

The Relationship Between Childhood Emotional Abuse and Symptoms of Depression: Behavioral Disorders Mediating Effects

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Abstract

Adolescence is the most prime phase of life in, so teenagers or adolescents are expected to have good mental health to enable them express and develop. However, this phase is vulnerable to depression symptoms, particularly during the university selection. This study sought for examining the relationship between childhood emotional abuse and symptoms of depression mediated by behavioral disorders. It was an ex post facto study and involved 270 freshmen. Their data were collected using Center for Epidemiologic Studies Depression Scale (CES-D), adolescents behavioral problem scale (SMP-R), and Emotional Abuse Questionnaire (EAQ) that have passed the validity and reliability tests. Following the data collection, the obtained data were analyzed using Andre F. Hayes' model 4. Findings revealed that the childhood emotional abuse was significantly related to behavioral disorders ($\beta=0.478$, $p<0.01$) and symptoms of depression ($\beta=0.586$, $p<0.01$). In addition, there found a significant relationship between behavioral disorders and depressive symptoms ($\beta=0.122$, $p<0.01$). In addition, there is an indirect effect value of $\beta=0.058$ $se=0.023$. The implications for guidance and counseling practice will be discussed.

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INTRODUCTION

Adolescent as a transitional phase from childhood to adulthood is the most complex period which requires extra physical perseverance and creativity in human's life (Umami, 2019). During this time, adolescents are expected to have good mental health so that they can express and develop to face life pressure (Fusar-Poli et al., 2020), have good resilience (Gheshlagh et al., 2017), be optimistic, and have intelligence in the form of the ability to face difficulties, survive difficulties and get out of difficulties successfully (adversity intelligence) (Hanum, 2018). However, adolescence is a phase that is vulnerable to depression symptoms (Nebhinani, 2018). Depression will seemingly be encountered by adolescents at the age before 20 (Auerbach et al., 2018; Malhi & Mann, 2018; Tacchi & Scott, 2017), or coincide with enrollment in higher education or university (Moffitt et al., 2010).

Compared to adults, adolescents have not yet had stable life structure (Auerbach et al., 2018). They need to pass emerging adulthood life stages which cover five dimensions, namely identity exploration, instability, self-focus, feeling in-between, and the age of possibilities (Sussman & Arnett, 2014). In addition, university students often face relationship instability (sexual orientation), circle, study program choice (department/ concentration), and career decisions (Auerbach et al., 2018). These instability can contribute to reduced social support and increased stress which are known to be contributors to mental disorders (Slavich & Auerbach, 2018).

Depressive symptoms are common disorders which limit one's psychosocial and life quality (Malhi & Mann, 2018). At worst, depression can predict self-harm and trigger an intention to commit suicide (Y. Li et al., 2021). Previous studies have showed that behavioral disorders are an important precursor to increased depressive symptoms (Leung et al., 2018; Poirier et al., 2019). Individuals with behavioral disorders have a greater risk of developing comorbidities, especially depression

during the study period (Van der Giessen et al., 2013). Even though previous studies conclude that behavioral disorders are an important precursor for increased depressive symptoms (Leung et al., 2018; Poirier et al., 2019), there are some other findings which argue the relationship between behavioral disorders and depressive symptoms is not significant (Q. Li et al., 2021).

Childhood emotional abuse is probably the most significant factor for depressive symptoms (Q. Li et al., 2021). Emotional abuse scores higher for depressive symptoms than that of physical, sexual, or a combination of physical and sexual abuse (Dye, 2020). Moreover, childhood emotional abuse can cause poor adaptation to one's adulthood (Thompson & Kaplan, 2016). Its impacts will somehow continuously happen until children turn adolescents and result in behavioral disorders (Poirier et al., 2019). Even though these impacts indicate a relationship between childhood emotional abuse and behavioral disorders (Q. Li et al., 2021), other studies show insignificant results (L. Li et al., 2016).

The inconsistent results in the relationship between behavioral disorders and depressive symptoms, and childhood emotional abuse and behavioral disorders inspired the present study to clarify those relations. Besides, this study examined a direct relationship between childhood emotional abuse and depressive symptoms, and an indirect relationship mediated by behavioral disorders.

METHODS

This study employed an ex post facto design. Its population covered all undergraduate freshmen at Universitas Negeri Semarang in the academic year of 2022/2023 with the total of 10,218 students per December 2022 in eight faculties. In determining the number of samples, an Isaac and Michael (5%) formulae was used and resulted in 370 students. Then, the selection was based on a cluster sampling technique by randomly choosing the representatives of study programs using a spin the wheel-random picker

application. Moreover, each faculty population was taken by considering the percentage of the whole students.

This study used three instruments. The first instrument was the Center for Epidemiologic Studies Depression (CES-D) scale instrument. Its reliability based on an alpha value obtained 0.861, while the total item validity ranged from 0.247 – 0.681. Second, there was the Adolescent Behavior Problem Scale (SMP-R) whose an alpha reliability value of 0.749 and total item correlation validity ranged from 0.277 – 0.588. The last instrument was the Emotional Abuse Questionnaire (EAQ) scale. It has got an alpha reliability value of 0.896 with the total item correlation validity ranged from 0.246 – 0.724. Regression became the basis for the data analysis by making use of the Bootstrapping method $N=5000$ with a 95% confidence interval (CI) using Process Model 4 analysis with the help of IBM SPSS Statistics.

RESULTS AND DISCUSSION

Based on the pretest done by the university students with the age range of 18.22 years resulted the depressive symptoms mean (SD) of 22.99 (10.094), and about 80% of freshmen had a tendency towards medium and high depressive symptoms. In addition, the mean score (SD) of the behavior disorders was 37.50 (7.341) with 94% of the students was in the low category and 6% in the high category. Next, the mean score (SD) of childhood emotional abuse was 32.30 (17.654) with 69% of the students was in the medium category and 10% in the high category. Since the mean value was higher than the standard deviation value, the data were said to have a good representation of distribution (Table 1).

Table 1. Data Description

	N	M	SD
Depressive Symptoms	370	22.99	10.094
Behavioral Disorders	370	37.50	7.341
Childhood Emotional Abuse	370	32.30	17.654

A regression analysis with Process Model 4 was done to determine the indirect effect of the behavioral disorders on the relationship between childhood emotional abuse and depressive symptoms. The results showed that there was a relationship between childhood emotional abuse and depressive symptoms ($\beta=0.586$, $p<0.01$), childhood emotional abuse and behavioral problems ($\beta=0.478$, $p<0.01$), and behavioral problems with depression symptoms ($\beta=0.122$, $p<0.01$). Meanwhile, the behavioral problems mediating role showed an indirect effect of

$\beta=0.058$ $se=0.023$. Further, there obtained 95% confidence interval (CI) $N=5000$ between $LL=0.014$ $UL=0.104$, meaning that the relationship between childhood emotional abuse and depressive symptoms was mediated by behavioral disorders. In addition, childhood emotional abuse influenced behavioral disorders by the determination coefficient (R^2) of 0.228, while the determination coefficient (R^2) of childhood emotional abuse and behavior disorders on depressive symptoms was 0.427 (Table 2).

Table 2. Process Model 4 Regression Analysis Results

Predictor	β	p	R	R ²	F	p
Criteria: P			.478	.228	109.123	.000
E	.478	<.01				
Criteria: D			.653	.427	136.657	.000
E	.586	<.01				
P	.122	<.01				
E-P-D	.058					

Notes: D (depressive symptoms), P (behavior problems), E (childhood emotional abuse)

Childhood emotional abuse was suspected to be the strongest factor of depressive symptoms (Holshausen et al., 2016; Q. Li et al., 2021; Mandelli et al., 2015; Momtaz et al., 2022). Researchers have found that the long-term health effects of child abuse are often caused by the cumulative influence of adverse household characteristics in areas such as alcohol abuse, domestic violence, divorce and criminal activity (Brown et al., 2019; Huang et al., 2021; Kiburi et al., 2018; Schaan et al., 2019).

Previous findings by (Heim et al., 2013) and the current study have agreed that emotional abuse is the most harmful abuse in a child's developing brain. Children with the history of emotional abuse will develop emotional dysregulation which affect emotional health. This dysretulation which continues to develop until children group will trigger emotional management failure so that bad mood will emerge as a symptom of depression (Liu et al., 2020).

A significant relationship between childhood emotional abuse and behavioral disorders found in this study is in line with previous studies by (Q. Li et al., 2021), and (Thompson & Kaplan, 2016) that childhood emotional abuse predicts behavioral problems in adolescence. Other than the previous finding, there found a poor adaptation as a form of externalization of childhood emotional abuse exposure. It is supported by a literature stating that childhood emotional abuse may lead to higher behavioral externalizations (Hunt et al., 2017). Also, emotional abuse on children is related to low self-esteem which later behave antisocially as part of a behavioral disorder externalization (Poirier et al., 2019).

Behavioral disorders are an important precursor for depressive symptoms increase (Leung et al., 2018; Poirier et al., 2019). Individuals with behavioral disorders have a greater risk of developing comorbidities, especially depression during the study period (Van der Giessen et al., 2013). Adolescents with behavioral problems have more difficulty adjusting to the learning environment and tend to be kicked out of a group of friends. On the other hand, individuals in adolescence have not formed a stable personality structure. They will overestimate their own abilities, feel superior and lack social expectations. It causes a gap that will affect the mood to become unstable, pessimistic and erratic behavior. This instability can contribute to reduced social support and increased stress known as contributors to depressive symptoms (Auerbach et al., 2018).

Two perspectives at least could explain the relationship between behavioral disorders and depressive symptoms. First was a failure model. An individual with behavioral disorders leads to "failure" to meet expectations or important developmental tasks in different fields (for example, social and academic) (Poirier et al., 2016). In turn, this failure leads to internalization developmental issues which come up to depressive symptoms (Askeland et al., 2022; Mei et al., 2021). Second was an acting model. From this second perspective, this study examined depressive symptoms that predict behavioral problems (Ozkan et al., 2019). Symptoms of depression (irritability) are usually expressed in mildly aggressive and mischievous actions which cause conflict with those around them, such as friends and parents. In turn, this conflict can lead to deviant peer association and

involvement in more serious delinquency (Kofler et al., 2011).

In terms of behavioral disorders, this study investigated that variable as a mediator of the relationship between childhood emotional abuse and depressive symptoms. Childhood emotional abuse surely declines children's inability to regulate emotion (Liu et al., 2020). This lack leads to low self-esteem and antisocial behavior which in turn orient towards poor adaptation as the externalization of behavioral disorders (Poirier et al., 2019). Within this situation, individuals will have a hard time to adapt, lack of social support, and stress as the contributors to depressive symptoms (Auerbach et al., 2018). Thus, depressive symptoms are not only influenced by the presence of childhood emotional abuse, but also behavioral problems.

Guidance and counseling holds a great role to prevent university students' depressive symptoms. Efforts to reduce emotional and behavioral dysregulation need to be done by counselors to reduce depressive symptoms in university students. Besides, childhood emotional abuse is the most prominent cause of depressive symptoms among college students. Preventing childhood emotional abuse is the most basic way to reduce the risk of depressive symptoms. It takes a joint effort from parents, child protection services, and guidance and counseling services known to be able to increase understanding of parenting styles and reduce the comorbidity of unhealthy parenting styles (Kazdin et al., 2018). In other words, family counseling services are very effective in improving family functioning (Dattilio, 2021). However, based on this study, efforts to overcome depressive symptoms are not only limited to overcoming the problem of childhood emotional abuse, but also needs to be considered that overcoming behavioral problems as part of the impact of childhood emotional abuse can contribute to efforts to overcome depressive symptoms.

Finally, apart from reducing the initial symptoms of depression and providing early care in the family, university students with a history of childhood emotional abuse need to

have good awareness of mental health. They need to know the initial symptoms of depression and behavioral disorders, not to mention seeking for assistance through counseling services.

CONCLUSION

University students who experienced depressive symptoms are likely the ones with a history of childhood emotional abuse. Behavioral disorders contribute an indirect effect on the relationship between childhood emotional abuse and depressive symptoms. Hence, the findings of this study draw attention to the importance of family and community mental health strategies to reduce the possibility of child abuse. For individuals with a history of childhood emotional abuse, vigilance is needed for early detection of the risk of impaired mental health, and not just limited to depressive symptoms. Then, for university students who have reported a history of childhood emotional abuse, an early detection and correction of behavioral disorders can cut the link between childhood emotional abuse and symptoms.

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