Supplemental Table 1

These tables present the results of linear regressions with gaussian distribution specifications referenced in the manuscript. The manuscript presents the results of linear regressions with negative binomial distribution specifications for regressions that include depression or suicidal ideation as the outcome variable. Age and sex were included as covariates in all models. For models where the outcome variable was assessed at follow-up, days since baseline and baseline depression or suicidal ideation were also included as covariates.

Table S1.A

Implicit Self-Esteem Predicting Depression and Suicidal Ideation

Measure	β	*t*	*p*
Baseline depression			
Implicit self-esteem	-0.23	-3.74	<.001
Follow-up depression			
Implicit self-esteem	-0.10	-1.78	.08
Baseline suicidal ideation severity			
Implicit self-esteem	-0.16	-2.38	.018
Follow-up suicidal ideation severity			
Implicit self-esteem	-0.13	-1.80	.07

Table S1.B

Childhood Abuse Exposure Predicting Depression and Suicidal Ideation

Measure	β	*t*	*p*
Baseline depression			
Childhood abuse exposure	0.68	5.90	<.001
Follow-up depression			
Childhood abuse exposure	0.18	1.48	.14
Baseline suicidal ideation severity			
Childhood abuse exposure	0.49	3.96	<.001
Follow-up suicidal ideation severity			
Childhood abuse exposure	0.43	3.07	.002

Supplemental Methods

General Psychopathology Factor Calculation (Weissman et al., 2019, pp. 905-906)

Following Caspi et al. (2014) and recent replications (Laceulle et al., 2015; Schaefer et al., 2018), we performed confirmatory factor analysis (CFA) to test two standard models: a correlated-factors model specifying internalizing and externalizing latent factors and a bifactor model specifying both a general psychopathology latent factor ("p") and residual internalizing and externalizing factors. In order to ensure that our latent factors were not being driven by one or more indicators simply because of measurement differences across psychopathology instruments (i.e., different number of items, scoring, etc.), we binned scores on each indicator into deciles prior to CFA analyses. All CFA analyses were performed in MPlus (Version 8.1). Given that our observed indicator variables were slightly skewed and kurtotic, we used the robust maximum likelihood estimator, which employs a sandwich estimator to arrive at standard errors robust to nonnormality of observations. The robust maximum likelihood estimator performs well in modest sample sizes with skewed data, as in the present study (Li, 2016). We assessed the relative fit of each model using the Akaike information criterion (AIC), Bayesian information criterion (BIC), and the sample adjusted BIC. Fit indices for the correlated-factors model were AIC = 6056.31, BIC = 6249.00, and sample adjusted BIC = 6077.79. Standardized factor loadings for the internalizing (CDI, SCARED, PTSD) latent factor ranged from 0.65 to 0.73, all ps < .001. Standardized factor loadings for the externalizing (aggressive behaviors, rule-breaking behaviors, and attention problem) latent factor ranged from 0.76 to 0.87, all ps < .001. Fit indices for the bifactor model were AIC = 6018.23, BIC = 6228.77, and sample adjusted BIC = 6041.71. Standardized factor loadings for the latent p-factor (CDI, SCARED, PTSD, aggressive behaviors, rule-breaking behaviors, and attention problems) ranged from 0.44 to 0.80,

all *p*s < .001. Standardized factor loadings for the internalizing factor ranged from 0.48 to 0.95, all *p*s < .001. Standardized factor loadings for the externalizing factor ranged from 0.76 to 0.84, all *p*s < .001. Standardized factor loadings for the latent p-factor ranged from 0.46 to 0.81, all *p*s < .001. As assessed by relative fit indices and factor loadings, both models fit the data similarly well at the baseline assessment, with a relatively better fit for the bifactor model. In the present analyses, we used the bifactor model because it is the most commonly reported general factor model of psychopathology in the existing literature (Caspi et al., 2014; Greene & Eaton, 2017; Laceulle et al., 2015; Lahey et al., 2012; Martel et al., 2017; Murray et al., 2016; Olino, Dougherty, Bufferd, Carlson, & Klein, 2014; Patalay et al., 2015; Schaefer et al., 2018; Snyder et al., 2017), including in studies comparing the p-factor in children with and without exposure to adversity.

Our aim in estimating "p" in this sample was to condense an array of disparate psychiatric measures into a single transdiagnostic measure of psychopathology using a well-validated approach; not to characterize the latent structure of psychopathology in the general population. To ensure that our recruitment strategy did not unduly influence the latent structure of "p" in our sample, we fit the bifactor model separately in our maltreated participants and non-maltreated controls. Because fit indices are sensitive to sample size and we had more maltreated cases than controls, we were not able to directly compare model fit indices. However, we examined standardized factor loadings to ensure that the models fit the data similarly in each group. With the exception of rule-breaking behavior (.65 in maltreated youth, .37 in control youth) and PTSD (.73 in maltreated youth, .50 in control youth), factor loadings were very similar, and all standardized factor loadings were significant at $p < .001$ in both groups.

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