PSYCHOLOGICAL MALTREATMENT: THE RELATIONSHIP BETWEEN SEVERITY, SELF-DIRECTED EMOTIONS, AND ADJUSTMENT

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Psychological maltreatment poses a serious risk to developing children, yet few studies have undertaken the task of understanding the nature by which this type of maltreatment exerts a negative influence. The current study provides an important step in furthering this understanding by examining how different dimensions of psychological maltreatment (i.e., frequency, severity, and subtype) and self-directed emotions help to explain the relationship between psychological maltreatment and psychological adjustment. Towards this goal, 355 college students reported on the frequency with which they experienced various psychologically maltreating behaviors in childhood, the extent of self-directed anger and shame they felt when asked to think about their own experiences with psychological maltreatment, current aspects of psychological adjustment, and whether they had ever been subjected to four types of maltreatment (i.e., sexual, physical, witness to parental violence, and neglect) in childhood. Severity scores for students’ psychological maltreatment experiences were calculated on the basis of ratings provided by 177 professionals in the field of child/family mental health. These results highlight the importance of examining different dimensions of psychological maltreatment when attempting to demonstrate how this type of maltreatment can impact subsequent adjustment. We discovered that knowing both the frequency and severity of psychological maltreatment experiences enhances our ability to understand the relationship between maltreatment and adjustment outcomes, and, that certain types of psychological maltreatment were better than others at predicting different aspects of psychological adjustment. Additionally, we discovered a unique way of categorizing different types of psychological maltreatment. Previous studies have focused on identifying different
forms of psychological maltreatment, but the current study revealed a conceptual shift in how distinct types of psychological maltreatment can be identified. Lastly, we discovered that self-directed emotions appear to be an important process by which all types of psychological maltreatment affect different types of adjustment outcomes. In particular, self-directed anger and shame helped to explain the relationship between psychological maltreatment and psychological adjustment. The study’s implications and limitations are discussed, as well as directions for future research.
To Anna, who has always been by my side
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INTRODUCTION

Psychological maltreatment poses a serious risk to developing children and has the potential to be more destructive than other forms of abuse and neglect (Brassard & Hardy, 1997; Egeland, Sroufe, & Erickson, 1983; Hart, Brassard, Binggeli, & Davidson, 2002). Moreover, psychological maltreatment appears to be more prevalent than other forms of abuse and neglect and is considered the core component behind all forms of maltreatment (Hart, Germain, & Brassard, 1987; Brassard & Hardy, 1997; Hart, et. al., 2002). However, research on child maltreatment has typically focused on sexual and physical abuse and neglect. Only recently have we begun to understand the nature and impact of psychological maltreatment.

The current study attempts to further our understanding of the effects of childhood psychological maltreatment by examining the 1) utility of frequency and severity ratings of psychological maltreatment in predicting psychological adjustment; 2) associations between types of psychological maltreatment and various aspects of psychological adjustment; and 3) the role of self-directed emotions in the relationship between psychological maltreatment and psychological adjustment.

Towards this goal, 355 college students reported on the frequency with which they experienced various types of psychologically maltreating behaviors from primary caregivers during childhood. Severity scores for students’ maltreatment experiences were calculated on the basis of ratings provided by 177 professionals in the field of child/family mental health. Both the frequency and severity ratings were used to predict psychological adjustment in order to assess the relative utility of severity ratings over and above traditional methods that tend to rely exclusively on frequency assessments. Next, ratings of psychological maltreatment were used to assess whether different types of psychological maltreatment were differentially associated with
different aspects of psychological adjustment. Finally, students’ self-directed emotions (i.e., shame and self-directed anger) were examined as potential mediators of any observed relationships between psychological maltreatment and psychological adjustment.

**Psychological Maltreatment**

Psychological maltreatment has been defined as “a repeated pattern of caregiver behavior or extreme incident(s) that conveys to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another’s needs” (American Professional Society on the Abuse of Children, 1996, p. 29). This type of maltreatment can be extremely destructive and has been associated with a range of adverse child outcomes including emotional maladjustment, encopresis and enuresis, failure to thrive, depression, poor self-esteem, conduct problems, suicidality, aggression and homicidality, inability to trust, prostitution, and underachievement (Hart, et. al., 1987). McGee, Wolfe, and Wilson (1997) examined the impact of five different types of maltreatment (i.e., physical abuse, sexual abuse, psychological maltreatment, neglect, and witnessing family violence) on a sample of adolescents randomly selected from a local child protection agency. Of the five maltreatment types, psychological maltreatment had the strongest association with current reports of both internalizing and externalizing symptoms. Moreover, once psychological maltreatment was controlled for, previously significant univariate associations between other forms of abuse and psychopathology disappeared.

There is also evidence that the effects of psychological maltreatment endure into adulthood. In a longitudinal study of infants born to at-risk mothers, children whose mothers were psychologically unavailable or verbally abusive displayed a number of adjustment
problems that continued into adulthood (Egeland & Erickson, 1987; Egeland, et. al., 1983; Erickson, Egeland, & Pianta, 1989).

Prevalence rates of psychological maltreatment are difficult to estimate, partly because these estimates typically occur within samples of children who have experienced other types of maltreatment. Psychological maltreatment almost always occurs when other forms of abuse and neglect are present (Briere & Runtz, 1988; Claussen & Crittenden, 1991; Garbarino, Gutman, & Seeley, 1986; Higgins & McCabe, 1998, 2000a, 2000b; McGee, Wolfe, Yuen, Wilson, & Carnochan, 1995; Vissing, Straus, Gelles, & Harrop, 1991), but there is little information about how often it occurs in isolation. That is, unless the experiences of psychological maltreatment are obvious, severe, and/or co-occur with other forms of maltreatment, then these experiences tend to be under-reported and/or unrecognized (Brassard & Hardy, 1997; Claussen & Crittenden, 1991; Egeland & Erickson, 1987; Melton & Davidson, 1987). Binggeli, Hart, and Brassard (2001) estimated that roughly one third of the general adult population had experienced psychological maltreatment, with 10-15% at severe and/or chronic levels.

Assessing Psychological Maltreatment using Frequency and Severity Ratings

Studies that examine the relationship between maltreatment and child outcomes typically assess the frequency with which a number of different maltreating acts have occurred. Few have directly examined the relationship between maltreatment severity and child outcomes, particularly concerning psychological maltreatment (Barnett, Manly, & Cicchetti, 1993).

From a practical standpoint, frequency is easier to assess than severity. Although frequency can be measured by determining how often maltreatment acts have occurred, it is much more difficult to quantify the potential impact (i.e., severity) that maltreatment can have on children. Furthermore, determining the severity of various acts of psychological maltreatment
poses a particular challenge, as the distinction between abusive and nonabusive psychological parenting can be ambiguous.

Despite this inherent difficulty in quantifying severity, an examination of the maltreatment literature suggests that severity provides important and unique information, and that frequency assessments alone may obscure the relationship between maltreatment and child outcomes (Barnett, et. al., 1993). For example, Manly, Cicchetti, & Barnett (1994) found that different characteristics of maltreatment (i.e., frequency, severity, chronicity, and type of maltreatment) accounted for unique variance in the prediction of adjustment problems.

More specifically, McGee and Wolfe (1991) suggest that experiences of psychological maltreatment should be viewed as “lying along a continuum of seriousness” (p.12). In other words, experiences of psychological maltreatment should be conceptualized as ranging from low severity to high severity acts. Furthermore, McGee and Wolfe stress that some experiences of psychological maltreatment are relatively harmless if they occur infrequently, whereas other experiences present a clear risk of harm even if they infrequently occur. For example, there is a clear distinction between parents who occasionally yell at their children and parents who occasionally allow their children to witness violence towards another family member. However, when psychological maltreatment is assessed with frequency ratings alone, this distinction between low and high severity is essentially overlooked. Psychological maltreatment is comprised of a diverse array of parental behaviors (Hart, et. al., 2002; McGee & Wolfe, 1991; Navarre, 1987) and frequency assessments do not provide any information as to whether one type of psychological maltreatment experience poses a more serious risk to the developing child than another type. In order to understand the potential impact of these behaviors, we cannot rely
on frequency ratings alone. Instead, we need more comprehensive and sophisticated ways of assessing these behaviors.

Unfortunately, there is a paucity of studies that utilize both frequency and severity ratings of psychological maltreatment. Thus, little is known about their relative utility in predicting child outcomes. As previously noted, determining the severity of various acts of psychological maltreatment poses a particular challenge. One of the few attempts to quantify severity was undertaken by Barnett and colleagues who developed a classification system to assess various dimensions of child maltreatment based on case records from Child Protective Services (Barnett, et. al., 1993). Using a sociological conceptualization of child maltreatment (Gelles, 1973, 1975; Gil, 1970; Giovannoni & Becerra, 1979; Zigler, 1976), Barnett and colleagues suggested that definitions of maltreatment should encompass “parental acts that are viewed to be unacceptable or ‘improper’ by society” (pp. 22-23).

In particular, Barnett and colleagues (Barnett, et. al., 1993) assessed the severity of psychological maltreatment by developing an ordinal scale based on parental acts previously identified by Garbarino, Guttman, and Seeley (1986) and by Hart and Brassard (1987). Five levels of severity were assessed according to “the relative seriousness of the act with regard to the potential negative psychological impact that a caregiver’s act may have on the child’s socioemotional development” (p. 52). Using this classification system on a sample of maltreated children, Manly and colleagues (Manly, Kim, Rogosch, & Cicchetti, 2001) found that the severity of emotional maltreatment and/or neglect in infancy and toddlerhood predicted externalizing symptoms in middle childhood, even after controlling for the severity of other types of maltreatment.

Similar to the sociological approach taken by Barnett and colleagues (Barnett, et. al.,
1993), the current study assessed the severity of psychologically maltreating parental behaviors using expert ratings. Specifically, child and family mental health professionals rated the degree of emotional and psychological harm that various acts of psychological maltreatment are likely to cause for children at differing frequencies. Frequency ratings of actual psychological maltreatment were obtained from retrospective reports from college students. Both the professionals’ severity ratings and students’ frequency ratings (i.e., frequency of students’ experiences with various types of psychological maltreatment from parents during childhood) were then used to predict psychological adjustment. Based on the theoretical and empirical findings previously described regarding the utility of severity ratings, we expected that the addition of severity ratings would significantly improve our understanding of the outcomes associated with psychological maltreatment. Specifically, we expected that the use of both severity and frequency ratings would more accurately predict adjustment problems than frequency ratings alone.

Types of Psychological Maltreatment

It has long been recognized that psychological maltreatment includes a broad range of diverse parental behaviors. Unfortunately, this heterogeneity has rendered the task of defining psychological maltreatment challenging. For example, psychological maltreatment has been conceptualized as acts that represent “all affective and cognitive aspects of child maltreatment” (Hart, et. al., 1987, p. 4); “instances of maltreatment that involve thwarting of children’s basic emotional needs” (Barnet et. al., 1993, p. 36); and “a concerted attack by an adult on a child’s development of self and social competence, a pattern of psychically destructive behavior” (Garbarino, et. al., 1986, p.86). The variety of these conceptualizations demonstrates the inherent difficulty of identifying all possible acts of psychological maltreatment. In response to
this difficulty, research on psychological maltreatment has largely focused on identifying distinct
types of psychological maltreatment. Once identified, various types of maltreatment could be
examined in isolation and in comparison to other types.

Various attempts have been made to classify types of psychological maltreatment. The
systems vary, as described below, but share a focus on differentiating psychologically
maltreating behaviors by their form and function. Perhaps the most widely accepted
classification scheme is the one supported by the American Professional Society on the Abuse of
Children (APSAC, 1995), which identifies six types of psychological maltreatment: spurning;
terrorizing; isolating; exploiting/corrupting; denying emotional responsiveness; and mental
health, medical, and educational neglect (Hart & Brassard, 1986, 1989-1991). Although this
classification scheme has received considerable acceptance, numerous criticisms have also been
made. For example, McGee & Wolfe (1991) noted that some types are not discrete (e.g.,
refusing to let a child eat dinner could be an example of either rejection or isolation) and there
are acts of psychological maltreatment that do not fall within any of the six types (e.g.,
inconsistent parental behavior).

Furthermore, the APSAC classifications are largely theoretically derived with little
empirical validation. In an attempt to investigate the validity of the APSAC types, Petretic-
Jackson and colleagues developed the Psychological Maltreatment Experience Scale (PMES;
Petretic-Jackson, Betz, & Pitman, 1995), a self-report measure of an individual’s experiences
with psychological maltreatment. However, a factor analysis of the measure revealed a factor
structure different from the one proposed by APSAC. Instead, items from the PMES grouped
into five factors: verbal abuse/attacks on self worth; neglectful/rejecting behaviors; withholding
supportive behaviors; minimizing, isolating, and terrorizing; and, exploitative parental behaviors
(Petretic-Jackson, et. al., 1995). Although some of these factor labels resemble types as proposed by APSAC, by in large, the factor structure identified by Petretic-Jackson and colleagues (1995) was clearly unique.

Nonetheless, the development of the Psychological Maltreatment Experience Scale (PMES; Petretic-Jackson, et. al., 1995) represents one of the first attempts to empirically derive a classification scheme that represents distinct types of psychologically maltreating behaviors. An original item pool of behaviors was generated by having experts in the field of clinical psychology evaluate a large list of psychological maltreatment acts as identified in the literature, followed by numerous revisions based on the opinions and feedback from laypeople. The measure was subsequently tested on a sample of self-identified victims of childhood psychological maltreatment, which resulted in an empirical classification scheme consisting of the five types of psychological maltreatment mentioned above. Although this factor structure has yet to be validated by other researchers, it offers a promising avenue for future research. PMES items have been able to discriminate between psychologically maltreated and nonmaltreated groups as well as between people who reported low and high amounts of psychological maltreatment (Petretic-Jackson, et. al., 1995).

Overall, research aimed at empirically identifying and validating distinct types of psychological maltreatment is still in an early stage. Few studies have undertaken the task of examining the consequences of different types in isolation and in comparison to each other. However, studies that have examined multiple types of psychological maltreatment suggest that different types differentially predict outcomes in children. For example, Ney, Fung, and Wickett (1994) examined the impact of different types of maltreatment (i.e., physical abuse, physical neglect, verbal abuse, emotional neglect, and sexual abuse) on children’s perception of
themselves and their future, and found subtle differences between verbal abuse and emotional neglect. Children who had been verbally abused were more likely to report pessimism about their future and their longevity, while children who had been emotionally neglected were more likely to report pessimism about having a happy marriage. Other studies have found psychologically unavailable caregiving to be associated with more detrimental outcomes in children and adolescents than verbal/hostile abuse (Egeland & Erickson, 1987; Egeland et. al., 1983; Erickson, et. al., 1989). Moreover, Loos and Alexander (1997) found that verbal abuse was a better predictor of anger while emotional neglect was a better predictor of social isolation and loneliness.

In addition to studies that have examined multiple types of psychological maltreatment, there are a host of studies that have examined the consequences associated with being subjected to one particular type of psychological maltreatment. For example, numerous studies have demonstrated a relationship between verbal abuse/aggression and subsequent adjustment problems, such as, delinquency, aggression, interpersonal problems (Kolko, Kazdin, & Day, 1996; Spillane-Grieco, 2000; Vissing, et. al., 1991), low self-esteem, and poor school performance (Solomon & Serres, 1999). Similarly, parental rejection has been found to be associated with aggression, low self-esteem, interpersonal problems (Rohner & Rohner, 1980), delinquency (McCord, 1983), and overall psychological distress (Engles & Moisan, 1994).

The above-mentioned findings might tempt one to conclude that each type of psychological maltreatment is simply associated with a range of overlapping outcomes. However, several methodological issues preclude such a conclusion. First, many studies that appear to be assessing the same type of psychological maltreatment typically use idiosyncratic definitions of that type that are not empirically derived. For example, studies have differentially
defined verbal abuse/aggression as communication intended to cause psychological pain (Vising et. al., 1991); threatening, cursing, or humiliating (Ney, 1987); chronic harassment and berating (Erickson & Egeland, 1987); and rejection or withdrawal of love, verbal put-downs, perfectionistic statements, negative predication and/or comparison, scapegoating, shaming, cursing and/or swearing, threatening, and using guilt trips (Schaefer, 1997). Furthermore, these definitions overlap with definitions used for other types of psychological maltreatment. For example, Rohner and Rohner (1980) suggest that rejection is manifested as either parental aggression and hostility (e.g., saying unkind or cruel things, cursing) or as parental indifference and neglect (e.g., ignoring, withdrawal of love). Similarly, denying emotional responsiveness (e.g., withholding supportive behaviors) has been defined as unresponsive parental behavior, such as being detached, uninvolved, and passively rejecting (Erickson & Egeland, 1987).

In conclusion, theoretical work has suggested that psychological maltreatment should be broken down into specific types. This would allow researchers to examine the nature and consequences of each type in isolation and in comparison to other types. However, only recently have researchers begun to utilize empirical methods to derive and/or validate various classification schemes. Additionally, while there is empirical evidence to suggest that different types are associated with different outcomes, this evidence tends to come from studies that examine only one or two types of psychological maltreatment, and use idiosyncratic, non-empirical conceptualizations and assessment of such types.

The current study provides an important first step in addressing these limitations. We used an empirically derived classification scheme of psychological maltreatment to explore patterns of associations between different types of psychological maltreatment and dimensions of psychological adjustment. In so doing, the possibility that particular types of psychological
maltreatment experiences are more strongly associated with particular kinds of adjustment outcomes was examined.

*Individual Differences in Adaptation to Maltreatment*

The current study attempts to further our understanding of the effects of psychological maltreatment. As previously suggested, knowing the frequency, severity, and type(s) of acts committed would provide important information. However, individuals’ adaptation following childhood maltreatment greatly varies and maltreatment characteristics alone are unable to explain the extent of this variation (Conte & Schuerman, 1987; Mannarino & Cohen, 1996). Other factors must be considered. In particular, self-directed emotions (i.e., emotional responses that victims have in regards to their own maltreatment experiences) appear to be contributing to this variation.

Research has shown that victims of maltreatment exhibit a complex array of emotions in response to their own maltreatment experiences (e.g., anger, shame, guilt, sadness, and fear). These emotional responses are important for understanding individual differences in adaptation following maltreatment. In fact, research suggests that the self-directed emotions of shame and anger at self are more powerful than abuse attributions in explaining variation in individuals’ adaptation following maltreatment (Feiring, Taska, & Lewis, 1998; McGee, Wolfe, & Olson, 2001). For example, Feiring and colleagues (Feiring, et. al., 1998) found that both shame and a self-blaming attributional style mediated the relationship between sexual abuse characteristics and both depression and self-esteem, but only shame was related to symptoms of posttraumatic stress disorder (i.e., intrusive thoughts, avoidance, sexual anxiety, and hyperarousal). Similarly, McGee, Wolfe, and Olson (2001) found that a combined measure of self-directed anger and sadness explained significantly more variance in adjustment than self-blaming attributions across
all forms of maltreatment. One might be surprised that emotions appear to explain more variation in adjustment than attributions. But, as noted by Jacobs and Dalenberg (1994), victims of maltreatment can simultaneously realize they are not to blame (i.e., cognition) while still experiencing feelings associated with self-blame. In this respect, perhaps it is more beneficial to focus on the emotional responses associated with maltreatment than it is to focus on specific cognitions.

Shame is one of the self-directed emotions shown to be linked to adaptation following child maltreatment, particularly among youth with histories of childhood sexual abuse (CSA) (e.g., Feiring, Taska, & Lewis, 1996, 1998, 2003). These studies conceptualize shame as an extremely painful emotion in which the entire self feels defective or fundamentally flawed. Not surprisingly, shame has been associated with a variety of adjustment problems, such as depression, eating disorders, and post-traumatic stress disorder (Frank, 1991; Harder, 1995; Tangney, Wagner, & Gramzow, 1992). Furthermore, shame is thought to occur when a child is immersed in an environment in which the self is denigrated and humiliated (Finkelhor & Browne, 1985). Experiences of psychological maltreatment appear especially apt to elicit feelings of shame, for example, when parents humiliate, insult, or “put down” their children.

The majority of studies examining the role of shame in adaptation to childhood maltreatment have focused on individuals with histories of CSA. This research suggests that self-blaming attributions mediate the relationship between sexual abuse and shame, and that shame leads to the development of adjustment problems. In a longitudinal study of youth with CSA histories, shame has been found to mediate concurrent and prospective relations between sexual abuse and self-esteem, depression, and eroticism (Feiring, Taska, & Lewis, 1998, 2002). Similar patterns have been found among adults who have been sexually abused as children. In a
group of women who had been sexually abused as children, shame mediated the relationship between abuse severity and measures of psychological distress (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996). In addition to sexual abuse, Bennett and colleagues (Bennett, Sullivan, Lewis., 2005) found that physically abused children exhibited clinically significant levels of shame when asked to perform an evaluative task.

To date, no study has examined the role of shame in individuals’ differential adaptation following psychological maltreatment. However, Harper and Arias (2004) did demonstrate that shame proneness, the degree of shame felt in response to a variety of different life events, moderates the relationship between psychological maltreatment and subsequent anger and depressive symptoms. Similarly, Hoglund and Nicholas (1995) found that older adolescents who experienced higher levels of psychological maltreatment in childhood tended to report more feelings of shame than adolescents who experienced lower levels of psychological maltreatment. The current study is the first to examine the role shame in individuals’ adaptation to psychological maltreatment.

Another self-directed emotion that seems important in helping to explain the extent of variation in individual’s adaptation following maltreatment is self-directed anger. Anger has frequently been cited as a common emotional response to various forms of maltreatment, such as sexual abuse (Lisak, 1994; Long & Jackson, 1993; Newman & Peterson, 1996), physical abuse (Bennett, et. al., 2005) and psychological maltreatment (Hoglund & Nicholas, 1995). Additionally, studies have shown that anger is associated with adjustment problems in samples of sexually and physically abused children (Harb, Heimberg, & Marx, 2004; Swenson & Kolko, 2000).

Although the construct of self-directed anger has received less attention than more global
expressions of anger, the tendency for victims to engage in self-blaming attributions (e.g., I am to blame for what happened) lays the foundation for the development of anger towards the self. As noted by Herman (1992), children who come to believe that they are to blame for their own maltreatment experiences will often attempt to change their behavior in order to alleviate those experiences. Since children are not at fault for the maltreatment they endure, changes in their behavior do not affect parental use of maltreatment. In turn, these children become angry at themselves for being unable to stop experiences which they believe are in their power to change.

In accordance with this conceptualization, McGee and colleagues (McGee, et. al., 2001) examined the predictive utility of both cognitive attributions and self-directed emotional responses for maltreatment. They found that self-directed anger and sadness about maltreatment consistently predicted more variance than cognitive attributions in internalizing symptoms for victims of physical abuse, emotional abuse, sexual abuse, and witnesses of family violence. They also found that self-directed anger and sadness predicted more variance in externalizing symptoms for victims of physical abuse, emotional abuse, and sexual abuse than did cognitive attributions.

In conclusion, self-directed emotions of shame and anger have been shown to be important for understanding individual differences in adaptation following maltreatment. Thus far, most of this evidence comes from studies of children who have experienced CSA and physical abuse. However, each of these is similar to psychological maltreatment in that they all “represent a gross violation of the rights of a vulnerable and dependent child” (Cicchetti & Toth, 1995, p. 541). Additionally, psychological maltreatment is a core component in all forms of maltreatment and is the factor that is most strongly associated with maladaptive outcomes (Hart, et. al., 1987; Brassard & Hardy, 1997; Egeland, et. al., 1983; Hart, et. al., 2002). In other words,
it is the psychological consequences associated with other forms of abuse and neglect that contribute most to maladaptive outcomes (Egeland, et. al., 1983; Garbarino, et. al., 1986). For example, children who have been psychologically maltreated and children who have been subjected to other forms of abuse and neglect may both be receiving the following communications; they are only of value in meeting another’s needs, they do not deserve to be treated with respect and dignity, adults can not be trusted or relied upon, and the world is an unjust place.

Therefore, the current study examined whether self-directed emotional responses played a role in the association between psychological maltreatment and psychological adjustment. More specifically, we hypothesized that shame and self-directed anger would mediate the relationship between psychological maltreatment and adjustment outcomes.

**Conclusion**

Psychological maltreatment is associated with a variety of adjustment problems and appears to be the core component in all forms of abuse and neglect. Only recently have we begun to understand how psychological maltreatment impacts children. For instance, studies that examine the relationship between maltreatment and child outcomes typically neglect to take into account the severity of the maltreatment acts. Although research suggests that severity provides important and unique information, most studies typically assess only the frequency with which a number of different acts have occurred. However, knowing both the frequency and severity of psychological maltreatment experiences may be especially important, as psychological maltreatment is comprised of a diverse array of parental behaviors. Additionally, this diversity warrants the development of a classification scheme for psychological maltreatment. This would allow researchers to examine the nature and consequences of each type in isolation and in
comparison to other types. However, there have been few attempts to derive empirically based
categories of psychological maltreatment. Additionally, although empirical evidence suggests
that different types are associated with different outcomes, this evidence tends to come from
studies that examine only one or two types of psychological maltreatment, and use idiosyncratic,
non-empirical conceptualizations and assessment of such types.

Moreover, individuals with maltreatment histories vary widely in their psychological
adjustment and little is know about the processes linking psychological maltreatment to
adaptation. Research suggests that the emotional responses victims have in regards to their own
maltreatment experiences contribute to this variation. In particular, shame and self-directed
anger have been shown to be important for understanding individual differences in adaptation.
However, there is limited information regarding the utility of these emotional responses in
samples of psychologically maltreated individuals.

The current study attempted to further our understanding of the impact and processes
behind different types of psychological maltreatment. The specific aims and related hypotheses
are as follows:

1. Examine the utility of frequency and severity ratings of psychological maltreatment in
predicting psychological adjustment. In particular, we hypothesized that the use of both
frequency and severity ratings of psychological maltreatment would provide significantly greater
predictive utility of both internalizing and externalizing symptoms than that provided by using
frequency ratings alone. This hypothesis was examined for overall psychological maltreatment
as well as for each type of psychological maltreatment.

2. Explore the patterns of associations between types of psychological maltreatment and
dimensions of psychological adjustment. In so doing, the possibility that particular types of
psychological maltreatment experiences are more strongly associated with particular kinds of adjustment outcomes will be examined. In particular:

a. Correlations between each type of psychological maltreatment and both internalizing and externalizing symptoms will be examined.

b. In order to make comparisons across different types of psychological maltreatment, r to z transformations will be calculated to assess whether a given type of psychological maltreatment is more strongly associated than others with internalizing and externalizing symptoms.

c. In order to make comparisons within each type of psychological maltreatment, r to z transformations will be calculated to assess whether a given type of psychological maltreatment is more strongly predictive of internalizing versus externalizing symptoms.

However, specific hypotheses regarding this aim were not made. Although extant work supports the idea that there is differential association between different types of psychological maltreatment and adjustment outcomes, the limited number of studies and methodological limitations in the literature preclude specific hypotheses.

3. Determine whether students’ self-directed emotional responses in regards to their own psychological maltreatment experiences will mediate the relationship between psychological maltreatment and aspects of adjustment. In particular, we hypothesized that self-directed anger and shame would mediate the relationship between psychological maltreatment and internalizing and externalizing symptoms. This hypothesis was examined for overall psychological maltreatment as well as for each type of psychological maltreatment.
METHOD

Participants

The current study employed two sets of participants. The first set of participants included professionals in the field of child/family mental health who provided expert ratings of the severity of various psychologically maltreating behaviors on children’s well being. Information about actual childhood experiences with psychological maltreatment was provided by a second set of participants, comprised of undergraduate college students at Bowling Green State University.

Professionals. One hundred and seventy-seven professionals in the field of child/family mental health (78% females, 22% males) participated in this study. They ranged in age from 18 to 71 years (M = 38.7) and were primarily Caucasian (87.6% Caucasian, 4.5% Hispanic/Latino, 3.4% African American, 4.5% other/mixed). Most participants held a doctorate degree (62.7%) with 28.8% having masters and 5.6% bachelor degrees. They worked in a diverse array of primary work settings, including academic/research sites (48.8%), hospitals (16.4% hospital-based outpatient clinic, 10.7% inpatient or residential treatment facility, 5.6% partial hospitalization or day treatment program), and community sites (20.3% community mental health center, 9.6% private practice). Additionally, 58.2% of participants reported that at some point in their career they have worked in a child/family research site, while 83.1% reported that they have worked as a practicing clinician. Table 1 provides additional information on the characteristics of this sample.

Students. Recruitment targeted psychology courses at Bowling Green State University and 355 undergraduate college students (20.1% males, 79.9% females) participated in this study. All were between the ages of 18 and 23 years (M = 19.4 years) and most identified themselves as
Caucasian (87.3% Caucasian, 6.5% African American, 3.4% Hispanic/Latino, 2.8% other/mixed). The majority of students came from middle to upper class families: 8.2% reported a family income of less than $25,000, 27.6% reported a family income between $25,000 and $55,000, 32.4% reported a family income between $55,000 and $85,000, and 30.5% reported a family income greater than $85,000. Table 2 provides additional information on the characteristics of this sample.

Measures: Mental Health Professionals

Demographic Information. Professionals completed a questionnaire inquiring about personal and professional background, such as ethnicity, professional training, and years working in child/family mental health. A complete list of items is provided in Appendix A.

Severity of Psychological Maltreatment. A modified version of the Psychological Maltreatment Experience Scale (PMES; Petretic-Jackson, Betz, & Pitman, 1995) was administered to obtain professional ratings of the severity of each of 53 psychologically maltreating behaviors at three frequencies of occurrence (i.e., obtained 159 severity ratings). The original version of the PMES asks respondents to rate the frequency with which they experienced each of 53 psychologically maltreating behaviors from their primary caregivers during childhood. For example, on the item “yell at you”, respondents who complete the original version of the PMES are asked to rate the frequency with which they experienced this act (never, occasionally, fairly often, or very often). On the modified version of the PMES, professionals were asked to rate the same 53 psychologically maltreating behaviors (see Appendix B). However, professionals were asked to rate each behavior for its potential harm to children (i.e., severity) at each of three frequencies (occasionally, fairly often, and very often). For example, on the item “parent yells at his/her child”, professionals who completed the modified version of
the PMES were asked to provide three severity ratings. They were asked to rate the potential
damage to a child’s emotional or psychological well-being when a parent 1) occasionally yells at
their child, 2) yells at their child fairly often, and 3) yells at their child very often. Professional
severity ratings were based on a 5-point Likert scale (1 = impact likely to be mild, 5 = impact
likely to be severe).

Each professional completed one of two questionnaires. The first questionnaire
contained items 1 thru 26 from the modified version of the PMES while second questionnaire
contained items 27 thru 53 from the modified version of the PMES. Two questionnaires were
created because we wanted each professional to complete a questionnaire that was reasonable in
length. A questionnaire that is excessive in length might discourage participation or result in less
reliable data.

Measures: College Students

Students’ Demographic Information Form. Students completed a questionnaire inquiring
about gender, age, ethnicity, family income, and immediate family structure. A complete list of
items is provided in Appendix C.

Frequency of Psychological Maltreatment. The original 53-item Psychological
Maltreatment Experience Scale (PMES; Petretic-Jackson, et. al., 1995) was administered to
assess the frequency with which students were subjected to five types of psychological
maltreatment from primary caregivers between the ages of 5 and 14. As mentioned earlier, the
five types (i.e., verbal abuse/attacks on self worth; neglectful/rejecting behaviors; withholding
supportive behaviors; minimizing, isolating, and terrorizing; and, exploitative parental behaviors)
were derived empirically from administrations with a sample of self-identified victims of
childhood psychological maltreatment. For each question, students rated the frequency at which
each parental behavior occurred using a 4-point Likert scale (1 = never, 4 = very often), with higher scores denoting greater frequency (see Appendix D). Previous studies have demonstrated good internal consistency for an overall psychological maltreatment score, with alpha values of .96 (Betz, 1993) and .97 (Waitzman, 1995). The current study obtained an alpha value of .96 for overall psychological maltreatment. Psychometric properties for the individual PMES factors are reported in the results section, where issues pertaining to the factor structure are addressed.

**Self-Directed Emotional Responses.** Two types of emotional responses to psychological maltreatment were assessed: self-directed anger and shame. Self-directed anger (i.e., feeling angry at oneself for being maltreated) was assessed with 3 items that were adapted from the Attribution for Maltreatment Interview (AFMI; McGee, 1990a), an in-person structured interview which assesses the degree to which victims of child maltreatment endorse various attributions for their own maltreatment experiences. For example, for the adapted item “When I think about the experiences that I’ve had with [my] parental figures, I feel angry at myself,” students were asked if they 1) do not agree, 2) agree a little, 3) moderately agree, or 4) strongly agree. The other two items were: “When I think about my role in how my parent’s behaved, I feel angry at myself” and “I feel irritated at myself when I think about the experiences that I’ve had with [my] parental figures.”

Using the original AFMI on a sample of physically and emotionally maltreated adolescents, McGee and colleagues (McGee, et. al., 2001) found that the subscale ‘self-blaming affect’, with items that included both self-directed anger and sadness, had adequate internal consistency (α = .61) and good test-retest reliability (r = .88). In the current study, internal consistency for the three self-directed anger items was moderate (α = .74).

The degree to which participants feel shame for their own experiences with psychological
maltreatment was assessed with five items. Three of the items were adapted from a four-item stigma scale developed by Coffey and colleagues (Coffey et. al., 1996) to assess negative self-evaluation regarding sexual abuse. They included: 1) “I feel ashamed about the experiences that I’ve had with my parents,” 2) “I think I was different from other kids because of these experiences,” and 3) “I feel ‘tainted’ by the experiences I’ve had with my parents.” Coffey’s fourth item, “How much do you think others would blame you for what happened?”, was not included in the current study, as it was not directly related to feelings of shame. The remaining two shame questions used in this study were taken from a measure developed by Feiring and colleagues (Feiring et. al., 1998) to assess shameful affects in response to childhood sexual abuse. These two items were selected because they were not specific to sexual abuse and also did not overlap with Coffey’s stigma items: 1) “I am ashamed because I feel I am the only person at school who has had these experiences” and 2) “When I think about the experiences that I’ve had with my parents I feel disgusted with myself.” All five shame questions were rated on a 4-point Likert scale ranging from 1 = do not agree to 4 = strongly agree.

Using the original stigma subscale on a sample of women who were sexually abused as children, Coffey and colleagues (Coffey et. al., 1996) found that the subscale has moderate internal consistency (α = .78). Feiring and colleagues (Feiring et. al., 1998) found their four-item shame scale demonstrated good internal consistency (α = .85) when utilized with a sample of sexually abused children. Internal consistency of the five-item shame scale utilized in the current study was .79 and comparable with these studies.

Psychological Adjustment. Students completed 123 questions from the Adult Self-Report (ASR; Achenbach & Rescorla, 2003) that are designed to assess symptoms of internalizing disorders (e.g., depression and anxiety) and externalizing disorders (e.g., aggression and rule-
breaking behavior). A complete list of items can be found in Appendix E. Each symptom was rated on a 3-point Likert scale (1 = not true, 2 = somewhat or sometimes true, 3 = always true). Excellent internal consistency has been demonstrated with both scales; \( \alpha \) for externalizing = .93, \( \alpha \) for internalizing = .92 (Achenbach & Rescorla, 2003). The current study also demonstrated good internal consistency; \( \alpha \) for externalizing = .89, \( \alpha \) for internalizing = .93.

**Past Maltreatment History.** Participants responded to four items that assessed whether or not they had been subjected to four other types of childhood maltreatment by primary caregivers: physical abuse, sexual abuse, witness to family violence, and neglect. These items were adapted from the Ratings of Past Life Events Scale (ROPLES; McGee, 1990b), an in-person interview that asks adolescents to rate the frequency with which they were subjected to different types of maltreatment by primary caregivers. For the current study, the ROPLES interview items were reworded to inquire about the presence or absence of each type of maltreatment rather than its frequency (see Appendix F). Using the original ROPLES, McGee (1990b) found that test-retest reliability for each type of maltreatment was good (\( \alpha = .93 \) for sexual abuse, \( \alpha = .92 \) for witness to family violence, \( \alpha = .90 \) for physical abuse = .90, \( \alpha = .89 \) for neglect).

This measure was included so that the effects of psychological maltreatment could be isolated from those associated with other, co-occurring forms of maltreatment. Since we were only interested in controlling for the co-occurrence of psychological maltreatment with any other form(s) of abuse and neglect (i.e., physical abuse, sexual abuse, neglect, and witnessing parental violence), the four items assessing other forms of maltreatment were used to create a dichotomous score for ‘any other form of maltreatment’. Those endorsing any other form(s) of maltreatment were assigned a score of ‘1’ and those denying all other forms of maltreatment were assigned a score of ‘0’. This score was created to reflect the presence or absence of other
forms of maltreatment.

**Procedure**

*Recruitment of Professionals.* Participation was solicited from various local and national professional organizations, including; 1) the Society of Clinical and Adolescent Psychology (i.e., Division 53 of the American Psychological Association), 2) the Section of Child Maltreatment (i.e., Section 1 of Division 37 of the American Psychological Association), 3) faculty members in Developmental, Clinical Child/Pediatric, and School Psychology programs at universities and colleges within the United States, 4) professionals working at APA-approved clinical child/pediatric internship sites, 5) members of the Child Maltreatment Research listproc operated by the National Data Archive on Child abuse and Neglect at Cornell University, and 6) professionals in the field of child/family psychology working at local (i.e., greater Toledo, OH area) mental health centers.

Five directors (i.e., the Society of Clinical and Adolescent Psychology, the Section of Child Maltreatment, Child Maltreatment listproc, and 2 local mental health centers) were contacted in order to ascertain their permission to recruit participants from the membership of their respective organizations. All agreed to participate and their members were sent either an email directing them to the website where they could complete the questionnaire online or paper and pencil versions of the questionnaire that they could complete and mail back. Two directors chose to distribute the paper-pencil version, one director chose to post the recruitment letter on the organization’s website, and two directors forwarded the recruitment letter themselves to all respective members.

Directors of Developmental, Clinical Child/Pediatric, and School Psychology programs at universities and colleges as well as directors of clinical child/pediatric internship sites were
sent an email soliciting their assistance in contacting members of their organizations, along with a letter that they could forward directly to their members. To maximize cooperation and minimize time demands on the directors, we did not ask directors to notify us whether they forwarded the letters or the number of people to whom the letter was forwarded. As a result, we are unaware of how many professionals in each respective organization were given the chance to participate. Furthermore, in order to assure anonymity, we did not ask participants for any information regarding personal identification (e.g., name of the agency where they work). Therefore, we are unable to calculate response rates. There was no financial remuneration for participation. Participants were informed that their participation would benefit professionals and families by providing information needed to provide help for children who have been psychologically maltreated.

Recruitment of Students. Undergraduate students were recruited by way of Experimetrix. Experimetrix is a website that informs students who are enrolled in psychology classes of available research opportunities for extra credit. A description of the current study and the address of the secure website where the questionnaires for this study were located was posted on Experimetrix. Participating students completed all questionnaires online and received 1 hour of extra credit for their participation.

The measures were presented in a set order on the study’s website. After completing the demographic questionnaire, students answered the PMES items about their childhood experiences with psychological maltreatment. Immediately following the PMES items, students were instructed to think about those experiences as they answered the items about their emotional responses to those events (see Appendix G for instructions). Students then completed questionnaires designed to assess various aspects of psychological adjustment. Finally, students
were asked whether they had ever been subjected to four types of maltreatment (physical, sexual, witness to family violence, and neglect) by their primary caregivers. These items were placed last to help insure that students’ responses to the emotional response items were specific to psychological maltreatment experiences.

*Development of Severity Ratings.* As previously described, students reported on the frequency with which they had been subjected to 53 psychologically maltreating behaviors during childhood, and professionals provided severity ratings for each of those 53 psychologically maltreating behaviors at three frequencies of occurrence. However, in order to utilize the professional severity ratings in subsequent analyses, we first had to calculate the average severity rating for each psychologically maltreating behavior at each frequencies of occurrence. Therefore, we calculated 159 average severity ratings. For example, professionals were asked to rate the potential damage (i.e., severity) to a child’s emotional or psychological well-being when a parent 1) occasionally yells at their child, 2) yells at their child fairly often, and 3) yells at their child very often. When the ratings of all professionals were taken into account; the average severity rating for parents who occasionally yell at their child = 2.33, the average severity rating for parents who yell at their child fairly often = 3.55, and the average severity rating for parents who yell at their child very often = 4.68.

Next, we assigned each student 53 average severity ratings that corresponded to the 53 frequency ratings s/he had provided. For example, if a student reported that his parents occasionally yelled at him during childhood, he was assigned a corresponding severity score of 2.33. A severity score of 2.33 is assigned because that is the average of all severity ratings given by professionals when they rated the potential damage to a child’s emotional or psychological well-being when a parent occasionally yells at their child. Similarly, if another student reported
that his parents yelled at him fairly often, that student would be assigned a corresponding severity score of 3.55. Also, if a student reported that his parents never yelled at him in childhood, he was assigned a corresponding severity score of 0. Lastly, it should be noted that from this point forward the term ‘student frequency ratings’ refers to the 53 frequency ratings provided by the students, while the term ‘professional severity ratings’ refers to the 53 average severity ratings assigned to the students.
RESULTS

Refer to Table 3 for a summary of the descriptives associated with the primary study variables.

Preliminary Analyses

Factor analysis of the PMES. A confirmatory factor analysis was conducted on the student frequency ratings obtained from the original version of the PMES to verify that the factor structure obtained in this study was analogous to the structure obtained by Petretic-Jackson and colleagues (Petretic-Jackson, et. al., 1995). The factor analysis was based on the covariance matrix and used maximum likelihood estimation as implemented in LISREL VIII (Jöreskog & Sörbom, 1992). The assessment of absolute fit suggests that the factor structure obtained by Petretic-Jackson and colleagues (1995) does not fit the data obtained in the current study \[X^2 (1262) = 4239.66, p<.05; \text{GFI} = .66\]. Moreover, many of the model parameters did not reach statistical significance, and therefore, were only able to explain a small portion of item variance.

An exploratory factor analysis was performed on the student frequency ratings in order to obtain a suitable factor structure for the current sample. Factors were extracted using the method of principal components with oblique rotation (Promax). The best-fitting solution was obtained with 3 factors, accounting for 46.25% of the variance. As expected, the factors were all significantly correlated with each other (see table 4). An item was included within a specific factor if its loading for that factor was .40 or greater and its cross-loadings on other factors was less then .375. Table 5 lists the items and their corresponding factor loadings for each factor. Factor 1 is comprised of 27 parental behaviors that are Insidious in nature. For example; “Say things to hurt your feelings,” “Make you feel ashamed or guilty for something,” and “Make you feel as if you could not meet their [parents] expectations.” Factor 2 is comprised of 14 parental
behaviors that represent a **Blatant Disregard** for their child’s welfare. For example; “Tell you they hated you or didn’t love you,” “Use you as a ‘weapon’ against the other parent,” and “Make you feel as if you were in an unstable or frightening environment because of their [parents] alcohol or drug problem.” Factor 3 is comprised of 7 parental behaviors that are **Emotionally Neglectful**. For example; “Give you emotional support” and “Give you encouragement” (6 items were reverse-coded). Five items did not load on any of the three factors. These three factors – Insidious behaviors, Blatant Disregard behaviors, and Emotional Neglect – were used in all subsequent analyses pertaining to types of psychological maltreatment.

**Relationships between demographic characteristics of the sample and the primary study variables.** Correlations between continuous variables representing different characteristics of professionals (e.g., age, most advanced degree, number of years in mental health) and the average severity ratings for psychologically maltreating behaviors that occasionally occurred, occurred fairly often, and occurred very often were examined (see Table 6). It should be noted that we are not referring to ‘professional severity ratings’ (i.e., we are not referring to the 53 average severity ratings assigned to the students). Instead, we are referring to the average severity rating for all psychologically maltreating behaviors that occasionally occurred, the average severity rating for all psychologically maltreating behaviors that occurred fairly often, and the average severity rating for all psychologically maltreating behaviors that occurred very often. One significant correlation emerged. Professionals with a less advanced degree tended to rate psychologically maltreating behaviors that occasionally occurred as more severe than professionals with a more advanced degree (e.g., PhD’s). Additionally, mean analyses were performed with categorical variables representing different characteristics of professionals (e.g., gender, ethnicity, primary place of work) and the average severity ratings for psychologically
maltreating behaviors that occurred at each level of frequency (see Table 7). The only significant differences emerged with gender. Females tended to rate psychologically maltreating behaviors that occurred occasionally ($t=2.59$, $p<.05$) and fairly often ($t=2.53$, $p<.05$) as more severe than males.

Next, correlations between continuous variables representing different characteristics of students (i.e., age and total family income) and the study’s primary variables were examined (see Table 8). Total family income was significantly correlated with both student frequency ratings of overall psychological maltreatment ($r=-.11$, $p<.05$) and professional severity ratings of overall psychological maltreatment ($r=-.11$, $p<.05$). In particular, looking at each type of psychological maltreatment, we found that total family income was significantly correlated with student frequency ratings ($r=-.18$, $p<.01$) and professional severity ratings ($r=-.18$, $p<.01$) of Blatant Disregard behaviors. Total family income was also significantly correlated with student frequency ratings ($r=-.13$, $p<.05$) and professional severity ratings ($r=-.11$, $p<.05$) of Emotional Neglect. In other words, students who reported more frequent and severe Blatant Disregard behaviors and Emotional Neglect also tended to report a lower family income. Additionally, mean analyses were performed with categorical variables representing different characteristics of students (i.e., gender and ethnicity) and the study’s primary variables (see Tables 9 and 10). Significant differences emerged with gender. Males tended to report more frequent ($t=2.12$, $p<.05$) and severe ($t=2.38$, $p<.05$) experiences of overall psychological maltreatment than females. In particular, males tended to reported more frequent ($t=2.37$, $p<.05$) and severe ($t=2.41$, $p<.05$) experiences with Emotional Neglect. Additionally, females tended to report more internalizing symptoms than males ($t=-2.49$, $p<.05$).
Third, because psychological maltreatment often overlaps with other forms of abuse and neglect (Briere & Runtz, 1988; Claussen & Crittenden, 1991; Garbarino, et. al., 1986; Higgins & McCabe, 1998, 2000a, 2000b; McGee, et. al., 1995; Vissing, et. al., 1991), we examined associations between ‘any other form of maltreatment’ and the primary study variables. As previously noted, the dichotomous variable ‘any other form of maltreatment’ represents the presence or absence of any other form(s) of maltreatment (i.e., physical abuse, sexual abuse, neglect, and/or witness to parental violence). A sizeable number of students (26.8%, N=95) reported experiencing at least one other form of maltreatment from primary caregivers during childhood. Approximately 18% (N=64) reported only one other form, 7.1% (N=25) reported two other forms, 1.7% (N=6) reported three other forms, and .3% (N=1) reported having experienced all four other forms. Of the students who reported experiencing at least one other form of maltreatment, 81.1% (N=77) reported experiencing physical abuse, 6.3% (N=6) reported sexual abuse, 37.9% (N=36) reported witnessing parental violence, and 17.9% (N=17) reported neglect.

Experiencing ‘any other form of maltreatment’ was associated with higher student frequency ratings of psychological maltreatment, including overall psychological maltreatment (r(347)=-.37, p<.01) as well as Insidious Behaviors (r(347)=.35, p<.01), Blatant Disregard Behaviors (r(347)=.31, p<.01), and Emotional Neglect (r(347)=.30, p<.01). Experiencing ‘any other form of maltreatment’ was also associated with ratings of self-directed anger and shame for psychological maltreatment (r(346)=.14, p<.01 for self-directed anger; r(345)=.29, p<.01 for shame) as well as with more internalizing (r(347)=.21, p<.01) and externalizing symptoms (r(347)=.22, p<.01). These results are consistent with previous studies documenting the high
degree of overlap between psychological maltreatment and other forms of abuse and neglect and confirm the need to control for ‘any other form of maltreatment’ in subsequent analyses.

**Primary Analyses**

*Do professional severity ratings of psychological maltreatment provide incremental prediction of student adjustment?* The first goal of the current study was to determine whether the use of both frequency and severity ratings of psychological maltreatment predicts more variance in adjustment problems than the use of frequency ratings alone. Studies that have examined the relationship between child maltreatment and subsequent adjustment problems have typically focused on the frequency with which maltreatment acts have occurred. We hypothesized that the addition of professional severity ratings would provide significantly greater predictive utility than that provided by using student frequency ratings alone.

However, before we could proceed with this examination we first had to determine whether multicollinearity would pose a significant problem. We planned on using a series of hierarchical regressions to test our hypothesis; therefore, we needed to determine the extent to which student frequency ratings were correlated with professional severity ratings because substantial correlations between independent variables in a regression analysis can render uninterpretable results. We found that student frequency ratings were substantially correlated with professional severity ratings for overall psychological maltreatment, Insidious behaviors, Blatant Disregard behaviors, and Emotional Neglect (all $r = .99$, $p < .01$).

To remedy the problem of multicollinearity, we used the residualization technique derived from Goldberger (1964). In particular, we replaced professional severity ratings with another variable that was orthogonal to it. In order to obtain this new variable, we first had to run a simple regression analysis with student frequency ratings as the independent variable and
professional severity ratings as the dependent variable. We saved the predicted values of severity ratings from this analysis. Then, we subtracted the predicted values of severity from the observed values of severity to obtain the residualized values. This new variable is referred to as residualized professional severity ratings because it represents that component of professional severity ratings that cannot be explained or predicted by student frequency ratings. We used this technique to replace professional severity ratings of overall psychological maltreatment, Insidious behaviors, Blatant Disregard behaviors, and Emotional Neglect. These residualized professional severity ratings are used in all analyses associated with the first goal of this study.

To examine our hypothesis, we conducted a series of hierarchical regressions including the following independent variables: (1) any other form of maltreatment, (2) student frequency ratings of psychological maltreatment, and (3) residualized professional severity ratings of psychological maltreatment. Regressions were conducted for overall psychological maltreatment as well as for each of the three types that were empirically derived from this sample. Dependent variables included internalizing symptoms and externalizing symptoms. In all, eight hierarchical regression analyses were conducted. In each analysis, any other form of maltreatment (i.e., the dichotomous maltreatment variable which reflects the presence or absence of other maltreatment experiences) was entered in the first block, student frequency ratings were entered in the second block, and residualized professional severity ratings were entered in the third block.

Results of the hierarchical regressions for each type of psychological maltreatment are presented in Tables 11-14. As expected, student frequency ratings were a significant predictor of adjustment in all analyses, accounting for between 6.6% and 25% of the variance. For overall psychological maltreatment, residualized professional severity ratings added significantly to the prediction of externalizing symptoms ($\Delta R^2 = .01, \beta = .10, p < .05$) beyond that provided by student
frequency ratings alone. Residualized professional severity ratings for Insidious behaviors did not provide significant incremental prediction for either of the two psychological adjustment outcome variables beyond that provided by frequency ratings alone. However, residualized professional severity ratings for Blatant Disregard behaviors provided significant incremental prediction of internalizing symptoms (ΔR² = .01, β = -.10, p<.05) beyond that provided by student frequency ratings alone. The negative beta weight for residualized professional severity ratings was unexpected and indicates that it functions as a net suppressor variable (Cohen & Cohen, 1975). In other words, residualized professional severity ratings functioned to reduce the error variance when student frequency ratings were used as a predictor rather than contributing uniquely to the prediction of internalizing symptoms. Lastly, residualized professional severity ratings for Emotional Neglect provided significant incremental prediction of internalizing symptoms (ΔR² = .01, β = .14, p<.05) beyond that provided by student frequency ratings alone.

Are there patterns of relations between types of psychological maltreatment and measures of adjustment? The second goal of this study was to explore the patterns of relations between types of psychological maltreatment and dimensions of psychological adjustment. Toward this end, the psychological maltreatment types that were derived from the factor analysis on the current sample (i.e., Insidious, Blatant Disregard, and Emotional Neglect) were used to determine whether these different types are more strongly associated with different kinds of psychological adjustment outcomes.

For each type of psychological maltreatment, either student frequency or professional severity ratings were used, as indicated by their significance in the prior set of analyses. For example, professional severity ratings of Insidious behaviors did not provide significant incremental prediction of internalizing symptoms above and beyond that provided by student
frequency ratings. Therefore, in all subsequent analyses, student frequency ratings were used when Insidious Behaviors was one of the independent variables and internalizing symptoms was the dependent variable. However, professional severity ratings of Blatant Disregard behaviors did provide significant incremental prediction of internalizing symptoms above and beyond that provided by student frequency ratings alone. Therefore, in all subsequent analyses, professional severity ratings were used when Blatant Disregard Behaviors was one of the independent variables and internalizing symptoms was the dependent variable. Similarly, professional severity ratings were used in all analyses when Emotional Neglect was one of the independent variables and internalizing symptoms was the dependent variable, and student frequency ratings were used in all analyses when externalizing symptoms was the dependent variable.

Three different sets of analyses were conducted in order to explore the patterns of relations between types of psychological maltreatment and dimensions of psychological adjustment. First, partial correlations between each of the three types of psychological maltreatment and each adjustment outcome variable were computed, controlling for ‘any other form of maltreatment’. The results are presented in Tables 15 and 16. The partial correlations ranged from .23 to .50 (mean r = .33) and all were significant (ps<.01), indicating that each type of psychological maltreatment was associated with internalizing and externalizing symptoms.

Next, in order to make comparisons across different types of psychological maltreatment, r to z transformations were calculated to assess whether a given type of psychological maltreatment was more strongly associated than others with a given type of psychological adjustment outcome. The results are presented in Tables 17 and 18. Insidious behaviors were more strongly associated with both internalizing (z(344)=2.76, p<.01) and externalizing symptoms (z(344)=2.34, p<.05) than Blatant Disregard behaviors. Similarly, Insidious behaviors
were more strongly associated with both internalizing \((z(344)=2.58, p<.01)\) and externalizing symptoms \((z(344)=4.02, p<.01)\) than Emotional Neglect. Finally, the difference between Blatant Disregard behaviors and Emotional Neglect approached significance for externalizing symptoms \((z(344)=1.68, p=.09)\), with Blatant Disregard behaviors resulting in a marginally stronger association.

Finally, in order to make comparisons within each type of maltreatment, \(r\) to \(z\) transformations were calculated to assess whether a given type of psychological maltreatment was more strongly predictive of internalizing versus externalizing symptoms. The results are presented in Table 19. No significant differences emerged. However, the difference between internalizing and externalizing symptoms approached significance for Blatant Disregard behaviors, with externalizing symptoms resulting in a marginally stronger association \((z(344)=1.82, p=.07)\).

*Do self-directed emotional responses mediate the relationship between psychological maltreatment and adjustment?* The third goal of this study was to determine whether students’ self-directed emotional responses in regards to their own psychological maltreatment experiences (i.e., self-directed anger and shame) mediate the relationship between psychological maltreatment and aspects of psychological adjustment. As previously noted, the decision as to which type of rating to use (i.e., student frequency vs. professional severity) was made based on the results from the first goal of this study (see pages 34-35). Shame and self-directed anger were expected to mediate the relationship between each of the significant associations between psychological maltreatment and psychological adjustment.

As recommended by Baron and Kenny (1986), three conditions must be met to establish mediation, and these conditions are tested with three regression equations. First, the independent
variable (psychological maltreatment) must be significantly associated with the mediator (self-directed emotion). Second, the independent variable must be significantly associated with the dependent variable (adjustment). Third, when the influence of the independent variable on the mediator and the influence of the mediator on the dependent variable are controlled, the association between the independent variable and the dependent variable must be significantly reduced. After the third step, if the association between the independent variable and the dependent variable is no longer significant, complete mediation has occurred. However, if the association between the independent variable and the dependent variable is simply reduced, the Sobel test (Sobel, 1982) must be conducted to determine whether the decrease is truly significant. In particular, Sobel (1982) provided an approximate significance test (i.e., two-tailed z test) of whether the indirect effect of the independent variable and the dependent variable via the mediator is significantly different from zero. If the indirect effect is significantly different from zero (i.e., the z score exceeds the critical value), then partial mediation has occurred.

The first condition stipulates that there must be a significant association between each type of psychological maltreatment and each mediator. This condition was met for each of the three types of psychological maltreatment, even after controlling for the effects of having experienced ‘any other form of maltreatment’. Student frequency ratings for Insidious behaviors were significantly associated with self-directed anger ($\Delta R^2 = .10$, $\beta = .34$, $p < .001$) and shame ($\Delta R^2 = .11$, $\beta = .35$, $p < .001$). Student frequency ratings for Blatant Disregard behaviors were significantly associated with self-directed anger ($\Delta R^2 = .04$, $\beta = .21$, $p < .001$) and shame ($\Delta R^2 = .15$, $\beta = .41$, $p < .001$). Professional severity ratings for Blatant Disregard behaviors were also significantly associated with self-directed anger ($\Delta R^2 = .03$, $\beta = .20$, $p < .001$) and shame ($\Delta R^2 = .14$, $\beta = .40$, $p < .001$). Finally, student frequency ratings for Emotional Neglect were significantly
The second condition, which stipulates that the independent variable must be significantly associated with the dependent variable, was met for each type, even after controlling for the effects of having experienced ‘any other form of maltreatment’. Student frequency ratings for Insidious behaviors were significantly associated with internalizing ($\Delta R^2 = .19$, $\beta = .47$, $p < .001$) and externalizing symptoms ($\Delta R^2 = .26$, $\beta = .55$, $p < .001$). Student frequency ratings for Blatant Disregard behaviors were significantly associated with externalizing symptoms ($\Delta R^2 = .15$, $\beta = .41$, $p < .001$) and professional severity ratings for Blatant Disregard behaviors were significantly associated with internalizing symptoms ($\Delta R^2 = .06$, $\beta = .27$, $p < .001$). Student frequency ratings for Emotional Neglect were significantly associated with externalizing symptoms ($\Delta R^2 = .07$, $\beta = .27$, $p < .001$) and professional severity ratings for Emotional Neglect were significantly associated with internalizing symptoms ($\Delta R^2 = .07$, $\beta = .28$, $p < .001$).

The results of the regressions testing the final step in determining the mediating effects of self-directed emotional responses are presented in Tables 20-25. Results for analyses examining Insidious behaviors indicated that both self-directed anger and shame partially mediated the relationship between Insidious behaviors and psychological adjustment outcomes (Tables 20-21). The coefficient for student frequency ratings of Insidious behaviors was reduced from .47 to .36 ($z = 4.50$, $p < .01$) when both Insidious behaviors and self-directed anger predicted internalizing symptoms, and it was reduced from .55 to .51 ($z = 2.46$, $p < .05$) when both Insidious behaviors and self-directed anger predicted externalizing symptoms. Similarly, the coefficient for student
frequency ratings of Insidious behaviors was reduced from .47 to .41 (z = 2.90, p<.01) when both Insidious behaviors and shame predicted internalizing symptoms, and was reduced from .55 to .50 (z = 2.38, p<.05) when both Insidious behaviors and shame predicted externalizing symptoms.

Results for analyses examining Blatant Disregard behaviors indicated that both self-directed anger and shame partially mediated the relationship between Blatant Disregard behaviors and psychological adjustment outcomes (Tables 22-23). The coefficient for Blatant Disregard behaviors was reduced from .42 to .38 (z = 2.64, p<.01) when both professional severity ratings of Blatant Disregard behaviors and self-directed anger predicted internalizing symptoms, and was reduced from .41 to .37 (z = 2.80, p<.01) when both student frequency ratings of Blatant Disregard behaviors and self-directed anger predicted externalizing symptoms. Similarly, the coefficient for Blatant Disregard behaviors was reduced from .30 to .24 (z = 2.80, p<.01) when both professional severity ratings of Blatant Disregard behaviors and shame predicted internalizing symptoms, and was reduced from .41 to .35 (z = 2.70, p<.01) when both student frequency ratings of Blatant Disregard behaviors and shame predicted externalizing symptoms.

Results for analyses examining Emotional Neglect indicated that both self-directed anger and shame partially mediated the relationship between Emotional Neglect and psychological adjustment outcomes (Tables 24-25). The coefficient for Emotional Neglect was reduced from .42 to .18 (z = 4.12, p<.01) when both professional severity ratings of Emotional Neglect and self-directed anger predicted internalizing symptoms, and was reduced from .28 to .21 (z = 3.28, p<.01) when both student frequency ratings of Emotional Neglect and self-directed anger predicted externalizing symptoms. Similarly, the coefficient for Emotional Neglect was reduced
from .30 to .22 ($z = 3.46, p<.01$) when both professional severity ratings of Emotional Neglect and shame predicted internalizing symptoms, and was reduced from .29 to .20 ($z = 3.42, p<.01$) when both student frequency ratings of Emotional Neglect and shame predicted externalizing symptoms.
DISCUSSION

The present study sought to further our understanding of the effects of childhood psychological maltreatment. In particular, there were three broad objectives. The first was to assess whether the use of both frequency and severity ratings of psychological maltreatment would predict more variance in adjustment problems than the use of frequency ratings alone. The second was to examine the associations between different types of psychological maltreatment and aspects of adjustment. The last objective was to determine whether participants’ self-directed emotional responses helped to explain the relationship between their childhood experiences with psychological maltreatment and current adjustment. Our results highlighted the importance of examining different dimensions of psychological maltreatment (i.e., subtype, frequency, and severity) and emotional processes when attempting to demonstrate how psychological maltreatment impacts subsequent adjustment.

Three Types of Psychological Maltreatment

One objective of the current study was to examine associations between different types of psychological maltreatment and aspects of adjustment. Unexpectedly, we were unable to replicate the factor structure of our primary measure, the Psychological Maltreatment Experience Scale (PMES; Petretic-Jackson, et. al., 1995). This led us to first investigate the underlying typologies of psychological maltreatment. Interestingly, this investigation revealed a conceptual shift in how distinct types of psychological maltreatment might be identified.

To date, classification schemes of psychological maltreatment have typically identified different forms of psychologically maltreating behaviors (e.g., Hart, Germain, & Brassard; Garbarino, 1978). For example, the classification scheme supported by the American Professional Society on the Abuse of Children (1995) describes the category ‘spurning’ as
“verbal and nonverbal caregiver acts that reject and degrade a child” (p. 31). Similarly, the factor structure obtained by Petretic-Jackson and colleagues (1995) is comprised of five different forms of psychologically maltreating behaviors. For example, they identify the category ‘verbal abuse / attacks on self-worth’ is being comprised of such parental behaviors as; humiliating, criticizing, and insulting.

However, our exploratory factor analysis did not factor out items based on different forms of psychologically maltreating behaviors. Instead, our factor solution appeared to classify items according to characteristics of behavior, regardless of form. In particular, there are three dimensions along which our factors were identified. The first dimension concerned the characteristics that render behaviors as maltreating, including their frequency and severity. Our Insidious and Emotionally Neglectful behaviors both included parental acts that are relatively common and even innocuous at low frequencies. However, each type of experience is viewed as more damaging to children when they are practiced consistently (Kobielski, 2005). On the other hand, behaviors in our Blatant Disregard factor are relatively low base rate events (30% in the current sample), but they are viewed by professionals as posing a clear risk of harm even if parents infrequently engage in them (Kobielski, 2005). The second and third dimensions along which behaviors appeared to factor were the type of engagement required and the target of the behavior. Parents can engage in negative behavior or fail to engage in positive behavior. In addition, the behavior can be directed toward the child or elsewhere. Insidious behaviors are characterized by the engagement of negative parental behaviors that are directed toward the child, for example, ‘saying things to hurt their child’s feelings,’ trying to make their child feel guilty,’ or ‘invading their child’s privacy.’ Blatant Disregard behaviors are also characterized by the engagement of negative parental behaviors, but they are comprised of behaviors that are
directed toward the child and behaviors that are directed elsewhere. For example, those behaviors directed toward the child include ‘telling their child they hate him/her’ and ‘threatening to abandon their child.’ Those behaviors directed elsewhere include ‘exposing their child to harmful influences’ or ‘making their child feel they were in unstable environment because of the parents’ alcohol or drug problem.’ Emotionally Neglectful behaviors are directed toward the child and are characterized by the failure to engage in positive parenting behaviors, for example, ‘not giving their child emotional support,’ ‘not helping their child with their problems,’ and ‘withholding physical affection.’

Therefore, our own investigation of typologies of psychological maltreatment revealed a conceptual shift in the classification of psychological maltreatment, at least among normative samples of emerging adults. This is not to say that previous methods of categorization are flawed, nor does it suggest that the measure we utilized was unsound. On the contrary, prior studies have demonstrated that the Psychological Maltreatment Experiences Scale is able to discriminate between maltreated and nonmaltreated comparison groups as well as between high and low maltreatment subgroups, and it has been found to possess good reliability and internal consistency (Petretic-Jackson, et. al., 1995). Rather, the difference between our findings and those of prior studies lies in the characteristics of the samples. For example, Brassard and colleagues (Brassard, Hart, and Hardy, 1993) utilized a sample of high-risk children when performing an exploratory factor analysis of the Psychological Maltreatment Rating Scale. Similarly, Petretic-Jackson and colleagues (1995) utilized a sample of self-identified victims of psychological maltreatment. However, our study was the first to investigate typologies of psychological maltreatment within a normative sample of emerging adults with a low base rate of co-occurring forms of maltreatment.
Our results highlight the need for future exploration aimed at better understanding the construct of psychological maltreatment. Previous studies have focused on different forms of psychological maltreatment, but this study suggests that there are other dimensions of psychological maltreatment that have implications for understanding how these experiences impact children. In the future, it would be helpful to determine the importance of these other dimensions in samples of at-risk children. For example, it is possible that when psychological maltreatment occurs in the context of other types of maltreatment, it may take on a different meaning or impact than in normative samples where base rates of co-occurring maltreatment is low.

Additionally, our results suggest that future investigations of classification schemes of psychological maltreatment need to utilize samples that are more representative of a larger population. Binggeli and colleagues (Binggeli, et. al., 2001) estimated that roughly one third of the general adult population has experienced psychological maltreatment. Similarly, 28% of our sample reported that they had frequent experiences with at least one act of psychological maltreatment. However, studies that utilize at-risk populations are more likely to obtain children who have experienced more severe and/or chronic levels of psychological maltreatment as well as the co-occurrence of other forms of maltreatment. As such, these studies fail to include children who have experienced less frequent and/or severe forms. However, our study suggests that if we want to better understand the construct of psychological maltreatment, we need to utilize samples of children that represent a broader experience base with psychological maltreatment.
Do Professional Severity Ratings of Psychological Maltreatment Provide Incremental Prediction of Student Adjustment?

Our first main objective was to determine whether the use of both frequency and severity ratings of psychological maltreatment would be able to predict more variance in adjustment problems than the use of frequency ratings alone. Severity ratings were obtained by asking experts to rate each psychological maltreatment experience for its potential harm to children. As such, we were interested in determining whether the addition of expert ratings of perceived harm would aid in the prediction of current reports of adjustment.

Our factor analysis of the psychological maltreatment behaviors incorporated the aspects of frequency and severity that renders each type maltreating. For this reason, it was not surprising that professional severity ratings for Insidious behaviors failed to predict more variance in adjustment than student frequency ratings alone. Insidious behaviors are comprised of parental behaviors that are relatively common at low frequencies. As the frequency of these experiences gradually increases, so does the risk of harm to the child (Kobielski, 2005). As such, frequency assessments of Insidious behaviors are sufficient to predict adjustment problems.

However, the prediction of internalizing and externalizing symptoms from the frequency and severity of Blatant Disregard and Emotionally Neglectful behaviors appears more complex. Professional severity ratings for Blatant Disregard and Emotionally Neglectful behaviors added to our ability to predict internalizing symptoms beyond what was accounted for by student frequency ratings. Therefore, even though the factor analysis of students’ reports of these behaviors seemed to account for frequency and severity, professionals’ ratings of severity added to the prediction of students’ adjustment for each of these types of psychological maltreatment. In other words, experts’ perception of the harm that would incur if children were subjected to
Blatant Disregard and Emotionally Neglectful behaviors adds in our ability to predict current reports of internalizing symptoms.

In particular, professional severity ratings for Blatant Disregard behaviors contributed to our ability to predict internalizing symptoms by acting as a net suppressor variable (Cohen & Cohen, 1975), indicating that the use of student frequency ratings alone over-estimated the prediction of internalizing symptoms. These results seem to highlight that Blatant Disregard behaviors are harmful even when they infrequently occur.

Professionals’ severity ratings for Emotional Neglect also added to the prediction of internalizing symptoms. This result is noteworthy, in that increased frequency is associated with increased risk for harm (i.e., severity) for both Emotional Neglect and Insidious behaviors. It appears that relationship between Emotional Neglect and adjustment outcomes is more complex. As suggested by Barnett and colleagues (Barnett et. al., 1993), knowing multiple characteristics of maltreatment (e.g., frequency, severity, chronicity) enhances our ability to understand the relationship between maltreatment and child outcomes. In this case, the addition of expert ratings of perceived harm of Emotional Neglect added to our ability to predict current reports of internalizing symptoms.

These findings highlight an important difference between Insidious and Emotionally Neglectful behaviors, and additional research is needed to further our understanding of how these two types of psychological maltreatment impact developing children. Our own exploratory factor analysis uncovered one important distinction; Emotionally Neglectful behaviors are comprised of the absence of positive parenting behaviors while Insidious behaviors are comprised of the presence of negative parenting behaviors. This distinction could help to explain why severity ratings for Emotional Neglect added to our ability to predict internalizing
symptoms. For example, at low levels of occurrence Insidious behaviors may pose more of a risk than Emotional Neglect. Perhaps the risk of harm becomes great only when parents begin to consistently engage in Emotionally Neglectful behaviors.

These findings also have important implications for being able to correctly identify children who are experiencing potentially damaging levels of psychological maltreatment. If we rely only on frequency assessments, some children who experience occasional Blatant Disregard behaviors may not be recognized as needing assistance. Additionally, Emotional Neglect may be more difficult to recognize, as they represent the absence of positive parenting behaviors. However, our results suggest that when parents frequently engage in Emotionally Neglectful behaviors, it places children at risk of harm. Thus, assessments of maltreatment must be also be focused on identifying parents who frequently fail to engage in positive parenting behaviors. In support of our findings, Egeland and Erickson (1987) found that psychologically unavailable caregiving (i.e., detached, uninvolved, unresponsive, poor at comforting when children were distressed) produced more devastating emotional and behavioral consequences in preschoolers than physical abuse, neglect, or hostile/verbal abuse.

Are There Patterns of Relations between Types of Psychological Maltreatment and Measures of Adjustment?

Our second main objective was to examine associations between different types of psychological maltreatment and aspects of adjustment. However, our investigation of typologies of psychological maltreatment changed the focus of this examination. Failure to replicate the factor structure of our measure meant that we could no longer make comparisons with previously published reports. Moreover, our factor structure, which focuses on the characteristics of the behavior, fundamentally differs from most other classifications, which focus on the form of the
behavior. Thus, it was difficult to examine patterns of relations between maltreatment types and various outcomes in a way that could be compared to the extant literature.

Our primary interest was to determine whether certain types of psychological maltreatment were better than others at predicting internalizing and externalizing symptoms. We found that each type of psychological maltreatment was related to both internalizing and externalizing symptoms, even after controlling for the co-occurrence of other forms of child abuse and neglect. This finding is consistent with prior research, despite the variation between studies in their conceptualization and assessment of psychological maltreatment. Across these studies, psychological maltreatment is consistently related to a diverse array of adjustment problems, including depression, anxiety, low self-esteem (Bifulco, Moran, Baines, Bunn, & Stanford, 2002; Briere & Runtz, 1988; Gross & Keller, 1992; Kent & Waller, 1998), hostility, aggression (Nicholas & Bieber, 1996) and interpersonal problems (Sanders & Becker-Laussen, 1995).

Additionally, we found that Insidious behaviors were the strongest predictor of both aspects of adjustment. For decades psychological maltreatment researchers have stressed that low severity behaviors (e.g., Insidious behaviors) can be at least equally damaging to children as high severity behaviors (Garbarino, et. al., 1986; Navarre, 1987). Research that has been conducted with maltreated (i.e., physical abuse, sexual abuse, and/or physical neglect) children supports this assertion (Barnet, et. al., 1993; Manly, et. al., 1994), but virtually no research to date has looked specifically at the interplay between frequency and severity of psychological maltreatment. In effect, the current study is one of the first that supports the assertion that as low severity behaviors increase in frequency so does the risk of harm to children.
Our findings have important implications for furthering our understanding of how psychological maltreatment impacts adjustment. To date, few studies have considered the interplay between frequency and severity, yet our findings strongly suggest that future studies need to continue to explore the impact that frequently occurring low severity behaviors can have on children’s adjustment. For example, it would be helpful to explore this issue in populations of at-risk children as well as to determine whether other adjustment outcomes (e.g., self-esteem) are impacted by frequently occurring low severity behaviors.

These findings also highlight the need for future research aimed at exploring the relationship between different types of psychological maltreatment and aspects of adjustment. For example, Insidious behaviors may have arisen as the stronger predictor because the relationship between this type of maltreatment and adjustment outcomes is relatively straightforward. Perhaps the relationship between the two other types of psychological maltreatment and adjustment outcomes is more heavily dependent upon other factors (e.g., the quality of the parent-child relationship, whether the child lives with the parent, parents’ mental health). Or, perhaps there is more variability in outcome associated with Emotional Neglect and Blatant Disregard behaviors. We examined the relationship between different types of psychological maltreatment and internalizing and externalizing symptoms. However, internalizing and externalizing symptoms are each comprised of a number of different problems. For example, anxiety, depression, and somatic complaints all fall under the rubric of internalizing symptoms. Furthermore, there are other types of adjustment outcomes that do not fall under the rubric of internalizing or externalizing symptoms, such as self-esteem, academic/occupational success, and the quality of social relationships. Future research should
assess whether certain types of psychological maltreatment are better than others at predicting more specific types of psychological symptoms and different adjustment outcomes.

Additionally, we found that the relationship between Blatant Disregard behaviors and externalizing symptoms was marginally stronger than the relationship between Emotional Neglect and externalizing symptoms. The relationship between Blatant Disregard behaviors and externalizing symptoms was also marginally stronger than the relationship between Blatant Disregard behaviors and internalizing symptoms. Although these results should be interpreted with caution, they seem to suggest that the relationship between Blatant Disregard behaviors and externalizing symptoms is relatively strong. As previously noted, we are unable to directly compare these results with those from previous studies. However, we can compare our findings with those studies that have assessed different forms of maltreatment that appear to vary in regards to severity. For example, Briere and Runtz (1988) developed the Family Experiences Questionnaire, a self-report measure of adults’ retrospective accounts of the frequency with which they were subjected to experiences of psychological maltreatment and physical abuse in childhood. In particular, their psychological maltreatment subscale contains items that are relatively common at low frequencies (e.g., parents yell at you, insult you, criticize you, and try to make you feel guilty), while their physical abuse subscale consists of parental behaviors that most children have not been exposed to (e.g., parents hit you really hard, beat you, punch you, and kick you). Using these two subscales on sample of women, the authors found that experiences with psychological maltreatment were uniquely related to low self-esteem while experiences with physical abuse were uniquely related to aggression toward others (Briere & Runtz, 1990).
Blatant Disregard behaviors are relatively uncommon in normative samples and are viewed by professionals as posing a clear risk of harm even if they infrequently occur (Kobielski, 2005). Similarly, our findings suggest that children who experience these types of behaviors, even at low frequencies of occurrence, may experience adjustment problems. The percentage of adults in our sample who reported any Blatant Disregard behavior was low, and in the future it would helpful to utilize at-risk samples in order to further explore the implications of these types of behaviors. Additionally, future studies should compare samples of children who have experienced primarily Blatant Disregard behaviors to those children who have experienced primarily Insidious and/or Emotionally Neglectful behaviors in other to further disentangle the impact of experiencing high severity vs. low severity behaviors.

*Do Self-Directed Emotional Responses Mediate the Relationship between Psychological Maltreatment and Aspects of Adjustment?*

Our last main objective was to determine whether self-directed emotional responses helped to explain the relationship between types of psychological maltreatment and aspects of adjustment. We found that both self-directed anger and shame partially mediated the relationship between each type of psychological maltreatment and each measure of adjustment. In other words, self-directed emotions appear to be an important process by which all types of psychological maltreatment affect different types of adjustment outcomes. Our findings clearly speak towards the powerful role that self-directed emotional responses have in affecting the adjustment of psychologically maltreated children.

It is interesting that self-directed anger and shame each acted as important processes regardless of the type of psychological maltreatment experienced or the aspect of psychological adjustment being assessed. These findings suggest that targeting feelings of self-directed anger
and shame may be an important therapeutic component in treating various adjustment problems that are associated with various types of childhood psychological maltreatment.

Our study is one of the first to examine self-directed emotional responses in individuals with childhood histories of psychological maltreatment, and more research is needed to expand upon these findings. Although the importance of emotional responses has been shown within the maltreatment literature (e.g., Long & Jackson, 1993), few studies have examined their role in children who have been psychologically maltreated. One notable exception was a study conducted by McGee and colleagues (McGee, et. al., 2001). They examined the associations between five types of maltreatment-specific attributions (self-blaming cognitions, self-blaming emotions, self-excusing, perpetrator-blame, and perpetrator-excusing) and adjustment in a sample of adolescents randomly selected from a child protection agency. The authors found that self-blaming emotions (i.e., self-directed anger and sadness) were the strongest predictor of both internalizing and externalizing symptoms. Furthermore, they found that self-directed anger and sadness mediated the relationship between hostile maltreatment (i.e., combination of psychological maltreatment and physical abuse) and internalizing symptoms and moderated the relationship between hostile maltreatment and externalizing symptoms.

In the future, it would helpful to determine what other processes help to explain the relationship between psychological maltreatment and aspects of adjustment. In the current study, self-directed emotional responses partially mediated the relationship between psychological maltreatment and adjustment, suggesting that additional factors contribute to the impact that psychological maltreatment has on children. Although extant research advocates the utility of emotional response over cognitive ones, the role of cognitions should not be entirely discounted. For example, victims of CSA who report more self-blaming cognitions about the abuse also tend
to report more adjustment problems (Morrow, 1991; Hoagwood, 1990; Wyatt & Newcomb, 1990). Thus, future studies would benefit from examining both cognitions and emotions to determine whether, and to what extent, cognitive attributions about psychological maltreatment contribute to psychological adjustment.

Coping styles may also contribute to individual differences in adaptation to psychological maltreatment. For example, avoidant coping has been found to mediate the relationship between degrading parenting and internalizing symptoms (Caples, 2001). Similarly, coping strategies have been found to mediate the relationship between childhood sexual abuse and later functioning (Merrill, Thomsen, Sinclair, Gold, & Milner, 2001; Shapiro & Levendosky, 1999) and perceptions of control have been found to mediate the relationship between maltreatment and later functioning (Bolger & Patterson, 2001).

Limitations. There are several considerations regarding the current study that should be considered when interpreting the findings, several of which concern the nature of the study participants. As a consequence of obtaining our data from a normative college population, the variability in experiences with psychological maltreatment was rather low. This was especially evident with Blatant Disregard behaviors. Only 30% of our sample reported at least one Blatant Disregard behavior. Blatant Disregard behaviors are low frequency events and this may have made it harder to understand the adjustment outcomes associated with these types of behaviors. Additionally, it may have affected our ability to examine which types of psychological maltreatment were more predictive of internalizing and externalizing symptoms.

Also in regards to our sample, we relied on retrospective reports of psychological maltreatment experiences. Although studies have suggested that retrospective reporting of child maltreatment is reliable (Dube, Williamson, Thompson, Felitti, Anda, 2004; Tajima, Herrenkohl,
Huang, Whitney, 2004), only prospective longitudinal designs are truly capable of examining the links between maltreatment, emotional responses, and adjustment.

Lastly, the magnitude of the correlation between frequency and severity ratings was quite large, making it difficult to determine the predictive utility of severity ratings. Although we expected these two ratings to be correlated, we did not anticipate the extent to which they were related. One objective of our study was to determine whether severity ratings of psychological maltreatment would be able to explain a significant amount of remaining variance in the prediction of adjustment after accounting for its frequency. Thus, severity possessed only a small amount of variance that had not already been accounted for by frequency. It would be helpful to understand the relative utility of each, without a priori assumptions about the primacy of either rating.

Conclusions. Psychological maltreatment poses a serious risk to developing children, yet few studies have undertaken the task of understanding the nature by which this type of maltreatment exerts a negative influence. The current study provides an important step in furthering this understanding. First, we discovered a unique way of categorizing different types of psychological maltreatment. Previous studies have focused on identifying different forms of psychological maltreatment, but the current study revealed a conceptual shift in how distinct types of psychological maltreatment can be identified, at least among normative samples.

Second, our findings highlight the importance of examining different dimensions of psychological maltreatment (i.e., frequency, severity, and subtype) when attempting to demonstrate how this type of maltreatment can impact subsequent adjustment. We discovered that knowing both the frequency and severity of psychological maltreatment experiences enhances our ability to understand the relationship between maltreatment and adjustment.
outcomes, and, that certain types of psychological maltreatment were better than others at predicting different aspects of psychological adjustment.

Lastly, we discovered that self-directed emotions appear to be an important process by which all types of psychological maltreatment affect different types of adjustment outcomes. In particular, self-directed anger and shame help to explain the relationship between psychological maltreatment and psychological adjustment.
REFERENCES


Appendix A

Professionals’ Demographic Information Form

1) Gender (circle one): Male Female

2) Age: ______ years

3) Ethnicity (check one):
   ____ African American   ____ Hispanic/Latino
   ____ Asian/Pacific Islander   ____ Native American
   ____ Biracial/Multiracial (please specify below)   ____ Caucasian/White
   ____ Other (please specify below)

4) Most Advanced Degree (circle one): Bachelors Masters Ph.D.

5) Professional Training: (please choose all that apply):
   ____ Social Worker
   ____ Academic/Research setting (please specify area of specialization)
   ____ Psychiatrist
   ____ Psychologist
   ____ Other (please specify below)

6) Professional Title:

7) Primary place of practice (check one):
   ____ Community Mental Health Center   ____ Private practice
   ____ Inpatient or residential treatment facility   ____ Academic/Research Setting
   ____ Partial hospitalization or day treatment program
   ____ Hospital-based Outpatient Clinic
   ____ Other (please specify below)

8) Number of years working in child/family mental health? ______

9) Have you ever worked in a child/family research setting? ______
   If yes, please specify how long, in years ______

10) Have you ever worked as a practicing clinician with children and/or families? ______
    IF NO, please disregard the remaining questions on this page
    IF YES, (please specify how long, in years) ______ and proceed to the next question
11) How do you view yourself? (please check all that apply):
   ____ child/adolescent therapist  ____ family therapist  ____ adult therapist

12) Total number of clients in your active caseload? (write in number) _____

13) Please rate the degree to which each of the theoretical orientations describes your clinical work with children/adolescents/families:

<table>
<thead>
<tr>
<th>Theoretical Orientation</th>
<th>Not At All</th>
<th>Somewhat</th>
<th>The</th>
<th>Most</th>
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<td>3</td>
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<td>Humanistic</td>
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<td>Family Systems</td>
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Appendix B
Psychological Maltreatment Experience Scale for Professionals

The following is a list of parental behaviors. We’re interested in your professional opinion about the severity of these behaviors at three different frequencies: occasionally, fairly often, and very often. For each frequency of occurrence, please rate the severity of each parental behavior using the following scale:

**Damage to the child’s emotional or psychological well-being is likely to be:**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Occasionally</th>
<th>Fairly Often</th>
<th>Very Often</th>
<th>Occasionally</th>
<th>Fairly Often</th>
<th>Very Often</th>
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<tbody>
<tr>
<td>1) Parents did not give their child appropriate physical affection that they needed, such as hugging</td>
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<td>2) Parents refused to feed their child because of misbehavior</td>
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<td>3) Yelled at their child</td>
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<td>4) Left their child alone most of the night</td>
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<td>5) Kept their child inside their room for prolonged periods of time</td>
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<td>6) Called their child names or swore at their child</td>
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<td>7) “Put their child down”, such as making fun of their appearance</td>
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<td>8) Tried to make their child feel guilty</td>
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<td>9) Left their child alone after school for a few hours</td>
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<td>10) Make their child feel like s/he was a bad person</td>
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<td>11) Didn’t allow their child to play with friends</td>
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<td>12) Insulted their child</td>
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<td>13) Favored a brother or sister</td>
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<td>14) Didn’t really listen to their child</td>
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<td>15) Said things to hurt their child’s feelings</td>
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<td>16) Didn’t help their child with their problems</td>
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<td>Occasionally</td>
<td>Fairly Often</td>
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<tr>
<td>17)</td>
<td>Ignored their child</td>
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<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>18)</td>
<td>Embarrassed their child in front of others</td>
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<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>19)</td>
<td>Compared their child to a brother or sister who performed better in some area/way</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
<td>Very Often 1 2 3 4 5</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
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<tr>
<td>20)</td>
<td>Didn’t give their child encouragement</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<td>21)</td>
<td>Made their child feel as if s/he could not meet their expectations</td>
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<td>Fairly Often 1 2 3 4 5</td>
<td>Very Often 1 2 3 4 5</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
</tr>
<tr>
<td>22)</td>
<td>Withheld physical affection from their child, such as hugging</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>23)</td>
<td>Criticized their child</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
<td>Very Often 1 2 3 4 5</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
</tr>
<tr>
<td>24)</td>
<td>Refused to listen to their child</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>25)</td>
<td>Forbid their child to play with friends</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
<td>Very Often 1 2 3 4 5</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
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<tr>
<td>26)</td>
<td>Threatened or intimidated their child</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<td>27)</td>
<td>Ridiculed or humiliated their child</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
<td>Very Often 1 2 3 4 5</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
</tr>
<tr>
<td>28)</td>
<td>Demanded unreasonable responsibilities from their child</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>29)</td>
<td>Made their child feel ashamed or guilty for something</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
<td>Very Often 1 2 3 4 5</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
</tr>
<tr>
<td>30)</td>
<td>Exposed their child to harmful influences</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>31)</td>
<td>Provided their child with an unstable environment in which to live</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
<td>Very Often 1 2 3 4 5</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
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<tr>
<td>32)</td>
<td>Attempted to confuse their child’s sexual identity</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>33)</td>
<td>Forced or permitted their child to watch pornographic acts or view pornographic materials (such as actual, videotaped, or printed materials depicting sexually explicit acts)</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
<td>Very Often 1 2 3 4 5</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
</tr>
<tr>
<td>34)</td>
<td>Made their child feel as if s/he were in an unstable or frightening environment because of their alcohol or drug problem</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<td>35)</td>
<td>Forced or allowed their child to witness violence to another family member</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
<td>Very Often 1 2 3 4 5</td>
<td>Occasionall 1 2 3 4 5</td>
<td>Fairly Often 1 2 3 4 5</td>
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<td>36)</td>
<td>Allowed or forced their child to use illegal drugs or alcohol</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>37)</td>
<td>Threatened or engaged in unreasonable violence to a family pet</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>38)</td>
<td>Gave their child inconsistent rules and punishment</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>39)</td>
<td>Used their child as a “weapon” against the other parent</td>
<td>1 2 3 4 5</td>
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<td>40)</td>
<td>Told their child they “wished s/he had not been born” or that s/he were unwanted</td>
<td>1 2 3 4 5</td>
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<td>41)</td>
<td>Made their child take on a parental role</td>
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<td>42)</td>
<td>Gave their child the “silent treatment”, or pouted or sulked</td>
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<td>43)</td>
<td>Gave their child the idea that s/he were worthless</td>
<td>1 2 3 4 5</td>
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<td>44)</td>
<td>Didn’t give their child emotional support</td>
<td>1 2 3 4 5</td>
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<td>45)</td>
<td>Threatened to abandon their child</td>
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<td>46)</td>
<td>Told their child that they hated or didn’t love him/her</td>
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<td>47)</td>
<td>Parents made their love dependent on correct behavior from their child, such as saying “I won’t love you if ... “</td>
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<td>48)</td>
<td>Broke promises they made to their child</td>
<td>1 2 3 4 5</td>
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<td>49)</td>
<td>Had control over their child to the point that their child feared them</td>
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<td>50)</td>
<td>Invaded their child’s privacy, such as searching their child’s room or private possessions</td>
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<td>51)</td>
<td>Made their child feel guilty for something that was out of their child’s control</td>
<td>1 2 3 4 5</td>
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<td>52)</td>
<td>Left their child with friends or other family members because they did not want the responsibility</td>
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<td>53)</td>
<td>Made their child feel as if s/he were in an unstable or frightening environment because of their psychological disturbances</td>
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Appendix C

Students’ Demographic Information Form

1) Gender (circle one):  Male  Female

2) Age:  ______ years

3) Ethnicity (check one):
   ___ African American  ___ Hispanic/Latino
   ___ Asian/Pacific Islander  ___ Native American
   ___ Biracial/Multiracial (please specify below)  ___ Caucasian/White
   ___ Other (please specify below)

4) What is your total family income?
   ___ Less than $10,000  ___ $55,000 to $70,000
   ___ $10,000 to $25,000  ___ $70,000 to $85,000
   ___ $25,000 to $40,000  ___ Over $85,000
   ___ $40,000 to $55,000

5) When you were between the ages of 5 and 14 – what adults were living in your family home? Choose all adults that lived with you, including adults that lived with you for only a brief amount of time.
   ___ Biological/Adoptive Mother  ___ Biological/Adoptive Father
   ___ Step Mother  ___ Step Father
   ___ Father’s Significant Other  ___ Mother’s Significant Other
   ___ Maternal Grandmother  ___ Maternal Grandfather
   ___ Paternal Grandmother  ___ Paternal Grandfather

6) When you were between the ages of 5 and 14 – what adult did you consider to be your main MOTHER figure?
   ___ Biological/Adoptive Mother
   ___ Step Mother
   ___ Father’s Significant Other
   ___ Maternal Grandmother
   ___ Paternal Grandmother
   ___ Other (please specify)
7) When you were between the ages of 5 and 14 – what adult did you consider to be your main FATHER figure?

- Biological/Adoptive Father
- Step Father
- Mother’s Significant Other
- Maternal Grandfather
- Paternal Grandfather
- Other (please specify)

The next question will determine which adults / parental figures you should be thinking about as you answer the questions that are on the next two pages of this survey.

8) When you were between the ages of 5 and 14 – what adults / parental figures lived with you for AT LEAST HALF OF THAT TIME (lived with you for 5 years or longer)?

- Biological/Adoptive Mother
- Step Mother
- Father’s Significant Other
- Maternal Grandmother
- Paternal Grandmother
- Other (please specify)

- Biological/Adoptive Father
- Step Father
- Mother’s Significant Other
- Maternal Grandfather
- Paternal Grandfather
- Other (please specify)
Appendix D

Psychological Maltreatment Experience Scale for Students

Verbal arguments and punishments can range from quiet disagreement to yelling, insulting, and more severe behaviors. When you were between the ages of 5 and 14, how often did your parents/guardian do the following? Please circle the number that corresponds to the frequency with which you experience each act listed.

1 = Never  2 = Occasionally  3 = Fairly Often  4 = Very Often

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<tr>
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</thead>
<tbody>
<tr>
<td>1) Give you appropriate physical affection that you needed, such as hugging</td>
<td>N</td>
<td>O</td>
<td>FO</td>
</tr>
<tr>
<td>2) Refuse to feed you because of misbehavior</td>
<td>N</td>
<td>O</td>
<td>FO</td>
</tr>
<tr>
<td>3) Yell at you</td>
<td>N</td>
<td>O</td>
<td>FO</td>
</tr>
<tr>
<td>4) Leave you alone most of the night</td>
<td>N</td>
<td>O</td>
<td>FO</td>
</tr>
<tr>
<td>5) Keep you inside your room for prolonged periods of time</td>
<td>N</td>
<td>O</td>
<td>FO</td>
</tr>
<tr>
<td>6) Call you names or swear at you</td>
<td>N</td>
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<tr>
<td>7) “Put you down,” such as making fun of your appearance</td>
<td>N</td>
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<tr>
<td>8) Try to make you feel guilty</td>
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<tr>
<td>9) Leave you alone after school for a few hours</td>
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<tr>
<td>10) Make you feel like you were a bad person</td>
<td>N</td>
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<tr>
<td>11) Did not allow you to play with friends</td>
<td>N</td>
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</tr>
<tr>
<td>12) Insult you</td>
<td>N</td>
<td>O</td>
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<tr>
<td>13) Favor a brother or sister</td>
<td>N</td>
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<tr>
<td>14) Really listen to you</td>
<td>N</td>
<td>O</td>
<td>FO</td>
</tr>
<tr>
<td>15) Say things to hurt your feelings</td>
<td>N</td>
<td>O</td>
<td>FO</td>
</tr>
<tr>
<td>16) Help you with your problems</td>
<td>N</td>
<td>O</td>
<td>FO</td>
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<tr>
<td>17) Ignore you</td>
<td>N</td>
<td>O</td>
<td>FO</td>
</tr>
<tr>
<td>18) Compare you to a brother or sister who performed better in some area/way</td>
<td>N</td>
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<tr>
<td>19) Embarrass you in front of others</td>
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<tr>
<td>20) Give you encouragement</td>
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<td>21) Make you feel as if you could not meet their expectations</td>
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<td>22) Withhold physical affection, such as hugging</td>
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<tr>
<td>23) Criticize you</td>
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<tr>
<td>24) Refuse to listen to you</td>
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<tr>
<td>25) Forbid you to play with friends</td>
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<td>3</td>
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<tr>
<td>26) Threaten or intimidate you</td>
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<tr>
<td>27) Ridicule or humiliate you</td>
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<td>3</td>
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<tr>
<td>28) Demand unreasonable responsibilities of you</td>
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<tr>
<td>29) Make you feel ashamed or guilty for something</td>
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<tr>
<td>30) Expose you to harmful influences</td>
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<tr>
<td>31) Provide an unstable environment in which to live</td>
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<tr>
<td>32) Attempt to confuse your sexual identity</td>
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<tr>
<td>33) Force or permit you to watch pornographic acts or view pornographic materials (such as actual, videotaped, or printed materials depicting sexually explicit acts).</td>
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<tr>
<td>34) Force or allow you to witness violence to another family member</td>
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<td>35) Allow or force you to use illegal drugs or alcohol</td>
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<td>36) Threaten or engage in unreasonable violence to a family pet</td>
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<tr>
<td>37) Give you inconsistent rules and punishment</td>
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<td>38) Use you as a “weapon” against the other parent</td>
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<td>39) Tell you they “wished you had not been born” or that your were unwanted</td>
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<td>40) Make you take on a parental role</td>
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<td>41) Give you the “silent treatment,” or pout or sulk</td>
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<td>42) Give you the idea that you were worthless</td>
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<tr>
<td>43) Give you emotional support</td>
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<tr>
<td>44) Threaten to abandon you</td>
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<tr>
<td>45) Tell you that they hated you or didn’t love you</td>
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<td>46) Make their love dependent on correct behavior from you, such as saying “I won’t love you if…”</td>
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<td>47) Break promises they made to you</td>
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<td>48) Have control over you to the point that you feared them</td>
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<td>49) Invade your privacy, such as searching your room or private possessions</td>
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<td>50) Make you feel guilty for an accident or something that was out of your control</td>
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<tr>
<td>51) Leave you with friends or other family members because they did not want the responsibility</td>
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<tr>
<td>52) Make you feel as if you were in an unstable or frightening environment because of their alcohol or drug problem</td>
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<tr>
<td>53) Make you feel as if you were in an unstable or frightening environment because of their (parents) psychological disturbances</td>
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</table>
Appendix E

Adult Self-Report

Below is a list of items that describe people. For each item, please choose 0, 1, or 2 to describe yourself over the past 6 months. Please answer all items as well as you can, even if some do not seem to apply to.

0 = Not True 1 = Somewhat or Sometimes True 2 = Very True or Often True

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<tbody>
<tr>
<td>0</td>
<td>1</td>
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<td>1. I am too forgetful</td>
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<td>0</td>
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<td>2. I make good use of my opportunities</td>
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<td>3. I argue a lot</td>
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<td>4. I work up to my ability</td>
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<td>5. I blame others for my problems</td>
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<td>6. I use drugs (other than alcohol and nicotine) for nonmedical purposes</td>
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<td>7. I brag</td>
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<td>8. I have trouble concentrating or paying attention for long</td>
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<td>9. I can’t get my mind off certain things</td>
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<td>10. I have trouble sitting still</td>
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<td>11. I am too dependent on others</td>
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<td>12. I feel lonely</td>
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<td>13. I feel confused or in a fog</td>
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<td>14. I cry a lot</td>
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<td>15. I am pretty honest</td>
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<td>16. I am mean to others</td>
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<td>17. I daydream a lot</td>
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<td>18. I deliberately try to hurt or kill myself</td>
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<td>19. I try to get a lot of attention</td>
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<td>20. I damage or destroy my things</td>
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<td>21. I damage or destroy things belonging to others</td>
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<td>22. I worry about my future</td>
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<td>23. I break rules at work or elsewhere</td>
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<td>24. I don’t eat as well as I should</td>
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<td>25. I don’t get along with other people</td>
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<td>26. I don’t feel guilty after doing something I shouldn’t</td>
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<td>27. I am jealous of others</td>
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<td>28. I get along badly with my family</td>
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<td>2</td>
<td>29. I am afraid of certain animals, situations, or places</td>
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<td>30. My relations with the opposite sex are poor</td>
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<td>31. I am afraid I might think or do something bad</td>
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<td>32. I feel that I have to be perfect</td>
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<td>33. I feel that no one loves me</td>
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<td>34. I feel that others are out to get me</td>
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<td>35. I feel worthless or inferior</td>
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<td>36. I accidentally get hurt a lot</td>
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<td>37. I get in many fights</td>
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<td>38. My relations with neighbors are poor</td>
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<td>39. I hang around people who get in trouble</td>
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<td>40. I hear sounds or voices that other people think aren’t there</td>
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<td>41. I am impulsive or act without thinking</td>
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<td>42. I would rather be alone than with others</td>
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<td>2</td>
<td>43. I lie or cheat</td>
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<td>44. I feel overwhelmed by my responsibilities</td>
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<td>45. I am nervous or tense</td>
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<td>46. Parts of my body twitch or make nervous movements</td>
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<td>47. I lack self-confidence</td>
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<td>48. I am not like by others</td>
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<td>49. I can do certain things better than other people</td>
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<td>50. I am too fearful or anxious</td>
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<td>51. I feel dizzy or lightheaded</td>
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<td>52. I feel too guilty</td>
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<td>53. I have trouble planning for the future</td>
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<td>54. I feel tired without good reason</td>
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<td>55. My moods swing between elation and depression</td>
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<td>56. Physical problems without known medical cause:</td>
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<td>a. Aches or pains (not stomach or headaches)</td>
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<td>b. Headaches</td>
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<td>c. Nausea, feel sick</td>
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<td>d. Problems with eyes (not if corrected by glasses)</td>
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<td>e. Rashes or other skin problems</td>
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<td>f. Stomachaches</td>
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<td>g. Vomiting, throwing up</td>
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<td>h. Heart pounding or racing</td>
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<td>i. Numbness or tingling in body parts</td>
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<td>57. I physically attack people</td>
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<td>58. I pick my skin or other parts of my body</td>
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<td>59. I fail to finish things I should do</td>
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<td>60. There is very little that I enjoy</td>
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<td>61. My work performance is poor</td>
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<td>62. I am poorly coordinated or clumsy</td>
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<td>63. I would rather be with older people than with people of my own age</td>
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<td>64. I have trouble setting priorities</td>
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<td>65. I refuse to talk</td>
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<td>66. I repeat certain acts over and over</td>
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<td>67. I have trouble making or keeping friends</td>
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<td>68. I scream or yell a lot</td>
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<td>69. I am secretive or keep things to myself</td>
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<td>70. I see things that other people think aren’t there</td>
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<td>71. I am self-conscious or easily embarrassed</td>
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<td>72. I worry about my family</td>
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<td>73. I meet my responsibilities to my family</td>
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<td>74. I show off or clown</td>
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<td>75. I am shy or timid</td>
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<td>76. My behavior is irresponsible</td>
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<td>77. I sleep more than most other people during day and/or night</td>
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<td>79. I have a speech problem</td>
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<td>80. I stand up for my rights</td>
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<td>81. My behavior is very changeable</td>
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<td>82. I steal</td>
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<td>83. I am easily bored</td>
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<td>1</td>
<td>2</td>
<td>84. I do things that other people think are strange</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>85. I have thoughts that other people would think are strange</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>86. I am stubborn, sullen, or irritable</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>87. My moods or feelings change suddenly</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>88. I enjoy being with people</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>89. I rush into things without considering the risks</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>90. I drink too much alcohol or get drunk</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>91. I think about killing myself</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>92. I do things that may cause me trouble with the law</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>93. I talk too much</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>94. I tease others a lot</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>95. I have a hot temper</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>96. I think about sex too much</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>97. I threaten to hurt people</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>98. I like to help others</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>99. I dislike staying in one place for very long</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>100. I have trouble sleeping</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>101. I stay away from my job even when I’m not sick and not on vacation</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>102. I don’t have much energy</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>103. I am unhappy, sad or depressed</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>104. I am louder than others</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>105. People think I am disorganized</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>106. I try to be fair to others</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>107. I feel that I can’t succeed</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>108. I tend to lose things</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>109. I like to try new things</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>110. I with I were of the opposite sex</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>111. I keep from getting involved with others</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>112. I worry a lot</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>113. I worry about my relations with the opposite sex</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>114. I fail to pay my debts or meet other financial responsibilities</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>115. I feel restless or fidgety</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>116. I get upset too easily</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>117. I have trouble managing money or credit cards</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>118. I am too impatient</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>119. I am not good at details</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>120. I drive too fast</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>121. I tend to be late for appointments</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>122. I have trouble keeping a job</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>123. I am a happy person</td>
</tr>
</tbody>
</table>
Appendix F

Past Maltreatment History

1) Were you ever physically maltreated (e.g., hit or slapped)?

   ____ Yes, by my main mother figure
   ____ Yes, by my main mother figure
   ____ No

2) Were you ever sexually maltreated (i.e., touched in a sexual way that made you feel uncomfortable)?

   ____ Yes, by my main mother figure
   ____ Yes, by my main mother figure
   ____ No

3) Were you ever neglected (e.g., not looked after properly, ignored, not paid attention to)?

   ____ Yes, by my main mother figure
   ____ Yes, by my main mother figure
   ____ No

4) Were you ever exposed to violence between your parents (e.g., physical fighting)?

   ____ Yes, between my main mother and father figures
   ____ No
Appendix G

Instructions Immediately following PMES items

The questions you just answered were about experiences you may have had with adults / parental figures (that you chose earlier). Experiences involving verbal arguments and punishments, which may have ranged from quiet disagreement, to yelling, insulting, and more severe behaviors.

Think about the questions you just answered. Think about all of those experiences that you’ve had with those adults / parental figures, regardless of how often they happened.

Continue to think about those experiences of verbal arguments and punishments as you answer the next set of questions. More specifically, the next set of questions ask you why you think those adults / parental figures behaved as they did.

When you think about those experiences of verbal arguments and punishments, what were some of the feelings you may have had about how those adults / parental figures behaved.
Table 1

Demographic Characteristics of the Professionals

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>87.6%</td>
<td></td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>4.5%</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>3.4%</td>
<td></td>
</tr>
<tr>
<td>Biracial (African American / Caucasian)</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>Asian / Pacific Islander</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>Biracial (Hispanic / Caucasian)</td>
<td>.6%</td>
<td></td>
</tr>
<tr>
<td>Multiracial (Hispanic / Asian / Caucasian)</td>
<td>.6%</td>
<td></td>
</tr>
<tr>
<td>Professional Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychologist</td>
<td>65.5%</td>
<td></td>
</tr>
<tr>
<td>Academic / Research setting</td>
<td>19.8%</td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td>17.5%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>14.7%</td>
<td></td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>2.3%</td>
<td></td>
</tr>
<tr>
<td>Most Advanced Degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PhD</td>
<td>62.7%</td>
<td></td>
</tr>
<tr>
<td>MA</td>
<td>28.8%</td>
<td></td>
</tr>
<tr>
<td>BA</td>
<td>5.6%</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>.6%</td>
<td></td>
</tr>
<tr>
<td>Primary Work Setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic / Research Setting</td>
<td>45.8%</td>
<td></td>
</tr>
<tr>
<td>Community Mental Health Center</td>
<td>20.3%</td>
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</tr>
<tr>
<td>Hospital-based Outpatient Clinic</td>
<td>16.4%</td>
<td></td>
</tr>
<tr>
<td>Inpatient or Residential Treatment Facility</td>
<td>10.7%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>10.2%</td>
<td></td>
</tr>
<tr>
<td>Private Practice</td>
<td>9.6%</td>
<td></td>
</tr>
<tr>
<td>Partial Hospitalization or Day Treatment Program</td>
<td>5.6%</td>
<td></td>
</tr>
<tr>
<td>Number of years working in child / family mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>11.21</td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>8.4</td>
<td></td>
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</table>

*Total percent is greater than 100 because participants could choose more than one response*
Table 2
*Demographic Characteristics of the Students*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>Gender</td>
<td>79.9%</td>
<td>Females</td>
</tr>
<tr>
<td></td>
<td>20.1%</td>
<td>Males</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 years old</td>
<td>20.3%</td>
<td></td>
</tr>
<tr>
<td>19 years old</td>
<td>45.6%</td>
<td></td>
</tr>
<tr>
<td>20 years old</td>
<td>14.6%</td>
<td></td>
</tr>
<tr>
<td>21 years old</td>
<td>10.4%</td>
<td></td>
</tr>
<tr>
<td>22 years old</td>
<td>6.2%</td>
<td></td>
</tr>
<tr>
<td>23 years old</td>
<td>2.5%</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>87.3%</td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>6.5%</td>
<td></td>
</tr>
<tr>
<td>Hispanic / Latino</td>
<td>3.4%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>Asian / Pacific Islander</td>
<td>.8%</td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>.3%</td>
<td></td>
</tr>
<tr>
<td>Total Family Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $25,000</td>
<td>8.2%</td>
<td></td>
</tr>
<tr>
<td>$25,000 to 55,000</td>
<td>27.6%</td>
<td></td>
</tr>
<tr>
<td>$55,000 to $85,000</td>
<td>32.4%</td>
<td></td>
</tr>
<tr>
<td>Over $85,000</td>
<td>30.5%</td>
<td></td>
</tr>
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</table>

When participants were between the ages of 5 and 14, what adult did they consider to be their:

<table>
<thead>
<tr>
<th>Caregiver</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Maternal Caregiver</td>
<td>97.5%</td>
<td>Biological / Adoptive Mother</td>
</tr>
<tr>
<td></td>
<td>.8%</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>.5%</td>
<td>Aunt</td>
</tr>
<tr>
<td></td>
<td>.3%</td>
<td>Father’s Significant Other</td>
</tr>
<tr>
<td></td>
<td>.3%</td>
<td>Maternal Grandmother</td>
</tr>
<tr>
<td>Primary Paternal Caregiver</td>
<td>91%</td>
<td>Biological / Adoptive Father</td>
</tr>
<tr>
<td></td>
<td>4.5%</td>
<td>Step Father</td>
</tr>
<tr>
<td></td>
<td>1.7%</td>
<td>No Father figure</td>
</tr>
<tr>
<td></td>
<td>1.1%</td>
<td>Maternal Grandfather</td>
</tr>
<tr>
<td></td>
<td>.6%</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>.3%</td>
<td>Mother’s Significant Other</td>
</tr>
<tr>
<td></td>
<td>.3%</td>
<td>Paternal Grandfather</td>
</tr>
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</table>
Table 3

Summary Table of the Descriptives Associated with the Study’s Primary Variables

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>Range</th>
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</thead>
<tbody>
<tr>
<td><strong>Student Frequency Ratings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Psychological Maltreatment</td>
<td>1.32</td>
<td>.32</td>
<td>354</td>
<td>1.00 – 3.64</td>
</tr>
<tr>
<td>Insidious Behaviors</td>
<td>1.38</td>
<td>.40</td>
<td>354</td>
<td>1.00 – 3.89</td>
</tr>
<tr>
<td>Blatant Disregard Behaviors</td>
<td>1.07</td>
<td>.22</td>
<td>354</td>
<td>1.00 – 3.50</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>1.48</td>
<td>.48</td>
<td>354</td>
<td>1.00 – 2.63</td>
</tr>
<tr>
<td><strong>Professional Severity Ratings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Psychological Maltreatment</td>
<td>.66</td>
<td>.63</td>
<td>354</td>
<td>0 – 4.20</td>
</tr>
<tr>
<td>Insidious Behaviors</td>
<td>.82</td>
<td>.75</td>
<td>354</td>
<td>0 – 4.29</td>
</tr>
<tr>
<td>Blatant Disregard Behaviors</td>
<td>.21</td>
<td>.57</td>
<td>354</td>
<td>0 – 4.60</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>.92</td>
<td>.92</td>
<td>354</td>
<td>0 – 3.50</td>
</tr>
<tr>
<td>Self-Directed Anger</td>
<td>1.26</td>
<td>.48</td>
<td>353</td>
<td>1.00 – 3.67</td>
</tr>
<tr>
<td>Shame</td>
<td>1.25</td>
<td>.44</td>
<td>352</td>
<td>1.00 – 3.40</td>
</tr>
<tr>
<td>Internalizing Symptoms</td>
<td>53.61</td>
<td>10.29</td>
<td>354</td>
<td>38.00 – 81.00</td>
</tr>
<tr>
<td>Externalizing Symptoms</td>
<td>46.59</td>
<td>8.08</td>
<td>354</td>
<td>34.00 – 67.50</td>
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</table>
Table 4

*Correlation Matrix among Factors Extracted from the Exploratory Analysis Performed on Student Frequency Ratings of Psychological Maltreatment*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Insidious behaviors</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Blatant Disregard behaviors</td>
<td>.594*</td>
</tr>
<tr>
<td>3</td>
<td>Emotional Neglect</td>
<td>.575*</td>
</tr>
</tbody>
</table>

*p<.01*
Table 5

**Items and Corresponding Factor Loadings from the Exploratory Factor Analysis performed on the Student Frequency Ratings using the Method of Principal Components with Oblique Rotation**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Item</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insidious</td>
<td>24. Refuse to listen to you</td>
<td>.831</td>
</tr>
<tr>
<td></td>
<td>21. Make you feel as if you could not meet their expectations</td>
<td>.827</td>
</tr>
<tr>
<td></td>
<td>48. Have control over you to the point that you feared them</td>
<td>.808</td>
</tr>
<tr>
<td></td>
<td>23. Criticize you</td>
<td>.789</td>
</tr>
<tr>
<td></td>
<td>8. Try to make you feel guilty</td>
<td>.751</td>
</tr>
<tr>
<td></td>
<td>49. Invade your privacy, such as searching your room or private possessions</td>
<td>.734</td>
</tr>
<tr>
<td></td>
<td>13. Favor a brother or sister</td>
<td>.733</td>
</tr>
<tr>
<td></td>
<td>15. Say things to hurt your feelings</td>
<td>.675</td>
</tr>
<tr>
<td></td>
<td>41. Give you the “silent treatment,” or pout or sulk</td>
<td>.654</td>
</tr>
<tr>
<td></td>
<td>29. Make you feel ashamed or guilty for something</td>
<td>.653</td>
</tr>
<tr>
<td></td>
<td>28. Demand unreasonable responsibilities of you</td>
<td>.648</td>
</tr>
<tr>
<td></td>
<td>47. Break promises they made to you</td>
<td>.640</td>
</tr>
<tr>
<td></td>
<td>12. Insult you</td>
<td>.639</td>
</tr>
<tr>
<td></td>
<td>18. Compare you to a brother/sister who performed better in some way/area</td>
<td>.621</td>
</tr>
<tr>
<td></td>
<td>26. Threaten or intimidate you</td>
<td>.604</td>
</tr>
<tr>
<td></td>
<td>50. Make you feel guilty for an accident/something that was our of you control</td>
<td>.583</td>
</tr>
<tr>
<td></td>
<td>7. “Put you down,” such as making fun of your appearance</td>
<td>.583</td>
</tr>
<tr>
<td></td>
<td>19. Embarrass you in front of others</td>
<td>.569</td>
</tr>
<tr>
<td></td>
<td>10. Make you feel like you were a bad person</td>
<td>.547</td>
</tr>
<tr>
<td></td>
<td>25. Forbid you to play with friends</td>
<td>.513</td>
</tr>
<tr>
<td></td>
<td>27. Ridicule or humiliate you</td>
<td>.491</td>
</tr>
<tr>
<td></td>
<td>17. Ignore you</td>
<td>.480</td>
</tr>
<tr>
<td></td>
<td>5. Keep you inside your room for prolonged periods of time</td>
<td>.473</td>
</tr>
<tr>
<td></td>
<td>3. Yell at you</td>
<td>.470</td>
</tr>
<tr>
<td></td>
<td>42. Give you the idea that you were worthless</td>
<td>.441</td>
</tr>
<tr>
<td></td>
<td>37. Give you inconsistent rules and punishment</td>
<td>.419</td>
</tr>
<tr>
<td>Blatant Disregard</td>
<td>35. Allow or force you to use illegal drugs or alcohol</td>
<td>.925</td>
</tr>
<tr>
<td></td>
<td>30. Expose you to harmful influences</td>
<td>.895</td>
</tr>
<tr>
<td></td>
<td>52. Made you feel as if you were in an unstable or frightening environment because of their alcohol or drug problem</td>
<td>.815</td>
</tr>
<tr>
<td></td>
<td>46. Make their love dependent on correct behavior from you, such as saying “I won’t love you if…”</td>
<td>.795</td>
</tr>
<tr>
<td>32.</td>
<td>Attempt to confuse your sexual identity</td>
<td>.785</td>
</tr>
<tr>
<td>38.</td>
<td>Use you as a “weapon” against the other parent</td>
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<tr>
<td>36.</td>
<td>Threaten or engage in unreasonable violence to a family pet</td>
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<tr>
<td>31.</td>
<td>Provide an unstable environment in which to live</td>
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<td>51.</td>
<td>Left you with friends or other family members because they did not want the responsibility</td>
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<td>39.</td>
<td>Tell you they “wished you had not been born” or that you were unwanted</td>
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<td>53.</td>
<td>Made you feel as if you were in an unstable or frightening environment because of their psychological disturbances</td>
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<td>45.</td>
<td>Tell you they hated you or didn’t love you</td>
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<td>44.</td>
<td>Threaten to abandon you</td>
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<td>34.</td>
<td>Force or allow you to witness violence to another family member</td>
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<td><strong>Emotionally Neglectful</strong></td>
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<td>Give you appropriate physical affection that you needed, such as hugging</td>
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<tr>
<td>43.</td>
<td>Give you emotional support</td>
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<tr>
<td>16.</td>
<td>Help you with your problems</td>
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<td>20.</td>
<td>Give you encouragement</td>
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<tr>
<td>14.</td>
<td>Really listen to you</td>
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<td>11.</td>
<td>Allow you to play with friends</td>
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<td>22.</td>
<td>Withhold physical affection, such as hugging</td>
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<td><strong>Items that did not load on any factor</strong></td>
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<td>2.</td>
<td>Refuse to feed you because of misbehavior</td>
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<td>4.</td>
<td>Leave you alone most of the night</td>
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<td>9.</td>
<td>Leave you alone after school for a few hours</td>
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<td>33.</td>
<td>Force or permit you to watch pornographic acts or view pornographic materials</td>
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<td>40.</td>
<td>Make you take on a parental role</td>
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Table 6

*Correlation Matrix among Continuous Variables Representing Different Characteristics of Professionals and Professional Severity Ratings of Psychological Maltreatment at each Frequency of Occurrence*

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*p<.05, **p<.01*
Table 7

*Mean Analyses Performed with Categorical Variables Representing Different Characteristics of Professionals and Professional Severity*

*Ratings at each Frequency of Occurrence*

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<th>Average severity ratings for psychologically maltreating behaviors that occasionally occurred</th>
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*p < .05
Table 8

*Correlation Matrix among Continuous Variables Representing Different Characteristics of Students and the Primary Study Variables*

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* p<.05, ** p<.10
Table 9

*Mean Analyses Performed with Students’ Gender and the Study’s Primary Variables*

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*p<.05, ** p<.01
Table 10

*Mean Analyses Performed with Students’ Ethnicity and the Study’s Primary Variables*

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* p<.05, ** p<.01
Table 11

Hierarchical Regressions Predicting Internalizing and Externalizing Symptoms from Student Frequency Ratings and Professional Severity Ratings of Overall Psychological Maltreatment Experiences

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<tr>
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*p<.05, **p<.01
Table 12

*Hierarchical Regressions Predicting Internalizing and Externalizing Symptoms from Student Frequency Ratings and Professional Severity Ratings of Insidious Behaviors*

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*p<.05, **p<.01
Table 13

Hierarchical Regressions Predicting Internalizing and Externalizing Symptoms from Student Frequency Ratings and Professional Severity Ratings of Blatant Disregard Behaviors

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*p<.05, **p<.01
Table 14

Hierarchical Regressions Predicting Internalizing and Externalizing Symptoms from Student Frequency Ratings and Professional Severity Ratings of Emotional Neglect

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*p<.05, **p<.01
Table 15

*Partial Correlation Coefficients between each Type of Psychological Maltreatment and Internalizing Symptoms, Controlling for Any Other Form of Maltreatment*

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<td>Severity ratings of Emotional Neglect</td>
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**p < .01
Table 16

*Partial Correlation Coefficients between each Type of Psychological Maltreatment and Externalizing Symptoms, Controlling for Any Other Form of Maltreatment*

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<td>Frequency Ratings of Emotional Neglect</td>
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**p < .01**
Table 17

*R to Z transformations Demonstrating whether a Given Type of Psychological Maltreatment was more Strongly Associated than Others with Internalizing Symptoms*

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+ < .10, * p < .05, ** p < .01
Table 18

*R to Z transformations Demonstrating whether a Given Type of Psychological Maltreatment was more Strongly Associated than Others with Externalizing Symptoms*

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+ < .10, * p < .05, ** p < .01
Table 19

*R to Z Transformations Demonstrating whether a Given Type of Psychological Maltreatment is more Strongly Associated with Internalizing or Externalizing Symptoms*

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*p < .10, *p < .05, **p < .01*
Table 20

*Hierarchical Regressions Predicting Internalizing and Externalizing Symptoms from Insidious Behaviors and Self-Directed Anger*

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+p<.10, *p<.05, **p<.01
Table 21

*Hierarchical Regressions Predicting Internalizing and Externalizing Symptoms from Insidious Behaviors and Shame*

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*p < .10, *p < .05, **p < .01*
Table 22

*Hierarchical Regressions Predicting Internalizing and Externalizing Symptoms from Blatant Disregard Behaviors and Self-Directed Anger*

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*p<.10, *p<.05, **p<.01*
Table 23

*Hierarchical Regressions Predicting Internalizing and Externalizing Symptoms from Blatant Disregard Behaviors and Shame*

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Table 24

Hierarchical Regressions Predicting Internalizing and Externalizing Symptoms from Emotional Neglect and Self-Directed Anger

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Table 25

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