

EXAMINING THE MEDIATOR ROLE OF EMOTIONAL REGULATION ON CHILDHOOD MALTREATMENT AND QUALITY OF LIFE IN YOUNG ADULTS

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Abstract

Early exposure to maltreatment can cause lasting harm to children's mental, social, academic, and emotional development. Individuals who experienced maltreatment as children may struggle with emotional dysregulation, which could then contribute to decreased quality of life outcomes. Exploring the mediating influence of emotional regulation may provide important insights into how childhood adversity shapes adult well-being. This study investigated the potential mediating role of emotional regulation in the association between childhood maltreatment and quality of life in Turkish young adults. A sample of 249 participants was analyzed using hierarchical regression in SPSS. Results indicated that childhood maltreatment significantly predicted difficulties in emotion regulation ($\beta = -0.529$, $p < 0.001$) and lower quality of life ($\beta = -0.392$, $p < 0.001$). Furthermore, emotion regulation difficulties mediated the impact of childhood maltreatment on quality of life ($\beta = -0.267$, $p < 0.001$). These results highlight the significance of addressing emotional regulation as a key mechanism in mitigating the detrimental effects of childhood maltreatment. Insights from this research can inform targeted interventions to improve the life quality for individuals with histories of childhood adversity.

Keywords: *Adverse childhood experiences, emotional dysregulation, quality of life, young adult.*

1. Introduction

Child maltreatment refers to acts or failure to act by a caregiver that harm or pose a risk to a child, encompassing emotional, physical, and sexual abuse, as well as various forms of neglect (WHO, 2010). This issue is more prevalent globally than often recognized. Specifically, the estimated prevalence rates of childhood maltreatment are approximately 16% for neglect, 18% for physical, 27% for psychological, and 12% for sexual abuse (Stoltenborgh et al., 2015).

Childhood maltreatment is considered a distal risk factor that shapes cognitive and behavioral patterns, heightening vulnerability to psychological issues such as depression, substance abuse, suicidal behavior, anxiety, stress, and trauma (Molendijk et al., 2017; Newbury et al., 2018). In addition to psychological problems, child maltreatment causes some physical problems, including cancer, heart problems, and sexually transmitted diseases (WHO, 2019). Furthermore, experiencing adverse life events during childhood raises the likelihood of developing a psychiatric disorder (e.g., PTSD, conduct disorder, and eating disorder) later in life (Greger et al., 2015). Also, such mental health problems are linked to poorer social relationships, lower academic performance, and well-being (Arslan & Genç, 2022; Jozefiak et al., 2015). Consequently, these harmful results of child maltreatment might affect the individual's life quality and emotional functioning in life. Quality of life (QoL) is defined as the subjective experience of physical, psychological, and social well-being (Post, 2014). The effects of early adversity particularly impact these aspects of well-being, as maltreatment undermines the foundational skills needed for resilience and life satisfaction (Ustuner-Top & Cam, 2021).

Emotional regulation skill serves as a key mechanism linking childhood maltreatment to quality of life. Emotional regulation skills refer to being capable of recognizing, understanding, and managing emotional reactions in a healthy manner (Gratz & Roemer, 2004). This is a critical skill in helping the individual to cope with and navigate stressful situations, build and maintain healthy interpersonal relationships, and ultimately enjoy life satisfaction. It enables individuals to grapple with destructive feelings such as rage, misery, or fear while promoting pleasant ones such as joy and hope. However, experiencing childhood maltreatment generally hinders emotion regulation abilities (Cheng & Langevin, 2023; Dvir et al., 2015). Growing up in an unpredictable family environment, where the needs of children

are not addressed, emotions are dismissed, and families are not supportive, children are unable to learn healthy ways of dealing with their emotions (Milojevich et al., 2018). Consequently, children exposed to maltreatment are at higher risk of adopting maladaptive emotion regulation strategies, including emotional suppression, heightened emotional responses, poor impulse control, and difficulty recovering from negative emotional states (Aldao et al., 2010; Dvir et al., 2015).

Emotional dysregulation plays a pivotal role as a mediating factor in the link between childhood maltreatment and diminished QoL. It amplifies the psychological and social challenges stemming from early trauma, making it harder for individuals to achieve emotional stability, build meaningful relationships, and find satisfaction and purpose in life (Weidi & JeeChing, 2023). These findings highlight the significance of interventions designed to improve emotion regulation skills as a means of breaking the cycle of harm caused by childhood maltreatment. Such interventions could pave the way for better mental health outcomes and enhanced life satisfaction. Accordingly, this study explores the function of emotion regulation in the connection between maltreatment and QoL, with the aim of informing strategies to build resilience and support recovery for those affected.

2. Method

2.1. Participants

The participants of the study were 249 young adults residing in Turkey. This study sample was composed of 63% female and 37% male, with ages ranging from 18 to 30 years old ($M=22.39$, $SD= 2.5$). The data was gathered through a web-based survey on an online platform, which included the study measures and demographic questions. Many participants reported medium socio-economic status, with 70%, 23% reporting lower socioeconomic status, and only 7% reporting upper socio-economic status. Regarding education level, most participants were college students (75%), one-fifth were high school students (21%), and 4% were graduate students. Before taking the survey, the voluntary nature and goals of the study were explained to the participants.

2.2. Measures

2.2.1. Childhood Trauma Questionnaire (CTS). CTS is a 5-point Likert scale with 28 items, was developed by Bernstein et al. in 1994 and adapted to Turkish culture by Şar et al. in 2012. It evaluates emotional and physical neglect as well as sexual, physical, and emotional abuse in childhood across five sub-dimensions. Some sample items are “People in my family hit me so hard that it left me with bruises or marks” and “I had to wear dirty clothes.” The Cronbach Alpha coefficient was reported as .93 in the Turkish validity and reliability study (Şar et al., 2012). For the current study, the internal consistency coefficient for the total CTS score was $\alpha = 0.86$.

2.2.2. Quality of Life Scale (SF-12). The SF-12 is developed by Ware et al. in 2006 and translated into Turkish by Soylu and Kütük (2021). This 12-item, 5-point Likert scale evaluates two health components: physical and mental well-being. Sample questions include, “During the last 4 weeks, how much did pain interfere with your normal work?” and “During the last 4 weeks, how often have you felt nervous or downhearted?”. The internal consistency coefficient in the adaptation study was 0.73, while in this study, the reliability coefficient of the scale was 0.71.

2.2.3. Difficulty in Emotion Regulation Scale-Short Form (DRE-16). The 16-item scale assesses difficulties in emotion regulation developed by Bjureberg et al. in 2016 and was adapted for a Turkish sample by Yiğit and Guzey-Yiğit in 2019. It includes five subscales: “clarity, goals, impulse, strategies, and non-acceptance”. Sample items include, “I have difficulty making sense of my emotions” and “I have difficulty focusing on other things when I feel bad.” The Cronbach alpha was found to be 0.92 (Yiğit & Guzel-Yiğit, 2019). In the current study, the internal consistency coefficient was $\alpha = 0.94$.

2.3. Data analyses

Descriptive statistics, normality tests, and internal consistency reliability estimates were performed for the measured variables. The normality assumption was assessed using kurtosis and skewness statistics, with values used to identify deviations from normality. The relationships between quality of life, childhood trauma, and difficulties in emotion regulation were tested using the Pearson Product-Moment Correlation Coefficient. A mediation analysis was then conducted to explore the function of emotion regulation in the association between childhood trauma and QoL, using hierarchical regression analysis, with the significance of the mediation tested through the Sobel test.

3. Result

3.1. Preliminary analyses

Descriptive statistics and bivariate zero-order correlations for the measured variables are presented in Table 1. Preliminary analysis showed that skewness and kurtosis scores ranged from $-.60$ to 1.99 , indicating that all variables fell within the acceptable range for normal distribution. The internal reliability (α) of the variables in the present sample ranged from $.71$ to $.94$, demonstrating adequate consistency. Pearson product-moment correlation analysis revealed small to medium associations between the variables. Childhood maltreatment was positively correlated with emotion dysregulation ($r = .27, p < .001$) and negatively correlated with quality of life ($r = -.39, p < .001$). Additionally, quality of life was negatively correlated with emotion dysregulation ($r = -.53, p < .001$).

Table 1. Descriptive statistics and correlation results of variables.

Variables	Descriptive statistics					Correlations		
	Mean	SD	Skew.	Kurt.	α	1	2	3
1. CTS	33.7	9.4	.96	1.41	.86	-	-.39**	.27**
2. SF	49.13	8.51	.82	-.46	.71	-.39**	-	-.53**
3. DRE	38.59	11.88	.84	.23	.94	.27**	-.53**	-

Note: Correlation values are significant at the 0.01 level (2-tailed). CTS = Childhood maltreatment, SF = Quality of Life, and DRE= Difficulty in Emotion Regulation

3.2. Mediating effects

A mediator analysis based on regression analysis (Baron & Kenny, 1986) was performed to identify the mediator role of the difficulty in emotion regulation in life quality. The results showed that childhood trauma negatively affected quality of life ($\beta = -.392, p = .001$), and emotion regulation difficulties negatively impacted quality of life ($\beta = -.529, p = .001$). Also, childhood trauma positively affected emotion regulation difficulties ($\beta = .275, p = .001$). When both childhood maltreatment and emotion regulation were included in the model, childhood trauma still had a significant negative effect on QoL ($\beta = -.267, p = .001$), and difficulty in emotion regulation also had a significant negative effect on QoL ($\beta = -.456, p = .001$). According to these results, when difficulty in emotion regulation was included in the model as a mediator, the effect of childhood trauma on quality of life decreased ($\beta = -.267, p = .001$) but remained statistically significant. Initially, childhood trauma explained 15% of the variance in quality of life, but this increased to 35% with the inclusion of emotion regulation difficulties (see Table 2). These findings suggested that emotion regulation partially mediated the relationship between childhood trauma and quality of life, with the Sobel test confirming the significance of this mediation ($Z = -2.13, p = .032$).

Table 2. Results of the Hierarchical Regression Analysis on the Mediating Role of Emotion Regulation Difficulty in Predicting Quality of Life.

			<i>B</i>	<i>S.H</i>	β	<i>R</i> ²	<i>F</i>	<i>P</i>
1 st Step	CTS	SF	-.335	0,84	-.392	,154	44,795	,001
2 nd Step	CTS	SF	-.216	,022	-.529	,280	96,003	,001
3 rd Step	CTS	DRE	,574	,128	,275	,075	20,132	,001
4 th Step	CTS	SF	-.228	,046	-.267	,346	64,971	,001
		DRE	-.187	,022	-.456			,001

4. Discussion

This study investigated how emotion regulation mediated the association between childhood maltreatment and quality of life in Turkish young adults. The results indicated that experiences of maltreatment in childhood significantly are significant predictors of difficulties in emotion regulation and decreased level of life quality. Moreover, challenges in emotion regulation act as a crucial mediating factor, intensifying the negative impact of childhood maltreatment on individuals' life quality. This highlights the fundamental importance of emotion regulation in understanding and explaining this connection.

While aligning with existing studies, this research also established an association between childhood abuse, difficulties in controlling individuals' emotions, and lower life satisfaction (Dvir et al., 2015; Gratz & Roemer, 2004). Experience of maltreatment, on the other hand, has always been related to difficulties in the abuse of emotions that should be in place within oneself (Cheng & Langevin, 2023; Milojevich et al., 2018). These emotions and thoughts can lead individuals to develop certain destructive

behavior patterns to cope with the situation, such as uncontrolled craving and automatic phobia (Aldao et al., 2010). Such patterns can hinder adults from constructively dealing with difficult emotions. As a result, these deficits in regulation can lead to deficits in the quality of interpersonal relationships, lower levels of life contentment and cause deterioration in overall mental health.

It was also revealed that emotion regulation difficulties were a mediator in the link between childhood maltreatment and QoL. This result implies that certain conduct in the management of emotions, especially post-trauma, can be detrimental to the quality of life of survivors of child abuse. One possible reason is that people with a history of maltreatment tend to become more stressed and worse at preventing negative emotional outbursts (Weidi & JeeChing, 2023). These factors are likely to lower their general quality of life. As such, the findings highlight the need for training of young adults in emotion regulation to lessen the effects of negative early experiences.

These findings grant a good foundation for the design of interventions targeting the plight of persons who suffered from maltreatment as children. Particularly, therapeutic modalities such as Dialectical Behavior Therapy and Emotion-Focused Therapy could be useful in making the individual more emotionally aware and accepting of the mastery of emotional regulation skills. It follows that adding emotion regulation skills training into prevention and intervention programs might lessen the effects of maltreatment and enhance welfare outcomes.

While this research adds further knowledge relative to emotion regulation skills among young adults who have experienced abuse, it has limitations. Firstly, the cross-sectional design of the study restricts the power to determine causal links among study variables. Second, using self-reported data might lead to bias, which could impact the validity of the findings. Third, the exclusive focus on young adults in Turkey limits the generalizability of findings to diverse cultures. To enhance the power of future studies, it is recommended that longitudinal designs facilitate a more detailed analysis of the processes that underlie the development of emotion regulation ability and its association with quality of life.

In sum, this study's results emphasize the essential function of emotion regulation as a mediating factor in the link between childhood maltreatment and QoL in young adults. This underscores the necessity of incorporating strategies to improve emotional regulation within therapeutic frameworks, particularly for those individuals who have endured adverse experiences during childhood, to foster better life outcomes.

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