Review Article   *https://doi.org/10.18502/ijps.v20i4.19690*

Mapping Two Decades of Childhood Emotional Abuse Research: A Global Bibliometric Analysis (2005–2024)

Hossein Alizadeh, Mohammad Ali Mazaheri[*], Masoumeh Mousavi

Abstract

Objective: Child emotional abuse (CEA) is associated with a wide range of detrimental consequences, both in childhood and adulthood. Despite its widespread prevalence and long-term impact, it has historically received less scholarly attention compared to physical and sexual abuse. To address this gap, his study presents the first global bibliometric analysis of CEA research from 2005–2024, mapping its evolution, thematic trends, and geographical distribution.

Method: Using Scopus and PubMed, 1,040 articles and reviews in English were analyzed via the R-based Bibliometrix package. Descriptive, network, and thematic analyses identified publication patterns, collaboration networks, and conceptual trends.

Results: Publications on CEA have risen sharply since 2018, with psychology, medicine, and psychiatry dominating the field. The United States, China, and Canada are the most productive countries, while many Low- and Middle-Income Countries (LMICs) remain underrepresented (e.g., Iran 0.96%). Trend analyses reveal a thematic shift from immediate psychological distress toward developmental mechanisms, transdiagnostic constructs (e.g., early maladaptive schemas), and culturally contextual factors. Thematic mapping shows underdeveloped core areas (e.g., depression, child trauma), well-developed motor themes (e.g., early maladaptive schemas, meta-analysis), and niche/emerging topics (e.g., fMRI, gene–environment interaction).

Conclusion: CEA research is expanding toward integrative, culturally informed, and mechanism-focused frameworks, but definitional, methodological, and geographical gaps persist. Targeted investment in LMIC research, validated and culturally adapted tools, interdisciplinary collaboration, and prevention-oriented strategies are urgently needed.

Key words: *Adverse Childhood Experiences; Bibliometrics; Child Abuse; Emotional Abuse; Mental Health*

Department of Clinical Psychology, Shahid Beheshti University, Tehran, Iran.

*Corresponding Author:
Address: Department of Clinical Psychology, Shahid Beheshti University, Tehran, Iran, Postal Code: 1983969411.
Tel: 98-21 29905301, Fax: 98-21 22431688, Email: m-mazaheri@sbu.ac.ir

Decades of research clearly demonstrate the robust scientific evidence linking child abuse to a wide range of negative psychological (1, 2), behavioral (3), social (4), and physical (5) outcomes that extend well beyond childhood and persist across the lifespan (6, 7). Among the various forms of maltreatment, childhood emotional abuse (CEA)—often insidious, unreported, and culturally overlooked—deserves particular scientific attention (8). Compared to other forms of child abuse, CEA has received less attention than physical or sexual abuse (9), even though it includes harmful patterns such as rejection, isolation, degradation, and emotional invalidation (10). Evidence suggests that CEA can be equally, if not more, damaging than other forms of abuse (11), particularly in shaping long-term psychopathological trajectories.

Although prevalence estimates vary based on definitional criteria, a global meta-analysis estimated the rate of CEA at approximately 36.3% (12), highlighting its alarming prevalence, which affects the lives of millions of children. Studies have consistently associated CEA with elevated risk for diverse psychiatric conditions including internalizing and externalizing disorders (13, 14), personality pathology (15, 16), impaired cognitive development (17), heightened risk of revictimization (18), suicidality (19), and deficits in relational functioning (20). It has also been linked to enduring physiological effects and premature mortality (21, 22), further emphasizing its broad biopsychosocial impact. Moreover, the intergenerational transmission of trauma has been well documented in cases of emotional abuse, reinforcing the need to understand its underlying developmental and psychopathological mechanisms (23). Longitudinal findings from a two-decade cohort study showed that CEA was associated with the greatest number of adverse outcomes in almost all areas of assessment (i.e., mental, physical, and sexual health and addiction) (24).

Given the exponential growth in academic publishing—doubling approximately every decade (25)—traditional literature reviews are increasingly insufficient to synthesize the scope of emerging knowledge (26). Fortunately, the concurrent development of citation analysis software has popularized a new form of systematic review: bibliometric analysis (27). As one of the few subfields dedicated to measuring scientific output, bibliometrics offers a powerful approach to exploring and analyzing large volumes of scientific data (28). As a methodological tool, bibliometrics not only facilitates large-scale literature reviews but also enables researchers to trace developmental trajectories in a field, detect underexplored areas, and assess global scientific contributions (29).

Several bibliometric studies have addressed child maltreatment more broadly. For example, Tran *et al.* (30) mapped nearly 47,000 publications on child maltreatment spanning a century (1916–2018), identifying dominant countries, journals, and research domains. Vega-Arce *et al.* (31) analyzed 16,708 articles (1991–2020), showing thematic shifts toward Adverse Childhood Experiences (ACEs). More recently, Sindhura (32) examined 1,957 ACE-related publications (2004–2024) via co-citation analysis, revealing rapid growth during the COVID-19 pandemic and thematic clustering around conceptual frameworks, health implications, mental health, and juvenile delinquency. While these studies offer valuable insights into the broader maltreatment landscape, none have focused exclusively on Childhood Emotional Abuse (CEA). Given the rising scholarly interest and the urgent need to synthesize global knowledge production on the psychological consequences of CEA, this study aims to provide a comprehensive bibliometric overview of CEA research from 2005 to 2024. By identifying trends, dominant research clusters, key contributors, and emerging psychopathological themes, this study can guide future investigations toward mechanisms, cross-cultural understanding, and effective prevention and intervention strategies. Ultimately, such insights may inform policies and practices to mitigate the psychological burden of CEA on individuals and communities worldwide.

Materials and Methods

Search Strategy

This study employed a cross-sectional approach to examine the existing literature on CEA. To ensure comprehensive coverage of the literature, we conducted systematic searches across two major academic databases: Scopus (Elsevier) and PubMed (National Library of Medicine). Scopus was selected for its multidisciplinary breadth, extensive citation network, and advanced export functions, while PubMed was added to capture biomedical and mental health literature potentially underrepresented in Scopus. The combination of these databases provides complementary coverage, thereby reducing the risk of omitting relevant studies. While various definitions of emotional child abuse exist (33), we ultimately adopted the Hart & Brassard definition of CEA, "acts of omission and commission ... which are psychologically damaging" (34). The search query was built using a combination of words related to "child emotional abuse" across the "Topic", "Abstract", and "Keywords" fields within the Scopus and PubMed databases. The 2005–2024 timeframe was selected to capture the recent evolution and maturity of CEA research. Earlier publications were relatively sparse, often subsumed within broader child maltreatment literature, and focused mainly on definitional debates rather than empirical mapping (e.g., 35; 36). This 20-year span aligns with common bibliometric practice, balancing historical scope with contemporary relevance (37). Moreover, from the mid-2000s onward, databases such as Scopus and PubMed significantly expanded coverage and improved metadata quality, particularly in

psychology and social sciences (38), ensuring more consistent and comparable retrieval of global research output, including from LMICs.

Inclusion and Exclusion Criteria

The inclusion criteria for this study encompassed articles published in peer-reviewed journals within a specified 20-year timeframe, focusing on empirical research related to CEA. Additionally, only articles written in English and document types limited to articles and reviews were considered, excluding book chapters, editorials, and similar formats. On the other hand, the exclusion criteria eliminate articles that do not pertain to original research or reviews, such as commentaries and letters, as well as articles that do not directly address CEA or are published in languages other than English.

Data Extraction

This phase involved incorporating a standardized protocol for study screening. The researchers utilized the PRISMA protocol, updated in 2020 (39), to guide the screening process. Data were screened based on the protocol criteria, and duplicate publications, erroneous entries, and publications lacking an English version, title, abstract, or keywords were eliminated from the study sample. To minimize the risk of biasing bibliometric analysis results, the researcher excluded publications with undefined authors and all studies categorized as reviews, errata, retractions, letters, data papers, conference proceedings, trade journals, and undefined.

The bibliographic data, encompassing author names, titles, journal names, keywords, affiliations, citation counts, subject categories, and abstracts, were retrieved from Scopus and PubMed. Prior to download, articles were sorted by citation frequency. Both author-designated and database keywords ("Author keywords" and "Keywords Plus") were employed. Additionally, citation reports were automatically downloaded. The data was then stored in Microsoft Excel (Professional Plus 2019 version). Following download, a filtering process excluded non-original articles/reviews and articles not pertaining to CEA. For example, studies that focused on emotional abuse across various age groups (adolescents and adults) were excluded. The process of data extraction is exhibited in Figure 1, using the PRISMA protocol.
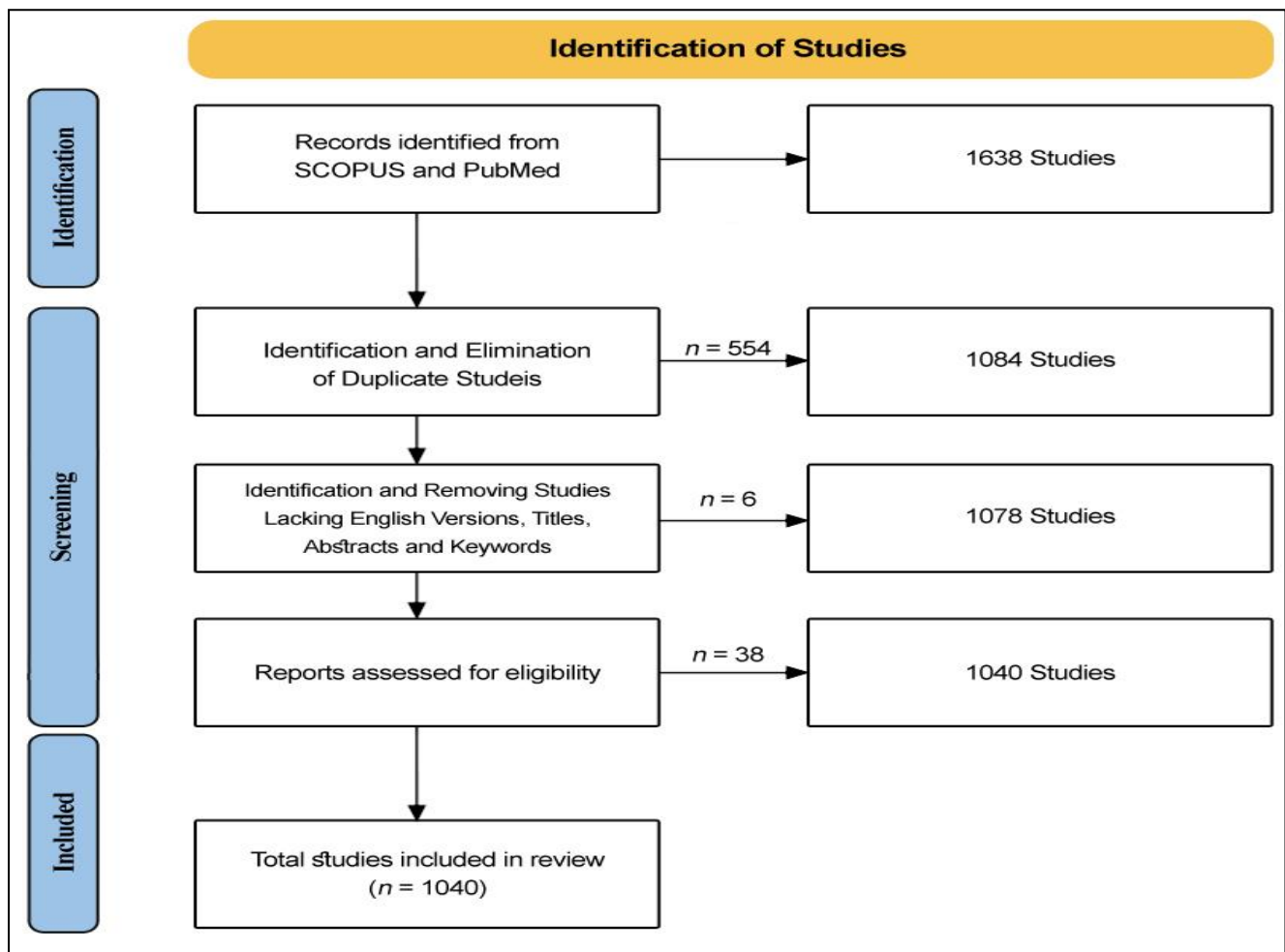

Figure 1. PRISMA Protocol Flow Diagram for Study Selection from Scopus and PubMed for Bibliometric Analysis of Childhood Emotional Abuse.

2.4 Software Selection for Literature Analysis

In the present study, the *Publish or Perish* software (Version 8.17.4863) was employed to evaluate relevant literature. Screening of raw bibliographic data based on the standardized PRISMA protocol was conducted using *Microsoft Excel*. For performance analysis, the *R package* (Version 4.5) was utilized, using *Biblioshiny*.

Results

General Information about Extracted Data

A total of 1,040 research papers (986 articles and 54 reviews) were included in the analysis, while 38 documents did not match the eligibility criteria and were excluded. The Scopus search initially retrieved 827 records. After excluding 11 non-original, non-review, or irrelevant articles, 816 documents remained. The PubMed search yielded 811 records, of which 554 were duplicates already identified in the Scopus dataset. After removing these duplicates and excluding 33 non-original, non-review, or irrelevant articles, 224 unique PubMed documents remained. In total, 1,040 publications were included in the final bibliometric analysis (Figure 1).

Table 1 presents the characteristics and subject areas of the 1,040 included papers, published across 435 journals. A total of 4,090 authors contributed, with most papers authored by 2–6 individuals. Psychology ($n = 633$) and medicine ($n = 588$) were the most represented subject areas, followed by social sciences, neuroscience, and health professions.

Table 1. Characteristics of Selected Papers on the Childhood Emotional Abuse

Characteristics	Category	Results
Descriptions	Total number of documents	1040
	Time-span	2005:2024
	Annual Growth Rate (%)	6.31
	Document Average Age	6.5
	Average citations per doc	31.56
	Total Sources	435
	References	55051
Document type	articles	986
	reviews	54
Year of publication	2005-2008	62
	2009-2012	100
	2013-2016	157
	2017-2020	236
	2021-2024	485
Number of authors	4090	
	1 author	61
	2-3 authors	325
	4-6 authors	425
	7-10 authors	177
	> 10 authors	52
Authors of single-authored docs	51	
Authors Collaboration	Single-authored docs	61
	Co-authors per doc	3.9
	International co-authorships%	35.2
Document content	Keywords plus (ID)	3072
	Author keywords (DE)	3014
Subject area	Psychology	633
	Medicine	588
	Social Sciences	185
	Neuroscience	88
	Health Professions	46

Nursing	34
Arts and Humanities	24
Biochemistry, Genetics and Molecular Biology	18
Pharmacology, Toxicology and Pharmaceutics	17
Multidisciplinary	12
Agricultural and Biological Sciences	8
Environmental Science	6
Other	11

Authors and Countries

The results in Table 2 show that the vast majority of authors (86.6%) published only one document, while 8.8% authored two documents. The proportion of authors declines sharply as the number of documents increases. This pattern is consistent with Lotka's law, highlighting that a small group of highly productive authors contributes a disproportionately large share of publications, whereas the majority of authors publish infrequently. This table also indicate the most productive authors with more than 7 papers. The American authors are amongst the most prolific. Anne Shaffer from the University of Georgia, United States led in the number of published papers (11 publications).

Table 2. Authors Productivity Based on Lotka's Law and List of the Most Prolific Authors Examining the Childhood Emotional Abuse

A. Authors Production through Lotka's Law			
Documents written	**N. of Authors**	**Proportion of Authors**	**Theoretical**
1	3542	0.866	0.866
2	364	0.088	0.216
3	104	0.025	0.096
4	41	0.010	0.050
≥ 5	39	0.006	0.101

B. Most prolific authors

No	Author	Affiliation and Country	Total Papers	Articles Fractionalized
1	Anne Shaffer	University of Georgia, United States	11	3.57
2	Richard T Liu	Harvard Medical School, United States	9	2.83
3	Bernet Elzinga	Leiden University, Netherland	9	1.05
4	Gökmen Arslan	Mehmet Akif Ersoy University, Turkey	8	6.03
5	Amy J.L. Baker	New York Foundling Vincent J., Fontana Center for Child Protection, United States	8	4.0
6	Souheil Hallit	Holy Spirit University of Kaslik, Lebanon	8	1.68
7	Brenda Penninx	Amsterdam UMC, Netherland	8	1.07
8	Vedat Şar	Koç University School of Medicine, Turkey	8	2.0
9	Philip Spinhoven	Leiden University, United States	8	.96
10	Lauren B. Alloy	Temple University, United States	7	1.53

Table 3 identifies the most prolific countries, with the United States and China leading in both publications and citations. Other key contributors include Canada, the UK, Turkey, and several European and Asian nations.

Figure 2 illustrates the prominence of Western and Asian countries in productivity and collaboration, while Figure 3 visualizes regional clusters and central hubs within the global research network.

Table 3. Most Prolific Countries and Collaboration Patterns Based on Corresponding Author Examining the Childhood Emotional Abuse

No.	Country	TP	TP %	TC	ACPY	SCP	MCP
1	UNITED STATES	343	33.01	13425	639.29	252	53
2	CHINA	152	14.63	1892	94.6	134	18
3	CANADA	70	6.74	2539	126.95	57	13
4	UNITED KINGDOM	69	6.64	3107	147.95	32	28
5	TURKEY	49	4.72	988	49.4	44	5
6	AUSTRALIA	35	3.37	681	40.06	24	11
7	GERMANY	35	3.37	1648	109.87	25	10
8	ITALY	33	3.18	601	31.63	24	9
9	NETHERLANDS	28	2.69	2225	123.61	14	14
10	SPAIN	18	1.73	653	40.81	14	4
11	SOUTH KOREA	18	1.73	322	32.2	2	1
12	ISRAEL	15	1.44	450	23.68	12	3
13	SWEDEN	11	1.06	253	14.88	5	6
14	IRAN	10	0.96	140	12.73	7	3
15	SOUTH AFRICA	10	0.96	401	20.05	4	6
16	NORWAY	9	0.87	150	12.5	8	1
17	FRANCE	8	0.77	229	15.27	4	4
18	SWITZERLAND	7	0.67	322	26.83	3	4
19	IRELAND	7	0.67	291	41.57	2	5
20	LEBANON	6	0.58	64	12.8	2	4

TP = Total Publication; TC = Total Citation; ACPY = Average Citation Per Year; SCP = Single Country Publication' MCP = Multiple Country Publication
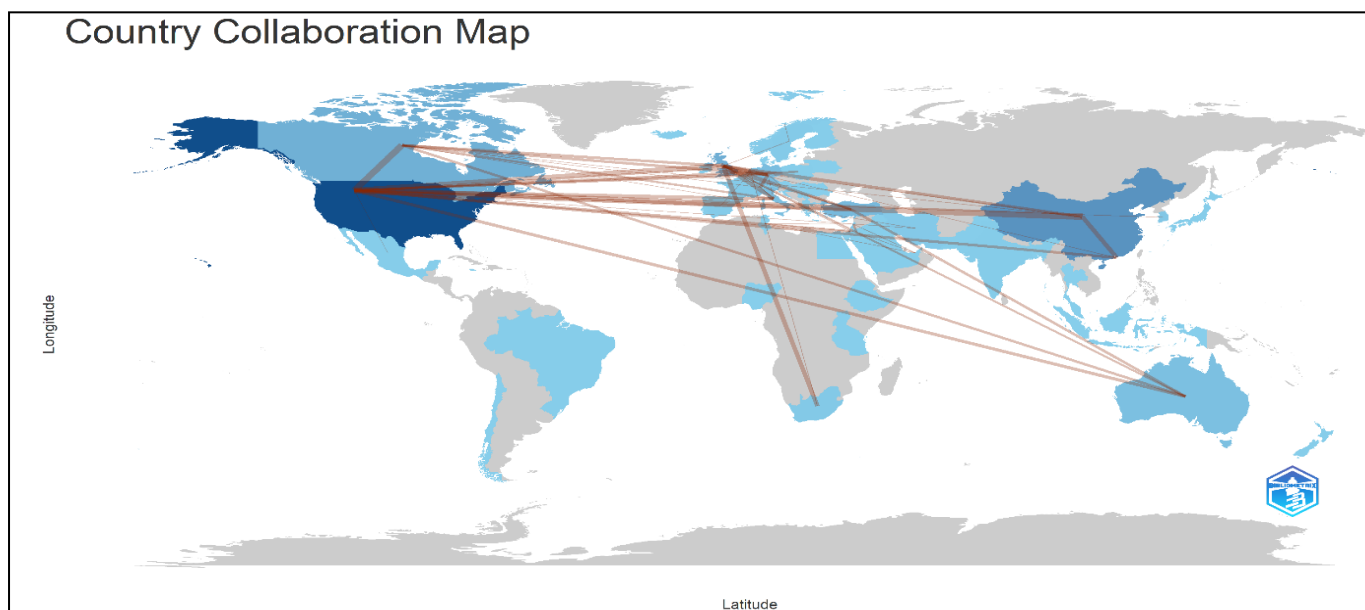

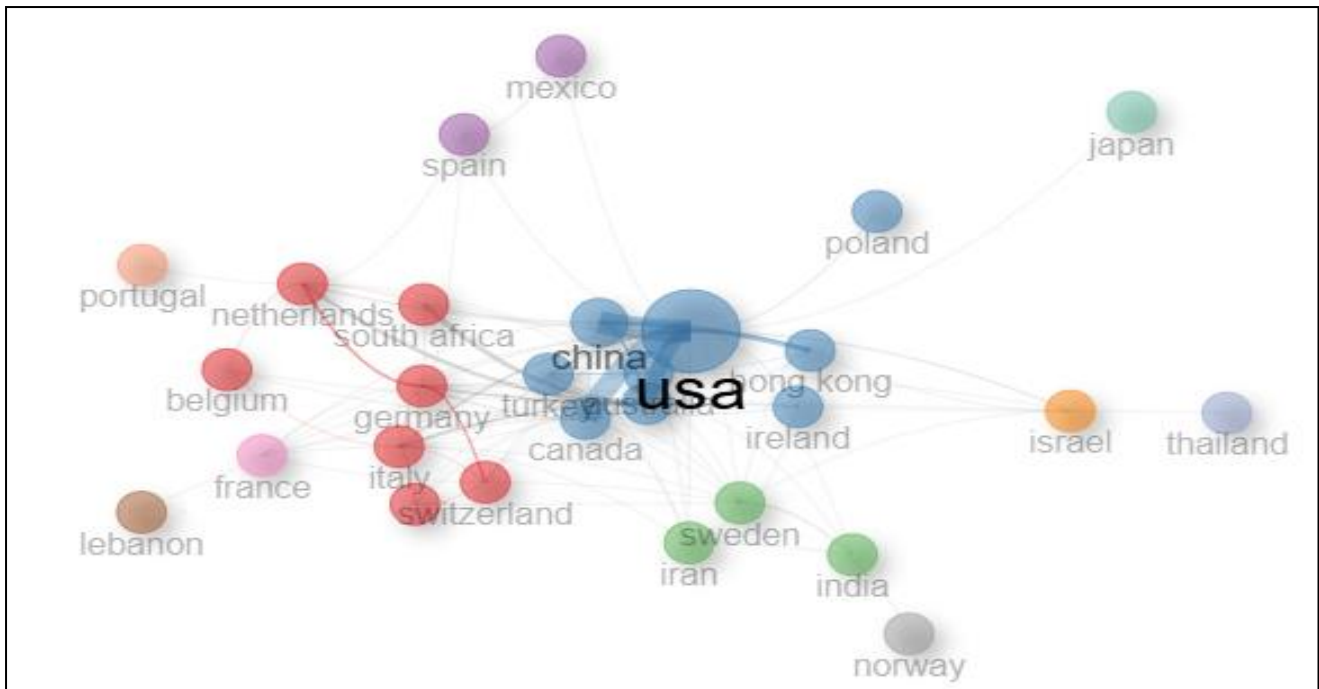**Figure 2. Scientific Productions on the Childhood Emotional Abuse across Countries**

Figure 3. International Collaboration Network in Childhood Emotional Abuse Research

Table 4 highlights the most prolific sources, with *Child Abuse & Neglect* leading at 12.21% of total papers. Other significant journals include *Journal of Interpersonal Violence*, *Journal of Aggression, Maltreatment & Trauma*, *Journal of Affective Disorders*, and *European Journal of Psychotraumatology*.

Table 4. Most Prolific Sources with Total Publications and Percentage Contribution on the Childhood Emotional Abuse

No	Journal Name	Total Paper	Percentage
1	Child Abuse & Neglect	127	12.21%
2	Journal of Interpersonal Violence	44	4.23%
3	Journal of Aggression, Maltreatment & Trauma	34	3.27%
4	Journal of Affective Disorders	30	2.88%
5	European Journal of Psychotraumatology	23	2.21%
6	Frontiers in Psychiatry	20	1.92&
7	Psychiatry Research	18	1.73%
8	Frontiers in Psychology	16	1.54%
9	PLOS One	15	1.44%
10	Children and Youth Services Review	15	1.44%

Table 5 lists the most cited papers, with the top-ranked paper by Wright *et al*. on childhood emotional maltreatment and later psychological distress, with 1,084 citations. These influential studies highlight critical research areas in CEA and its long-term impacts.

Table 5. Most Cited Papers on the Childhood Emotional Abuse

No.	AU	TI	PY	SO	TC
1	Wright et al.	Childhood emotional maltreatment and later psychological distress among college students: The mediating role of maladaptive schemas	2009	Child Abuse & Neglect	1084

2	Stoltenborgh et al.	The neglect of child neglect: a meta-analytic review of the prevalence of neglect	2013	Social Psychiatry and Psychiatric Epidemiology	997
3	Nelson et al.	Childhood maltreatment and characteristics of adult depression: meta-analysis	2017	The British Journal of Psychiatry	904
4	Infurna et al.	Associations between depression and specific childhood experiences of abuse and neglect: A meta-analysis	2016	Journal of Affective Disorders	713
5	Gibb et al.	Childhood emotional, physical, and sexual abuse, and diagnoses of depressive and anxiety disorders in adult psychiatric outpatients	2007	Depression and Anxiety	613

The most frequent keywords across the papers were "emotional abuse," "depression," and "child abuse," underscoring the primary focus areas of the research. A word cloud of the most frequent terms is presented in Figure 4.
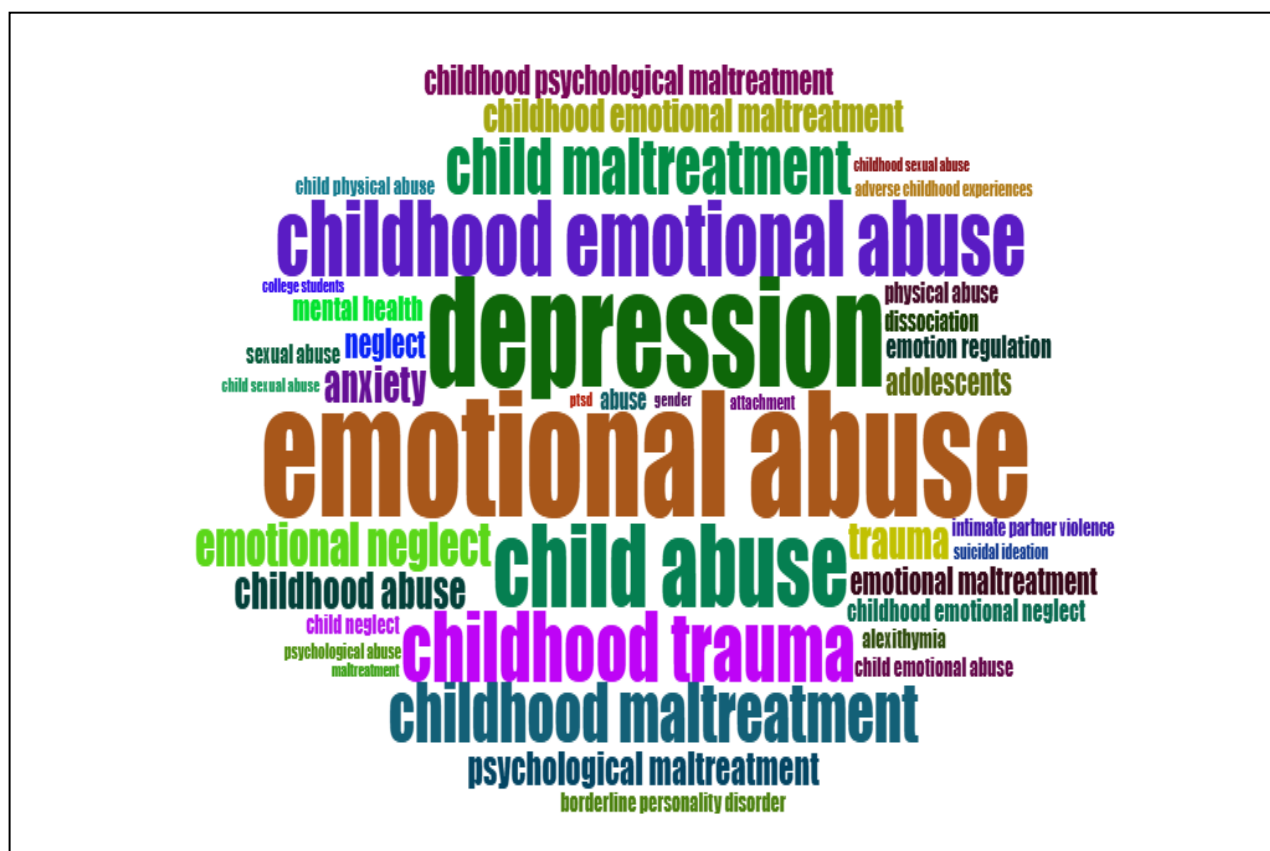

Figure 4. Word Cloud.
The Top Terms Include emotional abuse (n = 176), depression (n = 126), child abuse (n = 113), childhood emotional abuse (n = 77), childhood trauma (n = 74), childhood maltreatment (n = 74), child maltreatment (n = 69), emotional neglect (n = 49), anxiety (n = 42), and childhood abuse (n = 39)

Figure 5 presents a longitudinal analysis of trending topics related to CEA over the past two decades. It shows a variety of terms that have gained prominence in scholarly from around 2005 to 2024. The graph employs a bubble chart format, where the size of each bubble indicates the frequency of the term in relevant literature or discourse, with larger bubbles representing higher frequencies.
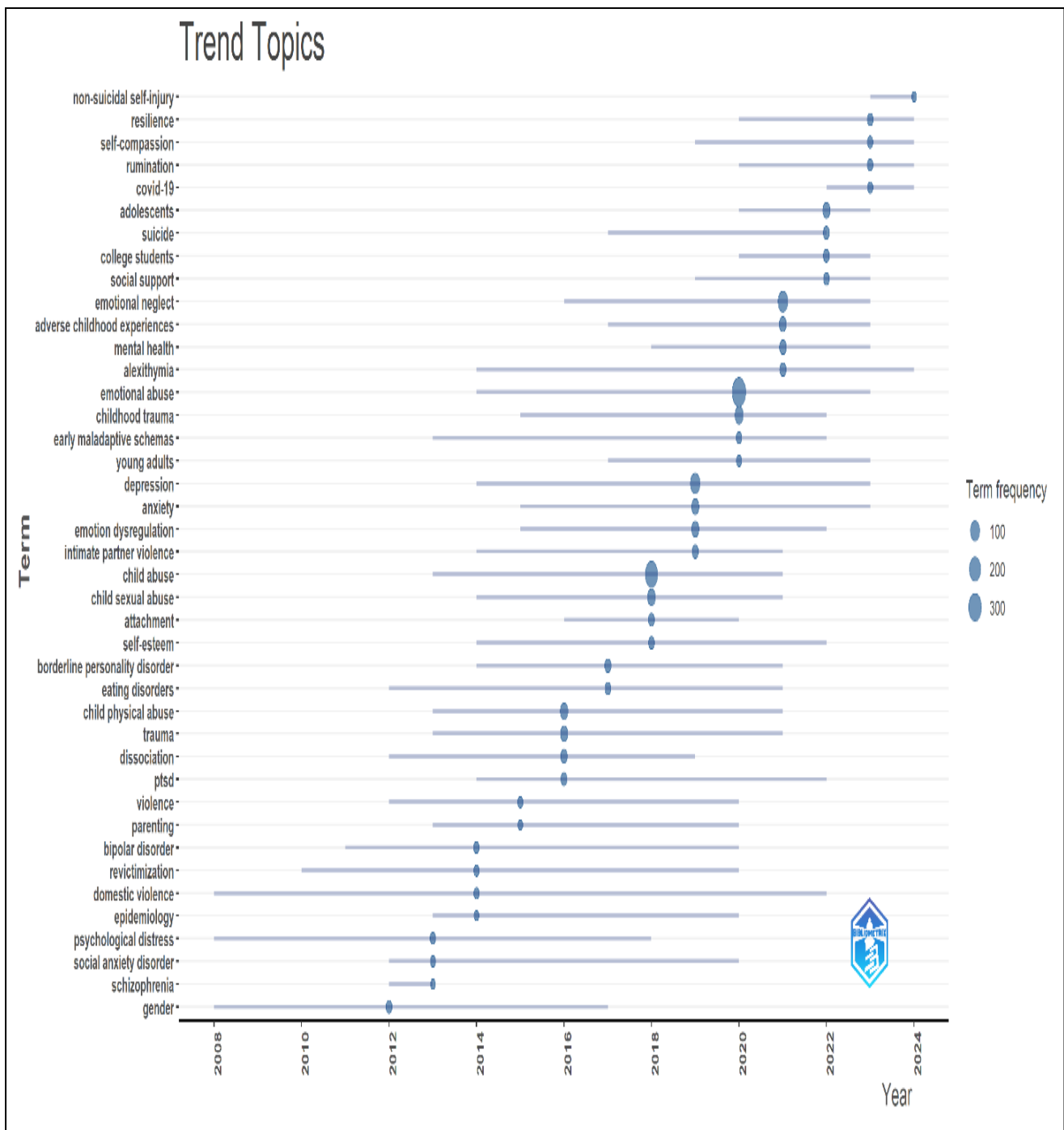
Figure 5. Trend Topics Over Time Showing Term Frequency and Yearly Distribution in the Selected Publications on the Childhood Emotional Abuse

Figure 6 illustrates a thematic map divided into four quadrants based on centrality (relevance) and density (development). Motor Themes (upper-right) are well-developed and highly relevant; Basic Themes (lower-right) are central but less developed; Niche Themes (upper-left) are specialized yet peripheral; and Emerging or Declining Themes (lower-left) are underdeveloped and weakly connected to the core field.
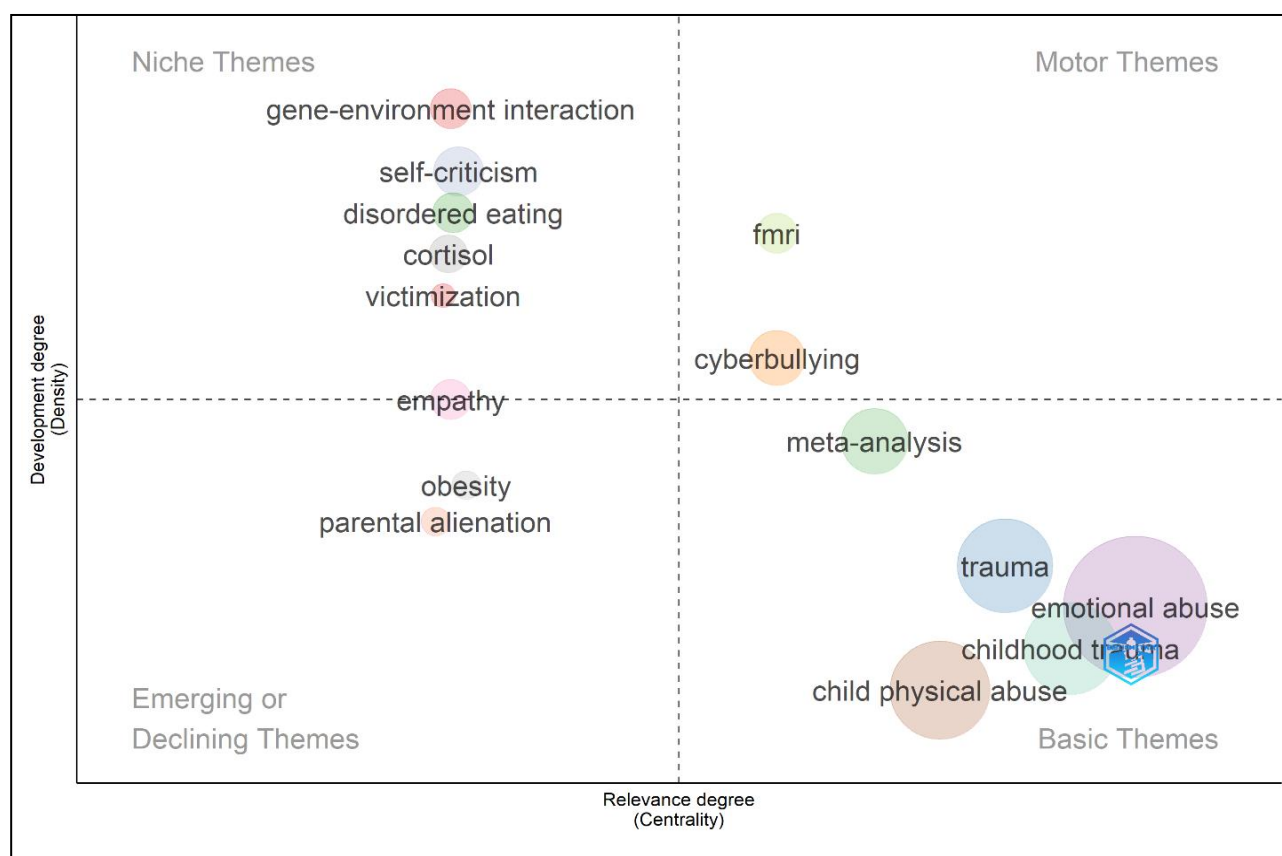
Figure 6. Thematic Mapping of Research Themes Based on Keyword co-Occurrence Showing Development Degree (Density) and Relevance Degree (Centrality)

Discussion

In this bibliometric study, we examined global scientific research on CEA over a span of two decades (2005–2024), based on data collected in May 2025. While some observed patterns, such as rising publication volumes and the dominance of high-output countries, align with broader scientific trends, the unique value of this study lies in synthesizing these patterns with thematic, methodological, and geographical insights to generate actionable priorities for future CEA research and practice. Our analysis, based on publications indexed in the Scopus and PubMed databases, identified the most influential authors, countries, frequently used keywords, leading journals, and citation trends in the field of CEA. To our knowledge, this represents the first comprehensive global bibliometric analysis specifically focused on scientific research related to CEA. The sharp rise in publication numbers—with more than half published since 2018—reflects growing scientific and clinical interest in CEA and aligns with findings that emotional abuse remains highly prevalent in self-reported data (40). The collaboration network (Figure 3) reveals clear regional clusters and central countries in CEA research. The United States, China, and Canada emerge as key hubs with extensive international partnerships, while many countries remain peripheral, reflecting uneven global engagement with the topic. The dominance of the United States (33.01%) and China (14.63%) in CEA research mirrors broader child maltreatment bibliometric patterns, where these nations lead in publication volume, research funding, and international collaboration networks (30, 31). Yet this concentration highlights the marked underrepresentation of other regions—particularly the Middle East and Africa. In our dataset, Iran contributed only 0.96% (10 publications; $SCP = 7$, $MCP = 3$) and South Africa had the same share, with few other African or Middle Eastern countries among the top producers. Such imbalances risk shaping the global evidence base around Western and East Asian frameworks, potentially overlooking culturally specific risk and protective factors, as well as interventions tailored to local realities. Iran illustrates both progress and constraints: its modest but visible output includes some international collaborations (30% MCP) despite operating in a context where cultural taboos, policy constraints, limited funding, and language barriers hinder research on child abuse. These constraints underscore the resilience of Iranian scholars and the potential for growth if supported by stronger global partnerships, regional funding initiatives, and cross-country data-sharing efforts. Addressing these gaps could reduce geographic skew and enhance the cultural adaptability of CEA prevention and intervention strategies.

CEA research spans several domains. This distribution is consistent with the broad recognition of CEA as a major contributor to the etiology and maintenance of various psychiatric and behavioral disorders. These areas are essential for understanding the medical and psychological impacts of emotional abuse on children and for developing effective interventions. The representation of fields such as neuroscience (88 publications) further underscores a growing interest in the biological underpinnings and neurodevelopmental consequences of CEA. Social Sciences, Nursing, and Health Professions reflect a multidisciplinary engagement, essential for developing holistic and culturally sensitive responses to CEA. The inclusion of disciplines such as Arts and Humanities, Molecular Biology, and even Business indicates a widening conceptualization of CEA beyond traditional clinical frameworks, opening space for more integrative and prevention-focused approaches.

The global distribution of countries addressing CEA is binary; that is, some countries have actively focused on it, while others have not addressed it at all. One reason for this may be cultural differences. Culture helps to clearly define generally accepted principles regarding child upbringing. Most cultures agree that child abuse should not occur and that steps should be taken to prevent it. However, each culture, with its unique set of beliefs and concepts, has its own opinions on what behaviors constitute child abuse (41). In this context, the role of culture in CEA is particularly significant due to its less overt and more interpretive nature, compared to physical or sexual abuse. What is labeled as emotionally abusive in one culture may be considered normative or even beneficial in another (42). For example, although yelling at a child is an example of CEA, even infants experience being yelled at by their parents, and by the time children reach ages 2 to 4, nearly all parents report using yelling, screaming, or shouting as a means to modify or manage their child's behavior (43). There is a cultural norm among Vietnamese parents that follows the belief, "spare the rod, spoil the child," leading them to often use harsh discipline with their children (44), or in Chinese culture there is a saying: 棍棒底下出孝子, which literally means "a filial son comes from the rod" (45). Such divergences complicate efforts to develop standardized diagnostic criteria and cross-culturally valid tools for the early detection of CEA. These challenges are particularly problematic given CEA's strong links to internalizing psychopathologies, such as anxiety, depression, and self-injury, which may manifest differently across cultures.

A review of the most frequently cited CEA articles reveals a dominant concern with the long-term psychological consequences of emotional maltreatment, particularly its role in adult psychopathology. Many of these studies are retrospective and rely on adult self-reports using instruments like the *Childhood Trauma Questionnaire (CTQ)* (46), a widely used tool (47) although concerns have been raised regarding recall bias and retrospective distortions (48). Simultaneously, prospective studies face challenges in reliably assessing emotional abuse in children, often relying on caregiver reports that may be incomplete or biased (49). The lack of validated, age-sensitive instruments for identifying CEA remains a major barrier to early detection and longitudinal psychopathological research (50). Child protection guidelines often require that behaviors cause "serious emotional harm," create an "imminent risk of severe emotional damage," or result in an "emotional disorder" for them to be recognized as emotional abuse (51).

The thematic map derived from keywords provides a structured overview of conceptual trends in childhood emotional abuse (CEA) research. Basic themes such as emotional abuse, childhood trauma, child physical abuse, and trauma remain central yet underdeveloped, underscoring their foundational role and the continued need for deeper theoretical integration. This persistent conceptual gap has been noted in earlier literature (52) and confirmed in recent studies (53), indicating that definitional clarity is still an unresolved challenge in the field.

Motor themes — including meta-analysis and early maladaptive schemas—are well-developed and influential, reflecting a paradigm shift from disorder-specific outcomes toward transdiagnostic constructs and mechanism-focused models of trauma. The increasing prominence of early maladaptive schemas aligns CEA research with contemporary trauma frameworks that emphasize underlying cognitive–emotional processes, offering new intervention pathways that cut across diagnostic categories. Niche themes (e.g., fMRI, empathy, gene–environment interaction, self-criticism) represent specialized but potentially high-impact areas that, if better integrated, could enrich mainstream CEA research by incorporating neurobiological, interpersonal, and biopsychosocial dimensions. Emerging or declining themes such as parental alienation and obesity may indicate new intersections with CEA or areas of waning scholarly attention.

The trend topic analysis further illustrates this evolution. Early research (pre-2012) was dominated by constructs such as psychological distress, social anxiety disorder, and violence, reflecting a focus on immediate psychological consequences. From 2013 to 2018, attention shifted toward developmental and relational factors, including parenting, emotion dysregulation, and intimate partner violence. Since 2018, there has been a notable surge in transdiagnostic and resilience-oriented constructs—such as early maladaptive schemas, self-compassion and resilience— alongside broader psychosocial factors like social support and adverse childhood experiences. This thematic progression signals the field's conceptual maturation, moving from symptom-based to process-based and preventive frameworks, with increasing attention to developmental

stages (e.g., adolescents, young adults) and social context.

Our findings have practical relevance for clinicians working with children affected by emotional abuse. The strong association of CEA with depression, anxiety, and related psychopathologies underscores the need to consider emotional maltreatment even when physical abuse is absent. Incorporating validated CEA screening tools into mental health, pediatric, and school-based assessments can support earlier detection and intervention. Yet, culturally adapted and age-sensitive instruments remain scarce (12).

For Low- and Middle-Income Countries (LMICs), where research output is limited, priorities should include establishing reliable prevalence data, validating/adapting measurement tools, and piloting context-appropriate prevention and intervention strategies. Building collaborative networks with high-output countries can help address these gaps while ensuring cultural relevance. Overall, the field is evolving toward integrative, developmentally informed, and mechanistic frameworks. Future directions include theoretical integration, gender- and age-sensitive approaches, meta-analytic synthesis, and cross-contextual longitudinal research—guiding the field toward a more cohesive scientific trajectory.

Call to Action
Drawing on our findings, we recommend the following priorities for advancing research, policy, and practice in CEA:

- Expand research in LMICs: Increase investment, capacity building, and collaborations to strengthen evidence from underrepresented regions, particularly LMICs and culturally specific contexts such as Iran.
- Develop validated measurement tools: Create, test, and culturally adapt reliable, age-sensitive CEA assessment instruments for both research and clinical settings.
- Address conceptual and definitional gaps: Build consensus on operational definitions to improve comparability across studies and contexts.
- Foster interdisciplinary collaboration: Integrate emerging approaches such as gene–environment interaction studies, neuroimaging (e.g., fMRI), and other biological, social, and cultural perspectives.
- Emphasize culturally informed research: Ensure interventions and assessments to reflect cultural norms and values, especially in non-Western settings.
- Promote transdiagnostic frameworks: Focus on underlying mechanisms (e.g., early maladaptive schemas, resilience, self-compassion) that cut across multiple disorders.
- Strengthen intervention strategies: Translate research into scalable, evidence-based clinical and community programs.

Prioritize prevention efforts: Develop public health initiatives, school-based programs, and policy reforms to reduce CEA prevalence and long-term harm.

Limitation
A critical analysis of the study's limitations is warranted. First, although our search included both Scopus and PubMed, relevant literature indexed exclusively in other databases—such as Web of Science or Google Scholar—may have been missed. While Scopus offers extensive coverage and high-quality indexing across a wide range of journals, and PubMed adds depth in biomedical literature, differences in database scope and indexing practices mean that some pertinent studies could have been overlooked. Second, there is a notable lack of consensus regarding the definition of CEA in the existing literature. In fact, since the beginning of child abuse research, significant efforts have been dedicated to systematically defining and identifying it (54, 55), and this challenge continues to persist to the present day (56). This variability in definitions poses challenges for the standardization and comparability of research findings. Third, this bibliometric analysis was limited to original articles and review papers, excluding other forms of scholarly publications such as conference proceedings, book chapters, and dissertations. This limitation may result in an incomplete representation of the topic's research landscape. Fourth, our search strategy was restricted to publications in the English language. Consequently, significant research contributions published in other languages may not be represented in this study. Fifth, the evaluation of articles in this study was based solely on their titles, abstracts, and keywords. This approach may have led to the omission of relevant studies that did not explicitly mention key terms in these sections.

Conclusion
This study provides a comprehensive bibliometric overview of two decades (2005–2024) of research on childhood emotional abuse (CEA), mapping its thematic evolution, key contributors, and global distribution. The findings reveal a marked increase in scholarly attention, with growing emphasis on CEA's role in the development of psychopathology and the adoption of transdiagnostic and mechanism-focused frameworks. Nevertheless, significant gaps remain, particularly in culturally informed research, validated assessment tools, and representation from Low- and Middle-Income Countries (LMICs). By identifying both advances and persistent deficiencies, this study offers a foundation for targeted, interdisciplinary, and globally inclusive research and intervention strategies aimed at reducing the enduring impact of emotional abuse.

Acknowledgment

Conflict of Interest

None.

References

1. Angelakis I, Gillespie EL, Panagioti M. Childhood maltreatment and adult suicidality: a comprehensive systematic review with meta-analysis. Psychol Med. 2019;49(7):1057-78.
2. Gardner MJ, Thomas HJ, Erskine HE. The association between five forms of child maltreatment and depressive and anxiety disorders: A systematic review and meta-analysis. Child Abuse Negl. 2019;96:104082.
3. Cicchetti D. Biological and behavioral effects of early adversity on multiple levels of development: Cambridge University Press; 2017.
4. Currie J, Widom CS. Long-term consequences of child abuse and neglect on adult economic well-being. Child Maltreat. 2010;15(2):111-20.
5. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998;14(4):245-58.
6. Carr CP, Martins CM, Stingel AM, Lemgruber VB, Juruena MF. The role of early life stress in adult psychiatric disorders: a systematic review according to childhood trauma subtypes. J Nerv Ment Dis. 2013;201(12):1007-20.
7. Norman RE, Byambaa M, De R, Butchart A, Scott J, Vos T. The long-term health consequences of child physical abuse, emotional abuse, and neglect: a systematic review and meta-analysis. PLoS Med. 2012;9(11):e1001349.
8. Yates TM. The developmental consequences of child emotional abuse: A neurodevelopmental perspective. Childhood Emotional Abuse: Routledge; 2014. p. 9-34.
9. Froz SA, Tiwari P. Psychological abuse: Impact on children. Indian Journal of Health and Wellbeing. 2015;6(5):526.
10. Garbarino J, Guttmann E, Seeley JW. The psychologically battered child: Jossey-Bass San Francisco; 1986.
11. Benzi IMA, Carone N, Parolin L, Martin-Gagnon G, Ensink K, Fontana A. Different epistemic stances for different traumatic experiences: implications for mentalization. Res Psychother. 2023;26(3):708.
12. Stoltenborgh M, Bakermans-Kranenburg MJ, Alink LR, van IJzendoorn MH. The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. Child Abuse Review. 2015;24(1):37-50.
13. Kimber M, McTavish JR, Couturier J, Boven A, Gill S, Dimitropoulos G, et al. Consequences of child emotional abuse, emotional neglect and exposure to intimate partner violence for eating disorders: a systematic critical review. BMC Psychol. 2017;5(1):33.
14. Li ET, Luyten P, Midgley N. Psychological Mediators of the Association Between Childhood Emotional Abuse and Depression: A Systematic Review. Front Psychiatry. 2020;11:559213.
15. Afifi TO, Mather A, Boman J, Fleisher W, Enns MW, Macmillan H, et al. Childhood adversity and personality disorders: results from a nationally representative population-based study. J Psychiatr Res. 2011;45(6):814-22.
16. Kuo JR, Khoury JE, Metcalfe R, Fitzpatrick S, Goodwill A. An examination of the relationship between childhood emotional abuse and borderline personality disorder features: the role of difficulties with emotion regulation. Child Abuse Negl. 2015;39:147-55.
17. Maguire SA, Williams B, Naughton AM, Cowley LE, Tempest V, Mann MK, et al. A systematic review of the emotional, behavioural and cognitive features exhibited by school-aged children experiencing neglect or emotional abuse. Child Care Health Dev. 2015;41(5):641-53.
18. Walker HE, Wamser-Nanney R. Revictimization Risk Factors Following Childhood Maltreatment: A Literature Review. Trauma Violence Abuse. 2023;24(4):2319-32.
19. Lee MA. Emotional abuse in childhood and suicidality: The mediating roles of re-victimization and depressive symptoms in adulthood. Child Abuse Negl. 2015;44:130-9.
20. Berzenski SR. Distinct emotion regulation skills explain psychopathology and problems in social relationships following childhood emotional abuse and neglect. Dev Psychopathol. 2019;31(2):483-96.
21. Chen E, Turiano NA, Mroczek DK, Miller GE. Association of Reports of Childhood Abuse and All-Cause Mortality Rates in Women. JAMA Psychiatry. 2016;73(9):920-7.
22. Rueness J, Myhre Md MC, Strøm IF, Wentzel-Larsen T, Dyb G, Thoresen S. Child abuse and physical health: A population-based study on physical health complaints among adolescents and young adults. Scand J Public Health. 2020;48(5):511-8.
23. Rodriguez VJ, Are F, Madden A, Shaffer A, Suveg C. Intergenerational transmission of childhood maltreatment mediated by maternal emotion dysregulation. J Child Fam Stud. 2021;30(8):2068-75.
24. Strathearn L, Giannotti M, Mills R, Kisely S, Najman J, Abajobir A. Long-term Cognitive, Psychological, and Health Outcomes Associated With Child Abuse and Neglect. Pediatrics. 2020;146(4):e20200438.

25. Lazar N, Chithra K. Comprehensive bibliometric mapping of publication trends in the development of Building Sustainability Assessment Systems. Environ Dev Sustain. 2021;23(4):4899-923.

26. Basílio MP, Pereira V, Costa HG, Santos M, Ghosh A. A systematic review of the applications of multi-criteria decision aid methods (1977–2022). Electronics. 2022;11(11):1720.

27. Martín-Martín A, Thelwall M, Orduna-Malea E, Delgado López-Cózar E. Google Scholar, Microsoft Academic, Scopus, Dimensions, Web of Science, and OpenCitations' COCI: a multidisciplinary comparison of coverage via citations. Scientometrics. 2021;126(1):871-906.

28. Godin B. On the origins of bibliometrics. Scientometrics. 2006;68(1):109-33.

29. Janik A, Ryszko A, Szafraniec M. Scientific landscape of smart and sustainable cities literature: A bibliometric analysis. Sustainability. 2020;12(3):779.

30. Tran BX, Pham TV, Ha GH, Ngo AT, Nguyen LH, Vu TTM, et al. A Bibliometric Analysis of the Global Research Trend in Child Maltreatment. Int J Environ Res Public Health. 2018;15(7):1456.

31. Vega-Arce M, Núñez-Ulloa G, Kanelos Torres F, Salas G, Barboza-Palomino M, López-López W, et al. 30 years of research on child abuse: A bibliometric analysis (1991-2020). Suma Psicológica. 2023;30(1):68-78.

32. Sindhura BKS, J GK. A bibliometric analysis of scientific literature on adverse childhood experiences (2004-2024). Glob Ment Health (Camb). 2025;12:e60.

33. Slep AM, Heyman RE, Snarr JD, Foster RE, Linkh DJ, Whitworth JD. Child emotional aggression and abuse: definitions and prevalence. Child Abuse Negl. 2011;35(10):783-96.

34. Hart SN, Brassard MR. A major threat to children's mental health. Psychological maltreatment. Am Psychol. 1987;42(2):160-5.

35. O'Hagan K. Emotional and psychological abuse of children. (No Title). 1993.

36. Glaser D. Emotional abuse and neglect (psychological maltreatment): a conceptual framework. Child Abuse Negl. 2002;26(6-7):697-714.

37. Ellegaard O, Wallin JA. The bibliometric analysis of scholarly production: How great is the impact? Scientometrics. 2015;105(3):1809-31.

38. Falagas ME, Pitsouni EI, Malietzis GA, Pappas G. Comparison of PubMed, Scopus, Web of Science, and Google Scholar: strengths and weaknesses. Faseb j. 2008;22(2):338-42.

39. Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. Bmj. 2021;372:n71.

40. Witt A, Glaesmer H, Jud A, Plener PL, Brähler E, Brown RC, et al. Trends in child maltreatment in Germany: comparison of two representative population-based studies. Child Adolesc Psychiatry Ment Health. 2018;12:24.

41. Witt A, Glaesmer H, Jud A, Plener PL, Brähler E, Brown RC, et al. Trends in child maltreatment in Germany: comparison of two representative population-based studies. Child Adolesc Psychiatry Ment Health. 2018;12:24.

42. Iwaniec D. The emotionally abused and neglected child: Identification, assessment and intervention: A practice handbook: John Wiley & Sons; 2006.

43. Straus MA, Field CJ. Psychological aggression by American parents: National data on prevalence, chronicity, and severity. J Marriage Fam. 2003;65(4):795-808.

44. Beazley H, Bessell L, Ennew J, Waterson R. What children say: Results of comparative research on physical and emotional Punishment of children in Southeast Asia, East Asia and the Pacific. 2006.

45. Xu J. The Worship of Suffering in the Chinese Mind. Psychoanalytic Inquiry. 2024;44(5):446-54.

46. Bernstein DP, Stein JA, Newcomb MD, Walker E, Pogge D, Ahluvalia T, et al. Development and validation of a brief screening version of the Childhood Trauma Questionnaire. Child Abuse Negl. 2003;27(2):169-90.

47. Humphreys KL, LeMoult J, Wear JG, Piersiak HA, Lee A, Gotlib IH. Child maltreatment and depression: A meta-analysis of studies using the Childhood Trauma Questionnaire. Child Abuse Negl. 2020;102:104361.

48. Tonmyr L, Draca J, Crain J, Macmillan HL. Measurement of emotional/psychological child maltreatment: a review. Child Abuse Negl. 2011;35(10):767-82.

49. Straus MA, Hamby SL, Finkelhor D, Moore DW, Runyan D. Identification of child maltreatment with the Parent-Child Conflict Tactics Scales: development and psychometric data for a national sample of American parents. Child Abuse Negl. 1998;22(4):249-70.

50. Ezpeleta L, Pérez-Robles R, Fanti KA, Karveli V, Katsimicha E, Nikolaidis G, et al. Development of a screening tool enabling identification of infants and toddlers at risk of family abuse and neglect: a feasibility study from three South European countries. Child Care Health Dev. 2017;43(1):75-80.

51. Yates TM, Wekerle C. The long-term consequences of childhood emotional maltreatment on development: (mal)adaptation in adolescence and young adulthood. Child Abuse Negl. 2009;33(1):19-21.

52. Thompson AE, Kaplan CA. Childhood emotional abuse. Br J Psychiatry. 1996;168(2):143-8.

53. 53Rajan TM. Operational Definitions and Structured Instruments for Childhood Emotional Abuse in Clinical Research: A Narrative Review. Journal of Indian Association for Child and Adolescent Mental Health. 2023;19(3):229-38.

54. Brassard MR, Donovan KL. Defining psychological maltreatment. 2006.

55. Hart SN, Brassard MR. Psychological maltreatment: Progress achieved. Dev Psychopathol. 1991;3(1):61-70.

56. Laajasalo T, Cowley LE, Otterman G, Lamela D, Rodrigues LB, Jud A, et al. Current issues and challenges in the definition and operationalization of child maltreatment: A scoping review. Child Abuse Negl. 2023;140:106187.