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Domestic Emotional Abuse in Childhood: A Small-Scale Database Study Based on Adult Retrospective Accounts

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Abstract

Recent scholarship has increasingly highlighted the long-term consequences of childhood emotional abuse, particularly its impact on mental health and psychological well-being. While children are often the focus of such investigations, this study adopts a retrospective approach by surveying adult participants about their experiences of domestic emotional abuse during childhood. The collected responses were organised into a relational database to facilitate structured analysis and assess the prevalence and severity of reported abuse. The survey instrument was developed in line with established *Healthline.com* guidelines for categorising emotional abuse, thereby ensuring consistency in the classification of experiences.

Analysis of the data revealed that 13.89% of respondents

reported experiencing extremely high levels of domestic emotional abuse, 22.22% reported high levels, and 25% reported moderate levels, primarily initiated by family members. These findings point to the enduring psychological toll of domestic environments where abuse occurs, even when such incidents remain undocumented at the time.

By utilising retrospective self-reports and a database-driven analytical framework, this study provides insight into the prevalence of childhood emotional abuse as remembered in adulthood. The results underscore the need for early intervention, broader awareness, and more comprehensive research to address the hidden yet pervasive effects of emotional maltreatment within families.

Keywords: Emotional Abuse, Domestic Abuse, Database, Survey-Based Analysis, Adult Retrospective Self-Report, MS Access

Introduction

The World Health Organization (2020) defines child maltreatment as "the abuse and neglect that occurs to children under 18 years of age, which results in actual or potential harm to the child" [8]. Such maltreatment encompasses physical, emotional, psychological, and sexual abuse, frequently perpetrated by individuals within a child's immediate social or familial environment.

Emotional abuse, in particular, is a complex and often hidden form of maltreatment. It may include manipulation, neglect, and bullying, inflicted by parents, siblings, relatives, peers, educators, or other influential figures. These behaviours compromise both physical and psychological health, with outcomes ranging from diminished self-confidence and lack of self-compassion to more severe consequences such as suicidal ideation, self-harm, and violent behaviours directed either inwardly or outwardly. Despite its prevalence, domestic emotional abuse is often unreported and undocumented, as it typically occurs in private settings. Nevertheless, its long-term consequences are evident in later stages of life, shaping mental health and behavioural patterns well into adulthood.

The present study adopts a retrospective approach to investigate the prevalence and severity of childhood emotional abuse as recalled by adults. A small-scale survey was conducted among adult participants, who were asked to report on their treatment during childhood. The collected responses were organised into a relational database, enabling structured analysis and the

identification of patterns across different levels of abuse. By focusing on adult self-reports, the study aims to-

- 1. document the prevalence of domestic emotional abuse in childhood,
- 2. examine its severity as categorised through established guidelines, and
- 3. demonstrate how even small-scale, database-driven approaches can yield meaningful insights into hidden forms of maltreatment.

This paper is structured as follows: Section 2 reviews related work, Section 3 outlines the methods and materials employed, Section 4 presents the results, and Section 5 offers conclusions along with potential directions for future research.

Related Work

With rapid technological advancements and widespread access to the internet and digital platforms, researchers can now reach larger populations and collect more reliable data through online surveys. Such methods provide valuable insights into the prevalence and lived realities of emotional abuse across different regions.

The World Health Organization [1] defines child maltreatment as "the abuse and neglect that occurs to children under 18 years of age, which results in actual or potential harm to the child." Radford *et al.* [2] emphasise that child abuse, neglect, and domestic violence remain prevalent within households, noting their extensive impact on children in the United Kingdom. Similarly, Hamby, Finkelhor, Turner, and Ormrod [3] highlight the compounded risks experienced by children who not only endure direct abuse but also witness interparental violence, a condition described as "double victimisation." Such overlapping exposures amplify the psychological and emotional burden, often leading to more severe developmental and behavioural consequences.

Furthermore, the World Health Organization [4] identifies adverse childhood experiences, including abuse and exposure to domestic violence, as some of the most severe stressors during early development. These experiences are strongly associated with long-term health risks and negative social outcomes. Collectively, this body of research underscores the pervasive and multifaceted nature of childhood emotional abuse, situating it as a major public health concern that warrants urgent scholarly and policy attention

Moody, Cannings-John, Hood, Kemp, and Robling [5], in their systematic review of international self-reported lifetime victimisation, reported wide variations in prevalence rates depending on study design and definitions. Their analysis revealed that physical abuse ranged between 3.6% and 32.6%, sexual abuse between 0.7% and 27.8%, emotional abuse between 4.0% and 66.7%, and neglect between 5.6% and 77.8%. These findings underscore both the global prevalence of child maltreatment and the methodological challenges of achieving consistent estimates.

In the United Kingdom, Radford *et al.* ^[2] conducted a large-scale survey of more than 4,000 children and their parents, finding that 17.5% of children under the age of 11 and 12% of those aged 11–17 had been exposed to domestic violence during childhood. Extending the focus to intra-familial dynamics, Dantchev and Wolke ^[6] examined sibling

bullying among 6,838 twelve-year-olds in the United Kingdom. Their study found that 26.2% of participants reported experiencing sibling abuse within the six months preceding the survey, highlighting sibling victimisation as a significant yet often overlooked form of maltreatment.

Children subjected to one form of maltreatment are significantly more likely to report exposure to additional types, with Edwards, Holden, Felitti, and Anda [7] noting that 34.6% of maltreated individuals in a survey of 8,887 American adults had experienced at least two distinct forms of abuse. Similarly, Radford et al. [2] further demonstrated in a United Kingdom study that children aged 11 and those aged 11-17 who had endured severe parental maltreatment were 2.8 and 2.9 times more likely, respectively, to witness domestic violence compared with their non-maltreated peers. Further complementing these findings, Button and Gealt [8], in a survey of 8,122 American students, established that child abuse and exposure to domestic violence substantially increased the likelihood of victimization, with odds ratios of 4.00 and 2.06, respectively.

The psychological repercussions of childhood maltreatment are profound. Transitioning to mental health outcomes, Gardner, Thomas, and Erskine [9] conducted a comprehensive meta-analysis of 106 studies, concluding that individuals exposed to any form of abuse were 2.48 times more likely to experience a depressive disorder and 1.68 times more likely to develop an anxiety disorder. Additionally, their secondary meta-analysis of 15 international studies revealed that all forms of child abuse and neglect (CAN) were significantly associated with elevated suicide risk [9].

Moore *et al.* ^[10], in a conceptual analysis of 23 Australian studies, reported that exposure to three distinct forms of child abuse and neglect (CAN) nearly quadrupled the risk of depression and anxiety compared to exposure to a single subtype. Similarly, Moylan *et al.* ^[11] found, in a U.S. national survey of 457 participants, that children who both witnessed domestic violence and were direct victims of abuse exhibited significantly greater internalizing and externalizing difficulties than those exposed to only one of these adversities. While additive scoring methods remain common in assessing multiple victimizations, such approaches risk oversimplification by assuming all forms of abuse are equally detrimental ^[12].

Debowska, Willmott, Boduszek, and Jones [13] demonstrated in their systematic review that 12 of 16 studies identified a subgroup with little to no maltreatment, typically comprising 80-85% of participants in general population samples. Conversely, poly-victimization groups, though 2–10% of participants, representing only disproportionately severe outcomes, including heightened risks of anxiety, depression, and post-traumatic stress [13]. Other victimization groups showed considerable heterogeneity depending on the forms of maltreatment under analysis.

Recognizing the profound impact of abuse on psychosocial stability, the prevention of child maltreatment has been declared a global priority [1]. As Gilbert, Woodman, and Logan [14] argue, identifying associations between individual and family characteristics and experiences of abuse is critical for developing effective prevention strategies and targeted interventions. Furthermore, gender disparities are

stark: data from the Crime Survey for England and Wales (ONS, 2020) reveal that females are disproportionately represented among victims of emotional abuse (11.8% vs. 6.8%), sexual abuse (11.5% vs. 3.5%), and exposure to domestic violence (11.9% vs. 7.6%), while rates of physical abuse are relatively balanced (7.5% vs. 7.7%).

Black, Heyman, and Slep [15], along with Doidge, Higgins, Delfabbro, and Segal [16], and Sidebotham, Golding, and the ALSPAC Study Team [17], have consistently identified financial disadvantage, low educational attainment, non-White ethnicity, single-parent households, larger family size, and parental mental health or substance abuse problems as significant risk factors for child maltreatment. However, the inclusion of heterogeneous variables in studies dynamics examining child-family and victimization experiences often broadens definitions to encompass non-maltreatment victimizations or unrelated adversities, thereby producing an ambiguous inconsistent picture.

For instance, Petruccelli, Davis, and Berman [12], in a global meta-analysis of 96 studies, reported that female gender emerged as the only consistent predictor of multiple adverse childhood experiences (ACEs). By contrast, Finkelhor, Ormrod, and Turner [18] found, in a U.S. survey of 2,030 children and caregivers, that poly-victimized children were more likely to be male, older, urban residents, members of single-parent families, of Black ethnic origin, and from socioeconomically disadvantaged households. This divergence underscores the complexity of identifying universal predictors of poly-victimization and highlights the interplay of cultural, demographic, and socioeconomic factors in shaping children's vulnerability.

Methods and Materials Determining Categories and Levels

This study focuses exclusively on emotional abuse perpetrated by family members. The categorization of emotional abuse was guided by the framework outlined by *Healthline.com*. Each form of emotional abuse reported by a participant was assigned a score of one, thereby reflecting the extent of abuse experienced. For instance, if a participant acknowledged being subjected to criticism by a family member, a score of one was recorded. The cumulative score for each individual was then calculated to determine the overall level of emotional abuse endured. The classification of these levels is illustrated in Fig 1.

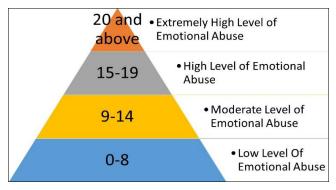


Fig 1: Level of Mental Abuse

In addition to documenting the types of abuse, the survey also gathered information about participants' family backgrounds to contextualize the findings within their socioeconomic status. Both parents' levels of education were taken into account to approximate the household's social class. The categorization of social classes derived from this assessment is presented in Fig 2.

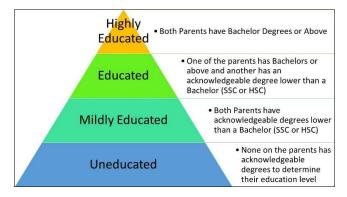


Fig 2: Family Status according to the levels of the education of the parents

Data Collection and Processing

Data were collected through an online survey administered via *Google Forms*. Participant responses were subsequently uploaded to a relational database specifically designed for this project using Microsoft Access. Scores were manually assigned within the database to ensure accuracy in categorization. A summary of the survey results is presented in Table 1, while the structure and functionality of the relational database are depicted in Fig 3.

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Table	1.	Survey	Recult	t
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Age	Under 18		18-24		25-30	Over 30	
0%		30.6%		66.7%	2.7%		
Gen	Gender		Male		Female		
			75%	ó		25%	
Father Educ	eation	SSC	HSC	Bachelor	Master	r's Doctoral	
		5.6%	11.1%	44.4%	36.1%	6 2.8%	
Mother Education			SSC	HSC	Bachelor	Master's	
			13.9%	19.4%	47.2%	19.4%	
Guardian Both paren		ents	Only Father		Only M	other Other	
	88.9%	,)		5.6%	5.6%	% 0%	

Questions		Response	
		No	
Family Details			
Did a divorce took place between your parents or between other family members	16.7%	83.3%	

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Do your family often make decisions on your behalf? Do your family members order you to do things? Do your family members often lecture you about what you should do? Have any of your family members blackmailed you emotionally? Criticizing Do your family members guilt trip you? (Example: Reminding about your mistakes) Have you ever been accused falsely by your family? Have your family members ever denied that they treated you badly? Do your family member ignore your problems or show no interest? Did any of your family members swear at you? Negligence Do your family members restrict you from meeting people or making friends? Did your family members give you the silent treatment? (Example: Refusing to talk to you after you make a mistake) 47.2% 52.8% 47.2% 52.8%		52.8%	47.2%
Do your family members order you to do things? Do your family members often lecture you about what you should do? Have any of your family members blackmailed you emotionally? Criticizing Do your family members guilt trip you? (Example: Reminding about your mistakes) Have you ever been accused falsely by your family? Have your family members ever denied that they treated you badly? Do your family member ignore your problems or show no interest? Did any of your family members swear at you? Negligence Do your family members restrict you from meeting people or making friends? Did your family members give you the silent treatment? (Example: Refusing to talk to you after you make a mistake) 63.9% 27.8% 27.8% 27.8% 41.7% 58.3% 47.2% 52.8% 66.7% 66.7% Did your family members restrict you from meeting people or making friends? 52.8% 47.2% 52.8%	Do your family often make decisions on your behalf?		41.7%
Have any of your family members blackmailed you emotionally? Criticizing Do your family members guilt trip you? (Example: Reminding about your mistakes) Have you ever been accused falsely by your family? Have your family members ever denied that they treated you badly? Do your family member ignore your problems or show no interest? Did any of your family members swear at you? Negligence Do your family members restrict you from meeting people or making friends? Did your family members give you the silent treatment? (Example: Refusing to talk to you after you make a mistake) 47.2%		63.9%	36.1%
CriticizingDo your family members guilt trip you? (Example: Reminding about your mistakes)72.2%27.8%Have you ever been accused falsely by your family?41.7%58.3%Have your family members ever denied that they treated you badly?52.8%47.2%Do your family member ignore your problems or show no interest?33.3%66.7%Did any of your family members swear at you?30.6%69.4%NegligenceDo your family members restrict you from meeting people or making friends?33.3%66.7%Did your family members give you the silent treatment? (Example: Refusing to talk to you after you make a mistake)47.2%52.8%	Do your family members often lecture you about what you should do?	72.2%	27.8%
Do your family members guilt trip you? (Example: Reminding about your mistakes) Have you ever been accused falsely by your family? Have your family members ever denied that they treated you badly? Do your family member ignore your problems or show no interest? Did any of your family members swear at you? Negligence Do your family members restrict you from meeting people or making friends? Did your family members give you the silent treatment? (Example: Refusing to talk to you after you make a mistake) 72.2% 41.7% 58.3% 47.2% 66.7% 33.3% 66.7%	Have any of your family members blackmailed you emotionally?	41.7%	58.3%
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Do your family members restrict you from meeting people or making friends? Did your family members give you the silent treatment? (Example: Refusing to talk to you after you make a mistake) 33.3% 66.7% 47.2%	Did any of your family members swear at you?	30.6%	69.4%
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mistake) 47.270 32.870		33.3%	66.7%
D C 1 1 0 C 4 1 1 0 C		47.2%	52.8%
Do your family member often refuse to support your decisions? 36.1% 36.1% 63.9%	Do your family member often refuse to support your decisions?	36.1%	63.9%
Do your family members often interrupt you while talking? 44.4% 55.6%			

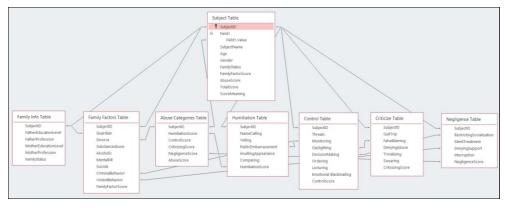


Fig 3: Relational Database for predicting the level of mental abuse initiated by family in childhood

Results and Discussion

The analysis yielded important insights into the prevalence and severity of emotional abuse within domestic environments, alongside its associations with family background and social class.

Prevalence of Emotional Abuse

Survey data indicated varying degrees of emotional abuse during childhood. A total of 13.89% of participants reported extremely high levels, 22.22% reported high levels, and 25% reported moderate levels of abuse, while the remainder experienced either minimal or no abuse. These findings suggest that more than half of respondents endured at least a moderate level of emotional abuse, underscoring the pervasiveness of the issue within familial contexts.

Family Context and Social Stratification

The study further examined whether parental education

levels—used here as proxies for social class—were associated with the reported severity of abuse. Although abuse was reported across all socioeconomic backgrounds, preliminary patterns suggest that participants from families with lower parental education levels exhibited slightly higher proportions of severe abuse cases. This trend, while not conclusive given the modest sample size, aligns with prior literature indicating that structural inequalities and resource scarcity may exacerbate domestic stressors, thereby increasing the risk of maltreatment.

Database Integration and Scoring System

The relational database developed in MS Access proved effective in systematizing the categorization of abuse levels. Each instance of acknowledged abusive behavior (e.g., criticism, humiliation, neglect) contributed incrementally to a cumulative abuse score, which facilitated the assignment of participants to predefined categories. This scoring system

enabled both quantitative analysis and qualitative insights, bridging subjective experiences with structured metrics.

Interpretation and Broader Implications

These results highlight two critical dimensions: first, the high prevalence of emotional abuse within domestic spaces; and second, its potential entanglement with socioeconomic conditions. While the cross-sectional nature of the data precludes definitive causal inferences, the findings resonate with existing scholarship emphasizing the long-term psychological impacts of childhood emotional maltreatment. They further reinforce the need for interventions that target both individual households and broader social determinants.

Conclusion

This study examined the prevalence and severity of childhood emotional abuse within domestic environments, with a particular focus on abuse perpetrated by family members. The findings reveal that more than half of respondents reported at least moderate levels of emotional maltreatment, while a significant proportion experienced high to extremely high levels. These results underscore the pressing reality that emotional abuse, though less visible than physical harm, is both widespread and deeply consequential in shaping children's psychological well-being.

By integrating survey responses with a structured relational database, this study not only quantified abuse levels but also demonstrated a practical framework for categorizing and analyzing subjective experiences. Moreover, the exploratory link between parental education levels and severity of reported abuse points to the potential influence of socioeconomic conditions, aligning with broader literature on social determinants of child maltreatment.

The relevance of these findings lies in their ability to inform both academic discourse and policy interventions. In highlighting the often-overlooked dimensions of emotional abuse, this work emphasizes the necessity of early detection, prevention, and sustained support systems for affected individuals. While the study is limited by its modest sample size, it establishes a foundation upon which future research can build—particularly through larger, more diverse datasets and the integration of advanced analytical techniques such as machine learning to uncover nuanced patterns.

Ultimately, this research contributes to a growing recognition of domestic emotional abuse as a critical public health and social issue. By framing the problem in measurable terms, it supports the advancement of evidence-based strategies aimed at mitigating its long-term consequences and fostering safer, more nurturing family environments.

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