



FAMILY STRESSORS AND DEPRESSIVE SYMPTOMS AMONG NIGERIAN ADOLESCENTS: THE ROLE OF EMOTIONAL INTELLIGENCE

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ABSTRACT: Depressive symptoms among adolescents constitute a significant public health concern in sub-Saharan Africa, yet the combined contribution of family-level stressors and individual emotional capacities remains insufficiently examined in Nigerian adolescent samples. This study examined inter-parental conflict, verbal abuse, and emotional intelligence as joint and independent predictors of depressive symptoms among secondary school adolescents in Ibadan, Nigeria. A school-based cross-sectional correlational survey was conducted with 210 adolescents aged 14-19 years from five public secondary schools. Participants completed the Beck Depression Inventory-II, Verbal Abuse Scale, Children's Perception of Inter-parental Conflict Scale, and Schutte Self-Report Emotional Intelligence Test. Pearson correlations, standard multiple regression, independent-samples *t*-test, and one-way ANOVA were conducted. Inter-parental conflict, verbal abuse, and emotional intelligence jointly predicted depressive symptoms, $F(3, 206) = 15.39, p < .001$, explaining 18.3% of the variance. Inter-parental conflict was the strongest independent predictor ($\beta = .329, p < .001$), followed by verbal abuse ($\beta = .159, p = .017$). Emotional intelligence was negatively correlated with depressive symptoms but did not contribute significantly in the multivariate model ($\beta = -.059, p = .384$). Gender differences were not significant, whereas older adolescents reported significantly higher depressive symptoms than younger adolescents. Findings highlight the central role of family stressors in adolescent depressive symptoms while suggesting that emotional intelligence may serve as an important, though not independently predictive, emotional resource. The findings support school-based mental health strategies that combine family-focused prevention with emotional competence development.

KEYWORDS: Depressive symptoms, Emotional intelligence, Inter-parental conflict, Verbal abuse, Adolescents, Nigeria.



INTRODUCTION

Adolescence is a critical developmental period marked by rapid biological, cognitive, and socio-emotional changes that increase vulnerability to internalising disorders, including depressive symptoms (Raccanello et al., 2023; Steinberg, 2014). Globally, approximately one in seven adolescents experiences a clinically significant mental health condition, with depression and anxiety among the most prevalent (World Health Organization, 2021). When developmental demands exceed available coping resources, the risk of depressive symptoms increases substantially, particularly in the presence of chronic family stressors.

In sub-Saharan Africa, adolescent mental health burdens are intensified by structural constraints, including poverty, rapid urbanisation, family instability, limited mental health infrastructure, and entrenched stigma (Cortina et al., 2012; Gureje et al., 2020). These conditions not only elevate exposure to psychosocial risk factors but also limit detection and intervention. In Nigeria, a UNICEF report indicated that a substantial proportion of adolescents experience symptoms consistent with depression (United Nations Children's Fund, 2021). Cultural norms surrounding emotional expression may further compound under-recognition because adolescents often have limited socially sanctioned avenues for articulating psychological distress (Nwankwo & Agu, 2018; Simon et al., 2024).

Within Nigerian and broader West African family contexts, hierarchical family structures and strong adult authority shape emotional socialisation. Verbally harsh disciplinary practices may be perceived as normative in some families and schools as correction rather than recognised as psychologically harmful, complicating the identification of emotional maltreatment (Mojaye, 2014; Simon et al., 2024). Persistent inter-parental conflict similarly exposes adolescents to family instability that can threaten emotional security and social identity (Nwankwo & Agu, 2018; van Dijk et al., 2020).

Emerging evidence suggests that adolescent depressive symptoms are best understood through the joint influence of environmental stressors and individual regulatory capacities. Inter-parental conflict has been linked to depressive outcomes through mechanisms such as parent-child triangulation and emotional insecurity (Wang et al., 2024), while persistent family conflict has also been associated with psychological distress and suicidal ideation (Mushtaque et al., 2024). Verbal abuse, as a form of psychological maltreatment, is associated with adverse outcomes including depression, anxiety, and emotional dysregulation (Fairuzza et al., 2023; Hasni et al., 2021). Meta-analytic evidence further indicates that emotional abuse and neglect are robust predictors of depressive outcomes across development (Baldwin et al., 2023; Humphreys et al., 2020).

At the individual level, emotional intelligence (EI) has been identified as a protective resource. EI facilitates adaptive appraisal and regulation of emotional experiences and may reduce susceptibility to psychological distress. Empirical evidence indicates that lower EI is associated with increased risk of depression and related mental health difficulties among adolescents (Kulkarni & Velhal, 2023), while longitudinal findings suggest that emotional competencies predict subsequent reductions in depressive symptoms (Salguero et al., 2012).

Collectively, these findings support a multilevel conceptualisation in which family-level stressors elevate risk while emotional competencies may reduce vulnerability. Existing studies have largely examined these variables separately, limiting insight into their combined contribution. The present study addresses this gap by examining the contribution of family



stressors, operationalised as inter-parental conflict and verbal abuse, to depressive symptoms among Nigerian adolescents while evaluating the role of emotional intelligence as an individual emotional resource.

Theoretical Framework

This study integrates three complementary theoretical perspectives: the Cognitive-Contextual Framework (Grych & Fincham, 1990), Stress and Coping Theory (Lazarus & Folkman, 1984), and the Ability Model of Emotional Intelligence (Mayer & Salovey, 1997).

The Cognitive-Contextual Framework proposes that children and adolescents appraise inter-parental conflict through perceived threat and self-blame. When conflict is perceived as threatening or self-relevant, it may activate sustained emotional dysregulation and increase vulnerability to depressive symptoms. This framework therefore supports the expectation that higher perceived inter-parental conflict will be associated with higher depressive symptoms.

Stress and Coping Theory conceptualises verbal abuse as a chronic stressor that can exceed adolescents' available coping resources. Because verbal abuse is often enacted by attachment figures or authority figures, it may undermine relational support systems that ordinarily buffer stress. This framework supports the expectation that verbal abuse will be positively associated with depressive symptoms.

The Ability Model of Emotional Intelligence conceptualises EI as a set of cognitive abilities involving emotion perception, emotional understanding, emotional facilitation of thought, and emotion management (Mayer et al., 2004). Higher EI is expected to support adaptive emotional processing and coping, reducing vulnerability to depressive symptoms. In the present study, emotional intelligence is examined alongside family stressors as an individual-level predictor of depressive symptoms.

Together, these frameworks support an integrated developmental model in which family stressors, specifically inter-parental conflict and verbal abuse, operate as environmental risk factors, while emotional intelligence represents an individual emotional resource that may reduce vulnerability to depressive symptoms.

Inter-parental Conflict and Depressive Symptoms

Inter-parental conflict refers to hostile and destructive interaction patterns between parents or caregivers, including verbal disputes, emotional withdrawal, physical altercations, and the triangulation of children into adult conflict (Grych & Fincham, 1990; van Dijk et al., 2020). Its effects on adolescent adjustment are well documented. Van Dijk et al.'s (2020) meta-analysis found significant associations between inter-parental conflict and poor child adjustment across domains including depression, anxiety, and behavioural problems.

In Nigerian and broader West African contexts, inter-parental conflict carries additional social weight. The family unit is conceived not merely as a private domestic arrangement but as the primary site of social identity, moral formation, and community reputation. Conflict between parents, therefore, threatens not only the child's immediate emotional security but also their social standing within extended family and community networks (Mojaye, 2014). Studies within Nigeria have found that adolescents from high-conflict homes demonstrate elevated rates of depression and anxiety, poorer academic performance, and greater susceptibility to



peer delinquency (Nwankwo & Agu, 2018). Wang et al. (2024) demonstrated that inter-parental conflict predicts early adolescent depressive symptoms through a process of parent-child triangulation, whereby parents draw the adolescent into their conflict as ally or messenger. Mushtaque et al. (2024), studying Pakistani adolescents during COVID-19 lockdowns, reported that persistent inter-parental conflict was associated with significant increases in psychological distress and suicidal ideation, suggesting that the relationship is robust even under conditions of altered family dynamics. Khan et al. (2024) found that perceived inter-parental conflict was negatively associated with self-esteem, an established precursor to depressive episodes, among young adults

Verbal Abuse and Depressive Symptoms

Verbal abuse refers to repeated psychologically harmful verbal interactions, including insulting, humiliating, threatening, ridiculing, rejecting, or belittling a child or adolescent, and is recognised as a form of emotional or psychological maltreatment (Hart, 2023; Nwankwo & Agu, 2018). Globally, verbal abuse is estimated to affect a sizeable proportion of children and adolescents and is associated with depression, anxiety, post-traumatic stress symptoms, hostility, low self-esteem, and suicidal ideation (Fairuzza et al., 2023; Hasni et al., 2021; Xiao et al., 2023). Meta-analytic evidence further demonstrates that childhood emotional abuse and neglect are robustly associated with depressive outcomes (Baldwin et al., 2023; Humphreys et al., 2020).

In Nigeria, verbally harsh communication may be embedded within disciplinary norms and therefore under-recognised as harmful. Nwankwo and Agu (2018) documented the normalisation of verbal abuse in Nigerian homes and schools, while Simon et al. (2024) found that parental verbal abuse was associated with emotional dysregulation and reduced social competence among secondary school students. These findings justify examining verbal abuse as an independent predictor of depressive symptoms.

A further dimension concerns gender: available evidence suggests that verbal abuse perpetrated by mothers has a proportionally greater negative impact on adolescent wellbeing than abuse from fathers, possibly because maternal figures typically serve as primary attachment bases, and disruption of that attachment is especially psychologically costly (Fairuzza et al., 2023; Hasni et al., 2021). Nwankwo and Agu (2018) also noted that adolescents who experience verbal abuse are themselves at elevated risk of becoming perpetrators, embedding the behaviour within a transgenerational cycle that is difficult to disrupt without deliberate intervention

Emotional Intelligence and Depressive Symptoms

Emotional intelligence was introduced by Salovey and Mayer (1990) as the capacity to perceive, appraise, understand, and regulate emotions. The Schutte Self-Report Emotional Intelligence Test used in the present study assesses emotion perception, emotional facilitation of thought, emotional understanding, and emotion management (Schutte et al., 1998).

Empirical evidence generally links higher emotional intelligence to better psychological adjustment and lower depressive symptoms. Longitudinal evidence suggests that emotional clarity and repair predict lower depression and anxiety over time (Salguero et al., 2012), and adolescent studies have identified low EI as a risk marker for mental health difficulties (Kulkarni & Velhal, 2023). Within the present study, emotional intelligence was examined as



an individual emotional capacity expected to relate inversely to depressive symptoms and to contribute to prediction alongside family-level stressors.

Rationale and Objectives

Although prior studies have examined family stressors and emotional intelligence separately, relatively few have evaluated their contribution within a single explanatory framework for adolescent depressive symptoms in Nigeria. Examining these predictors together permits a more integrated understanding of how family adversity and emotional capacity relate to adolescent mental health.

The objectives of this study were to: (1) examine the zero-order relationships among inter-parental conflict, verbal abuse, emotional intelligence, and depressive symptoms; (2) determine the joint predictive contribution of these variables to depressive symptoms; (3) ascertain the relative independent contribution of each predictor; and (4) examine gender and age-group differences in depressive symptom scores.

Research Hypotheses

H1. Inter-parental conflict, verbal abuse, and emotional intelligence will jointly make a significant contribution to the prediction of depressive symptoms among adolescents.

H2. Inter-parental conflict will make a significant independent contribution to depressive symptoms among adolescents.

H3. Verbal abuse will make a significant independent contribution to depressive symptoms among adolescents.

H4. Emotional intelligence will make a significant independent contribution to depressive symptoms among adolescents, with higher emotional intelligence expected to be associated with lower depressive symptoms.

H5. Depressive symptoms will differ significantly by gender among adolescents.

H6. Depressive symptoms will differ significantly according to age group among adolescents.

METHOD

Research Design

A school-based cross-sectional correlational survey design was employed. This design was appropriate for examining naturally occurring associations among psychosocial variables in school settings without experimental manipulation (Creswell & Creswell, 2018). Because data were collected at one time point, findings are interpreted in terms of association and prediction rather than causation.

Participants and Sampling

Participants were 210 adolescents aged 14-19 years ($M = 16.84$, $SD = 1.21$) recruited from five public secondary schools in Ibadan North Local Government Area, Oyo State, Nigeria. The



schools were selected from the public secondary school list, and eligible students from SS1–SS3 who returned signed parental consent forms and provided assent were recruited. The final sample comprised 60 males (28.6%) and 150 females (71.4%).

Measures

The Beck Depression Inventory

The Beck Depression Inventory (Beck et al., 1979) is a widely validated 21-item self-report instrument measuring the frequency and severity of depressive symptoms experienced in the preceding two weeks. Each item is rated on a 0–3 ordinal scale, with higher cumulative scores indicating greater symptom severity (0–9: minimal; 10–18: mild; 19–29: moderate; 30–63: severe). The BDI has demonstrated robust psychometric properties across diverse cultural and age groups (Wang & Gorenstein, 2013). Split-half reliability for the BDI has been reported to range from .78 to .93 in published validation studies. When piloted with a subsample of the present population, internal consistency was $\alpha = .92$. The BDI total score was used as the operationalisation of depressive symptoms in all analyses

Verbal Abuse Scale

The Verbal Abuse Scale developed by Pejic (2005), is a 9-item scale which assesses exposure to verbally abusive behaviours such as cursing, taunting, threats, and humiliation. The recoded dataset contained eight scored items and one open-ended text response; the eight scored items were summed, with higher scores indicating greater verbal abuse exposure. Internal consistency was good (Cronbach's $\alpha = .86$).

Children's Perception of Inter-parental Conflict Scale (CPIC)

The CPIC (Grych et al., 1992) is a 51-item child-report measure operationalising adolescents' appraisals of inter-parental conflict across three subscales: Conflict Properties (frequency, intensity, and resolution), Threat (perceived danger and coping efficacy), and Self-Blame (the child's sense of responsibility for parental conflict). Original subscale reliability coefficients ranged from .78 to .90 (Grych et al., 1992). In the present study, the composite CPIC score demonstrated a Cronbach's α of .87, indicating good internal consistency.

Schutte Self-Report Emotional Intelligence Test (SSEIT)

The SSEIT (Schutte et al., 1998) is a 33-item measure of general emotional intelligence assessing four domains: perception of emotion, utilisation of emotions to facilitate thought, management of self-relevant emotions, and management of others' emotions. Items are rated on a five-point scale (1 = strongly disagree; 5 = strongly agree). Higher total scores indicate higher emotional intelligence. The scale demonstrated strong internal consistency in the present dataset (Cronbach's $\alpha = .91$).

Procedure

Ethical approval for the study was obtained from the Social Sciences and Humanities Research Ethics Committee, University of Ibadan (SSHREC/UI). Formal permission was subsequently obtained from the Oyo State Ministry of Education and from the Principals of each participating school. Institutional permission was obtained from school authorities, and verbal assent was obtained from all student participants prior to questionnaire administration. Because



participants included minors, parental consent letters were distributed through schools one week prior to data collection; completed consent slips were returned to class teachers before administration commenced. Students were informed of the voluntary nature of participation, their right to withdraw without consequence, and the confidential academic purpose of the study. No personally identifying information was collected.

Data collection was conducted within classroom settings with the assistance of trained research assistants and the class teacher present. All four instruments were administered in a single session per class; the average completion time was 35–40 minutes. Completed questionnaires were collected immediately upon completion to maximise return rate and minimise post-hoc consultation between students.

Data Analysis

Data were analysed using IBM SPSS Statistics Version 25. Descriptive statistics (frequencies, percentages, means, and standard deviations) were computed for all demographic and study variables. Pearson correlation coefficients were computed to examine bivariate associations among the study variables. Standard multiple regression was conducted to examine the joint and independent contributions of the predictor variables to depressive symptoms. Independent-samples t-tests and one-way ANOVA were used to examine gender and age-group differences, respectively. The significant level for all inferential tests was set at .05, two-tailed.

RESULTS

Table 1: Demographic Characteristics of Participants (N = 210)

Variable	Category	N	%
Gender	Male	60	28.6
	Female	150	71.4
Age group	14-16 years	92	43.8
	17-19 years	118	56.2
Parents' marital status	Married together	162	77.1
	Separated	28	13.3
	Divorced	2	1.0
	Widowed	18	8.6
Living arrangement	Both parents	147	70.0
	Father only	12	5.7
	Mother only	35	16.7
	Others	16	7.6



H1: Zero-Order Relationships

Table 2: Means, Standard Deviations, and Pearson Correlations among Study Variables

Variable	M	SD	1	2	3	4
Depressive symptoms	16.54	12.44	--			
Verbal abuse	18.37	7.95	.259***	--		
Inter-parental conflict	42.02	15.10	.397***	.291***	--	
Emotional intelligence	109.79	21.35	-.191**	-.070	-.367***	--

Note. N = 210. **p < .01. ***p < .001.

Depressive symptoms were significantly and positively associated with verbal abuse ($r = .259$, $p < .001$) and inter-parental conflict ($r = .397$, $p < .001$), and significantly negatively associated with emotional intelligence ($r = -.191$, $p = .005$). Verbal abuse was positively correlated with inter-parental conflict ($r = .291$, $p < .001$), while emotional intelligence was negatively correlated with inter-parental conflict ($r = -.367$, $p < .001$). The correlation between verbal abuse and emotional intelligence was not significant ($r = -.070$, $p = .312$).

H1- H4: Joint and Independent Prediction of Depressive Symptoms

Table 3: Model Summary for Multiple Regression Predicting Depressive Symptoms

R	R ²	Adjusted R ²	SE of estimate	F	Df	P
.428	.183	.171	11.33	15.39	3, 206	< .001

Note. Predictors: verbal abuse, inter-parental conflict, and emotional intelligence.

The regression model was statistically significant, $F(3, 206) = 15.39$, $p < .001$. The three predictors jointly explained 18.3% of the variance in depressive symptoms (Adjusted $R^2 = .171$).

Table 4: Standardised and Unstandardised Regression Coefficients for Predictors of Depressive Symptoms

Predictor	B	SE B	Beta(β)	T	p	95% CI for B	VIF
Constant	4.35	5.78	--	.75	.453	[-7.04, 15.73]	--
Verbal abuse	.249	.103	.159	2.42	.017	[-.046, .453]	1.09
Inter-parental conflict	.271	.058	.329	4.66	< .001	[.156, .386]	1.26
Emotional intelligence	-.034	.039	-.059	-.87	.384	[-.112, .043]	1.16

Note. N = 210. beta = standardised beta coefficient.

Inter-parental conflict was the strongest independent predictor of depressive symptoms (beta = .329, $p < .001$), followed by verbal abuse (beta = .159, $p = .017$). Emotional intelligence did



not make a significant independent contribution after verbal abuse and inter-parental conflict were controlled ($\beta = -.059$, $p = .384$).

H5: Gender Differences in Depressive Symptoms

Table 5: Independent-Samples t-Test for Gender Differences in Depressive Symptoms

Group	n	M	SD	T	df	p	η^2	95% CI
Male	60	18.92	11.99	1.76	208	.080	.015	[-0.31, 6.97]
Female	150	15.59	12.54					

The gender difference in depressive symptoms was not statistically significant, $t(208) = 1.76$, $p = .080$, $\eta^2 = .015$. Although males reported slightly higher mean depressive symptom scores than females, the difference did not reach statistical significance. The effect size was negligible, with gender accounting for approximately 1.5% of variance in depressive symptom scores. H05 was therefore supported: there was no statistically significant gender difference in depressive symptoms.

H6: Age-Group Differences in Depressive Symptoms

Table 6: Depressive Symptoms by Age Group

Age group	N	M	SD
14-16 years	92	14.35	11.44
17-19 years	118	18.25	12.96

Table 7: One-Way ANOVA for Age-Group Differences in Depressive Symptoms

Source	SS	df	MS	F	P	η^2
Between groups	785.45	1	785.45	5.17	.024	.024
Within groups	31580.74	208	151.83			
Total	32366.20	209				

A significant age-group difference was found, $F(1, 208) = 5.17$, $p = .024$, $\eta^2 = .024$. Older adolescents aged 17-19 years reported higher depressive symptom scores than adolescents aged 14-16 years.



DISCUSSION

This study examined the contribution of family stressors, specifically inter-parental conflict and verbal abuse, to depressive symptoms among Nigerian adolescents while evaluating the role of emotional intelligence as an individual emotional resource. The findings indicate that family-level stressors, particularly inter-parental conflict and verbal abuse, are more central to depressive symptoms than emotional intelligence when the variables are examined simultaneously.

Joint Prediction of Depressive Symptoms

The finding that inter-parental conflict, verbal abuse, and emotional intelligence jointly explained 18.3% of the variance in adolescent depressive symptoms supports a multilevel developmental perspective in which family stressors constitute the primary sources of risk, while emotional intelligence represents an individual emotional resource whose influence is comparatively weaker once family adversity is taken into account (Grych & Fincham, 1990; Lazarus & Folkman, 1984). The adjusted R^2 of .171 indicates that the model provides a stable estimate of the relationships among the study variables. Although the proportion of explained variance was moderate, it is meaningful from both developmental and public health perspectives because the predictors represent modifiable psychosocial factors that can be identified within school and family settings. At the same time, the unexplained variance reinforces the multifactorial nature of adolescent depression and suggests that additional influences, including peer relationships, academic stress, socioeconomic adversity, trauma exposure, and school connectedness, should be incorporated into future explanatory models.

Inter-parental Conflict as the Primary Predictor

Inter-parental conflict emerged as the strongest independent predictor of depressive symptoms ($\beta = .329$, $p < .001$), supporting H2 and the propositions of the Cognitive-Contextual Framework (Grych & Fincham, 1990). According to this framework, adolescents' interpretations of parental conflict, particularly perceptions of threat and self-blame, shape their emotional responses and increase vulnerability to internalising symptoms. The present finding is consistent with meta-analytic and recent empirical evidence linking inter-parental conflict to depressive symptoms and broader psychological maladjustment among children and adolescents (van Dijk et al., 2020; Wang et al., 2024; Mushtaque et al., 2024).

Within the Nigerian context, persistent conflict between parents may have particularly adverse implications because the family remains the primary context for emotional security, identity formation, and socialisation. In settings where maintaining family harmony and respect for adult authority are strongly emphasised, adolescents may be more likely to internalise responsibility for parental conflict or perceive such conflict as threatening to family stability. These processes are reflected in the self-blame and threat appraisal dimensions of the Children's Perception of Inter-parental Conflict Scale and provide a plausible explanation for the strong association observed in the present study. The findings are also consistent with Nigerian evidence showing that adolescents exposed to high levels of family conflict experience greater psychological distress and poorer emotional wellbeing than their peers (Nwankwo & Agu, 2018). Collectively, these findings underscore inter-parental conflict as a central family-based determinant of depressive symptoms and reinforce the importance of interventions that promote constructive conflict resolution and emotionally supportive family environments.



Verbal Abuse as an Independent Positive Predictor

Verbal abuse was a significant independent predictor of depressive symptoms ($\beta = .159$, $p = .017$, 95% CI [0.047, 0.451]), supporting H3 and the propositions of Stress and Coping Theory (Lazarus & Folkman, 1984). The finding indicates that verbally abusive communication contributes uniquely to depressive symptoms beyond the effects of inter-parental conflict, suggesting that these two family stressors influence adolescent mental health through partially distinct pathways. Although verbal abuse demonstrated only a modest bivariate association with depressive symptoms ($r = .259$), its independent contribution became evident after controlling for inter-parental conflict, highlighting its unique explanatory value.

This pattern is consistent with the view that repeated verbal abuse functions as a chronic interpersonal stressor that undermines emotional security and depletes adolescents' coping resources. It also accords with evidence linking verbal abuse and broader emotional maltreatment to depression, emotional dysregulation, and impaired psychosocial functioning among young people (Baldwin et al., 2023; Fairuzza et al., 2023; Hasni et al., 2021; Humphreys et al., 2020; Nwankwo & Agu, 2018; Simon et al., 2024). Within the Nigerian context, where verbally harsh disciplinary practices may be perceived as normative in some families and schools (Mojaye, 2014), the psychological consequences of verbal abuse may be overlooked despite their association with poorer mental health outcomes. These findings therefore reinforce the need for school counsellors and family-based interventions to assess verbal abuse as a distinct psychosocial risk factor rather than treating it simply as an indicator of broader family dysfunction.

Emotional Intelligence: A Protective Resource Whose Independent Effect Was Attenuated by Family Stressors

Emotional intelligence was significantly and negatively associated with depressive symptoms at the bivariate level ($r = -.191$, $p < .01$), supporting the theoretical expectation that greater emotional competence is linked to better psychological adjustment (Mayer & Salovey, 1997; Salguero et al., 2012). However, emotional intelligence did not independently predict depressive symptoms after inter-parental conflict and verbal abuse were included in the regression model ($\beta = -.059$, $p = .384$), indicating that its unique contribution was attenuated once family stressors were taken into account.

One plausible explanation is that emotional intelligence shares variance with family adversity, particularly inter-parental conflict, which was moderately and negatively associated with emotional intelligence ($r = -.367$, $p < .001$). Adolescents who experience greater family conflict may have fewer opportunities to develop adaptive emotional competencies, thereby reducing the unique variance attributable to emotional intelligence when both constructs are examined simultaneously. Rather than suggesting that emotional intelligence is unimportant, the findings indicate that its protective influence may be constrained in the presence of persistent family adversity. Longitudinal studies are needed to clarify whether emotional intelligence functions as a mediator, moderator, or developmental consequence of adverse family experiences.

From a practical perspective, these findings suggest that interventions aimed solely at strengthening adolescents' emotional intelligence are unlikely to achieve optimal reductions in depressive symptoms if family stressors remain unaddressed. School-based emotional competence programmes may therefore be most effective when integrated with interventions



that reduce family conflict, discourage verbally abusive parenting practices, and strengthen supportive family relationships.

Gender Differences: A Non-Significant Finding with Contextual Relevance

Contrary to international literature documenting greater female vulnerability to depressive symptoms during adolescence (Nolen-Hoeksema & Girgus, 1994), the present study found no statistically significant gender difference in depressive symptom scores ($p = .080$, $\eta^2 = .015$). Although male adolescents reported marginally higher mean scores than females (18.92 vs. 15.59), the difference was small and the confidence interval for the mean difference crossed zero, precluding confident inference about the direction. This null finding may reflect several factors. First, the sample was gender-imbalanced, with females constituting 71.4% of participants; power to detect a gender difference may have been affected by this asymmetry and the moderate overall sample size. Second, the BDI captures a symptom profile (sadness, hopelessness, loss of pleasure, tearfulness) that aligns more closely with female-typified presentations of depression; males experiencing comparable levels of distress may express it through irritability, risk-taking, or academic disengagement that the BDI does not capture (Nolen-Hoeksema & Girgus, 1994). Third, within the Yoruba cultural context, male adolescents may have been less inclined to endorse depressive symptoms on a self-report instrument administered in a school setting, where emotional vulnerability carries stronger social costs for boys than girls (Mojaye, 2014). Future research using broader symptom assessments sensitive to both female-typified and male-typified presentations of depression would provide a more complete picture of gender differences in this population.

Age-Group Differences: Older Adolescents at Greater Risk

Older adolescents (17–19 years) reported significantly higher depressive symptom scores than younger adolescents (14–16 years), supporting H6, although the effect size was small ($\eta^2 = .024$). While this finding should therefore be interpreted cautiously, it is developmentally and contextually meaningful. In the Nigerian secondary school context, many adolescents in the older age group are preparing for the West African Senior School Certificate Examination (WASSCE), a high-stakes terminal examination that largely determines access to higher education and subsequent educational opportunities. The academic demands and uncertainty associated with this transition may compound existing family stressors, thereby increasing vulnerability to depressive symptoms.

This finding is also consistent with developmental perspectives suggesting that the risk of depressive symptoms increases during late adolescence as young people negotiate identity formation, greater academic expectations, and increasingly complex peer and romantic relationships (Steinberg, 2014). These developmental challenges may interact with family adversity, placing older adolescents at greater risk of emotional distress than their younger counterparts.

Although age is frequently included as a demographic control variable in adolescent mental health research, its developmental significance may be underestimated when it is treated solely as a covariate. The present findings suggest that future studies should examine age as a developmental marker rather than merely a demographic characteristic, and should investigate whether academic transition, educational pressure, and other age-related stressors help explain the association between increasing age and depressive symptoms among Nigerian adolescents.



Implications for Practice

The primacy of inter-parental conflict as the strongest predictor of adolescent depressive symptoms has direct implications for counselling practice in Nigerian secondary schools. School counsellors should incorporate systematic assessment of perceived inter-parental conflict into mental health screenings, using validated instruments such as the CPIC. Identified students should receive individual counselling that addresses conflict appraisal processes, specifically targeting the tendency toward self-blame and catastrophic threat interpretation. Family counselling referrals should be facilitated for students from high-conflict homes, with engagement through community structures such as religious organisations and community associations that carry cultural authority within Yoruba settings.

The independent contribution of verbal abuse underscores the need for teacher training in non-abusive communication and for parental education programmes that reframe verbally harsh discipline within a child wellbeing framework. Universal social-emotional screening conducted by school counsellors, independent of adolescents' willingness to self-identify as abuse victims, is particularly important given the cultural normalisation of verbal harshness in Nigerian family and school settings.

While EI did not independently predict depressive symptoms in the multivariate model, its significant bivariate association with depression supports the inclusion of EI development within school counselling programmes. Effective implementation should pair emotional awareness training with explicit emotion regulation skill development, equipping adolescents not only to identify their emotional states but to manage them adaptively under adversity. The significant age-group finding further indicates that counselling resources should be disproportionately allocated to older adolescents in SS3, who face the compounded burden of family adversity and high-stakes academic pressure.

Limitations and Directions for Future Research

Several limitations should be noted. First, the cross-sectional design precludes causal inference. Although the findings identify significant associations and predictors, longitudinal research is needed to establish temporal ordering among family stressors, emotional intelligence, and depressive symptoms.

Second, the study relied on adolescent self-report measures, which may introduce common method variance and social desirability bias. Future studies should incorporate parent, teacher, and observational data where feasible.

Third, participants were recruited from public secondary schools within one urban local government area, limiting generalisability to rural adolescents, private school students, out-of-school adolescents, and adolescents in other Nigerian regions. The gender distribution was also uneven, with more females than males, which should be considered when interpreting gender comparisons.

Fourth, although internal consistency estimates were acceptable to strong in the present dataset, further validation of the CPIC, VAS, BDI-II, and SSEIT in Nigerian adolescent populations would strengthen confidence in cross-cultural measurement equivalence.



Future research should examine whether emotional intelligence moderates or mediates the association between family adversity and depressive symptoms using longitudinal or multi-wave designs. Studies should also consider additional protective factors, including peer support, school connectedness, parental warmth, religious coping, and access to counselling services.

CONCLUSION

This study demonstrates that family stressors are central to understanding depressive symptoms among Nigerian adolescents. Inter-parental conflict emerged as the strongest independent predictor, followed by verbal abuse, whereas emotional intelligence showed a significant bivariate association but did not independently predict depressive symptoms after family stressors were considered. Older adolescents reported higher depressive symptom scores than younger adolescents, whereas gender differences were not statistically significant. Together, these findings identify family relationships as an important target for preventive mental health interventions in Nigerian secondary schools. More broadly, the study contributes to developmental research by showing that adolescents' emotional adjustment is shaped not only by individual emotional capacities but also, and more strongly, by the quality of their immediate family environment.

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Data Availability

The datasets generated and analysed during the current study are not publicly available because they contain information that could compromise participant confidentiality. De-identified data may be made available by the corresponding author upon reasonable request and subject to approval by the relevant institutional ethics committee.

Conflict of Interest

The author declares that there are no competing interests.

Ethical Approval

All procedures performed in this study involving human participants were conducted in accordance with the ethical standards of the University of Ibadan Social Sciences and Humanities Research Ethics Committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Ethical approval was obtained from the University of Ibadan Social Sciences and Humanities Research Ethics Committee.



Administrative permission to conduct the study was also obtained from the Oyo State Ministry of Education.

Informed Consent

Written informed consent was obtained from parents or legal guardians, and written assent was obtained from all participating adolescents prior to data collection. Participation was voluntary, and participants were informed of their right to withdraw at any time without penalty.

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