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Childhood experiences of abuse and neglect: links with different psychopathology symptom dimensions in a Mexican sample

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ABSTRACT

Background: The mental health impact of different forms of childhood maltreatment remains understudied in low- and middle-income countries.

Objective: This study used a Mexican sample to examine the associations of five childhood maltreatment subtypes (emotional, physical, and sexual abuse, and emotional and physical neglect) with psychopathology symptoms encompassing depression, anxiety, posttraumatic stress, and domains of the psychosis spectrum.

Method: Participants were 1,612 adults from the general population (M_{age} = 30.3 years, SD_{age} = 8.1 years; mostly women [79.4%], with a high school education or higher [97%], currently working [55.8%] or studying [30.7%]) who completed self-report measures of depression, anxiety, posttraumatic stress, positive psychotic experiences, multidimensional (positive, negative, and disorganised) schizotypy, and childhood maltreatment.

Results: Linear regression analyses examining the unique association of the childhood maltreatment subtypes with the outcome measures indicated that emotional abuse was associated with all the outcomes except negative schizotypy. In addition, emotional neglect was associated with negative and disorganised schizotypy and symptoms of depression and anxiety, and sexual abuse was associated with posttraumatic stress symptoms.

Conclusions: The findings contribute to efforts to elucidate patterns of association between childhood maltreatment and mental health outcomes across diverse contexts. Furthermore, they point to the need for increased attention to the impact of emotional maltreatment in low- and middle-income countries.

HIGHLIGHTS
- The literature on the risks associated with different childhood maltreatment experiences requires greater sociocultural diversity.
- We investigated how subtypes of childhood abuse and neglect relate to psychopathology outcomes in a Mexican sample.
- Findings suggest the need for increased attention to the impact of emotional maltreatment in low- and middle-income countries.

Experiencias de abuso y negligencia infantil: asociaciones con diferentes dimensiones de psicopatología en una muestra mexicana

Antecedentes: El impacto de los distintos tipos de maltrato infantil en la salud mental ha sido poco investigado en países de ingresos bajos y medios.

Objetivo: Este estudio utilizó una muestra mexicana para examinar la asociación entre cinco tipos de maltrato infantil (abuso emocional, físico y sexual; negligencia emocional y física) y los síntomas de depresión, ansiedad, estrés postraumático y diferentes manifestaciones del espectro psicótico.

Método: Se recabó una muestra de 1,612 adultos de la población general (M_{edad} = 30.3 años, DE_{edad} = 8.1 años; en su mayoría mujeres [79.4%], con estudios equivalentes a la preparatoria o superiores [97%], que trabajaban [55.8%] o estudiaban [30.7%]) que respondieron instrumentos de autoinforme sobre depresión, ansiedad, estrés postraumático, experiencias psicóticas, esquizotipia (positiva, negativa y desorganizada) y maltrato infantil.

Resultados: Los análisis de regresión lineal que examinaron la asociación entre los tipos de maltrato y la psicopatología indicaron que el abuso emocional se asoció con todas las variables clínicas, excepto con la esquizotipia negativa. Además, la negligencia emocional se asoció con la esquizotipia positiva y desorganizada, así como con los síntomas de depresión y ansiedad. El abuso sexual se asoció con los síntomas de estrés postraumático.

Conclusiones: Los hallazgos contribuyen a los esfuerzos por dilucidar los patrones de asociación entre el maltrato infantil y los problemas de salud mental en diversos contextos socioculturales. Además, destacan la importancia de considerar el impacto nocivo del maltrato emocional en poblaciones de países de ingresos bajos y medios.

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1. Introduction

Childhood maltreatment, a broad term that comprises different subtypes (including sexual, physical, and emotional abuse, and physical and emotional neglect), is a global phenomenon whose pervasiveness and sequelae are of substantial public health concern (Sawyer et al., 2024; Stoltenborgh et al., 2015). Although childhood maltreatment is widespread, research indicates variations in prevalence across contexts, with some work documenting a higher prevalence in low- and middle-income countries (LMICs) compared with high-income countries (Gilbert et al., 2024). Despite this evidence, maltreatment research in LMICs remains scarce, underscoring the need for investigations with the potential to inform policy and intervention initiatives in these settings (Casas-Muñoz et al., 2024; Gilbert et al., 2024).

The sequelae of childhood maltreatment include a heightened risk of poor mental health outcomes, including clinical and subclinical expressions of depression, anxiety, posttraumatic stress, and the psychosis spectrum (Jaffee, 2017). However, a comprehensive understanding is still lacking regarding whether specific maltreatment subtypes are differentially associated with these outcomes and the extent to which associations might vary across different sociocultural contexts. While scholars are actively investigating the merits of different approaches to grouping maltreatment experiences (e.g. those characterised by threat versus deprivation; McLaughlin & Sheridan, 2016), focusing on the impact of each subtype remains of value to inform who may be more vulnerable to particular outcomes and the potential mechanisms involved (Cohen et al., 2019). In this regard, given that childhood maltreatment subtypes commonly co-occur, the relevance of examining different subtypes simultaneously to determine their unique effects has been increasingly highlighted (Cecil et al., 2017).

One finding emerging in recent years from the literature distinguishing among childhood maltreatment subtypes is that emotional abuse shows prominent associations with psychopathology and, for several symptom domains, the associations are stronger or more consistent than those observed with other subtypes of maltreatment (e.g. Cecil et al., 2017; Zhou et al., 2025). This is notable considering that emotional forms of maltreatment, often referred to as the more 'silent' types, have been less investigated than sexual and physical maltreatment (Humphreys et al., 2020), and even less so in LMICs.

Mexico constitutes one LMIC in which investigations into the links between childhood maltreatment subtypes and adult psychopathology are limited – especially those focusing on maltreatment severity and using a dimensional approach to assessing psychopathology in the general population, which allows for capturing a broad spectrum of clinical and subclinical expressions that is useful for elucidating risk and protective factors (Barrantes-Vidal et al., 2015). Although robust epidemiological studies in the Mexican population have indicated that adverse and traumatic experiences are highly prevalent (Casas-Muñoz et al., 2024; Orozco et al., 2008) and that chronic adversities related to family dysfunction and abuse are consistent predictors of the onset of psychopathology (Benjet et al., 2010), further research is needed to elucidate whether specific childhood maltreatment subtypes confer an elevated risk for different psychopathology symptoms.

Previous work indicates that while research evidence from higher-income countries sometimes applies to other sociocultural contexts, some findings diverge (Gayer-Anderson et al., 2023). Findings may differ across contexts for several reasons, including variations in the characteristics of the broader social ecologies that influence development and mental health, such as factors at the community and societal levels (Gilbert et al., 2024; Sawyer et al., 2024; Segretin et al., 2025). Therefore, research across diverse settings is important for achieving a more complete understanding of the impact of maltreatment and to inform preventive strategies tailored to specific cultural contexts. In this respect, for instance, it is relevant to consider that in the Mexican population, certain violent disciplinary methods (e.g. physical punishment) have often been normalised (Carrillo-Urrego, 2018) and that individuals may contend with a range of adverse circumstances, including widespread violence, poverty, and social inequality (e.g. UNICEF, 2019).

1.1. The present study

The present report used a Mexican adult sample to examine the associations of five childhood maltreatment subtypes (emotional, physical, and sexual abuse, and emotional and physical neglect) with psychopathology symptoms encompassing depression, anxiety, posttraumatic stress, and domains of the psychosis spectrum (positive, negative, and disorganised). Specifically, we aimed to investigate the unique contribution of each maltreatment subtype in the statistical prediction of the psychopathology outcomes. Specific hypotheses related to each childhood maltreatment subtype were not formulated. However, we hypothesised that the childhood maltreatment subtypes would show differential patterns of associations with the psychopathology outcomes.

2. Method

2.1. Participants and procedure

The sample comprised 1,612 individuals drawn from a larger research project investigating risk and protective factors for psychopathology in the Mexican general population. The larger project focused on individuals

aged 15–45 years, born or currently residing in Mexico, who agreed to participate in an online survey using Qualtrics® software. Recruitment was primarily conducted through personal and institutional social media accounts, particularly universities and public health institutions involved in the project or that agreed to share the invitation to participate in the survey. For the present study, only adults (≥ 18 years) from the larger project sample were included. The mean age was 30.3 years (SD = 8.1 years), and 79.4% were women. Of the sample, 97% reported a high school education (or equivalent) or higher, and most participants reported having a remunerated occupation (55.8%) or being students (30.7%). The institutional research ethics committee approved the study, and participants provided informed consent.

2.2. Measures

The childhood maltreatment subtypes were assessed with the Childhood Trauma Questionnaire-Short Form (CTQ-SF; Hernandez et al., 2013). Positive psychotic experiences were measured with the Prodromal Questionnaire-Brief (PQ-B; Fonseca-Pedrero et al., 2016) and the schizotypy dimensions with the Multidimensional Schizotypy Scale-Brief (MSS-B; Fagián-Núñez et al., 2025). Depression and anxiety symptoms were assessed with screening scales based on the WHO's ICD-11 for Primary Health Care (Goldberg et al., 2017). Finally, posttraumatic stress symptoms were assessed with the PTSD Checklist for DSM-5 (PCL-5; Durón-Figueroa et al., 2019), only for participants with potential lifetime trauma exposure, which for this study was based on endorsement of one or more events derived from the Brief Trauma Questionnaire (BTQ; Schnurr et al., 1999).

2.3. Data analyses

We computed descriptive statistics for the study variables, including the prevalence of each childhood maltreatment subtype. For consistency with international meta-analytic studies using the CTQ (e.g. Pan et al., 2021), we report the prevalence based on the 'moderate' severity threshold: emotional abuse ≥13; physical abuse ≥10; sexual abuse ≥8; emotional neglect ≥15; physical neglect ≥10 (Bernstein & Fink, 1998). The number of participants for two of the outcome variables differs because of a technical issue with the online survey. Specifically, of the participants who endorsed one or more events derived from the BTQ (n = 1,438), 10 did not complete the PCL-5. Similarly, analyses involving the anxiety scale were based on n = 1,525 due to missing data. To examine the study aims, we performed correlation and regression analyses using the continuous scores for the childhood maltreatment subtypes. Pearson correlations examined

bivariate associations among the maltreatment subtypes, as well as between the maltreatment subtypes and the psychopathology outcomes. Linear regression analyses examined the maltreatment subtypes as simultaneous predictors of the psychopathology outcomes to determine their contribution over and above the other subtypes (a separate regression analysis was conducted for each outcome). In the regression models, the variance inflation factor was used to examine the impact of multicollinearity. Considering the large sample size and the number of analyses, an alpha level of $p \le .001$ was used to determine statistical significance. Effect sizes are noted in the tables following Cohen (1992).

3. Results

Descriptive statistics for the study variables are displayed in Table 1. Based on the thresholds for moderate maltreatment, the prevalence was 39.2% for emotional abuse, 27.5% for physical abuse, 31.9% for sexual abuse, 28.9% for emotional neglect, and 22.2% for physical neglect. The Pearson correlations among maltreatment subtypes ranged from 0.29 (sexual abuse and emotional neglect) to 0.67 (emotional abuse and emotional neglect).

Table 2 shows the Pearson correlations between the childhood maltreatment subtypes and the psychopathology outcomes. All the maltreatment subtypes showed significant positive correlations with the outcomes, with values representing small and medium effect sizes. Each of the outcomes had its strongest correlation with either emotional abuse or emotional neglect.

Table 3 presents the results of the linear regressions examining the childhood maltreatment subtypes as simultaneous predictors of the psychopathology outcomes. The values for the variance inflation factor were less than 2.50, suggesting that multicollinearity was not a significant concern. The results showed that emotional abuse was uniquely associated with all the outcomes except negative schizotypy, emotional

Table 1. Descriptive statistics for study variables.

	Mean	SD	Range
Childhood maltreatment			
Emotional abuse	11.72	5.51	5–25
Physical abuse	8.42	4.25	5–25
Sexual abuse	8.02	4.85	5–25
Emotional neglect	11.72	5.02	5–25
Physical neglect	7.64	3.16	5–25
Psychopathology			
Psychotic experiences	6.30	4.96	0–21
Positive schizotypy	1.91	2.47	0–13
Negative schizotypy	4.14	2.97	0–13
Disorganised schizotypy	3.16	3.56	0–12
Depression symptoms	2.56	1.99	0–5
Anxiety symptoms	2.61	1.62	0–5
Posttraumatic stress symptoms	24.75	19.50	0–80

Note: N = 1,612 for all variables except for posttraumatic stress. (n = 1,428) and anxiety (n = 1,525).

Table 2. Correlations between childhood maltreatment subtypes and psychopathology outcomes.

Psychopathology	Emotional abuse	Physical abuse	Sexual abuse	Emotional neglect	Physical neglect
Psychotic experiences	**0.39***	0.24*	0.21*	**0.31***	0.26*
Positive schizotypy	0.28*	0.22*	0.16*	0.21*	0.21*
Negative schizotypy	0.23*	0.16*	0.11*	**0.34***	0.23*
Disorganised schizotypy	**0.35***	0.24*	0.13*	**0.31***	0.25*
Depression symptoms	0.28*	0.17*	0.12*	0.29*	0.17*
Anxiety symptoms	0.27*	0.16*	0.14*	0.25*	0.16*
Posttraumatic stress symptoms	**0.47***	**0.32***	0.28*	**0.37***	**0.30***

Note: Following Cohen (1992), $r \geq 0.10$ is small, ≥ 0.30 is medium (bold), and ≥ 0.50 is large.
*$p \leq .001$.

neglect with negative and disorganised schizotypy and symptoms of depression and anxiety, and sexual abuse with posttraumatic stress symptoms. The regression models explained between 8.4% and 23.8% of the variance in the psychopathology outcomes.

4. Discussion

Considering that most of the world's children and adolescents live in LMICs, the underrepresentation of samples from these settings in the childhood maltreatment literature hinders a comprehensive understanding of its complexity and impact across the lifespan (Gilbert et al., 2024). The present study contributes to the knowledge of childhood maltreatment in LMICs by focusing on five childhood maltreatment subtypes and their links to different psychopathology symptoms in the Mexican context.

A notable descriptive finding from this report concerns the rates of self-reported maltreatment in our data, which are in line with research showing that adverse childhood experiences are highly prevalent in the Mexican population (Casas-Muñoz et al., 2024). Among maltreatment subtypes, emotional abuse was the most prevalent, followed by experiences in the domain of sexual abuse. While self-reported emotional abuse has been identified as the most prevalent subtype globally (Stoltenborgh et al., 2015), the finding for sexual abuse diverges from evidence documenting a lower prevalence in the international literature. For example, the rate of 31.9% in this sample is higher than the rate of 24% found in a worldwide meta-analysis of the prevalence of sexual abuse among women (using the same instrument and cut-off score used here; Pan et al., 2021). Although the CTQ thresholds are widely used internationally, they may not be equally suitable across populations. Nevertheless, considering other research that found high rates of sexual abuse experiences in Mexico (Rueda et al., 2021), and the complexity of factors that could contribute to its occurrence (e.g. cultural, gender inequality, impunity, among others; Rivera-Rivera et al., 2025), this finding warrants attention. Overall, the prevalence of self-reported childhood maltreatment in this study is concerning and indicates the need for replication and in-depth examination in more representative Mexican samples.

Regarding the links between childhood maltreatment and psychopathology, we found that all the maltreatment subtypes were associated at the bivariate level with the outcome measures; however, as expected, the regression analyses showed more differentiated patterns of association. Although some caution should be used when interpreting the partial relations, it is noteworthy that the unique associations found in this study are largely consistent with the international literature, particularly with the finding that emotional abuse is a robust independent predictor of different psychopathology domains (Cecil et al., 2017). In keeping with this literature, our results point to the potential transdiagnostic significance of emotional abuse in the Mexican context, as well as to the interest of investigating possible theory-driven mediating mechanisms that could serve as targets for intervention (e.g. attachment insecurity and mentalizing difficulties).

For several psychopathology outcomes, the subtypes that emerged as predictors align with patterns identified in previous investigations. For instance, our results for posttraumatic stress symptoms are consistent with evidence in clinical settings showing that sexual and emotional abuse are more predictive than other forms of maltreatment (Kühner et al., 2025). In addition, the role of sexual abuse in this sample dovetails with the finding that sexual-related traumatic events were the most associated with PTSD in Mexican adolescents (Orozco et al., 2008). Likewise, our results for depressive symptoms resonate with meta-analytic findings indicating that depression shows the strongest associations with emotional abuse and emotional neglect (Humphreys et al., 2020).

In terms of the psychosis symptom domains, a key finding was that emotional neglect was uniquely related to negative schizotypy and emotional abuse to positive schizotypy and psychotic experiences. This pattern converges with the notion of a degree of specificity between experiences of childhood deprivation (such as neglect) and the negative or deficit dimension and between experiences of childhood threat (such as abuse) and the positive or psychotic-like dimension (e.g. Gizdic et al., 2023). Of note, disorganised schizotypy showed unique associations with both emotional abuse and neglect, which underscores the value of additional research on how

Table 3. Linear regressions examining the childhood maltreatment subtypes as predictors of the psychopathology outcomes.

Outcomes	Emotional Abuse			Physical Abuse			Sexual Abuse			Emotional Neglect			Physical Neglect			Total R²	f²
	B	95% CI	β	B	95% CI	β	B	95% CI	β	B	95% CI	β	B	95% CI	β		
Psychotic experiences	0.28*	[0.22, 0.35]	0.32	−0.03	[−0.10, 0.04]	−0.03	0.07	[0.02, 0.12]	0.07	0.06	[−0.00, 0.13]	0.06	0.07	[−0.03, 0.16]	0.04	0.159	**0.19**
MSS-B Positive	0.09*	[0.06, 0.13]	0.21	0.03	[−0.01, 0.06]	0.04	0.03	[−0.00, 0.05]	0.05	0.00	[−0.03, 0.04]	0.00	0.05	[−0.01, 0.09]	0.06	0.087	0.10
MSS-B Negative	0.00	[−0.04, 0.04]	0.00	−0.01	[−0.05, 0.04]	−0.01	0.00	[−0.03, 0.04]	0.01	0.19*	[0.15, 0.23]	0.33	0.03	[−0.03, 0.09]	0.03	0.118	0.13
MSS-B Disorganised	0.16*	[0.11, 0.20]	0.24	0.02	[−0.04, 0.07]	0.02	−0.01	[−0.04, 0.03]	−0.01	0.09*	[0.04, 0.13]	0.12	0.04	[−0.03, 0.11]	0.04	0.134	**0.15**
Depression symptoms	0.06*	[0.04, 0.09]	0.18	−0.01	[−0.04, 0.02]	−0.02	0.01	[−0.01, 0.03]	0.02	0.09*	[0.06, 0.11]	0.22	−0.04	[−0.08, 0.00]	−0.06	0.102	0.11
Anxiety symptoms	0.06*	[0.04, 0.08]	0.20	−0.01	[−0.03, 0.02]	−0.02	0.01	[−0.00, 0.03]	0.04	0.04*	[0.02, 0.07]	0.13	−0.02	[−0.05, 0.01]	−0.04	0.084	0.09
PTSD symptoms	1.23*	[0.97, 1.48]	0.35	0.11	[−0.16, 0.37]	0.02	0.49*	[0.30, 0.68]	0.13	0.34	[0.08, 0.61]	0.09	0.02	[−0.35, 0.39]	0.00	0.238	**0.31**

Note: MSS-B = Multidimensional Schizotypy Scale–Brief. B = unstandardized regression coefficient, β = standardized regression coefficient, CI = Confidence Interval. Each row indicates a separate regression analysis in which the maltreatment subtypes were entered simultaneously as predictors. Following Cohen (1992), $f^2 \geq 0.02$ is small, ≥ 0.15 is medium (bold), and ≥ 0.35 is large.
*$p \leq .001$.

maltreatment experiences might confer risk for this understudied dimension – and further suggests that experiences in the emotional domain may be especially salient, at least in this Mexican sample.

The findings reported here should be interpreted in light of certain limitations and considerations. These include the cross-sectional design of the study, which restricts our ability to draw conclusions regarding developmental processes and causality, as well as our reliance on self-reports, which are susceptible to reporting biases. Along these lines, while retrospective and prospective assessments of maltreatment provide important and complementary information, they have been found to show low agreement and may differ in their associations with psychopathology (Baldwin et al., 2019). Therefore, it should be emphasised that the associations reported here pertain to adults' retrospective self-reports of childhood experiences. Furthermore, in relation to the childhood maltreatment subtypes, the relatively lower representation of physical maltreatment in this sample should be noted, since it may have limited our ability to detect effects of these subtypes. In addition, while a strength of this study is that we assessed a range of psychopathology symptoms, one consideration is that the assessment of depression and anxiety was more limited due to the use of brief screening scales. Finally, our online recruitment strategy must be considered, as it affects the representativeness of the sample. In the present study, participants were predominantly women and reported higher education levels than the national average, which may limit the generalizability of the results.

Despite its limitations, this study contributes to efforts to elucidate patterns of association between childhood maltreatment and mental health symptoms across diverse contexts. On the whole, our results support calls for increased research and policy attention to the impact of emotional maltreatment, which has been scarcely investigated in LMICs. Moreover, they suggest that distinguishing among maltreatment subtypes may offer meaningful insights that could be integrated with other approaches to inform models of mental health vulnerability and intervention efforts. In this regard, future research would benefit from investigating childhood maltreatment alongside factors at different levels of the social ecology to enhance our understanding of risk and protective processes (Sawyer et al., 2024). For example, studies could incorporate the assessment of factors previously identified as salient in the Mexican context (Casas-Muñoz et al., 2024; Segretin et al., 2025; UNICEF, 2019), such as exposure to other prevalent adversities (e.g. community violence) and cultural values that may influence parenting practices (e.g. familism, a value that emphasises family support and loyalty). Overall, continued research in this area is essential to guide

strategies to promote healthy caregiving environments and mitigate the impact of childhood maltreatment in the Mexican population.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Ethics approval

The study was approved by the Research Ethics Committee of the Ramón de la Fuente Muñiz National Institute of Psychiatry (CEI/C/019/2021) and conformed to the Helsinki Declaration.

Data availability statement

The data that support the findings of this study are available on reasonable request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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