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| Supplemental Table 3. E-valuesa for lower limit of 95% confidence intervals (CI) and risk ratios (RR) from main analyses (Table 2) predicting incident eating disorder behaviors in young adulthood (ages 18 to 30 years) among women and men |
|  | Any eating disorder behaviors,RR (95% CI) | E-value for CI lower limit | E-value for RR |
|  | **A. Women** |
| Maltreatment group |  |  |  |
|  “No/low abuse” | 1.00 (reference) | ----- | ----- |
|  “Child physical” | 1.28 (1.06, 1.55) | 1.31 | 1.88 |
|  “Adolescent emotional” | 1.67 (1.38, 2.03) | 2.10 | 2.73 |
|  “Child and adolescent  physical and emotional” | 1.90 (1.62, 2.22) | 2.62 | 3.21 |
|  “Child and adolescent  sexual” | 2.15 (1.39, 3.33) | 2.13 | 3.72 |
|  | **B. Men** |
| Maltreatment group |  |  |  |
|  “No/low abuse” | 1.00 (reference) | ----- | ----- |
|  “Child physical” | 1.51 (1.02, 2.25) | 1.16 | 2.39 |
|  “Adolescent emotional” | 2.11 (1.20, 3.73) | 1.69 | 3.64 |
|  “Child and adolescent  physical and emotional” | 2.95 (2.02, 4.30) | 3.46 | 5.35 |
|  “Child and adolescent  sexual” | ----- | ----- | ----- |
| a E-values describe the minimum strength of association that unmeasured confounders would need to have with both the exposure and outcome to “explain away” an effect estimate (i.e., reduce the RR to 1.00 or move 95% confidence interval to cross 1.00). Larger E-values imply that considerable confounding would need to be present to explain away the association. |