

IGNORE A CHILD'S EMOTIONAL NEEDS' EFFECT ON ADULT LIFE



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Abstract

Despite being the most common type of child abuse, neglect's correlations and effects are little known, especially in relation to early adulthood. In order to fill this vacuum in the research, the current multi-wave longitudinal study looked at physical and emotional neglect in emerging adults in a broad community sample. In a three-year study, 580 adolescents (AgeMean = 18.25; AgeSD = 0.59; 58.3% female; 31% Hispanic; 28.9% Caucasian; 26.2% African-American; 13.9% other) completed self-report tests for child maltreatment at baseline as well as tests for depression, posttraumatic stress disorder, generalised anxiety disorder, and substance use. In order to better understand a) how physical and emotional neglect relate to other types of maltreatment and b) how physical and emotional neglect specifically affects future mental health functioning, we conducted our analyses using both variable-centered (mixed-level modelling) and person-centered (latent profile analysis) analyses.

Keyword: Maltreatment, Posttraumatic, Stress Disorder.

Introduction

Although the wounds left by physical abuse are shocking, not all signs of child abuse are as obvious. Child abuse and neglect may cause serious, lifelong wounds in children. Examples include ignoring a child's needs, abandoning them in peril, exposing them to sexual

situations, or treating them like they are useless or stupid. The result of abuse, irrespective of the method, is profound emotional damage. But help is readily available. If you think a child is being mistreated or neglected, you must speak out. Early detection of the issue is advantageous for both the child and the abuser. Any form of abuse or neglect leaves lasting scars. Even while some of these scars are physical, emotional scarring affects a child's ability to function at home, at work, and in school in the long run.

Some of the consequences of child abuse and neglect:

Relationship problems and a lack of trust: If your parents can't be trusted, who can you? Without this basis, it is rather challenging to learn to trust others or to identify those who are trustworthy. Later in age, maintaining relationships may be more difficult as a result. Due to the adult's lack of understanding of what makes for a good connection, it may also lead to unhealthy partnerships.

core-level feelings of "worthlessness" If you've been told repeatedly as a child that you're stupid or no good, it's difficult to go over these fundamental beliefs. Children who have been abused may neglect their education or choose for low-paying careers as adults since they don't feel like they are worth more. Due to the shame and humiliation attached to the attack, survivors of sexual abuse usually feel devastated.

Emotional dysregulation: Abused kids struggle to express their feelings in a safe way. Emotions are therefore repressed and show themselves in unexpected ways. Adult survivors of child abuse may feel uncharacteristically anxious, depressed, or angry. They may use alcohol or drugs to mask the horrible feelings.

Although abusive behaviour can take many different forms, the kid's emotional effect is a consistent factor. A child who experiences abuse—whether it takes the form of a slap, a critical comment, stony silence, or not knowing whether dinner will be served—will feel frightened, unloved, and alone as a result. Physical, psychological, emotional, behavioural, and social aspects of development can all be impacted by child abuse and neglect; they are all interconnected. The remaining sections of this essay go through the potential repercussions of child abuse and neglect that have been noted in the study literature. High-caliber primary studies and systematic reviews with sizable representative samples from English-speaking nations were included in the review of literature. Negative outcomes are often connected to all forms of abuse, but if appropriate, correlations are drawn between particular forms of maltreatment and undesirable results.

Physical and Emotional Neglect in Emerging Adults

The most common types of child abuse in the world are physical neglect (i.e., failing to provide a child with basic physical needs like food, clothing, shelter, personal hygiene, and medical care) and emotional neglect (i.e., failing to meet the child's developmental or emotional needs, including providing insufficient nurturance or affection). By the age of 17, one in five kids will have experienced emotional and/or physical maltreatment. A staggering 75% of the 6.6 million children in the United States who were reported to child protective services (CPS) organisations in 2014 had charges of maltreatment. Concerningly, rates for neglect remained unchanged throughout a five-year period, even while methods aimed at minimising early adversities decreased the frequency of the majority of maltreatment subtypes, such as sexual abuse and emotional abuse. In an effort to comprehend this unfavourable home context, research has become more and more focused on neglect. The ultimate objective of this collaborative research is to decrease the incidence of neglect in at-risk families and to support the healthy development of those who have experienced neglect.

The current multi-wave, longitudinal study aimed to make three critical advances in our knowledge of the psychological effects of physical and emotional neglect. First, we concentrated on the possible effects of neglect between the ages of 18 and 25 (late adolescence to early adulthood), which is a crucial time in terms of interpersonal and academic success as well as a vulnerable time for the emergence of distress associated to childhood trauma. Second, we looked at a broad, diversified population sample's potential effects of physical and emotional neglect. Previous research has concentrated on CPS or clinical (e.g. examples, creating a possible "tip of the iceberg" issue where only the most severe neglect instances are being investigated. A community sample can be used to test our hypothesis in order to shed light on the continuum of neglect and perhaps show racial and gender neglect inequalities. Finally, to assess physical and emotional neglect, we employed a parallel analytic strategy that included variable-centered and person-centered analyses. This analytical strategy, when combined with our longitudinal methodology, can offer fundamental understanding of the effect of childhood neglect on psychological suffering throughout the difficult transition into adulthood.

Neglect and Mental Health in Emerging Adulthood

A significant risk factor for the emergence of psychological discomfort, particularly internalising illnesses, is neglect. Early exposure to childhood neglect is tightly linked to both

distal internalising repercussions in adults and the proximal development of depression and anxiety in adolescents. Despite not belonging to a Criterion Associations between childhood neglect-exposure and posttraumatic stress disorder (PTSD) have also been found in both juvenile and adult populations, despite being a traumatic event by definition. While the significance of neglect as a significant risk factor for internalising distress is generally accepted, it is less certain if specific subtypes of neglect may have a more negative impact. Studies often concentrate on either physical or emotional neglect, making evaluations of specificity difficult. According to a body of studies, emotional and physical neglect both have negative effects on adults. Physical neglect may increase the chance of internalising symptoms in children. Intriguingly, in clinical and community samples of emerging adults, emotional neglect may specifically confer increased risk for internalising symptoms. It can be determined if emotional neglect, as opposed to physical neglect, has a higher impact on internalising distress in early adulthood by prospectively evaluating the relationship between physical/emotional neglect and internalising symptoms in a large population sample.

DEMOGRAPHIC CONSIDERATIONS

Early adulthood is a crucial time for identity formation and long-term stability in social and professional functioning. Childhood exposure to physical and emotional neglect can result in physiologic, cognitive, and social deficiencies in childhood and early adolescence that set the stage for psychiatric suffering in early adulthood. The developmental stage between adolescence and adulthood has, however, mostly been disregarded by neglect research up to this point, making it unclear what exactly the relationship between neglect and psychological functioning is throughout this developmental stage. It is reasonable to expect that different developmental stages may predict particular manifestations of resilience and distress as one copes with developmentally salient challenges throughout the lifespan because of the complex relationship between maltreatment experiences and other risk and protective factors.

It's crucial to take into account any potential racial and sex disparities while analysing the impact of neglect on early adulthood. As of now, some studies have revealed that men are more likely to experience neglect, while others claim that boys and girls experience neglect at around the same rates. According to other research, women who have experienced neglect likely to have higher degrees of internalising distress. This result demonstrates how cultural mechanisms might shield Latino children from abuse (e.g., familialism, religiosity, social support; or that Latino youth are less likely to come in contact with CPS providers). In CPS-

samples, neglect-exposed African-Americans are at increased risk for internalising distress, whereas Latinos were more susceptible to drug use outcomes. There is no information on whether these troubling demographic discrepancies exist in non-CPS populations.

Variable vs. Person-Centered Approaches in Maltreatment

When neglect is examined separately, significant distinctions between adolescents who suffer neglect and those who do not might be hidden (Kazdin, 2011). When examining a particular trauma event, it is advised to take other possible maltreatment experiences into account because polyvictimization (i.e., suffering several childhood traumas) is more common than not. Neglect-exposure is particularly harmful in the context of emotional and physical abuse, according to variable-centered methods, which analyse the aggregate or interaction consequences of suffering many types of maltreatment. However, a person-centered approach may offer a more cogent assessment of various abuse experiences due to problems with multicollinearity and the theoretical constraints of additive or interactive variable-centered approaches. These methods, which are best described as latent profile/class analyses (LPA), are ideally equipped to objectively discover maltreatment events that frequently co-occur in subpopulations. The relationship between physical and emotional neglect and other forms of maltreatment, as well as its potential effects on mental health, can be better understood by combining a person-centered and variable-centered approach.

Despite the rise in popularity of LPAs in recent years, there aren't many indications of neglect on the physical and emotional levels. Neglect-exposure was not included in either of the two largest LPA analyses of maltreatment subtypes in community samples (4,836 adolescents and 2,637 emerging adults, respectively). These analyses also looked at physical and supervisory neglect with a sample of children involved in CPS, as well as a broad emotional maltreatment category (emotional abuse and emotional neglect). Both researchers came up with a 4-class solution, distinguishing subtypes of abuse and neglect that co-occur as well as subtypes of abuse and neglect alone. Only two studies have used an LPA methodology to assess physical and emotional maltreatment. A three-class solution was found in a sample of adolescents from a clinical/CPS-affiliated population: low maltreatment, all maltreatment subtypes except sexual abuse, and all maltreatment subtypes. In the meanwhile, a community sample of Indian teenagers revealed four different profiles: low maltreatment, all abuse subtypes and physical neglect, emotional and physical neglect, and abuse exclusively. By examining the

existence of neglect subtypes within North American emerging adults and the psychological effects for this subpopulation, the current study aims to build on these collective findings.

Childhood Maltreatment and Emotion Processing

The natural process of emotional development is generally found to be disrupted by child abuse. First, research on abusive parents indicates that they display more negative feeling and less positive emotion than non-abusive parents. Additionally, it is thought that abusive parents tend to isolate both themselves and their children from social engagement, leaving them with fewer nonparental models of emotional expression.

CHILD ABUSE IN INDIA

India is home to 19% of the world's children. According to the 2001 Census, almost 440 million individuals in the nation are under the age of 18 and make up 42 percent of all people, or four out of every 10. There are a huge number of youngsters that the nation must care for. India has acknowledged that its children are the nation's most valuable human resource when they are educated, healthy, happy, and have access to opportunities while outlining its goal for progress, development, and equity. Children were deemed to be a "supreme national asset" in the National Policy for Children of 1974. It said that this could be accomplished by utilising the existing national resources wisely and committed efforts to guarantee and preserve all of their requirements. Unfortunately, 10 successive five-year plans have not provided enough funding to satisfy children's requirements. According to a budgeting exercise for kids conducted by the Ministry of Women and Child Development, the total amount spent on kids' health, education, development, and protection in 2005–2006 was just 3.86%, and that number increased to 4.91% in 2006–07. However, the proportion of resources allocated to child protection was pitifully little (0.034% in 2005–06 and unchanged in 2006–07). Additionally, the resources that have been made available have not been used properly to benefit children. As a result, children's status and condition have remained gravely precarious. Children are badly impacted by harmful traditional practises such child marriage, the caste system, discrimination against girls, child labour, and the Devadasi custom, which also makes them more susceptible to abuse and neglect. Families break apart as a result of inadequate nutrition, limited access to healthcare and educational resources, migration from rural to urban regions that increases urban poverty, children living on the streets and child beggars.

REVIEW LITERATURE

There is a chance that emotional deprivation in childhood will have an impact on someone's mental health. Because to emotional neglect, a person's life experiences might be badly impacted. In this study, parental autonomy support—i.e., whether parents support a child's demand for autonomy—was used to quantify emotional neglect. Neglecting one's emotions is referred to be a negative childhood experience (ACE). The reader will have a better knowledge of the impacts of emotional neglect after learning about the patterns of ACEs as they relate to mental health outcomes.

Previous studies have shown a high correlation between ACEs (such as abuse, neglect, and family dysfunction) and results in terms of mental health (e.g., anxiety, depression, behavioural disorder, and trauma). It has been discovered that someone who has accumulated more ACEs is more vulnerable to negative mental health consequences than someone who has less (Larkin et al., 2014). ACEs are widespread among people and can have detrimental effects. Previous studies have concluded that abuse, neglect, and family dysfunction are the three primary kinds of ACEs. These categories are included in many different research publications and other sources. ACEs can also result in a wide range of unfavourable consequences in later years of life. People who have suffered abuse both as children and adults, for instance, tend to have worse health, less social supports, and greater rates of depression (p. 4). Among those who have suffered ACEs, depressive episodes and other signs of distress and impairment of everyday functioning are more common. Additionally, a number of conditions, such as Major Depressed Disorder, Borderline Personality Disorder, and Bipolar I Disorder, are prone to depressive episodes.

Furthermore, earlier studies also suggested a number of strategies that may be used to reduce the effect of ACEs on a person's day-to-day functioning. According to California Legislative Information (2017), there are currently insufficient interventions and treatments available when a mental health condition first appears. The Senate Bill 191 (SB-191), which sought to address the need for assistance for persons who have experienced or have been affected by ACEs, is one major endeavour to reduce risk and maximise protective factors. More particular, SB-191 promotes learning facilitators' cooperation in identifying diagnoses and predictors of recognisable mental health illnesses so that the requirements of the afflicted students may be served appropriately before the problems go out of hand.

Furthermore, children that experience hardship could come to accept it as usual. The social learning hypothesis, as stated by Grusec (1992), claims that the memories we build are based

on observations and are then kept as memories that will direct the creation of rules and norms for conduct for the rest of our lives. 12 Children who experience family conflict may also come to accept it as usual. Even when they are harmful, many beliefs and practises become commonplace and are carried into adulthood and family raising. Due to frequent exposure to and normalisation of family dysfunction as a kid, family dysfunction—an ACE—tends to carry over into the following generation. These norms and behaviours might never alter in the absence of early intervention at the time of the ACEs.

METHODOLOGY

The goal of the current study is to examine the psychological evaluation of teenage girls who report experiencing sexual abuse as children. This study compares the personality characteristics, emotional development, and overall wellbeing of three groups of teenage girls: those who have experienced severe sexual abuse, those who have experienced mild abuse, and those who did not experience sexual abuse as children (normal). For the purposes of the study, severely sexually abused girls are defined as those who have disclosed incidents of touching, stroking, or rubbing in a sexual manner; hugging; kissing; flashing; or exposing genitalia by an adult male. They have also reported performing oral sex; or having sexual contact. Girls who reported occurrences of an adult man making sexually suggestive comments, staring at them in a sexual way, or showing them pornographic material are considered to have had moderate sexual abuse. Girls who have regular lives and don't disclose any forms of abuse are considered to be "normal."

SAMPLE:

120 teenage females make up the sample used in the current study. Depending on how much sexual abuse they disclosed, the sample is split into three groups. Among them, there were 60 healthy teenage females who did not record any sexual abuse, 30 subjects who reported severe sexual abuse, 30 subjects who reported moderate sexual abuse, and 30 subjects who reported no sexual abuse at all. The subjects were all selected from Delhi. The majority of those who reported serious sexual abuse also filed first information reports at various police stations.

The breakup of the sample is given below:

Delhi served as the source of the study's sample. Although the sample was chosen based on availability, an effort was made to include only teenage girls from similar socioeconomic and

educational backgrounds. In other words, factors like relative similarity in educational attainment, family structure, and socioeconomic status were taken into account while choosing the sample. All of the sample's participants had moderate socioeconomic class and were enrolled in several Delhi-area schools. In an initial interview, the respondents were questioned about their experiences with sexual abuse when they were children in order to gauge the depth of the problem. The sexually abused participants were divided into two groups based on the degree of their sexual experiences: highly abused and moderately abused.

TOOLS

Multidimensional Personality Inventory:-

The personality qualities were measured using Agrawal's Multidimensional Personality Inventory (MPI). There are a number of personality assessment tools available, but none of them evaluate the six factors—introversion-extroversion, self-concept, independence-dependence, temperament, adjustment, and anxiety—that appear to have a significant impact on teenage females' behavioural patterns. The inventory's specifics are described below:

120 items make up the 120-item Multidimensional Personality Inventory, which was written in both Hindi and English. Six personality qualities are measured by the inventory. Each of the 20 items is connected to one of the personality measures below:

Each question can be answered with one of three possible choices: "Yes," "Sometimes," or "No." These choices reflect the degree to which respondents agree or disagree with the item's content. Both one on one and in a group setting are acceptable options for conducting the inventory's administration. The completion of the inventory does not have a time constraint attached to it. Time commitment is often between 45 and 50 minutes. On the first page of the inventory is where you'll find the typical instruction printed out.

Reliability:

In order to determine the reliability of the inventory, it was given to a group of 600 students who were enrolled in high school, intermediate school, and college. Split-half reliability was computed for each of the six sub-scales and the whole scale. The results of this study are presented below.

Showing split half reliability of the inventory.

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Sub-scale	Correlation Coefficient
I- Introversion-extroversion	0.82
II- Self-concept	0.84
III- Independence-Dependence,	0.78
IV- Temperament	0.87
V- Adjustment	0.79
VI- Anxiety	0.86
Total	0.74

A calculation has also been made on the test-retest dependability of the inventory. In order to do this, the inventory was given to a sample group consisting of one hundred students attending a Higher-Secondary School twice, with a gap of twenty days between each administration. Following are the test-retest reliability coefficients that were calculated:

Showing test-retest reliability of the inventory:

Sub-scale	Correlation Coefficient
I- Introversion-extroversion	0.75
II- Self-concept	0.81
III- Independence-Dependence	0.69
IV- Temperament	0.72
V- Adjustment	0.84
VI- Anxiety	0.71
Total	0.74

- **Validity:**

Despite the fact that the inventory does not have the content validity that is required, the items have been chosen appropriately and were obtained either through well-known tests or on the basis of the judgements of experts. A total of one hundred different students took the inventory and the other tests that followed in order to determine the study's level of external validity. The following table presents the correlation coefficients for the four different subscales of the inventory:

Showing validity coefficients of four subscales of the inventory.

Sub-scale	Correlation Coefficient
I- Introversion-extroversion	0.84
II- Self-concept	0.72
III- Adjustment	0.69
IV- Anxiety	0.84

In order to determine the validity of two subscales, namely Dependency-independence and Temperament, it is required that 20 teachers and 20 parents grade the subjects based on their temperament as well as their level of independence and dependence on other people. It has been determined that the coefficients of correlation between the two sets of test scores and rating scores come out to be 0.82 and 0.76, respectively.

DATA ANALYSIS

It is possible to recall that the purpose of the study was to evaluate the characteristics of personality, the degree of emotional maturity, and the level of well-being of sexually abused and normal adolescent females. A comparison was made between sexually abused adolescent girls and normal girls on the extraversion-introversion, self-concept, dependence-independence, adjustment, anxiety, and temperament dimensions of personality. This was done in order to determine the effect that sexual abuse has on personality traits, emotional maturity, and overall well-being. The sexually abused adolescent girls were divided according to the extent to which they had experienced sexual abuse. The two groups of sexually abused girls were also compared with normal girls on their levels of emotional maturity, as well as on the five dimensions of emotional maturity, which are emotional instability, emotional regression, social maladjustment, personality disintegration, and a lack of independence. In addition, the psychological well-being of these two groups of participants was compared and contrasted. In order to make comparisons between the various groups of subjects, the scores that these groups of subjects obtained on personality traits, emotional maturity, and well-being were analysed with the assistance of descriptive and inferential statistics. These analyses were carried out in order to facilitate the making of comparisons between the various groups of subjects. In order to determine whether or not there is a

significant difference between sexually abused and non-abused (normal) participants in terms of personality characteristics, emotional maturity, and psychological well-being, a comparison was carried out between the two groups. The t-test was utilised.

Mean, SD, and t-value of sexually abused and normal subjects for dimensions of personality inventory.

Dimensions	Sexually Abused		Normal		t-Value
	Mean	SD	Mean	SD	
Extroversion-Introversion	47.85	5.91	46.13	4.92	1.74
Self-Concept	45.8	5.21	49.8	4.9	3.08**
Dependence-Independence	49.5	5.81	49.45	5.3	.05
Temperament	45.62	8.81	43.30	5.4	.77
Adjustment	47.73	5.99	49.93	5.12	2.13*
Anxiety	50.5	7.9	45.42	5.31	4.13**
*P<.05 ** P<0.1					

The score of 47.85 on the introversion-extroversion dimension of the personality inventory is obvious from table 4.1, while the mean score of non-abused participants on the extroversion-introversion dimension is 46.13. The calculated t-value for the difference between the two means is 1.74, which is not statistically significant at the level of confidence of 0.01, as shown by the fact that the p value is greater than 0.01.

When it comes to the personality attribute of self-concept, abused respondents have a mean score of 45.8, whereas non-abused people have a mean score of 49.8. The t-value that was obtained for the difference between the two means was 3.08, and this difference was found to be statistically significant at the 0.01 level of confidence (t = 3.08, P 0.01).

Table 4.1 offers more information, such that the mean score on the dependence-independence attribute of personality for normal participants is 49.45, whereas the mean score for sexually abused subjects is 49.5. The t-value for the difference between the two means is 0.05, which, at a level of confidence of 0.5, indicates that the difference is not statistically significant (t =.05, P > 0.05).

It is also possible to deduce from table 4.1 that the average score on the temperament dimension of personality for individuals who have been subjected to sexual abuse is 45.62, whereas the average score for subjects who are normal is 44.6 on the same dimension. The computed t-value for the difference between the two means was .77, which indicates that the difference is not statistically significant at a level of confidence of 0.05 ($t = .77, P > 0.05$).

Table 4.1 further reveals that the average adjustment score for individuals who have experienced sexual abuse is 47.73, whereas the average adjustment score for those who are considered normal is 49.93. At a level of confidence of 0.05, the t-value for the difference between the two means is 2.13, which indicates that the difference is statistically significant ($t = 2.13, P < 0.05$).

Table 4.1 makes it abundantly clear, among other things, that the mean anxiety score of normal participants is 45.42, but the mean anxiety score of sexually abused patients is 50.5. Because the t-value obtained for the difference between the two means is 4.13, which is statistically significant at the 0.05 level of confidence, the t-value that is calculated for the difference between the two means is significant at the 0.01 level of confidence, while the t-value that is calculated for the difference between the two means is significant at the 0.05 level of confidence.

Mean, SD, and t-value of moderately abused and normal subjects for dimensions of personality inventory.

	Mean	SD	Mean	SD	
Extroversion-Introversion	46.23	6.63	46.13	4.92	0.072
Self-Concept	47.9	4.93	49.8	4.9	1.24
Dependence-Independence	49.3	6.02	49.45	5.3	0.115
Temperament	47.13	8.03	44.6	5.4	1.56
Adjustment	48.54	5.96	49.93	5.12	1.37
Anxiety	48.63	7.5	45.42	5.3	2.08*
*p<.05					

It is clear from table 4.2 that the average score on the introversion-extroversion dimension of the personality inventory for highly abused persons is 46.23, whereas the average score for normal subjects on this dimension is 46.13. At a level of confidence of 0.05, the difference in the two means does not constitute a significant finding ($t = .072$, $p > 0.05$).

When it comes to the personality attribute of self-concept, moderately abused persons have a mean score of 47.9, whereas normal subjects have a mean score of 49.8. At a level of confidence of 0.05, the difference in the two means does not constitute a significant difference ($t = 1.24$, $P > 0.05$).

In a similar vein, the mean score for dependence-independence trait of personality in moderately abused persons is 49.3, whereas the mean score for dependence-independence trait in normal subjects is 49.4. At a level of confidence of 0.05, the difference in the two means does not constitute a significant finding ($t = 0.115$, $P > 0.05$).

Table 4.2 offers more information, namely that the mean score on the temperament component of personality for moderately abused patients is 47.13, whereas the mean score for normal subjects on the same dimension is 44.6. The fact that there is not a statistically significant difference between the two averages at a level of confidence of 0.05 ($t=1.56$, $P>0.05$) suggests that mildly abused people and normal subjects do not significantly vary from one another on the dependence-independence dimension of personality.

In addition, one can see from table 4.1 that the average adjustment score for subjects who have been significantly abused is 48.54, whereas the average adjustment score for individuals who have been normally abused is 49.9. At a level of confidence of 0.05, the difference in the two means does not constitute a statistically significant difference ($t = 1.37$, $P > 0.05$).

Table 4.1 makes it clear, among other things, that the mean anxiety score for normal participants is 45.42, whereas the mean anxiety score for people who have been moderately abused is 48.63. As a result of the fact that the t-value obtained for the difference between the two means is 2.08, which is statistically significant at the 0.05 level of confidence, the difference in mean values between the two groups may be considered to be statistically significant.

CONCLUSION

It appeared that the participants had a general understanding of the consequences of emotional abuse. The majority of the impacts that were discovered in the research were compiled by the participants from all of the various groups. Even though the participants did not individually list all of the potential effects, they did have an understanding that the effects of emotional abuse can be very significant, can last well into adulthood, and can be extremely varied. This is something that is confirmed by the research in the field. Throughout the course of their work, participants made keen observations of the protective variables that appeared to mitigate the effects of abuse on children. Many of the participants discussed the two primary protective factors that were found in the research, which were connections with a kind and caring adult and personal resilience, which includes the development of emotional skills such as emotion regulation. Both of these factors were mentioned multiple times. One of the participants also discussed the idea of external attribution, which describes a scenario in which a youngster is able to recognise that what is taking place is abuse and comprehend that it is inappropriate for the other person to treat them in such a manner. Iwaniec, Larkin, and Higgins (2006) found that an important component of resilient behaviour in the face of emotional abuse is external attribution. When participants were questioned about the causes of emotional abuse, they displayed a high awareness of the reasons as documented in the literature. Every single participant had some level of comprehension of the connection between a dysfunctional or abusive upbringing and emotionally abusive parenting in the present day. The participants were also aware of the fact that mental illness can make it exceedingly challenging for a person to be an effective parent. They found significant levels of stress owing to a variety of factors including unemployment, domestic abuse, homelessness, divorce, and loss. As a result of the participants' increased awareness of the factors that contribute to emotional abuse, they were better able to sympathise with their parents.

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