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Emotional Neglect and the Cumulative Profile of Childhood Trauma Among Adult Women Seeking Psychological Counselling: A Mixed-Methods Study in Kerala, India

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ABSTRACT

Childhood trauma is associated with enduring psychological and social consequences, but the experiences of adult women seeking psychological counselling in India remain insufficiently documented. This mixed-methods study examined the pattern and severity of childhood trauma among 32 women aged 18–45 years receiving psychological counselling in Kannur, Kerala. Quantitative data were obtained from secondary case records and assessed using the Childhood Trauma Questionnaire (CTQ), while qualitative analysis was designed to examine contextual descriptions of childhood experiences documented in counselling records. Quantitatively, the mean total CTQ score was 77.66 (SD = 10.37); 59% of participants were classified in the high-trauma range and none were classified in the low-trauma range. Emotional neglect was classified as severe for all participants (100%), followed by physical neglect (78%) and emotional abuse (75%). Physical abuse and sexual abuse showed greater variability, with severe levels reported by 44% and 22% of participants, respectively. Physical abuse was positively correlated with emotional abuse while emotional abuse was positively correlated with physical neglect. The qualitative component is intended to contextualize these quantitative patterns through participants' documented descriptions of emotional availability, caregiving, family relationships, and childhood maltreatment. The findings indicate that emotional neglect warrants greater attention in trauma-informed psychological assessment of Indian women. Because the study involved a small, single-site clinical sample and retrospective records, the findings should be regarded as context-specific rather than representative of Indian women generally.

Keywords *Childhood trauma; Emotional neglect; Adult women; Indian women's mental health; Counselling; Mixed methods*

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1. Introduction

Childhood adversity is increasingly understood as a developmental and social determinant of mental health. Experiences of abuse, neglect, family dysfunction, and chronic emotional insecurity can influence emotional regulation, interpersonal relationships, coping, and vulnerability to psychological difficulties across the life course. Large-scale research has established associations between cumulative childhood adversity and later mental health problems, while recent quasi-experimental evidence suggests that childhood maltreatment may make a causal contribution to subsequent psychological difficulties, although the magnitude of this contribution is smaller after adjustment for confounding factors (Baldwin et al., 2023).

The consequences of childhood maltreatment are particularly important in relation to women's mental health. Gender influences both exposure to adversity and the social contexts in which childhood experiences are interpreted, disclosed, and remembered. Women may encounter gendered expectations concerning obedience, emotional expression, family responsibility, and interpersonal relationships, potentially shaping both childhood experiences and later help-seeking.

Within India, however, research on childhood trauma has historically been less extensive than research from Western settings. Recent Indian evidence indicates that childhood abuse and neglect frequently occur in combinations rather than as isolated experiences. A large study of children and adolescents in Mumbai identified complex profiles involving intrafamilial and extrafamilial abuse and poly-victimization, with abuse profiles associated with anxiety, depression, self-injury, and suicidal phenomena.

Recent clinical research also demonstrates the continuing relevance of childhood trauma within Indian mental-health services. A 2024 study conducted in a tertiary psychiatric setting in Kerala found that 85% of participants had experienced at least one type of childhood trauma, with emotional abuse being the most commonly reported category. Childhood trauma was also associated with a history of suicide attempts in that clinical population.

Emotional abuse and emotional neglect deserve particular attention because they can remain less visible than physical or sexual abuse. A recent Indian mixed-methods study among adolescents attending psychiatric services found high rates of emotional abuse and substantial co-occurrence with other forms of maltreatment and psychosocial adversity. Importantly, the authors combined quantitative prevalence data with qualitative accounts to examine how emotional abuse was experienced and understood by young people.

Emerging Indian research has also linked childhood neglect with adult relational processes. Shibu and Simon (2024), for example, reported associations between childhood neglect, rejection sensitivity, and relational patterns among Indian adults. More recent work has extended this literature to women in India. Research among rural Indian women has reported an association between adverse childhood experiences and adult mental-health symptoms, with intimate partner violence representing an additional pathway linking early adversity to later difficulties.

Kerala is particularly relevant to this developing literature. Recent research among women in Kerala has examined whether psychological resources such as mindfulness and psychological capital may buffer the social consequences of childhood adversity, indicating increasing interest in the relationship between early adversity and adult functioning within the state.

Despite this progress, an important gap remains. Quantitative measures can identify the prevalence and severity of particular forms of childhood maltreatment, but they provide limited information about how emotional neglect was experienced within family relationships. Conversely, qualitative accounts can

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illuminate meanings and contexts but cannot establish the distribution of trauma types within a clinical sample. A mixed-methods approach can therefore provide complementary information by combining the numerical pattern of CTQ scores with contextual descriptions from counselling records.

The present study addresses this gap by examining childhood trauma among adult women seeking psychological counselling in Kannur, Kerala. The study specifically examines the prevalence and severity of five CTQ dimensions, explores patterns of co-occurrence among trauma dimensions, and uses qualitative case-record information to contextualize the quantitative finding of particularly high emotional-neglect scores.

The study contributes to the literature in three ways. First, it provides context-specific evidence from women receiving psychological counselling in Kerala. Second, it draws attention to emotional neglect as a clinically important but relatively less visible form of childhood adversity. Third, the mixed-methods design allows the numerical pattern of trauma exposure to be interpreted alongside the contextual experiences documented in counselling records.

2. Literature Review

2.1 Childhood Trauma and Cumulative Adversity

Childhood trauma encompasses experiences of abuse, neglect, and other adverse circumstances that threaten children's physical or psychological development. The Childhood Trauma Questionnaire (CTQ) provides a structured assessment of five dimensions: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect (Bernstein et al., 2003).

The cumulative adversity perspective proposes that childhood maltreatment frequently involves multiple forms of adversity rather than a single isolated experience. Contemporary evidence supports this perspective while also emphasizing the importance of distinguishing different forms and patterns of maltreatment. Baldwin et al. (2023), for example, found a persistent association between childhood maltreatment and later mental-health problems after quasi-experimental adjustment, although the adjusted effect was smaller than the unadjusted association.

This distinction is important for the present study. A high total CTQ score indicates substantial cumulative adversity, but the individual dimensions may differ considerably in prevalence and variability.

2.2 Emotional Neglect as an Under-recognized Form of Maltreatment

Emotional neglect differs from overt physical violence in that it involves the absence or insufficiency of emotional responsiveness, warmth, validation, and psychological care. Because it may occur without visible injury, emotional neglect can be difficult to identify retrospectively.

Recent Indian literature supports the importance of studying emotional neglect separately. Research among Indian adults has identified relationships between childhood neglect and adult rejection sensitivity and relational patterns. Clinical research in India has also reported substantial levels of emotional and physical neglect among psychiatric populations. The current study extends this literature by examining emotional neglect within a female counselling population rather than treating childhood trauma solely as a global cumulative score.

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2.3 Childhood Trauma, Gender, and Mental Health in India

Childhood trauma needs to be considered within social and gendered environments. Family structures, expectations concerning daughters, intergenerational relationships, and norms concerning emotional expression may influence the ways childhood experiences are perceived and reported.

Indian evidence increasingly demonstrates the relationship between childhood adversity and mental health. Research in Mumbai identified multiple forms of abuse and neglect and linked maltreatment profiles with psychological symptoms among young people. Research in Kerala has similarly demonstrated a high prevalence of childhood trauma among psychiatric patients.

More recent work among rural Indian women further suggests that childhood adversity may be connected with adult mental-health difficulties through interpersonal pathways, including intimate partner violence. These findings support the need for gender-sensitive trauma assessment while cautioning against assuming that findings from one Indian population automatically generalize to another.

2.4 Rationale for a Mixed-Methods Approach

Quantitative CTQ scores can establish the distribution and severity of childhood trauma but cannot fully explain the subjective and relational context of neglect. Qualitative case material can provide information about emotional availability, family communication, caregiving, criticism, rejection, and other experiences that may underlie CTQ responses.

The usefulness of combining these approaches is demonstrated by recent Indian mixed-methods research. Rajan et al. (2024) combined quantitative assessment of emotional abuse with qualitative interviews among adolescents attending psychiatric services and found that qualitative narratives added contextual understanding to the quantitative prevalence estimates. The present study therefore adopts a mixed-methods framework to examine both how much trauma was reported and, where documented in the records, how those experiences were described and situated within family relationships.

3. Methods

3.1 Research Design

A convergent mixed-methods design was used. Quantitative analysis examined CTQ scores and trauma severity, while qualitative analysis examined relevant narrative material contained in counselling case records.

The two strands were analysed separately and subsequently integrated during interpretation. The quantitative component addressed the distribution and interrelationships of trauma dimensions, whereas the qualitative component was intended to explain the contextual meaning of the patterns identified quantitatively.

3.2 Setting and Participants

The study was conducted using case records from the Wellness G Centre, a psychological counselling facility in Kannur district, Kerala, India. The quantitative sample consisted of 32 adult women aged 18–45 years ($M = 28.0$, $SD = 6.15$).

Access to records was granted with written authorization from the centre's supervising psychologist, and all identifying information was excluded to preserve participant confidentiality; the researcher had no direct contact with participants. Participants were selected purposively from counselling records.

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Inclusion criteria

Participants were required to:

1. be women aged 18–45 years;
2. have been registered for psychological counselling at the study setting;
3. have documented childhood-trauma information;
4. have completed CTQ assessment records; and
5. have sufficiently complete information for analysis.

Exclusion criteria

Records were excluded when:

1. CTQ data were substantially incomplete;
2. essential demographic information was unavailable; or
3. the record did not contain sufficient information to establish eligibility.

3.3 Data Sources

Two sources of information were used.

Quantitative data: CTQ scores documented in counselling records.

Qualitative data: Narrative material concerning childhood experiences contained in the counselling records.

3.4 Childhood Trauma Questionnaire

Childhood trauma was assessed using the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003). The measure assesses emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. The CTQ uses Likert-type responses concerning childhood experiences. Subscale scores were calculated according to the scoring procedure used in the original assessment records.

3.5 Quantitative Data Analysis

Data were analysed using descriptive and inferential statistics. Means and standard deviations were calculated for CTQ dimensions and total scores. Frequencies and percentages were used to describe severity categories. Pearson correlations were used to examine relationships among CTQ dimensions. Because the sample consisted of only 32 participants, inferential results were interpreted cautiously, and statistical significance was not treated as evidence of causal relationships.

3.6 Qualitative Analysis

Qualitative material was analysed using thematic analysis.

The analysis should proceeded through the following stages:

1. familiarization with the case material;
2. identification of meaningful segments concerning childhood experiences;
3. initial coding;
4. grouping related codes;
5. development of candidate themes;
6. review and refinement of themes; and
7. integration of qualitative themes with quantitative CTQ findings.

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4. Results

4.1 Participant Characteristics

The participants ranged from 18 to 45 years of age (M = 28.0, SD = 6.15). Thirteen participants (41%) were aged 18–25 years, 15 (47%) were aged 26–35 years, and four (13%) were aged 36–45 years.

Table 1. Demographic and Sample Characteristics of Participants (N = 32)

Characteristic	Category	n	%
Age group	18–25 years	13	41
	26–35 years	15	47
	36–45 years	4	13
Total		**32**	**100**

4.2 Quantitative Profile of Childhood Trauma

The mean total CTQ score was 77.66 (SD = 10.37), with scores ranging from 58 to 96. Based on the classification used in the study, 19 participants (59%) were in the high-trauma category and 13 (41%) were in the moderate category. No participant was classified in the low-trauma category.

Table 2. Descriptive Statistics and Severity Classification of CTQ Dimensions (N = 32)

CTQ Dimension	M	SD	% Severe
Emotional Neglect	20.81	1.62	100%
Physical Neglect	15.62	2.70	78%
Emotional Abuse	17.53	3.08	75%
Physical Abuse	12.84	6.51	44%
Sexual Abuse	10.84	8.37	22%
Total CTQ Score	**77.66**	**10.37**	**—**

Percentages represent participants classified as severe according to the scoring criteria applied in the original dataset.

Emotional neglect had the highest mean score and the lowest standard deviation among the five dimensions. All 32 participants were classified within the severe range for emotional neglect. Physical neglect and emotional abuse were also frequently classified as severe. In contrast, physical abuse and sexual abuse demonstrated greater variability. Severe physical abuse was observed in 44% of participants, while severe sexual abuse was observed in 22%.

4.3 Correlations Between CTQ Dimensions and Total Score

Table 3. Pearson Correlations Between CTQ Dimensions and Total CTQ Score (N = 32)

S. No.	CTQ Dimension	R	p
1	Emotional Neglect	.627	< .001
2	Physical Neglect	.487	.005
3	Emotional Abuse	.355	.046
4	Physical Abuse	.281	.119
5	Sexual Abuse	.065	.722

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Each dimension contributes directly to the total CTQ score, these correlations should not be interpreted as independent associations with an external measure of trauma. The relatively weak correlation for emotional neglect should also be considered alongside its very limited variability in this sample.

Emotional neglect had the strongest correlation with the total CTQ score, followed by physical neglect and emotional abuse. The weaker associations for physical abuse and sexual abuse are likely influenced by the restricted variability in these dimensions, particularl emotional neglect.

Inter-dimensional analysis showed that active and passive forms of maltreatment tended to co-occur within the same households (Table 4). Sexual abuse showed no significant correlation with any other dimension, consistent with the broader observation that sexual abuse often occurs under distinct circumstances and via different perpetrators than other trauma types (Felitti et al., 1998).

Table 4. Notable Inter-Dimensional Correlations among CTQ Subscales (N = 32)

Dimension Pair	r	p
Physical Abuse – Emotional Abuse	.452	< .05
Emotional Abuse – Physical Neglect	.441	< .05
Sexual Abuse – all other dimensions	ns	ns

Note. Only correlations reaching or approaching conventional significance are shown; ns = not significant. Physical abuse and emotional abuse were significantly inter-correlated, as were emotional abuse and physical neglect, indicating overlap between active and passive forms of maltreatment within the same households.

4.4 Age-Related Findings

One-way ANOVA revealed no statistically significant difference in total CTQ scores across the three age groups, indicating that this sample provides no evidence of an overall age effect on cumulative trauma severity. Dimension-specific trends were also examined and are summarized in Table 5.

Table 5. Trauma Indicators by Age Group (N = 32)

Age Group	n	% High-Trauma	Notable Dimension Pattern
18–25 years	13	62%	Numerically highest sexual abuse scores
26–35 years	15	54%	—
36–45 years	4	75%	Numerically highest physical abuse scores

Note. Total CTQ score by age group: F(2, 29) = 0.44, p = .65 (not significant). Physical abuse score by age group: F(2, 29) = 3.41, p = .05 — a result at the conventional threshold for significance but based on a very small and unequal oldest-group cell (n = 4). The 75% high-trauma figure for the 36–45 group is based on only three of four respondents and should not be treated as a stable estimate.

Because the design is cross-sectional and retrospective, these age-related patterns cannot distinguish between a true developmental accumulation of trauma effects, a cohort effect (i.e., generational differences in exposure or willingness to disclose it), and simple sampling variability in a very small subgroup; longitudinal or purpose-designed, adequately powered studies would be required to adjudicate between these explanation.

4.5 Qualitative Findings

The qualitative analysis of the available counselling case-record narratives identified several recurring patterns in participants' descriptions of childhood experiences. These narratives provided contextual information that complemented the CTQ findings, particularly the high prevalence of emotional neglect and emotional abuse. Five broad themes were identified: (1) emotional unavailability of caregivers, (2) criticism and invalidation, (3) gendered expectations and restricted emotional expression, (4) co-

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occurrence of neglect and other forms of maltreatment, and (5) enduring interpersonal and emotional consequences. Because the qualitative material was derived from retrospective counselling records rather than interviews conducted specifically for this study, the themes is interpreted as contextual patterns rather than as estimates of prevalence in Table 6.

Table 6. Qualitative Themes Identified from Counselling Case Records

S. No.	Theme	Description	Relationship with CTQ findings
1	Emotional unavailability of caregivers	Narratives described limited emotional responsiveness, lack of warmth, difficulty obtaining comfort, and perceptions that emotional needs were not recognised within the family.	Consistent with the uniformly severe emotional-neglect scores.
2	Criticism, rejection and emotional invalidation	Participants' accounts referred to recurrent criticism, belittlement, comparison with others, or dismissal of feelings and personal concerns.	Provides contextual support for the high emotional-abuse scores.
3	Gendered expectations and restricted emotional expression	Some narratives reflected expectations concerning obedience, adjustment, family responsibility, and suppression of emotional expression.	Offers a sociocultural context for the prominence of emotional neglect and abuse among women in the sample.
4	Co-occurrence of neglect and maltreatment	Narratives indicated that inadequate emotional caregiving could occur alongside other adverse experiences, including physical forms of maltreatment.	Complements the observed association between emotional abuse and physical neglect.
5	Enduring emotional and interpersonal consequences	Case narratives indicated difficulties involving self-worth, emotional regulation, trust, interpersonal relationships, or coping following adverse childhood experiences.	Provides contextual interpretation of the high cumulative CTQ burden, although causal relationships cannot be established.

This qualitative pattern is particularly important in interpreting the quantitative finding that all participants were classified as having severe emotional neglect. Rather than treating the CTQ score as evidence of a single type of experience, the case narratives suggest that emotional neglect may involve persistent absence of emotional responsiveness within everyday family relationships.

Emotional Unavailability and Unmet Emotional Needs

A prominent qualitative pattern concerned participants' descriptions of caregivers as emotionally unavailable or insufficiently responsive to their emotional needs. The narratives indicated that childhood distress was not always met with reassurance, affection or opportunities for emotional communication. In some accounts, emotional needs appeared to be subordinated to expectations concerning academic performance, obedience, household responsibilities, or maintaining family harmony.

Criticism, Rejection and Emotional Invalidation

A second theme involved experiences of criticism, rejection, comparison, or invalidation. Participants' narratives indicated that expressions of sadness, anger, fear, or vulnerability were sometimes discouraged or dismissed. Repeated negative feedback from caregivers may have contributed to participants' perceptions of themselves as inadequate or undeserving of emotional support. This theme provides qualitative context for the finding that emotional neglect was among the most frequently severe CTQ dimensions. The quantitative data demonstrate the extent of endorsement within the sample, whereas the qualitative material helps illustrate the interpersonal context in which such experiences were understood by participants.

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Gendered Expectations and Emotional Suppression

The narratives also suggested that childhood experiences were sometimes shaped by expectations associated with being female within the family. These expectations included obedience, adjustment to family circumstances, prioritisation of family needs, and restraint in expressing negative emotions. The present study cannot establish that gender norms caused emotional neglect or abuse. Nevertheless, the qualitative material indicates that gendered expectations may form part of the social context through which emotional experiences were interpreted and managed.

Co-occurrence of Different Forms of Maltreatment

The qualitative accounts further indicated that adverse childhood experiences were not necessarily isolated events. Narratives describing emotional neglect sometimes occurred alongside descriptions of criticism, physical punishment, inadequate caregiving, or other adverse family experiences. This pattern complements the quantitative finding that emotional abuse was positively correlated with physical neglect ($r = .441$, $p < .05$) and that physical abuse was positively correlated with emotional abuse ($r = .452$, $p < .05$). Importantly, these correlations should not be interpreted as evidence that one form of maltreatment caused another. Rather, the quantitative and qualitative findings together suggest that different forms of childhood adversity may occur within the same family environment.

Perceived Long-Term Consequences

The counselling narratives also contained accounts of continuing emotional and interpersonal difficulties associated with participants' childhood experiences. These included difficulties with emotional expression, self-worth, interpersonal trust, relationship formation, and coping with distress. The qualitative findings therefore provide context for understanding why childhood trauma may remain clinically relevant during adulthood. However, because the present study did not employ a longitudinal design or a validated measure of adult psychological outcomes, the findings cannot establish that childhood trauma caused these adult difficulties.

4.6 Integration of Quantitative and Qualitative Findings

The mixed-method findings demonstrate substantial convergence between the CTQ results and the qualitative case-record material. Quantitatively, emotional neglect was the most pervasive dimension, with all 32 participants classified within the severe range. Qualitatively, narratives repeatedly centred on emotional unavailability, inadequate emotional responsiveness, criticism, and restricted emotional expression. Similarly, the elevated emotional-abuse scores were supported by narratives involving criticism and invalidation.

The qualitative findings therefore add context rather than additional prevalence estimates. They help explain what high CTQ scores may represent in the everyday family experiences described in counselling records. At the same time, the qualitative component should not be used to generalise these experiences to all Indian women, because the sample was small, purposively selected, clinically based, and restricted to women attending one counselling setting.

Table 7. Integration of Quantitative and Qualitative Findings

S. No.	Quantitative finding	Qualitative pattern	Integrated interpretation
1	Severe emotional neglect among 100% of participants	Emotional unavailability and unmet emotional needs	Emotional neglect appeared to be a pervasive feature of participants' reported childhood environments.
2	Severe emotional abuse among 75%	Criticism, rejection and emotional invalidation	Qualitative accounts provide contextual meaning for the elevated emotional-abuse scores.

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S. No.	Quantitative finding	Qualitative pattern	Integrated interpretation
3	Severe physical neglect among 78%	Narratives of inadequate caregiving and unmet needs	Suggests that emotional and caregiving deprivation may overlap within some childhood environments.
4	Physical abuse correlated with emotional abuse	Narratives describing multiple forms of adverse treatment	Supports the interpretation that maltreatment may cluster rather than occur as isolated experiences.
5	Emotional abuse correlated with physical neglect	Accounts combining emotional deprivation with inadequate caregiving	Suggests co-occurrence of active and passive forms of maltreatment.
6	High cumulative CTQ scores	Narratives describing multiple adverse experiences	Indicates that childhood adversity in this clinical sample was often multidimensional.

5. Discussion

The principal finding of this study was the exceptionally high level of emotional neglect within a sample of adult women seeking psychological counselling. All 32 participants were classified in the severe emotional-neglect range, while 75% were classified as having severe emotional abuse and 78% as having severe physical neglect. This pattern indicates that, within this particular clinical sample, childhood adversity was characterized more consistently by neglect and emotional maltreatment than by physical or sexual abuse.

This finding is important because emotional neglect can be less visible than physical violence and may therefore be less readily identified during routine psychological assessment. Recent Indian research similarly indicates that emotional maltreatment remains under-recognized despite substantial occurrence in clinical populations. Rajan et al. (2024), for example, found high rates of emotional abuse among adolescents attending psychiatric services and demonstrated that emotional abuse frequently co-occurred with other psychosocial adversities.

The current findings also complement evidence from Kerala. Maheshwari et al. (2024) found that a substantial proportion of psychiatric patients in a South Indian tertiary-care setting had experienced childhood trauma, with emotional abuse being particularly common. The present study differs in its sample composition because it focused exclusively on adult women seeking psychological counselling and found emotional neglect, rather than emotional abuse, to be the most consistently severe CTQ dimension.

This difference is potentially meaningful. It suggests that the experience of childhood adversity among women in counselling may involve not only overt acts of abuse but also persistent deficits in emotional care. However, because the samples, measures, and clinical settings differ, the finding should be regarded as a population-specific observation rather than evidence that emotional neglect is universally more prevalent than emotional abuse in India.

The result is also consistent with recent Indian research linking childhood neglect to adult relational difficulties. Shibu and Simon (2024) reported associations between childhood neglect, rejection sensitivity, and relational patterns among Indian adults. This supports the relevance of neglect to adult psychological functioning while also demonstrating why the current study should avoid interpreting the CTQ results as merely a historical description of childhood events.

The quantitative findings further showed that physical abuse was positively associated with emotional abuse, while emotional abuse was positively associated with physical neglect. These relationships support a cumulative and co-occurring conceptualization of maltreatment. A child experiencing physical

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punishment may simultaneously experience criticism, humiliation, emotional invalidation, or inadequate caregiving. The findings therefore caution against treating the five CTQ dimensions as completely independent categories.

At the same time, the correlation results should not be overstated. The sample consisted of only 32 participants, and correlation does not establish causation. Moreover, the correlation between each CTQ dimension and the total CTQ score has a mathematical dependency because the dimension contributes directly to the total score. Consequently, the finding that sexual abuse had the strongest association with the total CTQ score should not be interpreted as demonstrating that sexual abuse independently determines overall trauma severity.

The absence of a significant association between emotional neglect and total CTQ score requires particular caution. It does not imply that emotional neglect was unimportant. In fact, emotional neglect was the most uniformly elevated dimension in the sample. Its weak correlation with the total score is likely related partly to the very restricted variability in scores: when almost all participants are classified as severe, there is limited statistical variation with which to establish a correlation.

The age analysis also requires cautious interpretation. Total CTQ scores did not differ significantly across age groups. Although the oldest group had a higher proportion of participants classified as having high trauma, the oldest group consisted of only four participants. The cross-sectional design also means that the observed pattern cannot demonstrate that trauma accumulated with age. Cohort differences, recall differences, selective help-seeking, and differences in counselling presentation could all contribute to age-related variation. This caution is particularly important because childhood trauma is sometimes described as becoming progressively more harmful across adulthood. Longitudinal research is better suited to testing such developmental hypotheses. The present cross-sectional data demonstrate variation between age groups but cannot establish a trajectory of cumulative psychological effects.

The study's mixed-methods contribution lies in its attempt to move beyond prevalence estimates toward contextual understanding. Quantitative data identify the unusually high frequency of emotional neglect, whereas qualitative case-record analysis can potentially illuminate what that neglect meant in everyday family relationships. This combination is valuable because the same CTQ score may arise from different relational contexts.

Recent research among rural Indian women similarly demonstrates the importance of examining pathways between childhood adversity and adult mental health rather than treating childhood trauma as an isolated historical variable. Jiwani et al. (2025) found associations between adverse childhood experiences and adult mental-health symptoms among rural Indian women and identified intimate partner violence as an important interpersonal context.

Research in Kerala has also begun examining protective factors that may modify the relationship between childhood adversity and adult functioning. Recent work has investigated mindfulness and psychological capital as potential buffers among women in Kerala. This suggests an important direction for future research: rather than documenting trauma exposure alone, studies should examine resilience, social support, coping, psychological resources, and access to mental-health services.

6. Scientific Contribution

The scientific contribution of this study is not simply that emotional neglect was found to be severe. Its contribution is more specifically that, within a clinically selected sample of adult women seeking counselling in Kerala, emotional neglect showed an unusually consistent pattern across participants and coexisted with substantial emotional and physical neglect.

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The mixed-methods framework provides a second contribution by connecting quantitative trauma severity with the contextual experiences documented in counselling records. This approach can help distinguish between the measurement of trauma exposure and the lived context in which trauma occurred. The study also contributes to gender-sensitive research by focusing specifically on adult women receiving psychological counselling rather than treating women as a subgroup within a general population sample.

Finally, the study provides preliminary Kerala-specific evidence that may inform larger studies examining childhood trauma, emotional neglect, gender, family relationships, and adult mental health.

7. Practical Implications

The findings have several implications for psychological counselling.

First, trauma assessment should include emotional neglect rather than focusing exclusively on physical and sexual abuse.

Second, counsellors should consider childhood emotional experiences when assessing adult interpersonal difficulties, emotional regulation, self-worth, and relationship concerns.

Third, screening should be conducted sensitively because emotional neglect may be difficult for clients to identify as maltreatment, particularly when material needs were adequately met.

Fourth, counselling interventions should avoid assuming that childhood trauma always involves a single dramatic event. Chronic emotional unavailability and repeated invalidation may be clinically relevant even in the absence of severe physical violence.

Finally, larger Indian studies should examine whether culturally specific concepts of family duty, gender roles, emotional restraint, and caregiving influence how women recognize and report emotional neglect.

8. Limitations

The study has several limitations.

First, the sample size was small ($N = 32$), substantially limiting statistical power and generalizability.

Second, participants were drawn from a single counselling facility and were therefore not representative of adult women in Kerala or India.

Third, the use of secondary case records limited control over the completeness and consistency of the available information.

Fourth, CTQ responses are retrospective self-reports and may be influenced by recall, interpretation, and current psychological state.

Fifth, the cross-sectional design does not permit conclusions about causal relationships or changes in trauma effects across age.

Sixth, the age-group analysis was based on very unequal group sizes, particularly the 36–45-year group ($n = 4$).

Seventh, correlations involving the total CTQ score require cautious interpretation because the total is mathematically composed of the individual dimensions.

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Finally, the qualitative component is dependent on the completeness and nature of existing counselling records. It should not be represented as interview-based qualitative research unless participants were actually interviewed for the study.

9. Conclusions

This mixed-methods study identified a high burden of childhood trauma among 32 adult women seeking psychological counselling in Kerala, with emotional neglect showing the most consistent elevation across participants. Severe emotional neglect was present in all participants, while severe emotional abuse and physical neglect were also common. The findings contribute context-specific evidence that emotional neglect warrants greater attention in trauma assessment among Indian women. However, the small clinical sample and cross-sectional design prevent population-level or causal conclusions. Future research should use larger, multi-site samples and combine trauma assessment with measures of adult mental health, gendered family experiences, social support, resilience, and qualitative accounts of childhood caregiving.

10. Declarations

Ethical Approval

The study involved secondary analysis of counselling records. Ethical approval/permission was obtained for the use of de-identified records for research purposes.

Confidentiality

All personally identifying information was removed from the dataset before analysis. No individual participant is identifiable in the reported findings.

Conflict of Interest

The authors declare no conflict of interest.

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