Effects of Childhood Emotional Maltreatment on Adulthood Relationships of Minority

Women: A Qualitative Study

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Abstract

Childhood Emotional Maltreatment (CEM) , which encompasses both childhood abuse and childhood neglect, exerts various adverse effects on brain development and response to diverse situations, particularly in relationships. Drawing from Bowlby's attachment theory, this study investigated how relationships may be jeopardized for individuals who endured maltreatment in childhood. The aim of this study is to assess the effect of CEM on adulthood relationships, specifically parental and romantic relationships. Through interviews, the emotion regulation and attachment patterns of four racial/ethnic minority women aged 20 to 27 in Appalachia were explored–all of whom experienced emotional maltreatment during childhood–to discern the roles these components play in their parental and romantic relationships. On average, participants scored 6 out of 10 on the Adverse Childhood Experiences (ACE) scale. Qualitative research methods were utilized employing one-on-one, in-person, semi-structured interviews to collect data. Each interview lasted between 16 to 35 minutes, exploring how participants' experiences of CEM have impacted or are impacting their parental and romantic relationships over their lifetimes. Six prominent themes emerged from the data: Inconsistent Parenting, Disconnect, Behaviors, Fears, Relationships, and Multiple ACEs. The data partially supported the prediction that participants who had experienced CEM may tend to remain in unhealthy relationships, exhibiting insecure attachment styles within relationships. Furthermore, the findings underscore the necessity for further research investigating the intersectional effects of trauma on minority women who were displaced from their home countries during childhood.

Keywords: Childhood Emotional Maltreatment, romantic relationships, parental relationships, minority women

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In the past year, child abuse/neglect affected at least 1 in 7 children in the United States (Centers for Disease Control and Prevention, 2022). Due to the substantial number of unreported instances, this is probably an underestimate. In 2020, the US endured 1,750 child fatalities as a result of abuse and neglect. Moreover, since the Covid-19 pandemic began, more than half of high school children in the United States had experienced emotional maltreatment from a parent or another family member (Centers for Disease Control and Prevention, 2022). Childhood Emotional Maltreatment (CEM) can be defined as any act or sequence of acts by a parent or other caregiver that harms, has the potential to harm, or poses a danger to impair a child's emotional development (Egeland, 2009; Van Der Werff et al., 2012). This type of abuse, at times subtle, might appear as a lack of emotional support at challenging times, a refusal to exhibit affection, ignoring a child, or the exploitation or manipulation of a child's emotional needs. Posttraumatic Stress Disorder (PTSD), severe depression, psychosis, and bipolar, anxiety, and personality disorders have all been linked to childhood abuse (Teicher et al., 2014). As a result of the maltreatment, the alteration of a child's brain impulse control and decision-making system may also result in an increased risk of drug abuse (Puetz & McCrory, 2015). Along with this, abuse and neglect during childhood can have a number of detrimental effects on how the brain develops, including excessive activity in the amygdala, which is in charge of processing emotions and choosing how to react to possibly overwhelming or dangerous situations, and a reduction in volume in the prefrontal cortex, given that it influences behavior, emotional equilibrium, and perception (Child Welfare Information Gateway, 2023). CEM can shape a child's attachment and relationship styles as an adult and can have a detrimental impact on a

population that is innocent and vulnerable: children. It can also contribute to the generational

cycle of abuse. The likelihood of child abuse is greater for children from non-White and

Hispanic/Latinx backgrounds (Luken et al., 2021). According to research by Lane, Rubin,

Monteith, and Christian (2002), African American and Hispanic children are up to nine times

more likely than White children to report abuse. Even when compared to what would be

predicted based on the state's demographics, cases of neglect and abuse involving African

American children in one state were seen up to seven times more often (Yegidis & Morton,

1999). Furthermore, Liu et al. (2018) discovered that youth of color—Black and Hispanic—

experienced greater aversities and poorer subjective physical health. While there has been

extensive research done on the effects of childhood maltreatment, few studies have examined the

intersectionality of the effects of childhood maltreatment in minority communities, specifically

as it relates to emotional abuse and neglect. The growing brains of children and teens can suffer

severe short- and long-term consequences from abuse and neglect, and the effects that linger into

adulthood is something that must be studied to ensure the general health, wellbeing, and security

of CEM survivors, especially those from underrepresented and marginalized communities such

as race/ethnic minorities in the United States.

Attachments

Childhood Emotional Maltreatment (CEM) and attachment styles are connected –

attachments affect whether or not children get emotionally maltreated. According to research,

CEM has shown to influence attachment styles in adulthood. Children who have been maltreated

frequently exhibited disorganized attachment styles (Cicchetti et al., 2006; Lyons-Ruth et al.,

1990). Erozkan (2016) showed that adults who reported relatively elevated levels of childhood

trauma sub-dimensions of physical neglect, physical abuse, emotional neglect, emotional abuse,

and sexual abuse were more likely to report insecure attachment patterns (preoccupied, dismissing, and fearful attachment styles). According to the literature, participants who had secure attachments experienced fewer childhood traumas than those who had insecure attachments (Yumbul, 2010) and having insecure attachment styles as an adult was linked to having lower subjective well-being (SWB) (Lavy & Littman, 2011).

Bowlby's Theory

Attachment styles have been defined by Bowlby (1973) as any behavior that leads to a person achieving or maintaining great closeness to another distinct and favored individual, who is typically viewed as being more powerful and/or wiser. Ainsworth et al. (1978) further expanded upon Bowlby's definition of attachment styles and also recognized and categorized the various behavioral attachment patterns. These included secure attachment, insecure-avoidant attachment, insecure-ambivalent attachment, and disorganized-disoriented attachment. A secure relationship involves the parent or caregiver being cognizant of the child's needs. The child is given consistent, gentle, and thoughtful attention and is able to find a balance between autonomy and reliance while independently exploring his or her own world (Tarabulsy et al., 2008, p. 323). Insecure-avoidant connections occur when the child resists the parental figure emotionally as well as physically and does not rely on them to alleviate their discomfort. A child who maintains an insecure-ambivalent relationship will exhibit resistance, behavioral dispute with the caregiver, or elevated levels of immaturity to gain and preserve the focus and surveillance of the caregiver (Tarabulsy et al., 2008, p. 323). Children who maintain disorganized-disoriented attachments cannot rely on their parental figures for safety and comfort. This child's caregiver exhibits usual responses to infant cues and acts threateningly when close to children (Tarabulsy et al., 2008).

Along with these four attachment styles, multiple studies brought it upon themselves to use the internal working model as a foundation and break attachment down into four categories of their own (Bartholomew, 1990; Bartholomew & Horowitz, 1991). These four categories, being the most known and used among studies, included secure attachment, preoccupied attachment, dismissing attachment, and fearful attachment. According to Bartholomew's model, securely attached individuals have a positive sense of who they are and how they view others; those who are considered preoccupied have a negative sense of who they are and a positive view of others; those who are dismissive have a positive sense of who they are and a negative view of others; and those who have a fearful attachment have a negative sense of who they are and how they view others (Bartholomew, 1990).

Parenting Styles

The four main known types of parenting styles include authoritarian, permissive, authoritative, and negligent (Baumrind, 1967; Maccoby & Martin, 1983). Each one has a unique effect on children, both in adolescence and in adulthood. Baumrind (1967), Maccoby and Martin (1983) backed up what traits each type of parenting style possesses and the effects each one has on children. Those that are authoritarian in their parenting style are viewed as being strict and cold. They exercise complete control over the child, discipline unruly behavior, and rarely show the child any praise or affection. Children with authoritarian parents typically have low self-esteem, lack independence, and have an external locus of control, meaning they do not feel in control of their circumstances. Parents with a permissive parenting style are considered lenient and warm. They typically let the child do what they want, show little regard for structure or rules, make few demands, lack discipline, very rarely use punishment, and let the child walk all over them. Children that received permissive parenting tend to assume they can do anything they

want, show little regard for routine or order, pay little attention to commands, and lack discipline. An authoritative parent comes off as strict and warm. Authoritative parents are loving, efficient, and meticulous. However, they also provide the child with the opportunity to participate and make some of their own decisions. They also establish realistic standards with their offspring. Children who have authoritative parental roles tend to be independent, self-reliant, high achievers, and less likely to engage in major disruptive behavior or delinquency. Negligent parents are exhibited as lenient and cold. They are frequently referred to as "uninvolved" or "hands-off" parents. Negligent parents offer little to no discipline and simply meet the most basic necessities. Children that have negligent parents tend to be emotionally reclusive in social situations, develop delinquent behaviors, and do badly throughout all domains.

Lui (2019) pointed out the critical role parents have in influencing teenage behavior as well as the development and prevention of adolescent health risk behaviors. The review of the literature revealed that authoritative parenting style was favorably correlated with children's good cognitive emotion regulation and was significantly inversely related to authoritarian and permissive/neglecting parenting styles and health risk behaviors (Lui, 2019). Even personality development of individuals was shown to be negatively impacted by ineffective parenting (Basso et al. 2019); The development of Early Maladaptive Schemas (EMS) can be seen as a response to or adaptation to parental rearing behaviors, particularly when discussing parental raising methods. Children's views toward their parents are likely to stay favorable, forgiving, and obedient (particularly at an early age), even after numerous instances of abuse and/or neglect (Basso et al., 2019).

Adverse Childhood Experiences

Adverse Childhood Experiences, or ACEs, play a major role in the association of emotional maltreatment in childhood. The concept of ACEs refers to stressful or traumatic events that children experience before the age of 18, and include: emotional abuse or neglect, physical abuse or neglect, or sexual abuse; growing up in a household with substance abuse, mental illness, parental separation/divorce, or an incarcerated member; and domestic violence (Centers for Disease Control and Prevention, 2023). ACEs have been linked in numerous studies to higher risks of drug use, smoking, depression, school suspensions, and lower educational performance (Houtepen et al., 2020; Stewart-Tufescu et al., 2022). ACEs are also connected to attachment, abuse, neglect, and household dysfunction. Research has shown a strong cumulative effect – the more ACEs a child experiences, the higher their risk for health problems (Felitti et al., 1998; Lanier et al., 2017) and difficulty with learning (Blodgett & Lanigan, 2018), behavior (Freeman, 2014; Hunt et al., 2017), and insecure attachment styles (Snyder et al., 2023), affecting relationships later in life. Studies have also shown that non-Hispanic Black children from households with a high socioeconomic position are still more likely than non-Hispanic White children to experience childhood trauma, especially if there are two or more traumatic experiences in their past (Assari, 2020). The more emotional trauma and stress that a child endures, the higher their ACE score climbs. This puts them at a greater risk for cognitive, emotional, social and even physical problems (Bethell et al., 2016).

Emotional maltreatment also often co-occurs alongside other child maltreatment that creeps into a child's ACE score (Bell & Higgins, 2015). ACEs sheds light on how damaging and far-reaching emotional maltreatment can be.

Childhood Emotional Maltreatment

Assessing the impact of childhood adversity has been a major focus of studies on adult health and well-being (Edwards et al., 2003; Pearce et al., 2019). Adversity in childhood can negatively impact psychological well-being as well as one's subjective well-being (SWB)–referring to one's cognitive and affective assessment of their life–made up of four components: negative affect, positive affect, life satisfaction, and flourishing (Oshio et al., 2013). Subjective well-being (SWB) is the term used to describe how individuals perceive and assess their lives as well as areas and activities within them (Stone, 2013). Being accepting of others, feeling a sense of belonging and acceptance from others, feeling autonomous, discovering a sense of meaning and purpose, and participating in social activities are some factors that indicate subjective well-being.

One sort of childhood adversity that is common yet understudied is childhood emotional maltreatment (Finkelhor et al., 2005; Schlensog-Schuster et al., 2022). Many scholars used the term 'psychological maltreatment' to refer to emotional maltreatment since this term more accurately encompasses the affective and cognitive elements of child abuse and described it as instances of abuse and neglect in which a child's fundamental emotional needs are repeatedly unfulfilled (Hart & Brassard,1987; Hibbard et al., 2012). Psychological maltreatment is now mainly referred to as childhood emotional maltreatment (CEM). Some examples of CEM include scapegoating, chaotic family environment, rejection, ridiculing, denigration, and coercive, punitive, and erratic discipline (Hart & Brassard, 1987).

The long-term impacts of CEM on mental health are significantly less understood than the effects of childhood sexual and physical abuse (Taillieu et al. 2016), and yet, emotional neglect and abuse constitute some of the most common forms of childhood maltreatment and are linked to a variety of poor mental health issues (Kumari, 2020). Not to mention, each form of

abuse has a particular impact on how children develop and how they adjust as adults (Lee &

Hoaken, 2007).

Emotion Regulation

CEM has been shown to have significant effects on emotional regulation in adulthood.

Emotion regulation can be defined as "the processes by which individuals influence which

emotions they have, when they have them, and how they experience and express these emotions"

(Gross, 1998). It has been found that children who had experienced maltreatment showed higher

emotion dysregulation and lacked adaptive emotion regulation traits (Shipman et al., 2007;

Wooten et al., 2022). Specifically, emotion regulation problems had a statistically significant

relationship with emotional abuse (Choi et al., 2014). According to Choi et al. (2014), a strong

correlation was found between emotional abuse and the clinical scales that tested for

psychopathic deviance, paranoia, psychasthenia, schizophrenia, and social introversion. Not to

mention, numerous childhood traumas impair processes involved in the development of

mentalizing abilities (Doba et al., 2022). Various types of childhood trauma cause

hypomentalization –meaning the inability of acknowledging mental states and holding

significant degrees of doubt regarding one's own or others' mental states (e.g. an individual

blame searching or fault-finding, an individual putting extra focus on the exclusion of feelings,

motivations, or thoughts) – which may subsequently lead to an increase in dysfunctional

cognitive emotion regulation systems and severe PTSD symptoms (Doba et al. 2022). With the

use of International Affective Picture System (IAPS)– a collection of images with either positive,

negative, or neutral content– as a paradigm to examine how emotional cues are processed,

Young & Widom (2014) found that adults who had suffered childhood abuse or neglect

processed pictures less accurately and effectively than those who had not. Furthermore, Rellini et

al. (2012) found that the intensity of childhood abuse was not only negatively correlated with sexual and relationship satisfaction but also positively correlated with difficulty regulating emotions.

Relationships

Parental

Sójta & Strzelecki (2023) found that the parent-child connection suffered greatly because of the Disconnection/Rejection domain of parents, as this negatively impacted parenthood and enabled schema transmission to the next generation (both directly and indirectly). For example, the parental domain of Disconnection/Rejection showed to pass the Disconnection/Rejection schema directly to their children and contributed indirectly by playing a part in the child's development of EMSs from other domains (Negativity/Pessimism, Failure, Grandiosity, Dependence/Incompetence, Self-sacrifice, Insufficient self-control, Vulnerability to harm or illness, Subjugation, Enmeshment/Undeveloped self, Punitiveness).

With the Disconnection/Rejection domain of parenting being the most detrimental, it was linked to the emergence of a variety of mental health issues and came about because of the basic need for a family setting that is stable, secure, predictable, and demonstrates respect, empathy, gratitude, interest, and love (Young et al., 2006). Furthermore, findings from Kong & Martire (2019) suggested that individuals who had previously reported victimization still had difficulties in establishing a relationship with the abuser parent. Findings even showed that individuals with a history of neglect in childhood may develop psychological health issues due to a decreased support exchange with their aging parents, which may be aligned with their childhood experiences. When it comes to violence, a child's exposure to parental violence was a strong predictor of child-to-parent violence (Gallego et al., 2019). These findings confirmed that child-

to-parent violence was significantly and consistently indicated based on direct victimization of children as well as exposure to vicarious violence. This finding supports how, without the abuser's awareness, abuse and neglect may be handed down from generation to generation.

Bandura's Social Learning Theory. Albert Bandura's Social Learning theory is grounded in that a child acquires behaviors via role-playing, observing, and cognitive processes (Bandura, 1977) and implies that abusive and/or neglectful behaviors can be learned and applied to future attachments (Daigle & Muftic, 2016). The social learning theory argues that parental figures who neglect or abuse children do so due to the fact that they themselves have been the victims of or witnessed abuse or neglect as children (Daigle & Muftic, 2016). Additionally, violent behavior is viewed as appropriate by children who have experienced it as young children and every parent who experienced abuse as a child is more likely to abuse their own children (Widom, 1989, p.160). Despite the fact that children who have experienced abuse or neglect have a greater probability of becoming criminals and threatening (Widom, 1989), interference and awareness of child maltreatment might lessen the likelihood that these children will develop criminal tendencies (Widom & Maxfield, 2001). Future adult aggression may be lessened by protective factors including IQ, demographic features, or mentorship (Wright et al., 2016).

Romantic

Relationships between romantic partners are susceptible to enduring the effects of childhood trauma. According to research, adults who more frequently report having been abused or neglected as children also tend to have unhealthy relationships (DiLillo et al., 2019). Over a two-month period, CEM predicted a decline in compassionate goals, subsequently predicting a concurrent decrease in relationship quality (Sun et al., 2021). Compassionate goals are having intentions that seek to benefit others rather than do damage to them. People that possess them

tend to feel more at ease, clear, connected, and comfortable in their interactions because they promote an empowering interpersonal environment (Crocker and Canevello, 2008). Additionally, it was shown that CEM was negatively correlated with fulfillment in romantic relationship satisfaction, as it was demonstrated to be linked to higher levels of self-criticism and higher degrees of attachment avoidance (Lassri et al., 2016). Highly self-critical people are inclined to be extremely critical of themselves while assessing their relationships, which ironically might make them, in a sense, their own abusers.

Current Study

Due to the lack of research on the holistic approach of minority groups who experience CEM, this qualitative study investigated relationships (i.e., parental, romantic) and attachment styles. The current study followed the theoretical lens of Bowlby's Attachment Theory (1973). This study answered the following question: What is CEM's impact on relationships for racial/ethnic minority women in the Appalachian region between the ages of 25 and 35?

Methods

Qualitative Research Practices

This qualitative study was conducted as phenomenological research, examining phenomena via the eyes of those who have experienced them. A singular semi-structured, voice-recorded interview session was conducted with each participant. The approach of a semi-structured interview was used in order to employ specific questions as discussion prompts while still allowing flexibility in the conversation to explore areas of uncertainty. Prior to beginning the interview process, participants were asked to complete the Adverse Childhood Experiences questionnaire to ensure comprehensive awareness of additional adverse effects during the examination of CEM. The questions posed during the interviews are available in Appendix A.

The topic of CEM, though sensitive, is best assessed through detailed questions, allowing participants to feel safer sharing their experiences and will demonstrate the intricacies of participants' stories. By allowing participants to share and expand on their recollections and feelings of their experience with CEM, I can gain more awareness and understanding of CEM and its profound effects on individuals in minority communities.

Researcher's Role/Reflexivity

Attempting to understand the participants' stories, thoughts, and feelings is the primary focus of a qualitative researcher. This entails asking individuals to discuss topics that may be highly personal, such as their experiences with CEM. I avoided any personal biases or prior assumptions by keeping a reflex journal to write any thoughts or beliefs and assess any feelings after each interview–helping me be more aware of these biases when assessing data collection.

Population

The targeted demographic for this research comprised four to six minority female individuals residing in the Appalachian region, aged between 25 and 35 years. A total of four women participated in this study. Their ages ranged from 20 to 27 years old, and their average ACE score was 6. Participants' familial origins were as follows: Brazil, Cambodia, Ethiopia, and the United States. Minority women are defined as individuals who identify as the female gender who are of a racial/ethnic minority in the United States including Asians, African Americans, Hispanic/Latinos, Hawaiian/Pacific Islanders, Native Americans, and those of more than one race. The use of flyers, advertisements through social media, advertising in targeted locations (such as coffee shops and universities), and snowball sampling was used to gather participants.

Data collection

This study gathered information through one-on-one, in-person participant interviews, aiming to provide comprehensive, holistic, and detailed data required in qualitative research for themes and conclusions to emerge after thorough analysis (Nowell et al., 2017). The entirely conversational approach of these interviews afforded opportunities to solicit specific information from respondents. Participants were interviewed regarding their personal experiences with Childhood Emotional Maltreatment (CEM), its effects on parental and romantic relationships across various life stages, and its present-day impacts on their lives. Further inquiries were made to elicit additional details while ensuring minimal risk.

Following the interview session, participants underwent a prompt follow-up debriefing to assess their emotional and psychological well-being, accompanied by the provision of available counseling resources if needed. Field notes and voice recordings were utilized to document the interview data, facilitating breakdown and coding of information by the interviewer. These tactics ensured the collection of comprehensive and detailed data necessary for rigorous qualitative analysis.

Data analysis

The objective of this study was to gather descriptive data from the participants' stories and make conclusions from the collected data. In-person interviews were conducted in secure private spaces located in the Appalachia area. I emphasized the research's objective prior to the interview and throughout the use of inquiries and probes. The scope of this paper is limited to participants who are willing and open to discussing their experiences with Childhood Emotional Maltreatment (CEM), thereby excluding individuals who may not be aware of enduring CEM or those who are not comfortable speaking about their experiences.

I arranged and examined the data using a visible and uniform coding system, which included transcribing the recordings by Zoom transcriptions and identifying common themes among various questions and subject matter in each participant's story. The information gathered in the interviews was stored securely in a password-protected, locked device, with all papers kept in a singular binder secured in a cabinet behind a locked door.

To ensure rigor in the analysis, the practice of continual comparison across participants' stories was employed to identify commonalities and discrepancies, which were then highlighted in the coding process. I coded the data alongside my research mentor. Incorporating multiple points of view helped bring objectivity into the study and mitigate potential bias. We derived thematic insights from the provided data after achieving data saturation.

I read each transcription four times, with the first three readings involving depicting, highlighting, categorizing, and organizing the data into subcategories and broader themes. Annotations were made in the margins to mark important quotations or notes for future recall. The final reading ensured completeness and accuracy, with any remaining themes or important notes addressed before finalizing the analysis. Zoom transcription service was utilized to transcribe interviews verbatim, and after full transcription and identification of similar subject matters, I coded the data and identified final themes.

Credibility and trustworthiness

In this study, I employed triangulation as a method to establish trust and credibility. Triangulation was achieved by considering themes consistent in the literature and cross-checking them with the data collected. This approach facilitates the evaluation of contextual meaning within the impact of Childhood Emotional Maltreatment (CEM) on relationships. Additionally,

the study aims to comprehensively capture every detail and identify recurring, overlapping

patterns that reinforce the key findings.

Themes were derived after reaching saturation of the content, signifying the point where

the data begins to repeat itself after a certain number of iterations. This saturation point serves as

a marker for data completeness and robustness in analysis. In this study, themes were created

after more than half of the participants reported similar occurrences.

Ethical considerations

Since this research study poses no greater than minimal risk, exempt IRB approval was

required, available in Appendix B. Participants were anonymized within the final manuscript,

meaning keeping some of their personal files to analyze data but changing them for public

consumption in the final paper to maintain privacy. Participants were reminded of their

anonymity at the start of every interview. Along with this, participants were fully informed of the

study and its implications, and they all provided verbal and written consent before the start of the

interview.

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Results

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Anticipated results

Based on both the Social Learning theoretical lens (Bandura, 1977) and the Attachment

Theory lens (Bowlby, 1973), I anticipated that individuals who were emotionally maltreated in

childhood to carry in and apply the same emotionally abusive techniques into their relationships

in adulthood. Due to this and to the prevalence of reporting insecure attachment styles

(preoccupied, dismissing, fearful and attachment styles) among adults who had endured

childhood trauma, it was anticipated that participants would have lower satisfaction in romantic

and some parental relationships. It was also anticipated for participants to be close in contact and

in good standing with either only one parent, particularly the one who was not the abuser, or neither of their parents. Along with this, it was anticipated to see the effects of CEM show up in situations of various environments, such as work environment and social environment. This would include using some emotionally abusive techniques in these settings. Furthermore, themes that were expected to find included feeling like others do not understand them, finding support through the trauma, the difference in motherhood (if the participant has children), the awareness of the abuse through 'normal' behaviors, and the difficulty in some tasks more than others due to CEM (e.g., empathizing, understanding others).

Current study results

Six themes emerged from the coded data:

Theme 1: Inconsistent parenting

Participants' experiences with their legal guardians were marked by inconsistent and unpredictable parenting styles. This inconsistency manifested in various ways, one of which was the absence of a parent from the household. For instance, Participant 3 (P3) had a father who worked 12-hour shifts, rendering him absent from witnessing the abuse she endured at home. A common theme that emerged was the reversal of roles between parent and child, where the parents relied on their children to be their emotional support system instead of the other way around. Participants reported instances where their parents dismissed or invalidated their feelings during their upbringing. When Participant 2 (P2) expressed visible distress, her father labeled her as "super dramatic" and she explained "they would just say things in order to make me feel bad about how I was feeling in the moment." Similarly, P3 recalled that when she was visibly upset, her parent would threaten, "oh I'll give you a reason to cry," demonstrating a dismissal of her emotions. Furthermore, the participants described an unpredictability in their parents' behaviors,

creating an environment where they had to "walk on eggshells." P2 elaborated, "We had to constantly walk on eggshells all the time because they would get angry and just upset like, they were just never happy." Additionally, P3 explained that upon returning home from school, she could never anticipate her mother's mood, which she explained was usually a bad mood, contributing to an atmosphere of uncertainty and instability. P3 further explained "you kind of just live in fear like for almost your entire childhood." These experiences highlight the inconsistent and often dismissive parenting styles the participants endured, characterized by parental absence, role reversal, invalidation of feelings, and unpredictable behaviors, ultimately shaping their formative years and their relationships with their caregivers.

Theme 2: Disconnect

The participants' experiences were characterized by a profound disconnect from their parents, leading to feelings of isolation, confusion, and a sense of being unwanted or unseen within their own families. Participant 2 (P2) vividly described this emotional distance, stating, "There was such a huge distance between me and my stepmother and dad." This disconnect manifested in various ways, including emotional and physical abuse from parents, as well as a lack of parental support or belief in the participants' experiences. Participant 3 (P3) recounted how her mother would emotionally and physically abuse them, and since their father was frequently absent from home, he would believe the mother's claims that "you need to punish the girls because they did this today" and punish them accordingly, even though the mothers statements weren't true. Throughout their childhoods, the participants' parents demonstrated emotional unavailability, leaving some participants feeling unwanted and unseen. Participant 1 (P1) spoke about the experience of having both parents constantly away at work, resulting in being raised primarily by a nanny during the week when her parents were gone for various

reasons, the main one being work. This disconnection from their families led to confusion and a sense of living in the unknown for the participants. P2 even struggled to characterize the relationship with her parents as a "relationship" and recounted how her parents' divorce led to her unexpectedly moving out of the country, without being informed about the impending divorce or relocation. She explained, "They were just like 'accept this reality on your own'." Adding to this sense of disconnection, three out of the four participants were taken out of their home countries – the places they felt safe and called home – further exacerbating their feelings of isolation and upheaval. The participants' narratives painted a picture of childhoods marked by emotional distance, parental unavailability, and a lack of stability or sense of belonging within their own families and homes, leaving them to navigate complex and often traumatic experiences with little support or understanding.

Theme 3: Behaviors

The women's experiences with CEM had a profound impact on their behaviors, relationships, and attachments later in life. There was a common thread of adopting the very behaviors they had endured from their parents, particularly in their romantic relationships, leading to insecure attachment styles. Participant 4 (P4) poignantly acknowledged this pattern, stating, "Me and my boyfriend, whenever we get into disagreements, I turn into my mom; well, the mom I saw when they were arguing, and it's just like a completely different side of me." Beyond the emotional toll, these women also faced expectations from their parents regarding their behavior within the household, which at times set them up for maltreatment beyond just emotional abuse. Participant 2 (P2) recounted, "We would greet each other, but not because it's something you do, but because it's something that's expected of you." She further explained that failing to greet or inquire about daily tasks would result in physical punishment, such as being hit

with a branch or a belt by her stepmother or father. For two participants who described being in

healthy romantic relationships, their partners played a supportive role in encouraging them to

work on developing healthier behaviors and attachments. Additionally, these participants were

seeking help from a therapist as well. Both of these external support systems seemed to be a

positive factor in their journey towards healing. However, the impact of CEM was also evident

in the physical behaviors exhibited by some participants during the interviews themselves. P4

appeared visually uncomfortable throughout the interview process, at times struggling to answer

questions, particularly those related to her childhood experiences. Her responses were often

incongruent with the ACEs protocol she had completed, suggesting a disconnect or difficulty in

fully acknowledging her past trauma. P4 seemed to exhibit the most profound fallout from her

abuse compared to the other three participants, as evidenced by her apparent lack of self-

awareness and ability to articulate her experiences. The narratives painted a picture of women

grappling with the enduring impact of CEM, manifesting in the replication of unhealthy

behaviors, insecure attachments, and physical manifestations of discomfort and disconnection

from their own experiences, whether they realize it or not. However, there was a glimmer of

hope for healing and the development of healthier patterns through external encouragement and

validation for the two participants in supportive relationships.

Theme 4: Fears

The stories shared by the participants revealed a visible fear of abandonment and

intimacy, which manifested in various ways. Some participants formed barriers as a self-

protective measure, reluctant to fully engage in intimate relationships out of fear of being hurt or

abandoned. This fear of intimacy was evident in P3's reflection, "I really do have a very avoidant

attachment style, and, like, I crave intimacy and I want that out of a person, but at the same time,

I'm pulling myself away because I know that I want it, and I don't want to get hurt in the end, so I'm gonna pull away first a little bit until you also pull away. And then I have a victim complex; I'm gonna put the blame on you, and then I'm gonna go no contact." While many of the women demonstrated an awareness of their own behaviors, there seemed to be a disconnect in recognizing the underlying fears driving those patterns. Participant 4 (P4) shed light on this dynamic, recounting, "Growing up feeling like I'm not cared about as much or having to go the extra mile to be seen as like, 'Oh, I'm good, like I can be good'... I want them to see me as a really good friend, and I'll do anything for them, yet I don't open up." This fear of abandonment and intimacy manifested itself in a range of behaviors, from avoidant attachment styles to the construction of emotional barriers, as well as a desire to prove one's worth or goodness in an effort to be seen and valued. While the participants exhibited varying levels of self-awareness regarding these patterns, the common thread that emerged was a deep-seated fear of being hurt, rejected, or abandoned – a fear that shaped their approach to relationships and intimacy in profound ways.

Theme 5: Relationships

The experiences shared by these women revealed common threads woven through their various relationships, each one reflecting the impact of CEM on their lives. Within their relationship with themselves, there was a visible sense of responsibility to embark on a journey of self-discovery – to understand the root causes behind their behaviors and actions. While two participants appeared to be in healthy romantic relationships, the others were still navigating the complexities of this aspect of their lives. Collectively, the participants found themselves at different milestones on this self-seeking journey. When it came to their relationships with their parents, the narratives were marked by themes of isolation, avoidance, and abandonment during

childhood. However, for some, adulthood brought about increased communication and

engagement with one or more parents, contrasting with the disconnection experienced earlier in

life. In the realm of romantic relationships, participants described patterns of acting out, shutting

down, and self-isolation in past relationships. At the time of the interviews, none of the women

were in such relationships, though the two participants who had romantic partners described

them as healthy and fulfilling. As for friendships, some participants found themselves comparing

their lives to those of their friends, particularly before the age of 18. They struggled to

understand the sense of closeness and belonging their peers experienced within their families –

very different from their own experiences. As P3 expressed, "Oh, they don't have to go through

this, so like, why am I?" P1 further elaborated, "It's definitely changed how I view my own

behavior and how it affects others because nobody really thought about how their behaviors

affected me when I was little." These women's lived experiences have had their impact in

shaping the participants' self-discovery, parental relationships, romantic connections, and

friendships.

Theme 6: Multiple ACE's

With an average ACE score of 6, the adversities of these women extended far beyond the

CEM alone. The most prevalent adversity, experienced by three out of the four participants, was

parental divorce – that, in many cases, contributed to their expatriation, or forced removal from

their home countries. Some participants either experienced or witnessed their loved ones

experience physical abuse and/or neglect. The participants who were victims of physical

maltreatment were set up by the expectation of behaviors. Participant 3 (P3) recounted a

heartbreaking example: "If I had walked into the kitchen to steal a cookie, like one day I did, she

would like literally beat [sibling's name] and I because we were stealing food to which we had

not been given permission to eat." This showed that P3 and her sibling were expected to eat at a certain time of the day, and if they didn't, they would be punished. Another adversity that some of these women endured was the presence of a mentally ill family member within the household. P1 reflected, "My mom was very mentally ill, like I said, very emotionally unavailable, and at the time when I was a kid, I didn't realize how that affected me or would affect me in the future, but now that I'm older, I can look back on it and say like that had a lot more direct effect." These adversities, combined with the presence of CEM , painted a picture of the challenges these women faced from such a young age, shaping their lives in profound ways, seen even throughout adulthood.

Discussion

Conclusion

Across the emergent themes, a common thread throughout their parental and romantic relationships was a sense of disconnect, fear, and behavioral patterns rooted in the inconsistent, unpredictable, and often dismissive parenting they endured. From adopting the very behaviors modeled by their parents to creating emotional barriers as a way to protect themselves, the impact of CEM manifested in many profound ways, leading to insecure attachments and a fear of abandonment and intimacy. Regardless of the adversity, some hope of resilience and growth were evident as well. Some participants found themselves on a journey of self-discovery, grappling with the feeling of responsibility to understand and unlearn unhealthy patterns. Others found support in healthy romantic relationships, where partners helped encourage the development of healthier behaviors and attachments.

This study underscores the urgent need for culturally responsive, trauma-informed interventions and support systems tailored to the unique experiences and needs of minority

women grappling with the long-term impacts of CEM. Most of the participants faced trauma from not only CEM but also expatriation. The stories of these participants serve as a reminder of the resilience humans are capable of with the proper support. It also shows how dealing with traumatic events is not a linear path and how individuals can be on different pages of dealing with their past traumas. Ultimately, this study demonstrates how minority women in this research study were forced to rapidly mature emotionally in order to deal with situations that laid far beyond their age capacity – having a lasting impact on their adulthood relationships.

Implications

This study contributes to the limited existing research on the holistic impacts of CEM on minority populations and highlights the need for future studies. It also touches on the need of more diverse studies exploring the long-term effects of CEM on relationships, attachment, and overall well-being. The findings may inform future quantitative research or mixed methods approaches to examine this issue more comprehensively. The study's use of Bowlby's Attachment Theory could strengthen or provide new insights into how childhood experiences shape attachment styles and relationship dynamics.

The findings from this research could inform counseling approaches for minority women who have experienced CEM, highlighting the need for culturally sensitive and trauma-informed care for this population. Mental health professionals should be informed in their training practices of how to address the intergenerational trauma, struggles with identity and self-worth, and relational patterns shaped by early emotional abuse and neglect. This study could also encourage community-based programs and support services structured to the needs of minority women dealing with effects of childhood maltreatment. As seen in this current research, women who had larger support systems, both from partners and from therapists, seemed to be further

into their self-discovery journey's and mentioned engaging in healthier relationship patterns. Initiatives that integrate psychoeducation on topics like insecure attachments, workshops to build healthy coping mechanisms, and peer support groups could create a supportive environment for these women to find connection and learn self-advocacy. This study could also inform policies and initiatives aimed at preventing childhood maltreatment, particularly emotional abuse, in all communities. Since emotional maltreatment often goes unreported due to the lack of awareness and knowledge of what it consists of, drawing clear lines of emotional maltreatment and setting forth policies to reduce the occurrence of maltreatment in the home is essential.

Limitations

Some limitations from this research study include its small sample size. Although the intended sample size was 4 to 6 women, more studies with a larger participant pool are needed to further support these results. Additionally, because this research only looked into minority women between ages 20 to 27 in the Appalachian area, the findings may not be generalizable to minority women outside this specific geographic area or age range. It is important to note that the data collected through interviews solely relied on self-reported measures from participants – which can be subject to bias.

Moreover, the study only collected data at just one point in time. Having a longitudinal study to track experiences over time could provide more in-depth, ample data. Lastly, the study did not include a comparison group, which makes it difficult to determine if the findings are unique to only minority women who experienced CEM. Many of these potential limitations could be addressed in future expanded studies on this topic.

Future directions

For future studies, considering a larger sample size of minority women from various geographic locations would enhance the generalizability of the findings. Additionally, implementing a longitudinal study design that collects data at multiple points in time would allow researchers to track the long-term impacts of CEM on relationships and attachment styles as individuals progress through different stages in life. Considering a mixed-methods approach would also be beneficial for future studies. Combining qualitative interviews with quantitative measures (e.g., standardized assessments of attachment styles and mental health outcomes) could provide more comprehensive data.

Looking into the effects of CEM on other relationships, such as friendships, in the lives of minority women would help explore how differently it affects various relationships. Looking into the intersectionality would also be beneficial in understanding the role expatriation has with childhood adversities, especially since it is not represented in the ACEs questionnaire. Along with this, exploring the intersectionality of the impacts of CEM with other identities and experiences, such as socioeconomic status, immigration experiences, and sexual orientation among minority women.

Being able to conduct comparative studies that include both minority and non-minority women who have experienced CEM, along with a control group, would help identify cultural differences in the impacts of CEM on relationships. Looking into conducting a cross-cultural study that compares the experiences and impacts of CEM on relationships across various minority or cultural groups, both in and outside the United States. Lastly and most importantly, having future studies investigate potential resilience and protective factors that may potentially mitigate the negative effects of CEM on relationships for some minority women – informing prevention and support methods.

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Appendix A

Interview Questions

1. How was your relationship with your parents in childhood? Can you give me an example or two that demonstrates your relationship?

2. What was it like for you to experience CEM? What was your experience of CEM? (If needed)

3. Are your parents still alive? What is your relationships like with your parents today? Can you give me an example?

4. Now I want to ask you about romantic relationships. Can you remember your first romantic relationship experience? What was that like? Were you compatible, did you argue a lot, how long were you together?

5. How many romantic relationships have you had up to this point? Were you compatible with them, did you argue a lot, how long did they last?

6. Do you see your experiences affecting everyday life ? How? In what ways?

Appendix B

IRB approval

Date: January 22, 2024

Principal Investigator: **Suzanne Aguirre**, Undergraduate Student, Milligan University
From: The Institutional Review Board (IRB) at Milligan University
Project: *Effects of Childhood Emotional Maltreatment on Adult Relationships of Minority Women: A Qualitative Study*
IRB Tracking Number: **2023-24**
IRB Approval Number: **Exp2401221144**
Subject: **Final Approval**

On behalf of the Milligan University Institutional Review Board (IRB), we are writing to inform you that the above-mentioned study has been approved as expedited. This approval also indicates that you have fulfilled the IRB requirements for Milligan University.

All research must be conducted in accordance with this approved submission, meaning that you will follow the research plan you have outlined here, use approved materials, and follow university policies.

Take special note of the following important aspects of your approval:
- Any changes made to your study require approval from the IRB Committee before they can be implemented as part of your study. Contact the IRB Committee at **IRB@milligan.edu** with your questions and/or proposed modifications;
- If there are any unanticipated problems or complaints from participants during your data collection, you must notify the Milligan University IRB Office within 24 hours of the data collection problem or complaint.

The Milligan University IRB Committee is pleased to congratulate you on the approval of your research proposal. Best wishes as you conduct your research! If you have any questions about your IRB Approval, please contact the IRB Office and copy your faculty advisor if appropriate on the communication.

On behalf of the IRB Committee,

David D Gibbons, Ph.D.
Chair, Institutional Review Board
Milligan University