

Emotional Dysregulation in Maltreated Children

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Opinion

Emotion regulation is defined as “the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their temporal features, to accomplish one’s goals” [1]. On the other hand, emotion dysregulation is characterized by deficits in various aspects, such as the ability to monitor and assess one’s emotional experiences, adjust the intensity or duration of emotions, and adaptively manage emotional reactions to meet situational demands [2,3]. Emotions’ expressions, empathy and consciousness of one’s own and other’s feelings, if context appropriated, are suggestive of proper emotion regulation competencies. Otherwise, high lability, extreme sensitivity to emotional stimuli and over or under control of emotional reaction are suggestive of emotion regulation disorders [4].

Exposure to trauma, especially in childhood, such as maltreatment (e.g., neglect, emotional, physical and sexual abuse), is a significant factor in the development of emotion dysregulation. It is also a well-known risk factor for psychiatric disorders, particularly depression and Post-Traumatic Stress Disorder (PTSD) [5,6]. In a study conducted by Kim et al. [7], it was demonstrated that maltreated children, compared to non-maltreated children, exhibited significantly lower levels of emotion regulation and higher levels of internalizing and externalizing symptomatology and with respect to peer relations, higher levels of peer rejection, and lower levels of peer acceptance [7]. It is also known that early child maltreatment presents a significant risk to the optimal development of emotional understanding and regulation [4]. Furthermore, preschool-age children who have experienced sexual abuse have been shown to have emotion regulation scores, on average, one standard deviation lower than their unexposed peers [8]. Notably, these deficits seem to follow a pattern related to the frequency of trauma exposure, with children exposed to chronic or frequent maltreatment experiencing significantly worse outcomes compared to those who were never exposed or exposed to less chronic maltreatment [7,9].

In young children, emotion dysregulation is linked to both externalizing and internalizing behavior problems. Risk factors associated with maltreatment, such as neglect, physical and/or sexual abuse, as well as an earlier onset of maltreatment, have been found to be closely connected to emotion dysregulation. This, in turn, directly contributes to later internalizing and externalizing symptoms, and indirectly influences these symptoms through negative peer relations [10]. Maltreated children often exhibit multiple deficits in recognizing, expressing, and understanding emotions. A study conducted by Speidel et al. [10] has shown a significant correlation between parenting practices, emotion socialization processes and a child’s ability to regulate their emotions. The authors observed that within maltreating families, higher levels of positive expressiveness were associated with improved self-regulation in children, while higher levels of negative expressiveness were linked to poorer self-regulation. The

lack of sensitive interactions between caregivers and maltreated children, especially in their early years, poses a significant risk to the optimal development of emotional regulation and emotional understanding. In such families, parents may struggle to provide the necessary support and guidance for their children to manage their feelings effectively. According to this, maltreated children often present deficits in understanding, recognizing and expressing emotions.

With regard to the medical aspects of maltreatment, maltreated children often exhibit dysregulation of the Hypothalamic-Pituitary-Adrenal (HPA) axis [11]. Early maltreatment and neglect appear to affect the neurobiological capacity to modulate behavioral responses to stressors and manage affective states. Brain imaging studies have also indicated smaller right temporal lobes and prefrontal cortex in maltreated children who have developed PTSD. Over time, some gender differences in emotional regulation have also been identified. According to literature, abused boys present lower emotion regulation skills than girls. Although this emotion regulation competences in girls could support them coping with traumatic events, this also may increase the risk of developing internalizing symptoms like anxiety and depression [3]. Additionally, children who display greater emotion dysregulation tend to have more behavioral and conduct problems in childhood and are at increased risk for violence and criminology in adolescence and adulthood [12]. Furthermore, emotion dysregulation across the lifespan is a hallmark symptom of psychiatric illnesses and psychopathology [13,14]. Considering the central role that emotional dysregulation plays in a child's early development and its long-term impact, it is crucial to identify it as early as possible. This can be accomplished through clinical interviews with caregivers and the use of questionnaires designed to sensitively capture the various nuances of emotional dysregulation at the behavioral level. It is also crucial for clinicians working with children, especially pediatricians, to become proficient in recognizing indicators of behavioral dysregulation and differentiating it from the over-diagnosed condition of hyperactivity.

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