




Internalized Shame as a Mediator Between Emotional Neglect and Self-Harming Behavior

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Article Info

Article type:

Original Research

How to cite this article:

Gottschlich, D., Turner, S., & Anderson, M. (2025). Internalized Shame as a Mediator Between Emotional Neglect and Self-Harming Behavior. *Journal of Assessment and Research in Applied Counseling*, 7(1), 240-249.

<http://dx.doi.org/10.61838/kman.jarac.7.1.28>



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ABSTRACT

Objective: This study aimed to investigate the mediating role of internalized shame in the relationship between emotional neglect and self-harming behavior among adolescents and young adults.

Methods and Materials: The research employed a descriptive correlational design and was conducted on a sample of 511 participants aged 16 to 25 from Canada, selected based on the Morgan and Krejcie sample size table. Data were collected using the Self-Harm Inventory (SHI), the Emotional Neglect subscale of the Childhood Trauma Questionnaire–Short Form (CTQ-SF), and the Internalized Shame Scale (ISS). Descriptive statistics and Pearson correlation analyses were conducted using SPSS version 27 to examine relationships between variables. Structural equation modeling (SEM) was performed in AMOS version 21 to test the mediating effect of internalized shame, and model fit indices were evaluated to assess the adequacy of the hypothesized model.

Findings: Descriptive statistics showed moderate to high levels of emotional neglect ($M = 15.87$, $SD = 4.21$), internalized shame ($M = 62.34$, $SD = 13.76$), and self-harming behavior ($M = 7.41$, $SD = 3.19$). Pearson correlation analysis revealed significant positive associations between emotional neglect and internalized shame ($r = .49$, $p < .001$), emotional neglect and self-harming behavior ($r = .41$, $p < .001$), and internalized shame and self-harming behavior ($r = .53$, $p < .001$). The SEM results confirmed that internalized shame significantly mediated the relationship between emotional neglect and self-harming behavior (indirect effect: $\beta = .23$, $p < .001$), with the model showing good fit indices ($\chi^2/df = 2.29$, $CFI = .97$, $RMSEA = .051$).

Conclusion: The findings suggest that internalized shame plays a significant mediating role in the pathway from emotional neglect to self-harming behavior, highlighting the importance of addressing shame-related cognitions in preventive and therapeutic interventions for adolescents at risk of self-harm.

Keywords: Emotional neglect, internalized shame, self-harming behavior, adolescence.

1. Introduction

Self-harming behavior, encompassing deliberate actions to injure oneself without suicidal intent, has emerged as a significant mental health concern among adolescents and young adults. Its increasing prevalence in clinical and non-clinical populations has prompted growing interest in understanding the psychological underpinnings of self-harm and the environmental factors that contribute to its emergence (Maratos, 2022). Though often associated with emotional distress, trauma, and psychiatric disorders, self-harm is also strongly rooted in the early relational environment, particularly in the presence of emotional neglect and the internalized emotional processes that follow such adversity (Kapatais et al., 2022). Understanding the developmental pathways from childhood neglect to self-injurious behavior is critical for effective intervention and prevention efforts.

Emotional neglect, as a form of maltreatment characterized by a caregiver's failure to respond to a child's emotional needs, can be as psychologically damaging as more overt forms of abuse (Whitaker & Rogers-Brown, 2019). It deprives children of the attunement, validation, and support required for healthy emotional development and attachment, laying the groundwork for future psychological challenges. Research has shown that emotionally neglected individuals often experience long-term difficulties in emotion regulation, low self-esteem, and increased risk for psychopathology (Janowska et al., 2019). The internal void created by emotional neglect frequently contributes to maladaptive coping mechanisms, with self-harm serving as one such outlet to manage overwhelming affect (Carvalho et al., 2023).

The relationship between early emotional neglect and self-harming behavior is well-documented in global contexts. A cross-sectional study in mainland China highlighted the role of childhood adversity, including neglect, in shaping self-harming tendencies among adolescents (Han et al., 2018). Similarly, research in Nigeria demonstrated that childhood adversity significantly predicted suicidality and depressive symptoms in adolescents, suggesting a pathway from early neglect to later self-destructive behaviors (Edet et al., 2022). Findings from Australia reinforce this narrative, emphasizing how systemic failures to recognize cumulative harm expose children to increased risk of negative psychosocial outcomes (Broadley, 2014). As such, emotional neglect cannot be viewed in

isolation but as part of a broader psychosocial context that can predispose individuals to harm themselves.

Internalized shame is a critical psychological construct implicated in this developmental trajectory. Unlike situational or external shame, internalized shame refers to the persistent, self-directed belief that one is fundamentally flawed or unworthy. It is frequently a consequence of early relational trauma, including emotional neglect, and serves as a mediating mechanism through which adverse childhood experiences exert their influence on later behavior (Abrazgah et al., 2024). Shame interferes with the formation of a coherent sense of self and often fosters secretive and self-punitive behavior. Among adolescents, internalized shame has been directly linked to emotional dysregulation, self-criticism, and non-suicidal self-injury (Rogier et al., 2017).

The mediating role of shame in the neglect–self-harm association is supported by studies that point to alterations in self-perception as a result of trauma exposure. For instance, a study on individuals with complex PTSD found that changes in self-identity following trauma—especially feelings of worthlessness and shame—were strongly associated with both aggression and self-harming tendencies (Dyer et al., 2013). Likewise, a recent model of self-harm in adolescents visiting harm reduction centers in Tehran demonstrated that internalized shame significantly mediated the relationship between emotional distress and self-harming behaviors (Abrazgah et al., 2024). These findings align with the theoretical framework suggesting that shame becomes internalized through repeated invalidation and neglect, ultimately manifesting in self-directed aggression.

Emotion regulation is another component that connects the dots between early neglect, shame, and self-harm. When children grow up without guidance in processing emotions, they may develop maladaptive regulation strategies, such as suppression or avoidance. These strategies can exacerbate feelings of shame and promote self-harm as a means of temporary relief or control (Wanqing et al., 2022). A network analysis of adolescents found that emotional dysregulation and depression were intricately connected to childhood trauma and self-injury, with shame operating as a central node in these networks (Lei et al., 2024). Moreover, poor emotion regulation was shown to weaken the impact of parental antipathy and neglect on self-harming behavior, further illustrating its mediating capacity (Carvalho et al., 2023).

The consequences of emotional neglect and unresolved shame are not confined to psychological distress; they also

shape interpersonal dynamics and self-concept. Individuals who experience neglect often internalize the belief that they are undeserving of love or care, which contributes to chronic self-evaluation and low self-worth. This sense of inadequacy can manifest in self-harm, not as an attempt to end life, but rather as a mechanism to cope with inner turmoil and punish oneself for perceived failures or flaws (Kapatais et al., 2022). Gender and sexual orientation minorities, in particular, are vulnerable to this pathway due to societal invalidation, often internalizing shame that exacerbates the likelihood of self-harm (Kors et al., 2020).

Cultural and societal influences also shape how shame is internalized and expressed. For example, adolescents in collectivist cultures may be more prone to internalize familial neglect as personal failure, thereby intensifying feelings of shame (Kalkan et al., 2021). Similarly, in countries where child maltreatment is underreported or normalized, individuals may lack the language or support to process their emotional wounds, increasing their risk of psychological harm (Zhang et al., 2021). A study from rural Hubei, China, during the COVID-19 pandemic found a significant rise in child maltreatment, emphasizing the need to understand the long-term psychological implications of neglect in varying sociocultural contexts (Zhang et al., 2021).

The developmental and clinical literature underscores the need to examine the mechanisms linking early relational trauma to harmful behaviors. A longitudinal study following individuals into adulthood revealed that both self-reported and agency-notified cases of childhood abuse and neglect contributed to elevated suicide risk even decades later (Kisely et al., 2022). This finding reinforces the call for early identification of at-risk youth and the inclusion of constructs like shame and emotion regulation in predictive models of self-harm.

Incarcerated individuals represent an extreme population where the effects of childhood trauma are particularly salient. One study found that the frequency of self-harm among incarcerated men convicted of robbery could be reliably predicted by a history of childhood abuse and current psychological symptoms, highlighting how early emotional neglect can perpetuate a cycle of harm and institutionalization (TaşÖren & GÜL, 2022). Similarly, clinical populations with bipolar disorder have demonstrated increased rates of self-harm, often rooted in early trauma and mediated by emotional dysregulation and shame (Janiri et al., 2024; Larsson et al., 2013).

Although the mechanisms described above are well-supported by empirical literature, it is also essential to consider the broader psychological and existential dimensions of emotional harm. Emotional neglect does not always leave visible scars, but it fosters a sense of invisibility and emotional abandonment that may be just as harmful (Sokol-Hessner et al., 2015). The emotional harm that stems from repeated invalidation or disrespect can alter the individual's perception of safety, self, and connection to others, which in turn contributes to internalized shame and psychological distress (Tinti, 2024).

Recent qualitative and interpretive research in mental health and trauma studies further suggests that emotional wounds left by neglect may be exacerbated in conflict or high-stress environments, making vulnerable individuals more susceptible to self-harming behaviors (Tinti, 2024). For example, adolescents raised in emotionally unstable households often exhibit difficulties in forming secure attachments and regulating affect, both of which are protective factors against self-harm (Liu et al., 2019; Watson & Greenberg, 2017). These patterns underscore the significance of supportive relationships and timely intervention in mitigating the impact of early neglect.

Despite the growing body of research on these variables, few studies have examined the full pathway linking emotional neglect, internalized shame, and self-harming behavior within a single predictive framework. The current study seeks to address this gap by testing a structural equation model that positions internalized shame as a mediator between emotional neglect and self-harm in a Canadian sample.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a descriptive correlational design to examine the mediating role of internalized shame in the relationship between emotional neglect and self-harming behavior. The study population consisted of adolescents and young adults residing in Canada. Using the Morgan and Krejcie sample size determination table, a total of 511 participants were selected to ensure adequate statistical power and generalizability of findings. Inclusion criteria included the ability to provide informed consent, fluency in English, and an age range of 16 to 25 years. Participants were recruited through online platforms, educational institutions, and community organizations using convenience sampling.

2.2. Measures

2.2.1. Self-Harming Behavior

The Self-Harm Inventory (SHI), developed by Sansone, Wiederman, and Sansone in 1998, is a widely used standardized tool designed to assess self-injurious and self-destructive behaviors. The inventory consists of 22 dichotomous (yes/no) items that inquire about behaviors such as cutting, burning, self-starving, and engaging in abusive relationships. Each endorsed item scores one point, with total scores ranging from 0 to 22. Higher scores indicate greater levels of self-harming behavior. The SHI does not include subscales but offers a cumulative score reflecting the severity and breadth of self-harming tendencies. Numerous studies have confirmed the SHI's strong internal consistency, test-retest reliability, and concurrent validity with other clinical indicators of psychopathology (Abrazgah et al., 2024; Carvalho et al., 2023; Janiri et al., 2024; Kapatais et al., 2022; TaşÖren & GÜL, 2022).

2.2.2. Emotional Neglect

The Childhood Trauma Questionnaire – Short Form (CTQ-SF), created by Bernstein et al. in 1994, is a retrospective self-report instrument used to measure experiences of childhood maltreatment, including emotional neglect. The CTQ-SF contains 28 items divided into five subscales: emotional neglect, emotional abuse, physical neglect, physical abuse, and sexual abuse. The emotional neglect subscale includes 5 items rated on a 5-point Likert scale ranging from 1 (never true) to 5 (very often true), with higher scores indicating more severe neglect. The CTQ-SF also includes three validity items to assess potential minimization or denial. This tool has demonstrated strong psychometric properties, with robust evidence of reliability and validity across diverse clinical and non-clinical populations in multiple studies (Babad et al., 2020; Edet et al., 2022; Janiri et al., 2024; TaşÖren & GÜL, 2022).

2.2.3. Internalized Shame

The Internalized Shame Scale (ISS), developed by Cook in 1988, is a comprehensive self-report measure designed to assess the intensity and frequency of internalized shame. The

ISS consists of 30 items, of which 24 assess internalized shame and 6 serve as self-esteem indicators. Respondents rate each item on a 5-point Likert scale from 0 (never) to 4 (almost always), with higher scores indicating greater levels of internalized shame. The ISS provides a total score and does not include formal subscales beyond the distinction between shame and self-esteem items. Research has consistently supported the scale's high internal consistency and construct validity, as well as its sensitivity to changes in shame-related psychological interventions, establishing it as a reliable and valid instrument for both clinical and research contexts (Kang & Jo, 2023; Mousavian, 2020).

2.3. Data analysis

For data analysis, both descriptive and inferential statistical techniques were applied. Initially, Pearson correlation analysis was conducted using SPSS version 27 to assess the bivariate relationships between the dependent variable (self-harming behavior) and each of the independent variables (emotional neglect and internalized shame). To test the hypothesized mediating model, structural equation modeling (SEM) was performed using AMOS version 21. This analysis allowed for the simultaneous examination of direct and indirect effects within the proposed model. Model fit indices such as the Comparative Fit Index (CFI), Root Mean Square Error of Approximation (RMSEA), and the Chi-square/df ratio were used to evaluate the adequacy of the structural model.

3. Findings and Results

The final sample consisted of 511 participants from Canada, including 312 females (61.05%) and 199 males (38.94%). The participants' age ranged from 16 to 25 years, with a mean age of 20.48 years (SD = 2.41). Regarding educational level, 183 participants (35.80%) were high school students, 217 (42.47%) were undergraduate students, and 111 (21.72%) were postgraduate students. In terms of marital status, 446 participants (87.27%) were single, while 65 (12.72%) were married or in a long-term relationship. Additionally, 289 participants (56.55%) reported living with their families, while 222 (43.44%) lived independently or in shared housing.

Table 1

Descriptive Statistics for Study Variables (N = 511)

Variable	Mean (M)	Standard Deviation (SD)
Emotional Neglect	15.87	4.21
Internalized Shame	62.34	13.76
Self-Harming Behavior	7.41	3.19

The descriptive statistics indicate that participants reported moderate levels of emotional neglect ($M = 15.87$, $SD = 4.21$), relatively high levels of internalized shame ($M = 62.34$, $SD = 13.76$), and notable self-harming behavior ($M = 7.41$, $SD = 3.19$). The variability in scores suggests sufficient distribution across participants for inferential analysis (Table 1).

Prior to conducting the main analyses, the assumptions of normality, linearity, homoscedasticity, and multicollinearity were examined. Skewness and kurtosis values for all variables ranged from -0.62 to 0.74 and -0.81 to 1.02 respectively, which are within the acceptable range of ± 2 ,

indicating univariate normality. Linearity was assessed through scatterplots, showing a linear relationship between emotional neglect, internalized shame, and self-harming behavior. Homoscedasticity was confirmed by the Levene's test, which indicated non-significant differences in error variances across groups ($p = .412$). Multicollinearity was checked using Variance Inflation Factor (VIF) values, all of which ranged from 1.12 to 1.38 , indicating no serious multicollinearity concerns. Therefore, all assumptions for Pearson correlation and structural equation modeling were met.

Table 2

Pearson Correlation Coefficients Between Study Variables (N = 511)

Variable	1	2	3
1. Emotional Neglect	—		
2. Internalized Shame	.49** ($p < .001$)	—	
3. Self-Harming Behavior	.41** ($p < .001$)	.53** ($p < .001$)	—

Correlation analysis showed that emotional neglect was positively correlated with internalized shame ($r = .49$, $p < .001$) and self-harming behavior ($r = .41$, $p < .001$). Internalized shame was also strongly correlated with self-

harming behavior ($r = .53$, $p < .001$), suggesting that all constructs are significantly interrelated and support further examination through path analysis (Table 2).

Table 3

Model Fit Indices for Structural Equation Model

Fit Index	Value	Acceptable Threshold
Chi-Square (χ^2)	84.62	—
Degrees of Freedom (df)	37	—
χ^2/df	2.29	< 3.00
GFI	.96	$\geq .90$
AGFI	.93	$\geq .90$
CFI	.97	$\geq .95$
RMSEA	.051	$< .06$
TLI	.95	$\geq .95$

The structural model demonstrated a good fit to the data. The chi-square statistic was 84.62 with 37 degrees of freedom, yielding a χ^2/df ratio of 2.29 , which is within the acceptable range. Additional fit indices such as the Goodness-of-Fit Index ($GFI = .96$), Adjusted GFI ($AGFI =$

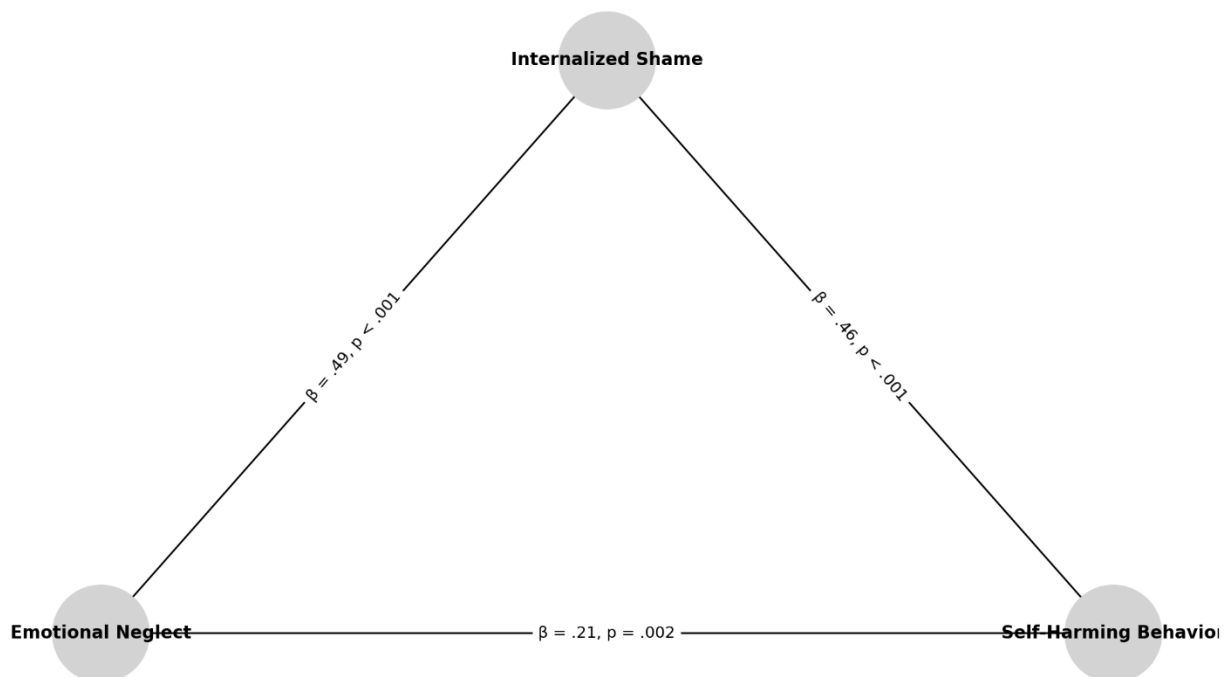
$.93$), Comparative Fit Index ($CFI = .97$), and Tucker-Lewis Index ($TLI = .95$) all exceeded recommended thresholds. The Root Mean Square Error of Approximation (RMSEA) was $.051$, suggesting a close approximate fit to the data (Table 3).

Table 4*Direct, Indirect, and Total Effects in the Structural Model*

Path	B	S.E.	Beta	p
Emotional Neglect → Internalized Shame	1.87	0.21	.49	< .001
Internalized Shame → Self-Harm	0.14	0.02	.46	< .001
Emotional Neglect → Self-Harm (Direct)	0.09	0.03	.21	.002
Emotional Neglect → Self-Harm (Indirect via Shame)	0.26	0.04	.23	< .001
Emotional Neglect → Self-Harm (Total)	0.35	0.05	.44	< .001

Path analysis confirmed that emotional neglect significantly predicted internalized shame ($B = 1.87$, $SE = 0.21$, $\beta = .49$, $p < .001$). Internalized shame, in turn, significantly predicted self-harming behavior ($B = 0.14$, $SE = 0.02$, $\beta = .46$, $p < .001$). The direct effect of emotional neglect on self-harming behavior remained statistically significant ($B = 0.09$, $SE = 0.03$, $\beta = .21$, $p = .002$). Notably,

the indirect effect of emotional neglect on self-harming behavior through internalized shame was also significant ($B = 0.26$, $SE = 0.04$, $\beta = .23$, $p < .001$), confirming partial mediation. The total effect (direct + indirect) was substantial ($B = 0.35$, $SE = 0.05$, $\beta = .44$, $p < .001$), highlighting the strength of the mediational pathway (Table 4).

Figure 1*Final Model with Path Coefficients*

4. Discussion and Conclusion

The present study investigated the mediating role of internalized shame in the relationship between emotional neglect and self-harming behavior among Canadian adolescents and young adults. The results revealed significant positive correlations between emotional neglect and self-harming behavior, emotional neglect and

internalized shame, and internalized shame and self-harming behavior. Structural equation modeling confirmed that internalized shame significantly mediated the relationship between emotional neglect and self-harming behavior, indicating that early emotional deprivation increases self-injurious tendencies primarily by fostering persistent feelings of shame and self-devaluation.

These findings are consistent with previous research indicating that emotional neglect in childhood serves as a foundation for a range of emotional and behavioral maladjustments, particularly those rooted in emotion dysregulation and self-directed hostility. Abrazgah et al. (2024) demonstrated a similar mediating mechanism, showing that internalized shame bridged the link between emotional distress and self-harming behaviors in a clinical adolescent population (Abrazgah et al., 2024). Likewise, Carvalho et al. (2023) emphasized the role of maladaptive emotion regulation in increasing vulnerability to self-injury, particularly among those experiencing parental neglect and antipathy (Carvalho et al., 2023). In both cases, internalized shame acted not only as a psychological residue of neglect but also as a driver of harmful coping strategies.

The association between emotional neglect and self-harming behavior has been extensively documented in both community and clinical populations. In a study by Janiri et al. (2024), childhood trauma, including neglect, was found to significantly predict self-harm among youths with bipolar disorder, with emotion dysregulation playing a key role in this relationship (Janiri et al., 2024). Similarly, research conducted in China by Han et al. (2018) confirmed the strong predictive value of childhood adversity—particularly emotional neglect—in fostering self-harming behavior among adolescents (Han et al., 2018). These findings support the current study's results, which highlight emotional neglect as a precursor to self-injurious tendencies, particularly when internalized shame is involved.

The central role of shame in mediating the impact of neglect on self-harming behavior is rooted in the internalization of negative self-perceptions developed in early relational contexts. When emotional needs are ignored or invalidated, children are likely to conclude that their emotions are unworthy of attention, leading to chronic self-blame and shame (Rogier et al., 2017). This pattern is reinforced over time and may contribute to a fragmented sense of self, as observed in individuals with histories of emotional trauma. Dyer et al. (2013) found that alterations in self-perception—primarily feelings of worthlessness and shame—were associated with both aggression and self-harm in individuals with complex PTSD (Dyer et al., 2013). The present study extends these findings by confirming the mediating influence of shame in a non-clinical sample of Canadian youth, suggesting that the mechanisms observed in clinical populations may also apply to broader contexts.

Additional support comes from research by Janowska et al. (2019), who documented severe emotional and

psychological consequences in individuals exposed to prolonged parental neglect, including distorted self-concepts and elevated shame levels (Janowska et al., 2019). The internalized shame produced by such environments appears to foster a persistent belief in one's own inadequacy, thereby increasing the appeal of self-punitive behaviors like self-harm. This process is particularly pronounced during adolescence—a developmental period characterized by heightened sensitivity to social evaluation and identity formation.

Emotion regulation, as discussed in prior literature, also plays a crucial role in the relationship between neglect, shame, and self-harm. Lei et al. (2024) demonstrated that emotional dysregulation functioned as a key node in the network connecting childhood trauma and self-injury, illustrating how difficulty in managing emotions may be an outcome of neglect and a precursor to self-harm (Lei et al., 2024). The emotional void left by neglect not only contributes to shame but also limits the individual's ability to cope effectively with distress, leading to reliance on maladaptive strategies such as cutting or burning (Maratos, 2022). The current study reinforces this conceptual framework by integrating these processes into a single mediating model.

Findings from different sociocultural contexts further validate the observed pattern. For example, Edet et al. (2022) reported that adolescents in Nigeria who experienced childhood adversity—including neglect—exhibited increased suicidality and depressive symptoms (Edet et al., 2022). Incarcerated men in Turkey also demonstrated high rates of self-harm that were strongly associated with childhood abuse and neglect, as well as current psychological symptoms (TaşÖren & GÜL, 2022). These studies suggest that the pathways from early neglect to harmful behaviors are robust across cultural and demographic boundaries.

The link between internalized shame and self-harming behavior is further supported by research in identity and trauma studies. Kors et al. (2020) found that negative interpersonal dynamics in families with a history of maltreatment were transmitted intergenerationally, with internalized shame serving as a mechanism for the recurrence of emotional harm and self-destructive behavior (Kors et al., 2020). This is consistent with findings by Kapatais et al. (2022), who reported that shame and emotion regulation significantly mediated the association between minority stress and self-harming behavior in LGBTQ+ populations (Kapatais et al., 2022). These results highlight

shame as a universal psychological response to invalidation and neglect, irrespective of the specific population studied.

The implications of neglect extend into emotion regulation beliefs and strategies, as demonstrated by Wanqing et al. (2022), who showed that individuals with limited emotional support often develop maladaptive emotion regulation patterns, increasing their vulnerability to psychological distress (Wanqing et al., 2022). Miah (2021) also noted that victims of psychological neglect frequently developed risk factors for suicidality and emotional instability, further emphasizing the long-term consequences of emotional unavailability in caregiving relationships (Miah, 2021). The present study confirms that these processes converge in the form of self-harming behavior when internalized shame is not adequately addressed or resolved.

The connection between early maltreatment and later self-harming behavior is also reinforced by longitudinal research. Kisely et al. (2022) demonstrated that both self-reported and agency-confirmed child abuse and neglect significantly increased suicidal behavior in adulthood, suggesting that these early experiences have enduring psychological effects (Kisely et al., 2022). Whitaker and Rogers-Brown (2019) emphasized the cyclical nature of child maltreatment and its impact on family systems, indicating how emotional neglect may go unnoticed but remains deeply impactful (Whitaker & Rogers-Brown, 2019).

In addition to internal mechanisms like shame and emotion regulation, environmental instability may further exacerbate the impact of neglect. Babad et al. (2020) found that unstable caregiving environments were associated with poor social-emotional outcomes in emerging adults, many of whom reported self-harming behaviors and difficulties in forming secure relationships (Babad et al., 2020). This aligns with the broader understanding that neglect is not only an absence of care but also an active contributor to emotional harm.

Despite the robust findings, it is important to note that neglect often remains invisible and underreported. Sokol-Hessner et al. (2015) drew attention to the emotional harm caused by persistent disrespect or disregard, a form of neglect that may not be classified as abuse but can be equally damaging (Sokol-Hessner et al., 2015). Tinti (2024) further highlighted how emotional experiences in conflict-prone or high-stress environments could lead to profound psychological injury, often culminating in shame and self-harming behavior (Tinti, 2024). The present study echoes

these concerns by confirming the deep psychological imprints left by emotional neglect, even in the absence of overt abuse.

Taken together, the results of this study contribute to a growing body of literature emphasizing the centrality of internalized shame in the emotional and behavioral aftermath of childhood neglect. By confirming shame as a mediator in the neglect–self-harm relationship, the study offers a more integrative and process-oriented understanding of how early emotional deprivation translates into maladaptive outcomes. These findings suggest that interventions targeting shame, such as compassion-focused therapy or narrative therapy, may offer a valuable pathway for reducing self-harming behaviors in at-risk youth.

5. Limitations & Suggestions

This study, while illuminating, is not without limitations. First, its cross-sectional design limits the ability to draw causal inferences between variables. Although the mediating model is supported theoretically and empirically, longitudinal data would be needed to confirm the temporal ordering of emotional neglect, shame, and self-harm. Second, the use of self-report measures may introduce bias, particularly in the recall of childhood experiences and the willingness to disclose shame or self-harm. Social desirability and memory distortion could have affected the accuracy of the data. Third, the sample consisted exclusively of Canadian adolescents and young adults, which may limit the generalizability of the findings to other cultural or socioeconomic groups. Lastly, the study did not control for potential confounding variables such as depression, anxiety, or peer victimization, which may also influence self-harming behavior.

Future research should aim to replicate these findings using longitudinal designs to establish causal pathways and developmental trajectories. Including clinical populations alongside community samples would enhance the robustness of the findings and provide insight into more severe presentations of self-harm. Furthermore, qualitative research may offer deeper insight into the lived experiences of individuals who internalize shame following emotional neglect. Expanding the study to include diverse cultural and demographic groups would allow for a more nuanced understanding of how cultural norms around emotion, parenting, and shame influence the development of self-harming behavior. It would also be beneficial to explore protective factors such as social support, resilience, or

positive attachment relationships that may buffer the negative effects of emotional neglect and shame.

The findings of this study underscore the importance of early identification of emotional neglect in both clinical and educational settings. Practitioners should be trained to recognize the often-invisible signs of emotional deprivation and to assess for internalized shame in at-risk youth. Interventions aimed at reducing shame and improving emotion regulation skills may be especially effective in preventing self-harming behavior. Schools and mental health services should incorporate screening tools for childhood neglect and create supportive environments where emotional validation and psychological safety are prioritized. Lastly, parent-focused interventions that emphasize emotional responsiveness and attunement may serve as primary prevention strategies against the long-term consequences of neglect.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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