

Pattern of parental Emotional Abuse Among Adolescent Nursing Schools Students

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Abstract

Background: Child emotional abuse is a global problem and a persistent phenomenon globally, and a significant child rights issue. **The study aimed** to investigate the different patterns of parental emotional abuse among adolescent nursing schools students. **Research design:** A descriptive research design was utilized. **Setting:** This study was conducted in secondary nursing schools in the Minia district. **Subjects:** A convenient sample of all students in the previous mentioned setting. **Tool of data collection:** A structured interviewing questionnaire which included two parts: **Part one:** demographic data of the studied students and **Part two:** Emotional Abuse Questionnaire. **Results:** the majority of the studied adolescent nursing students were exposed to verbal abuse, over controlling and emotional rejection. Near three-quarters of them were exposed to over expectation, two-thirds of them had been emotionally abused, and more than half had to terrorize. **Conclusion:** Two-thirds of the studied adolescent nursing students had emotional abuse, and one-third were sometimes exposed to it. Also, females have more exposure to emotional abuse than male adolescent nursing students. **Recommendation:** Comprehensive parental training and family support programs should be developed to reduce emotional abuse.

Keywords: Emotional Abuse, Nursing Schools Students, Parents

Introduction

Child abuse is any emotional, physical, or sexual maltreatment of a child committed by an adult in a position of responsibility. As a global problem and a continuous occurrence, child emotional abuse is an important child rights issue throughout the globe. Emotional abuse is a pattern of harmful interactions between a child and a caregiver, other than physical abuse (Hoeboer et al., 2021).

Emotional abuse referring to a pattern of behavior over time rather than a single, isolated event. Many families make the mistake of verbally criticizing or abusing their children at one point or another. Therefore, childhood emotional abuse relates to parent-child interactions when non-contact methods of violence become recurrent. (Maguire et al., 2015)

As a result of emotional abuse, the victim is systematically diminished. It is the persistent conduct of the abuser that lowers a child's self-concept to the point where the youngster feels undeserving of respect,

friendship, love, and affection (Uchenna et al., 2011).

When a parent fails to offer the necessary care, supervision, love, and support for a child's health, safety, and well-being, child emotional abuse may occur (Riggs, 2010).

Emotional abuse may be very harmful to children; in some ways, it seems to be more harmful than other kinds of abuse (Childhelp, 2017)

Emotional abuse by parents is a pattern of conduct that has a detrimental impact on a child's emotional development or self-esteem by using constant criticism, threat, rejection, deprivation of affection, and support. They appear as a consequence of a child's emotions and views not being taken seriously, mockery or humiliation, and a lack of activities through which he or she may realize himself. Because emotional abuse may be difficult to establish, child protective services may not always be helpful. It's mostly caused by unconsciousness, obscured by various cultural practices (World Health Organization, 2017).

Physical, psychological, and social changes in the child's life may cause emotional abuse by parents. If youngsters are not adequately led and taught, this may lead to sadness and poor self-esteem. It usually results in poor ego control, reduced inventiveness, and non-compliance. It causes withdrawal symptoms, including dread, worry, and low self-esteem (Teicher et al., 2006)

They lack the reasoning to counteract their parents' assaults on themselves. Sadly, the child believes and values the parents' disparaging comments as "real" and "correct" representations of their worth. In the aftermath of abuse, the kid develops low self-esteem and a negative self-image as "bad" (Ayenibiowo and Akinbode, 2011).

In addition to eating problems, emotional abuse may cause speech abnormalities, developmental delays in motor abilities, weight or height below normal norms, or nerve illnesses, including hives or stomach pains. Lawrence et al. For example, a kid who is excessively demanding or very withdrawn may be a behavioral indication (Adair, 2017) & (Lawrence et al., 2012).

Emotional abuse may have severe life-long effects and lead to poor adjustment and functioning in survivors as adults. Multiple types of child abuse raised the likelihood of illicit drug and alcohol addiction in adolescence and adulthood (Maples et al., 2014).

Preventing abuse is essential to safeguarding a child's spiritual health from physical, emotional, or sexual abuse. It takes too long to identify the abuser and remove him/her from the kid, and it is often impossible to identify, but it may help avoid abuse by strengthening the child's resilience (Osmanoglu, 2019).

Significance of the study:

In the last year, up to 1 billion children aged 2–17 have been physically abused, sexually or emotionally abused, or neglected (Hillis et al., 2018). On the other hand, in Assiut, 67 percent of adolescents aged 13-17 reported having been exposed to some physical violence in the previous year, with males being more likely to be subjected than girls. Eighty-six percent of

youngsters in Assiut, 76 percent in Cairo, and 72 percent in Alexandria had experienced emotional abuse in the year before the study. Emotional abuse was more prevalent at home than in schools, with 70% vs. 14%, with many children having seen domestic violence (UNICEF, 2015).

Hughes et al. (2018) reported that the more emotional abuse an individual suffers, the higher their risks of developing health-damaging behaviors. Emotional abuse can cause an increased risk of substance abuse and dangerous sexual behavior, poor health such as weight problems, cancer, heart disease, and ultimately an early death. Also, Herrenkohl et al. (2013) stated that child abuse and neglect victims are at an increased risk for diabetes, hypertension, cardiovascular disease, and stroke. Chronic high levels of stress have been shown to negatively impact the body's immune system, putting the body at risk for certain illnesses and diseases.

Emotional abuse is a potent risk factor that predicts lifetime trauma. Emotional abuse and emotional neglect of a child can cause long-term consequences as the child grows to adulthood. Thus, emotional abuse and neglect may lead to a decreased repertoire of adaptive behaviors and poor self-care and thwart development over time (Algahtani et al., 2020).

Aim of the study

This study investigates the different patterns of parental emotional abuse among adolescent nursing schools students.

Research questions:

Q1: What are the patterns of parental emotional abuse among adolescent nursing schools students?

Q2: Is there differences between gender in parental emotional abuse among adolescent nursing schools students?

Subjects and Method

Technical Design:

The technical design used for the study covered the following four main headings;

Research design

A descriptive research design was utilized to achieve the aim of the current study.

Setting

This study was conducted in secondary nursing schools in the Minia district, including secondary nursing schools affiliated with the ministry of health and health insurance.

Subjects

A convenient sample of all students (449) in the previous setting illustrated as:

- 90 female nursing students (ministry of health),
- 129 female nursing students (health insurance),
- 54 female and 114 male students (university school)
- And 62 male students (ministry of health).

N.B.: 39 female nursing students refused to participate in the study (final number of the nursing students was 410 students)

Tool of data collection

A structured interviewing questionnaire consist of one tool which included two parts:

Part one: demographic data of the studied students as age, gender residence, birth order, number of a sibling.

Operational design:

The operational design included the preparatory phase, administrative design, data collection phase, pilot study.

<i>Items</i>	<i>Question number</i>
Verbal abuse	1,2,3,7, 11,12,17, 21
Overcontrol	4,14, 23, 5, 15, 25, 30
Terrorizing	10, 20, 24, 29
Insufficient control	6, 16, 26, 8, 18
Emotional rejection	13,22,28
Over-expectation	9, 19, 27

Part two: Emotional Abuse Questionnaire (EAQ): it was developed by **Momtaz et al. (2020)** to measure emotional abuse and psychological maltreatment, which involved 30 items and six domains: verbal abuse (8 items), overcontrol (7 items), terrorizing (4 items), insufficient control (5 items), emotional rejection (3 items), and over-expectation (3 items). A five-point Likert scale is used (0= never, 1=almost never, 2= some times, 3= often, 4= always). A total scale score is 120 was divided into three categories, not abuse = 30 scores, sometimes/ often abuses= 31 – 90, and always abused = more than 90 scores.

Tool Validity:

Three experts from Minia and Assuit University's Pediatric and Psychiatric Nursing Departments evaluated the data collecting tool's content validity. Content coverage, clarity, relevance, application, language, length, structure, and overall look were evaluated.

Reliability analysis:

Internal consistency was determined by measure the extent to which the tool's components measure the same idea and are linked to one another. Internal consistency is calculated by grouping questions that assess the same idea in a questionnaire. Cronbach's alpha for internal consistency reliability testing was 0.985.

(A)- Preparatory phase:

It included reviewing past, current, local, and international related literature of the study using books, articles, the internet, periodicals, and magazines.

Ethical consideration

Each assessment sheet was coded, and students' names did not appear on the sheets for anonymity and confidentiality. Written initial approval was obtained from the researcher ethical committee of the faculty of nursing, Minia University, and written informed consent was obtained from the directors of nursing secondary schools whose students participate in the study.

Administrative Design:

Administrative approvals were obtained from the dean of the faculty of nursing, Minia university, to directors of nursing secondary schools before the study was implemented, permission was obtained from directors of nursing secondary schools before the study was conducted in the selected schools, and a meeting with the manager and teacher was held. These details were kept private between students and researchers and were only used for research purposes.

Pilot study

A random selection of 10% (40 students) of the total number of students in the investigated sample was conducted to analyze and verify the research tool's validity and internal consistency and identify any methodological issues. The suggested statistical and data analysis techniques were tested using the findings of the pilot research. The tools were performed without difficulty, indicating the tool's validity. The time it took to complete the interview questions was less than 20 minutes. The main research sample included students who participated in the pilot study.

Data Collection Procedure

Administrative approval was obtained from the ethics committee, faculty of nursing, Minia University. Official permission was obtained from the concerned school authorities to conduct the study after explaining the aim and nature of the study. The investigator interviewed students. At that time, the purpose and nature of the study

were explained by the investigator through direct personal communication before starting their participation in the study and then the data collection.

Nurses' Emotional Abuse was assessed by using the structured interview and Likert scale. The interview took place in the students' class in the previous setting. The students were interviewed per day 9:00 AM to 12:00 PM in three days each week within an average of 12 - 20 minutes for each student; the researchers met the students when they were available in the class, they assured them on the issue of confidentiality, and all students were requested to fill out the questionnaires anonymously. The researchers from 15 October 2020 did data of the current study to 15 November 2020.

Statistical analysis of the data

The collected data were tabulated & statistically analyzed using a software program and statistical package for social science (IBM SPSS 25.0) to evaluate students under study. The statistical analysis included percentage (%), mean, stander deviation (S.D.), and Chi-square (χ^2). Chi-square (χ^2) was used to test the association between two qualitative variables. Pearson correlation tests were used between quantitative data. Graphs were done for data visualization using Microsoft Excel. The P-value of ≤ 0.05 indicates a significant result, while a P-value of > 0.05 indicates a non-significant result.

Results

Table (1) revealed that 57.1% of students were females and 41.9% of them their ages between 17-18 years with a mean and SD 16.6 ± 0.93 years. It found that 70.5% of students from a rural area, 39.8% of them ordered as a third child or above in their family and 80.6% of them had three siblings and more.

Figure (1): illustrates that 66.1% of the studied adolescent nursing students are always exposed to emotional abuse, 32.2% of them sometimes exposed to it, and the 1.7% of them are not exposed to parents' emotional abuse.

Table (2): shows that 88.5% of the studied adolescent nursing students had verbal abuse from their parents, and 11.5% of them sometimes their parents using verbal abuse.

Table (3): presents that 83.4% of the studied adolescent nursing students had an emotional rejection from their parents, and 9.8% of them, their parents, did not use emotional rejection.

Table (4): clarifies that 88.0% of the studied adolescent nursing students had overcontrolled from their parents, and 12.0% of them their parents sometimes had overcontrolled.

Table (5): presents that 22.4% of the studied adolescent nursing students had insufficient control from their parents, and 77.6% of them had sufficient power.

Table (6): shows that 71.0% of the studied adolescent nursing students are exposed to over-expectation from their parents, and 11.2% of them sometimes appear over expectation.

Table (7): presents that 53.9% of the studied adolescent nursing students had to terrorize by their parents, and 46.1% of them their parents sometimes terrorizing them

Table (8): found that the majority of female nursing students were more exposed to parent emotional abuse than the male nursing student, the most third child/ above exposed to parent emotional abuse than other adolescent order and more than three-quarters of third / more sibling exposed to parent emotional abuse than another sibling with statistically significant differences which P -value < 0.0001, 0.0001, & 0.0001 respectively.

Table (1): Percentage Distribution of demographic characteristics of the studied adolescent nursing students' (n= 410).

Demographic characteristics	No.	%
Age/ year		
16	83	20.3
17	155	37.8
18	172	41.9
Mean \pm SD	16.6 \pm 0.93	
Gender		
Male	176	42.9
Female	234	57.1
Residence		
Urban	121	29.5
Rural	289	70.5
Birth order		
First child	131	32.0
Second child	116	28.2
Third child / above	163	39.8
Number of siblings		
One	23	5.7
Two	57	13.8
Three & more	330	80.5

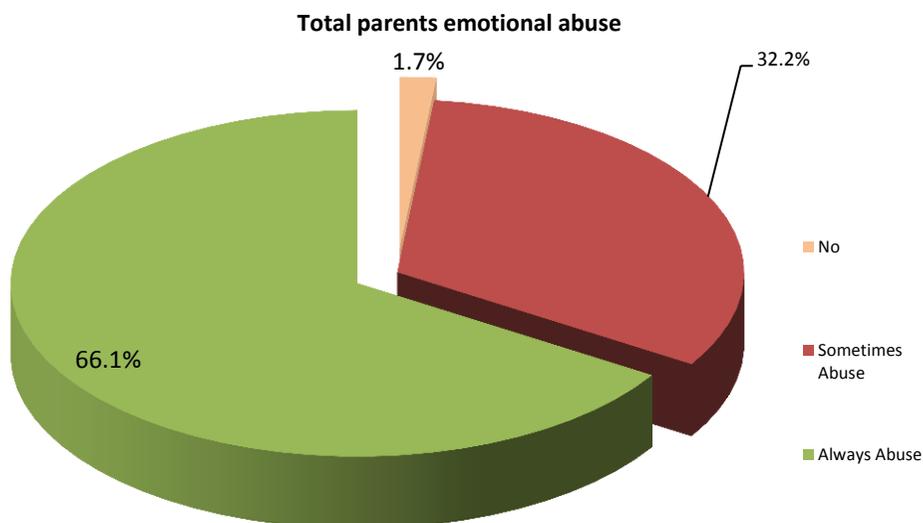


Figure (1): Percentage Distribution of total parent emotional abuse of the studied adolescent nursing students' (n= 410).

Table (2): Percentage Distribution of verbal abuse as a domain of parent emotional abuse of the studied adolescent nursing students' (n= 410).

Verbal abuse	Not abused		sometimes/ often abused		Always abused	
	No.	%	No.	%	No.	%
1. Those around me get in a fight with me.	0	.0	50	12.2	360	87.8
2. Those around me have rebuked me while talking to me or communicating with me since childhood.	0	.0	40	9.8	370	90.2
3. Those around me did not or do not take my words seriously.	0	.0	55	13.4	355	86.6
7. When I make a mistake, I get blamed.	0	.0	60	14.6	350	86.4
11. Since my childhood, I have been treated in such a way that I feel devalued.	0	.0	45	11.0	365	89.0
12. Those around me used to call me bad names, or they still do.	0	.0	50	12.2	360	87.8
17. Those around my deeds and words.	0	.0	44	10.7	366	89.3
21. Whatever I do, people nag at me.	0	.0	47	11.5	363	88.5
Total Verbal abuse	0	.0	47	11.5	363	88.5

Table (3): Percentage Distribution of emotional rejection as a domain of parent emotional abuse of the studied adolescent nursing students' (n= 410).

Emotional Rejection	Not abused		sometimes/ often abused		Always abused	
	No.	%	No.	%	No.	%
13. Those around me did not or do not take my comments and suggestions into consideration.	25	6.1	40	9.8	345	84.2
22. Those around me are being cold to me.	27	6.6	35	8.5	348	84.9
28. Those around me reject my feelings toward them.	30	7.3	45	11.0	335	81.7
Total Emotional rejection	28	6.8	40	9.8	342	83.4

Table (4): Percentage Distribution of over control as a domain of parent emotional abuse of the studied adolescent nursing students' (n= 410).

Over control	Not abused		sometimes/ often abused		Always abused	
	No.	%	No.	%	No.	%
4. My parents or one of my family members forbid me from having relationships with my friends, or they still do.	0	.0	55	13.4	355	86.6
14. Those around me used to ban me from participating in social groups, or they still do (sports clubs, art clubs, etc.).	0	.0	50	12.2	360	87.8
23. Those around me believe I should not have a relationship with anyone except my relatives.	0	.0	55	13.4	355	86.6
5. Those around me used to take me under their control strongly, or they still do.	0	.0	51	12.4	359	87.6
15. Those around me did not or do not allow me to decide about my daily chores.	0	.0	55	13.4	355	86.6
25. Those around me did not or do not allow me to decide about my field of study.	0	.0	42	10.2	368	89.8
30. Those around me did not allow me to choose my things based on my taste and style.	0	.0	50	12.2	360	87.8
Total Over control	0	.0	49	12.0	361	88.0

Table (5): Percentage Distribution of insufficient control as a domain of parent emotional abuse of the studied adolescent nursing students' (n= 410).

Insufficient Control	Not abused		sometimes/ often abused		Always abused	
	No.	%	No.	%	No.	%
6. Those around me did not care about what I did or what I do.	300	73.2	0	.0	110	26.8
16. Those around me did not or do not have any control or supervision on my relationships or what I do.	305	74.4	0	.0	105	25.6
26. Those around me kept or kept themselves busy, and I was not or am not one of their concerns.	313	76.4	0	.0	97	23.6
8. The behaviors of those around me are unpredictable.	325	79.3	0	.0	85	20.7
18. Those around me are sometimes very obsessive about what I do, whereas others do not pay attention to me; their twofold behaviors have confused me.	323	78.8	0	.0	87	21.2
Insufficient control	318	77.6	0	.0	92	22.4

Table (6): Percentage Distribution of over-expectation as a domain of parent emotional abuse of the studied adolescent nursing students' (n= 410).

Over expectation	Not abused		sometimes/ often abused		Always abused	
	No.	%	No.	%	No.	%
9. Those around me used to expect me to gain results beyond my abilities in my studies, or they still do.	51	12.4	75	18.3	284	69.3
19. Those around me expected me to behave beyond my potential, or they still do.	49	12.0	77	18.7	284	69.3
27. I have a feeling that I cannot fulfill my family's expectations.	42	10.2	70	17.1	298	72.7
Over-expectation	46	11.2	73	17.8	291	71.0

Table (7): Percentage Distribution of terrorizing as a domain of parent emotional abuse of the studied adolescent nursing students' (n= 410).

Terrorizing	Not abused		sometimes/ often abused		Always abused	
	No.	%	No.	%	No.	%
10. Since childhood, I was forced to do things that are not acceptable by society (like buying cigarettes).	0	.0	189	46.1	221	53.9
20. Since childhood, I was forced to do things I did not want to; otherwise, those around me threatened to reveal my weak points in front of others.	0	.0	174	42.4	236	58.3
24. Those around me have led me to do immoral things since childhood.	0	.0	190	46.3	220	53.7
29. Those around me have led me to mischief since childhood.	0	.0	172	42.0	238	58.0
Terrorizing	0	.0	189	46.1	221	53.9

Table (8): Relation between demographic characteristics of the studied adolescent nursing students' and total levels of parent emotional abuse (n= 437).

Demographic characteristics	Not abused (n = 8)		Sometimes abused (n= 131)		Always abused (n = 271)		Test of significance	
	No.	%	No.	%	No.	%	X ²	P-Value
Age/ year								
16	4	4.8	23	27.7	56	67.5	5.028	0.284 NS
17	2	1.3	50	32.3	103	66.4		
18	2	1.2	58	33.7	112	65.1		
Gender								
Male	5	2.8	99	56.3	72	40.9	101.741	0.0001**
Female	3	1.3	32	13.7	191	81.6		
Residence								
Urban	5	4.1	38	31.4	78	64.5	4.272	0.118 NS
Rural	3	1.0	93	32.2	193	66.8		
Birth order								
First child	1	0.7	103	78.6	27	20.7	215.058	0.0001**
Second child	2	1.7	23	19.8	91	78.5		
Third child / above	5	3.1	5	3.1	153	93.8		
Number of siblings								
One	1	4.0	18	76.0	4	20.0	77.391	0.0001**
Two	3	5.3	38	66.7	16	28.0		
Three & more	4	1.2	75	22.7	251	76.1		

The percentage did by rows **statistically significant differences at < 0.01

Discussion

Child abuse is a problem with deleterious effects that last into adulthood. Indeed, emotional abuse has been connected to enduring sensations of shame, humiliation, anger, and feelings of worthlessness (Shapero et al., 2013). Emotional abuse sub-types generally related to higher intensity might predict more adverse consequences (Berzenski et al., 2018). Exposure to emotional abuse might lead to an automatic relationship

between life events and self-worth, which means a person who experiences childhood emotional abuse will have an automatic adverse self-association in adulthood (Shapero et al., 2013).

Concerning total parent emotional abuse toward their studied adolescent nursing students, the current finding presents two-third of them had emotional abuse, nearly one-third of them sometimes exposed to emotional abuse. These results might be due to in Egypt,

child education is a concern for most families, especially for educated parents. Educated parents demand high educational achievement from their nursing students to increase their chances of being admitted to jobs. Unintentionally, this might cause the parents to become pushy, impulsive, and punitive.

This finding consistent with the **UNICEF (2015)** evidenced on the magnitude and pattern of physical, emotional, and gender-based violence affecting Egyptian children in Cairo, Alexandria, and Assiut, reported that emotional violence is the most common form of violence experienced by children, affecting 72 % in Alexandria, 76 % in Cairo and 86 % in Assiut during the year preceding the survey.

Similarly, **Jumper (2016)** reported that two-thirds of students were emotionally abused and neglected, and **Johnston et al. (2014)** said three-quarters of the students were emotionally abused and neglected.

Concerning the over-controlling domain of nursing students' parents, the current result shows that the majority of the studied nursing students were exposed to overcontrolling behaviors, and the minority of them were sometimes exposed to it. This result might be due to the parents used to forbid adolescents from having relationships with friends, or they still do, and they should not have a relationship with anyone except their relatives. They perceived the new trend in social media and the internet as threats to the process of parenting, which may result in losing control over children and losing the core of sociocultural traditions, values, and beliefs.

This result contradicted with **Saad (2016)** studied parenting in Egypt: Recommendations for a parenting program for upper and middle-class Egyptians mentioned that Egyptians are more emotional or value the affectionate side of bonding and consider expressing love as more important than being supportive. This result is consistent with their viewing responsiveness and sensitivity as less important than bonding.

Regarding emotional rejection, the current result shows that the majority of adolescent nursing students had emotional rejection abuse. This result might be some adolescent nursing

students' parents' response is critical and dismissive, so they don't share emotions with them; the result might be to inhibit the expression of negative emotion.

This result is consistent with **Golubeva & Istratova (2018)** explored frustration responses in children emotionally rejected by their parents from Taganrog city, Russia Parents of 34 children (28 %) reported a high level of rejection. Only 0-40% of traits coincided in "ideal" and "actual" portraits of their child. Thus, parents reject their child's personality and think that the child "is bad" or possesses undesirable traits.

Also, **Seay, Freysteinson, & McFarlane (2014)** reviewed positive parenting, reported a positive correlation between bad parenting and child abuse, and the lack of positive parenting leads to social, emotional, and intellectual problems in children.

Regarding terrorizing abuse among the studied adolescent nursing students, more than half of them are exposed to it, and nearly half are sometimes exposed to it. This might be due to inadequate emotional support from parents may have a more detrimental impact on the adolescent outcomes during early development than later in life. The parents must regulate their emotional state to respond appropriately to stress and challenging teenage behavior.

Concerning over-expectation abuse among the studied adolescent nursing student, near to three-quarters of them had over-expectation abuse. This result might be due to many parents being dependent on their nursing students in their financial, providing care, and work out responsibilities.

Concerning the relation between gender of the studied adolescent nursing students and total levels of parent emotional abuse, the current result shows that females have more exposure to emotional abuse than male adolescent nursing students. This finding might be that the adolescent female upper Egyptians rank low in gender equity than other governorates. Male adolescents in Egyptian society relative freedom enjoy traveling, staying out, and mixing with all sorts of people compared with their female counterparts. The 2015 Global Gender Gap Index, which

measures disparities between men and women across countries, ranks Egypt at 136 out of 145 countries worldwide (USAID, 2020).

Concerning the relation between birth order/number of the sibling of the studied adolescent nursing students and total levels of parent emotional abuse, the current result shows that the adolescent order as a third child more exposure to emotional abuse than other order. This result might be that the first and last children in the family had special care from other children.

Conclusion:

More than half of the studied adolescent nursing students were females, and 41.9% were between 17-18 years, with a mean and SD of 16.6 ± 0.93 years. More than two-thirds of students from rural areas found that more than one-third of them were ordered as a third child or above in their family, and the majority of them had three siblings and more.

Also, the majority of the studied nursing students were exposed to verbal abuse, overcontrolling and emotional rejection. Near three-quarters of them were exposed to over expectation, two-thirds of them had emotionally abused, and more than half had to terrorize. In addition, females are more exposed to emotional abuse than male adolescent nursing students, and the adolescent order as a third child is more susceptible to emotional abuse than other orders.

Recommendations:

- Comprehensive adolescent abuse prevention and protection strategies may be useful.
- Comprehensive parental training and family support programs should be developed to reduce emotional abuse.
- Workshops, open discussions, and question sessions with specialists on television programs or social media. Develop holistic social support interventions to promote positive parenting behaviors of primary caregivers and help to build stronger relationships between adolescent and their parents.

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