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Relation between emotional abuse and psychological distress among undergraduate students

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Abstract

Background: Emotional abuse is a form of non-physical behavior intended to control, isolate, or instill fear in others. Though often overlooked, it has significant psychological consequences, including anxiety, depression, and somatic symptoms. University students are particularly vulnerable due to academic, social, and financial pressures, making it crucial to understand the relationship between emotional abuse and psychological distress in this population. **Aim of the study:** Exploring the prevalence of emotional abuse among undergraduate nursing students and examine its association with psychological distress. **Setting:** The study was conducted at the Faculty of Nursing- Kafrelsheikh University. **Methods:** A descriptive correlational design was utilized. **Subjects:** A stratified random sample of nursing students from Kafrelsheikh University participated in the study. Data were collected using the Multidimensional Measure of Emotional Abuse Short Form (MMEA-SF) and the Kessler Psychological Distress Scale (K10). **Results:** Emotional abuse dimensions, including restrictive engulfment, denigration, hostile withdrawal, and dominance, were significantly correlated with psychological distress ($p = 0.00$). Younger students and those without social support reported higher levels of abuse and distress. **Conclusion:** Emotional abuse is a significant predictor of psychological distress among undergraduate students. The findings highlight the need for awareness campaigns, mental health services, and targeted interventions to address emotional abuse and its impact on students' well-being.

Keywords: Emotional Abuse, Psychological Distress, Undergraduate students.

1. Introduction

Emotional abuse encompasses any non-physical behavior aimed at controlling, isolating, or instilling fear in another person. This can be apparent in any relationship as threatening, insulting, excessively jealous, manipulative, demeaning, intimidating, or dismissive behavior towards others. Sometimes emotional abuse can be frankly done as shouting or name-calling among partners. Other times, this behavior can be more subtle, such as expressing jealousy toward friends or discouraging time spent with people of the opposite gender. Although these emotional abuse behaviors do not leave a visible scar, they absolutely cause significant pain, suppression, and may lead to trauma for the person who experiences it [1].

Emotional abuse is not the first concept people imagine or predict. Its hidden nature makes it challenging to recognize if it is occurring. Emotional abuse is serious because it may be the beginning or trigger for all other forms of abuse, such as the frequent underestimation of a person and creating some sort of psychological dependency on the abuser [2].

Persons are often reluctant to seek help or discuss their emotional concerns or problems in their relationships with family or friends due to fears that they may not be believed or taken seriously. This makes emotional abuse a challenging issue to recognize or consider a serious matter needing resolution. Yet, emotional abuse is very serious, and it is common for it to escalate into physical violence. In some relationships, this transition happens gradually, while in others, it may occur suddenly [1].

Psychological distress (PD) can broadly be defined as a state of emotional suffering, including depression symptoms such as loss of interest, unhappiness, and desperation, as well as anxiety symptoms such as restlessness and feeling tense. It has many other characteristics, such as somatic symptoms including sleep disturbances, headache, and lack of energy, which vary across different regions [3]. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), psychological distress is defined as an undifferentiated group of symptoms ranging from anxiety and depression symptoms to functional impairment, troubling personality traits, and behavioral problems [4].

Emotional abuse has garnered increasing attention in research because of its long-lasting effects on the well-being of individuals. Emotional abuse can occur in various settings, such as family homes, schools, universities, or social environments. Among college students, this form of abuse may arise from unhealthy interpersonal relationships, familial dynamics, or academic pressures, making it a concern for higher education institutions [5].

University students are a unique population vulnerable to psychological distress due to the multiple stressors they face during their studies. Academic pressures, financial demands, and social expectations frequently contribute to high anxiety levels, depression, and stress among students. Psychological distress in this group is associated not only with poor academic achievement but also with broader negative outcomes, including lower life satisfaction, strained relationships, and an increased risk of mental health disorders [6,7].

About half (48.4%) of United States' women and men (48.8%) experience emotional abuse or psychological aggression from their partner. Additionally, 95% of individuals who engage in physical abuse of their partners also abuse them emotionally. Emotional abuse is considered a strong predictor of Post-Traumatic Stress Disorder (PTSD) among women, even more so than physical abuse. Approximately 7 out of every 10 women who experience emotional abuse are predicted to exhibit symptoms of PTSD [8, 9].

This study aims to fill the gap by exploring the prevalence of emotional abuse among undergraduate students and its impact on psychological disorders. It will achieve this by identifying emotional abuse patterns and relating them to psychological distress indicators, with the goal of developing therapeutic and preventive strategies that support students' mental health and enhance their ability to succeed academically and personally.

The current study aimed to explore the prevalence of emotional abuse among undergraduate students and examine its association with psychological distress**.**

2. Research questions

Q1: What is the prevalence of emotional abuse among undergraduate nursing students?

Q2: To which extent do nursing students experience the psychological distress?

Q3: What is the relationship between emotional abuse and psychological distress among nursing students?

3. Subjects and Methods

3.1. Study design and setting

This descriptive correlational design study was conducted at the Faculty of Nursing- Kafrelsheikh University, affiliated to Ministry of Higher Education and Scientific Research, Egypt.

3.2. Subjects

A stratified random sample included 137 students from both genders who have the desire to participate in the study.

3.3. Tools for data collection

Tool I: Multidimensional Measure of Emotional Abuse Short Form (MMEA-SF), a self-report tool developed by Maldonado et al., (2022) to assess emotional abuse, especially in intimate relationships, through 16 items investigating the dynamics in the common four forms of emotional abuse. It measures four distinct forms of emotional abuse: restrictive engulfment, denigration, hostile withdrawal, and dominance/intimidation [11].

Scoring: Participants reported the frequency of each item using the following scale and recoded to the midpoint of the frequency range for each response option as follows: once [1), twice (2), Three to five times (4), Six to ten times (8), Eleven to twenty times (15), and More than 20 times (25). The four subscale scores (for restrictive engulfment, denigration, hostile withdrawal, and dominance/intimidation) are calculated by summing the recoded values for the respective items. The **total score** is the sum of all subscale scores. Higher scores indicate higher levels of reported emotional abuse. Each subscale corresponds to one of the four identified forms of emotional abuse.

Tool II: Kessler Psychological Distress Scale (K10): is a tool developed by Kessler et al., (2000) for assessing the levels of psychological distress. The scale consists of 10 Likert scale questions that determine the emotional states experienced over the past four weeks [12].

Scoring: Responses range from "none of the time" (1) to "all of the time" (5), and the total score is calculated by summing the individual responses. The total score ranges from 10 to 50, and the scoring interpretation has been done as follows: 10-19: Likely wellness, 20-24: Mild distress, 25-29: Moderate distress, and 30-50: Severe distress.

Tools Validity and Reliability

Regarding tool 1; the 16-item MMEA-SF This version of the MMEA has shown good internal consistency and reliability across both clinic and undergraduate samples, with values ranging from Cronbach's alpha of 0.67 to 0.91 for self- and partner reports, depending on the specific form of abuse.

Regarding Tool 2 the K10 is suitable for assessing morbidity in the population and has been shown to be related in predictable ways to other measures. It is generally assessed using Cronbach's alpha, which measures the internal consistency of the scale. For the K10, studies have reported a Cronbach's alpha ranging from 0.85 to 0.92, indicating high internal consistency and reliability.

3.4. Pilot study

Before performing the actual study data collection, the researchers carried out a pilot study on 10% of the studied sample (14 students) for assessing tools' clarity, language, applicability, and the required time for its data filling, and the feasibility of the research process. The students who participated in this pilot study were excluded from the chief studied group.

3.5. Ethical considerations

The approval for starting this research work was granted from Kafrelsheikh Ethical Committee**.** The aim of the study was clarified to the target group before starting data collection. Assuring the target group that; anonymity and confidentiality of data will be strictly maintained. Informing that; each student has the full right to accept the

participation or withdraw at any time.

Ethical integrity was maintained throughout the study; informed consent was obtained from all participants after fully explaining the study's purpose, procedures, and potential benefits. Participants were made aware of their rights, including the right to withdraw from the study at any time without any impact on their standard of care. All patient data were coded anonymously, and confidentiality was strictly maintained. Data collected were used exclusively for research purposes, and any identifying information was removed from the final analysis and reports.

3.6. Statistical design

Tabulation for all collected data, and statistical analysis were done, using the SPSS (version 20), graphical presentation of the results. Mean, Standard Deviation (SD), for describing the quantitative variables, proportions, percentages Chi-square test for the qualitative categorical ones. Considering the results would be significant at $p \leq 0.001$.

4. Results

Table (1) shows that 56.1% of the studied sample was females, In terms of age distribution, 54.0% of participants were aged 20 years or older. Regarding academic level, more than half (56.5%) were at the second level, followed by 36.3% in the third level, while the first level (3.8%) and fourth levels (3.4%). Concerning residence, 69.2% of participants were from rural areas. For the presence of support, 77.6% reported having support. In terms of marital status, (80.2%) were single.

Table (2) presents that the restrictive engulfment dimension had mean ± SD of (4.95 ± 6.33), and 20.60% mean percent. The denigration dimension had mean ± SD of 5.04 ± 7.64 and 18.01% mean percent. Hostile withdrawal dimension had mean ± SD of 6.25 ± 7.00 and 25.00% mean percent. The dominance dimension had mean ± SD of 4.86 ± 7.01, which represented 17.99% mean percent. The total MMEA had a total score mean ± SD of 21.09 ± 24.08, with 23.44% mean percent. In relation to the total score of psychological distress mean± SD was 28.02 ± 10.69, representing 56.03% mean percent.

Table (3) presents that highly statistical significant positive correlations were found between psychological distress dimensions' total scores and its overall score, and MMEA total score at ($p = 0.00$).

Table (4) reveals that, there was no significant difference between males and females regarding total MMEA score ($F = 0.54$, $p = 0.46$). However, a significant association was found between age categories, as the participants under 20 years mean score was higher (24.72 ± 26.95) than those aged 20 years and older (18.01 ± 20.95), at ($F = 4.64$, $p = 0.03$). The academic levels showed no statistical significant difference at ($F = 1.63$, $p = 0.18$). The difference between rural and urban areas participants found not significant at ($F = 2.60$, $p = 0.11$). It was notable that a significant association was found between participants who had support as their mean score was lower (17.18 ± 20.65) than those without (34.68 ± 29.80), at ($F = 23.84$, $p = 0.00$). Marital status variations did not show significant differences at ($F = 0.96$, $p = 0.41$).

Table (5) shows that the difference between males and females was not statistically significant at ($F = 3.08$, $p = 0.08$). Age differences were also not statistically significant ($F = 0.96$, $p = 0.33$). However, the academic levels showed a significant differences regarding the psychological distress score, as highest distress was reported by first level (36.00 ± 12.12) and the lowest was by second-level (26.92 ± 10.16) at ($F = 3.02$, $p = 0.03$). Residence also had a statistically significant difference, as rural participants had higher distress (28.95 ± 10.62) than urban participants (25.93 ± 10.63), at ($F = 4.07$, $p = 0.04$). The presence of support difference was significant, as participants with support reported a lower distress (26.62 ± 10.21) than those without (32.87 ± 11.00), at ($F = 14.88$, $p = 0.00$). Marital status differences did not show statistical significance at ($F = 0.68$, $p = 0.57$).

Table (1): Students' socio-demographic data (n=137).

	Socio-demographic data	No.	%
Gender	Male	104	43.9
	Female	133	56.1
Age	<20 years	109	46.0
	≥20years	128	54.0
Academic level	First	9	3.8
	Second	134	56.5
	Third	86	36.3
	Fourth	8	3.4
Residence place	Rural	164	69.2
	Urban	73	30.8
Presence of support	Yes	184	77.6
	No	53	22.4
Marital status	Single	190	80.2
	Married	7	3.0
	Engaged	23	9.7
	Emotionally engaged	17	7.2

Table (2): Psychological distress overall score, its dimensions and MMEA total scores.

Dimensions	Min	Max	Mean	SD	Mean%
Restrictive engulfment	0	24	4.95	6.33	20.60
Denigration	0	28	5.04	7.64	18.01
Hostile withdrawal	0	25	6.25	7.00	25.00
Dominance	0	27	4.86	7.01	17.99
Total MMEA	0	90	21.09	24.08	23.44
Total psychological distress	10	50	28.02	10.69	56.03

****Multidimensional Measure of Emotional Abuse Short Form (MMEA-SF)**

Table (3): Correlation between psychological distress overall score and its dimensions' total scores, and total MMEA score.

Pearson Correlation		Restrictive engulfment	Denigration	Hostile withdrawal	Dominance	Total MMEA
Denigration	r	0.59				
	p	0.00				
Hostile withdrawal	r	0.59	0.73			
	p	0.00	0.00			
Dominance	r	0.56	0.74	0.68		
	p	0.00	0.00	0.00		
Total MMEA	r	0.78	0.90	0.88	0.87	
	p	0.00	0.00	0.00	0.00	
Total psychological distress	r	0.23	0.39	0.30	0.31	0.36
	p	0.00	0.00	0.00	0.00	0.00

****Multidimensional Measure of Emotional Abuse Short Form (MMEA-SF)**

Table (4): Differences between students' socio-demographic groups **regarding their total MMEA score.**

Socio-demographic data		Total MMEA		One-way ANOVA	
		Mean	SD	F	P
Gender	Male	22.39	25.38	.54	.46
	Female	20.08	23.06		
Age	<20 years	24.72	26.95	4.64	.03
	≥20years	18.01	20.95		
Academic level	First	24.56	21.57	1.63	.18
	Second	19.54	23.39		
	Third	21.56	24.85		
	Fourth	38.25	26.93		
Residence place	Rural	22.77	24.71	2.60	.11
	Urban	17.33	22.30		
Presence of support	Yes	17.18	20.65	23.84	.00
	No	34.68	29.80		
Marital status	Single	21.28	24.58	.96	.41
	Married	23.86	27.97		
	Engaged	14.39	20.23		
	Emotionally engaged	26.94	21.28		

****Multidimensional Measure of Emotional Abuse Short Form (MMEA-SF)**

Table (5): Differences between students' socio-demographic groups regarding their total psychological distress score.

Sociodemographic data		Total psychological distress		One-way ANOVA	
		Mean	SD	F	P
Gender	Male	26.64	11.47	3.08	.08
	Female	29.09	9.95		
Age	<20 years	28.75	10.81	.96	.33
	≥20years	27.39	10.59		
Academic level	First	36.00	12.12	3.02	.03
	Second	26.92	10.16		
	Third	28.36	11.08		
	Fourth	33.75	9.47		
Residence place	Rural	28.95	10.62	4.07	.04
	Urban	25.93	10.63		
Presence of support	Yes	26.62	10.21	14.88	.00
	No	32.87	11.00		
Marital status	Single	28.48	10.75	.68	.57
	Married	28.00	8.08		
	Engaged	25.87	10.94		
	Emotionally engaged	25.76	10.79		

5. Discussion

The current study found that more than half of the sample was females. From the researchers' point of view, the higher participation of females in emotional abuse researches and psychological distress may be potentially due to greater openness for discussing psychological issues or higher prevalence of emotional abuse among women. In the same line was the study done by Verplaetse et al., (2021) which revealed that females were more likely to report emotional abuse and psychological distress than males [3].

On the other hand, Nieuwoudt, (2021) concluded that; no significant relationship was found between age and stress, gender, and psychological distress, or between study mode and psychological distress. These findings were consistent with Bushong & Kayla, (2018) as found that there was no significant gender differences in emotional abuse, suggesting cultural or contextual factors may moderate these findings [4, 5].

In this study, more than half of participants were aged 20 years or older. This aligned with research done by Kristensen et al., (2023) as it highlighted that; older students often face increased academic and social pressures, contributing to psychological distress, and emotional abuse often affects students in their late teens and early twenties as they navigate academic and personal transitions[6].

More than half of participants were in their second academic year, with lower participation from first and fourth year students. From the researcher point of view, this may be attributed to second year students experience heightened psychological distress due to increased academic responsibilities and academic work especially among those in the practical studies, this was supported by Prasath et al., (2022) as concluded in the study that majority of students complain more psychological sufferings in the first and second years in the academic life. In contradiction, Deng et al., (2021) indicated that psychological distress peaks in the final year, potentially due to the pressures of completing studies and transitioning into the workforce [7, 25].

The current study reported that more than three thirds of participants were from rural areas. From the researcher point of view, this may be attributed to; students from rural areas often face unique stressors, including limited access to resources and the pressure to succeed in urbanized academic settings. Cage et al., (2021) found similar findings, linking rural residence to higher susceptibility to emotional abuse and psychological distress. In contrast, Deng et al., (2022) reported that urban students experiencing greater psychological distress due to competitive academic environments and reduced family support [9, 25].

More than three quarters of participants reported having support. Social support is widely recognized as a protective factor against psychological distress. The research by Kristensen et al., (2023) found that persons with strong support systems were less likely to experience severe psychological distress, even when exposed to emotional abuse. While Birkeland, Thoresen & Blix, (2021) had argued and stated that perceived support does not always mitigate psychological distress, particularly when the quality of support is low or when it is inconsistently provided [6, 26].

The majority of participants were single. Prasath et al., (2022) reported that; single persons are more likely to experience psychological distress due to feelings of loneliness or lack of emotional intimacy. On the other hand, Dag-um et al., (2024) study had showed that; married students may face unique stressors related to balancing academic and marital responsibilities, potentially leading to higher distress levels [7, 10].

The findings of the current study revealed a detailed emotional abuse dimensions and their relationship to psychological distress. Restrictive engulfment domain represented 20.60% mean percent, indicating controlling behaviors that may limit the victim's autonomy. This result was supported by Slep et al., (2005) who emphasized that; controlling behaviors such as restrictive engulfment are closely correlated to increased anxiety and depression among the abuse victims. While Karakurt & Silver, (2013) contradicted these results as it suggested that; while controlling behaviors are prevalent in younger relationships, they may not consistently result in long-term psychological distress [13, 14].

Regarding the domain of denigration, it accounted for 18.01%, emphasizing the impact of verbal degradation on students' self-esteem as victims. The study done by Olver et al., (2009) supported these results, as it found that verbal degradation significantly undermines victims' self-esteem and contributes to emotional instability. These findings were inconsistent with Vidourek, (2017) as concluded that; the impact of denigration may be moderated by cultural or societal factors, reducing its uniform effect on psychological distress [15, 16].

The hostile withdrawal dimension had the highest mean percentage, accounting for 25.00%, emphasizing the emotional damage caused by neglectful or avoidant behaviors in relationships. Cotter, (2021) supported these results, finding that neglectful behaviors exacerbate emotional distress and often lead to long-term negative psychological consequences. In contrast, Dowgwillo et al., (2016) observed that while hostile withdrawal is damaging, its impact may differ between genders, with women reporting more severe effects compared to men [16, 18].

The dominance dimension accounted for 17.99%, reflecting the dynamics of power and control in abusive relationships. Saltzman et al., (1999) supported these findings, highlighting that dominance is a critical dimension of emotional abuse that significantly affects victims' autonomy and mental health. Contrarily, Começanha et al., (2017) suggested that dominance behaviors might be bidirectional in relationships, complicating the assessment of their singular impact on victim distress [18, 20].

Regarding the total MMEA score, it represented 23.44%, indicating the cumulative severity of emotional abuse experienced by the participants. This aligns with the findings of Pico-Alfonso, (2005), who reported that emotional abuse survivors with higher scores also showed elevated PTSD and depression levels. However, Bosch et al., (2017) argued that psychological distress resulting from emotional abuse might be mitigated by protective factors like strong social support systems, which were not deeply examined in this study [21, 22].

Finally, the psychological distress mean score was 56.03%, reflecting the significant impact of emotional abuse on mental health. These results were consistent with the findings of Pico-Alfonso, (2005), as reported that; intimate partner violence (IPV) survivors experience severe mental health outcomes, including PTSD and depression. However, Bosch et al., (2017) emphasized the role of interventions,

such as social support, in reducing the severity of psychological distress, highlighting a potential avenue for mitigation [21, 22].

The study revealed highly statistically significant positive correlations between the total scores of psychological distress dimensions, their overall score, and the multidimensional measure of emotional abuse (MMEA) total score (p = 0.00). This finding suggests that as the severity of emotional abuse increases, the levels of psychological distress, including anxiety, depression, and other related symptoms, also rise significantly. This correlation highlights the interconnected nature of emotional abuse and its psychological impact. The MMEA dimensions, such as restrictive engulfment, denigration, hostile withdrawal, and dominance, collectively contribute to the heightened psychological distress observed among the participants. This result aligns with the findings of Pico-Alfonso (2005), who reported a strong association between emotional abuse and elevated PTSD and depression levels in survivors of intimate partner violence (IPV). Similarly, Bosch et al. (2017) emphasized that emotional abuse is a significant predictor of poor mental health outcomes, including somatization and reduced self-esteem [21, 22].

These findings reinforced the need for early identification and intervention in emotionally abusive relationships to mitigate their detrimental psychological effects. The statistically significant relationship underscores the critical role of addressing emotional abuse as part of comprehensive mental health care strategies. The study findings provide valuable insights into the relationship between demographic variables and emotional abuse (measured by the MMEA) as well as the mitigating effects of social support. The study findings showed no significant difference between males and females regarding total MMEA scores (F = 0.54, p = 0.46). This result suggests that emotional abuse affects both genders similarly in this context. This finding aligns with Dowgwillo et al., (2016), who found high rates of mutual IPV perpetration among college students, reducing gender disparities in abuse scores. However, Tjaden & Thoennes, (2000) contradicted this, reporting that women experience higher rates of emotional abuse, potentially due to traditional gender dynamics [18, 23].

Participants under 20 years had significantly higher mean MMEA scores (24.72 ± 26.95) compared to those aged 20 years and older (18.01 ± 20.95) (F = 4.64, p = 0.03). This finding suggests that younger individuals may be more vulnerable to emotional abuse due to limited relationship experience or developmental challenges. Supporting this, Karakurt and Silver (2013) observed higher emotional abuse rates in younger populations, likely due to relationship instability and peer pressures. However, Cotter, (2021) noted that the cumulative impact of abuse over time could affect older individuals more profoundly; suggesting nuanced age-related effects [14, 17].

No significant differences were observed across academic levels (F = 1.63, p = 0.18). This indicates that emotional abuse is not strongly tied to academic progression but may instead be influenced by personal or relational factors. Bosch et al., (2017) similarly found that academic level did not significantly impact abuse dynamics. The study found no significant difference between rural and urban participants (F = 2.60, p = 0.11), indicating that emotional abuse transcends geographical boundaries. This result aligns with Começanha et al., (2017), who reported that emotional abuse prevalence did not vary significantly by location, though cultural nuances might influence its reporting [22, 20].

A significant association was observed between social support and MMEA scores, as participants with support had lower mean scores (17.18 ± 20.65) than those without (34.68 ± 29.80) (F = 23.84, p = 0.00). This underscores the protective role of social support in mitigating emotional abuse's effects. Slep et al., (2005) similarly emphasized the importance of strong social support in reducing abuse-related psychological distress. However, Vidourek, (2017) argued that the quality of support, rather than its mere presence, plays a critical role in moderating abuse's impact [12, 15].

No significant differences in MMEA scores were found based on marital status (F = 0.96, p = 0.41). This finding suggests that emotional abuse may not be directly influenced by marital status but rather by the quality and dynamics of individual relationships. Saltzman et al., (1999) supported this, reporting similar abuse rates among dating, cohabiting, and married individuals. Conversely, Richard et al., (2021) noted that married individuals might report higher abuse rates due to prolonged exposure in entrenched relationships [19, 24].

6. Conclusion

There was profound impact of emotional abuse on undergraduate students' mental health. The strong correlation between emotional abuse dimensions and psychological distress highlights the urgent need for awareness, prevention, and intervention strategies within academic institutions.

7. Recommendations

- Implement awareness campaigns and mental health education programs for students and staff.
- Establish accessible counseling and support services.
- Train faculty to recognize and address emotional abuse.
- Develop policies to prevent and address emotional abuse on campus.
- Conduct further research into cultural and contextual influences on emotional abuse.

Conflict of Interest

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