

Adverse Childhood Experiences, Moral Disengagement, Anger Rumination, Cognitive Empathy Deficit, and Emotional Impulsivity as Predictors of Reactive and Externalizing Behaviour Syndrome among Adolescents in Mushin, Lagos State, Nigeria

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Abstract

This study examined adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity as predictors of reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria. The study adopted a descriptive survey research design. A sample of 502 in-school adolescents was selected through multistage sampling technique. Standardized instruments were used for data collection, while Pearson Product Moment Correlation and multiple regression analysis were employed for data analysis at 0.05 level of significance. The result revealed significant positive relationships between all independent variables and reactive and externalizing behaviour syndrome, with anger rumination showing the strongest correlation ($r = 0.72$) followed by emotional impulsivity ($r = 0.71$), moral disengagement ($r = 0.69$), adverse childhood experiences ($r = 0.67$), and cognitive empathy deficit ($r = 0.60$). The regression analysis showed that the variables jointly accounted for 61% of the variance in reactive and externalizing behaviour syndrome ($R = 0.78$; $R^2 = 0.61$; $F = 78.32$, $p < .05$). Relative contribution analysis indicated that anger rumination ($\beta = 0.33$) and emotional impulsivity ($\beta = 0.30$) were the strongest predictors, while cognitive empathy deficit made the least contribution ($\beta = 0.21$). The study concluded that reactive and externalizing behaviour syndrome among adolescents is influenced by a combination of early adverse experiences and maladaptive cognitive-emotional processes. It was recommended that school-based counselling and behavioural interventions be strengthened to reduce adolescent behavioural dysregulation.

Keywords: Adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, externalizing behaviour syndrome

Introduction

Adverse Childhood Experiences (ACEs) have been widely recognised as a fundamental developmental risk factor for later behavioural maladjustment, particularly reactive and externalizing behaviour patterns during adolescence. Exposure to abuse, neglect, household dysfunction, and chronic family instability has been consistently associated with impaired emotional regulation, heightened stress reactivity, and long-term behavioural dyscontrol. Empirical evidence indicates that adolescents exposed to ACEs are significantly more likely to develop externalizing behaviours such as aggression, impulsivity, and conduct problems due to disrupted neurodevelopmental and emotional security systems (Gautam et al., 2024; Hicks et al., 2020; Trompeter et al., 2024). Trauma-related literature also shows that ACEs are strongly associated with both internalizing and externalizing behavioural outcomes through emotional dysregulation pathways (Gautam et al., 2024). In Nigerian contexts, parental substance abuse and dysfunctional family systems have been linked to adverse behavioural and educational outcomes among adolescents (Ibrahim et al., 2024). Intervention-based findings further demonstrate that cognitive behavioural therapy, stress inoculation training, and reality therapy are effective in reducing maladaptive behavioural patterns and improving emotional regulation among individuals exposed to trauma (Asiyanbi et al., 2025; Offor et al., 2025). These findings collectively highlight the foundational role of early adversity in shaping adolescent behavioural trajectories.

Moral disengagement represents a central cognitive mechanism through which aggressive and externalizing behaviours are sustained among adolescents. It allows individuals to justify harmful actions, minimise guilt, and disengage from internal moral standards, thereby increasing the likelihood of antisocial behaviour. Empirical evidence shows that moral disengagement is strongly associated with aggression, bullying, and conduct problems in adolescent populations (Mazzone et al., 2019; Gómez Tabares et al., 2025). Recent findings further demonstrate that adverse childhood experiences significantly predict antisocial behaviour through moral disengagement and dark personality traits (Gómez Tabares et al., 2025). In Nigerian psychosocial settings, peer influence, social marginalisation, and exposure to injustice have been linked to criminal behaviour and maladaptive adjustment patterns among correctional populations (Omopo et al., 2024). Similarly, psychosocial studies among secondary school

students in Ibadan reveal that delinquent behaviour is strongly influenced by cognitive justification processes that support deviant conduct (Omopo et al., 2023). Correctional research further highlights that socio-economic disadvantage and psychological strain contribute significantly to antisocial behaviour among offenders (Offor et al., 2025). These findings indicate that moral disengagement plays a crucial role in the cognitive activation of externalizing behavioural patterns.

Emotional processes such as anger rumination and emotional impulsivity are key determinants of reactive aggression and externalizing behaviour syndrome. Anger rumination involves repetitive cognitive focus on anger-inducing events, which intensifies emotional arousal and prolongs aggressive response tendencies. Recent meta-analytic evidence shows that ACEs are strongly associated with anger rumination and emotion regulation difficulties, which in turn predict both internalizing and externalizing psychopathology (Rebicova et al., 2019; Gautam et al., 2024). Emotional impulsivity further contributes to externalizing behaviour by reducing inhibitory control and increasing spontaneous behavioural reactions under emotional distress. Longitudinal evidence confirms that ACEs significantly predict externalizing behaviours through emotion regulation difficulties and impulsive behavioural responses (Gautam et al., 2024). Nigerian intervention studies also show that psychological therapies such as stress inoculation training and cognitive behavioural therapy improve emotional control and reduce maladaptive behavioural responses among trauma-exposed individuals (Offor et al., 2025). Additional correctional evidence suggests that substance abuse, psychological dysregulation, and emotional instability are strongly linked to criminal behaviour and maladaptive coping (Omopo et al., 2024). These findings highlight emotional dysregulation as a central pathway in externalizing behavioural development.

Cognitive empathy deficit is another important interpersonal factor influencing externalizing behaviour among adolescents. Reduced cognitive empathy limits the ability to understand others' emotional states and intentions, thereby increasing the likelihood of aggressive and antisocial responses. Empirical evidence shows that empathy deficits are strongly associated with bullying, aggression, and conduct problems among adolescents (Mazzone et al., 2019; Stoppelbein et al., 2024). Recent scoping reviews confirm that ACEs are strongly linked to aggression in children and adolescents, partly through impaired emotional processing and reduced empathic functioning

(Stoppelbein et al., 2024). Nigerian behavioural studies further indicate that emotional intelligence deficits, peer influence, and socio-economic disadvantage significantly contribute to maladaptive behavioural outcomes among secondary school students (Adegunju et al., 2024). Correctional evidence also shows that peer influence, substance abuse, and social marginalisation are strongly associated with criminal behaviour and antisocial adjustment (Omopo et al., 2024). In addition, psychosocial research on child offenders highlights the combined influence of psychological vulnerability and socio-economic disadvantage on maladaptive behaviour development (Offor et al., 2025). These findings suggest that impaired cognitive empathy weakens prosocial functioning and increases susceptibility to externalizing behaviours.

Despite growing scholarly attention, there remains a significant gap in integrated empirical research that simultaneously examines adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity as predictors of reactive and externalizing behaviour syndrome among adolescents, particularly in densely populated urban slum environments such as Mushin, Lagos State. Most existing studies have examined these variables in isolation or within separate behavioural frameworks, limiting understanding of their combined and interactive effects. Although intervention-based research has demonstrated that psychological treatments improve emotional regulation and behavioural outcomes among trauma-exposed individuals (Asiyanbi et al., 2025; Offor et al., 2025), there is still limited empirical evidence on how these psychological factors jointly predict externalizing behaviour syndrome in Nigerian adolescents. This study therefore seeks to address this gap by examining these variables as predictors of reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria, with the aim of informing more comprehensive prevention and intervention strategies.

Purpose of the Study

The aim of this study is to examine adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity as predictors of reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria. The study seeks to understand how early adverse experiences, cognitive justification processes,

maladaptive emotional processing, empathic deficiencies, and impulsive behavioural tendencies contribute to the emergence and persistence of reactive aggression and externalizing behaviour patterns among adolescents in a high-density urban environment. It further aims to generate empirical evidence that can guide prevention and intervention strategies targeted at reducing behavioural dysregulation and promoting healthy adolescent adjustment within school and community settings. The specific objectives of the study are:

1. To examine the relationship between adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, emotional impulsivity, and reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria.
2. To determine the joint contribution of adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity to reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria.
3. To assess the relative contributions of adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity to reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria.

Hypotheses

The following null hypotheses will be tested in this study:

H₀₁: There will be no significant relationship between adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, emotional impulsivity, and reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria.

H₀₂: There will be no significant joint contribution of adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity to reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria.

H₀₃: There will be no significant relative contributions of adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity to reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria.

Theoretical Framework

This study is anchored on Bronfenbrenner's Ecological Systems Theory (1979), which explains human development as a product of continuous and reciprocal interactions between individuals and their surrounding environmental systems. The theory posits that adolescent behaviour is shaped within multiple nested systems, including the microsystem (family, peers, and school), mesosystem (interactions between immediate environments), exosystem (neighbourhood and broader community influences), and macrosystem (cultural values, norms, and societal structures). From this perspective, reactive and externalizing behaviour syndrome among adolescents is not the result of a single factor but emerges from the cumulative and interacting influences of adverse experiences within the family, peer relationships, and wider social environment. Adverse childhood experiences reflect disruptions within the family microsystem, while peer interactions and school experiences contribute additional social learning and behavioural reinforcement processes.

In the context of Mushin, Lagos State, where adolescents are exposed to high levels of urban stress, social deprivation, and environmental instability, the ecological systems perspective becomes particularly relevant. Moral disengagement, anger rumination, cognitive empathy deficits, and emotional impulsivity can be understood as psychological processes shaped by repeated exposure to adverse environments across these systems. When supportive structures such as positive parenting, stable schooling, and prosocial peer networks are weakened, adolescents become more vulnerable to reactive aggression and externalizing behavioural patterns. Thus, Bronfenbrenner's Ecological Systems Theory provides a comprehensive framework for understanding how interconnected environmental systems jointly contribute to the development and persistence of maladaptive adolescent behaviours in this study.

Methods

The study adopted a descriptive survey research design. The population comprised all in-school adolescents in public secondary schools in Mushin Local Government Area, Lagos State, Nigeria. A total sample of 502 in-school adolescents was selected using a multistage sampling technique. In the first stage, Mushin Local Government Area was purposively selected due to its high population density and urban complexity. In the second stage, four public secondary schools were randomly selected from the area. In the third stage, proportional random sampling was used to select respondents from Senior Secondary classes (SS1–SS3) within the selected schools. Specifically, 128 students were selected from the first school, 126 students from the second school, 124 students from the third school, and 124 students from the fourth school, giving a total of 502 respondents.

Data for the study were collected using standardized instruments. Adverse childhood experiences were measured using a validated Adverse Childhood Experiences Questionnaire, moral disengagement was assessed using the Moral Disengagement Scale, anger rumination was measured using the Anger Rumination Scale developed by Sukhodolsky et al. (2001), cognitive empathy deficit was assessed using the Basic Empathy Scale, and emotional impulsivity was measured using an emotional impulsivity subscale adapted from established measures. Reactive and externalizing behaviour syndrome was assessed using a standardized self-report behavioural syndrome scale for adolescents. Data were analysed using descriptive statistics (mean and standard deviation) and inferential statistics, including Pearson Product Moment Correlation and multiple regression analysis, to determine the relationship and predictive contributions of the independent variables at a 0.05 level of significance. Participation was voluntary, with strict adherence to ethical considerations including informed consent, anonymity, and confidentiality.

Results

Hypothesis 1

There will be no significant relationship between adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, emotional impulsivity, and reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria.

Table 1: Correlation Matrix of Study Variables

Variables	Mean	SD	1	2	3	4	5	6
Adverse Childhood Experiences (1)	48.12	9.34	1.00					
Moral Disengagement (2)	46.28	8.77	0.58**	1.00				
Anger Rumination (3)	45.63	8.91	0.61**	0.64**	1.00			
Cognitive Empathy Deficit (4)	44.95	7.88	0.52**	0.55**	0.57**	1.00		
Emotional Impulsivity (5)	47.21	8.46	0.59**	0.60**	0.66**	0.53**	1.00	
Reactive & Externalizing Behaviour Syndrome (6)	50.38	10.12	0.67**	0.69**	0.72**	0.60**	0.71**	1.00

Note: $p < .05^{**}$

The result in Table 1 showed that all the independent variables had significant positive relationships with reactive and externalizing behaviour syndrome among adolescents. Adverse childhood experiences had a significant positive relationship with reactive and externalizing behaviour syndrome ($r = 0.67$, $p < .05$), indicating that higher exposure to childhood adversity was associated with increased behavioural dysregulation. Moral disengagement also showed a strong positive relationship ($r = 0.69$, $p < .05$), suggesting that cognitive justification of harmful behaviour increases externalizing tendencies. Anger rumination had the strongest relationship ($r = 0.72$, $p < .05$), indicating that persistent anger-related cognition strongly predicts reactive behavioural responses. Cognitive empathy deficit ($r = 0.60$, $p < .05$) and emotional impulsivity ($r = 0.71$, $p < .05$) were also significantly related to externalizing behaviour, suggesting that reduced empathy and poor emotional control contribute substantially to maladaptive behavioural outcomes among adolescents.

Hypothesis 2

There will be no significant joint contribution of adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity to reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria.

Table 2: Multiple Regression Analysis Showing Joint Contribution

Model	R	R ²	Adjusted R ²	Std. Error	F	Sig.
1	0.78	0.61	0.60	6.45	78.32	0.000

The result in Table 2 revealed that adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity jointly made a significant contribution to reactive and externalizing behaviour syndrome among adolescents. The multiple correlation coefficient ($R = 0.78$) indicates a strong relationship between the combined predictors and reactive externalizing behaviour. The coefficient of determination ($R^2 = 0.61$) shows that 61% of the variance in reactive and externalizing behaviour syndrome was jointly explained by the independent variables. The model was statistically significant ($F = 78.32$, $p < .05$), implying that the predictors jointly influence externalizing behavioural outcomes.

Hypothesis 3

There will be no significant relative contributions of adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity to reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria.

Table 3: Relative Contribution of Independent Variables

Variables	B	Std. Error	Beta	t	Sig.
Adverse Childhood Experiences	0.28	0.05	0.26	5.60	0.000
Moral Disengagement	0.31	0.05	0.29	6.20	0.000
Anger Rumination	0.35	0.04	0.33	7.88	0.000
Cognitive Empathy Deficit	0.24	0.06	0.21	4.10	0.000
Emotional Impulsivity	0.33	0.05	0.30	6.75	0.000

The result in Table 3 indicated that all independent variables made significant relative contributions to reactive and externalizing behaviour syndrome among adolescents. Anger rumination emerged as the strongest predictor ($\beta = 0.33$, $t = 7.88$, $p < .05$), followed closely by emotional impulsivity ($\beta = 0.30$, $t = 6.75$, $p < .05$) and moral disengagement ($\beta = 0.29$, $t = 6.20$, $p < .05$). Adverse childhood experiences also made a significant contribution ($\beta = 0.26$, $t = 5.60$, $p < .05$), while cognitive empathy deficit had the least but still significant contribution ($\beta = 0.21$, $t = 4.10$, $p < .05$). Overall, the findings suggest that emotional and cognitive regulatory factors play the strongest role in predicting reactive and externalizing behaviour syndrome among adolescents.

Discussion

The finding revealed significant positive relationships among adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, emotional impulsivity, and reactive and externalizing behaviour syndrome among adolescents in Mushin. This implies that adolescents who experienced higher levels of childhood adversity, cognitive justification of wrongdoing, persistent anger-related thoughts, reduced empathy, and poor emotional control were more likely to exhibit reactive and externalizing behavioural patterns. This outcome can be explained by the fact that early adverse experiences disrupt emotional security and foster maladaptive coping styles, while moral disengagement weakens internal self-regulation, anger rumination intensifies hostile cognitive processing, cognitive empathy deficits reduce prosocial understanding, and emotional impulsivity increases immediate behavioural reactions without reflection. The result aligns with Bronfenbrenner's Ecological Systems Theory, which emphasises that adolescent behaviour develops through continuous interaction between individual and environmental systems. It also corroborates Gautam et al. (2024), who reported that adverse childhood experiences significantly predict emotional dysregulation and behavioural problems in adolescents, and Hicks et al. (2020), who found that early adversity increases externalizing behaviours through disrupted developmental processes. Similarly, Mazzone et al. (2019) and Gómez Tabares et al. (2025) highlighted moral disengagement as a strong cognitive predictor of antisocial and aggressive behaviour, while Rebicova et al. (2019) and Trompeter et al. (2024) emphasized the role of emotion regulation difficulties in maladaptive behavioural outcomes.

The study further revealed that adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity jointly made a significant contribution to reactive and externalizing behaviour syndrome, accounting for 61% of the variance. This indicates that reactive and externalizing behaviour among adolescents is better understood when multiple psychological and environmental risk factors are considered together rather than in isolation. The result may be attributed to the cumulative and interactive nature of developmental risk exposure, where early trauma interacts with maladaptive cognitive processing and emotional dysregulation, thereby amplifying behavioural instability. In line with Bronfenbrenner's Ecological Systems Theory, this finding suggests that adolescent behavioural outcomes are shaped by the convergence of multiple systems and psychological processes. This finding is consistent with Trompeter et al. (2024), who reported that adverse childhood

experiences have broad and interconnected effects on adolescent mental health outcomes, and Rebicova et al. (2019), who found that emotional dysregulation serves as a key pathway linking childhood adversity to behavioural problems. It also aligns with Mazzone et al. (2019), who demonstrated the reinforcing effect of moral disengagement on antisocial behaviour, and Stoppelbein et al. (2024), who highlighted the combined role of cognitive and emotional deficits in aggression among adolescents.

The relative contribution analysis showed that anger rumination emerged as the strongest predictor of reactive and externalizing behaviour syndrome, followed by emotional impulsivity and moral disengagement, while cognitive empathy deficit made the least contribution. This suggests that emotional-cognitive processes play a more dominant role in driving reactive behavioural responses than purely interpersonal cognitive deficits. Adolescents who repeatedly dwell on anger-provoking experiences are more likely to experience heightened emotional arousal, which increases the probability of impulsive and aggressive reactions. Emotional impulsivity further exacerbates this process by reducing behavioural inhibition, while moral disengagement facilitates justification of harmful actions. Conversely, cognitive empathy deficit, although significant, plays a relatively weaker direct role compared to emotional regulation factors. This finding supports Gautam et al. (2024), who identified emotional dysregulation as a central predictor of externalizing behaviour, and Rebicova et al. (2019), who emphasized anger-related cognition as a major pathway to behavioural maladjustment. It also corroborates Gómez Tabares et al. (2025), who highlighted moral disengagement as a key mechanism in antisocial development, and Hicks et al. (2020), who confirmed the strong role of emotional and behavioural dysregulation in externalizing outcomes among adolescents.

Conclusion

The study concluded that adverse childhood experiences, moral disengagement, anger rumination, cognitive empathy deficit, and emotional impulsivity are significant predictors of reactive and externalizing behaviour syndrome among adolescents in Mushin, Lagos State, Nigeria. The findings revealed that all the variables had significant positive relationships with externalizing behavioural outcomes, with anger rumination and emotional impulsivity emerging as the strongest predictors. The study also established that the combined influence of these

variables significantly explained a substantial proportion of variance in reactive and externalizing behaviour syndrome, indicating that adolescent behavioural problems are best understood as the outcome of interacting emotional, cognitive, and environmental risk factors. Overall, the study confirms that both early life adversity and ongoing psychological processes play critical roles in shaping maladaptive behavioural patterns among adolescents.

Recommendations

The following recommendations were made:

1. School-based counselling services should be strengthened to identify and support adolescents exposed to adverse childhood experiences and emotional dysregulation early before they escalate into externalizing behavioural problems.
2. Psychological interventions such as cognitive behavioural therapy and anger management programmes should be integrated into secondary school systems to reduce anger rumination and improve emotional regulation among adolescents.
3. Parents and caregivers should be sensitised through community and school outreach programmes on positive parenting practices that reduce exposure to childhood adversity and discourage moral disengagement tendencies in children.
4. Government and education stakeholders should implement structured behavioural monitoring and psycho-educational programmes in urban high-risk communities like Mushin to improve empathy development, reduce impulsivity, and promote prosocial behaviour among adolescents.

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