

Childhood emotional abuse and depression: The mediating roles of emotion regulation and resilience

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Abstract

Childhood adverse experiences are associated with an increased susceptibility to low psychopathology. Childhood emotional abuse (CEA) is a widespread adversity, known to be associated with depression. Yet, the underlying mechanisms contributing to the relationship remain unclear. The present study aimed to explore the association between CEA and depression and identify potential mediating factors, focusing specifically on emotion regulation and resilience. Participants (N = 110) completed an online survey assessing experiences of CEA, depression levels, emotional regulation strategies, and resilience levels. A mediation analysis found that CEA has a direct influence on the onset of depression. Interestingly, only the expressive suppression emotional regulation strategy and resilience were found to mediate the relationship between CEA and depression. Cognitive reappraisal was not a mediator. The results add to the growing literature emphasising the association between CEA and depression. The implications for clinicians would be to explore the emotional regulation strategies and resilience in clients with known CEA. In the future, when assessing the outcome of CEA, it is critical to consider all aspects of the effects of CEA. Rather than primarily focusing on the presence of depression, clinicians should consider the fact that CEA often hinders one's social, cognitive, and emotional development.

Keywords: Emotional abuse, Childhood abuse, Emotion Regulation, Resilience, Depression, Mental Health.

Introduction

The recognition that childhood abuse can exert detrimental effects on various aspects of an individual's functioning is not a new insight. For example, evidence suggests that participants who reported experiencing both psychological and physical abuse showed lower levels of self-esteem in adulthood (Gross & Keller, 1992). Similarly, undergraduate students who had a history of childhood sexual abuse also showed higher depressive symptoms and lower self-esteem (Liem & Boudewyn, 1999). Given that the Crime Survey for England and Wales has estimated that one in five adults has experienced at least one form of childhood abuse (Elkin, 2020), it is particularly important to understand its detrimental impacts.

Among the varied forms of childhood abuse, Childhood Emotional Abuse (CEA) is notable for being concealed and overlooked (Shapero *et al.*, 2014). CEA is characterised by a cluster of behaviours that act to diminish a child's self-worth, including threatening remarks, verbal aggression, humiliation, and rejection (Goldsmith & Freyd, 2005; Shapero *et al.*, 2013). CEA is described along a continuum, with acts of verbal discipline being less psychologically abusive than acts of rejection and emotional unresponsiveness (Messman-Moore & Coates, 2007). The most recent UK figures indicate that CEA is more prevalent than physical and sexual abuse (Elkin, 2020). Whilst CEA may not necessarily represent the physical damage to

a victim, it is argued that the psychological damage of CEA may be more detrimental to a child's future than other forms of childhood abuse (Kent *et al.*, 1999; Kent & Waller, 1998; Yates, 2007). For example, Kent (1999) found that only emotional abuse during childhood had a predictive association with the development of unhealthy eating attitudes in women.

Furthermore, research surrounding the association between emotional childhood abuse and psychopathology is widespread. Evidence indicates that CEA is associated with Anorexia Nervosa (AN; Rai *et al.*, 2019), Post Traumatic Stress Disorder (PTSD; Gama *et al.*, 2021), psychosis (DeRosse *et al.*, 2014; Kessler *et al.*, 2010), and anxiety and depression (Gibb *et al.*, 2007). Depression specifically is worth further exploration. The World Health Organisation (WHO) estimates that 5% of adults worldwide experience depression and it is the most common mental disorder (WHO, 2023). Advancing our understanding of the underlying factors contributing to depression holds significant implications for treatment strategies, policy initiatives, and economic considerations.

Empirical evidence has explored the relationship between CEA and depression in a variety of populations (Christ *et al.*, 2019; Li *et al.*, 2022). In Christ *et al.*'s (2019) cross-sectional study, 276 female university students from the Netherlands responded to self-report questionnaires regarding their history of childhood abuse. They found that CEA, but not childhood physical abuse or childhood sexual abuse was significantly associated with depressive symptoms. Similarly, Li *et al.* (2022) found that CEA was more strongly related to depression in Chinese adolescents than physical abuse, sexual abuse, and neglect. Furthermore, adult psychiatric patients who had experienced CEA were more likely to be given a diagnosis of Major Depressive Disorder (MDD; Gibb *et al.*, 2007) and have a lifetime history of depressive disorders (Chapman *et al.*, 2004). Whilst a link between CEA and depression is evident, studies have also sought to understand the psychological mechanisms for this association.

A systematic review highlighted five potential psychological mechanisms for understanding the CEA-depression association (Li *et al.*, 2020). These include interpersonal difficulties (Christ *et al.*, 2019; Huh *et al.*, 2016), stressful negative events (Gibb *et al.*, 2007), early maladaptive schemas (Wright *et al.*, 2009), cognitive-personality variables, and emotional dysregulation (Christ *et al.*, 2019; Crow *et al.*, 2014). Each pathway shows a deeper understanding of the complexities of this relationship, but emotional dysregulation may be a useful pathway to consider due to the potential for clinical intervention (Renna *et al.*, 2020).

Emotion regulation is the modification of emotions. It is one's ability to evaluate emotional reactions to produce appropriate, adaptive responses to environmental demands (Gross, 2013). Emotional dysregulation, therefore, is one's inability to manage and maintain emotional reactions. According to the Process Model of Emotion Regulation (Gross, 1998), there are two distinct types of emotional regulation: cognitive-orientated regulation and response-focused regulation. Cognitive orientated focused regulation - i.e., cognitive reappraisal involves an individual altering their perception of a situation by modifying their thought process. In situations that promote negative emotions, an individual may use cognitive reappraisal to reinterpret the situation and reduce such negative emotions (Cutuli, 2014; Troy *et al.*, 2018). In contrast, response-focused regulation - i.e., expressive suppression entails the individual actively modifying the experiential, behavioural, or physiological aspects of their emotional reaction (Chen & Fagundes, 2022). Expressive suppression encourages the

suppression and/or reduction of emotions as opposed to reformulating the emotional significance of an emotion-eliciting situation (Zhou & Zhen, 2022). Generally, it is understood that cognitive reappraisal strategies are associated with higher well-being (Kobylinska & Kusev, 2019) in comparison to expressive suppression, which is often considered a maladaptive strategy. This, however, has been debated, with recent evidence indicating that expressive suppression may be a more effective way of regulating emotions than cognitive reappraisal (Trentini & Dan-Glauser, 2023).

Theoretically, using expressive suppression to manage emotions may be useful in helping the outward response, but not necessarily the internal emotional response. The use of expressive suppression has been shown to decrease positive and heighten negative emotions (Campbell-Sills *et al.*, 2006; Gross & John, 2003). It would therefore be plausible to predict that expressive suppression is associated with depressive symptoms. However, findings are mixed about the relative importance of expressive suppression to depression. For example, Forkmann *et al.*, (2014) found that expressive suppression predicted both depression and suicidal ideation in German psychiatric inpatients. However, when exploring the relationship between expressive suppression and depression in undergraduate students, Schroder *et al.*, (2015) found no such relationship. Given the relative differences in the methodologies of these two studies, it may indicate that expressive suppression is more important in contributing to the intensity of depressive symptoms.

In contrast to expressive suppression, cognitive reappraisal has been suggested to have beneficial effects on both internally and externally presented emotions (Andreotti *et al.*, 2013), due to the emotional response being processed before becoming fully activated (Gross & John, 2003). Evidence suggests that individuals with depressive symptoms less frequently use cognitive reappraisal strategies (Andreotti *et al.*, 2013; Joorman & Stanton, 2016; Martin & Dahlen, 2005; Rudolph *et al.*, 2007). Yet, contrastingly, Forkmann *et al.*, (2014) found reduced cognitive reappraisal did not predict depressive symptoms. As such, it is unclear which, if any, of the two emotional regulation strategies are relevant to depression.

It is also reasonable to expect that CEA is associated with both expressive suppression and cognitive reappraisal. Emotion regulation strategies develop early on in life, with caregiver and child exchanges contributing to the regulation of emotional states (Feldman & Greenbaum, 1997). The development of adaptive emotional regulation abilities may be disrupted by the experience of CEA (Crow *et al.*, 2014), therefore effective strategies are not accessible in adulthood because they have not been adequately acquired in childhood. This would fit with our current understanding of the importance of interpersonal attachments in fostering emotional regulation processes (Compas *et al.*, 2014; O'Mahen *et al.*, 2015). Alternatively, a range of adaptive and maladaptive strategies may have developed in a child, but an individual may be actively choosing to use more maladaptive strategies to avoid further negative consequences (Zhou & Zhen, 2022).

Recent research has established that overall childhood maltreatment was associated with less frequent use of cognitive reappraisal, but there were no differences in expressive suppression (Ion *et al.*, 2023). There is also evidence to indicate that CEA specifically, was strongly associated with difficulties in emotion regulation (Crow *et al.*, 2014) and had a stronger association than physical and sexual abuse (Burns *et al.*, 2010). However, these studies did not explore the two facets of emotion regulation. The only study to the author's

knowledge that explicitly explores CEA in relation to cognitive reappraisal and expressive suppression in adults, explored it in understanding disordered eating (Dawson *et al.*, 2022). The authors found that emotional neglect, but not emotional abuse, was associated with less cognitive reappraisal. However, expressive suppression was not related to childhood abuse history. Further investigation into the relationship between CEA and both forms of emotional regulation would therefore warrant further exploration.

As noted, emotional regulation has been suggested as one potential psychological mechanism in understanding the CEA-depression relationship. If emotional regulation strategies are not acquired in childhood due to experiences with CEA, use of more maladaptive strategies (such as expressive suppression) may lead to an increase in negative emotional experiences, which, if prolonged, could result in depressive symptoms (Tian *et al.*, 2023; Wirtz *et al.*, 2014). Empirical evidence (Christ *et al.*, 2019; Coates & Messman-Moore, 2014; Crow *et al.*, 2014; Schulz *et al.*, 2017) supports the idea that emotion regulation can account for the relationship between CEA and depression. Christ *et al.*, (2019) found that difficulties in emotional regulation mediated the effect of CEA on depressive symptoms in undergraduate students from the Netherlands. Likewise, similar mediating effects were found in African-American adults (Crow *et al.*, 2014) and female undergraduates (Coates & Messman-Moore, 2014). Taking these findings into consideration, it is expected that emotion regulation mediates the relationship between CEA and depression. However, a more in-depth understanding of the two facets of emotional regulation would be beneficial. Firstly, it is highlighted that whilst some consider expressive suppression a maladaptive strategy (e.g., Campbell-Sills *et al.*, 2006), it can be useful in certain situations and contexts (Webb *et al.*, 2012). Further understanding the contribution of each emotional regulation strategy would therefore help to guide clinicians to support a client-centred approach and assist them in recognising which emotion regulation strategy is appropriate. Moreover, client-centered interventions should also focus on identifying and working with an individual's strengths (Scheel *et al.*, 2013). Resilience stands out as a noteworthy example of such a strength.

Resilience is the utilisation of individual characteristics (e.g., positive self-esteem and self-control) and external factors (e.g., familial support) to adapt successfully to anxiety-provoking situations, such as childhood abuse (Rutter, 2006; Wolff & Wolff, 1995). Those with high resilience levels have been shown to function well during and post-adverse events and have persistent, positive mental health and well-being throughout the life span (Ding *et al.*, 2017; Poole *et al.*, 2017), with opposite effects found for those with low resilience levels (Arslan, 2016; Wingo *et al.*, 2010). This avenue of research is limited, but contestably, childhood abuse predicts low resilience levels (Campbell-Sills *et al.*, 2009; Lee *et al.*, 2018; Nishimi *et al.*, 2008; Soffer *et al.*, 2008). For example, Lee *et al.* (2018) explored childhood maltreatment, depression, and levels of resilience in medical students from South Korea. They found that those with a history of emotional neglect had lower levels of resilience and higher levels of depression. Likewise, Soffer *et al.* (2008) found that emotional abuse predicted lower resilience levels and higher depression levels in their sample of undergraduate students. It could be argued that childhood abuse, or more specifically, CEA, may increase susceptibility to deficits in the ability to build resilience.

Developing resilience is crucial for wellbeing (Ding *et al.*, 2017). Research proposes that resilience may serve as a defence against symptoms of depression by enhancing an

individual's capacity to manage stress more effectively (Cano *et al.*, 2020; Smith, 2009). A recent meta-analysis has confirmed the mediating role of resilience in the relationship between childhood trauma and depression (Watters *et al.*, 2023). They conducted a comprehensive review of 16 studies, finding that lower levels of resilience were associated with higher levels of depression and more traumatic experiences in childhood predicted both depression and resilience. However, their review focused generally on childhood trauma, which may encompass CEA but was not explored specifically.

The current study

Previous research indicates that CEA is associated with depressive symptoms in several populations (Christ *et al.*, 2019; Gibb *et al.*, 2007; Li *et al.*, 2022). The current study aims to replicate findings in a sample from the UK general population. Furthermore, although difficulties in emotion regulation have been found to mediate this association (Burns *et al.*, 2010; Crow *et al.*, 2014), it is unclear which type of emotion regulation strategy (cognitive reappraisal or emotional suppression) is most relevant to this relationship. Therefore, an additional aim is to explore the mediating effects of both cognitive reappraisal and expressive suppression. Finally, the role of resilience, as a potential protective factor, has not been explored in relation to CEA specifically. As such, resilience will also be explored as a potential mediator of the CEA-depression relationship.

Method

Participants

Participants were required to be over the age of 18 to participate in the study, but there were no further inclusion or exclusion criteria. Participants were recruited through the university's participant generation system, SONA. Participants who completed the study were eligible to receive two SONA points, which would enable them to advertise using the same system when completing their own research. Participants were also recruited on social media platforms Facebook and Twitter. A total of 154 participants responded to the questionnaire.

Materials

The Childhood Trauma Questionnaire (Short form): Emotional abuse subscale (CTSQ-SF-Emotional, Bernstein et al., 2003)

The CTQ-SF is a 28-item scale encouraging respondents to retrospectively answer questions about their experiences of childhood adversities. To focus specifically on CEA, only the emotional abuse subscale (five items) was used. Participants responded using a five-point Likert scale reflecting how true the statement is for them. Example items include "When I was growing up people in my family called me things like 'stupid', 'lazy', or 'ugly'" and "people in my family said hurtful or insulting things to me". Total scores on this scale range from 0 – 25, with high scores indicating a history of CEA. The scale had high reliability in the current study ($\alpha = .934$).

The Centre for Epidemiologic Studies - Depression Scale (CES-D, Radloff, 1977)

The CES-D is a 20-item self-report scale measuring depressive symptomatology in the past week. Items are scored on a four-point Likert scale, participants were asked 20 statements

about the frequency with which they experienced depressive symptoms in the past week. Example items include “I felt that I was just as good as other people” and ‘I felt fearful’ during the past week. Participants rated how often they had each experience. High scores indicated depressive symptomatology. The scale had high reliability in the current study ($\alpha = .952$).

The Emotion Regulation Questionnaire (ERQ, Gross & John, 2003)

The ERQ is a self-report measure consisting of 10 items scored on a five-point Likert scale, each measuring strategies by which individuals use to regulate their emotions. Six items assessed cognitive reappraisal (e.g., ‘When I want to feel more positive emotion, such as joy or amusement, I change what I am thinking about’ and four items assessed emotional suppression (e.g. ‘When I am feeling positive emotions, I am careful not to express them’). Participants rate the extent to which they agree with each statement. High scores for each factor represent more use of the respective emotional regulation strategy. The cognitive reappraisal subscale had high reliability ($\alpha = .919$) and the emotional suppression scale had good reliability ($\alpha = .833$)

The Brief Resilience Scale (BRS, Smith et al., 2008)

The BRS measures an individual’s perceived capability to recover from stressful experiences. Respondents rate the extent to which they agree with five statements on a 5-point Likert scale. Examples include ‘I tend to bounce back quickly after hard times’ and ‘It is hard for me to snap back when something bad happens’. Responses were scored from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating higher levels of resilience. The scale had good reliability in the current study ($\alpha = .868$).

Procedure

The study was approved by the University of Central Lancashire Ethics Committee. Data were collected using the online survey software, Qualtrics. Participants were presented with a participant information sheet and if they consented, answered the four questionnaires (CTQ-SF-Emotional, CES-D, the ERQ, and the BRS). Finally, participants were presented with a debrief on the screen. Participants remained anonymous and were treated in accordance with the British Psychological Society (BPS) guidelines.

Analytical Strategy

Data analysis was conducted using SPSS Statistical software (version 28.0.0.0). Five variables were computed: CEA, depression, cognitive reappraisal, emotional expression, and resilience. Participants who did not complete at least 75% of the survey were removed from the dataset ($n=44$), leaving a total of 110 participants. Expectation Maximisation (EM) was used to deal with five cases of missing data. Descriptive statistics and Pearson’s correlations were performed on all variables. A mediation analysis was performed on SPSS statistical software and PROCESS macro for SPSS. To begin, the researcher ran a linear regression to establish whether CEA had a direct effect on depression (step 1). The researcher then ran more linear regression analyses to establish whether the CEA (independent variable) had a direct effect on cognitive reappraisal, expressive suppression, and resilience (mediating variables; step 2). Further linear regressions were conducted to establish the association between the mediators and CEA (step 3). Finally, the researcher ran a multiple linear regression to establish whether CEA (independent variable) and cognitive reappraisal, expressive suppression, and resilience

(mediating variables) influenced depression (dependent variable; step 4). The mediation was run using the PROCESS macro for SPSS (Hayes, 2018) which allowed for bootstrapping methods to be used. This analysis tested the potential indirect effects of cognitive reappraisal, expressive suppression, and resilience on CEA and depression. An alpha level of .001 and a confidence level of 95% were used in all analyses.

Results

Means, standard deviations, and scoring ranges are provided in Table 1.

Table 1 Means, Standard Deviations & Scoring Ranges of Study Variables

<i>Variables</i>	<i>Mean</i>	<i>SD</i>	<i>Range</i>
CEA*	13.14	6.50	5 – 25
Depression	23.69	14.70	23 – 60
Cognitive Reappraisal	20.44	5.76	6 – 30
Expressive Suppression	12.11	4.15	4 – 20
Resilience	17.32	5.49	13 - 28

*CEA - Childhood Emotional Abuse

Pearson’s correlations were used to examine the relationship between all variables: CEA, depression, cognitive reappraisal, expressive suppression, and resilience. CEA was significantly positively correlated with depression and expressive suppression, yet significantly negatively correlated with cognitive reappraisal and resilience. Depression was found to be negatively correlated with cognitive reappraisal and resilience, yet positively correlated with expressive suppression. Cognitive reappraisal was negatively correlated with expressive suppression, yet positively correlated with resilience. Emotional suppression and resilience were negatively correlated (see Table 2).

Table 2: Bivariate correlations between childhood emotional abuse, depression, cognitive reappraisal, expressive suppression, and resilience.

<i>Variables</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
1. CEA				
2. Depression	.615**			
3. Cognitive Reappraisal	-.346**	-.516**		
4. Expressive Suppression	.296**	.442**	-.247**	
5. Resilience	-.369**	.624**	.677**	-.278**

CEA Childhood Emotional Abuse, ** $p < .001$.

Mediations Analysis

In step 1 of the mediation model, the regression of CEA abuse on depression, was significant ($b = 1.386$, $t(1, 107) = 7.91$, $p < .001$), indicating a strong association between CEA and depression in the presence of both emotional regulation strategies and resilience.

Step 2 showed that the regression of CEA and the three mediating variables was significant (cognitive reappraisal ($b = -.299$, $t(108) = -3.73$, $p = .003$); expressive suppression ($b = .182$, $t(1, 107) = 3.066$, $p = .003$); and resilience ($b = -.3143$, $t(1, 107) = .374$, $p = .001$)).

This indicates that as CEA increases, cognitive reappraisal and resilience decrease, whereas emotional suppression increases.

Step 3 of the mediation process showed that expressive suppression and resilience were significantly associated with depression ($b = .699$, $t(4, 104) = 2.963$, $p = .004$; $b = -.9628$, $t(4, 104) = -4.177$, $p < .001$, respectively), indicating that higher expressive suppression is associated with an increase in depressive symptoms, whereas lower resilience was associated with fewer depression symptoms. However, cognitive reappraisal did not reach significance ($b = -.264$, $t(4, 104) = -1.191$, $p = .236$), indicating no direct effect between this variable and depression.

Finally, step 4 of the analysis revealed that even when controlling for all mediating variables, childhood emotional abuse remained a significant predictor of depression ($b = .865$, $t(1, 107) = 5.458$, $p < .001$) suggesting that emotional suppression and resilience partially mediate the association between CEA and depression.

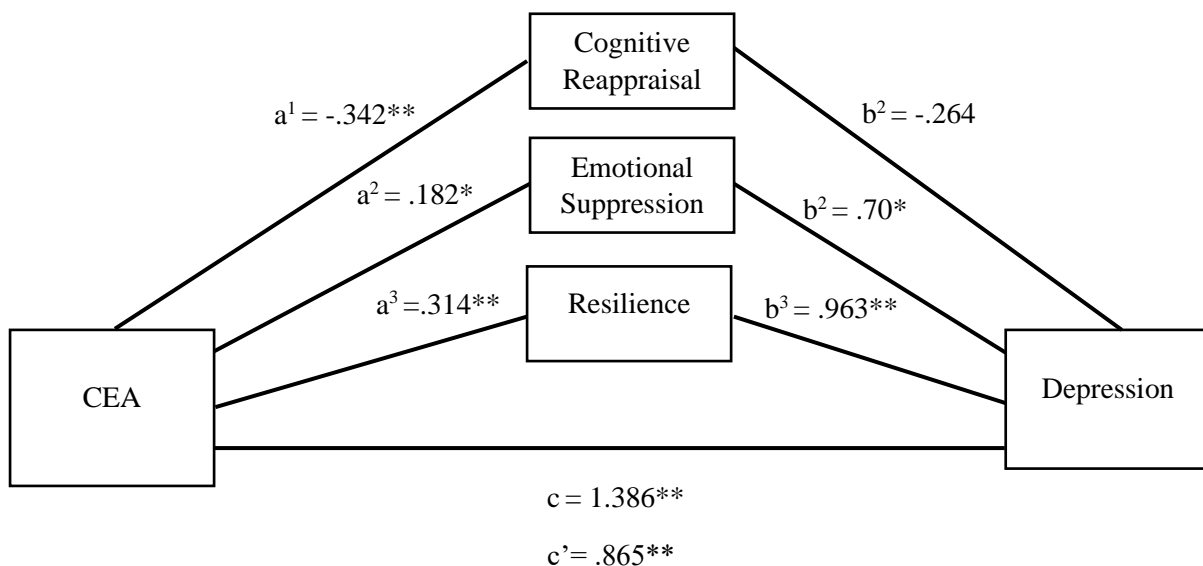


Figure 1: Mediation analysis of the association between Childhood Emotional Abuse and Depression by Cognitive Reappraisal¹, Expressive Suppression², and Resilience³. Note $N = 109$. $** p < .001$.

Discussion

This study examined the direct and indirect influences of CEA on depression in adulthood through emotion regulation and resilience. Four self-report measures were implemented to identify the potential mediating effects of cognitive reappraisal, expressive suppression, and resilience on predicting depression from CEA. As expected, more reports of CEA were associated with more depressive symptoms. The mediation analysis also established that expressive suppression and resilience mediated this relationship.

Our first finding, that CEA is associated with depressive symptoms, aligns with a growing body of literature, emphasising the robustness of the association between CEA and depressive symptoms (Christ *et al.*, 2019; Gibb *et al.*, 2007; Li *et al.*, 2022). The consistency across these studies strengthens the evidence base, highlighting the enduring and widespread influence of CEA on mental health, specifically for depression. Our findings indicated that CEA significantly predicted depressive symptoms. Such findings not only corroborate but also extend our understanding of the detrimental effects of CEA. They highlight the need for targeted intervention and to develop support systems to mitigate the enduring consequences of early-life experiences.

Furthermore, our results reveal a noteworthy aspect of the relationship between CEA and depression. Specifically, we observed that the link between CEA and depression was partially mediated by expressive suppression, while cognitive reappraisal did not exhibit a significant mediating effect. This pattern aligns with previous findings (Forkmann *et al.*, 2014) who similarly found that only expressive suppression was associated with depressive symptoms. This suggests that the utilisation of expressive suppression as a regulation strategy may inadvertently intensify negative emotions and diminish positive ones. When viewed in the context of CEA, where an individual may experience feelings of being unloved and undervalued (Paul *et al.*, 2015), the reliance on expressive suppression may heighten the intensity and duration of these emotions, consequently contributing to the manifestation of depressive symptoms.

Interestingly, cognitive reappraisal, which is often considered a more effective emotion regulation strategy, was found not to be related to depression in the current study. This contradicts previous findings (Andreotti *et al.*, 2013; Joorman & Stanton, 2016; Martin & Dahlen, 2005; Rudolph *et al.*, 2007) where individuals who adopt cognitive reappraisal as an emotional regulation strategy were less likely to report depressive symptoms. Recently, the assumed adaptiveness of cognitive reappraisal has been challenged (Trentini & Dan-Gluaser, 2023). Whilst cognitive reappraisal has been shown to reduce the experience of negative emotions (Gross *et al.*, 2006), it has also been found to reduce positive ones (Meyer *et al.*, 2012). It is also suggested that cognitive reappraisal may not be effective in reducing specific negative emotions such as fear (Olatunji *et al.*, 2017), an emotion that is associated with childhood maltreatment (Hart *et al.*, 2018). Without a more in-depth examination of emotional experiences, it is difficult to determine whether there was a reduction of both positive and negative emotions in the current study. However, our findings do indicate that cognitive reappraisal may not necessarily be an effective strategy for reducing depressive symptoms. This nuance in our results prompts further consideration of the complexities surrounding emotion regulation techniques in the context of depression.

Our final observation underscores the role of resilience as a partial mediator between CEA and depression. Specifically, our results reveal that individuals with a history of CEA tend to exhibit lower levels of resilience, and consequently reported higher levels of depressive symptoms. Whilst previous research has not explicitly explored the potential influence on the CEA-depression link, our findings are similar to studies exploring the connection between childhood trauma and depression (Watters *et al.*, 2023). It appears that resilience may function as a protective buffer against depressive symptoms by enhancing an individual's capacity to effectively cope with stress (Cano *et al.*, 2020; Smith, 2009). However, the experience of CEA may impede the development of resilience. During their formative years, children may struggle

to establish trusting relationships with their caregivers, which in turn hinders their ability to seek and receive the support necessary for nurturing resilience (Sroufe et al., 2009). Moreover, persistent exposure to emotional abuse can lead to a diminished sense of self-worth and self-efficacy, presenting a challenge for children to believe in their own capabilities (Kaplan et al., 2019). This further emphasizes the importance of the recognition of targeted intervention for those who have experienced emotional abuse.

It is important to note that whilst resilience and expressive suppression account for some of the total effects of CEA on depression, the direct effect was still significant. This indicates that there may be additional mechanisms relevant to this relationship that were not explored in the current research. For example, Li *et al.*'s (2022) review of psychological mechanisms explaining the link between childhood abuse and depression considers four additional mechanisms (interpersonal difficulties, stressful negative events, early maladaptive schemas, and cognitive-personality variables). Such mechanisms also appear related to the development of emotional regulation strategies and therefore future research would benefit from exploring such factors and their relationship with expressive suppression.

This study offers a distinctive perspective of the CEA-depression relationship, but it is important to acknowledge its limitations. This study relied on retrospective, self-report measures to gain participant data, which may have led to social desirability and retrospective bias, thus reducing the validity of the results as participant recollection may be inaccurate. Future research could implement prospective, longitudinal study by examining childhood emotional abuse in children and examining the effects in adulthood, this would help to overcome the limitations of the cross-sectional approach used here. Additionally, to maintain the anonymity of the data, this study did not retain any demographic data. However, establishing and controlling for potential confounding variables such as gender and age may further help to understand this relationship.

Conclusion

Overall, the current study adds to the growing literature highlighting the association between CEA and depression. Notably, this is the first study to explore cognitive reappraisal and expressive suppression as mediators of this relationship. Whilst the findings highlight the relative importance of expressive suppression in contributing to the association between CEA and depression, cognitive reappraisal may not be as adaptive as previously assumed and was found to have no association with depressive symptoms. Furthermore, the current study also recognised the potential protective ability of resilience in the CEA-depression relationship. These findings have implications for clinical interventions and future research.

Impact Statement

The current research offers key implications for research and clinical practice.

- Professionals working with victims of childhood abuse should consider how their clients regulate their emotions and the specific use of expressive suppression. Helping to reshape the potential maladaptive strategies may be more important to alleviate depression symptoms than focusing on cognitive reappraisal.

- Professionals could also consider the levels of resilience in their clients. Building resilience in the first instance could contribute to better understanding when working through trauma related to CEA. Therefore, incorporating resilience-building strategies into therapeutic work could help to better handle clients' difficulties in discussing CEA.
- There are additional factors that contribute to the relationship between CEA and depression above and beyond expressive suppression and resilience. This research has highlighted that such factors may be important for reducing the severity of depression, but future research should explore the contribution of other internal factors such as self-esteem.
- The research also adds to existing findings to suggest that experiencing CEA can lead to maladaptive emotional regulation, but future research could focus on how expressive suppression may contribute to additional psychological mechanisms to further understand the relationship between CEA and depression.

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