of 57.29 and a standard deviation of 18.129, but the data was no longer normally distributed (K-S=0.124, p=0.039). Therefore, for the inferential statistics on the subset of those recording abusive childhoods, nonparametric tests were performed.

The two sub-sets of abusive versus non-abusive childhood were compared via Mann-Whitney U tests for emotional, physical and sexual abuse scores to questions within the survey, and in each case the null hypothesis of no difference was rejected. This does suggest a statistically significant difference in emotional abuse experienced by the two groups, even though the identifying as non-abused category shows a confusing mix of experiences that could be classed as abusive. Due to this, further tests were carried out on the abused category only (see below).

Age of Abuse Onset, Duration, and Frequency

Table 2 (a) shows the age of initial abuse experience and Table 2 (b) the length of abuse period for these individuals.

Table 2(a).

Age of Initial Abusive Experience and Frequency

Age Abuse Began	Frequency	Percentage %
From birth	7	15.9
Before age of 5	12	27.3
Between age 5-10	17	38.6
Between age 11-16	3	6.8
Unknown	5	11.4

Table 2(b).

Length of Abusive Period (Including Single Event)

Length of Abuse	Frequency	Percentage %
Single event	1	2.3
Up to 1 year	2	4.7
1-2 years	2	2.3
2-5 years	3	7.0
5-10 years	11	25.6
10+ years	18	41.9
Still ongoing	5	11.6
Unknown	2	4.7

Findings demonstrate that 43% of abused individuals reported initial abusive experiences prior to the age of 5, 53.5% also reported that their experiences of abuse had either lasted more than 10 years or was currently still ongoing. Whether or not this suggests that, in 10 years, no suspicions were aroused and/or no opportunities to intervene and safeguard these children were taken, is unclear, and may be related to the less visible format

of emotional abuse. In addition, if these participants have not found a way to withdraw from the abuser, it is uncertain whether conscious acknowledgement of the abuse has been made.

Disclosure

Of the 49.4% of participants who reported abusive childhoods, 47.6% also reported that they had disclosed the abuse to a 'trusted' adult at some point throughout the duration of their abuse. The probe, open-ended question was "What was the result of that disclosure?".

one 41-year-old female 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..." (F44).

In this respect it appears that some of the adult(s) that she chose to disclose to reported back to the parents, or, indeed did nothing. 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. A 40-year-old female respondent stated, "I was a quiet child who was labelled moody. I wasn't moody I was deeply unhappy, scared and lonely" (F34).

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 [...] 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. (F49).

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.

Multiple Abuse Types

As can be seen from Table 2b, only one participant reported a single act of abuse (which cannot be interpreted in length), but also that 34 participants reported ongoing abuse lasting a minimum of 5 years. 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, the 45-year-old stated she has "PTSD. Social anxiety. difficulty trusting others. difficulty with conflict resolution. low self-esteem..." (F36).

Another 47-year-old participant (F48) who reported 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."

While this response is based on self-report and diagnoses were not confirmed, this statement supports previous research that frequent episodes of childhood abuse can lead to PTSD, anxiety disorders (Vallone et al, 2009) and depression in adulthood (Comijs et al, 2013). These findings are also consistent with Edwards et al (2003) who found that, as the experience of multiple abuse types increased, mental health scores in individuals declined.

Relationship to Abuser

A Kruskal-Wallis test for the effect of relationship to abuser on emotional abuse was significant (chi square = 11.491 $p < 0.05$). The higher emotional abuse scores were in cases with both parents as the abuser, or multiple abuser (see table 3 below).

Table 3.

Frequency of Relationships to Abuser(s) and Mean Emotional Abuse Score

Relationship to Abuser	Frequency	Percentage %	Mean Emotional Abuse Score
Multiple Abusers	15	17	62.81
Both Parents (or parental figures)	10	11.4	65.83
Father (or father figure)	8	9.1	52.78
Mother (or mother figure)	3	3.4	58.33
Non-Relative	6	6.8	41.67
Other relation	2	2.3	37.5

Among all the participants who recorded abusive childhoods, a wide range of relationships were reported between victims and abusers, as seen in table 3 above.

Comparisons between abuse by mothers and fathers was not possible with this dataset as only 2 participants reported experiencing abuse from mothers alone. A number of participants (n=16) reported abusive experiences from both parents. Typically, this involved sexual and/or physical abuse from the father and emotional abuse from the mother, although two of these participants reported experiencing *only* emotional abuse from their father at various stages throughout childhood.

Participant responses do not appear to consider if they have been abused by one parent, then they may have also been indirectly abused by the other non-offending parent who lives in the same household. For example, if a child is being sexually or physically abused by their father, they are also likely to be experiencing indirect abuse from their mother (Johnson, 1987). This is as a result of a lack of parental care and/or lack of safeguarding the child from harm as the mother has failed to remove them from that harmful situation. Similarly, if the child has experienced direct emotional abuse from their mother, the father may be indirectly contributing to that abuse by failing to offer protection from that abusive situation. Also, if a participant has experienced both abusive/neglectful behaviours and loving

behaviours from the *same* parent, it may lead to lack of recognition of the abusive nature of the relationship. With this type of abuse or neglect, the individual may be less likely to recognise that those behaviours are abusive, particularly if the relationship with the “non-abusive” parent was considered by the child to be a loving one. For the 16 participants who identified both parents as abusive, the act of abuse was potentially much more explicit for them to have recognised it as such.

Nature of Abuse

No participants 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 that 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, 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 (O'Dougherty, 2007). 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 stricter than the parents of their peers.

Sexual abuse and witnessing domestic violence (WDV) were the only two forms of abuse participants reported to have 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 (F82) remained in contact with her parents, particularly her father who was said to be the main instigator of DV. This participant was the only one who reported

experiencing a single form of abuse, she also reported further abusive experiences in her adult relationships. This female participant stated that she had allowed her (ex) partner to abuse her as she always felt helpless and neglected and did not feel like she had the ability to solve her own problems. This was evident across a number of her responses, when asked “Do you feel that you have any long-lasting negative effects of your childhood experiences?”, she responded by saying “Yes. Always feeling neglected. In my last relationship I allowed my ex-partner to abuse me.” (F82). Her response to the question “Are you aware of any coping strategies you use as an adult?” was “Denial. Trying not to think about problems as I feel helpless and I don’t have the ability to solve them.” (F82).

All of the other 5 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, which can be explained here as a “strategy of distance and avoidance in adulthood” (Gavin, 2001, p. 24), in order to protect themselves from further harm. For example, F34 described the duration of her abuse “My Mother was abusive till I cut her out of my life at age 35” and F37 explained how she dealt with the long-lasting negative effects of her abusive childhood by “Cutting my family entirely out of my life and coming to grips with the fact that my childhood was not normal”. Of note, these findings do not support those of Gavin's (2011) who suggested that family avoidant strategies lead individuals to achieve a healthy and satisfying adult life. This is evident as a number of long-term mental health issues were also reported by these participants, such as severe depression, bipolar disorder, anxiety, PTSD and others. This finding may support Gavin's (2011) theory that the cumulative disadvantage effect 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.

Participants who reported combinations of abuse type 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 and low self-worth and various phobias. These findings support previous research that experiencing multiple types of abuse increases the likelihood of poorer mental health (Edwards et al, 2003) and depression in adulthood (Comijs et al., 2013).

Coping Strategies and Defence Mechanisms Employed by Abuse Victims

Abused children will often employ defence mechanisms which may appear in many forms, including aggressive behaviour, withdrawal of communication, dissociation, deliberate self-harm or demonstrating excessively 'good' behaviour (NICE, 2014). These defense 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. Survey items were included which asked participants to identify any coping strategies or defense mechanisms that they used in childhood and any that they continue to use in adulthood. Findings from this study support previously identified coping strategies employed by abused individuals such as drug and/or alcohol abuse (Kairys & Johnson, 2002), unsafe sex and/or promiscuous behaviour (Walker et al, 1999), self-harming behaviours (Berelowitz et al, 2012), eating disorders (Doyle, 2001) and dissociation (Vallone et al, 2009). Many participants reported more than one coping behaviour.

Table 4.

Coping Strategies Reported

Coping Strategy Reported	Frequency %	Percentage %
Disordered eating	14	31.8
Drugs/Alcohol	15	34
Self-Harm	13	29.5
Promiscuous behaviour	8	18
Dissociation	13	29.5
Reading/Writing	15	34

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. Thirty-four per cent of abused participants in this study reported reading books and/or writing 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?" participants reported: "I used to read a lot to switch my brain off from what was going on around me." (F12); "I escape into books." (F49); "I would retreat into my books and the stories I read." (F34).

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:

Reading (particularly fantasy stories, with heros 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... (F30).

This participant also remarked that this method is still one she uses often as an adult.

Some of these participants stated that writing had a similar beneficial effect; “I write...about my abuse and fiction, too, I journal. I can see my journey and progress this way, even on bad days.” (F30).

Although this also has the potential to turn into writing about negative experiences and the full effectiveness of that is not yet clear. For example: "...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." (F49). 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 (Loring, 1994) and self-harm is often used as a means of blocking out emotional pain (Sutton, 2007). 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. Escaping from the present environment in order to block out emotional pain in this way appears to be a much more healthy and beneficial approach. This method could potentially be related to a mindfulness exercise to help to reduce the effects of PTSD. If the individual is prevented from becoming immersed in flashbacks and negative thoughts, the symptoms can be effectively reduced (Wolf et al, 2017).

Reading as a method of coping was reported by only 15 abused participants which makes it difficult to apply to a larger sample. However, this is the same number of abused participants within this dataset that reported using drugs and alcohol as a coping method and it is well known within the literature that drugs and alcohol are widely misused amongst abused individuals (Berelowitz et al, 2012). It should also be noted that of the 15 participants

who reported reading to be an effective coping method, only 2 of those 15 participants also reported using alcohol as a coping method. However, this alcohol use was described as occasional intake rather than abusive.

Further research into the use of reading and/or writing as a coping strategy is needed in order to establish how effective it would be as a coping method for abuse victims in the future. This finding potentially has clear implications for implementation, as it is a fairly simple method to encourage. Due to schools being one of the few places that children are expected to attend daily, and are therefore observed daily, teachers are often the first people to notice any changes to behaviour or signs of abuse in young children and they already have an invested interest in the child's learning, development and removing any barriers, (e.g. abuse) that might prevent a child from learning effectively, (Crosson-Tower, 2003), including, learning to read and write (Bearne et al. 2016). Additionally, writing as a coping strategy could have broader implications, with the potential for it to be used in trauma-informed therapy settings. Obviously, when there are 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 e.g. in schools, foster homes, etc it could potentially reduce the long-lasting negative impact of those abusive experiences, at least to some extent. Further research is needed before that point could be added to such advice.

Limitations

This research involved a relatively small sample size, due to various constraints. In comparison to that drawn from national databases for example, it is limited in its capacity for in-depth inferential statistical analysis. However, the decision to add qualitative responses was seen as important for the potential of exposing themes not explicit in statistical analyses.

The participants who indicated potential abusive experiences but who did not identify as abused have not being included in the analysis here, with this in mind, the findings discussed could potentially be indicative of something much more complex and widespread. However, in order to determine whether individual's perceptions of their experiences influence their methods of coping, further analysis of a larger dataset needs to be carried out.

The data for this study was obtained through self-report measures, therefore there is no guarantee that data or findings are completely representative of experiences. All findings are based on reported, not confirmed, abusive experiences.

Additionally, 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. In participants who recorded abusive experiences, there were very few missing responses and participants who did not record abusive childhood experiences were unable to answer later questions with respect to that.

Conclusion

As indicated in the present study as well as previous findings, 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. Further research is also needed into the effects of disclosure in order to elicit a deeper understanding among members of the public and among professionals into how to deal with a child's disclosure of abuse 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. It may also be beneficial for any future research to employ a standardised measure of coping strategies in order to assess this impact.

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Ethical Standards and Informed Consent: Prior to any participant recruitment, this project was reviewed and approved by a university research ethics panel. Approval was granted for this research as all methods and measures taken adhered to the ethical guidelines provided by the British Psychological Society (BPS). The only exclusion criteria for this research was any 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.

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