



**EMOTIONAL AWARENESS, ANGER AND DEPRESSION IN ABUSED
ADOLESCENTS**

Çağla Pınar SEVİNÇ YALÇIN
caglapnr@yahoo.com

Orcid: 0000-0003-4607-3873

Abstract

Child abuse and conflicts within the family have become significant risk factors for emotional and behavioural problems among children and adolescents (Haggerty, Sherrod, Garnezy, & Rutter, 1996; Turner, Finkelhor, & Ormrod, 2006). On the basis of extensive reports, trauma occurred during childhood has been argued to have the ability to affect children's psychological development and adjustment seriously (Cicchetti, Ackerman, & Izard, 1995; Cloitre, Miranda, Stovall Mc Clough, & Han, 2005). Maltreatment victimization, for instance, especially during adolescence or beginning in childhood and persisting into adolescence, is an expected cause of subsequent perpetration. On the other hand research show that childhood abuse leads both internalizing and exteranilizing behavioural problems. For instance, based on research studies, sexual abuse was found to be associated with a number of internalizing behaviors, including anxiety (McClellan et al., 1995), depression (Livingston, 1987; Wozencraft et al., 1991) and somatic complaints (Livingston, 1987). Also adolescents suffering from sexual abuse have a tendency to show more self-destructive behaviors and risk taking behaviors such as substance abuse, suicidal and homicidal ideation, and legal problems (Cavaiola & Schiff, 1988). For instance, adolescents who have been abused either physically or sexually made more suicidal ideations and attempts than those who were not abused (Bayatpour et al., 1992). Antecedents of alcoholism have been indicated to be similar to the consequences of sexual abuse, particularly the factors of social isolation and emotional disturbances (Miller et al., 1987). On the other hand apart from the risk for sexually transmitted diseases and pregnancy, there is also evidence suggesting that early abuse influence endocrine secretions, possibly resulting in the early onset of puberty (Finkelhor, 1995; Gil, 1996). Besides the effects of physical and sexual maltreatment, the impact of the emotional abuse also plays a vital role on well-being. Growing body of literature revealed that research on the developmental impact of emotional abuse has insulated behind research on other forms of child maltreatment. Many studies analyse the impact of emotional abuse from that of other forms of child maltreatment (Brassard & Donovan, 2006; Egeland, 2009). Therefore, developmental theories sustain that what occurs early in the life has a significant importance for later development. The aim of this study was to investigate emotion clarity as an indicator of emotional awareness, trait anger and depression levels of abused adolescents. Five hundred sixty four high school students (262 females, 302 males) completed Childhood Trauma Questionnaire (CTQ), Trait Meta Mood Scale (TMMS), Trait Anger and Anger Expression Inventory (STAXI) and Beck Depression Inventory (BDI). Among five hundred sixty four students, 175 students (96 female, 79 male) were found to be abused by their parents through CTQ. The differences between trait anger and depression levels of abused and non-abused adolescents were analysed. The results showed that there is a

EMOTIONAL AWARENESS, ANGER AND DEPRESSION IN ABUSED ADOLESCENTS

Çağla Pınar SEVİNÇ YALÇIN

significant difference between emotional clarity, trait anger and depression levels of abused and non-abused groups.

Keywords: Abuse, Emotion Awareness, Anger, Depression, Adolescence

Introduction

Child abuse and conflicts within the family have become significant risk factors for emotional and behavioural problems among children and adolescents (Haggerty, Sherrod, Garmezy, & Rutter, 1996; Turner, Finkelhor, & Ormrod, 2006). Furthermore, it is hypothesised that child maltreatment disturbs the normal development of cognitive and affective processing, integration of thinking and feeling, and capacity to understand and express emotional states, leading to both dissociation and the inability to identify and describe feelings (Yates, 2009). The World Health Organization Consultation on Child Abuse Prevention drafted below definition which covers a broad spectrum of abuse (WHO, 1999).

“Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.”

More precisely physical abuse of a child is identified as the acts of commission by a caregiver either gives actual physical harm or have the potential for harm. Sexual abuse is identified as the acts where a caregiver uses a child for sexual gratification. Emotional abuse occurs when the caregiver fails to provide a suitable and supportive environment that also incorporates acts that have an adverse effect on the emotional health and development of a child. Those incorporate limiting a child’s movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other nonphysical forms of hostile treatment (WHO, 1999). The risk of multiple psychological and physical health problems among adult survivors increases by childhood maltreatment that includes physical, sexual, and emotional abuse. Some examples are posttraumatic stress symptoms, depression, substance abuse disorders, disordered eating, and increased health care utilization for chronic medical conditions (Arias, 2004; Moeller, Bachmann, & Moeller, 1993). Furthermore child abuse and conflicts within the family have become significant risk factors for emotional and behavioral problems among children and adolescents (Haggerty, Sherrod, Garmezy, & Rutter, 1996; Turner, Finkelhor, & Ormrod, 2006). It appears that maltreated children do show deficits and difficulties in many fields. For instance maltreated children have a tendency to develop insecure attachments with their caregivers, mainly as a result of the poor, inconsistent care, rejection, and harshness of the interactions (Crittenden & Ainsworth, 1989). Young children those have been abused tend to react with more aggression (Kolko, 1992). These children also tend to utilize less internal state language indicating that their knowledge of emotions and emotional regulation is compromised (Cicchetti & Beeghly, 1987). Their social awareness may also be delayed, which potentially can result in increased peer difficulties and interpersonal problems (Dodge et al., 1990, 1994). Older children have also a tendency to display more aggressive behaviour (Downey & Walker, 1992), as well as depression (Toth et al., 1992). Depression is an important factor that contributes to the global burden of disease and it affects people all around the world. Depression is predicted to affect 350 million people today. According to The World Mental Health Survey which was conducted in 17 countries, it was found that about 1 in 20 people on average have an episode of depression in the previous year (WHO, 2012). It has been shown that depression is an important genetic component as well as be determined by social and cultural circumstances (Bierut et al., 1999; Mazure & Keita, 2006; Silberg et al., 1999). Particularly, principal determinants of depression involve family history and genetic factors, cognitive style, hormonal and neurotransmitter interactions, and environmental stress and cumulative adversity such as exposure to violence (Mazure & Keita, 2006). In particular, maltreatment in childhood, specifically sexual abuse, has been shown to be one of the most robust and important determinants of depression (Bifulco, Brown, & Alder, 1991; Cheasty, Clare, & Collins, 1998; Molnar, Buka, & Kessler, 2001; Mullen, Romans-Clarkson, Walton, & Herbison, 1988). Also many studies have shown that being subject to sexual abuse, family conflict, and violence have been coupled to symptoms of depression (Branje, van Doorn, van der Valk, & Meeus, 2009; Kendler, Kuhn, & Prescott, 2004; Schraedley, Gotlib, & Hayward, 1999; Turner et al., 2006). Furthermore

EMOTIONAL AWARENESS, ANGER AND DEPRESSION IN ABUSED ADOLESCENTS

Çağla Pınar SEVİNÇ YALÇIN

according to Beck, childhood abuse has been indicated to lead to an increase in negative self-associations such as negative self-inferential styles, dysfunctional self-attitudes, and low self-worth (Beck, 1967, 2008). This is validated by numerous studies relating child abuse to increased negative self-associations (Alloy et al., 2006; Gibb, 2002; Jacobs, Reinecke, Gollan, & Kane, 2008; Rose & Abramson, 1992). Additionally, these increased negative self-associations are hypothesized in itself to increase negative bias and memory when involved in new situations, and when retrieving memories. Therefore, abused individuals may get caught in a negative loop, where child abuse may increase negative biases, which may lead to more frequent and more intense negative experiences, which in turn may increase negative self-associations. Because of this process, abused individuals may be more vulnerable to develop and/or maintain a mood and anxiety disorder (Beck, 2008).

On the other hand anger is identified as an emotional state of feeling that varies in intensity, from mild frustration to fury and rage (Spielberger, 1988). The tendency to frequent, intense and long-lasting anger is a relatively enduring and stable temperament known as trait anger. The expression of anger denotes how anger is managed, whether it is expressed outwardly, held in, or controlled (Cook & Medley, 1954). Moreover anger has been identified as a constituent of traumatic reactions since a long time and important historical work in the trauma field, such as Lindemann (1944; cited in Novaco, 2010), Grinker and Spiegel (1945; cited in Novaco, 2010) and Kardiner and Spiegel (1947; cited in Novaco, 2010), suggested several observations about anger, hostility, and aggression as trauma-linked responses. Although anger has been recognized as a feature of clinical conditions since long time that result from trauma, such as dissociative disorders, brain-damage syndromes, and, especially, posttraumatic stress disorder, it also emerges in mental state disturbances formed by general medical conditions, such as dementia, substance abuse disorders, and neurological dysfunctions caused by perinatal difficulties (Novaco, 1997).

On the other hand increased anger is an important psychological consequence of childhood abuse. Specifically, higher levels of trait anger and suppressed anger have been stated by people with a history of physical or sexual abuse than those without (Luterek, Harb, Heinberg, & Marx, 2004; Scott & Day, 1996). Besides trait anger level, there are also other important variables in determining anger-related outcomes. How people deal with or express their anger may also be critical. Angered people may express their anger in a diversity of either adaptive or maladaptive ways. For instance, while someone experiences anger as an assertive and problem-solving way, another experiences it as a physical or verbal assault. Understanding how people express anger is significant not only in terms of knowing the nature of it, but also clinically in terms of client problems and concerns (Deffenbacher et al., 1996). This study examines the emotion awareness, trait anger and depression levels of young people those abused during their childhood or have been abused recently.

The hypotheses and research questions of the study as follows:

1. Depression levels of abused adolescents are significantly higher than those have never been abused.
2. Trait anger levels of abused adolescents are significantly higher than those have never been abused.

Method

The population of this study will be the secondary school students at 9-12th classes located in different districts in Istanbul city. In the classes, those who became volunteer for the research were given a folder including Informed Consent, Demographic Form, Childhood Trauma Questionnaire, Trait Meta Mood Scale, Trait Anger and Anger Expression Inventory and Beck Depression Inventory.

In the present study, 564 adolescence participants (262 females 46.5 %, 302 males 53.5 %) between ages 14 and 21 ($M = 16.78$, $SD = 1.251$) were voluntarily participated to the study. In terms of inclusion criteria, based on the answers of Childhood Trauma Questionnaire, for each abuse type, on a 5 Likert scale, those chose at least "sometimes" option were included into abuse group. Among the participants 175 of them participants 96 females (54.9 %) and 79 (45.1 %) males sexually, physically and emotionally abused, with a age range 14 and 20 ($M = 17.02$, $SD = 1.22$). On the other hand, 389 participants (166 females, 42.7 % and 223 males, 57.3 %)

EMOTIONAL AWARENESS, ANGER AND DEPRESSION IN ABUSED ADOLESCENTS
Çağla Pınar SEVİNÇ YALÇIN

between ages of 14 and 21 (M= 16.67, SD= 1.250) were identified as non-abused group. Main study was carried out with abused participants and following descriptive information is given based of the abused group.

Result

Our study investigates meta-mood experiences, depression and trait anger levels of participants. Among five hundred sixty four students, 175 students (96 female, 79 male) were found to be abused by their parents through Childhood Trauma Questionnaire. The differences between trait anger and depression levels of abused and non-abused adolescents were analysed.

Results show that trait anger scores are significantly different in abused and non-abused group (in Table 1.). Trait anger scores of abused group (M= 26.79), are significantly higher than non-abused group (M=24.59); $t(562)=3.59$, $p<.01$.

Also depression level of abused group (M=16.76) is significantly higher than non-abused group (M=11.67); $t(562)=5.87$, $p<.01$. These result indicated that the depression and trait anger levels of the group with abuse history are significantly higher than the other group.

Table 1. Means standard deviations, and the ranges for depression and trait anger levels of abused and non – abused group

	<u>Abuse</u>		<u>None</u>		df	t
	Mean	SD	Mean	SD		
Trait Anger	26.79	6.782	24.59	6.703	562	3.591*
Depression	16.76	9.810	11.67	8.904	562	5.872*

* $p<.001$

Also means standard deviations, and the ranges for emotion clarity levels of abused and non – abused group can be seen in table 2. Results show that emotion clarity scores are significantly different in abused and non-abused group. Emotion clarity scores of abused group (M= 31.68), are significantly lower than non-abused group (M=32.95); $t(562)=2.54$ $p<.05$.

Table 2. Means standard deviations, and the ranges for emotion clarity levels of abused and non – abused group

	<u>Abuse</u>		<u>None</u>		df	t
	Mean	SD	Mean	SD		
Emotion Clarity	31.68	5.59	32.95	5.48	562	2.54*

* $p < 0.05$., ** $p < 0.01$.

For abused adolescent's group emotion clarity is significantly predicting trait anger level. There is a negative relationship between emotion clarity and trait anger level; increasing in the awareness of emotions lead decreasing in trait anger level of abused adolescents. Findings revealing that depression levels of abused adolescents are significantly higher than the other group. Research conducting with children, adolescents and adults suggest that childhood abuse can have a chronic impact on emotional functioning (Alloy, Abramson, Smith, Gibb, & Neeren, 2006; Silverman, Reinherz, & Giaconia, 1996). Several studies supported that self-reported childhood abuse has enhanced the risk to develop depressive symptoms (Kessler, Avenevoli, & Ries Merikangas, 2001; Weiss, Longhurst, & Mazure, 1999). Also trait anger levels of abused adolescents are

EMOTIONAL AWARENESS, ANGER AND DEPRESSION IN ABUSED ADOLESCENTS

Çağla Pınar SEVİNÇ YALÇIN

significantly higher than non-abused adolescents and results show consistent findings in line with literature. Important historical work in the trauma field, such as the Lindemann (1944; cited in Novaco, 2010), Grinker's and Spiegel (1945; cited in Novaco, 2010), and Kardiner and Spiegel (1947; cited in Novaco, 2010), proposed in their studies numerous observations about anger, hostility, and aggression as trauma linked responses. These results are consistent with the previous studies. Childhood maltreatment, for instance, has also been related to increased risk for depression (Cannon, Bonomi, Anderson, Rivara, & Thompson, 2010; Springer et al., 2007; Widom, DuMont, & Czaja, 2007) and consecutively, a separate study suggest that individuals having depression display deficits in perceiving emotion in others (Stuhrmann, Suslow, & Dannowski, 2011). Therefore, it is likely that maltreated children may have difficulty in identifying emotions as a function of higher levels of depression (Eberhart, Auerbach, Bigda-Peyton, & Abela, 2011). However in the contrary, in this study it is found that abused adolescents may have severe depression level as a function of lower levels of emotion clarity.

Discussion

First hypothesis of the study was that the depression levels of abused adolescents are significantly higher than those who have not been abused. Findings supported this hypothesis, revealing that depression levels of abused adolescents are significantly higher than the other group. Research conducting with children, adolescents and adults suggest that childhood abuse can have a chronic impact on emotional functioning (Alloy, Abramson, Smith, Gibb, & Neeren, 2006; Silverman, Reinherz, & Giaconia, 1996). Several studies supported that self-reported childhood abuse has enhanced the risk to develop depressive symptoms (Kessler, Avenevoli, & Ries Merikangas, 2001; Weiss, Longhurst, & Mazure, 1999). Findings of first hypothesis may be discussed in the light of related literature and differences between depression levels of abuse and non-abuse group can be attributed to their family environments. Based on the theoretical knowledge about abusive families, as expected, the children in abused group in our study may have negative self-representation by themselves and develop early maladaptive schemes about the world since they were born into an abusive family and they readily live in this family. Also, they have been living in adverse family environments. As a result of the findings in this study, the importance of environmental factors is being scrutinized regarding the etiology of depression.

Second hypothesis of the study is that trait anger levels of abused adolescents are significantly higher than non-abused adolescents and results show consistent findings in line with literature. Important historical work in the trauma field, such as the Lindemann (1944; cited in Novaco, 2010), Grinker's and Spiegel (1945; cited in Novaco, 2010), and Kardiner and Spiegel (1947; cited in Novaco, 2010), proposed in their studies numerous observations about anger, hostility, and aggression as trauma linked responses. In cases of trauma several areas of cognition like beliefs regarding safety, trust, control, esteem and intimacy might be disrupted (McCann & Pearlman, 1990). Also, strong emotions such as fear, anger, shame and sadness may emanate directly from trauma, because the event is interpreted as dangerous or abusive, and result in losses (Resick & Schnicke, 1992). Consistent with the literatures, the second hypothesis has also been confirmed by the finding that trait anger levels of abused group are significantly higher than of non-abused group. The findings of this study also demonstrate that the anger level of adolescents exposed to abuse and still suffering from it may serve as a coping mechanism to heal a wound. Also, in the context of cognitive perspective high level of anger in individuals who are still living in abusive families has been found to be significant as a coping mechanism to protect them against future threats.

Consistent with the literature, it is important to note that those adolescents live in families where the environments are poor in terms of emotion communication. It is important to remember that these adolescents, who can repair their emotions constructively and think about what steps to take and how to handle the negative events may eventually see that they cannot change anything other than their thoughts. As a result of that, it is reasonable to expect that abused adolescents have higher trait anger and depression levels compared to those who did not live in abusive families.

EMOTIONAL AWARENESS, ANGER AND DEPRESSION IN ABUSED ADOLESCENTS

Çağla Pınar SEVİNÇ YALÇIN

References

- Alloy, L. B., Abramson, L. Y., Smith, J. M., Gibb, B. E., & Neeren, A. M. (2006). Role of parenting and maltreatment histories in unipolar and bipolar mood disorders: mediation by cognitive vulnerability to depression. *Clinical Child and Family Psychology Review*, 9, 23-64.
- Arias, I. (2004). The legacy of child maltreatment: Long-term health consequences for women. *Journal of Women's Health*, 13, 468-473.
- Bayatpour, M., Wells, R. D., & Holford, S. (1992). Physical and sexual abuse as predictors of substance abuse and suicide among pregnant teenagers. *Journal of Adolescent Health* 13, 128-132.
- Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York: Harper & Row.
- Beck, A. T. (1974a). Assessment of depression: the depression inventory. *Pharmacopsychiatry*, 7, 151-169.
- Beck, A. T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press.
- Beck, A. T. (2008). The evolution of the cognitive model of depression and its neurobiological correlates. *American Journal of Psychiatry*, 165, 969e977.
- Beck, A. T., Freeman, A., & Associates. (1990). *Cognitive therapy of personality disorders*. New York: Guilford Press.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.
- Bernstein, D. P., Fink, L. (1998). *Childhood Trauma Questionnaire: a retrospective self-report Manual*. New York: The Psychological Corporation.
- Bernstein, D. P., Fink, L., Handelsman, L., Foote, J. (1994). Initial reliability and validity of a new retrospective measure of child abuse and neglect. *American Journal of Psychiatry*, 151(8):1132-6.
- Bernstein, D.P., Stein, J.A., Newcomb, M.D., Walker, E., Pogge, D., Ahluvalia, T., Stokes, J., Handelsman, L., Medrano, M., Desmond, D., Zule, W., (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse Neglect*. 27 (2), 169-190.
- Bierut, L., Heath, A., Bucholz, K., Dinwiddie, S., Madden, P., Statham, D., et al. (1999). Major depressive disorder in a community based twin sample: are there different genetic and environment contributions for men and women? *Archives of General Psychiatry*, 57, 557-563.
- Bifulco, A., Brown, G. W., & Alder, Z. (1991). Early sexual abuse and clinical depression in adult life. *British Journal of Psychiatry*, 159, 115-122.
- Branje, S. J. T, van Doorn, M., van der Valk, I., & Meeus, W. (2009). Parentadolescent conflicts, conflict resolution types, and adolescent adjustment. *Journal of Applied Developmental Psychology*, 30, 195-204.
- Cannon, E. A., Bonomi, A. E., Anderson, M. L., Rivara, F. P., & Thompson, R. S. (2010). Adult health and relationship outcomes among women with abuse experiences during childhood. *Violence and Victims*, 25, 291-305.
- Cavaiaola, A. A., & Schiff, M. (1988). Behavioral sequelae of physical and/or sexual abuse in adolescents. *Child Abuse Neglect* 12, 181-188.
- Cheasty, M., Clare, A., & Collins, C. (1998). Relation between sexual abuse in childhood and adult depression: case-control

EMOTIONAL AWARENESS, ANGER AND DEPRESSION IN ABUSED ADOLESCENTS

Çağla Pınar SEVİNÇ YALÇIN

- study. *British Medical Journal*, 316, 198–201.
- Cicchetti, D., Ackerman, B. P., & Izard, C. E. (1995). Emotion and emotion regulation in developmental psychopathology. *Development and Psychopathology*, 7, 1–10.
- Cicchetti, D., & Beeghly, M. (1987). Symbolic development in maltreated youngsters: an organizational perspective. In D. Cicchetti & M. Beeghly (Eds.), *New Directions for Child Development: Symbolic Development in Atypical Children* (pp. 5–29). San Francisco: Jossey-Bass.
- Cloitre, M., Miranda, R., Stovall McClough, K. C., & Han, H. (2005). Beyond PTSD: Emotion regulation and interpersonal problems as predictors of functional impairment in survivors of childhood abuse. *Behavior Therapy*, 36, 119–124
- Cook, W. W., Medley, D. M. (1954). Proposed hostility and pharisaic - virtue scales for the MMPI. *Journal of Applied Psychology*, 38:414-441.
- Crittenden, P. M., & Ainsworth, M. D. S. (1989). Child maltreatment and attachment theory. In D. Cicchetti & V. Carlson (Eds.), *Child Maltreatment: Theory and Research on the Causes and Consequences of Child Abuse and Neglect* (pp. 432–463). New York: Cambridge University Press.
- Deffenbacher, J. L., Oetting, E. R., Lynch, R. S., Morris, C. D. (1996). The Expression of Anger and Its Consequences. *Behaviour Research Therapy*, 34, 7, 575-590.
- Dodge, K. A., Bates, J. E., & Pettit, G. S. (1990). Mechanisms in the cycle of violence. *Science* 250, 1678–1683.
- Dodge, K. A., Pettit, G. S., & Bates, J. E. (1994). Effects of physical maltreatment on the development of peer relations. *Developmental Psychopathology*, 6, 43–55.
- Eberhart, N. K., Auerbach, R. P., Bigda-Peyton, J., & Abela, J. R. Z. (2011). Maladaptive schemas and depression: Tests of stress generation and diathesisstress models. *Journal of Social and Clinical Psychology*, 30, 75–104.
- Finkelhor, D. (1995). The victimization of children: a developmental perspective. *American Journal of Orthopsychiatry* 65, 177–193.
- Gibb, B. E. (2002). Childhood maltreatment and negative cognitive styles. A quantitative and qualitative review. *Clinical Psychology Review*, 22, 223e246.
- Grinker, R. R., & Spiegel, J. P. (1945). *Men under stress*. Philadelphia: Blackington. Cited in Novaco, R. W. (1997). *Remediating anger and aggression with violent offenders*. *Legal and Criminological Psychology*, 2, 77–88.
- Haggerty, R. J., Sherrod, L. R., Garmezy, N., & Rutter, M. (1996). *Stress, risk and resilience in children and adolescents. Processes, mechanisms, and interventions*. Cambridge: Cambridge University Press.
- Hisli, N. (1989). Beck Depresyon Envanteri'nin üniversite öğrencileri için geçerliği ve güvenilirliği [Reliability and validity of Beck Depression Inventory for university students]. *Psikoloji Dergisi*, 7, 3-13.
- Jacobs, R. H., Reinecke, M. A., Gollan, J. K., & Kane, P. (2008). Empirical evidence of cognitive vulnerability for depression among children and adolescents: a cognitive science and developmental perspective. *Clinical Psychology Review*, 28, 759-782.
- Kendler, K. S., Kuhn, J. W., & Prescott, C. A. (2004). Childhood sexual abuse, stressful life events and risk for major depression in women. *Psychological Medicine*, 34, 1475–1482.
- Kessler, R. C., Avenevoli, S., & Ries Merikangas, K. (2001). Mood disorders in children and adolescents: an epidemiologic perspective. *Biological Psychiatry*, 49, 1002-1014.
- Kolko, D. J. (1992). Characteristics of child victims of physical violence: research findings and clinical implications. *Journal of Interpersonal Violence*, 7, 244–276.

EMOTIONAL AWARENESS, ANGER AND DEPRESSION IN ABUSED ADOLESCENTS
Çağla Pınar SEVİNÇ YALÇIN

- Lindemann, E. (1944). Symptomology and management of acute grief. *American Journal of Psychiatry*, 101, 141–148. Cited in Novaco, R. W. (1997). Remediating anger and aggression with violent offenders. *Legal and Criminological Psychology*, 2, 77–88.
- Livingston, R. (1987). Sexually and physically abused children. *Journal of American Academy of Child and Adolescent Psychiatry* 26, 413–415.
- Luterek, J. A., Harb, G. C., Heimberg, R. G., & Marx, B. P. (2004). Interpersonal rejection sensitivity in childhood sexual abuse survivors. *Journal of Interpersonal Violence*, 19, 90–107.
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131-149.
- McClellan, J., Adams, J., Douglas, D., McCurry, C., & Storck, M. (1995). Clinical characteristics related to severity of sexual abuse: a study of seriously mentally ill youth. *Child Abuse Neglect*, 19, 1245–1254.
- Moeller, T. P., Bachmann, G. A., & Moeller, J. R. (1993). The combined effects of physical, sexual, and emotional abuse during childhood: Long-term health consequences for women. *Child Abuse & Neglect*, 17, 623–640.
- Molnar, B., Buka, S., & Kessler, R. (2001). Child sexual abuse and subsequent psychopathology: results from the national comorbidity study. *American Journal of Public Health*, 91, 753–760.
- Mullen, P., Romans-Clarkson, S., Walton, V., & Herbison, G. P. (1988). Impact of sexual and physical abuse on women's mental health. *Lancet*, 1, 841–845.
- Novaco, R. W. (1997). Remediating anger and aggression with violent offenders. *Legal and Criminological Psychology*, 2, 77–88.
- Özer, A. K. (1994). Sürekli Öfke (SL-ÖFKE) ve Öfke İfade Tarzı (ÖFKE-TARZ) ölçekleri ön çalışması. *Türk Psikoloji Dergisi*, 31, 26-35.
- Resick, P. A., & Schnicke, M. K. (1992). Cognitive processing therapy for sexual assault victims. *Journal of Consulting and Clinical Psychology*, 60, 748- 756.
- Rose, D. T., & Abramson, L. Y. (1992). Developmental predictors of depressive cognitive style: research and theory. In D. Cicchetti, & S. Toth (Eds.), *Rochester symposium on developmental psychopathology* (4 ed.). (pp. 323-349) Rochester, NY: University of Rochester Press.
- Schraedley, P. K., Gotlib, I. H., & Hayward, C. (1999). Gender differences in correlates of depressive symptoms in adolescents. *Journal of Adolescent Health*, 25, 98–108.
- Scott, R. I., & Day, H. D. (1996). Association of abuse-related symptoms and style of anger expression for female survivors of childhood incest. *Journal of Interpersonal Violence*, 11, 208–220.
- Silverman, A. B., Reinherz, H. Z., & Giaconia, R. M. (1996). The long-term sequelae of child and adolescent abuse: a longitudinal community study. *Child Abuse & Neglect*, 20, 709-723.
- Spielberger, C. D. (1988). *Professional manual for the State-Trait Anger Expression Inventory*. Odessa FL: Psychological Assessment resources
- Springer, K. W., Sheridan, J., Kuo, D., & Carnes, M. (2007). Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women. *Child Abuse & Neglect*, 31, 517– 530.

EMOTIONAL AWARENESS, ANGER AND DEPRESSION IN ABUSED ADOLESCENTS
Çağla Pınar SEVİNÇ YALÇIN

- Stuhrmann, A., Suslow, T., & Dannlowski, U. (2011). Facial emotion processing in major depression: A systematic review of neuroimaging findings. *Biology of Mood & Anxiety Disorders*, 1, 10–27.
- Şar, V., Öztürk, E., & İkikardeş, E. (2011). Çocukluk Çağı Ruhsal Travma Ölçeğinin Türkçe Uyarlamasının Geçerlilik ve Güvenilirliği. *Türkiye Klinikleri Journal of Medical Science*, 32, (4):1054-63
- Toth, S. L., Manly, J. T., & Cicchetti, D. (1992). Child maltreatment and vulnerability to depression. *Developmental Psychopathology*, 14, 97–112.
- Turner, H. A., Finkelhor, D., & Ormrod, R. (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science & Medicine*, 62, 13–27.
- Weiss, E. L., Longhurst, J. G., & Mazure, C. M. (1999). Childhood sexual abuse as a risk factor for depression in women: psychosocial and neurobiological correlates. *American Journal of Psychiatry*, 156, 816-828.
- World Health Organization (1999). Report of the Consultation on Child Abuse Prevention. Geneva: 29–31 March. (http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf). Accessed 23.02.2014
- World Health Organization (2012). World suicide prevention day (http://www.who.int/mediacentre/events/annual/world_suicide_prevention_day/en/). Accessed 23.02.2014
- Yates, T. M. (2009). Developmental pathways from child maltreatment to nonsuicidal self injury. In M. K. Nock (Ed.), *Understanding nonsuicidal selfinjury: Origins, assessment and treatment* (pp. 117–137). Washington, DC: American Psychological Association.

EXTENDED ABSTRACT

Child abuse and conflicts within the family have become significant risk factors for emotional and behavioural problems among children and adolescents (Haggerty, Sherrod, Garmezy, & Rutter, 1996; Turner, Finkelhor, & Ormrod, 2006). On the basis of extensive reports, trauma occurred during childhood has been argued to have the ability to affect children's psychological development and adjustment seriously (Cicchetti, Ackerman, & Izard, 1995; Cloitre, Miranda, Stovall Mc Clough, & Han, 2005). Maltreatment victimization, for instance, especially during adolescence or beginning in childhood and persisting into adolescence, is an expected cause of subsequent perpetration. On the other hand research show that childhood abuse leads both internalizing and externalizing behavioural problems. For instance, based on research studies, sexual abuse was found to be associated with a number of internalizing behaviors, including anxiety (McClellan et al., 1995), depression (Livingston, 1987; Wozencraft et al., 1991) and somatic complaints (Livingston, 1987). Also adolescents suffering from sexual abuse have a tendency to show more self-destructive behaviors and risk taking behaviors such as substance abuse, suicidal and homicidal ideation, and legal problems (Cavaiola & Schiff, 1988). For instance, adolescents who have been abused either physically or sexually made more suicidal ideations and attempts than those who were not abused (Bayatpour et al., 1992). Antecedents of alcoholism have been indicated to be similar to the consequences of sexual abuse, particularly the factors of social isolation and emotional disturbances (Miller et al., 1987). On the other hand apart from the risk for sexually transmitted diseases and pregnancy, there is also evidence suggesting that early abuse influence endocrine secretions, possibly resulting in the early onset of puberty (Finkelhor, 1995; Gil, 1996). Besides the effects of physical and sexual maltreatment, the impact of the emotional abuse also plays a vital role on well-being. Growing body of literature revealed that research on the developmental impact of emotional abuse has insulated behind research on other forms of child maltreatment. Many studies analyse the impact of emotional abuse from that of other forms of child maltreatment (Brassard & Donovan, 2006; Egeland, 2009). Therefore, developmental theories sustain that what occurs early in the life has a significant importance for later development. The aim of this study was to investigate emotion clarity as an indicator of emotional awareness, trait anger and depression levels of abused adolescents. Five hundred sixty four high school students (262 females, 302 males) completed Childhood Trauma Questionnaire (CTQ), Trait Meta Mood Scale (TMMS), Trait Anger and Anger Expression Inventory (STAXI) and Beck Depression Inventory (BDI). Among five hundred sixty four students, 175 students (96 female, 79 male) were found to be abused by their parents through CTQ. The differences between trait anger and depression levels of abused and non-abused adolescents were analysed. The results showed that there is a significant difference between emotional clarity, trait anger and depression levels of abused and non-abused groups.

Keywords: Abuse, Emotion Awareness, Anger, Depression, Adolescence