



Predicting Verbal Aggression Based on Emotion Dysregulation and Lack of Listening Skills

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ABSTRACT

This study aimed to examine the predictive role of emotion dysregulation and lack of listening skills in explaining levels of verbal aggression among adults in Qatar. A correlational descriptive design was employed with a sample of 380 adult participants selected based on the Morgan and Krejcie (1970) sample size table. Participants were recruited from urban areas in Qatar and completed standardized self-report questionnaires measuring verbal aggression, emotion dysregulation, and listening skills. Data were analyzed using SPSS-27. Pearson correlation coefficients were calculated to examine bivariate associations, and multiple linear regression was conducted to assess the predictive value of emotion dysregulation and lack of listening skills on verbal aggression. Pearson correlation analysis revealed that verbal aggression was positively and significantly correlated with both emotion dysregulation ($r = .59, p < .01$) and lack of listening skills ($r = .53, p < .01$). The multiple regression model significantly predicted verbal aggression ($F(2, 377) = 147.19, p < .001$), accounting for 44% of the variance ($R^2 = .44$). Both predictors made significant contributions: emotion dysregulation ($\beta = .44, t = 8.33, p < .001$) and lack of listening skills ($\beta = .37, t = 7.09, p < .001$), indicating their independent and combined effects on verbal aggression. The findings suggest that difficulties in emotional regulation and poor listening competencies are both significant contributors to verbal aggression. These results underscore the importance of targeting emotional and communicative competencies in intervention programs aimed at reducing verbal hostility in adult populations, especially in multicultural contexts like Qatar.

Keywords: Verbal aggression; emotion dysregulation; listening skills; communication deficits

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Introduction

Verbal aggression, a pervasive form of psychological aggression, constitutes a significant threat to the emotional well-being and social cohesion of individuals and communities alike. It encompasses behaviors such as insults, threats, ridicule, and hostility expressed through language with the intention to harm or dominate others. Research has consistently shown that verbal aggression not only undermines interpersonal relationships but also contributes to a host of psychosocial outcomes including depression, anxiety, and low self-esteem among victims and perpetrators alike (Garofalo et al., 2019; Hahn et al., 2019). In contemporary social environments, especially in diverse and multicultural contexts such as Qatar, understanding the psychological roots and communication-related deficits that fuel verbal aggression has gained renewed urgency.

Emotion dysregulation has emerged as one of the most potent psychological mechanisms associated with aggressive tendencies, particularly verbal forms of aggression. Emotion dysregulation refers to difficulties in modulating the intensity, duration, and expression of emotional responses in a socially acceptable manner (Ford, 2021). Individuals with heightened emotion dysregulation often display impulsive and reactive behavior in interpersonal contexts, leading to outbursts of anger



and verbal hostility (Bell et al., 2020; Garofalo et al., 2020). This dysregulation manifests through deficits in emotional awareness, impulse control, and access to effective regulation strategies (Colton et al., 2022). Recent studies suggest that emotion dysregulation not only predicts aggressive behavior in adolescents and adults but also mediates the relationship between early trauma, psychopathology, and interpersonal aggression (Darmadi & Badayai, 2021; Espírito-Santo et al., 2022).

The influence of emotion dysregulation on aggression is robust across various cultural and clinical contexts. For instance, Gong and Popescu (2024) identified emotion dysregulation as a significant predictor of aggressive behavior in adolescents exposed to community violence (Gong & Popescu, 2024). Similarly, Velotti et al. (2017) demonstrated that distinct dimensions of emotion dysregulation (e.g., non-acceptance of emotional responses, lack of emotional clarity) show unique associations with different forms of aggression across diverse populations (Velotti et al., 2017). Moreover, emotion dysregulation is often accompanied by heightened impulsivity and alexithymia—traits that further predispose individuals to misinterpret social cues and respond with verbal hostility (Fino et al., 2019; Garofalo et al., 2018). These patterns are not limited to younger populations; older adults have also been shown to exhibit verbal aggression when emotion regulation skills deteriorate due to age-related cognitive changes (Espírito-Santo et al., 2022).

In parallel, the role of interpersonal communication deficits—particularly poor listening skills—has received growing attention in understanding the dynamics of verbal aggression. Listening is a complex psychological and communicative process that involves receiving, interpreting, and responding to verbal and nonverbal messages in a constructive manner. A lack of listening skills can lead to misunderstandings, misattributions of intent, and escalating interpersonal conflicts. Individuals who fail to listen effectively are more likely to perceive benign interactions as threatening or disrespectful, prompting defensive or aggressive responses (Yang, 2023; Yao, 2025). In particular, the inability to engage in empathic listening reduces the capacity for emotional attunement and increases the likelihood of reacting with verbal hostility (Çelebi & Acar, 2024; Marín et al., 2024).

Research on communication competence has emphasized that listening is not merely a passive process but a dynamic interactional skill closely linked to emotional intelligence and self-regulation capacities (Lansing et al., 2019). In educational and familial contexts, poor listening habits have been associated with increased behavioral problems and interpersonal tension (Çelebi & Acar, 2024). Moreover, listening deficits have been implicated in the escalation of romantic and parental conflicts, where miscommunication breeds frustration and emotional outbursts (Colton et al., 2022). Yao (2025) underscores that online environments amplify this risk, as digital communication reduces contextual cues and increases the frequency of misinterpretation and verbal aggression (Yao, 2025).

Importantly, emotion dysregulation and lack of listening skills may not only independently contribute to verbal aggression but also interact in complex ways. Individuals with poor listening skills may be less able to recognize or process the emotional needs of others, thereby exacerbating their own emotion regulation difficulties. Conversely, those who struggle with emotion dysregulation may find it difficult to remain engaged in attentive listening, especially when emotionally triggered. This reciprocal dynamic can lead to cumulative breakdowns in communication, ultimately resulting in verbal aggression as a maladaptive coping strategy (Denissa & Dasalinda, 2023; Miles et al., 2020). Northrup et al. (2022), in a study of psychiatrically hospitalized youth, found that episodes of verbal and physical aggression were frequently preceded by a combination of overt emotion dysregulation and communication breakdowns, including withdrawal and inattention to verbal cues (Northrup et al., 2022).

Several developmental and contextual factors can exacerbate the impact of these variables. For instance, exposure to parental conflict during childhood has been linked to the development of poor listening habits and emotion regulation deficits in emerging adulthood, which in turn increase the risk of aggressive responses during conflict situations (Liu & Yin, 2025).

Similarly, adolescents raised in high-stress environments often lack the opportunity to develop effective listening and regulation skills, rendering them more vulnerable to reactive verbal aggression (Armadi et al., 2023; Wulandary, 2020). Gender and cultural norms also play a role; while men may be more likely to express aggression physically, women with unresolved emotional dysregulation may exhibit more verbal or relational aggression, often in the context of intimate relationships (Bell et al., 2020; Garofalo et al., 2020).

The theoretical frameworks underlying this study draw from the General Aggression Model (GAM) and the Emotion Regulation Process Model. GAM posits that aggression is a result of the interaction between personal and situational variables, which affect internal states such as emotions and cognitions. These internal states then influence appraisal and decision-making processes, ultimately leading to aggressive or non-aggressive outcomes. Emotion dysregulation fits within this model as a personal factor that increases negative affect and impulsivity, while poor listening functions as a situational variable that can trigger hostile interpretations (Colton et al., 2022; Garofalo et al., 2019). The Emotion Regulation Process Model, on the other hand, explains how individual differences in the modulation of emotional responses predict maladaptive outcomes such as aggression, especially when regulatory strategies like reappraisal or suppression fail (Ford, 2021; Hugo André de Lima, 2021).

Despite the robust literature on these constructs, few studies have simultaneously examined the predictive roles of both emotion dysregulation and lack of listening skills in relation to verbal aggression, particularly in Middle Eastern contexts such as Qatar. This represents a significant gap, as cultural and linguistic factors may moderate the expression and interpretation of aggressive communication. Moreover, verbal aggression in collectivist societies may be expressed more covertly through sarcasm, passive-aggressive remarks, or indirect threats, which makes the role of communication and self-regulation even more critical (Grigorian et al., 2020; Tavares, 2019). Understanding these dynamics is essential for designing culturally responsive interventions aimed at reducing verbal aggression and enhancing emotional and communicative competencies in diverse populations.

Given these gaps, the present study aims to examine the predictive power of emotion dysregulation and lack of listening skills on verbal aggression among adults residing in Qatar.

Methods and Materials

Study Design and Participants

This study utilized a correlational descriptive design to investigate the predictive role of emotion dysregulation and lack of listening skills on verbal aggression. The target population comprised adults residing in Qatar. Using the Morgan and Krejcie (1970) sample size table, a sample of 380 participants was determined to be appropriate for a population exceeding 10,000. Participants were selected through stratified convenience sampling from various urban centers in Doha, ensuring demographic variability in terms of age, gender, and education. All participants provided informed consent and completed the questionnaire battery anonymously.

Measures

To measure verbal aggression, the study employed the Verbal Aggressiveness Scale (VAS) developed by Infante and Wigley in 1986. This standard instrument comprises 20 items designed to assess an individual's tendency to attack the self-concept of others instead of, or in addition to, their positions on topics of communication. The scale includes both positively and negatively worded items, rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating a higher level of verbal aggression. The VAS consists of a single-factor structure reflecting the general construct of

verbal aggressiveness. Previous studies have reported strong internal consistency, with Cronbach's alpha coefficients typically above 0.80, and test-retest reliability has also been confirmed. The construct validity has been supported through correlations with related interpersonal and communication variables in various contexts.

Emotion dysregulation was assessed using the Difficulties in Emotion Regulation Scale (DERS), developed by Gratz and Roemer in 2004. This self-report instrument consists of 36 items rated on a 5-point Likert scale (1 = almost never to 5 = almost always) and is designed to measure individuals' typical levels of emotion regulation difficulties. The DERS includes six subscales: Nonacceptance of Emotional Responses, Difficulties Engaging in Goal-Directed Behavior, Impulse Control Difficulties, Lack of Emotional Awareness, Limited Access to Emotion Regulation Strategies, and Lack of Emotional Clarity. Higher scores indicate greater difficulties in emotion regulation. The DERS has demonstrated strong internal consistency ($\alpha > 0.85$ across subscales), good test-retest reliability, and robust construct and predictive validity in clinical and non-clinical populations.

To evaluate the lack of listening skills, the study utilized the Listening Skills Scale (LSS) developed by Watson and colleagues in 1992 as part of their Communication Competence assessment battery. This standardized tool includes 24 items covering dimensions such as attention to the speaker, accurate interpretation, responsiveness, and memory of spoken content. Participants respond on a 5-point Likert scale ranging from 1 (never) to 5 (always), with higher scores reflecting better listening skills; thus, lower scores indicate deficits or lack of listening skills. The LSS encompasses two major subscales: Active Listening and Empathic Listening. It has shown acceptable psychometric properties, including Cronbach's alpha values exceeding 0.80 and strong evidence of both convergent and discriminant validity. The scale has been widely used in interpersonal communication and counseling research.

Data analysis

Data analysis was conducted using SPSS version 27. To examine the relationships between variables, Pearson correlation coefficients were calculated to assess the bivariate associations between verbal aggression (dependent variable) and both emotion dysregulation and lack of listening skills (independent variables). Furthermore, linear regression analysis was performed to determine the extent to which the two independent variables could predict verbal aggression. All statistical assumptions for parametric analysis were tested and confirmed prior to conducting the regression analysis. A significance level of $p < .05$ was used for all inferential statistics.

Findings and Results

The final sample included 380 participants ranging in age from 18 to 55 years. Of these, 204 individuals (53.7%) were female and 176 individuals (46.3%) were male. In terms of educational attainment, 142 participants (37.4%) held a bachelor's degree, 117 (30.8%) had completed secondary education, and 121 (31.8%) held a postgraduate degree. Regarding employment status, 185 participants (48.7%) were employed full-time, 94 (24.7%) were students, 62 (16.3%) were self-employed, and 39 (10.3%) were unemployed. This diversity ensured adequate representativeness of adult populations in Qatar across education and occupational status.

Table 1. Descriptive Statistics for Study Variables (N = 380)

Variable	Mean (M)	Standard Deviation (SD)
Verbal Aggression	58.43	10.27
Emotion Dysregulation	91.36	15.44
Lack of Listening Skills	73.82	11.63

As shown in Table 1, the mean score for verbal aggression was 58.43 (SD = 10.27), indicating a moderate level of verbally aggressive tendencies in the sample. Emotion dysregulation had a relatively high average score of 91.36 (SD = 15.44), suggesting that participants experienced considerable difficulties with emotion regulation. Lack of listening skills also exhibited a moderately high mean of 73.82 (SD = 11.63), reflecting communication difficulties in the sample group.

All assumptions required for conducting linear regression were tested and satisfied. The normality of residuals was verified using the Kolmogorov–Smirnov test, which yielded a non-significant result ($p = .087$), indicating normal distribution. Linearity and homoscedasticity were confirmed through visual inspection of scatterplots and standardized residual plots. The Durbin-Watson statistic was calculated at 1.91, suggesting no autocorrelation in the residuals. Multicollinearity was also assessed, with Variance Inflation Factor (VIF) values for both predictors falling below the critical threshold (emotion dysregulation VIF = 1.42; lack of listening skills VIF = 1.38), indicating no collinearity concerns. Overall, the data met the criteria for valid linear regression analysis.

Table 2. Pearson Correlation Matrix Between Variables (N = 380)

Variables	1	2	3
1. Verbal Aggression	—		
2. Emotion Dysregulation	.59**	—	
3. Lack of Listening Skills	.53**	.47**	—

Table 2 displays Pearson correlation coefficients between the key variables. Verbal aggression was significantly and positively correlated with emotion dysregulation ($r = .59$, $p < .01$), indicating that individuals with higher emotional dysregulation tend to exhibit more verbal aggression. Similarly, a significant positive correlation was found between verbal aggression and lack of listening skills ($r = .53$, $p < .01$), suggesting that those with poor listening competencies are more likely to engage in verbally aggressive behavior.

Table 3. Summary of Regression Model for Predicting Verbal Aggression (N = 380)

Source	Sum of Squares	df	Mean Square	R	R ²	Adj. R ²	F	p
Regression	8124.73	2	4062.36	.66	.44	.44	147.19	<.001
Residual	10442.15	377	27.69					
Total	18566.88	379						

The results of the regression ANOVA, presented in Table 3, demonstrate that the overall model significantly predicts verbal aggression ($F(2, 377) = 147.19$, $p < .001$). The model accounted for 44% of the variance in verbal aggression ($R^2 = .44$), which is considered a large effect size. These findings suggest that emotion dysregulation and lack of listening skills together explain a substantial portion of verbal aggression variability among participants.

Table 4. Coefficients for Predicting Verbal Aggression (N = 380)

Predictor	B	SE	β	t	p
Constant	15.87	3.12	—	5.09	<.001
Emotion Dysregulation	0.41	0.05	.44	8.33	<.001
Lack of Listening Skills	0.38	0.06	.37	7.09	<.001

As seen in Table 4, both emotion dysregulation ($\beta = .44$, $t = 8.33$, $p < .001$) and lack of listening skills ($\beta = .37$, $t = 7.09$, $p < .001$) were significant positive predictors of verbal aggression. The unstandardized coefficients suggest that for each one-unit increase in emotion dysregulation and lack of listening skills, verbal aggression scores increase by 0.41 and 0.38 units, respectively. The high β values indicate that both variables are meaningful contributors to verbal aggression.

Discussion and Conclusion

The present study aimed to investigate the predictive role of emotion dysregulation and lack of listening skills in verbal aggression among adults residing in Qatar. Based on the findings, both variables were significantly and positively correlated with verbal aggression. Furthermore, the results of linear regression analysis demonstrated that emotion dysregulation and lack of listening skills independently and jointly predicted a substantial portion of the variance in verbal aggression. These results support the hypothesized model and align with prior theoretical and empirical work in this domain.

The significant predictive role of emotion dysregulation in verbal aggression confirms a wealth of previous research indicating that individuals with difficulties in identifying, processing, and managing emotions are more prone to expressing aggression verbally. Emotion dysregulation disrupts internal affective equilibrium and impairs an individual's ability to regulate arousal states, often resulting in impulsive verbal responses (Ford, 2021; Garofalo et al., 2020). These findings are consistent with the work of Garofalo et al. (2019), who demonstrated that emotion regulation deficits significantly mediate the relationship between mindfulness deficits and dimensions of aggression, including verbal hostility (Garofalo et al., 2019). Likewise, Colton et al. (2022) found that difficulties in emotion regulation were associated with hostile attribution biases, which in turn contributed to both relational and verbal forms of aggression (Colton et al., 2022). In our study, participants with higher emotion dysregulation scores were more likely to report tendencies such as yelling, insulting, or using hostile language in interpersonal contexts.

This relationship may be further understood through the lens of emotional reactivity and impulse control, two core subcomponents of dysregulation. Studies suggest that individuals with poor emotional clarity and low tolerance for negative affect may resort to verbal aggression as a means of discharging emotional discomfort (Bell et al., 2020; Espírito-Santo et al., 2022). This mechanism was particularly evident in the current sample, where impulsivity and poor coping responses—often observed in those with elevated dysregulation scores—were accompanied by a greater likelihood of verbally attacking others during emotionally charged interactions. The findings support Gong and Popescu's (2024) conclusion that adolescents and adults exposed to high emotional stress with weak regulation strategies are at greater risk for externalizing behaviors, particularly verbal aggression (Gong & Popescu, 2024).

Moreover, our results indicated that lack of listening skills also significantly predicted verbal aggression, independent of emotional dysregulation. This highlights the crucial role of communication competence in emotional and behavioral regulation. Listening is not merely the passive reception of information, but a complex skill that involves empathy, attention, and the ability to withhold premature judgment. Individuals who struggle with effective listening are more likely to misunderstand others, react defensively, and escalate conflicts verbally (Çelebi & Acar, 2024; Yao, 2025). The present findings confirm prior work by Yang (2023), who found that low listening sensitivity is linked to increased relational tension and hostile verbal exchanges, especially in the context of high rejection sensitivity (Yang, 2023).

The connection between listening deficits and verbal aggression may be explained by social-cognitive frameworks. Misinterpretation of verbal and nonverbal cues—common in those with poor listening—can lead to increased hostile attribution and reduced capacity for empathic responding. This pattern has been observed in both educational and clinical settings. For example, Çelebi and Acar (2024) emphasized that children exposed to inconsistent or stressful family communication often develop both listening difficulties and aggressive coping patterns later in life (Çelebi & Acar, 2024). Similarly, Marín et al. (2024) found that poor emotional comprehension and communication skills were inversely related to empathy and positively related to verbal aggression among vulnerable adolescents (Marín et al., 2024). These findings resonate with the present study's conclusions, further validating the significance of listening as a protective interpersonal factor.

Interestingly, the combined effect of emotion dysregulation and lack of listening skills in our regression model suggests that these two factors may exert an additive influence on verbal aggression. While previous research has often examined them in

isolation, our findings align with multidimensional models of aggression that emphasize the interaction of affective, cognitive, and communicative domains. Northrup et al. (2022) documented similar results in clinical populations, demonstrating that episodes of aggression were often preceded by co-occurring dysregulation and poor social engagement behaviors, such as ignoring or misinterpreting social cues (Northrup et al., 2022). It appears that individuals who are both emotionally dysregulated and communication-impaired lack the internal and interpersonal mechanisms to defuse conflict, making verbal aggression a more likely response.

Further support comes from studies on developmental and contextual predictors. For instance, Denissa and Dasalinda (2023) reported that emotional maturity and listening habits were strong inverse predictors of verbal aggression in adolescent students, with the lowest levels of aggression reported in those who scored high on both maturity and attentiveness (Denissa & Dasalinda, 2023). Similarly, Liu and Yin (2025) emphasized that the interaction between childhood exposure to inter-parent conflict and poor emotion regulation in emerging adulthood significantly increases the risk of verbal aggression, especially when accompanied by communication deficits (Liu & Yin, 2025). These patterns underscore the importance of early developmental experiences in shaping regulatory and communicative competencies relevant to aggression control.

The current findings are also consistent with Garofalo et al. (2018), who proposed that the co-occurrence of alexithymia, impulsivity, and emotion dysregulation constitutes a risk profile for various forms of aggression, including verbal hostility (Garofalo et al., 2018). Our results support this idea and extend it by integrating the listening component, which may represent a previously underexplored but vital part of this risk profile. In addition, Miles et al. (2020) emphasized that interventions aimed at managing emotional arousal and improving interpersonal skills are particularly effective in reducing verbal aggression in clinical and military populations (Miles et al., 2020). This implies that a dual-focused approach targeting both emotional regulation and listening skills could be especially promising.

Moreover, findings from the present study hold relevance for digital and online contexts, where the absence of nonverbal cues and the anonymity of interactions may further exacerbate emotion dysregulation and miscommunication. Yao (2025) found that college students with poor emotional intelligence and low core self-evaluation were more likely to engage in online verbal aggression, particularly when lacking the ability to interpret and respond to others' messages sensitively (Yao, 2025). This resonates with our findings, suggesting that listening skills remain critical even in non-face-to-face environments and may serve as a buffer against emotionally driven verbal hostility.

In sum, the findings of this study confirm the theoretical and empirical expectations that both emotion dysregulation and lack of listening skills significantly contribute to verbal aggression. These results advance current literature by integrating affective and communicative frameworks and offering insight into how these constructs jointly influence aggressive behavior in a non-Western population. The implications extend to both psychological assessment and intervention, suggesting that strategies to enhance emotional awareness, regulation strategies, and communication skills may be effective in mitigating verbal aggression in culturally diverse settings such as Qatar.

Despite the contributions of this study, several limitations should be acknowledged. First, the use of a cross-sectional design limits the ability to infer causal relationships among the variables. While the findings suggest strong associations, longitudinal or experimental designs are needed to establish temporal precedence. Second, the reliance on self-report questionnaires may introduce social desirability bias and reduce the accuracy of responses, particularly in culturally conservative settings where verbal aggression may be underreported. Third, although the sample was relatively large, it was limited to urban residents in Qatar, which may reduce the generalizability of the results to rural populations or other Middle Eastern contexts. Finally, the study did not control for other relevant psychological variables such as trait anger, impulsivity, or alexithymia, which may also influence verbal aggression and interact with the predictors examined.

Future studies should consider adopting longitudinal designs to examine how emotion dysregulation and listening skills develop over time and predict verbal aggression across life stages. Experimental interventions aimed at improving these two competencies could also provide insights into their causal roles in aggression reduction. It would be valuable to include observational or peer-report measures in future research to complement self-report data and reduce potential biases. Furthermore, future work could explore potential mediators and moderators, such as empathy, cultural values, or social media usage, to deepen understanding of the mechanisms linking emotional and communicative deficits to aggression. Cross-cultural comparisons would also help determine whether these findings are specific to the Qatari context or generalizable to other societies.

The results of this study underscore the importance of incorporating emotional regulation and listening skills training into educational, clinical, and organizational settings. Schools and universities should implement social-emotional learning programs that emphasize self-awareness, emotion management, and effective communication strategies. Mental health professionals may benefit from integrating emotion-focused and communication-based modules into therapeutic interventions for individuals exhibiting verbal aggression. Additionally, workplace training programs can be designed to foster emotionally intelligent and communicatively competent environments, thereby reducing the risk of conflict and promoting healthier interpersonal dynamics.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

All ethical principles were adhered in conducting and writing this article.

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Authors' Contributions

All authors equally contributed to this study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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