



Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Kealy, D;Rice, SM;Cox, DW

Title:

Childhood adversity and depressive symptoms among young adults: Examining the roles of individuation difficulties and perceived social support

Date:

2020-04-01

Citation:

Kealy, D., Rice, S. M. & Cox, D. W. (2020). Childhood adversity and depressive symptoms among young adults: Examining the roles of individuation difficulties and perceived social support. *Early Intervention in Psychiatry*, 14 (2), pp.241-246. <https://doi.org/10.1111/eip.12894>.

Persistent Link:

<https://hdl.handle.net/11343/286580>

Kealy David (Orcid ID: 0000-0002-3679-6085)
 Rice Simon (Orcid ID: 0000-0003-4045-8553)

BRIEF REPORT

Childhood adversity and depressive symptoms among young adults: Examining the roles of individuation difficulties and perceived social support

Running title: ADVERSITY, INDIVIDUATION, AND SOCIAL SUPPORT

Table 1. Demographic characteristics and descriptive statistics, N = 119.

Sex	% (n)
Female	73.1 (87)
Male	25.2 (30)
Other	1.7 (2)
Ethnicity	
Asian	43.7 (52)
White	31.1 (37)
Hispanic	5.0 (6)
African	3.4 (4)
Multiple ethnicities	7.6 (9)
Other	8.4 (10)
Sexual orientation	
Heterosexual	79.0 (94)
Bisexual	10.9 (13)
Gay or lesbian	4.2 (5)
Other	5.9 (7)
Childhood adversity	
<i>When you were growing up, did a parent call you names, swear at you, or make you feel stupid or worthless?</i>	29.4 (35)

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as doi: [10.1111/eip.12894](https://doi.org/10.1111/eip.12894)

<i>Before age 18, were you every severely beaten by an adult and badly bruised or injured?</i>	8.4 (10)
<i>Before age 18, were you ever sexually molested or abused?</i>	6.7 (8)
<i>When you were growing up, did either of your parents have problem alcohol or drug use?</i>	14.3 (17)
<i>When you were growing up, did either of your parents have depression or mental illness?</i>	26.9 (32)
Overall exposure to childhood adversity	50.0 (59)
<hr/>	
Continuous variables	<i>M (SD)</i>
Individuation difficulties	32.0 (9.4)
Overall social support	21.1 (4.6)
Depressive symptoms	7.4 (5.4)
<hr/>	

¹Department of Psychiatry, The University of British Columbia, #420 – 5950 University Blvd,
Vancouver, BC, V6T 1Z3, Canada

²Orygen, The National Centre of Excellence in Youth Mental Health, Centre for Youth Mental
Health, The University of Melbourne, 35 Poplar Rd, Parkville, Melbourne, Australia

³Youth Mood Clinic, Orygen Youth Health, Parkville, Northwestern Mental Health, Melbourne
Health, Australia

⁴Department of Educational and Counselling Psychology, The University of British Columbia,
#298 - 2125 Main Mall, Vancouver, BC Canada V6T 1Z4

Corresponding author:

David Kealy

Department of Psychiatry, The University of British Columbia, #420 – 5950 University
Blvd, Vancouver, BC, V6T 1Z3, Canada

Abstract

Aim: While childhood adversity is a known risk for depressive symptoms, little is known about the contributing role of individuation difficulties among young adults. The present study examined individuation difficulties and perceived social support—and their interaction—as moderators of the relationship between childhood adversity exposure and depressive symptoms.

Methods: Young adults ($N=119$; $M=20.8$ yrs) completed self-report assessments of childhood adversity, depressive symptoms, individuation difficulties, and perceived social support.

Regression analyses were used to examine interaction effects regarding depressive symptom severity.

Results: A significant moderated moderation effect was found whereby individuation difficulties interacted with adversity exposure as perceived social support was reduced. Thus, at high levels of individuation difficulties, young adults with exposure to childhood adversity reported elevated depressive symptoms. This effect was buffered by social support such that when individuation

difficulties were high, the association between adversity and depressive symptoms decreased from low, to moderate, to high support.

Conclusion: Individuation difficulties and social support are important factors in the development of depressive symptoms from exposure to childhood adversity among young adults.

Keywords: childhood adversity; depression; individuation; social support; young adults

INTRODUCTION

Childhood adversity is a known risk factor for the development of depressive symptoms (Liu, 2017), and may be particularly salient for young adults as they draw from developmental experience in consolidating identity and establishing adult trajectories. Since not all young adults exposed to childhood adversity develop depressive symptoms, it is important to understand facilitating and protective factors to inform prevention and early intervention efforts. One potential factor that may be particularly salient, yet has received limited empirical attention, is individuation difficulties (Leebens & Williamson, 2017).

Individuation refers to the achievement of psychological balance between separateness from, and connectedness with others. This is a complex process initiated in early childhood

(Mahler, 1971), and consolidated during adolescence through experimentation with identity and close relationships (Blos, 1979; Koepke & Denissen, 2012). Individuation involves the gradual transition from representations of omnipotent parents toward increased recognition of mutuality in parent-child relations, with the concomitant development of relative autonomy (Smollar & Youniss, 1989). Mature individuation—reflected by nuanced, rather than polarized, representations of self-other relations—allows for the simultaneous experience of individuality and connectedness. In other words, relationships may be engaged in without threat to one’s sense of separateness, and aloneness can be tolerated without feeling abandoned by or devaluing others. Impaired individuation can have a negative impact on young adults’ self-development and relational functioning (Koepke & Denissen, 2012); with research indicating associations with psychological distress, attachment insecurity, and self-criticism among young adults (Kins, Beyers, & Soenens, 2012; Stey et al., 2014).

While inadequate individuation may increase subsequent mental health vulnerabilities in relation to childhood adversity, experiences of support from others may have a buffering effect. Perceiving others in one’s social surround to be available and responsive may allow young adults to focus on adaptive identity-related tasks despite earlier hardship. Thus, positive social support could help to allay the distress associated with previous maltreatment experiences and compensate for individuation processes that may remain incomplete. Research suggests that perceived social support may buffer the effects of childhood trauma on later distress (Feldman, Conger, & Burzette, 2004; Powers, Ressler, & Bradley, 2009), though mixed findings imply

complexity in these relations (Sperry & Widom, 2013). To our knowledge the potential buffering of social support has yet to be examined in connection with individuation difficulties.

The present study was developed to examine the roles of individuation difficulties and perceived social support in moderating the association between childhood adversity and depressive symptoms among young adults. It was hypothesised that individuation difficulties would exacerbate the link between childhood adversity and depressive symptoms, while perceived social support would have a buffering effect on these relations.

METHODS

Participants and Procedure

Young adults were recruited from a Canadian university after responding to advertisements regarding a study on identity. Study eligibility criteria were young people between 18-25 years old; English-language proficiency; and absence of acute psychiatric crisis. All 119 participants provided informed consent. Participants' average age was 20.8 ± 2 years; the majority, 83.1% ($n = 99$), were post-secondary students and 58% ($n = 69$) reported at least part-time employment (see Table 1). The procedure for the current study, which received Institutional Research Ethics Board approval, involved informed consent and the completion of self-report assessments for which a modest honorarium was provided.

Assessment

In a method similar to the landmark Adverse Childhood Experiences study (Felitti et al., 1998), a series of yes/no questions were used to determine participants' experience of adversity

during childhood. These questions, displayed in Table 1, were modelled on those used in previous studies of childhood adversity, including emotional abuse (Green et al., 2012), physical and sexual abuse (Herman, Susser, Struening, & Link, 1997), and parental substance misuse and mental illness (Felitti et al., 1998). Consistent with similar previous studies using binary variables to represent adversity exposure (e.g., Jackson et al., 2017; Lindley & Slayter, 2018; Walsh et al., 2017), a dichotomous variable representing exposure to childhood adversity was created (0 = no exposure; 1 = exposure to adversity).

Individuation difficulties were assessed using the self-report Dysfunctional Individuation Scale (DIS; Stey et al., 2014). The 10-item DIS captures inadequate achievement of individuation, characterized by deficient object constancy, polarized relational experiences, and impaired self-other differentiation (e.g., “often, when I am in a close relationship, I find that my sense of who I am gets lost”). Higher scores indicate more impaired individuation; the DIS internal consistency was .75 in this sample.

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988), a 12-item self-report scale, measured perceptions of support from (1) family, (2) friends, and (3) significant others. A total score, averaging these three MSPSS domains (alphas from .90 to .93), was used to reflect overall appraisal of support.

Depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer, & Williams, 2001), a well-validated nine-item scale reflecting symptoms of

depression reported over the past two weeks. Higher scores reflect greater depressive severity (internal consistency of .85 in present sample).

Analytic Approach

Analyses were undertaken using SPSS 25.0 including PROCESS 3.0 (Hayes, 2018). Preliminary analyses examined potential confounding effects of sex, ethnicity, and sexual orientation, as well as bivariate associations among study variables. Linear regression analyses included exposure to childhood adversity as a categorical independent variable and depressive symptoms as the dependent variable. Individuation difficulties and perceived social support were examined as moderators of the association between childhood adversity and depressive symptoms. Any significant interactions will first be probed using the Johnson-Neyman technique. This facilitates a ‘floodlight analysis’ of the region (i.e., range of values) in which the highest order interaction is significant (Hayes, 2018; Spiller, Fitzsimons, Lynch, & McClelland, 2013). Next, we will examine the simple slopes of significant interactions via examining simple slopes at low (16th percentile), moderate (50th percentile), and high (84th percentile) values of the moderator(s). Methodologists recommend using these values to ensure values of the moderator are within the bounds of observation (Hayes, 2018).

RESULTS

Preliminary analyses revealed a significant association between depressive symptoms and only one demographic characteristic: identifying as a sexual orientation minority was associated with significantly greater severity of depressive symptoms, $r(117) = .32, p < .001$. A

dichotomous variable representing sexual orientation minority status was entered as a control in regression analyses. Consistent with our hypotheses, depressive symptoms were positively associated with exposure to adversity, $r(117) = .27, p = .003$, and individuation difficulties, $r(117) = .36, p < .001$, and negatively associated with overall social support, $r(117) = -.27, p = .003$. Exposure to adversity had a modest negative association with social support, $r(117) = -.19, p = .04$, but was not significantly associated with individuation difficulties $r(117) = .06, p = .50$.

Results of the regression model are presented in Table 2. The total model accounted for 35% of the variance in depressive symptoms. The three-way interaction was significant, $F(1, 110) = 6.51, p = .012$, indicating significant moderation of exposure to childhood adversity by individuation difficulties, moderated by perceived social support. This moderated-moderation effect accounted for 4% of the variance in depressive symptoms, and indicated that the relation between adversity exposure and depressive symptoms was conditioned on both individuation difficulties and perceived social support.

We first probed the three-way interaction using the Johnson-Neyman procedure, revealing that the interaction of adversity exposure with individuation difficulties was significant at values of perceived social support slightly below the mean, at MSPSS values of 20.20 and lower, representing 39.5% of the sample. In other words, at moderate to high levels of social support, the interaction between adversity and individuation difficulties was non-significant, while as social support diminished the adversity-individuation interaction was associated with

more depressive symptoms. A visual representation of the conditional adversity-individuation interaction, as a function of perceived social support, is presented in Figure 1.

Next we probed the interactions via simple slopes. Results indicated that adversity exposure was associated with more depressive symptoms at high (84th percentile) levels of individuation difficulties and became stronger as levels of perceived social support diminished from moderate (50th percentile), $B = 3.66$, 95% CI[1.06, 6.26], $p = .006$, to low (16th percentile), $B = 6.84$, 95% CI[3.40, 10.27], $p < .001$. Contrast analysis compared the latter effect (low social support and high individuation difficulties) with that at moderate social support and moderate individuation difficulties ($B = 1.88$, 95% CI[.096, 3.66], $p = .039$), indicating a statistically significant difference in the conditional relation between childhood adversity and depressive symptoms, contrast = 4.95, 95% CI[1.56, 8.35], $p = .005$. Thus, as shown in Figure 2, perceived social support buffered the interaction between adversity exposure and individuation difficulties in relation to young adults' depressive symptoms. In other words, as perceived social support was reduced and individuation difficulties were more severe, exposure to adversity was significantly associated with depressive symptoms.

DISCUSSION

Findings from the present study suggest that impaired individuation and perceived social support may be important conditioning factors between young adults' exposure to earlier adversity and depressive symptoms. Examination of interactions indicated that the relationship between childhood adversity exposure and depressive symptoms varies as a function of

individuation difficulties and social support. No significant association between adversity and depression was found for young adults with a relatively well-developed balance of independence and connectedness. However, at relatively higher individuation difficulties and relatively lower perceptions of social support, childhood adversity was associated with depressive symptoms. The appraisal of social support being more available thus mitigated the adversity-individuation interaction in relation to young adults' depressive symptoms.

The present findings highlight some of the complexity involved in the relationship between childhood adversity and depressive symptoms (Liu, 2017). While difficulties with individuation—the psychological balance of autonomy and connectedness—have previously been associated with distress symptoms (Kins et al., 2013; Stey et al., 2014), the present findings indicate that such impairment may facilitate the emergence of distress following earlier adversity. One possibility is that individuation difficulties may compromise the individual's ability to develop a constructive perspective regarding the experience of childhood adversity. Rather than experience the self as separate and autonomous from preoccupied or maltreating adults, the youth with impaired individuation may adopt a grim, constricting schema regarding childhood adversity—for example, as an experience that was deserved or that may be inevitably repeated in the future (Silberschatz & Aafjes-van Doorn, 2017). At the same time, variance in the experience of social support may intensify or subdue this process. Consistent with previous findings (Feldman et al., 2004; Powers et al., 2009), perceptions of support from others were found in the present study to have a buffering effect. This is in line with a broader literature

indicating the importance of social connections for wellbeing, and the deleterious effects of isolation (Cacioppo et al., 2015). In the context of impaired individuation and childhood adversity, the availability of trusted others may support the young person's efforts to separate from inimical circumstances and develop more favourable personal narratives. Moreover, distress may be mitigated by the restoration of trust and social learning that may occur through secure and positive social relationships (Fonagy, Luyten, & Allison, 2015).

For young adults presenting with depressive symptoms and an underlay of childhood adversity, these findings suggest two potential intervention targets beyond direct efforts at symptom reduction. First, addressing impaired individuation could potentially help young adults develop more realistic and nuanced experiences of separateness and connectedness. This may facilitate a more robust sense of self in relation to others, and ultimately greater satisfaction from interpersonal experiences—which research shows may reduce depressive symptoms (Santini et al., 2015). One possibility may be to incorporate developmentally-focused family intervention (Rice et al., 2018), potentially addressing individuation within the family system, as part of a phased, multi-component treatment approach (Rice et al., 2017). Clinical attention to perceived social support may also help attenuate depressive severity among youth who have suffered childhood adversity and individuation impairment. This might take the form of encouraging more (or better) quality social interactions, or addressing perceptions of current supports (Masi, Chen, Hawkey, & Cacioppo, 2011). Interventions that target aspects of social cognition (e.g., Bartholomeusz et al., 2013) may help young adults with depression—particularly with

individuation difficulties and experiences of childhood adversity—to develop more nuanced interpretations of interpersonal relationships, and thereby obtain greater benefit from existing social resources (Schnell & Herpertz, 2018). Indeed, we speculate that concurrently addressing individuation difficulties and perceptions of support together may be synergistic—an intriguing clinical possibility that requires further investigation.

Study limitations include cross-sectional design and self-report assessment, precluding causal inferences. Further, the use of a community sample reduces generalizability to clinical populations. Further, the present study did not consider the effects of adverse experiences related to family socio-economic status or family structure on depressive symptoms, nor the potential influence of a range of adversity types on individuation and social support. Our sample was also not large enough to permit meaningful examination of interactions between adverse experiences and sex, ethnicity, and sexual orientation. Future research should consider investigating a broader range of adversity variables—with more comprehensive assessment—in larger and more diverse samples, and to consider associations and interactions between diversity factors, types of adversity, individuation, and social support. While our findings would benefit from replication and extension through further research, results may nevertheless inform practitioners considering the amelioration of impaired individuation—perhaps through focused attention on self-other representations and patterns (Atzil-Slonim, Wiseman, & Tishby, 2016; Werbart et al., 2016). Moreover, early attention to individuation and social support might help to

prevent or mitigate the development of later depressive symptoms among youth with histories of childhood adversity.

Funding: Research funding was provided by a grant awarded to the first author from the Social Sciences and Humanities Research Council of Canada, grant #430-2016-01226.

Declarations of interest: None

Data availability: The data that support the findings of this study are available from the corresponding author upon reasonable request.

References

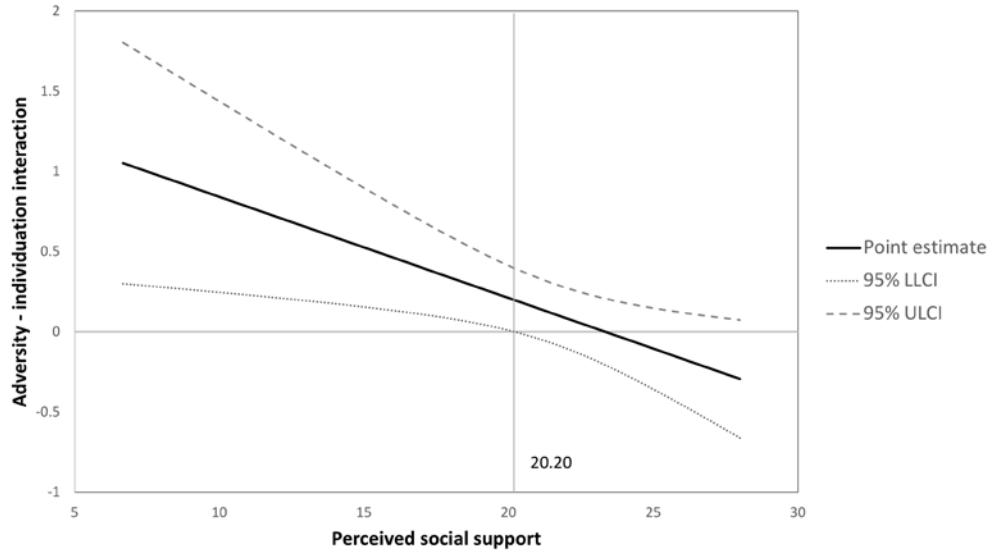
- Atzil-Slonim, D., Wiseman, H., & Tishby, O. (2016) Relationship representations and change in adolescents and emerging adults during psychodynamic psychotherapy. *Psychotherapy Research, 26*, 279-296.
- Bartholomeusz, C. F., Allott, K., Killackey, E., Liu, P., Wood, S. J., & Thompson, A. (2013). Social cognition training as an intervention for improving functional outcome in first - episode psychosis: a feasibility study. *Early Intervention in Psychiatry, 7*, 421-426.
- Blos, P. (1979). *Adolescent passage*. Madison, CT: International Universities Press.
- Cacioppo, S., Grippo, A. J., London, S., Goossens, L., & Cacioppo, J. T. (2015). Loneliness: Clinical import and interventions. *Perspectives on Psychological Science, 10*, 238-249.
- Feldman, B. J., Conger, R. D., & Burzette, R. G. (2004). Traumatic events, psychiatric disorders, and pathways of risk and resilience during the transition to adulthood. *Research in Human Development, 1*, 259-290.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*, 245-258.
- Fonagy, P., Luyten, P., & Allison, E. (2015). Epistemic petrification and the restoration of epistemic trust: A new conceptualization of borderline personality disorder and its psychosocial treatment. *Journal of Personality Disorders, 29*, 575-609.

- Green Jr, H. D., Tucker, J. S., Wenzel, S. L., Golinelli, D., Kennedy, D. P., Ryan, G. W., & Zhou, A. J. (2012). Association of childhood abuse with homeless women's social networks. *Child Abuse & Neglect, 36*, 21-31.
- Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York, NY: Guilford Press.
- Herman, D. B., Susser, E. S., Struening, E. L., & Link, B. L. (1997). Adverse childhood experiences: are they risk factors for adult homelessness? *American Journal of Public Health, 87*, 249-255.
- Jackson, Y., Huffhines, L., Stone, K. J., Fleming, K., & Gabrielli, J. (2017). Coping styles in youth exposed to maltreatment: Longitudinal patterns reported by youth in foster care. *Child Abuse & Neglect, 70*, 65-74.
- Kins, E., Beyers, W., & Soenens, B. (2013). When the separation-individuation process goes awry: Distinguishing between dysfunctional dependence and dysfunctional independence. *International Journal of Behavioural Development, 37*, 1-12.
- Koepke, S., Denissen, J. J. (2012). Dynamics of identity development and separation-individuation in parent-child relationships during adolescence and emerging adulthood—A conceptual integration. *Developmental Review, 32*, 67-88.
- Kroenke, K., Spitzer, R., & Williams, J. (2001). The PHQ-9: Validity of a brief depression severity screening measure. *Journal of General Internal Medicine, 16*, 606–613.

- Leebens, P. K. & Williamson, E. D. (2017). Developmental psychopathology: Risk and resilience in the transition to young adulthood. *Child and Adolescent Psychiatric Clinics of North America*, 26, 143-156.
- Lindley, L. C., & Slayter, E. M. (2018). Prior trauma exposure and serious illness at end of life: a national study of children in the US foster care system from 2005 to 2015. *Journal of Pain and Symptom Management*, 56, 309-317.
- Liu, R. T. (2017). Childhood adversities and depression in adulthood: Current findings and future directions. *Clinical Psychology: Science and Practice*, 24, 140-153.
- Mahler, M. S. (1971). A study of the separation-individuation process: And its possible application to borderline phenomena in the psychoanalytic situation. *Psychoanalytic Study of the Child*, 26, 403-424.
- Masi, C. M., Chen, H. Y., Hawkey, L. C., & Cacioppo, J. T. (2011). A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review*, 15, 219-266.
- Powers, A., Ressler, K. J., & Bradley, R. G. (2009). The protective role of friendship on the effects of childhood abuse and depression. *Depression and Anxiety*, 26, 46-53.
- Rice, S., Halperin, S., Blaikie, S., Monson, K., Stefaniak, R., Phelan, M., & Davey, C. (2018). Integrating family work into the treatment of young people with severe and complex depression: a developmentally focused model. *Early Intervention in Psychiatry*, 12, 258-266.

- Rice, S. M., Halperin, S., Cahill, S., Cranston, I., Phelan, M., Hetrick, S. E., Blaikie, S., Edwards, J., Koutsogiannis, J., & Davey, C. G. (2017). The youth mood clinic: an innovative service for the treatment of severe and complex depression. *Australasian Psychiatry, 25*, 112-116.
- Santini, Z. I., Koyanagi, A., Tyrovolas, S., Mason, C., & Haro, J. (2015). The association between social relationships and depression: A systematic review. *Journal of Affective Disorders, 175*, 53-65.
- Schnell, K., & Herpertz, S. C. (2018). Emotion regulation and social cognition as functional targets of mechanism-based psychotherapy in major depression with comorbid personality pathology. *Journal of Personality Disorders, 32*(Supplement), 12-35.
- Silberschatz, G., & Aafjes-van Doorn, K. (2017). Pathogenic beliefs mediate the relationship between perceived negative parenting and psychopathology symptoms. *Journal of Aggression, Maltreatment & Trauma, 26*, 258-275.
- Smollar, J. & Youniss, J. (1989). Transformations in adolescents' perceptions of parents. *International Journal of Behavioural Development, 12*, 71-84.
- Sperry, D. M., & Widom, C. S. (2013). Child abuse and neglect, social support, and psychopathology in adulthood: a prospective investigation. *Child Abuse & Neglect, 37*, 415-425.

- Spiller, S. A., Fitzsimons, G. J., Lynch Jr, J. G., & McClelland, G. H. (2013). Spotlights, floodlights, and the magic number zero: Simple effects tests in moderated regression. *Journal of Marketing Research*, *50*, 277-288.
- Stey, P. C., Hill, P. L., & Lapsley, D. K. (2014). Factor structure and psychometric properties of a brief measure of dysfunctional individuation. *Assessment*, *21*, 452-62.
- Walsh, K., McLaughlin, K. A., Hamilton, A., & Keyes, K. M. (2017). Trauma exposure, incident psychiatric disorders, and disorder transitions in a longitudinal population representative sample. *Journal of Psychiatric Research*, *92*, 212-218.
- Werbart, A., Brusell, L., Iggedal, R., Lavfors, K., & Widholm, A. (2016). Changes in self-representations following psychoanalytic psychotherapy for young adults: a comparative typology. *Journal of the American Psychoanalytic Association*, *64*, 917-958.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, *52*, 30-41.



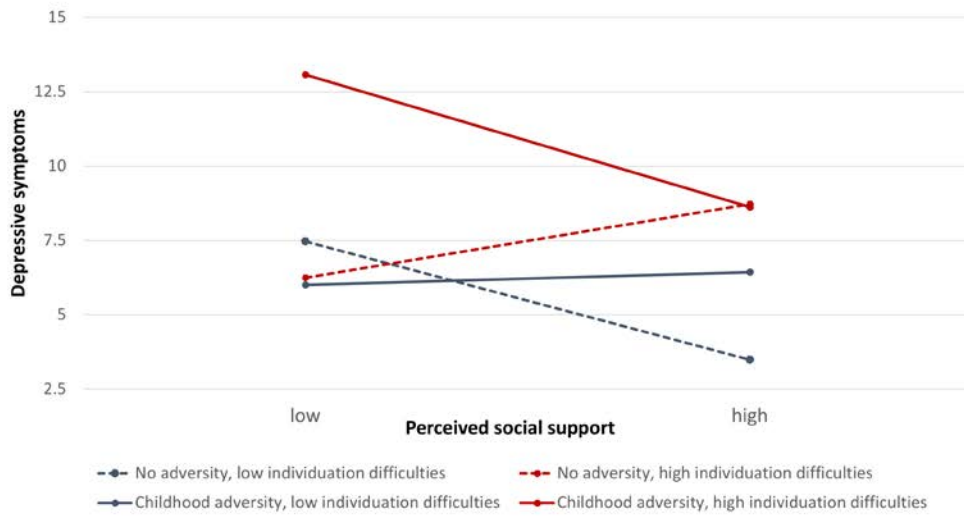
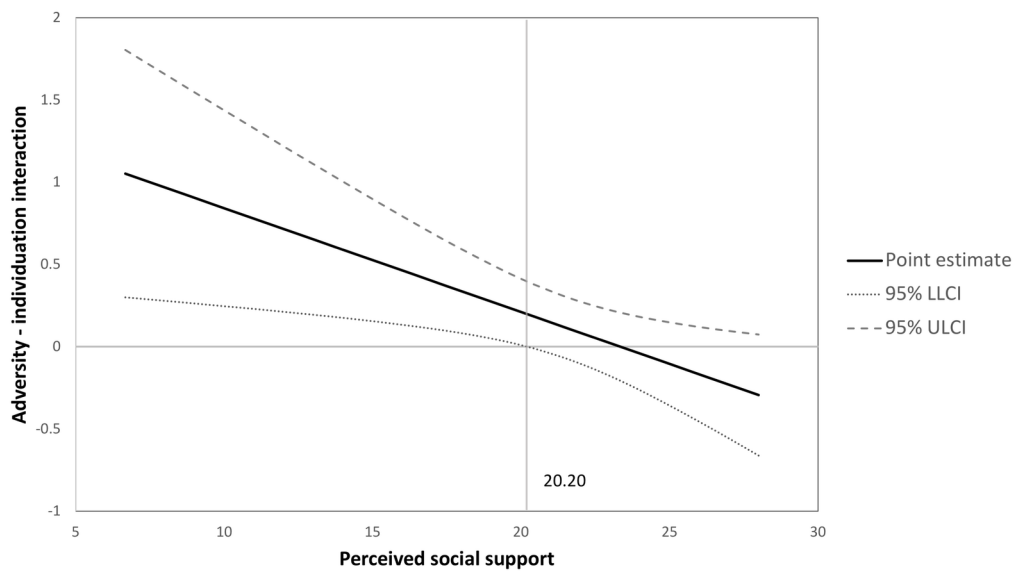


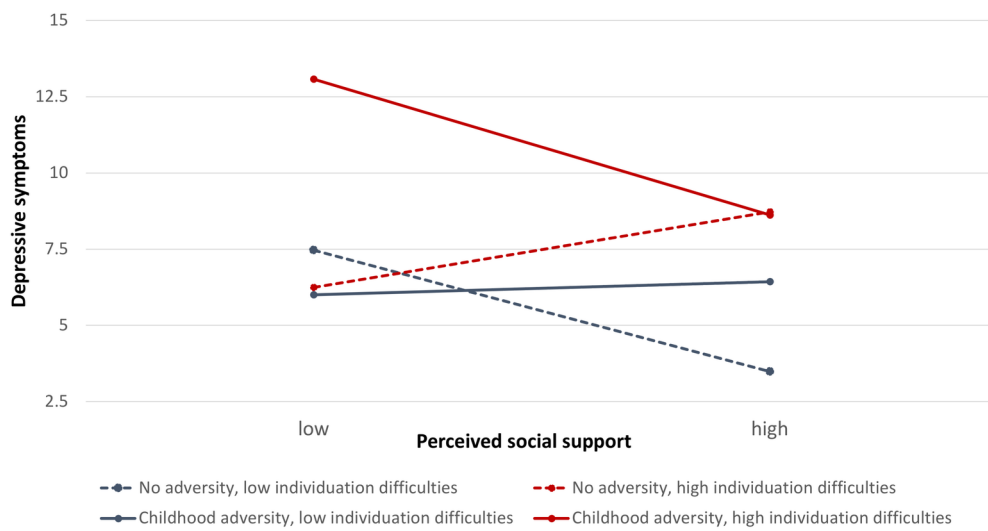
Table 2. Results of regression analysis examining childhood adversity exposure and depressive symptoms, testing moderation by individuation difficulties and perceived social support.

	<i>Coeff.</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Sexual orientation minority (co-variate)	3.404	1.083	3.144	.002
Childhood adversity exposure	-42.707	18.442	-2.316	.022
Individuation difficulties	-0.671	0.402	-1.670	.098
Perceived social support	-1.255	0.615	-2.041	.044
Adversity × Individuation difficulties	1.473	0.541	2.723	.008
Adversity × Perceived social support	1.904	0.825	2.308	.023
Individuation difficulties × Perceived social support	0.036	0.018	1.963	.052
Adversity × Individuation difficulties × Perceived social support	-0.063	0.025	-2.551	.012

Note. Coeff. = coefficient. Boldface indicates significant results at $p < .05$.



EIP_12894_Childhood-adversity-individuation-revised-figure1.tiff



EIP_12894_Childhood-adversity-individuation-revised-figure2.tiff

Table 1. Demographic characteristics and descriptive statistics, $N = 119$.

Sex	% (n)
Female	73.1 (87)
Male	25.2 (30)
Other	1.7 (2)
<hr/>	
Ethnicity	
Asian	43.7 (52)
White	31.1 (37)
Hispanic	5.0 (6)
African	3.4 (4)
Multiple ethnicities	7.6 (9)
Other	8.4 (10)
<hr/>	
Sexual orientation	
Heterosexual	79.0 (94)
Bisexual	10.9 (13)
Gay or lesbian	4.2 (5)
Other	5.9 (7)
<hr/>	
Childhood adversity	
<i>When you were growing up, did a parent call you names, swear at you, or make you feel stupid or worthless?</i>	29.4 (35)
<i>Before age 18, were you ever severely beaten by an adult and badly bruised or injured?</i>	8.4 (10)
<i>Before age 18, were you ever sexually molested or abused?</i>	6.7 (8)
<i>When you were growing up, did either of your parents have problem alcohol or drug use?</i>	14.3 (17)
<i>When you were growing up, did either of your parents have depression or mental illness?</i>	26.9 (32)
Overall exposure to childhood adversity	50.0 (59)
<hr/>	
Continuous variables	M (SD)
Individuation difficulties	32.0 (9.4)
Overall social support	21.1 (4.6)
Depressive symptoms	7.4 (5.4)

Table 2. Results of regression analysis examining childhood adversity exposure and depressive symptoms, testing moderation by individuation difficulties and perceived social support.

	<i>Coeff.</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Sexual orientation minority (co-variate)	3.404	1.083	3.144	.002
Childhood adversity exposure	-42.707	18.442	-2.316	.022
Individuation difficulties	-0.671	0.402	-1.670	.098
Perceived social support	-1.255	0.615	-2.041	.044
Adversity × Individuation difficulties	1.473	0.541	2.723	.008
Adversity × Perceived social support	1.904	0.825	2.308	.023
Individuation difficulties × Perceived social support	0.036	0.018	1.963	.052
Adversity × Individuation difficulties × Perceived social support	-0.063	0.025	-2.551	.012

Note. Coeff. = coefficient. Boldface indicates significant results at $p < .05$.