



Original Article

Adolescent emotional abuse according to the mother's report: The interactive role of adolescent's and mother's mental health problems

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Abstract

Introduction: Regarding the factors in the child and parent that increase the likelihood of emotional abuse, this study aimed to compare the prevalence and rate of emotional abuse in adolescents concerning the interaction of maternal and adolescent's mental health problems.

Materials and Methods: This causal-comparative study was conducted in the academic year of 2018-2019. Through the cluster sampling, 402 mothers and children were selected from the cities of Tehran, Hamadan, and Boldaji-Iran. We used the Emotional Abuse Questionnaire (Parenting Form), Depression Anxiety and Stress Scale (DASS-21), and Aachenbach's Self-Reporting Questionnaire. The data were analyzed using descriptive statistics, two-way ANOVA, independent t-test, and SPSS version 20.

Results: The prevalence of severe emotional abuse in adolescents was 11.7%. In healthy adolescents with healthy mothers, this prevalence was 3.7%, while it increased to 21.3% if the mother had mental health problems. In adolescents with mental health problems who had healthy mothers, this prevalence was 13.0%, but it was up to 50.0% in adolescents with mental health problems who had mothers with mental health problems. Adolescents with mental health problems are more severely emotionally abused than adolescents without these problems by mothers with and without mental health problems ($P < 0.01$). Also, mothers with mental health problems are more emotionally abused adolescents with and without problems than mothers without mental health problems ($P < 0.01$).

Conclusion: The prevalence of emotional abuse in adolescents is high, and the presence of mental health problems in mothers and adolescents increase the level of emotional abuse in adolescents.

Keywords: Abuse, Adolescent, Emotional abuse, Mental health problem, Mother

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Introduction

A significant percentage of adolescents (25%) experience abuse in the family environment (1). Though there are different types of abuse: physical, sexual, emotional abuse, and neglect (2), the most common of which is emotional abuse (1). Research shows that up to 75 percent

of children and adolescents experience some form of emotional abuse (1,3-5). Therefore, emotional abuse seems to be the most significant type of abuse for this group (1). Emotional abuse is defined as "psychological maltreatment" means a repeated pattern of caregiver behavior or extreme incident(s) that

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convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs" (6). Also, emotional abuse is evident to have undesirable consequences, such as anxiety, depression, post-traumatic stress, low self-esteem, poor self-control, academic problems, and difficulty in forming relationships with peers (1,7-11).

The high prevalence of emotional abuse and its undesirable consequences have led researchers to investigate the factors involved for children and adolescents. Research has shown that some factors related to children or adolescents increase the likelihood of emotional abuse. As the child ages, the risk of this form of abuse may extend. For example, adolescents are more likely to be abused than younger children (1,12). Gender also plays a role, and girls are more emotionally abused than boys (13,14). Also, the condition of the child's mental health problem is an important factor in this regard, and children with disabilities and disorders are more abused by their parents than their counterparts (15-25).

In addition to factors related to children or adolescents, several parents-related factors, like the mother's mental health status, may increase the likelihood of emotional abuse (26-28). Also, having a history of antisocial behavior/criminal offending, a history of depression, mania, and parental schizophrenia can double the probability of child abuse or even higher (29,30).

Although research emphasizes that maternal mental health status is associated with her being abusive (26-30), several issues have not been addressed, which the present study seeks to do. The first is that previous studies have measured child perceptions of mother abusiveness (3,4), which may differ from the mother's perception. In the present study, it is attempted to investigate the mother's self-report of her abusive behavior. Second, it has been overlooked that some mothers do not continue to abuse their children despite mental health problems. Some studies suggest that there is a one-way relationship between a mother's mental health state and her abusive behavior and that the child's role in the relationship between the mother's mental health problem and her abusive manner is neglected. Even though studies show that children with behavioral disorders are more likely to be abused by their parents (regardless of their

parents' mental health status) (15-23), it has not been addressed that, in case the child does not have a mental health problem, still mothers with mental health problems have more emotional abuse than mothers without a mental health problem or not. The purpose of this study was to investigate the moderating role of adolescents' mental health problems in the relationship between maternal mental health problems and emotional abuse.

Materials and Methods

The study population consisted of mothers and high school students of Hamadan, Tehran, and Boldaji (located in Chaharmahal va Bakhtiari province, Iran). The required sample size was estimated to be 414 people using G*Power software 3.1.9.2 (31) (considering the effect size of 0.20, type 1 error of 0.05, and test power of 0.80). A sample of 402 mother-child pairs was selected by cluster sampling method. Schools were first selected to select students, then 2 to 3 classes were selected within each school, and all students willing to participate in the research were selected. Every student selected his/her mother, if she wished, was included in the research to form a mother-student pair. The inclusion criteria for the participants (both students and mothers) were informed consent and mental health status (based on the cut-off point of the questionnaires, the t-score of healthy individuals should be below 35, and those with disorders should be above 69). Incomplete completion of the questionnaires was the exclusion criterion.

The research data was collected in the 2018-2019 academic year. For data collection, after receiving a letter from the university, admission to schools was obtained from the education offices of Tehran, Hamadan, and Boldaji.

After coordinating with school principals and providing oral explanations to students about the research and that the information collected is confidential and analyzed in groups, students were asked to inform their parents of the consent form and have it signed if they wished to participate. Next, while providing a list of students who agreed to participate in the study, the adolescent self-report questionnaire, identified by the code, was completed at school and in groups by adolescents.

After coding the parents' emotional abuse questionnaire and the depression, anxiety, and stress questionnaire, the questionnaires were

given to the students to take home and ask their mothers to complete it. After completing the questionnaires, the students were asked to submit them to the research assistant at the school within the next two days. However, it took nearly two weeks to complete the data collection.

In the next step, completed questionnaires were checked for accuracy, and after removing incomplete questionnaires, data were entered into SPSS-20 statistical software. Then, adolescents who were at least on one of the DSM-based scales (depression problems, anxiety problems, hyperactivity/attention deficit problems, conduct problems, and oppositional defiant problems) scored the standard score in the clinical range ($T > 69$) as adolescents with mental health problems. Thus, 102 adolescents (22.6%) were diagnosed with at least one mental health problem.

Also, it was found that at least on one of the scales of depression and anxiety, 23 mothers (5.2%) had mild, 54 mothers (12.2%) had moderate, and 35 mothers (7.9%) had severe problems (30). Mothers who were in the middle and severe classes were considered mothers with mental health problems. In this way, 89 mothers (20.1%) were diagnosed with at least one mental health problem. Finally, mothers who had mild problems were excluded from the analysis, and the two groups of mothers without mental health problems ($n = 313$) and mothers with mental health problems ($n = 89$) remained in the analysis. It was found that 14.7% (of 46) adolescents of mothers without mental health problems and 47.2% (42) adolescents of mothers with mental health problems had mental health problems.

Research instruments

A) Depression, Anxiety Stress Scale (DASS-21): This questionnaire was developed by Lovibond and Lovibond to measure depression, anxiety, and stress in adults. The seven items measure depression, seven items are anxiety, and seven are stress questions. It is also scored in a 4-degree range (0 to 4). Higher scores mean more problems. Also, a cut-off point has been identified for this questionnaire that can help identify the severity of the problem (32). This questionnaire has been standardized in Iran for non-clinical samples. Confirmatory factor analysis confirmed its construct validity. Also, using the internal consistency method, the total reliability of the questionnaire was 0.94 (33). In

this study, Cronbach's alpha for the whole questionnaire was 0.90.

B) The Emotional Abuse Questionnaire (Parent Form): This researcher-made questionnaire was developed based on the Emotional Abuse Questionnaire (33,34). The purpose of the questionnaire is to measure the level of parents' emotional abuse. The questionnaire is scored on a 4-point scale (0 to 3). Higher scores mean more abuse. The initial questionnaire consisted of 41 questions, which were excluded after implementing the questions that did not correlate with the whole scale. On the remaining questions (24 questions, such as 'when I get angry at my child's behavior, I tell her/his I wish you were dead.' 'I want my child to obey me without any question.'), exploratory factor analysis was performed using the principal component method. Using exploratory factor analysis and varimax rotation on the items, five factors (faulting, insult/humiliation, blame/disrespect, coercion, and embarrassment) were identified, and their eigenvalue was higher than one. These factors accounted for 53.85% of the total variance of the questionnaire; therefore, the construct validity of the questionnaire was confirmed. Also, the reliability of the whole questionnaire using Cronbach's alpha was 0.89, indicating high internal consistency (33,34).

C) Youth Self-Reporting (YSR): This form is one of the three forms of the Achenbach System of Empirically Based Assessment (ASEBA). In addition to empirically based assessment, DSM-based problems are also measured in this form, including emotional problems, anxiety problems, attention-deficit hyperactivity problems, conduct problems, oppositional defiant problems, and physical problems. It is scored in a range of 3 (0 for all, 1 for some, and 2 for most). Converting raw scores to standard t scores makes it possible to determine whether the adolescent has a mental problem (35). In Iran, Minaee has translated and standardized school-age forms of the Achenbach system of empirically based assessment. He examined the validity of the self-report questionnaire in three ways: content validity, criterion-dependent validity, and construct validity. Also, the reliability of the adolescent self-report form was calculated through internal consistency and test-retest, with internal consistency coefficients ranging from 0.74 to 0.88. Also, significant correlations between first and second-order performance were reported (36). In the present study, the internal consistency of the

questionnaire was obtained using Cronbach's alpha of 0.94.

The data were analyzed through SPSS-20. A crosstab was used to investigate the status of adolescent emotional abuse with and without mental health problems by mothers with and without mental health problems. Two-way ANOVA and independent t-test were used to investigate the role of maternal mental health problems and child mental health problems in adolescent emotional abuse.

Results

All mothers were married and lived with their spouses. Their mean age was 40.65 years, with a standard deviation of 5.34. Eighty-one percent of them were housewives, and 19% were employed. Education was 15.7% elementary, 16.5% secondary, 39.8% diploma, 4.9% postgraduate, 18.3% bachelor's, and 4.4% postgraduate and above. 196 (48.8%) adolescents were male and 206 (51.2%) were female. Their mean age was 14.07 years, with a standard deviation of 1.08. Thirty-two percent were in seventh grade, 26.6% in eighth grade, and 41.4% in ninth grade. One hundred thirty-

one students (66 boys and 65 girls) from Tehran, 136 students (60 boys and 76 girls) from Hamadan, and 135 students (70 boys and 65 girls) from Boldaji participated in this study.

Table 1 shows that 3.7% of adolescents without mental health problems and 13.0% of adolescents with mental health problems are severely abused emotionally by mothers without mental health problems. In comparison, 21.3% of adolescents without mental health problems and 50.0% of adolescents with mental health problems are severely abused emotionally by mothers with mental health problems. When adolescents have no mental health problem, mothers with a mental health problem emotionally abuse their child 5.75 times more than mothers without a mental health problem. When adolescents have mental health problems, mothers with a mental health problem emotionally abuse their child 3.84 times more than mothers without a mental health problem. Adolescent's mental health problem status affected his/her emotional abuse ($F(1,397)= 27.52, P= 0.001$). 6.5 percent of the adolescent's emotional abuse is due to his/her mental health problem (Table 2).

Table 1. Prevalence of emotional abuse of adolescents with and without mental disorders by mothers with and without mental disorders

Severity of emotional abuse	Mothers without mental disorders				Mothers with mental disorders			
	Adolescents without mental disorders		Adolescents with mental disorders		Adolescents without mental disorders		Adolescents with mental disorders	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
No abuse	44	16.5	3	6.5	1	2.1	1	2.4
Mild abuse	153	57.3	21	45.7	17	36.2	9	21.4
Average abuse	60	22.5	16	34.8	19	40.4	11	26.2
High abuse	10	3.7	6	13.0	10	21.3	21	50.0
Total	267	100	46	100	47	100	42	100

Table 2. Comparison of adolescent emotional abuse with regard to maternal, adolescent mental disorder and their interaction

	SS	df	MS	F	P	Eta square
Adolescent mental disorder	3950.35	1	3950.35	27.52	0.001	0.065
Maternal mental disorder	6890.43	1	6890.43	48.01	0.001	0.108
Maternal× adolescent mental disorder	88.49	1	88.49	0.617	0.433	0.002
Error	56970.12	397	143.50			

According to Table 3, mothers without mental health problems had significantly more emotionally abused adolescents with mental health problems than adolescents without mental health problems ($t(310)= -4.29, P= 0.001$). Mothers with mental health problems had significantly more emotionally abused adolescents with mental health problems than adolescents without mental health problems ($t(310)= -2.73, P= 0.007$). Also, the status of maternal mental health problems affected

adolescent emotional abuse ($F(1,397)= 48.01, P= 0.001$). 10.8% of adolescent emotional abuse is due to maternal mental health problems (Table 4). According to Table 4, mothers with mental health problems had emotionally abused adolescents more than mothers without mental health problems ($t(310)= -5.49, P= 0.001$). Also, mothers with mental health problems had emotionally abused adolescents compared to mothers without mental health problems ($t(310)= -4.02, P= 0.001$).

Table 3. Comparison of mean emotional abuse in adolescents with and without mental disorder according to maternal mental disorder

Maternal mental disorder status	Adolescents mental disorder status	N	Mean	SD	t	P
Without disorder	Without disorder	266	10.05	10.12	-4.29	0.001
	With disorder	46	17.15	11.65		
With disorder	Without disorder	47	19.82	16.30	-2.73	0.007
	With disorder	42	29.42	16.73		

Table 4. Comparison of mean emotional abuse in adolescents with and without mental disorders according to adolescent's mental disorder status

Adolescents mental disorder status	Maternal mental disorder status	N	Mean	SD	t	P
Without disorder	Without disorder	266	10.05	10.12	-5.49	0.001
	With disorder	46	19.82	16.30		
With disorder	Without disorder	47	17.15	11.65	-4.02	0.001
	With disorder	42	29.42	16.73		

Discussion

The findings showed that adolescents' mental health problems play a role in their emotional abuse, so both mothers with and without mental health problems are more likely to abuse adolescents with mental health problems. This finding aligns with the previous research (15-25). Legano et al. found that children with psychiatric diagnoses are more emotionally abused than their normal peers (23). Similar results were reported in a study conducted on people aged 10 to 19 years (25). Nemmezi Karaca et al. compared the level of emotional abuse of 56 children with Attention-Deficit/Hyperactivity Disorder (ADHD) and 68 normal children and found that children with ADHD are more emotionally abused (21). Also, Hamed et al. compared the level of abuse of 50 children and adolescents with behavioral disorders and 50 children and adolescents without these disorders and found that people with disorders are more abused (23). In a longitudinal study of 2,232 British twins, Stern et al. found that ADHD symptoms in childhood could predict abuse later in life (19). In this regard, it was found that the amount of abuse of children with ADHD decreases after medical treatment (19). These findings suggest that the presence of mental disorders in children increases the possibility of their being abused. However, several reviews showed that there is a bidirectional relationship between maltreatment and some childhood mental disorders (17,18). On the other hand, some studies showed that the presence of mental disorders in the mother increases the possibility of child abuse (26-30). For example, Rodriguez et al. found that mothers with ADHD were more likely to abuse their children (26).

Also, even mothers with mental health problems abuse normal adolescents less emotionally than mentally disordered adolescents. However, mothers with mental health problems abuse adolescents with and without mental health problems more emotionally compared to mothers without mental health problems. The overall result is that both mothers' and adolescents' mental status is positively linked to the likelihood of adolescents' emotional abuse. Both normal and mentally disordered mothers' abuse can be attributed to adolescent characteristics (such as trying to develop an independent identity and enhancing abstract thinking ability). Adolescents have more cognitive abilities during this than in the previous developmental period. This increased ability makes them no longer consider their parents' ideal (such as authoritativeness) and, to some extent, respond to and sometimes oppose their views or orders. At the beginning of adolescence, it may be difficult for parents to impose their wills. Adolescents cannot take matters into account in many ways and, despite making wrong decisions, insist on their own opinions, and this can cause parental anger, thus using humiliation, threat, blame, coercion, destroying child friendships, and unfair comparisons (37).

Also, adolescents are trying to develop an independent identity during this period. To this end, they may try different roles, dress differently, show new interests, make new friendships, question their beliefs, and sometimes even seek employment for financial independence. All of this can be intimidating for parents. Parents may feel that their child is at risk and that they may be restricted to protect them from dangers, which may lead to negative verbal

interactions (such as threatening, humiliation, and coercion). Mothers' (with and without mental health problems) more abuse against mentally disordered adolescents can be simply a response to their child's mental health problem. In addition to problems with adolescence that may increase the likelihood of emotional abuse, adolescents with emotional disorders such as anxiety or depression may be overwhelmed by negative emotions, such as immense fear or hopelessness, and, meanwhile, lack of interest in pursuing every day and education tasks is more likely to evoke the mother's anger (with and without mental health problem) and face insult, humiliation, threat, and coercion. Also, adolescents with behavioral disorders such as ADHD, conduct disorder, and oppositional defiant disorder are more likely to violate laws (whether made by parents, school rules, or social laws). They have more difficulty controlling their emotions and behaviors (for example, they may speak with their parents angrily), which can reduce the mother's patience and cause her to use threats, humiliation, insult, coercion, and unfair comparison (35).

In explaining why mothers (with and without mental health problems) less emotionally abuse normal adolescents, it could be noted that, although adolescence can be a source of problems, adolescents may show problems (such as irritability or partial disobedience) that may be blamed on their parents, these problems are fleeting, and adolescents without mental health problems may develop positive behaviors such as flexibility, empathy, cooperation, humor, perseverance, and vitality that evoke positive emotions in their parents and reduce the likelihood of emotional abuse. The reason that mothers with mental health problems more emotionally abuse adolescents with mental health problems than mothers without mental health problems seems to be due to the interaction of maternal mental health problems, adolescent's mental health problems, and adolescent's characteristics. Although all mothers emotionally abuse their children to some extent, when mothers have mental health problems, they have less patience. They are more likely not to tolerate the smallest of their children's mistakes (such as slowing down tasks, delaying orders, and trivial disobedience, somewhat common in adolescence) and make negative verbal communication (humiliation, threat, unfair comparison, etc.) with their children. It has been found that mothers with

anxiety or depression are more hostile. Anxiety, depression, and hostility have a negative relationship with children's level of acceptance and psychological independence (38).

Also, when an adolescent experiences emotional abuse, his/her emotional and behavioral problems increase, which can increase the likelihood of subsequent emotional abuse. It looks as though a defective cycle is being created that must be broken with intervention. The results of the present study showed that two steps can be taken to reduce adolescent emotional abuse: first, working on maternal mental health problems. If the severity of the mother's mental health problem is reduced, her emotional abuse can be expected to decrease. On the other hand, even if the mother's mental health problem cannot be improved, it can reduce the amount of maternal emotional abuse by improving the state of adolescent's mental health problems. However, these proposals should be tested experimentally to confirm their validity.

The present study faces some limitations. In this study, only anxiety and depression were assessed for maternal mental health problems. In contrast, mothers' mental health problems were significantly higher than the three cases and may have different effects on maternal emotional abuse. We used a self-report questionnaire to assess maternal mental health problems. If clinical interviews were conducted, the results might have been different. To examine the mother's emotional abuse, she completed the questionnaire herself. She may have responded with a bias to maintain her self-esteem. Adolescent mental health problems were also completed using a self-report questionnaire, and only depression, anxiety, attention-deficit/hyperactivity disorder, conduct disorder, and defiance disorder were considered to determine that the adolescent had a mental health problem. Given the limitations of the study and the results obtained, it is recommended to investigate the severity of emotional abuse in mothers with various mental health problems confirmed by clinical interviews. It is also suggested that two sources (parent and child) be used to assess the level of emotional abuse and to clarify the overlap of reports about the type of maternal disorder and the type of child disorder. Also, it is considered how the type of child disorder and the type of mother's disorder affect the type of emotional abuse (for example, threat, humiliation, blame, unfair comparison, etc.). For

example, do anxious mothers use the threat associated with their children (with and without disorder) more than non-anxious mothers? In the explanations, we said that adolescent characteristics (such as trying to build an independent identity and enhancing abstract thinking ability) may increase the likelihood of emotional abuse. We suggest checking the accuracy of this explanation and factors that may be involved, such as birth order, adolescent age and gender, living status (living with both parents, living with one parent, living with an adoptive parent), age and physical health and parent's physical and mental health and so on.

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Conclusion

The results of the present study showed that adolescents with mental health problems are more at risk of emotional abuse, and mothers with mental health problems are more likely to abuse their children emotionally.

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