THE IMPACT OF CHILDHOOD EMOTIONAL ABUSE IN THE KINGDOM OF SAUDI ARABIA: HOW ADULTS RELATE PAST ABUSE TO THEIR MENTAL HEALTH

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DECLARATION

This thesis is dedicated to my parents, husband and my beloved children.

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ABSTRACT

The aim of this research is to explore the impact of childhood emotional abuse on mental health in Saudi Arabia. The research focused on understanding how adults relate their experiences of emotional abuse in childhood to their mental health status. The aim of the study is to enable adults who have experienced mental health problems and childhood emotional abuse in Saudi Arabia to tell their stories and express their opinion as to whether, in their understanding, their experiences of childhood emotional abuse have impacted on their mental health problems in adulthood. The study explores three main issues. These are the relationship between the experiences of childhood emotional abuse and the impact on mental health in adulthood, the barriers that people who have experienced mental health problems and have a history of childhood emotional abuse face when seeking help, and any potential recommendations for policy and practice to improve health and social care responses in mental health settings for adults who have experienced childhood emotional abuse.

Semi-structured narrative interviews were undertaken with twenty adult survivors of childhood emotional abuse (ten male and ten female) aged between 16 and 45 years who are currently receiving outpatient treatment at the Mental Health Unit of King Abdulaziz Hospital in Riyadh, Saudi Arabia. The participants were asked to describe the abuse they experienced in childhood and their present mental health. The participants were also invited to discuss whether they felt that the abuse they had experienced had any bearing on their mental health in adult life.

The interviews undertaken with the study participants were then analysed thematically. As such, key themes were identified that occurred throughout these narratives and these themes were considered in relation to the relationship between the abuse the participants had experienced in childhood and their present mental health. It was found that there was a strong relationship between the experience of childhood emotional abuse and mental health problems including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation in adulthood. It was also apparent that adult survivors of childhood emotional abuse tended to socially isolate themselves and retain a sense of victimhood in adulthood. The last finding could be attributed to particular aspects of Saudi culture as the patriarchal nature of Saudi society was found to encourage a sense of victimhood and reinforcement of low status amongst victims of childhood abuse.

Importance and Relevance

The prevalence of child abuse in Saudi Arabia and the lack of sufficient understanding of how such experiences affect an individual's mental health status are the main reasons why the current study is important. Unlike earlier studies on child abuse in Saudi Arabia and its effects, this study gives a unique perspective as its approach involves understanding the topic through the descriptions of people who have mental health problems and who have experienced childhood emotional abuse. By understanding how such individuals relate their childhood experiences to their current mental health status, this study provides important insights that can help policymakers to adopt better approaches to improve the lives of people affected by childhood emotional abuse, and poor mental health in adulthood.

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LIST OF ABBREVIATIONS

ACE	Adverse Childhood Experience
CASP	Critical Appraisal Skills Program
CEA	Childhood Emotional Abuse
CPC	Child Protection Centres
CPT	Child Protection Teams
FDA	Foucauldian Discourse Analysis
FINIS	Framework Integrating Normative Influences on Stigma
NFSP	National Family Safety Program
NIS	National Incidence Study
ONS	Office for National Statistics
PHQ	Patient Health Questionnaire
PIS	Participant Information Sheet
PTSD	Post-Traumatic Stress Disorder
RCT	Randomised Controlled Trials
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of the Child
US	United State of America
WHO	World Health Organization

CHAPTER ONE
INTRODUCTION

1.1 INTRODUCTION

This research is a study into the impact of childhood emotional abuse in the Kingdom of Saudi Arabia, with a focus on understanding how adults relate their experiences of emotional abuse in childhood to their mental health status. Childhood emotional abuse is defined by the National Society for the Prevention of Cruelty to Children (2018) as the long-term emotional mistreatment of a child. This kind of abuse is sometimes referred to as psychological abuse and has the capacity to have a negative impact on the child's health and emotional development. Characteristics of emotional abuse include intentionally trying to humiliate or scare a child or ignoring and isolating them. The prevalence of child abuse in Saudi Arabia and the lack of sufficient understanding of how such experiences affect an individual's mental health status are the main reasons why the current study is important. Unlike earlier studies on child abuse in Saudi Arabia and its effects, this study gives a unique perspective as its approach involves understanding the topic through the descriptions of people who have mental health problems and who have experienced childhood emotional abuse. By understanding how such individuals relate their childhood experiences to their current mental health status, this study provides important insights that can help policymakers to adopt better approaches to improve the lives of people affected by CEA, and poor mental health in adulthood.

Three forms of child abuse are frequently reported in Saudi Arabia (Widom et al., 2014; Alsehaimi and Alanazi 2017) emotional, physical, and sexual abuse but unlike physical and sexual abuse, childhood emotional abuse has received limited research attention. The current study therefore helps to provide an understanding of an area of research that has been neglected. An interpretative approach has been used to explore the challenges that individuals living with experiences of childhood emotional abuse face in Saudi Arabia from society and the existing mental health system. The use of semi-structured narrative interviews has facilitated in gaining an understanding of the experiences of people who are suffering from mental health problems. Examples

include behaviour disorders, depression, and anxiety, as a result of emotional child abuse. These interviews will provide an insight into how individuals exposed to childhood emotional abuse are living with their experiences and the impact that these experiences have had on their mental health. Data has been analysed to discover common themes in the participants' responses in order to gain a greater understanding of the type of care that should be on offer to people experiencing mental health problems due to childhood emotional abuse.

The focus of the introductory section of this report is to provide background information on the current situation in Saudi Arabia, including cultural aspects related to child abuse and mental health. The chapter briefly explains how this research fits into the existing body of literature, which explores the research topic from both a Saudi Arabian context and an international perspective. The research aims and specific objectives are presented, and finally the chapter provides an overview of the research approach used and how this approach fits with the study.

1.2 BACKGROUND

It is important to address the issue of childhood emotional abuse, also termed the ill treatment of children or maltreatment (Cawson et al., 2000), as it has a long history in Saudi Arabian culture. The forms of child abuse in early Saudi Arabian society that were outlawed centuries ago following the advent of Islam, such as female infanticide, may have paved the way for present-day forms of child abuse in the country (Ibrahim et al., 2008; Alashikh, 2009), as male children continued to be favoured over female children, a pattern found in several of the cases discussed as part of this study. In recent years, the impact of child abuse in Saudi Arabia has been receiving more attention (Almuneef et al., 2014). In addition, the World Health Organization (WHO) has recognised child abuse as a global problem that is often deeply rooted in cultures. The increasing attention paid to issues around child abuse led to the Saudi Arabian government setting up the National Family Safety Program (NFSP) in 2005, which is a quasi-governmental organisation that works towards preventing child abuse, including neglect, along with domestic violence.

Being a victim of child abuse can be considered an Adverse Childhood Experience (ACE). Sinnott et al. (2018, p. 2) explain that ACEs "encompass any acts of

commission or omission by a parent or other caregiver that result in harm, potential for harm or threat of harm to a child in the first 18 years of life, even if harm is not the intended result." Therefore, the term ACE covers a wide spectrum of harm, including unintentional acts. In their research, Sinnott et al. (2018) found that out of the 2,047 male and female participants aged 50 to 69 years, those who reported ACEs experienced more depressive symptoms and weaker social systems than those who did not.

The decision was made to focus on childhood emotional abuse instead of other forms of abuse that might occur during childhood, such as physical or sexual abuse, as childhood emotional abuse is the most commonly experienced form of abuse experienced in childhood in Saudi Arabia. This finding was cited by Al-Eissa et al. (2015). Despite the high prevalence of childhood emotional abuse in Saudi Arabia, Alsehaimi and Alshammari (2016) indicate that very little research has been undertaken into childhood emotional abuse in Saudi Arabia. Hence, more research into the topic is required. This study has been informed by the approaches adopted by current studies on child abuse, such as Cook et al. (2017). These studies have examined the experiences of childhood emotional abuse as expressed by the participants themselves.

In order to investigate childhood emotional abuse, it is important to understand what it is. The following is a useful in-depth definition of emotional abuse put forward by the Department for Education (2015) in the UK:

> "The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone." (NSPCC, 2019, p. 1).

The above definition is the understanding of childhood emotional abuse adopted for this study. This study aims to attain an in-depth understanding of child abuse based on the adult participants' own recollections. To understand childhood emotional abuse in Saudi Arabia, the country's culture and family configurations, which are heavily influenced by Islamic beliefs (Baki, 2004; Moghadam, 2004), have been explored. An identifying aspect of the family construct in Saudi Arabia is the influence of the patriarchal system, in which the father has authority over other family members (Elamin and Omair, 2010; Ali and Naylor 2013; Almuneef et al., 2016). Patriarchy is a system of society or government in which men hold the power and women are largely excluded from it. The structure of the household where men head it is an example of patriarchy. The literature on the association between Islamic beliefs and childhood emotional abuse, such as the examples cited above, also suggests why research is important in a country such as Saudi Arabia, whose culture and legal system depend on Islamic teachings and beliefs.

It must be noted, however, that Islamic teachings discourage child neglect and require parents to provide for their children (M'Daghri, 1995). Nevertheless, the lenient stance on the use of physical punishment on children in Islamic teachings potentially propagates all kinds of abuse against children (Al Eissa and Almuneef, 2010). The focus on childhood emotional abuse in Saudi Arabia is also informed by the country's poor record on child protection, despite the efforts made by the Saudi government to ensure the welfare of Saudi children (Almugeiren and Ganelin, 1990; Al-Eissa et al., 2015). The subsequent discussion in this section provides further details on aspects of Saudi Arabian cultural, family, and child protection efforts that relate to childhood emotional abuse.

Although few studies have explored the link between the patriarchal family structure in Saudi Arabia and child abuse, an understanding of this relationship has been gained through existing studies into patriarchy and the risk of child abuse in other cultures, such as the United States (Ashley et al., 2011; Scott and Lishak, 2012; Ashley et al., 2013). However, factors that lead to abuse in a patriarchal system vary between cultures (Ashley et al., 2013). In relation to these points, Kazarian (2015 p. 12) explains how the sociocultural approach to abuse within families due to patriarchal systems "invokes loyalty to family and tribe, informs rigid gender roles and sanctions

male dominance and control over children and women is causative of family violence." Kazarian (2015) then describes how parenting styles in Arab cultures are often "rigid, authoritarian, and focused on overprotection and control, rather than nurturance and independence." In this sense, Arab culture may increase the risk of abuse occurring in the home due to its controlling and authoritarian characteristics.

The Saudi Arabian government has taken various steps to protect the rights of the child and to prevent abuse and its consequences (Saleh, 1986; Alanazi, 2008). The government sets aside an annual budgetary allocation to finance non-governmental organisations such as Renaissance Women's Charitable Society, Gulfs Girl Charitable Society, and the National Saudi Committee of Childhood, all of whom play key roles in helping to address the plight of children and mothers (Al Eissa and Almuneef, 2010). However, these organisations have not achieved their primary aim of reducing child abuse in the region (House 2012), as evidenced by the large number of children who experience abuse in the country (Almuneef et al., 2016).

Al Eissa and Almuneef (2010) explain that Saudi Arabia has an ineffective and undeveloped legislative framework to address child abuse in Saudi Arabia (Al Eissa and Almuneef 2010). Despite recent efforts by the government to enact laws against child abuse and the ratification of international treaties on child protection, such as the Convention on the Rights of the Child (2013), the country is yet to fully deliver on the objectives of the treaties (Al Eissa and Almuneef, 2010). Not only has the Saudi Arabian government failed to submit the annual reports on child abuse as required by the Convention on the Rights of the Child treaty, but it has also stifled campaigns by non-governmental organisations against child abuse (AlBuhairan et al., 2011). Furthermore, by 2011, no particular national criminal law had been put in place to address the rise in child abuse. In Saudi Arabia, instances of child abuse rose between 2000 and 2008, 6.4 reported cases per year between 2000 and 2004, and 61.5 cases per year between 2007 and 2008 (Al Eissa and Almuneef, 2010). On the other hand, Saudi Arabia is making some effort to address these issues, such as investing in studies to discover risk factors for child abuse and neglect, as well a national project on adverse childhood experiences (Al Eissa and Almuneef, 2010). Whereas the UK imposes a penalty of up to 19 years in prison for child abuse, in comparison, the Saudi Arabian Child Rights and Protection Act of 2013 imposes a jail term of only one year

or a fine of up to £10,717 (Al Eissa and Almuneef, 2010; Bradshaw, 2016). The operationalisation of the Saudi Arabian child abuse laws, such as that of mandatory reporting, is challenged by the lack of a proper structural framework for reporting and monitoring cases (Mathews, 2015). This ineffective legislative framework suggests that child abuse and its impact on Saudi Arabian society is a problem that will continue, and therefore needs to be explored.

The impact of child abuse on mental health status during adulthood has attracted research interest both in Saudi Arabia and internationally (Bebbington et al., 2011; Almuneef et al., 2014; Hyland et al., 2014). Individuals who have experienced childhood abuse are at risk of developing mental health problems such as depression and personality disorders (Hyland et al., 2014). According to Hyland et al. (2014), the development of mental health problems amongst those who have experienced child abuse is associated with the amount of control the individual feels they had over those experiences; they explain how:

> Inconsistent punishment, either corporal or verbal, leads to perceived lack of control by the child. There is a well-established relationship between perceived uncontrollability and depression. (Hyland et al., 2014 p. 95)

However, although relevant, the study by Hyland et al. (2014) is of limited generalisability as the study sample consisted of males only, and therefore it cannot be generalised to females.

The study by Almuneef et al. (2014) also explored the relationship between childhood abuse and the development of mental illness during adulthood in Saudi Arabian society. The researchers' findings, which report a large number of mental health problems amongst individuals with experience of childhood emotional abuse, support the study by Hyland et al. (2014). It is also important to note that the long-term effects of childhood abuse and mental health are not only a Saudi Arabian problem, but have been observed in other countries such as the US (Afifi et al., 2009), Australia (Spataro et al., 2004), Finland (Alastalo et al., 2013), and the UK (Bebbington et al., 2011; Cecil et al., 2014). It should, however, be noted that most of this research has explored the effect of childhood physical and sexual abuse on mental health. Moreover, whilst it may be difficult to separate out different types of abuse, especially

as they may occur concurrently, it is important to focus and attempt to assess the impact of specific forms of abuse.

Understanding the impact of childhood emotional experiences on mental health problems in Saudi Arabia is important, as research has shown that there is an alarming incidence of poor mental health in the country (Al Gelban, 2009; Abdulghani et al., 2011). A cross-sectional study carried out by Al Gelban (2009) shows that the most frequent forms of mental health disorders include phobic anxiety, depression, anxiety, and paranoid ideation. The number of Saudis living with mental health problems is high, as shown in the study by Abdulghani et al. (2011) (n = 892), which reported at least one form of mental health problem in 50% of the sample population. Mental health problems are likely to be a challenge to Saudi citizens, as research has indicated that people who have experienced mental health problems are stigmatised by society, which intimidates them and means that they are not free to share their experiences (AbuMadini and Rahim, 2002). Furthermore, Kazarian (2015 p. 9) has mentioned the following barriers to seeking assistance for mental health problems related to abuse:

- Denying the problem
- Taboos around mental health
- Shame due to abuse
- Self-blame
- Maintaining the family's privacy
- Fear of retaliation
- Encouragement to be patient and endure the abuse
- Insistence on reliance on religious faith and destiny
- Lack of knowledge of human rights
- Economic dependence on the abuser
- Invalidating victim complaints of abuse by other family members
- Lack of assistance from the law, religious leaders, and other professionals
- Lack of availability of culturally relevant and effective treatment
- Lack of community support

These points are significant as they explain why the victims of emotional abuse often do not seek help at the time that the abuse is taking place as they suggest that victims are either dependent on their abuser or cannot rely on society for the assistance they need to leave the abusive situation they have found themselves in. Furthermore, the capacity of abuse to evoke feelings of shame and self-blame are likely to have a negative impact on the victim's future mental health. Messman-Moore and Coates (2007) observe that there is a link between abuse experienced in childhood and shame felt in adulthood. Furthermore, Andrews et al. (2000) found that there is a link between shame linked to childhood abuse and the development of mental health problems such as Post-Traumatic Stress Disorder (PTSD) in adulthood. These points also relate to the family circumstances in which the abuse takes place, something that it explored in detail in the next section.

1.3 CULTURE AND FAMILY IN SAUDI ARABIA

The culture of Saudi Arabia is important in this context. The Cambridge English Dictionary (p.1) defines culture as 'the way of life, especially the general customs and beliefs, of a particular group of people at a particular time.' Furthermore, Raymond Williams identifies three general categories of culture. The first is the 'ideal' of culture, where culture is a state or process of human perfection in terms of certain or absolute values that sum up the ideal human condition (Williams, 2003b). Second is the 'documentary' view of culture, which defines culture as a body of intellectual and imaginative work that describes and documents culture values (Williams, 2003b). Then, the third and final of Williams' (2003b) definitions of culture is the 'social' understanding of culture in which culture is seen as a description of a particular way of life that informs arts and learning as well as institutions and ordinary behaviour.

The definition of culture found in the Cambridge English Dictionary as well as Williams' (2003b) first and third understandings of culture are relevant here as the structure of the family in Saudi Arabia is largely based on an understanding of Islamic teachings. A large section of the Saudi population regards Islamic teachings as supportive of a patriarchal system of family, wherein the man is regarded as the head of the family and controls all decisions and activities within the family (Moghadam 2004). The father is thus charged with protecting the family members and ensuring that their needs are met. The man is deemed to be the sole custodian of the children of

the family and has the authority to define what is right for them and what should be done within the family set up (Baki 2004). Women, in contrast, are charged only with performing household chores and any other activities assigned to them by their husbands. The primary role of women in families is to take care of children and attend to the needs of the husband. This family structure, where the father is a sole dominant figure, offers a broad scope for the violation or neglect of the rights of members of the family (Ali and Naylor 2013). A recent study carried out by Al-bakr et al. (2017) indicates that culture is still a major determinant of family structure and the role of women in Saudi Arabia. The study by Al-bakr et al. (2017) provides a unique perspective on present and future expectations regarding the influence of culture on attitudes towards women, since the study has based its findings on the responses of university students, who are expected to positively influence the future cultural considerations of the nation. Using a survey, the study involved 2,400 participants (908 females and 1,492 males) who were selected from four different universities in Saudi Arabia. Al-bakr et al. (2017) found the male university students had similar views as that of the culturally conservative older men regarding the position of women in society. The researchers note that only 15% of the male students thought that women should be given the freedom to make their own decisions in the family and in public life, compared to 39% of women surveyed. Al-bakr et al. (2017) also observed that 43% of the male respondents thought that allowing women the freedom to make decisions regarding their life undermines Islamic practice, compared to 15% of women. Whilst the study by Al-bakr et al. (2017) does not directly address the issue of patriarchy, it is evident from the outcomes of their study that young males in the country are in support of male domination over women, although 39% of women surveyed thought that women should be given freedom to make decisions in the family and in public life. It is particularly interesting that the male respondents, despite their level of education, still argue that male domination over women is rooted in Islam and therefore needs to be upheld. Al-bakr et al. (2017) therefore confirm the likelihood of the continued existence of practices of male domination through patriarchy in Saudi Arabian society.

It should be noted, however, that over the last 20 years, the role of women in Saudi Arabia has expanded beyond the traditionally defined scope of taking care of children and attending to their husbands' needs (Syed et al., 2018). Increasing numbers of

women have entered into professions such as nursing and teaching, and other female-dominated caring professions (Syed et al., 2018). In most cases, however, these women may only be employed with the consent of their husbands, and with assurance that the job specifications do not conflict with their domestic duties. The need for women to seek their husbands' permission before gaining employment demonstrates the level of patriarchy in the country, which not only leads to inequality but also contributes to an increase in family abuse (Williams 2003a; Ali and Naylor 2013). McDonough and Harrison (2013) argue that as patriarchal ideologies offer men more power over women, abuse directed towards women in such situations naturally occurs as women are left to the mercy of men's conscience. Although focusing on the relationship between men and women, this is relevant to this study because the witnessing of domestic abuse is considered to be child maltreatment and a cause of emotional harm (Van der Kolk, 2017). An example of patriarchal norms in Saudi Arabia is the demand that women seek permission from their husbands or sons before doing various everyday activities such as travelling. With reference to a woman needing to gain her son's permission, this is particularly the case in situations where the husband is not available. The need for this permission indicates the extent to which women are denied power or even autonomy in the family setting (Azadi, 2011), and this notion of control may have an impact on children's emotional wellbeing.

Saudi Arabia's patriarchal culture is of interest in this context as it plays a significant role in instances of child and familial abuse that occur in the country. It has been found that patriarchy increases the risk of violence in the family and the likely exposure of children to abuse and emotional harm (e.g., by witnessing domestic violence and perhaps becoming involved in an attempt to protect the mother) is also suggested by Eldoseri and Sharps (2017). Their study aimed at exploring the specific risk factors for spousal physical violence amongst the women who frequently visit primary healthcare clinics in Saudi Arabia. The researchers based their study on a cross-sectional study design, which involved the interviewing of 200 women of varying ages. Eldoseri and Sharps (2017) found that most spousal physical violence was reported amongst women aged below 30 years. The researchers found that 44% of the women participants had experienced violence at least once a year. However, Eldoseri and Sharps (2017) note that there is a high incidence of violence amongst married women compared to other groups of women such as those single, divorced, or

widowed. The researchers note that the women from families with features of patriarchy, such as those that are characterised by husbands who have total control of the wife's financial capacity, were fifteen times more at risk of spousal physical violence each year. Eldoseri and Sharps (2017) also claim that men in patriarchal family systems use violence against women as a means of expressing their masculinity. The researchers raised the concern of the likelihood of continued spousal physical violence due to under-reporting of such cases and the lack of an adequate support system for such women in Saudi Arabia.

1.3.1 Domestic Violence in Saudi Arabia

Alaggia et al. (2012) carried out a study with immigrants to Canada, and they discovered that poverty and financial stress are related to domestic violence. In addition, Chartier et al. (2010) found that factors such as child maltreatment, intimate partner violence, family dysfunction, low socio-economic status, and high parental stress were strongly associated with poor child behavioural outcomes. Thus, the notion that fathers are the sole providers in the family can potentially lead to economic stress, which can also influence the risk of child abuse (Elamin and Omair 2010). Moreover, a recent study carried out by Almuneef et al. (2016), which aimed to describe the family profile of those individuals perpetrating child abuse in the Kingdom of Saudi Arabia, indicates that family risk factors such as low economic status are key contributors to child abuse. Almuneef et al. (2016) retrospectively collected information on victim characteristics, family profiles, and information on parents from over 220 cases obtained from King Abdulaziz Medical City, Riyadh, Saudi Arabia. Almuneef et al. (2016) observed that the rate of child abuse was 2.8 times higher in families with unemployed fathers. This observation is consistent with the outcome of the study carried out by the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4, 2009–2010) in the US, which suggests that the risk of child abuse is three times higher in households where the parents are unemployed compared to families where the parents are employed. The increased number of cases of child abuse in families with unemployed fathers could be triggered by the financial challenges associated with unemployment (Christoffersen, 2000). Eldoseri and Sharps (2017) also note that the husband's unemployment is a key factor that contributes to the occurrence of violence in Saudi Arabian families. In addition, Al Dosari et al. (2017) found that poor financial status significantly contributes towards the

occurrence of abuse in the family. Al Dosari et al. (2017) also discovered that the risk of abuse is higher in families that lack their own house and are living with relatives.

The relationship between financial challenges and child abuse, which can play a part in domestic violence situations, can be understood in relation to various theoretical frameworks, including frustration-aggression-displacement theory and social learning theory (Dollard et al., 1939; Bandura, 1977). This suggests that due to the inability to provide for the family needs, fathers tend to become frustrated and this may result in them venting their frustrations at children (Cousins and Watkins, 2005). Cases of fathers venting their frustrations on other members of the family are more prevalent in those patriarchal societies that assign fathers unchecked powers within the family (Ali and Naylor 2013). This phenomenon is, therefore, likely to be common in Saudi Arabia as fathers are expected to be the sole providers for their families, and a failure to meet this obligation places the father under a lot of pressure due to cultural and societal factors (Elamin and Omair, 2010; Afifi et al., 2011). Of course, cases of abusive fathers are reported in other countries, indicating that the issue is not localised to Saudi Arabia, but is rather a global challenge (Ashley et al., 2011; Scott and Lishak, 2012; Ashley et al., 2013). Nevertheless, factors that lead to abusive fathers' behaviours surfacing vary between societies (Ashley et al., 2013), which requires unique study into each case based on social and cultural context. A review of the literature by Guterman and Lee (2005), which focused on the impact of economic hardships on the role of fathers and likelihood of engaging in physical child abuse or neglect, found that economic hardship increases the likelihood of fathers developing abusive tendencies in the family. Moreover, this may directly affect children either through physical abuse or neglect. The fact that Saudi Arabian fathers are answerable for the behaviour of their children puts added pressure on fathers and may result in them adopting a high-handed approach in dealing with perceived wrongdoing by the children. This approach, without any societal checks, can further lead to child abuse.

Al Dosary (2016) is one of the researchers that have studied cases of abuse in families in Saudi Arabia. The research involved a sample of 421 Saudi women aged between 14 and 55 years and with a mean age of 29.88 years and found that cases of abuse are frequent in Saudi Arabian families. The researchers also observed that violence in families varies based on income level, with abuse being reported in 70.2% of the

families with a monthly income of less than 5000 Saudi Riyal, compared to 56.6% of those in families who have a monthly income of 20,000 Saudi Riyal and above. The researcher also discovered that 72.8% of individuals from non-working families experience abuse, compared to cases of abuse amongst 65.2% of the individuals from working families, which confirms the findings of Guterman and Lee (2005) mentioned above. Despite the high incidence of abuse in families, the researchers note that the issue is rarely discussed in the country. According to Al Dosary (2016), most of the Saudi women who are abused by their husbands do not discuss their experiences because of shame, self-blame, and fear of retaliatory violence from their abusive partners. The researcher points out that the study was only able to obtain information from the female respondents due to it being an online survey, therefore the respondents felt safe expressing their experiences of abuse without fear of being identified. The findings presented by Al Dosary (2016) are important to the current study since it suggests that there is a higher risk of child abuse in Saudi Arabian families due to it not being reported. However, as the researchers only sampled 421 women, it is not clear that this is relevant to the entirety of the Saudi Arabian population. Also, other factors might contribute to abuse situations such as financial problems, partner violence, and stress.

1.4 PERSONAL LOCATION

My interest in the research topic is influenced by a passion for nursing and the desire to address the challenges faced by people who have experienced mental health problems. My passion for the nursing profession led me to pursue a diploma in nursing at the College of Nursing in 2004, a time when the nursing profession was not desirable for many people in conservative Saudi society because of gender restrictions associated with cultural and religious beliefs (Alanazi, 2008). On graduating in 2007, my interest in mental health services increased as I underwent further training in the Department of Mental Health. However, I was initially cautious of people experiencing mental health problems as I had heard from my friends that the provision of care services to people who have experienced mental health problems is difficult and their illnesses are often severe. My passion for helping them, however, was encouraged after talking to one patient in particular. After introducing myself, I asked the patient about his health problems. He did not answer me but looked at me and asked where the soul is found within the body. I could not answer the question,

and after a few seconds of silence, the patient told me that his soul was sick, hurting, and painful. That initial encounter was thought-provoking and terrifying; I turned and walked away from the department. The encounter I had with the patient came to mind whenever I visited the mental health department, and my interest also increased after reading that people's mental health problems are often linked to violent experiences (Almuneef et al., 2014; Hyland et al., 2014). After that, I chose to work in the intensive care unit of the hospital and remained there for five years.

I later came to understand my initial encounters with the people who have experienced mental health problems through my own experience following the sudden loss of my unborn baby in 2013 in the 33rd week of pregnancy when I was doing my bachelor's degree at the University of Wolverhampton. This terrible event brought a great change in my life. The experience shocked me to the core and the pain would not leave me. I reached a point in life where I wished I would die. I felt that my soul was suffering. This experience brought back the memories of the patient whom I met when I was training in the Department of Mental Health and what he told me about his sick soul. I now understood what he meant and I could imagine what he was experiencing. I also developed a better understanding of the people who have experienced mental health problems. Therefore, in 2014, whilst pursuing my master's degree at the University of Salford, I decided to study the relationship between violent experiences and mental health as part of my dissertation. The title of my dissertation was "The long-term impact of emotional violence during childhood on the mental health of the victims in adulthood." I wanted to understand the experiences of people who suffer from behaviour disorders, depression, and anxiety, and whether they were receiving medical care. I was particularly interested in the nature of the medical services they sought, and the approach used by psychiatrists to address their issues.

As my interest in mental health experiences in Saudi Arabia grew, I realised that many people were affected (Al Gelban, 2009; Abdulghani et al., 2011). This suggested the existence of a problem that needed to be addressed urgently. From a conversation with one of the resident mental health specialists, I understood that there is a scarcity of education centres where affected individuals and members of society in general can be informed about the importance of tackling the causes of mental health problems in the early stages, such as during childhood. I also noticed, through conversations with individuals who had experienced childhood abuse, that most

people in Saudi Arabia do not understand psychological abuse, such as the preference for male children over females (Alanazi, 2008), and the effect of verbal abuse and neglect of children on mental health problems during adulthood (Alkhalaf, 2011). Awareness of this knowledge gap and the limited number of appropriate healthcare support services informed my doctoral research study, in which I decided to address the gap based on semi-structured narrative interviews carried out with affected individuals.

1.5 IMPORTANCE OF THE STUDY

The current study provides research evidence that may help relevant stakeholders to understand the association between childhood emotional abuse and mental health problems in adulthood and will help to address the lack of empirical evidence on the topic. Findings from the current study will be important in signposting how a more effective form of provision of care for people with mental health problems can be developed and will potentially influence policy and practice. The study findings should also enable the relationship between childhood emotional abuse and mental health in Saudi Arabia to be compared with the situation in other countries. The results of the research will be shared with key government departments, which may inform policymaking and practice as well as attempting to publish the results so that other researchers in this field can gain a better understanding of some of the problems in a Saudi Arabian context.

1.6 PURPOSE OF THE STUDY

The study is aimed at enabling adult people who have experienced mental health problems in Saudi Arabia to tell their stories of childhood emotional abuse and indicate whether their understanding of their experiences of childhood abuse have influenced their mental health problems in adulthood. The study explores:

1. The relationship between the experiences of childhood emotional abuse and the impact on mental health in adulthood;

2. The barriers that people who have experienced mental health problems and have a history of childhood emotional abuse face when seeking help;

3. Recommendations for policy and practice to improve health and social care responses in mental health settings for adults who have experienced childhood emotional abuse.

1.7 OVERVIEW OF CHAPTERS OUTLINE

The first chapter introduces the topics, the aims and objectives of the research and considers how research will be undertaken into the impact of childhood emotional abuse on adult mental health in Saudi Arabia. Following on from this, the second chapter undertakes an in-depth literature review of the themes connection to this research, and Saudi Arabian legislation, policy and practices concerning child abuse. The association between child abuse and mental health is presented based on the literature on Saudi Arabia, and in some instances, comparisons are made with the international literature. Here, the gaps in the research into childhood emotional abuse, particularly in the Saudi Arabian context, are identified.

Chapter three explores the theory that informed this research. Chapter Four provides an account of the methodology by providing a detailed account of how the data was collected using face-to-face qualitative semi-structured narrative interviews, and the approach used for data storage. The chapter also describes the thematic approach used in the analysis of the data and the steps taken to ensure that the study meets the required ethical considerations.

Chapters five and six present the findings and discussion for the impact of childhood emotional abuse and adult mental health issues. In chapter five, the findings relating to how childhood emotional abuse affected the subjects as children are presented, whilst the sixth chapter considers how the experience of childhood emotional abuse affected the study participants in adulthood. On the basis of the findings presented here, chapter seven then presents conclusions on this topic.

CHAPTER TWO
LITERATURE REVIEW

2.1 INTRODUCTION

In this section, the issue of childhood emotional abuse and its impact on adult mental health status in Saudi Arabia will be explored. The discussion will also focus on current childhood emotional abuse and mental health statistics in the country and identify the theoretical association between childhood emotional abuse and mental illness during adulthood. Policy and practice regarding child abuse and steps that have been taken in Saudi Arabia to assist the victims of child abuse will also be evaluated, to contextualise the past and current status of child abuse in Saudi Arabia and its association with cases of reduced mental health amongst adults. A flow chart is included below:

Identification	
Search terms + locational context	Boolean search technique ("AND"/"OR")

Screening	
University Database, PubMed, Medline	+/-5 years

Eligibility/Included	
English Language, CASP Framework	Final sample list (n.18)
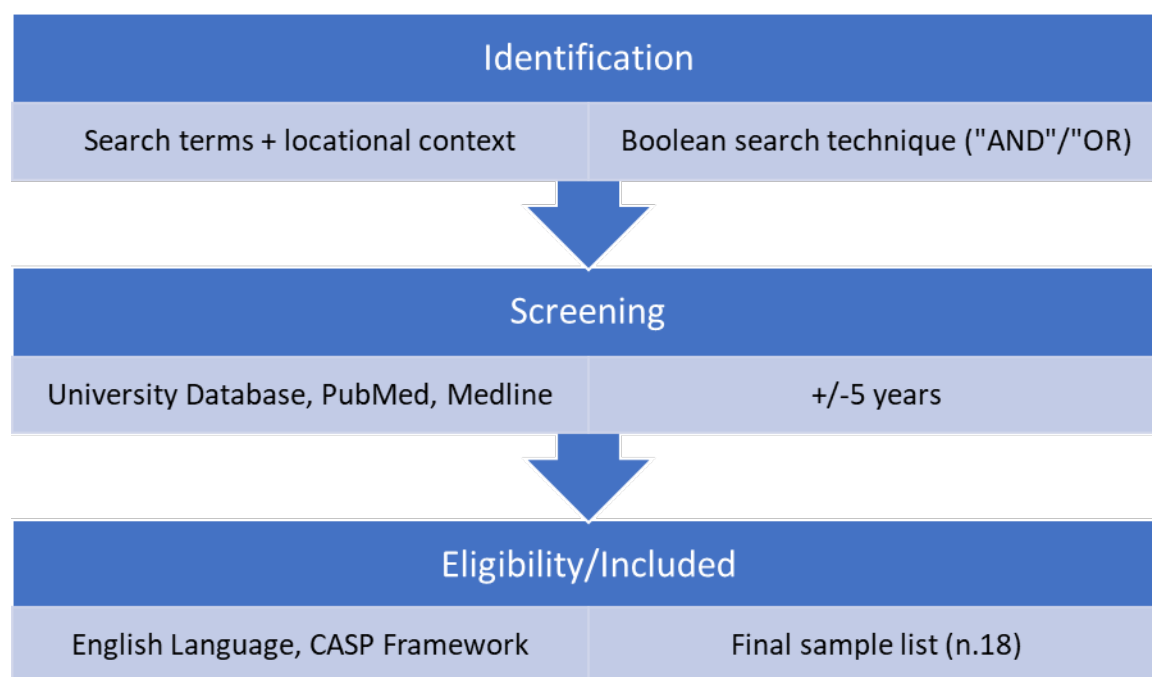
Table 2.1: Literature Review Flow Chart

For the literature search strategy, a systematic approach to reviewing the literature has been used. The terms child abuse, child neglect, emotional abuse, domestic violence, and mental health were used, alongside a location context, namely Saud, Saudi Arabia, Arab, UK, US, and Australia. Search sequences for conducting the electronic search were generated by using suitable combinations of the keywords and by using

the Boolean search technique. Boolean terms include the combination between terms using "AND" or "OR" in an attempt to retrieve all relevant studies (Coughlan et al., 2013). Unrelated articles that do not meet the search list or returned results (see the terms above) were excluded by deliberately omitting them from the search list.

Appendix 1 cites the 18 studies identified and deemed suitable for further analysis in the literature review chapter. The majority of these studies focused on Saudi Arabia and other Arab countries with any others used being chosen because they provided particularly relevant points for analysis. The initial search via Google Scholar for the term 'childhood sexual abuse' yielded 5,220 articles. From this, specific criteria, as outlined above and below, were curated leading to the 18 articles used in the analysis.

The university library was the main database used, as well as PubMed and Medline. The search options were narrowed down by date and results from the past five years to ensure the content is current; however, some key literature with earlier dates was included if deemed important to the study, such as specific renowned theorists. From the results, academic books and journal articles from reputable sources were chosen, such as nursing and psychiatry journals. All articles and books chosen are in the English language. Furthermore, the Critical Appraisal Skills Program (CASP) framework has been utilised to guide the examination of the journal articles included. CASP enables the key elements of authority, accuracy, objectivity, and coverage to be checked when evaluating source information (see appendix 1 for a breakdown of the main journals included in this research). The CASP framework provides a structure that enables different study designs to be assessed, including cohort studies, randomised controlled trials (RCTs), and cross-sectional studies (Abalos et al., 2001). Therefore, the CASP framework has been helpful in discovering the most useful studies as well as examining their validity and extent of generalisability (Abalos et al., 2001), albeit in a descriptive way as this research takes a qualitative approach.

In regard to the decisions made as to how to present the results of the literature review, it has been decided to present the articles used thematically in order to explore the various factors surrounding the identification and treatment of childhood emotional abuse in Saudi Arabia. To this end, section 2.2 discusses the literature in regard to child welfare in Saudi Arabia, 2.3 discusses legislative policy and practice in

regard to child abuse in Saudi Arabia, 2.4 considers the prevalence and variations of child abuse documented in Saudi Arabia, whilst section 2.5 looks at the general association between child abuse and mental health issues and section 2.6 explores mental health in the Saudi Arabian context.

2.2 CHILD WELFARE IN THE KINGDOM OF SAUDI ARABIA

Despite the efforts by the Saudi government to ensure the welfare of Saudi children, the country has yet to tackle several of its challenges, such as abuse faced by children (Almugeiren and Ganelin 1990; Al-Eissa et al., 2015). This is evidenced by the high number of children experiencing abuse in the country (Almuneef et al., 2016). Almuneef et al. (2014) reported, amongst participants were selected from the Saudi Arabian city of Riyadh, childhood abuse was evident in 82% of study participants (n= 931). Similarly, Al-Eissa et al. (2015) report child abuse amongst 75% of their 2,043 participants. Children aged less than five years old are at a higher risk of abuse, whilst 89.8% of perpetrators are parents aged between 21 to 35 years old (Alanazi 2008). Alarmingly, AlMadani et al. (2012) note that the number of cases of abuse of children in Saudi Arabian appears to be on the rise.

Child welfare is recognised in Islamic teachings. Various researchers, such as M'Daghri (1995), Al-Khatib (2005), and Alyousif, Al-Romah et al. (2005), have pointed out the importance of children's rights in Islam, and that the religious teachings discourage child neglect, requiring parents to channel their resources towards the upkeep of their children. A potential issue with such perspectives is that they do not work in reality as people do not necessarily consider this and will make their own decisions about what action to take from a cultural rather than a religious perspective. Islam also requires parents to show love and compassion towards their children (Al-Zahrani 2004), and the rights of orphaned children and refugees are also recognised under Islam (Siddiqui 2000). It should, however, be noted that Islam does condone the use of mild physical punishment in disciplining children and promotes guiding children away from delinquency and unwanted behaviours. The use of physical punishment is, theoretically, allowed only on condition that the parent uses it as a last resort, and it should not be used on children under the age of ten (Al-Mutrik, 1999). But whilst Islam clearly endorses child welfare, it does not follow that all Muslims will honour or follow this kind of guidance in reality.

2.3 LEGISLATION POLICY AND PRACTICE: CHILD ABUSE IN KSA

Prior to the 1990s, Saudi Arabia was characterised by a lack of legislation guarding against child abuse. It was only in 1996 that the country ratified the United Nations Convention on the Rights of the Child (UNCRC) (Al Eissa and Almuneef, 2010). The Convention on the Rights of the Child is a United Nations initiative geared towards addressing the needs of children and providing guidelines on child protection and children's rights (Verhellen 2000). The fundamental rights of children advocated by the UNCRC include the right to life, protection from violence, education, and freedom to express opinion (Lundy 2007). The UNCRC is a recognised treaty that empowers non-governmental organisations and oversees policies on the protection of children's rights (UNICEF 2007).

The ratification of the UNCRC by Saudi Arabia meant that the country agreed to uphold international law, and this requires the country to submit an annual report on the steps taken to protect children's rights, including documentation of those rights that have been infringed and the efforts put in place by the government to uphold these rights (UNICEF 2007). Despite ratifying the international treaty, the government of Saudi Arabia initially showed no intent to comply with the requirement of the treaty; the country failed to submit annual reports and stifled campaigns by non-governmental bodies working against child abuse (AlBuhairan et al., 2011).

Between 2004 and 2005, following an increase in the number of media reports about domestic violence, a legal framework to address these issues was drafted, which necessitated the creation of social protection committees to address the needs of victims of domestic abuse, particularly children and women (Almuneef and Al-Eissa 2011). A central body called the General Directorate for Social Protection managed these committees, which were located in 17 provinces across the country. During this period, policies were enacted to facilitate the establishment of a Human Rights Commission in the country to oversee the country's attempts at upholding the freedoms and rights of citizens (Al Eissa and Almuneef 2010). The role of the National Society for Human Rights is to protect the rights of individuals, as stipulated in agreed international treaties such as the UNCRC, as well as to uphold local governing statutes and Islamic Law (Vlieger 2012). The Islamic law adhered to by

Saudi Arabia safeguards the rights of the vulnerable in the community, such as children; for example, unequivocally standing against the practice of female infanticide, which was culturally common in the region before the general acceptance of Islamic teachings. The legal structures developed based on this law are thus important in terms of ensuring that the children are protected against abuse and to provide justice for those who have been abused.

Safeguarding of children from abuse in Saudi Arabia is mainly informed by Islamic beliefs and practices (Saidu and Oguntola 2017). It is also important to note that the abuse that is directed to young children significantly shapes their view of life, leading them to view the world as a hostile place and not to trust other people (Siegal 2015). Therefore, it is vital that necessary laws and structures should be put in place to safeguard children against abuse from a tender age, since during their early stages of life they are particularly vulnerable and require support. According to Saidu and Oguntola (2017), there is a detailed and practical approach to the safeguarding of children from abuse and the provision of support and care in Islam. In fact, Saidu and Oguntola (2017) indicate that Islam advocates the protection of the child's right from the time of conception. Saidu and Oguntola (2017) have carried out an analysis of case studies on safeguarding from an Islamic perspective, and they explain that the safeguarding of children within Islam begins with the recognition of Allah (God) as the protector. According to Saidu and Oguntola (2017), Islam promotes the protection of children by instructing parents to practice caution when disciplining their children. Saidu and Oguntola (2017) explain that Islam prohibits parents from hitting the children in the face or from whipping them with more than 10 lashes. However, it is also important to point out that the arguments made by Saidu and Oguntola (2017) regarding the safeguarding of children in Islam makes it hard to differentiate between disciplining and abuse. According to the researchers, Islam allows children to be whipped, yet they also indicate that Islam only allows punitive measure to be used on children when they err. One of the other Islamic teachings that promote the protection of children is regarding the responsibility of the parents. Saidu and Oguntola (2017) indicate that Islam requires parents to provide for their children and protect their children from harm. However, it is also important to note that the role of parents in the protection of children, as envisaged in Islam, includes ensuring that the child lives

in an environment that is designed according to strict considerations of Islam's teachings.

Despite the increase in the number of reports and media coverage on cases of child abuse in the country and, notwithstanding the declaration made by the WHO that child maltreatment is a global problem (Krug et al., 2002; WHO 2002), the recognition of child abuse as a national problem in Saudi can be dated back only to 2004. In 2005, the King decreed the formation of a government-led National Family Safety Program (NFSP). The programme is geared towards ensuring the protection of children against abuse and preventing domestic violence (Al Eissa and Almuneef 2010). The NFSP accomplishes its mandate by raising awareness about child abuse and the rights people have to live in safe environments that are free from abuse (Almuneef and Al-Eissa 2011). The programme is involved in capacity building, including training professionals in more efficient ways of providing care to the victims of childhood abuse. The NFSP has been instrumental in protecting children against abuse by creating an awareness of the extent of such problems and encouraging the pursuit and publication of research and surveys by financing research institutions (Al Eissa and Almuneef 2010). Both Al Eissa and Almuneef (2010) and Almuneef and Al-Eissa (2011) appear to feel that the NFSP is the way forward in Saudi Arabia; however, there is, as of yet, no statistical proof that the programme has been successful or prevented abuse from taking place.

The Child Protection Teams were created in 2008 following lobbying by members of the National Family Safety Program. The Child Protection Teams are hospital-based and work under the National Health Council, which is a body mandated to regulate and coordinate various health initiatives in the country (Al Eissa and Almuneef 2010). A total of 39 Child Protection Teams are spread across major hospitals in the 13 provinces of KSA, with the location of each team determined by local population density. The Child Protection Teams are made up of professionals drawn from several different relevant fields, including paediatricians, surgeons, nurses, psychologists, and social workers (Almuneef et al., 2016). The involvement of individuals from diverse fields in these teams is intended to ensure that child protection is conducted in an efficient and well-coordinated manner; however, the conduct of the child protection team is not always so orderly (Kolbo and Strong 1997). Members of the Child

Protection Teams are given free training by the National Family Safety Program and the National Health Council (Al Eissa and Almuneef 2010). The CPT was one of the key initiatives that have helped to shape the history of addressing child abuse in Saudi Arabia. It works closely with health centres to document cases and provide help to victims of childhood abuse (Al Eissa and Almuneef, 2010). According to CPT data, the rate of reported child abuse in the country between 2002 and 2008 increased tenfold, from 6.4 cases per year to 64.5 cases per year (Al Eissa and Almuneef 2010).

This does not necessarily point towards an increase in actual cases of abuse, as an increase in reported cases could be due to increased awareness amongst the public and other relevant stakeholders of the issue of childhood abuse and the need to address it. According to the CPT report, childhood emotional abuse and physical abuse were the dominant forms of child abuse with prevalence of 32.3% and 48.9% respectively (Almuneef and Al-Eissa, 2011). The report also indicates that parents are the main perpetrators of child abuse (Almuneef and Al-Eissa 2011). The protection of children from abuse in Arab countries is also mainly determined by the ability of the countries to identify the barriers that impede the identification and the reporting of cases of child abuse. According to Alrimawi et al. (2014), the existence of infrastructural and human-related barriers that limit the identification and the accurate reporting of incidences of child abuse in Arab countries is a major factor that leads to the inability of some of the Arab countries, such as Saudi Arabia, to deal with the increasing cases of child abuse. The major barriers that were identified by Alrimawi et al. (2014) include the lack of adequate training of the individuals who are responsible for the identification and reporting of child abuse cases. The other barrier is the lack of adequate coordination between agencies and government institutions that have the responsibility of protecting children against abuse. The researchers recommended that a clear and well-structured child protection framework should be put in place to help in ensuring that the different stakeholders who are involved in child protection are able to effectively coordinate their efforts towards enhanced protection of children.

Despite the various bodies that have been instituted to assist the victims of child abuse, it should be noted that, until 2011, no specific criminal law had been put in place to deal with cases of child abuse. Before the Child Rights and Protection Act of 2013, cases of child abuse were subject to lengthy and sometimes unsuccessful

processes of investigation (Al Eissa and Almuneef 2010). Saudi Arabia passed the Protection from Abuse Act 2013 to provide a legal basis for the conviction of individuals involved in child abuse, subject to jail time of up to one year or a fine of up to 50,000 riyals ($13,300). The punishment for involvement in child abuse under the Protection from Abuse Act thus remains lenient compared to similar laws in other jurisdictions such as the UK. In UK law, sentencing for child abuse is considerably more severe, for example, child sexual abuse offenders can serve up to 19 years in prison (Bradshaw 2016).

The mandatory reporting endorsed by Saudi Arabia in 2008 requires health professionals to report cases of suspected child abuse (Mathews 2015). To ensure that mandatory reporting is upheld, the law ensures the confidentiality of the source of the report. The Saudi Arabian Practice Bylaw will fine or suspend any health practitioner who fails to uphold the law of mandatory reporting when dealing with cases of child abuse. However, the operability of the law on mandatory reporting is challenged by a lack of proper structure and a paucity of details in terms of the reporting approach (Mathews 2015).

2.4 CHILD ABUSE IN SAUDI ARABIA

2.4.1 Definition
Child abuse is a term that is interchangeably used with the term childhood maltreatment, to collectively describe the ill treatment of children (Cawson et al., 2000). Based on the type of ill treatment the phrase refers to, childhood maltreatment is grouped into three broad categories: physical abuse, sexual abuse, and emotional abuse (Varese et al., 2012). Emotional abuse can occur as a result of sexual, psychological, or physical abuse, or be due to neglect (Al-Eissa et al., 2015). Globally, child abuse is currently an epidemic; the World Health Organization (WHO) estimates that reported cases of physical abuse by children range from about 25 to 50% globally, whilst 20% and 10% of women and men respectively reported having been subjected to sexual violence during their childhood (Kessler et al., 2010).

2.4.2 Prevalence of Child Abuse in Saudi Arabia

Various studies have suggested that the incidence of childhood abuse in Saudi Arabia is higher than that seen in developed countries. One of these studies was a cross-sectional study carried out by Almuneef et al. (2014), which set out to determine the relationship between cases of childhood maltreatment and risky lifestyles in adulthood amongst 931 participants (18 years and above) drawn from the general population in Riyadh. Using the Adverse Childhood Experiences International Questionnaire, Almuneef et al. (2014) noted that about 82% of the participants reported having experienced one or more type of childhood abuse. Moreover, most of the respondents were in a younger age bracket and hence better at recalling childhood experiences. Further research studies involving larger sample sizes are thus required to confirm the findings of Almuneef et al. (2014).

Studies by other researchers show that the true prevalence of child abuse in Saudi Arabia is somewhat smaller than reported by Almuneef et al. (2014). As mentioned previously, another cross-sectional study carried out by Al-Eissa et al. (2015) showed that in a sample of 2,043 adolescent students aged between 15 and 18 years, the prevalence of emotional abuse was 74.9%, whilst physical and sexual abuse rates were reported to be 57.5% and 14.0% respectively. Other research studies (Ibrahim et al., 2008; Almuneef et al., 2014b) also indicate similar trends in the prevalence of child abuse. The findings by Chartier et al. (2010) and the Centers for Disease Control and Prevention (2009) on child abuse in Canada and the US respectively, suggest that the proportion of cases there is smaller than in Saudi Arabia. Chartier et al. (2010) showed that 72% of adults in Canada had experienced one or more types of childhood abuse. Similarly, the study (n=29,212) by the Centers for Disease Control and Prevention (2009) indicates that the prevalence of individuals who had experienced one or more of the types of childhood abuse was about 59% in the US. However, observations suggest that the prevalence of child abuse is almost as high in the Philippines as in Saudi Arabia, with 75% of individuals reporting having experienced one or more cases of childhood abuse (Ramiro et al., 2010). These statistics indicate that incidences of child abuse are higher in developing countries than in their developed counterparts.

The prevalence of child abuse in Saudi Arabia has been reported by AlMadani et al. (2012) in a study that aimed to describe the sociomedical features of child abuse cases in Saudi Arabia. AlMadani et al. (2012) used a retrospective case-series approach with a sample size of 87 reported cases of assaults, to examine cases of children living in foster homes in Dammam, Saudi Arabia. AlMadani et al. (2012) found that cases of sexual abuse of children in the country are on the rise, and that forensic clinic services were now available in Saudi Arabia. These forensic clinic services play an important role in examining cases of child abuse and providing evidence that helps convict the perpetrators of serious cases of child abuse. The researchers, however, note that a lack of awareness concerning forensic clinic services and the role they play in addressing cases of sexual abuse contributes towards the growing pattern of child sexual abuse.

The recent study by Alsehaimi and Alanazi (2017) on the present state of knowledge and the progress that has been made in understanding the abuse of children in Saudi Arabia, observed that child abuse in Saudi Arabia is a bigger problem than has previously been reported. According to Alsehaimi and Alanazi (2017), about 50% of children are subjected to emotional abuse by the time they reach adolescence. In addition, Alsehaimi and Alanazi (2017) indicate that the Saudi Arabian government is massively underreporting cases of childhood emotional abuse. The researchers based their systematic review study on the analysis of the existing literature on child abuse in Saudi Arabia. Alsehaimi and Alanazi (2017) considered the studies that were published between 1990 and 2016, which enabled them to understand the historical context of the issue and link this to recent developments. According to Alsehaimi and Alanazi (2017), Saudi Arabia is ill-prepared to address the high number of child abuse cases in the region due to a lack of proper mechanisms and programmes. The researchers note that the country lacks the structures that safeguard children from abuse by parents and caregivers. Alsehaimi and Alanazi (2017) also associate the higher incidence of emotional abuse of children in Saudi Arabia to the conservative nature of the culture. The researchers, however, suggest that the country is moving towards a more culturally sensitive society that understands and addressed abuse in the home.

The increased focus on child abuse and the need to develop strategies for controlling child abuse are informed by an enhanced awareness of the long- and short-term impacts of such abuse on both the victims of abuse and society (Norman et al., 2012).

2.4.3 Causes of Child Abuse in Saudi Arabia

A study by Al Dosari et al. (2017) is one of the few studies that have assessed the causes of childhood emotional abuse in Saudi Arabia. The researchers specifically assessed how the perception of parents of child abuse influences the occurrence of physical and emotional child abuse. Al Dosari et al. (2017) used on a cross-sectional survey, which targeted parents of children attending three primary healthcare centres serving National Guard employees and their families living in Riyadh. Al Dosari et al. (2017) utilised a sample of 200 parents aged between 27 and 45 years. Their study sample was made up of 63.8% males and 36.2% females. The researchers note that about 34% of the parents who were involved in the study had experience themselves of child abuse when they were children. Al Dosari et al. (2017) also found that most cases of child abuse occurred in families where parents had been exposed to abuse during their own childhoods. According to the study, about 33.3% of the cases of child abuse in families occur as a result of the effect of the experiences of childhood abuse on the parents. Thus, the researchers claim that the parents who had been subjected to child abuse were more likely to subject their children to emotional abuse by perpetrating minor acts against them, such as isolating the children in their rooms, as well as the physical abuse of children being more frequent in families with parents with a history of childhood abuse.

Abramovaite (2015) reviewed and analysed the empirical literature and also found strong associations regarding intergenerational family abuse—child maltreatment and violence. In addition, Seay et al. (2016) carried out research into the intergenerational transmission of maladaptive parenting strategies with 402 participants from Mexican families with adolescent mothers living in the US. Their research confirms other studies in that it revealed that maladaptive parenting is transmitted across generations. All of this highlights the importance of preventing abuse in order to protect future generations and put a stop to its continuation through the generations.

2.4.4 Status of Child Abuse in Saudi Arabia

The first incidence of child abuse to be reported in the Kingdom of Saudi Arabia was in 1990, where a child was allegedly reported to have suffered a skull fracture due to physical abuse (Almugeiren and Ganelin 1990). However, child abuse certainly existed before the 1990s in the countries located in the Arabian Peninsula, including Saudi Arabia (Almuneef and Al-Eissa 2011). In addition, after a report by Almugeiren and Ganelin (1990), further reports on child maltreatment in the region were published (Qureshi and Al-Eissa, 1992; Kattan et al., 1995; Elkerdany et al., 1999; Karthikeyan et al., 2001).

The status of child abuse in Saudi Arabia can also be assessed based on the attitude of the professionals involved in the investigation and reporting of child abuse cases in the region. A recent study that was conducted by Al-Saif et al. (2018) found that there are variations in the attitudes of professionals towards the reporting of child abuse. The researchers note that the variation in the reporting is influenced by the gender and the level of training of the professionals who are involved in the investigation of child abuse. Specifically, Al-Saif et al. (2018) state that men were more likely to underreport cases of child sexual abuse. The researchers argue that this observation could be due to Saudi culture tending to be forgiving towards the individuals who perpetrate child abuse. The researchers also found that the professionals with higher training are more concerned about underreporting of child abuse as opposed to the professionals with a lower level of training. This variation in the attitudes towards the reporting of child abuse based on education status may be associated with the fact that the professionals who are more educated have a better understanding of child abuse and how the victims are affected (El-Gilany et al., 2010). Al-Saif et al. (2018) based their findings on a cross-sectional, web-based study, which involved a total of 327 healthcare professionals, such as psychiatrists (20%), doctors (24%), social workers (24%), educators (17%), law enforcement officers (9%), and medical examiners (5%). The age of the selected sample varied, with 53% being aged above 40 years. The male respondents constituted 54% of the sample. Based on the findings reported by Al-Saif et al. (2017), it is evident that not all members of Saudi Arabian society are willing to address the issue of child abuse. The underreporting of child abuse by the professionals, who should play an important role in the safeguarding of children from abuse, negatively impacts on the ability of other institutions and personnel to address

the issue. It is likely that this underreporting of child abuse also makes abused individuals feel that society is not willing to help them, hence they may resort to living with the unresolved experiences, which may have long-term effects on their lives.

Research findings suggest that child abuse can cause various health problems during adulthood, with one of the main health concerns being mental health issues (Norman et al., 2012). Mental health cases in Saudi Arabia and the association between mental health issues and child abuse are thus discussed in the next section.

2.5 ASSOCIATIONS BETWEEN CHILD ABUSE AND MENTAL HEALTH ISSUES

Adverse Childhood Experiences (ACEs) have been found to have a negative impact on mental health in later life. This is because mental health problems may occur due to:

> A complex set of highly interrelated experiences that may include childhood abuse or neglect, parental alcohol and drug abuse, domestic violence, parental marital discord, and crime in the home (Dong et al., 2004, p. 772).

They carried out their research in the US using data from a health plan that involved 8,629 adult members. Dong et al. (2004) suggest a link between experiencing ACEs and adult psychiatric conditions, which highlights the need to deal with issues around child abuse as its impact is far-reaching and long-lasting. Moreover, along with Dong et al., noting the link between different types of ACEs and the likelihood that they will present together, such as domestic violence and child abuse, Chapman et al. (2003) also found a link between ACEs such as child abuse and symptoms of depression in adults in their retrospective cohort study of 9,460 adults in the US. Therefore, they state that:

> Exposure to ACEs is associated with increased risk of depressive disorders up to decades after their occurrence. Early recognition of childhood abuse and appropriate intervention may thus play an important role in the prevention of depressive disorders throughout the life span (Chapman, 2003, p. 217).

This highlights the link between child abuse and mental health.

Few studies have explored the specific impact of child abuse on mental health within the Saudi population. One such study, however, was conducted by Hyland et al. (2014), and aimed to establish the frequency of recall of childhood abuse by adults and its association with mental health problems amongst Saudis. The study was based on a group of 259 men who were selected from a mental healthcare facility in Dammam, Saudi Arabia. The selected sample included individuals who misused substances and had mental health problems such as depression and personality disorders. Hyland et al. (2014) observed that the individuals who reported a high frequency of abuse during childhood were at a higher risk of developing depression and personality disorders compared to those who could not recall any instances of abuse. Based on these findings, it may be that the mental health of individuals is influenced not only by the childhood abuse itself, but also by the ability to recall early childhood maltreatment. This suggests that repression or amnesia could help victims of trauma avoid mental health problems in later life. It is also important to note that Hyland et al. (2014) focused on physical abuse, such as corporal punishment, as the major form of abuse under discussion. This is particularly important given that, as indicated earlier in this discussion, corporal punishment, mainly caning, is allowed in Saudi Arabia as a form of child discipline. Child abuse resulting from corporal punishment thus affects 48.9% of Saudi children (Al Eissa and Almuneef 2010).

According to the study carried out by Al Dosari et al. (2017) mentioned above, most of the parents in Saudi Arabia view physical punishment as an educational tool, and parents sometimes find it hard to differentiate between disciplining the child and physical abuse of the children. Furthermore, Hyland et al. (2014) suggest that, in Saudi Arabia, experiences of child abuse are associated with the development of mental conditions following their study carried out on an addiction ward for males in Damman over a three-month period. Hyland (2014) requested 259 male patients to complete two surveys: The Patient Health Questionnaire (PHQ-9) (a self-report measure of the severity of depression) and fifteen items from a semi-structured clinical interview for diagnosing personality disorders. An interpretation of the findings presented by Hyland et al. (2014) should be done based on the various limitations inherent in the study. One of the major limitations is the fact that the sample in the study by Hyland et al. (2014) consisted only of men, so that the outcomes of the study have only limited generalisability as it does not include

females. It is also possible that the study was also affected by high rates of inaccuracy in terms of participants recalling and reporting past experience, as the study relied on self-reporting of past experiences by the respondents.

The relationship between childhood abuse and the development of mental health problems during adulthood in Saudi Arabian society is also described in a study carried out by Almuneef et al. (2014). This study is based on a sample of 931 participants aged over 18 years old. The researchers selected participants from the general population in Riyadh, Saudi Arabia, and observed that cases of mental illness, such as depression and anxiety, were more frequent amongst those Saudi adults who reported experiencing abuse during their childhood. Based on this study, child abuse has an influence on the mental health status of adults in Saudi Arabia. However, there is a need for further studies into this subject, as the current studies are limited in terms of discussing the influence of child abuse on mental health from a national perspective.

It is important to note that the observed relationship between childhood abuse and mental health problems is not only a problem in Saudi Arabia. Various studies conducted in different countries have reported a negative influence of childhood abuse on mental health during adulthood. Afifi et al. (2016), in research that aimed to assess how experiences of childhood abuse relate to the development of mental health conditions amongst Americans, noted that experiences of child abuse have generally negative mental health outcomes. Afifi et al. (2016) collected data from participants age over 18 years old from the 2012 Canadian Community Health Survey: Mental Health (n 23,395), and they found that 72.4% of respondents without a history of child abuse report good mental health, whereas only 56.3% of respondents with a history of child abuse reported good mental health. This clearly shows the negative impact that child abuse has going into adult life.

Several studies indicate that mental illness in adulthood is sometimes caused by maltreatment experienced in childhood. For example, Spataro et al. (2004), in their study involving a group of 1,612 individuals sampled from the Victorian Institute of Forensic Medicine, Australia, note that cases of adulthood mental illness were more frequent amongst Australian adults with past experiences of childhood maltreatment.

The high frequency of mental health cases amongst individuals subjected to child abuse in Finland was reported in a study that assessed 1,803 individuals selected from a Helsinki Birth Cohort Study (Alastalo et al., 2013), whilst a study carried out by Bebbington et al. (2011) also revealed that experiences of childhood abuse, especially sexual abuse, were highly related to cases of psychosis in adults in the UK. The conclusions of Bebbington et al. (2011) are based on information collected from the large-scale Adult Psychiatric Morbidity Survey (2007), and subsequent interviews with 7353 people were carried out by experienced interviewers from the National Centre for Social Research.

The relationship between childhood abuse and mental illness was also highlighted in a recent study by Li et al. (2016), who carried out a systematic review that involved searching electronic databases and grey literature from 1990 to 2014 for cohort studies on depression and/or anxiety and non-recall measurements of childhood maltreatment. The researchers based the study on data collected from existing cohort studies and note that most studies agree on the negative influence childhood abuse has on mental health by causing people to become more prone to mental health issues such as depression and anxiety.

Various studies have indicated that the age at which a child is exposed to abuse influences the potential development of mental health conditions later in life. A study carried out by Cutuli et al. (2013) notes that children exposed to abuse between the ages of zero and 18 are at a higher risk of developing depression. Scott et al. (2010) also note that the abuse of children between birth and 17 years is associated with a higher risk of developing anxiety and depression in adulthood. Widom (1999) and Widom et al. (2007) similarly claim that the exposure of children aged zero to 11 to abuse is associated with increased experiences of mental health disorders.

As indicated earlier in this literature review, the most frequently reported type of child abuse in Saudi Arabia is physical abuse, mainly related to corporal punishment. Various researchers have related childhood physical abuse to a high risk of mental health conditions such as depressive behaviour and post-traumatic stress disorder during adulthood (Brown et al., 1999; Widom, 1999). Thus, to gain a clearer

understanding of child abuse and its relationship to mental health, it is important to establish the general level of mental health in Saudi Arabia.

2.6 MENTAL HEALTH IN SAUDI ARABIA

Research in Saudi Arabia suggests that poor mental health is experienced at alarmingly high rates across the course of people's lives (Al Gelban 2009; Abdulghani et al., 2011). A study carried out by Al-Khathami and Ogbeide (2002) aimed to establish the rate of mental health conditions amongst 609 Saudi nationals (aged 15 to 65 years) under primary care; the researchers observed that the prevalence of mental illness was high amongst Saudis, such that more than half (53.4%) of the women and 46.6% of men had some form of mental illness. The researchers observed that there were differences in the prevalence of illnesses between younger and older individuals, with the prevalence of such conditions being significantly higher amongst the elderly. Another study carried out by Abdulghani et al. (2011) also indicates that the prevalence of mental health issues is high amongst resident trainee physicians, and so an educated Saudi population. Abdulghani et al. (2011) focused on establishing the frequency of stress amongst students (n=892) aged 21.3 (±1.7) years. The study by Abdulghani et al. (2011) took a cross-sectional design, whereby participants filled out self-reporting questionnaires. The researchers established that about 63% of the participants experienced stress, with severe stress being reported amongst 25% of students. A similar cross-sectional study carried out by Al Gelban (2009) involving female students (n=545 girls, aged between 14 and 19 years) showed that there was a high incidence of mental health issues such as phobic anxiety, depression, anxiety, and paranoid ideation amongst participants.

The reported prevalence of mental illness in Saudi Arabia is high compared to prevalence rates in developed countries such as the UK. Bennett et al. (2004) showed clearly that the prevalence of mental illnesses such as depression, post-traumatic stress disorder, and anxiety in the UK is lower than that reported in Saudi Arabia. From a total of 617 participants, Bennett et al. (2004) observed that the prevalence of anxiety, depression, and posttraumatic stress disorders was 22%, 10%, and 22%, respectively. The report by WHO on the global burden of mental health also indicates that the burden of mental illness in other parts of the world, such as Europe and the US, is lower than that observed in Saudi Arabia (Kessler et al., 2009).

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2.6.1 Mental Healthcare in Saudi Arabia

The study carried out by Alzahrani et al. (2017) highlights the mental health challenges that are currently facing Saudi Arabia. The researchers note that there is lack of sufficient care for people who are experiencing mental health problems in Saudi Arabia. Alzahrani et al. (2017) carried out their study on the basis of Saudi Arabia's decision to deinstitutionalise the mental health services, that is, treat mental health patients within their own communities instead of institutions, which the researchers argue poses a challenge associated with the unpreparedness of informal caregivers to provide care to the growing population of Saudis with mental health problems. Alzahrani et al. (2017) based their study on a cross-sectional design that involved a total of 377 caregivers of people with a mental illness. The researchers selected their sample from a psychiatric hospital in Jeddah. The mean age of the participants was 36.6 years (SD = 11.4 years). Alzahrani et al. (2017) note that most of the caregivers of people with a mental illness lack professional support from the relevant agencies and government institutions, which makes their job challenging. It is evident from the study by Alzahrani et al. (2017) that the deinstitutionalisation of caring for people with mental illness needs to be addressed so as to ensure that mental healthcare in Saudi Arabia is effectively addressed. In the context of the current study, the findings by Alzahrani et al. (2017) demonstrate the extent of mental health problems in Saudi Arabia and the challenges that are faced by people who are experiencing mental health problems, and the need to establish effective ways of supporting the individuals who care for people experiencing mental health problems, such as providing adequate knowledge on how to provide care for such people.

A recent study carried out by Alosaimi et al. (2017) explored the current patterns of mental health problems amongst people in psychiatric settings in Saudi Arabia, and found that the mental health problems vary amongst inpatients and outpatients. The study was based on a cross-sectional observational design and it was carried out between 2012 and 2014. Alosaimi et al. (2017) based their study on a group of 1,205 patients who were recruited from major hospitals in Saudi Arabia. All the participants were aged above 18 years and with an average age of 38.1 years. The researchers obtained data through mini-interviews and reviews of patients' charts. From their study, Alosaimi et al. (2017) note that schizophrenia and bipolar disorder are the most common types of mental health problems amongst the inpatients, whilst major

depressive disorder is common amongst outpatients in the country. The researchers note that schizophrenia makes up 58% and 28.8% of the mental health problems that are reported amongst inpatients and outpatients respectively. The researchers observed that the occurrence of the mental health problems in Saudi Arabia is associated with employment and financial status, which seems unlikely given the complicated nature of mental health problems and the influence of both biology and environment on the development of mental health issues. According to Alosaimi et al. (2017), 71.4% of people with mental health problems are unemployed, whilst 61.9% of them have low family-income levels. The researchers also found that mental illness varies across different age groups. According to the study, the prevalence of psychotic and bipolar disorders is higher amongst younger people (aged below 40 years), whilst depressive disorders are common amongst individuals aged above 60 years. Alosaimi et al. (2017) also noted that primary psychotic disorders and secondary psychiatric disorders are more prevalent amongst men, whilst the prevalence of depressive disorders is higher amongst women.

The interaction that exists between people that have mental health problems and the general population, including healthcare providers, is important in determining the opportunities and support that is available for people who are suffering from mental health disorders. The nature of the interaction between the mental health patients and the healthcare providers determines the readiness of the patients to discuss with the providers the details regarding their private life, which might help in resolving their mental health problems. One of the main factors that influence the interaction between people who have experienced mental health problems and healthcare providers is the beliefs held by the healthcare providers regarding the problems faced by those using the services. A study by Alyousef (2017) was one of the recent studies that have examined beliefs around mental health problems experienced by the patient, and the attitudes of healthcare providers. Alyousef (2017) assessed the healthcare professionals' emotional responses towards people with mental health problems. The researcher based his study on a descriptive design. The study was based on a sample of 50 healthcare professionals with an equal number of psychiatrists, clinical psychologists, clinical social workers, and mental health nurses from various hospitals in Saudi Arabia. Alyousef (2017) noted the presence of a stigma attributed to the

patients with mental health problems amongst the healthcare professionals, which had the potential to negatively influence how patients responded to treatment.

2.6.2 Mental Health and Stigma

In the context of the current study, stigma, the mark of disgrace against a particular person for some reason, was observed amongst healthcare providers toward individuals with mental health problems. Such stigma is likely to limit the willingness to open up about private past experiences, which leads to inadequate diagnosis and treatment. Alamri (2016) provides in-depth insights into the existence of a stigma towards mental illness in Saudi Arabia and how such a stigma impacts on the acceptability of the people who have mental health disorders. The researcher argues that despite the high prevalence of mental health problems in Saudi Arabia, the social stigma of mental illness continues to be observed in Saudi society. Alamri (2016) based his critical discussion on data from a study that involved a group of 237 outpatients and their family members who were sampled from a tertiary neurology clinic in Saudi Arabia. According to Alamri (2016), the existence of a social stigma towards individuals with mental health problems is attributed to the upbringing and knowledge of the society about mental health illnesses and their causes. The researcher argues that the social stigma can be reduced by encouraging increased interaction between the general population and individuals with mental health challenges. The study that was carried out by El-Gilany et al. (2010) showed that enhanced knowledge about mental health problems and increased interaction with the individuals suffering from mental health disorders are required in the drive to change perceptions in society regarding mental health disorders. El-Gilany et al. (2010) based their research on a study that involved 56 fifth-year male medical students who were recruited from Al-Hassa College of Medicine, King Faisal University, and had a mean age of 23.11 ± 0.57 years. They found that the students had favourable views and perceptions regarding mental health problems after gaining experience in the subject. Griffiths et al. (2014) assessed the effectiveness of various interventions in the management of stigma towards people who have experienced mental health problems, and their findings support the importance of educational interventions. Griffiths et al. (2014) based their findings on a systematic review of 34 relevant papers with a total of 9,598 participants.

Despite the high prevalence of mental health issues observed in Saudi Arabia, various researchers have indicated that people who have experienced mental health problems and services in the country still face the added challenge of stigmatisation (AbuMadini and Rahim, 2002). It has been suggested that women are the most affected by stigma towards mentally ill people, which not only acts as a barrier to help-seeking behaviours but may also increase the risk of serious mental illness such as depression (AbuMadini and Rahim, 2002). Significantly, Alyousef (2017) observed that healthcare professionals in Saudi Arabia view people who have experienced mental health problems as a burden and some were found to admit to avoiding social relationships with people with mental health issues in their private lives, despite being positive towards assisting them as patients and providing a high quality of care. Therefore, this clearly shows the stigma attached to mental illness. The researcher also reported that healthcare professionals in Saudi Arabia regard individuals with mental health problems as being abnormal and therefore not neurotypical. Alyousef (2017) suggested that the stigma attributed to people who have experienced mental health problems is a social issue in the country, which acts as a significant barrier to the provision of the required treatment for those with mental health problems.

2.7 SUMMARY

Further appraisal of these studies suggests that the literature highlights a disconnect between how Islam counsels against child abuse, as explored by Saidu and Oguntola (2017), M'Daghi (1995), and Al-Khatib (2005), and the prevalence of such abuse in Saudi Arabia. In actuality, a study by Almuneef et al. (2014) found that 82% of the participants had reported that they had experienced some form of child abuse, although a larger sample size was needed to verify these findings. However, a study by Al-Eissa et al. (2015) found that 74.9% of participants reported experiencing emotional abuse in childhood, whilst a further 57.5% experienced physical abuse in childhood and 14% had experienced sexual abuse. These statistics indicate that legislation and cultural prohibitions of child abuse have not prevented it from taking place. As well as this, it is clear that studies carried out in a Western cultural context might not be applicable to the cultural context of Middle Eastern countries such as Saudi Arabia. Thus, comparisons have been made between Western studies and their Saudi Arabian counterparts to remedy this potential deficiency in the research.

It is evident that the prevalence of child abuse is high in Saudi Arabia, despite recent efforts at raising awareness and the introduction of relevant legislation. The high level of cases of child abuse increases the risk of mental health problems in the country, as an association between adult mental health problems and childhood abuse has been demonstrated within many studies. However, there are far fewer studies that have examined this association in a Saudi Arabian context; thus, the evaluation of the link between mental health problems found in Saudi adults and their childhood experiences may provide more insights into this relationship and may therefore inform future strategies that could be adopted in the management of adult mental health problems.

CHAPTER THREE

THEORETICAL PERSPECTIVES

3.1 INTRODUCTION

Whilst the secondary literature on this topic reveals the factors and trends associated with childhood emotional abuse, theories concerning the origins and effect of childhood emotional abuse are explored here in order to gain a better understanding of the occurrence of childhood emotional abuse in Saudi Arabia and how individuals may relate past abuse to their mental health. Stigma theory and attachment theory will be used in an attempt to elaborate on the link between society's perception of childhood emotional abuse, as well as the subsequent mental health issues that arise in adult life. Adverse childhood experience theory, the cycle of violence, developmental progression theory, social learning theory, and theories that suggest that childhood emotional abuse has such a profound emotional impact as a result of its traumatic nature, such as trauma theory, dissociation theory, and revictimisation theory, will also be explored (Goffman, 1963; Bowlby, 1969; Regoli et al., 2017; Nijenhuis and Sieff, 2015; Fisher and Lab, 2010; Wolfe, 1987; Zurbriggen et al., 2010). These theories have been chosen because they provide some explanation as to why abuse in childhood can lead to mental health issues and emotional problems in adulthood. Thus, the following chapter explores the theories used, why they were chosen, how they relate to the research objectives, how the theories applied in this research have been used in the past, and the advantages and disadvantages of each theory.

3.2 STIGMA THEORY

Stigma theory can be used to explore how those who have experienced childhood emotional abuse are understood by their peers, as well as the mental health issues that may have resulted from this experience in adult life (Ahmedani, 2011). Sociologist Erving Goffman first developed stigma theory in the 1960s. According to Goffman, stigma is an:

> Attribute, behaviour, or reputation that socially discredits an individual. Such personal characteristics cause the individual to be rejected, and classified as undesirable. (Goffman, 1963, p. 2).

Goffman (1963) asserted that stigma reduces an individual's life chances, and that because of stigma the individual is seen as not quite human. He also promoted the idea that stigma is not just something that happens but is representative of how relationships are conducted as by labelling one person or situation as deviant serves to normalise the individual who has made that label (Deacon et al., 2005). The literature that explores Goffman's original definition of social stigma indicates that, in this context, stigma is an actual or inferred attribute, that is, something that is obviously present or could possibly be present, that serves to damage the reputation of the person possessing that trait and degrades their social status (Mukolo et al., 2010). Consequently, rejection and social devaluation are normal experiences for the stigmatised, and individuals closely associated with the person stigmatised may also be affected on the basis of the close personal affiliation (Mukolo et al., 2010). Hopper et al. (2019) observe that such stigma is commonly experienced by victims of childhood emotional abuse, a phenomenon that will be explored further when the findings of the primary research are evaluated.

When analysing the social basis for stigma, Goffman (1963) identified three sources of social stigma. The first was physical deformities of the human body. The second category was undesirable character traits such as weak will, passions that are socially unacceptable, rigid beliefs, or dishonesty. Examples of the second category include mental illness and sexual orientation (Goffman, 1963). The third and final of Goffman's (1963) social bases for stigma are racial, national, or religious affiliations. Childhood emotional abuse and adult mental illness would, therefore, fall into the second criteria for social stigma due to it perhaps being viewed as a weakness, as well as being socially unacceptable in Saudi society (Almuneef and Al-Eissa, 2011).

Stigma theory can be argued to be relevant to the exploration of the consequences of childhood emotional abuse in adulthood, as the original construct of stigma theory was further developed by Thomas Scheff in 1974. A variant of stigma theory, modified labelling theory, was originally hinted at by Emile Durkheim in his work, *Suicide*, and developed by George Herbert Mead in order to consider the social construction of negative personal attributes that might lead to a person to be labelled as such, thereby contributing to negative behaviour (Durkheim, 1897; Mead, 1934). These theories thus explore the sociocultural context of stigma and the shame

associated with mental illness. For example, Scheff (1974) claims that stereotyped images of mental illness are learned in childhood, which would therefore cause fear and shame in the person suffering as well as creating deep-rooted cultural perceptions. Moreover, Scheff (1974) points out the difficulties in changing entrenched cultural ideas around mental illness. Furthermore, the presence of factors leading to social stigma has been found to relate to a higher incidence of child abuse in Saudi Arabia. For example, the Saudi Arabian study into child abuse by Almuneef et al. (2016) (presented in the literature review) indicates that child abuse is more common in homes where the father is unemployed, which is significant due to unemployment being stigmatised in Saudi Arabia (Bowen, 2008). Unemployment is seen as a failure for Saudi Arabians due to the Bedouin prejudice against manual labour, which means most low-paying jobs are held by foreign-born workers, resulting in unemployed Saudis being perceived to be professional failures (Bowen, 2008). The increased cases of child abuse in families with unemployed fathers could be due to the financial challenges associated with unemployment (Christoffersen, 2000). Thus, these findings suggest that child abuse is more common when a child is living in a home situation characterised by economic and social disadvantages.

Studies also associate the experience of abuse with both externalised and internalised forms of stigma. For example, Kennedy and Prock (2018) suggest that past experience of childhood sexual abuse, sexual assault or intimate partner violence can lead to stigma as these crimes violate social norms about what is appropriate and acceptable behaviour. Victims of childhood emotional abuse may therefore experience internal stigma due to external stigma in forms such as victim-blaming messages from broader society as well as specific stigmatising reactions from others in response to disclosures of abuse (Kennedy and Prock, 2018). Such stigma is then internalised by survivors of abuse in the forms of shame, self-blame and anticipatory stigma (Kennedy and Prock, 2018). Stigma and stigmatisation therefore play a role in the thought, feelings and behaviour of survivors of childhood emotional abuse, sexual assault and intimate partner violence as they recover as it can lead to revictimisation and to survivors declining offers of assistance with their recovery process (Kennedy and Prock, 2018). Also, Gibson and Leitenberg (2001) note that stigma associated with certain forms of abuse, such as sexual abuse, can lead to victims resorting to disengagement methods as a way of coping with trauma.

Link et al. (2005) refer to stigma consciousness, which they describe as a perception by a person that they have been stereotyped and the impression that others judge them on the basis of that stereotype. Therefore, stigma is often an internal perception rather than an external experience. This has a major impact on the way some people with mental illness approach social situations, including the workplace, as they may fear rejection, as well as worrying about their behaviour being scrutinised for signs of their symptoms (Link et al., 2005). In the context of this study, stigma consciousness can be used to explain the self-isolation and reclusiveness reported by many participants in adult life as it shows how stigma may lead to the person being afraid to go out and interact with others and increase nervousness in work situations. Clement et al. (2015) carried out a review of 144 studies on people seeking assistance for mental health issues from 1980 to 2011. Their findings suggest that people are not as likely to seek assistance with mental health issues due to the stigma attached to it, especially men and ethnic minority groups. In addition, Thornicroft et al. (2016), who also conducted a systematic review, claimed that the stigma related to mental health can have an even worse impact on the person than the illness itself, and they suggest social contact as a way of addressing this problem. According to a study by AlAteeq et al. (2018), there is stigma associated with mental illness in Saudi Arabia as over 50% of the 93 individuals with a mood disorder surveyed reported hiding their mental illness from others to avoid stigma. However, AlAteeq et al. (2018) also found that mental illness was more stigmatised in Canada and Korea than it was Saudi Arabia. This suggests that there is a stigma against mental illness in Saudi Arabia, but it is less pronounced than in the West or Asia. This is interesting in the context of this study as it suggests that there is less stigma associated with mental illness in Saudi Arabia than other parts of the world. Therefore, it may be the case that the stigma the study participants may encounter may be more connected to their experience of abuse and social status than their struggles with mental illness.

3.2.1 Issues with Stigma Theory

However, one potential issue with stigma theory is that Goffman (1963) has been criticised for assuming that stigma is entirely located within the person (Elliott and Lemert, 2014). It has been suggested that the idea that stigma is located within the individual arose because early research into stigma focused on the point of view of the stigmatiser, rather than from the perspective of the stigmatised (Mukolo et al.,

2010). Therefore, Goffman's theory has been expanded on by others to also focus on the perspective of society as a whole, rather than the experience of those experiencing stigma. This aspect of stigma theory is problematic as it fails to understand abuse from the perspective of the person who has experienced it as the purpose of this research is to explore emotional abuse from the perspective of the abused.

One aspect neglected by stigma theory is cultural context. To remedy this, Foucauldian Discourse Analysis (FDA) can be applied as it considers how power relations in society can be understood through the study of language and cultural practices (Edwards et al., 2002). FDA is applied to understand how children respond to experiences of abuse and develop a sense of self after having been abused (O'Neachtain, 2013). As such, FDA can be used by researchers to consider why the abuse took place and how it affects how victims attempt social discourse after abuse (Stoner and Perkins, 2005). Thus, FDA can be used by researchers to explore how dominant cultural and social discourses shaped the perception of victims of the abuse they experienced in childhood (Hlavka, 2008).

Studies from the 1960s onwards indicate that the framework of stigma theory has the capacity to evolve and develop as social attitudes change. Although Goffman's work on stigma was undertaken in the 1960s, stigma, or what human traits and behaviours are labelled as 'abnormal,' are socially defined (Dillon 2010). Therefore, the traits stigmatised by society vary according to societal expectations and understandings of change. For example, in the 1980s the American Psychiatric Association removed homosexuality from the list of mental health problems presented in the third *Diagnostic and Statistical Manual of Mental Disorders* (Dillon 2010), which shows that different societies can change their views on mental health issues and behaviour choices over time. In addition, despite stigma theory being developed in a Western context, it can still be applied to the alternative example of society in Saudi Arabia to explore the stigma towards childhood emotional abuse and adult mental illness. In accordance with this idea, Tyler and Slater (2018) argue that the role of cultural and political factors needs to be better understood in order to fully appreciate the nature and role of stigma in society.

3.2.2 Stigma and Mental Health

Research undertaken into stigma suggests that people fear and avoid individuals who suffer from mental illness, despite a dramatic increase in effective treatments and awareness of the biological and genetic causes of mental health problems (Crisp et al., 2000; Martin et al., 2008). For example, many people with mental health problems experience stigma relating to their illness, including loss of employment or housing opportunities (Cicero, 2017). Also, negative experiences and attitudes towards mental illness have a detrimental impact on the quality of life of those affected by mental illness and their families (Katsching, 2000). Furthermore, people with mental illness may be perceived to be weak or violent by others (Cicero, 2017). As well as this, some people with mental illness experience self-stigma, leading them to internalise societal ideas about themselves (Cicero, 2017). Self-stigma is particularly problematic as it increases the likelihood of a poor outcome for those with mental illness (Cicero, 2017). This is because both internal and external stigma against mental illness leads to low service use, inadequate treatment, poor research funding, and difficulty in recovering from mental illness (Markowitz, 2001).

Martin et al. (2008) propose that stigma theory can be applied to increase understanding of what individuals with mental illness go through on a daily basis and identify the factors that lead to prejudice and discrimination against them. To this end, Martin et al. (2008) developed a Framework Integrating Normative Influences on Stigma (FINIS). FINIS is inspired by Goffman's idea that to understand stigma, it is first important to develop a language of social relationships as well as acknowledging that everyone comes to social interactions with prior understandings and motivations (Martin et al., 2008). It is important to note that the FINIS framework acknowledges that individuals do not enter social interactions free of motivation and affect (Pescosolido et al., 2008). As such, the aim of human interactions is to create change. Thus, the FINIS framework indicates that stigma in the case of mental illness is related to language and normative expectations of how people with mental illness behave in a social context. However, Tyler (2018) critiques Goffman's conceptualisation of stigma theory on the basis that it only considers stigma from one perspective, rather than asking how stigma is used by individuals, communities and groups to produce and reproduce social inequality, a concept that is important in the context of this study.

3.2.3 Stigma and Childhood Abuse

Stigma is also directed against survivors of childhood abuse. Kennedy and Prock (2018) found that adults who had experienced childhood sexual abuse reported stigma in the form of victim-blaming messages and stigmatising reactions from others when they disclosed that they were abused. Also, Kennedy and Prock (2018) observe that victims of childhood sexual abuse may internalise stigma, leading to feelings of shame, self-blame, and anticipatory stigma, where stigma is internalised because the stigmatised person feels it might happen so he or she prepares for it. Therefore, stigma and stigmatisation play an important role in shaping survivors' thoughts, feelings, and behaviours as they recover, and affect their ability to seek help, develop healthy attachments to others, and increase the risk of revictimisation in future (Kennedy and Prock, 2018). Furthermore, a study was undertaken by Feiring et al. (2009) amongst 160 young people who had experienced sexual abuse in childhood in regard to their experiences concerning romantic intimacy. The researchers found that stigmatisation, particularly abuse-specific shame and self-blame as well as internalising symptoms, accounted more than the severity of abuse those in the sample experienced for future sexual difficulties and the prevalence of aggressive behaviour during dating (Feiring et al., 2009). Therefore, both external and internal stigma affects those who have experienced childhood abuse in adulthood. As such, it is important to understand how childhood emotional abuse affects all aspects of the childhood experience to appreciate the impact of childhood emotional abuse on the child's development.

3.3 ATTACHMENT THEORY

3.3.1 Attachment Theory and Childhood

The psychologist, John Bowlby, introduced the term 'attachment theory' to refer to the notion that a strong physical and emotional attachment to at least one primary caregiver is a critical aspect of developing an emotionally healthy and stable personality in adulthood. Attachment theory accounts for how childhood emotional abuse affects personal development. Holmes (2000) points out that because abuse in childhood affects the formation of the child's personality, attachment theory can be applied to explain how this is related to the attachment the child forms with their primary caregiver(s). Attachment theory therefore explains how childhood emotional

abuse affects the child's early bond with the caregiver and may go on to affect their social interactions and general outlook in adult life.

In instances of childhood emotional abuse, the parent is insensitive or unresponsive to the needs of the child, creating a disturbed or faulty attachment. Bowlby theorised that attachment is formed through an internal process experienced by the child (Marrone, 2014). Bowlby explained this internalisation process in the following terms:

> …The model of himself that he [the child] builds reflects also the images that his parents have of him, images that are communicated not only by how each treats him but by what each says to him. These models then govern how he feels towards each parent and about himself…. (Marrone, 2014, p. 43)

The child's attachment towards their parent/caregiver is therefore informed by the impression the child has gathered of what they think of them. The three types secure, insecure avoidant and insecure ambivalent/resistant were devised by Mary Ainsworth following her research based on the Strange Situation experiment. Furthermore, Shaffer (2009) notes that four attachment classifications have been identified: secure, resistant, avoidant, and disorganised/disorientated. The three latter attachment styles are collectively considered to be insecure attachment styles. Whilst a secure attachment style predicts intellectual curiosity and the development of social competence in later childhood, insecure attachments result from trauma and can lead to negative child outcomes (Shaffer, 2009; Cook et al., 2017; Osborne and Berger, 2009).

Bowlby (1969) noted that children are biologically pre-programmed to form attachments with others as a means of facilitating survival. Attachment theory hypothesises that a faulty attachment between parent and child causes the child harm. The parent-child attachment is reciprocal in nature, and that attachment can be interrupted or disturbed by the character of either the parent or the child, or by their living environment (Smith and Fong 2004). For example, a parent may struggle to bond with a disruptive, badly behaved child or a child may struggle to bond with their parent if the parent does not express affection towards them. It has been said that:

> Children who do not develop a secure attachment to an adult, usually the mother, have difficulty throughout their lives forming healthy relationships with peers, family, and others in their lives. These children are also at risk for

disorders such as failure to thrive syndrome and subsequent personality, social and learning disorders. (Hirschy and Wilkinson 2010: 23)

In other words, an insecure attachment to a caregiver in childhood increases the likelihood of developing health issues, and in particular, mental health issues in later life (Chapman 2003). Gross et al. (2017) explain that secure attachments are achieved when children receive comfort from their caregiver during times of distress, whereas insecure attachments develop when children do not feel comforted. Furthermore, if a child experience caregiving that scares it, it is more likely to develop a disorganised attachment, where the child develops an increased tendency to develop insecure attachments in adult life as a result of abuse experienced in childhood (Corby et al., 2012). These kinds of attachments are characterised by problems with regulating distress or having a strategy to regulate it when the child is in the same environment as the caregiver who scares them (Gross, 2017). Thus, attachment theory was originally used to emphasise the importance of young children developing a close, secure attachment with a primary caregiver.

3.3.2 Attachment Theory and Adult Issues

A lack of secure attachment has an impact later on in life, including with regard to parenting skills, as adults who experienced insecure attachment may go on to parent in an 'intrusive and insensitive' way (Gross, 2017, p. 672). Several studies have explored attachment theory in relation to problems in adult life. For example, Riggs (2010) applies attachment theory to the development of maladaptive interaction patterns in adult romantic relationships, suggesting that emotional abuse in childhood leads to individuals developing an insecure attachment pattern, resulting in an impairment of emotional regulation, and a negative view of the self and others, leading to maladaptive coping responses, inference with social responses, social functioning, and the impairment of future capacity to form secure adult attachments (Riggs 2010). Furthermore, the study found that insecure attachments in childhood could lead to poor mental health, which also has a negative effect on the long-term outcome and quality of adult romantic relationships (Riggs 2010), therefore both affecting the adult themselves, their partner, and any children that they have. Hence, this example indicates that the quality and securing of attachments between child and caregiver in childhood have a significant impact on adult relationships and mental

health. Using attachment theory to explore how individuals relate past childhood emotional abuse to adult mental illness is useful because it indicates that dysfunctional families, whether nuclear or extended, can contribute to insecure attachments in childhood (Cicchetti, 2016). But the challenge of exploring the consequences of childhood emotional abuse in adulthood through the lens of attachment theory is that every parent-child relationship is unique, and the danger in applying attachment theory is that it categorises these issues and fails to appreciate the individual dynamics at play in all cases of family dysfunction (Troutman, 2015).

Some researchers have applied attachment theory to the consequences of child abuse and child maltreatment in adulthood. For example, Capaldo and Perrella (2018) suggest that attachment theory indicates that childhood maltreatment affects the individual's self-development and ability to structure and create healthy and stable relationships with others. This is because attachment theory emphasises the significance of attachment relationships developed in the first few months of life and how they define the psychological and relational development of the individual (Capaldo and Perrella, 2018). Furthermore, when exploring childhood emotional abuse in relation to attachment theory, Riggs (2010) found that emotional abuse experienced in early life leads to insecure attachments, impaired emotional regulation, the development of a negative view of the self and others, maladaptive coping responses, interferences with social functioning and the ability to develop secure adult attachments. Hence, the application of attachment theory to the adult effect of childhood emotional abuse suggests that it leads to poor mental health in adulthood and a poorer quality of romantic relationships (Riggs, 2010).

3.3.3 Disadvantages of Attachment Theory in this Context
Some researchers have criticised attachment theory on the basis that parents are not the sole influence on children's developing personalities and that it ignores the day-to-day context of children's lives. For example, Harris (1998) observed that it is generally assumed that parental behaviour will influence that of the children, so kind parents will have kind children or rude parents will have rude children. Instead, Harris (1998) argues that parents do not shape the character and personality of their child, explaining that a child's peers have more influence on them than their parents do. Further critiques of Bowlby's and Ainsworth's theory come from Field (1996) who

observed that attachment theory is influenced by behaviours that occur during stressful periods of separation instead of everyday, non-stressful situations. Therefore, Field (1996) concludes that a better understanding of attachment can only be achieved during normal, everyday situations as children's behaviour during departures and reunions cannot be the only factors that define attachment. As well as this, the attachment model is only informed by the bond between mother and child and does not take the bonds and attachments the child may develop with other people into account (Field, 1996). Bowlby only concentrated on the attachment relationship that develops between and child and its mother and did not include any other form of attachment relationship a child might develop, such as with their father or another primary caregiver, in his research (Meins, 1997). Also, as part of his research, Bowlby only observed children being raised in nuclear families and did not consider other family groupings (Meins, 1997).

It could be suggested that Bowlby's attachment theory does not apply to Saudi Arabia as it is a very different culture to those of the Western world. However, Waters et al. (1995) found through looking at adult experiences of childhood attachment in North America, South America, Europe, the Middle East, and South Africa that a secure mother-child relationship is integral to developing a secure attachment in adult life in cultures the world over. Therefore, Bowlby's theories are relevant in a Saudi Arabian context. Hence, it is important to ensure that attachment theory is not applied in a fashion that categorises and generalises unique instances of childhood emotional abuse. However, attachment theory is useful in the context of this study as it addresses how strong attachments between child and caregiver are necessary for social and mental stability in adulthood.

Some of Bowlby's earliest research indicates that problems experienced in childhood reflected tensions in the overall family situation (Bowlby, 1949). This indicates that a dysfunctional extended family can result in a child forming an insecure or unstable attachment to primary caregivers. Mercer (2006) explains that children need secure and exclusive attachments in childhood to form secure emotional connections in adult life; however, within larger families it may be difficult to form such exclusive attachments, which could lead to problems forming attachments in adult life. In Saudi Arabia, great premium is attached to having many children due to some Islamic

teachings (Al-Khateeb, 1998). Also, polygamy is common in Saudi Arabia as it is legal for a man to marry more than one wife and; according to Islamic teachings, it is acceptable for a man to take up to four wives (Yamani, 2008; Rehman, 2007; Long, 2005). This evidence suggests that Saudi Arabian families often contain many children and several adults, potentially mitigating a child's ability to form secure, exclusive attachments in childhood, possibly leading to problems in later life.

3.4 THEORIES RELATING TO THE IMPACT OF CHILDHOOD EMOTIONAL ABUSE

Several theories related to the impact of childhood emotional abuse explore the impact of it on the later life of its victims. Some of these theories, which will be explored in detail below, are adverse childhood experience theory, the cycle of violence, developmental progression theory, and social learning theory.

3.4.1 Adverse Childhood Experience Theory

The theory of Adverse Childhood Experiences (ACE) suggests that the experience of abuse in childhood leads to delinquent behaviours, other negative behaviours, and a higher frequency of health problems in later childhood, adolescence, and adulthood (Regoli et al., 2017). Sinnott et al. (2018) explain that an ACE takes place when the parent or caregiver acts toward a child under the age of 18 in a way that results in harm, potential harm, or threat of harm. In an ACE survey of 9508, Felitti et al. (1998) found that there were several behavioural and health-related consequences related to exposure to abuse and household dysfunction in childhood. Felitti et al. (1998) also found that ACE is associated with consequential health impairments that develop in adult life. It has been suggested that ACE have long-term consequences because the negative early experience(s) act like a toxin or poison on the individual, thereby impairing their later function (Meinlschmidt, 2005). One of the reasons that ACE has negative behavioural and emotional consequences is that experiencing it makes it more likely that individuals will have higher levels of anxiety, frustration, hostility, and coping problems in later life (Wolff and Baglivio, 2017). Thus, ACE theorises that the higher levels of such negative emotions in the survivors of childhood abuse leads to antisocial behaviours in later life.

Some theorists speculate that individuals who experience ACEs have negative health consequences because these people are more likely to continue to experience environmental disadvantages and adversities as a result of their initial experiences (Meinlschmidt, 2005). The ACE model and theories of early adversity, therefore, suggest that early negative experiences prevent the individual from executing long-term stable changes (Meinlschmidt, 2005). According to a study by Almuneef et al. (2018, p. 219), ACEs are common in Saudi Arabia and have a 'significant negative impact' on the life opportunities to the individuals subjected to these experiences. The kinds of life opportunities negatively impacted as a result of experiencing ACEs in childhood amongst the Saudi cohort included educational attainment, marital life, and substance abuse (Almuneef et al., 2018). Therefore, this evidence indicates that the impact of ACEs on Saudi culture is similar to how it impacts the lives of abused children in adulthood in Western cultures.

3.4.2 Trauma Theory

Trauma theory looks at how individuals respond to events or situations that will cause them to experience considerable stress (Jenny, 2011). Ellert Nijenhuis explains that trauma is caused by the relationship between the person and the catastrophic event that has taken place (Nijenhuis and Sieff, 2015). Nijenhuis points out that "almost nobody survives severe and chronic childhood abuse or neglect by primary caretakers without being traumatised" (Nijenhuis and Sieff, 2015, p. 93). The specific kinds of developmental systems and problems children can express after experiencing traumatic situations is dependent on the stage of development the child is at when the trauma takes place. Jenny (2011) observes that children younger than nursery school age are particularly affected by traumatic situations due to the fact that it impacts on every aspect of their development. This is because trauma can affect the three fundamental developmental tasks that need to be completed in childhood and early infancy. These tasks are: (1) forming a set of hierarchical attachment-based relationships with others, (2) experiencing and learning to regulate a range of emotions, and (3) learning from the environment through exploring it (Jenny, 2011).

Jenny (2011) explains that trauma means the individual experiences many, intense emotions it can lead to the child that experiencing it having problems regulating their emotions in later life. Therefore, if a child experiences a traumatic event in their early years, it negatively impacts on their ability to experience security in attachment-based relationships because during the trauma the child does not feel protected, leading them to expect that this pattern will reoccur in relationships they form in the future (Jenny, 2011). Furthermore, if the child experiences trauma, this will make it difficult to explore their environment due to physical or psychological limitations. These limitations are demonstrated by hypervigilance and repetitive or restricted forms of play (Jenny, 2011). Consequently, throughout childhood, if the child is somehow reminded of the trauma, they will experience the negative emotional pattern anew, further halting their development (Jenny, 2011). As such, Jenny's (2011) research indicates that childhood abuse leads to trauma that delays and distorts emotional development, which then impacts on how individuals perceive and process emotions in adulthood. This then leads to the creation of a workable theory of how childhood abuse affects emotional regulation in adulthood.

Another potential theorised reaction to trauma, as explored by Freyd (1996; 2002), is suppression of the memories of abuse. Betrayal trauma theory proposed by Freyd (1996) suggests that to adapt to its environment and survive, it is best for the child to forget or suppress certain forms of betrayal, such as sexual abuse by a caregiver. This is because "not remembering abuse by a caregiver is often necessary for survival" (Freyd, 2002, p. 140). The idea behind betrayal trauma theory is that the victim must suppress negative experiences in order to survive childhood development and this is a trauma in itself. It could be suggested that such a scenario is more likely in an extended family situation, as is the norm in Saudi Arabia.

3.4.3 The Cycle of Abuse/Cycle of Violence
One useful theory that forms part of the analysis of the primary research is the Cycle of Abuse. This is a theory originally developed by Lenore E. Walker in 1979 to explain the patterns of behaviour that inform the dynamics of abusive domestic relationships (Fisher and Lab, 2010). However, since that date, it has been applied to explain the dynamics of domestic violence as a whole. The four phases of the Cycle of Abuse are: (1) tension building, (2) acute violence, (3) reconciliation/honeymoon

period, and (4) calm (Newman and Newman, 2010). Similarly, according to Seligman and Darling (2007), family systems theory holds that the family is a complex and interactive social system in which all members' needs and experiences affect the others. Therefore, if one family member is hurt in some way, this impacts on everyone else in the family circle. Family systems theory indicates that all kinds of child abuse arise from a dysfunctional family environment (Bolen, 2002).

It is important to note that the idea of the Cycle of Abuse is not only applicable to intimate partner relationships. Another facet of the Cycle of Abuse theory is that it indicates that individuals who have been abused in childhood may attempt to control their lives in adulthood by avoiding socialising with others and not engaging in intimate relationships (Elkerdany et al., 1999). A similar finding has been identified by stigma theory and attachment theory. It has been found that children who experience an insecure attachment with a parent or caregiver have an increased likelihood of developing an internal working model of how relationships should work and have low self-esteem (Mitchell and Ziegler, 2013). The idea that individuals who have been or have witnessed abused in childhood have a maladaptive model or understanding of how relationships with others work explains intergenerational transmission of violence, and the theory that victims of abuse in childhood often go on to abuse their own children in adulthood (Mitchell and Ziegler, 2013). McQueen et al. (2008) found that one-third of those who are abused as children grow up to continue a pattern of inept/abusive parenting, a further one-third do not abuse their children at all, and one-third remain vulnerable to social stress and become an abusive parent. Because they have developed a defective working model of how relationships work, victims of childhood abuse gain the impression that all intimate relationships are, by nature, exploitative and sadistic (Mitchell and Ziegler, 2013). It has been said that:

> This maladaptive working model is then responsible for the individual developing abusive tendencies if/when they become a parent. This nasty trait thus has the option to pass from generation to generation. (Mitchell and Ziegler, 2013, p. 246)

It is important to acknowledge that children who have been abused do not inevitably grow up to be abusers; however, it turns out that abusers have been abused themselves (Mitchell and Ziegler, 2013). Furthermore, the Cycle of Abuse is focused on the

behaviour of adults rather than children. If an individual experiences healthy, well-adjusted relationships and attachments with others following abuse by a parent or a caregiver, they can break the cycle of abuse (Mitchell and Ziegler, 2013). In a study conducted at the University of Minnesota by Sroufe et al. (2005), the researchers found that mothers who had been maltreated in childhood but did not go on to maltreat their own children had at least one of three key characteristics. These were that: (1) they were likely to have received emotional support in childhood from an alternative, non-abusive adult, (2) that they had participated in therapy for at least six months, and (3) they had a satisfying partner relationship in adulthood (Sroufe et al., 2005). Hence, the theory of the Cycle of Abuse suggests that it can be broken if individuals develop alternative, non-abusive relationships with others over the course of life or engage with therapy.

Due to low self-esteem associated with the experience of abuse in childhood, the victims of such abuse are often unpopular with their peer group, which encourages social isolation (Mitchell and Ziegler, 2013). Symptoms of self-isolating or social maladjusted behaviour include an inability to integrate with social groups and engaging in dissociative or avoidant behaviours in order to disengage from challenging social situations (Elkerdany et al., 1999). Such disassociation and disengagement from social situations is problematic as it can increase stress and increase the likelihood of developing mental health problems in later life (Elkerdany et al., 1999). It is interesting to note that the study into the impact of childhood abuse in adulthood by Elkerdany et al. (1999) found that when interviewees reported social isolation, this was often experienced in concert with feelings of depression, anxiety, shame, and powerlessness. Hence, the Cycle of Abuse is also associated with self-imposed social isolation in adulthood, leading to the experience of negative feelings that impact on mental health.

Another important aspect of the Cycle of Abuse/Cycle of Violence is emotions. Zurbriggen et al. (2010) observe that several studies indicate that there is a relationship between emotional distress in the form of depression, anger, or anxiety and having experienced abuse in childhood. It is apparent that the kind of emotional distress that results from abuse in childhood is often directly inwardly, leading to self-hatred, depression, and low self-worth (Briere and Elliott, 1994). However, the

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emotional trauma that can result from childhood emotional abuse can also manifest itself in the sense that the individual has a tendency to express aggression in a sexual, emotional, or aggressive manner towards others (Briere and Elliott, 1994). The idea that childhood emotional abuse can lead to either an internal or external expression of negative emotions, thus explains how the Cycle of Abuse can either lead to victims of childhood abuse abusing their own children or, alternatively, experiencing social isolation in adult life.

However, there are limitations to the Cycle of Abuse/Cycle of Violence theory. One example is that it does not consider how social and cultural factors can contribute to the development of a sense of self in childhood that influences functioning in adult life. It is important to take cultural factors into consideration as studies have shown that the Cycle of Abuse crosses all racial, cultural, and economic boundaries (Keltner and Steele, 2018). Furthermore, cultural factors can also affect how victims of abuse are treated in wider society. For example, in some societies, abusers may not be held accountable for their actions and the legal system may be set up to side with perpetrators, not victims (Keltner and Steele, 2018). Also, the victim may be blamed for the abuse and may be encouraged to assume a passive or submissive role in society, especially if they are female (Keltner and Steele, 2018). As such, cultural factors may influence whether the abuser is held accountable and whether the victim is thought to be at fault in an abusive relationship.

As well as this, it is important to take cross-cultural perspectives into consideration as they increase understanding of how risk and protection factors interact to either increase or mitigate the risk of maltreatment of children (Korbin, 2004). At present, it is uncertain whether there are similar ways in which child maltreatment presents across all cultures and national groupings. For example, studies of categories of children at risk of abuse indicate that even in cultures where children are valued and not often punished, some children will receive a lower standard of care than their peers (Korbin, 2004). Groups of children who are considered at risk of being the victims of abuse can be found by considering demographic factors, that is, by taking factors such as gender and order of birth in the family into consideration (Korbin, 2004). It is significant that knowledge of attitudes of traits and behaviours of children and cultural values increases the likelihood that children at risk of abuse will be

identified (Korbin, 2004). Thus, the Cycle of Abuse needs to take cultural factors into account when exploring and analysing instances of child abuse.

3.4.4 Developmental Progression Theory

Theory can be applied to explain how child abuse affects children's emotional development during childhood and therefore impacts on adult life. Children experience a gradual developmental progression in interpersonal understanding during development (Gelles and Lancaster, 1987). However, developmental progression theory or developmental disruption theory suggested that this cognitive development process can be disrupted if the child experiences trauma. Wolfe (1987) theorised that psychological and behavioural disorders found in abused children can be better understood if abuse is examined in terms of how it disrupts the developmental process. It is hypothesised that the disruption of any developmental process affects subsequent developmental progression. This means that it is the psychological consequences of abuse, rather than its physical repercussions that lead to the development of lasting psychological disorders (Russell, 1998). According to Wolfe (1987), child abuse impacted on three aspects of child development. These are: (1) behaviour, (2) socio-emotional, and (3) socio-cognitive. Abuse in childhood can therefore lead the child to not learning socially acceptable levels of impulse control, leading to aggression (Russell, 1998). Furthermore, inconsistent parenting can lead to the child being unable to trust others or develop a secure attachment to another person (Russell, 1998). Such lack of trust in others can lead to poor self-control which then results in a lack of development of social competence (Russell, 1998).

Due to the fact that it has been found that many child abusers and paedophiles have experienced either physical victimisation or sexual abuse in childhood, some theorists indicate that some of the victims of childhood abuse grow up to become abusers in adulthood (Finkelhor and Araji, 1986). This idea is known as developmental progression theory. Developmental progression theory suggests that abuse is perpetuated by the victims of childhood abuse as a means for them to gain mastery over their experience of victimisation in childhood. They achieve this by transforming themselves into a powerful aggressor (Zurbriggen et al., 2010). Generally, analysis of development progression and its relationship to child abuse indicates that abuse is likely to lead to the experience of negative emotional consequences during childhood

development and beyond. For example, Cicchetti and Rogosch (2002) observe that there are higher levels of depression in the first- and second-degree relatives of children and adolescents who develop depressive disorders as well as higher levels of familial discord, criminality, and alcohol abuse within the family unit. This evidence indicates that developmental progression theory suggests that there is a relationship between childhood abuse and mental health due to the disruptive role child abuse plays in cognitive and behavioural development.

3.4.5 Social Learning Theory
Another theory that explains how childhood emotional abuse may affect learning in childhood leading to problems in adulthood is social learning theory (Classen et al., 2001). The theory was first developed by sociologists B.F. Skinner, who believed in the science of behaviourism and Albert Bandura, who believed that social learning modelled human thought, motivation and action (Corey, 2009). Experience of abuse can result in cognitive distortions as well as negative emotional consequences (Zurbriggen et al., 2010). According to Roche et al. (1999), an understanding of oneself as an individual is deeply connected to how the person relates to others. It is through social interactions and interpersonal relationships, especially early attachments with caregiver(s), that children come to understand who they are and how they relate to the world. For example, if a child experiences sexual abuse, this experience may have a negative effect on how the child understands relationships, leading to problems with interpersonal interactions in later life (Classen et al., 2001). Theorists have suggested that the experience of sexual abuse in childhood may disrupt and has a negative impact on the child's ideas about how trust and safety characterise intimate relationships with others. Hence, individuals who have experienced sexual abuse in childhood may not understand what is required to have satisfying and healthy relationships in adulthood (Zurbriggen et al., 2010). As such, social learning theory indicates that because the victims of childhood abuse have developed a false understanding of how relationships work, they may view violence as an appropriate way of expressing emotion. Social learning theory, therefore, suggests that the Cycle of Violence is the result of how physical and emotional aggression is modelled by parents and other influencers to children, influencing their future behaviour (Widom, 1989). Hence, social learning theory indicates that children who have been abused

grow up to be abusers because they have learnt that aggression is an acceptable way of expressing emotions or achieving what they want and need.

3.5 THEORETICAL PERSPECTIVES ON THE TRAUMA OF CHILDHOOD EMOTIONAL ABUSE

Some theories indicate that childhood emotional abuse results in a major trauma and, as such, impacts on the victim due to the traumatic nature of the experience they have gone through. Some examples of this idea are dissociation theory and revictimisation theory.

3.5.1 Dissociation Theory

The existence of trauma implies that dissociation is possible. This is because the development of a healthy personality in childhood is dependent on the ability of the individual to integrate various aspects of the human experience. When trauma occurs, such integration fails (Nijenhuis and Sieff, 2015). According to Nijenhuis in an interview with Sieff:

> Chronically abused, maltreated and emotionally neglected children are caught in a terrible situation. Whereas they must integrate the terrors that happen to them if they are to function healthily, circumstances mean that it is almost impossible for them to do so. Furthermore, childhood traumatisation yields structurally impaired brains which make integration especially difficult. Dissociation follows. (Nijenhuis and Sieff, 2015, pp. 93–94)

Thus, dissociation is not a healthy response to trauma but arises because the individual is unable to integrate what has happened to them within their psyche (Nijenhuis and Sieff, 2015). Although dissociation prevents the individual from functioning in a healthy manner, it can help them continue with daily life whilst acting as if the trauma did not take place (Nijenhuis and Sieff, 2015). Hence, although dissociation allows the individual to continue functioning following a trauma, it is indicative of a psychological response to the same event that does not integrate that event into the person's whole. Despite this, dissociation allows the person to function when it is impossible for them to process a traumatic event. However, the person will be aware of the trauma, and therefore this is not as the same as not being able to recall it; instead, they can just not recall parts of it.

It has been found that dissociation is a common trait amongst the survivors of childhood abuse (Zurbriggen et al., 2010). For example, a study into the cognitive attributes of a group of individuals found guilty of committing sexual offences found that the sample reported high levels of dissociation that were the result of abuse in childhood and allowed these individuals to develop a creative narrative to suggest that they were not committing abuse (Becker-Blease and Freyd, 2007). It is apparent that there is a relationship between dissociation, the ability to suppress emotions, and an increased likelihood of becoming an abuser in adult life. For example, Lisak et al. (1996) explored personal attitudes that could make it more likely that men who reported being the victims of abuse in childhood are perpetuating acts of abuse in adulthood. They found that men who clung more rigidly to gender roles and the emotional repression demanded of men were more likely to perpetuate abusive acts in adulthood (Lisak et al., 1996). It has been found that emotional abuse is more likely to be perpetuated by individuals who experience difficulty when it comes to identifying feelings (Zurbriggen et al., 2010). Hence, it may be the case that emotional abuse is facilitated by the fact that the abuser experiences dissociation from their feelings.

The experience of abuse in childhood can also lead to social isolation and disengagement in adulthood as a result of dissociative behaviours in social situations (Elkerdany et al., 1999). Dissociation is a likely consequence of childhood abuse as abuse itself is a socially isolating experience and the abuser may attempt to distort the child's reality, which disrupts the child's perception of the outside world (Sanderson, 2006). For these reasons, researchers have suggested that there is a strong association between dissociative disorders and post-traumatic stress disorder (PTSD) (Sanderson, 2006). For example, when contrasting the positive and negative symptoms of PTSD, Nijenhuis et al. (1998) found that negative avoidant symptoms such as the inability to recall trauma, numbing, and a restricted range of affect in PTSD overlap with dissociative symptoms. As such, it can be suggested that dissociation is related to both a tendency towards social isolation and the development of PTSD.

The DSM-5 formally introduced a dissociative subtype of PTSD (Tsai et al., 2015). This feature has been introduced to identity the presence of persistent or recurrent depersonalisation or derealisation symptoms that may occur concurrently with PTSD (Pai et al., 2017). Therefore, it seems that the potential of dissociation to occur as a

part of PTSD has been generally accepted by the medical community. Whilst there are obvious concerns with diagnoses such as dissociative identity disorder, the idea concerning lack of acceptance of trauma have some relevance. As such, the current DSM-5 has accepted the existence of dissociation as part of the experience of PTSD in some instances.

3.5.2 Revictimisation Theory

Revictimisation theory is useful in this context as it explains how victims of childhood abuse become victims of further abuse in adulthood. The theory has often been applied to explain how victims of abuse in childhood often become the victims of abuse, such as physical abuse, crime victimisation, or sexual assault in adulthood (Zurbriggen et al., 2010). For example, several studies have found that the victims of childhood sexual victimisation are more likely than those who have not been sexually abused in childhood to go on to experienced sexual victimisation in adulthood and victimisation in general (Zurbriggen et al., 2010; Horwitz et al., 2001). It has been suggested that this is the case because the Cycle of Violence suggests that there is both a link between childhood victimisation and adult perpetration and dissociation with the latter leading to further victimisation in adulthood (Hall, 2003; Svedin et al., 2004).

Theoretical and empirical research into child abuse suggests that there is a link between childhood sexual and physical abuse and victimisation and aggressive behaviours in adulthood (Zurbriggen et al., 2010). Because the survivors of childhood emotional abuse experience distorted emotions and problems with emotional development as a consequence of the abuse they have experienced, they may be at higher risk of either experiencing further victimisation in adulthood or being the perpetrators of aggressive behaviour (Zurbriggen et al., 2010). For example, studies such as that by Berzenski and Yates (2010) suggest that both victimisation and perpetration of abuse in adulthood are likely amongst childhood emotional abuse survivors. One reason for this may be that victimisation in early life, such as sexual abuse, may lead to the individual engaging in risky behaviours such as running away from home or delinquency (Berzenski and Yates, 2010). Thus, by putting themselves in risky situations, the survivors of childhood abuse increase the likelihood that they will experience revictimisation in later life (Carbone-Lopez, 2012).

3.6 SUMMARY

From the evidence presented above, it is clear that the theories that inform analysis of the effects of childhood emotional abuse indicate that it affects the child's attachment with their parent(s) or caregiver(s), their capacity to develop relationships, emotional processing, and can lead to dissociation, denial, repression and trauma. Furthermore, many theories designed to explain abuse in childhood, such as the Cycle of Abuse/Violence, developmental progression theory, and social learning theory, suggest that the victims of childhood abuse are likely to become abusers themselves as adults as it has been found as many as one-third or 40% of adults who were abused as children go on to repeat negative behavioural patterns towards their own children (Doctor et al., 2008). Whilst this finding is significant, it is not an inevitable conclusion as it has been found that through the example of healthy close relationships or through therapy, victims of childhood abuse can access healthy examples and strategies that lead to healthy relationships and emotional expression (Sroufe et al., 2005; Mitchell and Ziegler, 2013). Many of the theories explored in the previous paragraphs also indicate that childhood emotional abuse impacts on the ability of victims to develop social skills because of emotional trauma and the trauma of childhood abuse may lead to the suppression of memories related to the trauma or dissociation from the trauma. As well as this, it is important to acknowledge that theory suggests that there is a high likelihood of the victims of childhood abuse once again experiencing victimisation in adulthood or repeating the patterns of abuse or negative relationship dynamics they experienced as a child, as they do not know how to develop healthy relationships with others. These themes therefore lend themselves to the question of how the individual reaction to abuse experienced in childhood impacts on mental health in adulthood.

CHAPTER FOUR

METHODOLOGY

4.1 INTRODUCTION

This chapter explores the methods and methodology used to complete this qualitative research. Methods differ from methodology as the method is the research tool used to complete the research, whilst the methodology is the framework of justification for using a particular research method (Gabriel, 2011). The methods are about how the research is applied, whilst the methodology provides the process used to complete the research. This chapter discusses the merits of qualitative and quantitative research, the interpretivist position, and provides reasons for its choice through an exploration of epistemology and ontology, a narrative research paradigm, and the philosophical underpinning of the research. In addition, it discusses the sample included in the study and how the participants were selected. This chapter discusses the main form of data collection used and how the data obtained has been analysed, as well as exploring the principles of reflexivity, gatekeeping, and access, before a summary of the approach is presented in order to fully explore and understand the research instruments used to gather the primary data.

The methodological approach used in this study focused on developing social realities and the interpretivist paradigm (Schwandt, 1994; Chowdhury, 2014). This approach was chosen as the study aims to explore the lived experience of abuse and its impact on individual mental health through exploring the narratives of twenty individuals. By 'lived experience' it is meant that the study looks at how the individual experienced abuse and the meaning they assigned to that abuse afterwards. This definition of the lived experience in the context of sociology is expanded on by Walsh and Lehnert (1967). This study focuses on regarding the effects of childhood emotional abuse and its impact on mental health amongst Saudis affected by these issues. In the previous chapters, it was theorised that the individual reaction to abuse in childhood leads to the potential to develop mental health problems in adulthood. This interpretivist position is relativist in nature, and informed by the subjectivist perspective (Sandberg, 2005). Therefore, it aims to explore the lived experience from the perspective of the person who had those experiences.

4.2 QUALITATIVE AND QUANTITATIVE RESEARCH

Qualitative research provides a means through which researchers in the field of social science and humanities can explore the experiences of a target population and describe the significance the target population they derive from social interactions (Petty et al., 2012; Creswell and Poth, 2017). According to Creswell (2007), a qualitative study involves an inquiry into the meaning that is held by an individual in reflection of their world view. Creswell (2007) also states that qualitative data is often inductively analysed, that is, analysed based on the experiences of the participant compared to that of society as a whole, with the aim of obtaining the themes that explain the information collected. According to Creswell (2007), qualitative research refers to:

> . . . Inquiring into the meaning individuals or groups ascribe to a social or human problem . . . qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis is inductive [detective or abductive] and establishes patterns or themes (Creswell 2007, p. 37)

Based on the above definition, qualitative research differs from quantitative research, as unlike a qualitative design, quantitative approaches aim to collect numerical data, test hypotheses, establish validity and reliability, and develop results that can be generalised to entire populations (Petty et al., 2012). Based on these characteristics, quantitative research can be regarded as an objective research design, which is based on measurable, factual, and observable data. According to Hoe and Hoare (2012), quantitative research includes randomised control trials, and considers the validation of the results to be a key step. Qualitative research, on the other hand, is based on subjective data and is not aimed at quantifying or testing the validity of the subjective information (Creswell and Poth 2017). This is because there are different types of validity. These different types of validity are face validity, concurrent validity, predictive validity, construct validity, and convergent validity (Bryman, 2016). Both quantitative and qualitative research techniques allow researchers to collect personal opinions, but qualitative research allows the researcher to explore sources further and gain more intimate details about the issues at hand. Qualitative research is subjective by nature as its defining characteristic is the fact that it allows the voices of the participants to be heard (Creswell, 2007). This is the reason why this research design has been chosen.

Qualitative research is by definition a research that explores the meanings behind human actions (Klenke, 2008). However, not all qualitative research studies. For example, feminist researchers would use an interpretivist philosophy, but would locate their work within a feminist framework (Given, 2008). Hence, the meaning that is developed in an interpretivist research process is a result of the interaction between the different individuals and cultures (Baydak et al., 2015). The main difference between a quantitative and qualitative research approach is in the philosophies that underpin the two designs (Goodwin and Goodwin, 1996). Quantitative approaches are explained by positivism and post-positivism. Positivism assumes that reality regarding social phenomenon is derived through hypotheses and observation; therefore, only the measurable aspects of the social phenomenon are considered in quantitative studies (Hoe and Hoare 2012). Post-positivism is different to positivism as the latter assumes that research is purely objective, whilst post-positivism assumes that the researcher can inject bias into research (Tracy, 2012). Furthermore, post-positivism can either be quantitative or qualitative in nature (Denzin and Lincoln, 2011). Unlike quantitative research, qualitative studies can be based on interpretivism, which assumes that meaning does not necessarily exist as a fixed fact but is based on the subjective construction carried out by individuals.

As indicated earlier, qualitative studies sometimes use inductive reasoning approaches to explore, explain, and/or describe a given social construct. Based on inductive approaches, one also analyses the framing of actions by individuals and collectives who demonstrate independent agency (Reynolds, 2002). On this basis, the explanation given in the final thesis is based on the themes that have emerged and have been extracted from the data (Petty et al., 2012). It is also important to note that the findings that are presented in qualitative research should be understood and interpreted based on time and place. Qualitative research considers the researcher to be part of the research instrument and requires them to immerse themselves in the world of the participant and actively engage the research participants to discover their view of reality (Agee, 2009). However, the disadvantages of qualitative, and particularly interpretivist research, are that it is very time-consuming, it provides a limited scope to understanding as it only relates to one topic, and it is heavily dependent on researcher accuracy and perspective (Duck and McMahan, 2018).

In this study, the experiences of childhood emotional abuse amongst individuals with mental health problems have been explored by adopting a qualitative approach in order to gain an in-depth understanding of how mental health status is influenced by the experiences of childhood emotional abuse. A quantitative approach was not used in this study, because unlike qualitative research approaches, it does not allow of positive choice. The accounts are based on the participants' own interpretation and understanding of their experiences. In addition, qualitative research considers the context of the information collected, and reports the derived meaning based on the specific context. In this study, context is important in the development of meaning and understanding of the researched social constructs (Petty et al., 2012), as much research on this topic has been carried out in a Western context, but little has been carried out in Saudi Arabia.

In the context of this study, reliability of analysis has been ensured by checking and double-checking the analysis. This has been completed by the researcher on several occasions, assisted by the supervisor and during multiple rewrites. Checking and double-checking are useful ways of ensuring that research maintains a high level of reliability, as highlighted by Bailey (1994). As well as this, the research process was made readily transparent, as recommended by Donovan and Sanders (2005). Also, the research process has been carefully documented (Donovan and Sanders, 2005). Finally, a subjective and objective methodological approach has been used to ensure that reliability is applied throughout (Bailey, 1994).

4.3 RESEARCH PHILOSOPHY

Research philosophy defines the researcher's view of the world and his/her beliefs. The term is also understood as the ideological position and philosophical stance, which forms the basis from which the knowledge is produced (Guba, 1990; Rubin and Rubin, 2011). Philosophy informs the perspective that is taken by the research community regarding a given event or occurrence and the understanding of the research methods that should be adopted in studying the occurrence. A research paradigm informs the actions, assumptions, and judgments made by the researcher. A research philosophy is determined by the features of the study, such as the issues arising from the study, its purpose, and the data (Grove and Gray, 2018).

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The interpretivist perspective informed the philosophy of the research since the perspective acknowledges the importance of human inquiry. The interpretivist perspective gives priority to the first-person encounter in research (Schwandt, 1994). According to Schwandt (1994), interpretivism *"celebrate[s] the permanence and priority of the real world of first-person, subjective experience"* (p. 223). It can therefore be understood that the interpretivist research perspective is key in understanding inequalities that exist in society from first-person experiences. As indicated by Chowdhury (2014), researchers use an interpretivist research approach to develop social realities based on participants' experiences. Thus, the researcher will have to be careful to ensure accuracy and avoid bias. This is discussed in section 3.9, where the reflexivity and positioning of the research are explored. Furthermore, because subjective research can change definitions and understandings of the issues at hand (Henley, 1986), the researcher will need to be careful to evaluate the mental capacity of interview subjects and approach and handle the topic of childhood emotional abuse in a sensitive manner. Despite this, the time it takes and limits to the application of the research caused by the approach chosen will have to be accepted. Therefore, the adoption of an interpretivist research perspective enables the understanding of childhood emotional abuse and adulthood mental health disorders through the mutual interaction with mental health patients.

The underpinning arguments for the use of interpretivism in this research are based on the understanding that the research paradigm locates the researcher and participant on the same plane. Therefore, the researcher engages the participants in an approach that recognises their input, encourages their active participation, and is culturally sensitive (Jones and Da Breo, 2013). Unlike positivism, which is based on hypothesis and deduction, interpretivism relates on a holistic-inductive approach, which is a form of naturalistic inquiry that studies real-world situations in a non-manipulative manner (Yoshida, 2014; Getz and Page, 2016). Hence, unlike positivism, interpretivism bases its conclusions on the likely reality of the situation at hand. The research approach also allows the researcher to be part of the research rather than just an observer (Berger, 2015). As interpretivism focuses on the first-person encounter, it can be used alongside social constructivism (discussed below) to explore how individuals develop their reality and idea of themselves. As such, both research philosophies can be used

alongside one another to explore how the experience of childhood emotional abuse informs adult understandings of the self and how the individual relates to social realities.

The social constructivist approach has informed the approach of this study as well. This is that reality and knowledge relating to experiences of childhood emotional abuse and mental health disorders is not fixed. Instead, they are relative and exist in multiple forms that evolve continually as the social actors interact. The arguments concerning the interpretivist perspective and its relevance to the current study are therefore informed by Chowdhury's (2014) interpretation of the perspective as that which "*adopt*(s) *the position that people's knowledge of reality is a social construction by human actors*" (p. 433). Thus, social constructivism explains that individuals interpret the world based on their past experience and, because of this, their perceptions of what happens to them are neither fixed nor definite, and they are contingent and situated in time and space. The reason I have adopted social constructivism, rather than another research philosophy such as post-positivism or pragmatism, is because it explains how people create their own perceptions of themselves and the world around them (Thomas, 2014). This is useful in the context of this research as it allows the researcher to relate the perceptions that of childhood emotional abuse have of themselves to their past experiences.

4.4 EPISTEMOLOGY AND ONTOLOGY

Epistemology is the study of, and theory behind, the gaining of knowledge (Saunders et al., 2009). The aim of epistemology is to explore and analyse propositional knowledge and to evaluate whether the proposition is true or not (Pritchard, 2016). Social constructivism plays an integral role in forming the epistemology of this research as Fuller (2002) observes that claims to knowledge are made within the social condition in which they first emerge. Therefore, epistemology is, in one sense, a social construct. This is important in the context of this project, as it relies on narrative-based primary research with a core group of twenty adult individuals who experienced emotional abuse in childhood. Here, narrative-based primary research is understood as research that records and explores the individual experience of a certain situation and the social positioning reflected or produced by their accounts (Squire et

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al., 2014). Thus, meaning and understanding of social constructs can be evaluated through a social constructivist epistemological approach.

It has been said that:

> *Social constructivism is a sociological theory of knowledge that focuses on how individuals come to construct and apply knowledge in socially mediated contexts.* (Thomas 2014 p. 3).

Thomas (2014) explains how social constructivism focuses on the way people create their own perceptions of reality according to their individual perspective, background, and knowledge. Therefore, knowledge is affected by social, historical, and cultural factors, which influence meaning-making (Schoeller and Perlovsky, 2016). A social constructivist approach has been taken in this research because it takes into account the impact that culture has on people and how it shapes their views (Thomas 2014); therefore, it is useful for the context of Saudi Arabia and provides insights that are unique to this specific location. According to Crotty (1998, p. 58), social constructivism "emphasizes the hold our culture has on us: it shapes the way in which we see things and gives us a quite definitive view of the world."

Ontology is concerned with the nature of reality (Saunders et al., 2009) and the ontological position of the researcher influences the assumptions they make and the questions they ask as well as their world view (Saunders et al., 2009). Thus, ontology addresses the nature of social reality and the relationships between various issues. Burr (2003) explains that ontological positions usually fall under two very different mutually compatible categories, which are subjective and objective (Burr, 2003). According to an objective approach, social reality exists independently from human action and can be measured; therefore, specific contexts and perspectives are not considered. For this reason, the experiences of the participants are explored as a whole in relation to the research topic and research questions as opposed to exploring their specific experience. A subjective approach, on the other hand, posits that knowledge is based on perspective, and so the specific circumstances of participants are considered and addressed whilst carrying out research. This research takes the latter approach, as the cultural background of the participants and the setting of Saudi Arabia is likely to have affected their view on social reality. Furthermore, subjectivity is associated with an interpretative approach to research, whereas objectivity is

associated with the positivist approach to research, both of which are discussed in further detail below. However, it has been argued the subjective approach is flawed in the sense that it assumes that all human behaviour is inherently rational (Courgeau, 2012). Also, subjective research has the potential to change definitions and understandings of the topic at hand (Henley, 1986). This is because a subjective approach allows participants to share their life experiences, which then generate meaning in the context of the topic and issues being examined as part of the research (Burns and Grove, 2011). Whilst this second quality can be useful, it can also be problematic because if the participants' narratives challenge the meaning of the study, this could completely change the trajectory of the research taking place.

The subjectivist perspective of social constructivism locates the researcher in the position of creating an impression of the world as he/she perceives it, since it considers the world and the participants as unknowable (Ratner, 2008). In addressing child abuse and its effects on mental health, the influence of gender and cultural restrictions on reporting emotional abuse in the Kingdom of Saudi Arabia have been considered. Once again, this point correlates to that made by Ratner (2008), as it could be that childhood abuse is underreported in Saudi Arabia as it is not taken as seriously in legislation and there is less awareness of the existence of child abuse in Saudi Arabian society.

Thus, based on the viewpoints of Hugly and Sayward (1987) and Ratner (2008), the research participants and the researcher are interactively connected on the same platform, and the meaning and knowledge is created during the interaction process (Lincoln and Guba, 1985). Lincoln and Guba (1985) observed that the combination of the two perspectives of social constructivism and subjectivism, which enable the researcher to develop multiple constructed realities, which are characterised by diverging inquiries that enable detailed analysis of the phenomenon under consideration.

A social constructivist epistemology requires the researcher to adopt an empathetic stance in order to see the world and social constructs from the point of view of the research participants (Rodwell, 1998). By restricting the researcher to viewing the world based only on the meaning obtained from the experiences narrated by the

research participants, the social constructivist paradigm has been suggested to have limited application (Liu and Matthews, 2005). The advantage of social constructivism is that it enables the researcher to position the research problem within the social context (Given, 2008). A social constructivist epistemology is useful as it allows the researcher to explore how the participants' past has influenced their present life as social constructivism holds that the individual uses their experience to create a personal version of their life and narrative. This aspect of social constructivism is particularly relevant to the research question. Social constructivism uses the researcher as a data-gathering tool, and, through such means, allows the researcher to develop a better understanding of the multiple realities and can respond to the interactions that are taking place, which is important in the development of meaning during the course of the research.

As argued by Schwandt (1994) and later supported by Sexton and Griffin (1997) and Mahoney and Marquis (2002), the social constructivist paradigm is characterised by the belief that reality and knowledge relating to a given social context is not fixed, but is relative and exists in multiple forms, which constantly evolve as the social actors continue to interact with each other. The social constructivist paradigm considers humans (the researcher and research participants) as the social actors (Schwandt, 1994). In the social constructivist paradigm, both independent collective and individual groups are critical and play an important role in understanding the paradigm (Schwandt, 1994). The social actors' input, opinions, and experiences relating to the social world describe the constructs considered in social research. The role of the researcher and the research participants as social actors in the social constructivist paradigm is likened by Goffman (1975) to humans who play certain characters in a theatrical production, whereby their interpretation of a given character informs the manner in which they depict that character. Different human actors can interpret the same character/situation differently and, as such, represent the character differently from other actors; for example, the reaction of participants in the Arab world is likely to be different to participants from the Western world. Saunders et al. (2009) take a similar position to Goffman (1975), arguing that the social constructivist paradigm is based on the belief that social actors depict their social role—that is, occupation, position in social, etc. based on the meaning they attach to such roles; therefore, meaning can only be taken based on a given context and should not be

assumed as universal. Additionally, social actors develop the meaning of roles and experiences of other actors based on their own interpretation. This means that in this research, the development of meaning regarding the accounts of experiences of childhood emotional abuse and its effects on adult mental health is influenced by the social realities as understood by the research participants and the interpretation of the researcher of the various accounts presented.

4.5 RESEARCH DESIGN

A qualitative research approach that used a narrative inquiry approach was designed to explore the research aims and objectives, to which a thematic analysis was applied. This is presented in table 4.1 (below):

Impact	Relevant Theories
CEA in Childhood	Stigma Theory, FDA, Attachment Theory, ACE, Trauma Theory, Developmental Progression Theory, Social Learning Theory.
CEA in Adulthood	Stigma Theory, FDA, Attachment Theory, Cycle of Abuse/Cycle of Violence, Dissociation Theory, Revictimisation Theory.

Table 4.1: Application of Thematic Analysis

Because a wide range of theories are relevant to this research paradigm, a table (4.1) has been compiled to explain which theories will be used to explain the effect of childhood emotional abuse in childhood and adulthood. Stigma Theory, FDA and Attachment Theory have been applied to the analysis of the results of the primary research to explain how adverse experiences in childhood affect the individual's developing personality and mental stability as well as their ability to handle relationships with others in both childhood and adulthood. ACE, Trauma Theory, Developmental Progression Theory and Social Learning Theory were applied to explain how childhood emotional abuse impact on the development of personality during childhood. Then, the Cycle of Abuse/Cycle of Violence, Dissociation Theory and Revictimisation Theory will be applied to analyse the effectsof childhood

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emotional abuse in adulthood and its impact on adult life. The data collected in the interviews underwent thematic analysis in accordance with Braun and Clarke (2006), who explain that "Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data." In addition, the themes discovered were related to the aforementioned theories. This involved reading the interview data several times in order to become familiar with it, before searching for patterns and dividing the responses into categories, followed by searching for themes and deeper meanings, including those relevant to theory. This search for meaning in qualitative data is described by Braun and Clarke (2006) as facilitating identifying and examining "the underlying ideas, assumptions, and conceptualisations – and ideologies" contained within that data.

The narrative approach was chosen as it allowed the participants to speak about their experiences in their own words and the researcher to understand the participants lived experience through their narratives. A narrative inquiry approach was based on a selected group of participants, from whom individuals could volunteer to take part in the research study. A narrative inquiry design is concerned with obtaining data that facilitates the understanding of meaning rather than rigour and generalisability of the findings (Riessman, 2008). The narrative inquiry approach was then applied to explore the participants' experiences of childhood emotional abuse and the relationship with mental health status during adulthood based on the interpretivist paradigm.

4.6 NARRATIVE APPROACH

Narrative research techniques explore individual stories of personal experiences in order to uncover nuances and details of these experiences that can inform and answer the aims and objective of the research (Cortazzi, 1993; Wang and Geale, 2015). A narrative approach to research can be undertaken through semi-structured, question-guided interviews with research participants (Muylaert et al., 2014). Narrative approaches are popular as it is a natural approach to research as individuals are generally inclined to tell stories about their lives and use the stories to understand what goes on in their lives (Cortazzi, 1993). This is an important aspect of the narrative methodology as these stories can be analysed by researchers to find common themes and experiences that explain the phenomenon under investigation. A narrative

approach is also useful as it relates well to the research philosophy of interpretivism. However, an analysis of the stories we generally tell about our lives is difficult because they are often told in no identifiable analytical manner and frequently do not have beginning or end points (Frost, 2011).

To complete such analysis, narrative approaches to research focus on three key questions. The first explores whether the narrative told reveals a united self, the second considers how understandings of the self and the outside world are related to narratives told by the person, and thirdly, how stories are used to construct an individual identity (Denzin and Lincoln, 2011). Also, narratives can be analysed to identify how they convey growth or stability of individual personalities (Denzin and Lincoln, 2011). In the context of this study, an analysis of all these factors can assist an understanding of how childhood emotional abuse impacts on adult mental health.

The definition of narrative diverges across the different disciplines, as evident by varying descriptions of narrative as 'a personal story' (Gubrium and Holstein, 1998) and 'a replay of sections of activities' (Riessman, 1993), amongst others. Despite these various definitions, there is consensus regarding the understanding of the term as providing a link between events and ideas (Riessman, 2008). In this study, the term narrative is defined based on the following definition by Robert (2002, p. 117): "*Narrative relates to both a phenomenon and a method with the latter referring to narrative.*" This definition and approach to narrative is also based on the understanding that it is "*organised around consequential events*" (Riessman, 1993, p. 3). Narratives can be divided into two main types: narratives based on experiences and those based on events (Squires et al., 2014). Here, analysis of the narratives will focus on events, specifically those that took place in the past, that is, experiences of childhood emotional abuse, how these were experienced by participants, and the impact of their events on their adult life and future mental health. Through these narratives, it is possible to reconstruct individual life stories (Riessman, 2008).

The use of narrative requires interpretivist approaches in understanding the data (Riessman, 1993). Interpretation of narratives is also necessary since the approach is subjective and situated in time and place. The interpretivist approach also allows the researcher to explore the interviews in a holistic manner and make appropriate

deductions from the results of the research (Yoshida, 2014). In this study, there is no attempt to treat the narratives as objective events, but as varying experiences based on the social constructions of each social actor. This interpretivist approach is also based on the understanding of narratives as *"subjective versions of truth"* (Guy and Montague, 2008, p. 389). Rather than focusing on the facts alone, the aim was to understand how the respondents relate their past childhood experiences to their current mental health. The subsequent interpretations of their narratives were based on how the respondents understood and interpreted the concepts in the study. As well as this, the interpretations were informed by the idea of social constructivism and the notion that reality and knowledge are not fixed concepts. Thus, it was also important to explore the idea that the participants' experiences of childhood emotional abuse led them to interpret later experiences in a way they would not have done if they had not experienced childhood emotional abuse.

There have been some critiques of the narrative method of inquiry. Collins (1985) explains that the challenge of using a narrative methodology is that use of language varies between different cultural groups, something a narrative method fails to consider. Similarly, Byrne (2017) observes that narrative methods bring up issues relating to voice and representation. This is because participants in narrative inquiries do not have control over how they come across during the research process.

Another potential issue with using a narrative method of inquiry is that there is a level of risk involved when it comes to interviewing individuals with mental health issues. However, Yanos et al. (2009) found that vulnerability based on capacity or power is a state rather than a trait amongst individuals with mental health issues. This suggests that some individuals with mental health issues will be more vulnerable than others and that it is difficult to predict whether this study would re-traumatise any of the participants involved or not. To mitigate this risk, the psychiatrist in charge of treating the participants was asked to judge whether they were able to cope with the demands of this study or not. Ways to mitigate the risk of interviewing vulnerable subjects are discussed in section 4.12, which explores the ethical issues associated with this research. Here, it was noted that researchers should consider occupational health and safety issues in the research process (Dickson-Swift et al., 2007; Dickson-Swift et al., 2008b).

In addition, Morrison and Stomski (2015) recommend that when interviewing research participants with mental health issues, researchers ensure that participants understand the meaning of participating in the research, establish a rapport with research participants, acquire informed consent, and effectively manage boundaries between helping and encouraging participants participate in the research. All these recommendations were considered when interacting with research participants, through first gaining their informed consent and by ensuring that they knew what was expected from them. Once the interview process was taking place, the researcher then established a rapport with participants and supported them in a professional manner when they retold stories of past trauma.

4.7 PARTICIPANTS AND THE RECRUITMENT PROCESS

The procedure used in this study is as follows. A narrative approach was adopted to conduct semi-structured interviews with 10 male and 10 female study participants. The interviews took place face to face, and participants were invited to give a narrative account of the abuse they had experienced in childhood and the impact of that abuse on their adult lives.

4.7.1 Setting

The study took place at the Mental Health Unit of King Abdulaziz Hospital. The hospital was chosen since it provides mental healthcare to 1,501 inpatients (Kingdom of Saudi Arabia Ministry of National Guard Health Affairs, 2016). The focus was on the outpatients of the hospital's Mental Health Unit. The sampling strategy included the recruitment of outpatients of mental health services at King Abdulaziz Hospital. The study participants were then interviewed in a private room within the Mental Health Unit at King Abdulaziz Hospital.

4.7.2 Sampling Method

The purposive method or purposive sampling was chosen, where participants are selected to participate in the research study on the basis of predefined inclusion and exclusion criteria (see table 4.1) (Macnee and McCabe, 2008). This method was then used to inform the recruitment process for this study. In this case, all participants needed to have experienced emotional abuse during childhood, be over the age of 18,

be an outpatient receiving treatment at a mental health unit and live in Saudi Arabia. Robinson (2014) argues that the use of purposive sampling offers the researcher the opportunity to exercise his/her best intellectual judgement in the selection of the participants. The use of such judgement in the selection of research participants was integral since it enabled the researcher to select only those participants who had mental health issues and had previously experienced childhood emotional abuse (CEA). It was decided to only recruit subjects with low to moderate mental health issues, such as depression and anxiety and exclude those with more severe forms of psychosis as these individuals may lack the ability to consent to participating in the study and may also display symptoms of psychosis. Psychosis can take the form of delusions and untrue beliefs, which may lead to inaccurate and untrue information informing the study.

The inclusion and exclusion criteria are set out in table 4.2 below:

Inclusion Criteria	Exclusion Criteria	Reason
Spent childhood in Saudi Arabia	Did not spend childhood in Saudi Arabia	It is important to understand Saudi Arabia attitudes to CEA
Over the age of 18	Under the age of 18	Studying impact of CEA in adulthood.
Has diagnosed mental health problem (low–moderate mental health conditions, such as depression and anxiety)	Does not have diagnosed mental health problem	Studying relationship between CEA and mental health problems as interpreted by participant
Experienced CEA	Did not experience CEA	Studying experience of CEA
Informed consent	No consent	Participants must consent to be interviewed

Table 4.2 Inclusion and Exclusion criteria

A total of 20 research participants, with an equal number of 10 women and 10 men, were recruited for the study. The recruitment process is described in Table 4.3 (below). This sample size was chosen because semi-structured narrative interviews

should generate in-depth data for analysis, and so a larger number of participants may make the data unmanageable (Drotar, 2000). Qualitative approaches to data collection such as semi-structured narrative interviews usually involve smaller sample sizes in comparison to quantitative approaches, which usually involve larger sample sizes to generate statistics that can be generalised. As this is a qualitative study, a subjective approach was taken toward the size of the research sample, which was decided as the research progressed (Sandelowski, 1995). As such, further participants were included, until saturation was reached (Glaser, 1965). At a minimum, 10 participants would have been required to provide an understanding of the topic of childhood emotional abuse and its impact in adulthood; at a maximum, 50. Then, applying the logic of Fogard and Potts (2015), which was developed to determine sample sizes for qualitative studies based on thematic analysis, was applied to come up with a desirable sample size. To this end, the theme prevalence, the number of potential outcomes, and the impact of the study were considered. Thus, based on this consideration and the saturation of numbers the researcher could handle, 20 participants with an equal number of male and female subjects were deemed suitable.

Recruitment was restricted to individuals aged 18 or older, although no upper age limit was set, as the aim was to recruit adult participants. People who had no known history of childhood emotional abuse were also excluded from the study. These individuals were receiving outpatient care for mental illness and with experiences of emotional abuse during their childhood. It was decided to concentrate on patients' receiving outpatient treatment as, whilst still experiencing mental health problems, these patients were less likely to be experiencing more severe forms of mental illness, such as psychosis, which would affect their ability to consent to the study or might lead to them experiencing delusions. Also, outpatients at the mental health unit were not, at the time the study was undertaken, experiencing acute mental health episodes requiring hospitalisation, indicating that they were sufficiently mentally fit enough to participate in what could be a discussion around difficult or challenging subjects.

Total Sample	• n=1501
Total Excluded	• n=1481 on at least 1 ground • See exclusion criteria
Total Included	• 10 men with history of CEA • 10 women with history of CEA
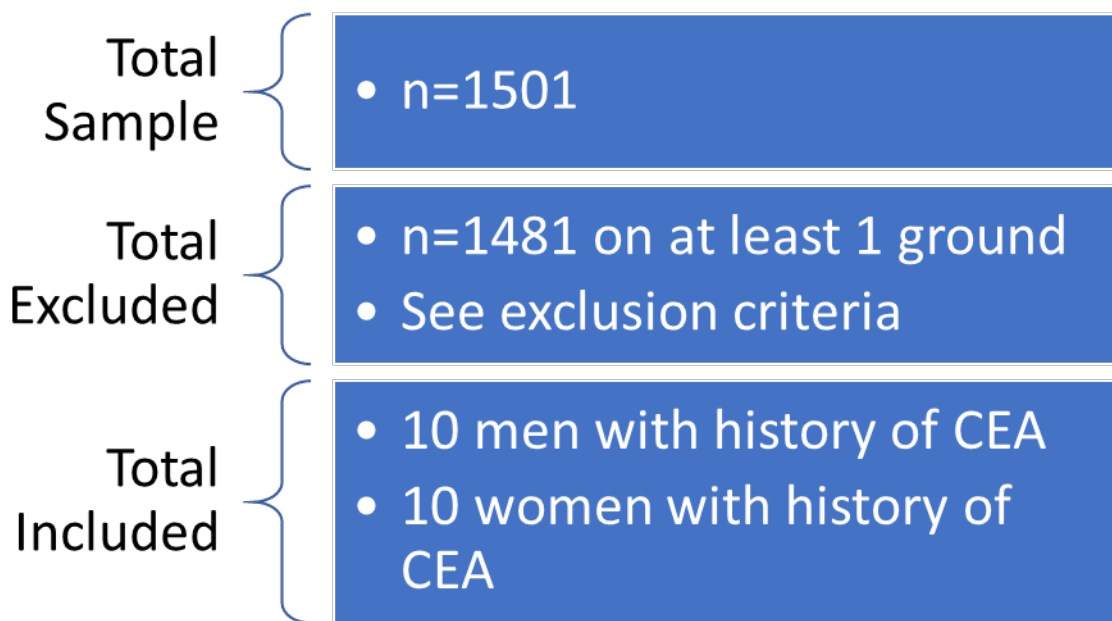
Table 4.3 Sample Recruitment Flow Chart

Purposive selection of the respondents was conducted through the use of an invitation letter (see appendix 2) via the mental health services outpatient staff. All of the psychiatrists working at the facility were asked to distribute the letter to any eligible people who have experienced mental health problems and whose records mention childhood emotional abuse. In addition, three of the psychiatrists working at the facility were asked to suggest suitable potential participants. The letter contained a brief description of the study and its importance, along with details regarding the role of the research participant in the study and what would be expected of them. Participants were selected according to the judgement of the psychiatrist regarding whether they were mentally fit to make an informed decision about their participation in the study. To facilitate a better understanding of their role, the research participants were provided with a participant information sheet (see appendix 3) outlining the important details regarding the research. The mental capacity of all participants had been fully assessed by a psychiatrist before the research was undertaken. The participant information sheet was issued along with the invitation letter to the individuals at the facility who had volunteered to take part in order to ensure informed consent.

After the initial phase of the sample selection, the researcher introduced herself to the individual participants who had consented to take part in a face-to-face interview

session. The scheduling of these sessions was coordinated with each research participant so as to ensure that each session was convenient for the participant. A face-to-face meeting was conducted with each of them, and they were issued with a consent form and asked to sign it (see appendix 4). After consultation with the research respondents, it was decided that a period of one week would be allowed to enable them to consider the participant information sheet (see appendix 3) and decide whether they would be willing to proceed as a research participant. According to Smythe and Murray (2000), it is critical for the researcher to provide all the necessary information that will allow potential research participants to have sufficient knowledge about the study to facilitate the making of an informed choice to be involved, or not, in the research. During this period, any issues and questions raised by respondents concerning the research were addressed and clarified. Apart from the challenges associated with the gender-related cultural restrictions, as some potential participants were reluctant to be interviewed by a female due to the social norms of Saudi Arabia, there were no major difficulties encountered in the recruitment process. Previous experience in interacting with patients from the region helped the researcher a great deal in understanding the dynamics involved in dealing with and recruiting people in Saudi Arabia.

The collection of data for this research was achieved through semi-structured narrative interviews with ten male and ten female subjects who were interviewed as part of this study (see appendix 6 for interview schedule and questionnaire). Subjects were aged between 20 and 45 years, with the majority being in their 20s and 30s, and three participants being in their early to mid-40s. Seven participants had children. In terms of marital status, 10 were single, 5 were married, 4 were divorced, and 1 was widowed. Of the men surveyed, 7 were unmarried, 2 were married, and 1 was divorced.

4.8 GATEKEEPING AND ACCESS

Gatekeeping and access refer to the process of regulating the access to someone or something (Holloway and Wheeler, 2002). The role of the gatekeeper is to protect vulnerable people from potential harm; hence, they must be rigorous when discharging their duty (Miller and Bell, 2012). For the purpose of this research,

organisational permission was obtained from King Abdulaziz Hospital Mental Health Unit. According to De Tona (2006), the willingness of the gatekeepers and participants to allow access is influenced by their perception of the researcher's experience regarding their situation and his/her ability to sympathise with them. It is also important to note that gatekeeping only works if the designated gatekeepers share the values of the authorities (Gavrielides and Artinopolou, 2013). However, one problem that can be encountered due to gatekeeping is that access to potential research participants can be denied to the researcher, potentially jeopardising their research programme (Gavrielides and Artinopolou, 2013). Therefore, it was important to adhere to hospital protocols and work with authorities to gain access to suitable study participants.

To gain access to the participants, an assurance of non-interference with hospital operations was guaranteed, and the relevant hospital management were provided with the study protocol and the interview questions along with the participant information sheet (PIS) and consent form. Here, it is important to adhere to the three psychiatric principles and ensure that the biological, psychological, and sociological well-being of participants is prioritised when conducting the research (Sher and New, 2016). When conducting qualitative studies such as this, it is important to allow the participants to self-activate. This was facilitated by issuing invitation letters to them through the department's nurses, thereby avoiding the potential influence of the researcher on the decision to participate. In addition, I ensured that adequate background checks were conducted regarding the King Abdulaziz Hospital Mental Health Unit and its patients, such as ensuring no risk to me or too much emotional stress on the patient participants. However, one potential issue with requiring psychiatrists to act as gatekeepers is that by taking on this role, the psychiatrists may compromise their professional integrity as they may be putting the patient in a situation that could harm them (Sullivan et al., 1998). Hence, as this research could re-traumatise participants, the psychiatrists in charge of caring for the outpatients participating in the research are being put in a position where their professional decision could cause their patient harm. Although the researcher will do everything possible to maintain the psychological well-being of research participants, it is important to acknowledge the compromising position the psychiatrists are being put in by being asked to act as gatekeepers in their context.

4.9 DATA COLLECTION

The use of narrative interviews enabled the researcher to create an open, non-judgemental atmosphere for the research participants, which facilitated better interaction (Holt, 2010). Semi-structured narrative interviews enhance the agency of research participants by allowing them to bring up points that the researcher may not have previously considered (Holt, 2010). The use of face-to-face interview helped in the development of trust and relationship-building between the researcher and the participants concerning the issue of childhood emotional abuse and its effects on adult mental health.

There are a number of benefits to using semi-structured interviews to complete this study. The advantage of semi-structured interviews is that they contain the sort of open-ended questions, which means that the researcher can find out more about the topic they are studying whilst allowing participants to raise questions and ideas relating to the research topic. Hence, semi-structured interviews allow the researcher to focus on the topic they are researching whilst allowing the participant to raise issues relating to their own experience (Brenner, 2006).

On the other hand, there can be challenges with using semi-structured interviews to conduct research. A potential issue with using semi-structured interviews is that each interview will be very different and diversions from the questions may lead to interviewer bias being reflected in the results and analysis of the primary research (Mitchell and Jolley, 2010). As such, it may be difficult to analyse and interpret the results of the semi-structured interviews. Nevertheless, analysis is possible as all the interviews will revolve around the same theme. The researcher will have to be careful to avoid expressing bias during and after the interview process. As the interviews are informed by narrative methodologies, the questions will act as a guide rather than a prescriptive list (Morse, 2012). In section 4.10, I explore how I could counter researcher bias by, on the advice of Berger (2015), educating myself about the research topic and the social and cultural environment in Saudi Arabia regarding childhood emotional abuse and mental illness.

Thus, the interview sessions were based on a two-way process, whereby the research participants were asked questions according to an interview protocol but also allowed to discuss relevant issues. However, the use of semi-structured narrative interviews and the subsequent participant narratives is not without its challenges. Gibbs and Franks (2002, p. 139) argue that "the use of narratives is complicated by the need for the researcher to be part of the narrative process and develop meaning from the accounts told by each research participant." The challenge with this process is usually associated with what Muylaert et al. (2014) term as the crossing of the uniqueness of the meanings developed from the accounts told by the different individuals. This means that it is sometimes difficult to analyse qualitative material as different individuals will interpret their experience in different ways. Gibbs and Franks (2002) suggest that listening to and developing the social realities from the accounts of different research participants can result in difficulty in viewing and listening to each account as an independent social event. The researcher may be faced with the temptation to link the accounts from different participants during the course of data collection, which can blind the researcher to the uniqueness of the experiences and realities of each interview. Despite the issues with narrative interviews, this paradigm was used with the researcher, making an effort to ensure that each of the accounts from participants was listened to as a unique and independent social event, through allowing them to express themselves freely, and only during the analysis stage were observations and comparisons of their meanings made to compare and contrast their social realities.

A choice of language was given to participants in order to ensure that they were communicating in a comfortable way to build up trust. Basing the choice of language on the preference of the research participants enables the participants to express themselves without language limitations. As argued by Elliott (2005), the use of language, with regard to research participants, aids in revealing the perspective of the participants. The interview language was also framed to achieve the "here" and "now" view of childhood emotional abuse, as explored by Elliott (2005), and its effects on the participants' mental health in the context of Saudi Arabia.

The data collected included some observations recorded by the researcher during the interview sessions (the interviews were transcribed as they took place and any

behaviours displayed by participants during the interview process were noted), and the responses of the research participants concerning their early childhood experiences and how they articulated the relationship between their troubled childhood and their current mental health status. Emphasis was placed on recording the tonal variation of participants during each interview, and any marked pauses or sudden changes in facial expressions whilst recounting their stories by taking brief notes during and immediately after the interviews. This is because tonal variations, facial expressions, and so forth convey what the participant feels about what is going on now and their past experiences (Muylaert et al., 2014). Thus, this information can be used by the researcher to understand how the participant feels about their past experiences.

It is important to note that the interviews in this study were conducted solely with the researcher and respondent present. Lawler (2002) noted that the presence of other individuals apart from the researcher and the research respondent can hinder the interaction between the two social actors, which can lead to failure to adequately develop a true meaning of the existing social realities. During the data collection process, the researcher initiated and maintained productive interaction with the respondents and listened attentively whilst recording the spoken and unspoken experiences. Data obtained during the interviews was recorded using a digital audio recorder, and some of the data (unspoken data) was recorded manually in a record book. After each interview, the recorded narrative was transferred to an encrypted USB memory stick and each recording was assigned a specific identification data. The USB stick was then uploaded onto the F-drive of the university system to ensure that the data remained secure and was unlikely to be lost or misplaced.

4.10 REFLEXIVITY

Reflexivity is applied to generate meaning in narrative research, and it forms an integral component of the interpretivist research paradigm (Dunya et al., 2011). This understanding of reflexivity is informed by the explanation given by Bradbury-Jones (2007) and Stronach et al. (2007), who use the terms 'continuous internal dialogue' and 'intense self-evaluation' to describe reflexivity. Thus, I have reflected on my knowledge and experience of fieldwork to use these skills in the process of data collection. I particularly assessed my experience as a nurse and how this has

influenced my approach to narrative interviews. I used the skills I picked up when nursing to be patient with and listen to participants in the study. According to Stronach et al. (2007), reflexivity helps to establish one's position in a given research study and how such a position may have influenced the research.

One definition of reflexivity is that it relates to the interaction or the effect of the researcher on the research, and the effect of the research on the researcher (Edge 2011). Instead of the researcher's traits such as gender, knowledge, insider/outsider status being viewed as introducing limitations to the study, the prospective reflexivity (effect of researcher on research) helps the researcher to understand the significance of such features in the formulation and the analysis and development of meanings (Attia and Edge 2017). Reflexivity acknowledges the impact that research can have on the researcher, as the researcher makes observation regarding a phenomenon and steps back to reflect on it, before reshaping his/her action based on the observation (Attia and Edge 2017).

In this research, there are two distinct positions: the first being the insider position, occupied by the individuals with mental health disorders and experience of childhood emotional abuse (i.e., the participants), and the second position, the outsider position, characterised by attempting to find out about experiences of childhood emotional abuse (i.e., the researcher). Interview participants will experience the situation in the opposite manner. It is acknowledged by various researchers that the position occupied by the researcher impacts on the research in various ways (De Tona 2006; Kacen and Chaitin, 2006). In this research, I occupied the outsider role since I had limited experience about childhood emotional abuse and its impact on mental health in Saudi Arabia. I was also an outsider as I am a nurse practitioner and therefore have a very different experience of mental illness than would mental health patients. I therefore took time to learn, reflect, and take action, as the research influenced my way of thinking as a researcher.

Based on the observation regarding the relationship of the researcher with the research participants of different gender, the positioning of the researcher in this case was found to be relevant. In general, the position of researchers with regard to their world view influences the construction of social realities and the lens through which

they filter the information gathered from narrative interviews (Kacen and Chaitin, 2006). This means that researchers who have experience of the topic of research are more likely to use the lens of their own experience (insider position) to develop meaning from the research participants' narratives. Researchers with no or limited experience (outsiders) of the issue of child abuse and associated effects on mental health are likely to arrive at an inaccurate interpretation of social realities (Kacen and Chaitin, 2006) as they would be unsure of how to approach the topic or, for example, key elements of relationships. However, there is a counterargument that outsiders are not biased in their view and approach the data analysis with more objectivity, producing a more balanced analysis (Leavy, 2014). According to Berger (2015), researchers need to consider individual and universal views when involving self-knowledge and sensitivities. I subscribe to the arguments made by Berger (2015) about the need for outsider researchers to self-educate about the research topic and the dynamics of the research. Based on this, I took time to study the research topic, cultural issues, and legislation on child emotional abuse and mental health. I also examined the future aspirations and plans of the Saudi Arabian government regarding child emotional abuse and mental health, so as to enhance the interaction with the research participants. I did this through conducting secondary research via books, online journals, and newspaper articles on the subject.

Although the information obtained is too limited to enable an exploration of the topic from the insider position, the information has enriched my outsider position and defined the interview approach. The challenge of using reflexivity as a qualitative research method is how to manage this principle and the relationship between researcher and participant (Rubin and Babbie, 2014). This is because researchers have more power that participants in a research context as they *"have a special knowledge that participants don't enjoy"* (Rubin and Babbie, 2014, p. 499). Because it is assumed that the researcher is superior, the researcher gets to choose whether the participant is believable or not and therefore whether their contribution is valid. This suggests that the participants' contributions are not as valid as they should be. Furthermore, Caetano (2014) explains that another flaw with reflexivity as a research method is that it can minimise the importance of social functions and dimensions necessary to validate research studies. In other words, reflexivity is subject to researcher bias. Thus, it is important to get as much context from the participants as

possible in order to add credibility to participants accounts of their experiences and analyse these accounts in a subjective, unbiased manner.

Aléx and Hammarström (2008) note that the semi-structured interviews used to collect narrative data can result in the participant developing the perception that he/she is being subdued. They therefore advocate the use of reflexivity to avoid such unintended outcomes during an interview situation. Reflexivity allowed me to think about how I was approaching the interviews, and to back down and be more patient if I felt I was bombarding a participant with too many questions or making the interview too structured. This is especially important for this study, since the participants are individuals with a history of childhood emotional abuse who may have developed the tendency to interpret otherwise normal situation and interactions as threatening or hostile (Payton et al., 2000; Watt, 2007). According to Alvesson and Sköldberg (2009), the use of reflexivity should be practised at all stages of social research and not just during the interview session. The researchers argue that when the researcher is interacting with the empirical material, he/she should use reflexivity to explore interview accounts and the observation of language use. Alvesson and Sköldberg (2009) also note that researchers should use reflexivity during the interpretation stage to help in the development of new knowledge.

Reflexivity was also used to enhance the adherence to research ethics. As argued by Pillow (2003), reflexivity promotes ethics in research by addressing the undesired effect of power dynamics between the researcher and research participants. In conclusion, I argue that whilst occupying the outsider position as a researcher may have subjected the research to possible challenges (as discussed previously), my "ignorance" worked to the advantage of the research. The research participants assumed the position of experts and seemed to feel empowered to tell their personal accounts. By listening to the research participants' views on how society views and tackles issues related to child emotional abuse, and the related effects on mental health, the research participants' narratives were accepted and respected. It is also important to respect the power relationship inherent to the relationship between the interviewer and interviewee. This is because Yanos et al. (2009) suggest that power wielded by three psychiatrists, physicians, carers, and influencers involved in treatment and interactions with individuals with mental health problems can increase

the vulnerability of individuals with mental health problems who participate in research. Saudi culture is strongly authoritarian so therefore the patient may feel powerless to challenge the opinion of authority figures.

4.11 DATA ANALYSIS

This study has utilised a narrative thematic approach in the analysis of the participants' accounts. Narrative thematic analysis as defined by McClelland (1964) suggests that any text can be used and examined to find thematic content that reveals the kinds of meanings different individuals and groups attach to words. As such, narrative thematic analysis involves both interpretive analysis of association and contrast, which involves finding recurring themes and patterns of association within content (Daiute and Lightfoot, 2004). In this case, the transcripts of face-to-face interviews with victims of childhood emotional abuse in Saudi Arabia will be analysed to explore how their experience has shaped their adult life. Therefore, narrative thematic analysis results in the identification of a codified set of categories that enables the researcher to analyse more than one text using the same criteria. Wang and Geale (2015) consider the thematic analysis of narrative interviews to be a good approach which facilitates the organisation of the different social realities communicated in the recorded narrative interviews in an orderly manner. It also allows categorisation of each account in a manner that reflects the social context and interpretations.

Prior to carrying out the categorisation of the material, as is the case with thematic analysis, the recorded interviews needed to be transcribed (McLellan et al., 2003). The transcription of audio material to text enables the indexing of the interview material. Some challenges were faced regarding the standard approach that should be used in the transcription process, since there is a scarcity of research information on how to conduct the process. Poland (2003) notes that the transcription of the recorded material represents the main stage, where errors are introduced into narrative research. According to Poland (2003), the transcription process is associated with various challenges, which include challenges in expressing in the text the spoken word due to incomprehensible spoken sentence structure. Transcriptional errors also occur due to the use of wrong phrasing or wording, which can lead to unintended variation in the meaning of the written text from the original spoken word. Poland (2003) attributes

the challenge faced during the transcription process to the presence of run-on sentences that necessitate the transcribers employing their own adjudication in making the decision regarding where to place commas or full stops. Improper judgement by the transcribers can lead to the introduction of a pause or a full stop in the wrong position in a sentence, which can lead to a drastic change in the meaning of the sentence. Therefore, the interviews were transcribed within 48 hours of the interviews being carried out in order for them to still be fresh in the researcher's mind. To address the highlighted challenges and avoid introducing inaccuracies in this research, following the initial transcription process, the transcribed texts were reviewed whilst listening to the spoken material. In this manner, any discrepancies identified in the texts could be eliminated and ensure that the texts accurately reflected the information contained in the spoken words.

The transcribed data was then translated from the Arabic language to English. I used my understanding of Arabic and English to ensure that the translation did not alter the meaning and that the constructs had similar meanings in Arabic and English. I also carried out translations when I could not find English words that had the exact meaning as the original Arabic text. Transliteration involved replacing the Arabic text with English words that have a complementary meaning. To ensure that the meaning was not distorted during the translation and transliteration process, which involved translating the language and meaning of the data from Arabic to English, I invited an expert with a good understanding of English and Arabic to back-translate the information to the original Arabic language. I then compared the back-translated content and originally transcribed content. Whenever I discovered discrepancies, I involved the expert in reaching an agreement on the words to use. The potential issue with this approach is that, it raises questions as to who the real translator of the text is (Pokorn, 2005). Whilst I translated the text from Arabic to English, the expert provided stylistic feedback, which some authorities might understand as a form of collaboration (Pokorn, 2005). As such, it was important to ensure that the meaning and intention of the text in English remained as close to the Arabic originals and my use of an expert to help me did not change the meaning of the original texts.

In this research, Muylaert et al.'s (2014) steps were adhered to by documenting both responses to questions asked and specifically stating when participants responded to

questions and prompting in a non-indexed manner, that is, through an unstructured interview format. However, the challenge with Muylaert et al.'s (2014) framework is that it indicates that indexed information is more relevant and important than non-indexed data. This is problematic as one of the advantages of a semi-structured approach is that it takes participant responses that steer away from the set questions into account (Denzin and Lincoln, 2011). Thus, whilst Muylaert et al. (2014) provide a useful framework for narrative research, non-indexed information cannot be devalued in relation to indexed responses and must be treated as equal to it when it comes to analysing the research.

As indicated by Goffman (1983), enhanced analysis of narrative interviews is achieved by the situation they take place in and the existing history of interaction between researcher and subject. In the study, the situational context of the interviews was established by interrogating the material in order to establish the answer to the question: *what is happening here*? To address the aspect of existing interaction, the material was interrogated by establishing the answer to the question: *what is happening now*? In addition, a narrative approach considers the whole portion of data contained in narrative texts and focuses on the use of language to bring meaning to experiences. As such, it analyses indexed data to identify non-indexed common themes within the unique narratives. Non-indexed data can be identified through consideration of the role and perspective of the researcher (Holloway and Galvin 2016). In this way, participants' responses are examined to see how they relate to the cultural context and the relationships discussed. Hence, contextual clues were used to establish the local traits and the information that related to the cultural and social context, for example the patriarchal society in Saudi Arabia and the stigma towards mental health problems.

Ranganathan (2015) argues that the use of thematic analysis requires the researcher to have knowledge of the key issues concerning the research topic, as indicated in the existing literature. According to Ranganathan (2015) this prior information helps the researcher in developing the categories or themes. As indicated in the discussion in the section dealing with data collection, prior to the collection of data for this study, an in-depth analysis of the issues regarding child emotional abuse and its effects on adults with mental health problems living in Saudi Arabia was conducted, and this is

presented in the literature review. The literature review presented a thematic framework to apply to the issue of childhood emotional abuse in Saudi Arabia. The themes explored were stigma and attachment theory, as covered in the analytical framework. A stigma is an attribute, behaviour, or reputation that socially discredits an individual (Goffman, 1963). Also applied was attachment theory, which explains how abuse can affect the personal development of children and their ability to develop emotional bonds with others in adult life (Bowlby, 1969). Explorations of attachment patterns developed in childhood can be applied to inform how and why people act, think, feel, and behave in certain ways in adulthood (Fraser, 2007). Thus, both these themes can be applied to explain why individuals continue to be affected by childhood emotional abuse in adulthood. However, if material was generated that was outside the prescribed limits of the approach adopted by Bowlby (1969) and Goffman (1963), alternative frameworks would have to be found and considered.

Finally, whilst the research is aware of the availability of data analysing software such as QDA Minor, MAXQDA, HyperRESEARCH and Mendeley it was decided not to use such software to analyse the research results. In general, data analysing software is considered to be useful when analysing large amounts of qualitative data (Pope et al., 2000). Here, though, it was decided to use a more direct, descriptive approach to analyse the research in order to maximise personal interaction with the results. This approach was made possible as only 20 interviews were undertaken, making it a relatively small research sample and possible to analyse without the assistance of data analysing software.

4.12 ETHICAL ISSUES

Researching the experiences of childhood emotional abuse of outpatients with mental health problems in a country that has a history of not recognising issues' regarding child abuse is a sensitive undertaking that is characterised by a number of inherent ethical considerations (Kinard, 1985). To ensure adherence to research ethics in the current study, emphasis was placed on four main ethical considerations, as suggested by DiCicco, Bloom, and Crabtree (2006). These four ethical considerations are listed below:

1) The reduction of the chance of unanticipated harm occurring.
2) Safeguarding the research participant's information.

3) Keeping research participants informed about the study.

4) Safeguarding against possible exploitation.

Cain (1991) argues for the need to adhere to anonymity, especially when researching sensitive issues such as child abuse amongst affected individuals in Saudi Arabia. Ní Laoire (2007) observed that during narrative interviews, research participants can sometimes reveal experiences about themselves that may jeopardise their social position. This is because they fear that if their experience becomes public knowledge, it might jeopardise their social standing or could make relationships with their friends and family difficult. According to DiCicco et al. (2006), it is the role of the researcher to ensure that the anonymity and safety of such sensitive information are maintained.

However, it is important to note that in cases where the researcher observes an event or behaviour that poses risk to the participant, the anonymity agreement can be breached to ensure the safety of the research participant (Jackson et al., 2011). However, for a researcher to breach the anonymity agreement, there should be a negotiated agreement with the research participant on the decision and basis for such actions (DiCicco et al., 2006). If criminal activity is disclosed during the course of the research, the researcher must choose to either respect the confidentiality agreement or adhere to the law (Holloway, 2005). To do this, the researcher must set and communicate clear criteria as to what kind of disclosures would result in the involvement of the authorities if disclosed to them. To guarantee the researcher's moral integrity, whatever decision they make regarding criminal discourses, it is important to ensure that participants understand the researcher's position on safeguarding and anonymity before the research takes place (Holloway, 2005).This information was included in the Participant Information Sheet, which was part of the literature given to participants before they gave their formal consent to the interview.

In the study, the process of listening and encouraging the research participants to continue with their narrations risked causing unintentional harm to some participants due to their fragile mental state. Certain actions during the interviews, such as reflecting back on the experiences described by the research participants, caused them some upset, as they shared their early childhood experiences and the effects on their mental health. It was apparent that most of the participants were yet to reconcile

themselves with their troubled childhood. To address the unanticipated stress and grief amongst the research participants as they narrated their stories, psychological support was provided in various ways. One of the approaches was to reassure the affected research participants of their safety and the importance of their narration, for their recovery, as such revelations can be cathartic, and for preventing such abuse from happening or continuing in future. Speaking about abuse in a therapeutic setting can aid recovery through allowing the individual to integrate the narrative of the abuse within the larger narrative of the self as a form of self-acceptance (Higgins and Swain, 2010). The research participants were allowed time to compose themselves by not pressurising them to continue with their responses, allowing them to continue only if they wished to do so. The research participants were informed about the counselling services available, and psychiatric help was organised for research participants who expressed the need for such services. Three mental health clinic psychiatrists at King Abdulaziz Hospital agreed to provide care for the study participants in case they needed any help. During the interviewing process and at the end of the interview session, an attempt was made to ensure that the research participants were comfortable, satisfied, and relieved to have narrated their experiences (DiCicco et al., 2006). This was achieved by giving each of the twenty participants a voice and encouraging them to make themselves comfortable before talking with me, creating a comfortable platform that helped them relay their experiences.

To ensure that the identity of the research participants and the collected information remained confidential and only known to the researcher, a code was assigned to each participant as an identifier so as to keep the real identities anonymous and avoid any information being traced back to them. It was also ensured that the researcher was the only person who had access to the raw data by keeping the recordings on an encrypted and password-protected USB memory stick. During the data collection and analysis stage, the USB memory sticks and the consent forms were stored in lockable cabinets in the house of the researcher, to which only the researcher had access. The University of Salford data storage service was also used to secure the data during the course of the research. The current policy is that raw research data will be destroyed after three years of storage following the completion of the research. My thesis will remain published and available, whilst the raw data will be destroyed after the project has been completed to guarantee anonymity for research participants.

Germain (1993) argues that although the researcher may set the aim of the study prior to conducting the narrative interviews, there is a possibility that the purpose may be changed slightly by the information obtained during the interview sessions. Therefore, to ensure that the research participants were kept informed, they were provided with detailed information about the study at the beginning to enable them to have sufficient information to make an informed decision regarding their participation. In addition, regular verbal agreement was obtained during the interview process to ensure that participants were willing to continue with the interview. Creswell (1998) indicates that seeking of several verbal agreements during an interview session provides the research participant with the opportunity to reconsider his/her involvement in the study, hence enhancing the study's ethical compliance.

Liamputtong (2007) noted that a number of moral and ethical issues arise when undertaking sensitive research involving vulnerable research participants. Sensitive research is any kind of research that may lead to participants in that research experiencing negative consequences as a result of participating in it (Dickson-Swift et al., 2008a). Involvement in sensitive qualitative research can be difficult and challenging for both researchers and participants. To consider why qualitative research can be challenging for researchers, Dickson-Swift et al. (2007) undertook one-to-one interviews with 30 qualitative health researchers. They found that undertaking sensitive research was challenging because researchers experienced difficulties with developing a rapport with participants, using researcher self-disclosure, the need to listen to untold stories, and dealing with guilt and vulnerability (Dickson-Swift et al., 2007). In order to respond to such challenges, Dickson-Swift et al. (2008) recommended that to deal with issues encountered during sensitive research, researchers undergo training, prepare well, and be supervised throughout the research process. Furthermore, Dickson-Swift et al. (2008b) noted that it was important for researchers to take occupational health and safety issues into account when undertaking projects where physical and emotional risks are likely to be encountered. As such, sensitive research requires professional supervision and adherence to policy and training standards (Dickson-Swift et al., 2008b). Hence, the policy and training standards of the mental health clinic in Saudi Arabia were adhered to at all times when research was gathered. Furthermore, the researcher was able to

draw on their own experience of working with people with mental health issues in order to communicate in a calm and appropriate way throughout the interviews. In addition, this previous experience meant that dealing with individuals who had suffered past traumas was not something new, and the researcher took a break after each one as a form of self-protection and used a diary to manage herself. Members of staff were also available to assist with participants needs if required, which was reassuring for both the participants and the researcher.

In summary, the ethical issues associated with this research were overcome by making use of university confidentiality procedures to protect participants' anonymity and their names were also changed to pseudonyms to further protect the identity of study participants. Communication was maintained with participants throughout the interview process to ensure that they were happy to continue with the research and they were not adversely emotionally affected by the research process. In order to mitigate the potential effect of the contents of the study on the researcher, supervision of the study was sought, and efforts were made to prepare for any eventuality that might come up. As well as this, assistance of staff at the hospital where the interviews took place was obtained to support the interviewees and researcher, if required.

4.13 SUMMARY

In this chapter, the methodology used in exploring the purpose of the study has been explained. The chapter also explores the epistemology and ontology underpinning the study within the interpretivist social constructionist paradigm, and various theories and philosophies have been used to illustrate this position (Schwandt, 1994; Lin, 1998; Chowdhury, 2014). By adopting the interpretivist perspective, it has been shown that the research is capable of exploring the social realities experienced by the individuals with a history of childhood emotional abuse and their perceived associated mental health disorders manifesting in adult life.

Since the researcher has no experience of childhood emotional abuse resulting in mental health difficulties, the important issues associated with reflexivity have been identified and critically explored to illustrate the approach adopted in this study to the issue of power dynamics with the research participants. This approach has been informed by the researcher's prior work with patients who have experienced

childhood emotional abuse and the researcher's involvement in helping these patients overcome their past and establish productive lives. The approach of the researcher, as an outsider, has been illustrated, and how it ensures that research participants are empowered to tell their accounts of relevant events. The ways in which reflexivity can be used to promote ethics in research has also been discussed, by addressing the undesired effect of power dynamics between the researcher and research participants.

CHAPTER FIVE

FINDINGS & DISCUSSION FOR CHILDHOOD

5.1 INTRODUCTION

This chapter presents a thematic analysis of the interviews with individuals living in Saudi Arabia who have experienced emotional abuse in childhood and subsequently experienced mental health problems in adulthood. It has been found that adverse childhood experiences (ACEs) such as childhood emotional abuse have a negative impact on individual development and progress (Bethell et al., 2017). This can be seen in the narrative descriptions of the participants in the current study. In addition, factors specific to the society and culture of Saudi Arabia are considered as it is important to describe the situation in Saudi Arabia regarding seeking help for mental health problems. The demographic details of the participants are presented in table 5.1 (below):

The demographic details of the twenty participants that took part in this study are presented in table 5.1 (below):

Table 5.1 Participants and Demographic Details

Name	Gender	Age	Ethnicity	Marital Status
Ahlam	F	30	Saudi	Married
Rakan	M	25	Saudi	Single
Sara	F	45	Bedouin	Single
Abed	M	30	Saudi	Single
Ahmed	M	37	Syrian	Married
Rana	F	26		Single
Aymen	M	30	Yemeni Father, Saudi mother.	Married
Noura	F	23	Saudi	Divorced
Hussam	M	25	Saudi	Single
Hanan	F	35	Saudi	Divorced
Aisha	F	44	Bedouin	Widowed

Mona	F	22	Saudi	Single
Khaled	M	40	Iraqi	Divorced
Moh'd	M	33	Saudi	Single
Hadi	M	23	Saudi	Single
Sultan	M	27	Saudi	Single
Hani	M	20	Saudi	Single
Fatimah	F	23	Saudi	Divorced
Mariam	F	35	Saudi	Married
Samar	F	27	Turkish mother, Saudi father.	Married

In this chapter, the findings from the interviews with study participants regarding their experiences of childhood emotional abuse and the impact this had on their childhoods will be discussed in detail. The chapter will first consider the different kinds of abuse the study participants experienced and the impact of these forms of abuse alongside the emotional abuse experienced by all participants during childhood. Then, the chapter considers personal impact of abuse during childhood on the participants such as the experience of feelings of shame and humiliation and being burdened with a lower status within the family or the community. The chapter will also consider childhood mental health outcomes, the impact of family dynamics, the impact of poor-quality care and lack of parental remorse on children, the impact of witnessing domestic abuse and violence, and the consequences of growing up around criminal activity. Therefore, the following paragraphs will explore the impact of lack of access to outsider support from the government, social workers or at school. It will also be important to consider the stigma associated with child abuse in Saudi Arabia. The results of the primary research into the impact of childhood emotional abuse in childhood will be discussed in relation to the key findings before conclusions are presented on this aspect of the topic.

5.2 TYPES OF ABUSE EXPERIENCED IN CHILDHOOD

5.2.1 Emotional Abuse
Emotional abuse can occur on its own but is an element of all the other types of abuse and its psychological consequences are the most severe as it represents the antithesis

of the child's need for love and protection from its primary caregiver(s) (Ward and Davies, 2012). In particular, emotional abuse includes making children feel worthless, unloved or inadequate (Troiano, 2011). This can be seen in the cases of Khaled and Moh'd For example, Khaliq's brother was ashamed of him and would say to him in front of his friend "'*dog come and give them coffee*" then "*donkey go*" in order to humiliate him by implying that Khaled was no better than an animal. According to Mohammed, his stepfather "*Sometimes… hung me on the door and was laughing and said to me 'you are like a monkey.' I saw my mother with tears full in her eyes and she could not do anything.*" Khaled experienced emotional and physical abuse from his father, describing it in the following terms:

> "*He was spitting in our faces, kicking us with his foot, calling us by donkey, animal, dogs- all the bad words he called us. He did not leave [us] any chance to love him.*"

Thus, Khaled interpreted the physical and emotional abuse meted out by his father as a way of his father ensuring that his children would not love him.

Emotional abuse includes the abuser having unrealistic developmental and behavioural expectations for their age, overprotection and limiting normal social interactions (Iwaniec, 2006). For example, Hanan described the harshness of her father's parenting and the effect it had on her and her sister. For example, Hadiya's father would terrify his young daughters by making them wash his car during the night; she explained:

> "*I was 10 years old and my sister was 8 years old (she cried strongly). We were scared and my sister was urinating on herself and trembling with cold and fear in her heart that someone would come and kidnap us.*"

Therefore, Hadiya's father's harsh treatment of her and her sister had a severe emotional impact, as it caused Hadiya's sister to physically react because she feared the emotionally abusive behaviour displayed by their father.

Emotional abuse may also take the form of bullying that causes the child to feel scared and in danger, or the exploitation and corruption of children (Working Together to Safeguard Children, 2018).

Exploiting and corrupting children can be seen in the case of one study participant, Hakim, as his father involved him in drug dealing:

> "I did not know that [I was selling drugs]. My father did not tell me that. He said to me it was a set of sweets. I sold them to live in this life and it was a profitable business."

In addition, the emotional abuse experienced by Hussam extended to limiting normal social actions after his father was caught, as his mother would not allow him to go out and socialise after school: "*She screamed loudly at me and did not allow me to go out and play with other children. She kept me at home in my room. She isolated me from people and society.*"

5.2.2 Physical Abuse

Physical abuse is the act of deliberately hurting the child to cause them some kind of injury such as broken bones, bruises, cuts and burns (Working Together to Safeguard Children, 2018). Some of the participants described acts of physical violence in detail. According to the testimony of Khaliq, it was common for him to see and experience physical violence, including "*My uncle beating his wife and kids, my cousin the same thing, my father also the same.*" In addition, Hadi described the severe punishment meted out by his father after he caught him smoking at age eleven. The experience of Hadi is extreme as he describes how:

> "He took me to the roof of the house and painted my body with honey and sugar. He tied my hands with iron to a pole of electricity and leaving my body for insects to come and hurt me. I could not sleep because of the air and I was without clothes and my body was exposed to insects."

He summed up the way that this is both physical and emotional abuse as he reported that "*I felt severe pain physically and emotionally.*" Moreover, the fact that Hadi was abused in this way by his father must have been particularly difficult emotionally as he was exposed to severe physical and mental trauma.

Similarly, Samar described the abuse that she suffered at the hands of her uncle who "*would beat me and hurt me if I did not listen to him as kind of punishment, burns my*

fingers.” This physical abuse occurred alongside emotional abuse as he called Samar an "orphan" and "stupid" because both her parents were dead.

Finally, Amin's father beat him so severely on one occasion that his hand had to be amputated:

> *"… I threw the ball unintentionally at some beautiful ornaments and they broke. [For this] my father beat me and beat me strongly…In the morning my mother woke me up screaming and holding my hand and I can remember till now the colour of my hand. It was black and I did not feel it. My father took me to the doctor and the doctor told my parents that my hand was poisoned and they must amputate it before the poison spread to the rest of my body…"*

This evidence shows how the physical abuse of some of the participants caused them to experience permanent physical repercussions.

5.2.3 Neglect

Neglect is a difficult form of abuse to identify because its signs can be difficult to detect (Srivastava et al., 2005). But some common signs of child neglect are hunger and stealing food, weight loss, being unwashed and wearing dirty or unsuitable clothing (Working Together to Safeguard Children, 2018). Other signs of neglect are extreme tiredness, not being taken to receive medical care, and mentioning being left home alone (Working Together to Safeguard Children, 2018). One of the study participants, Aisha, experienced neglect due to her parents' drug habit, and this extended to the neglect of her baby sister, which left her responsible for changing her sister's nappies and giving her a bottle at the tender age of ten years old:

> *"My mother neglected us and did not care about my sister…she was 10 months old- so I made food for my sister, and my mother neglected us totally. Her and my father would be awake all night and all day they slept… I changed the nappies for my sister and gave her formula milk and she slept beside me."*

Similarly, Mariam and her siblings suffered some of the classic signs of neglect as they would go to school having not eaten or drank anything, and despite walking to school, their father would not buy his children shoes and would tell them to go barefoot. Another sign of neglect is a lack of friends, and this was the case for Mariam as she felt humiliated due to being forced to beg for clothes from neighbours and girls who would otherwise probably have been her friends. She recalled that one day her father caused:

> *"...Our shoes [to be] cut off and he does not buy us he would say go barefoot, we asked our neighbours if they have old shoes do not want to give us were not only shoes, also their old clothes we said to them do not throw the cloth please give us...I felt embarrassed and ashamed by the daughters of my neighbours and I was afraid of them because we were being warned to take their clothes and shoes and to tell the other girls. Fear was not only from my father side but from the social life that was around me and from the people and their looks to us."*

Thus, Mariam experienced fear and shame in childhood both as a result of being abused by her father and due to the social humiliation, she experienced from having to go to school barefoot and having to beg from neighbours. Saraiya and Lopez-Castro (2016) observe that fear and shame are directly linked to trauma as shame can lead to the development of PTSD in later life. These actions diminished the status of herself and her family in the eyes of their neighbours because they were forced to beg their neighbours for their old shoes and clothes.

5.2.4 Sexual Abuse

According to Working Together to Safeguard Children (2018), sexual abuse involves forcing a child to engage in sexual activity, whether the child understands or agrees to what is happening or not. This can include physical contact such as touching the genitals, vaginal or anal intercourse, or oral sex, as well as encouraging children to behave in sexually inappropriate ways (Working Together to Safeguard Children, 2018).

Sultan was one of the few study participants abused outside the family circle as he was a victim of sexual abuse by the school bus driver who commonly harassed the children on the bus. Sultan reported that when he was 6 years old:

> *"I went to school with bus every day full of fear, and he [the bus driver] started to harass me and it led to sexual abuse. He threatened me if I told my father he will cut my tongue."*

The lack of awareness of how to deal with such issues is apparent in the way that the bus driver was still working despite frightening the children. Also, Sami's father did not realise there was a problem and became angry at his son for electing to walk home from school without considering why he would choose to do such a thing. Sultan said about his father:

> *"I was afraid to tell him that the bus driver was very bad and I kept silent after that…I was only six years old and I imagined that he will really cut my tongue. Because of that I became very afraid from going outside the home, and the worst thing was my father started to beat me and treat me cruelly."*

As Sultan did not want to go to school, his mother became suspicious and sent Sami's uncle to investigate. This led to the involvement and engagement of the school social worker who Sultan told what was going on. Although the bus driver was sacked, no emotional support seems to have been given to Sami, leading to ongoing fear despite the end of the abuse.

Fatimah was raped by her father when she was 16 years old and went on to become pregnant. Whilst she describes her aunt as being supportive at all other times, her initial reaction was to slap Fatimah when she found out she had been raped by her father. She recalled:

> *"I felt something moving inside of me and me abdomen become big and one day I went to my aunt and informed her about what I felt and why my abdomen big, then she asked me and I told her what my father did with me and she cried and slap me on my face and said to me you are pregnant from your father and went to my father and she said to him your daughter pregnant from you."*

The reaction of Farah's aunt shows the level of taboo connected to this crime. Sexual abuse can be understood to be a form of emotional abuse as such violation of the person can lead to dissociation, where the individual disconnects from their lived experience, which negatively impacts on their future mental well-being and ability to form emotional connections in later life (Chu and Bowman, 2002).

5.2.5 Discussion
The findings show that the participants in this study experienced the four main types of childhood abuse to varying degrees and in different combinations alongside emotional abuse. This is incongruent with goes against the aforementioned legislation such as Article 19 of the Convention on the Rights of the Child 1989 which prohibits physical abuse and neglect, as it clearly does not permit the extreme abuse that the participants in the current study have suffered. Although Saudi Arabia ratified the Convention of the Rights of the Child (2013), as of yet there is no national criminal

law in place to address the issue of child abuse in the country. See section 1.2 for a discussion of Saudi Arabian law regarding child abuse as it now stands.

It is evident that despite many of the participants displaying signs of abuse in childhood, these factors were not picked up on, this may be due to Saudi Arabia's ambiguous legal position on abuse. Insults and humiliation were suffered by several participants, which is a form of emotional abuse. It is often difficult to recognise and identify the signs of emotional abuse. The policy guidance document Working Together to Safeguard Children (2018) states that in instances of emotional abuse no physical signs are apparent, and the child may in some cases seem well cared for; however, the child may fail to thrive and there may be developmental delays. There may be changes in behaviour due to the onset of emotional abuse, such as sudden speech disorders, sulking, rocking, showing fear, and not being able to play (Working Together to Safeguard Children, 2018). Signs of emotional abuse appear to have been apparent to those living around the children, as insults and so on presumably would have been heard by other family members and neighbours. In the case of Rajiya, she considered that her teachers were aware of such abuse, but they failed to act, choosing simply to be kind to her in school rather than reporting her father to the authorities. In addition, the neglect suffered by Mariam was apparent to the neighbours, because along with her siblings she would ask her neighbours for donations of clothes and shoes to walk the long distance to school, as well as suffering from hunger. This suggests that signs of emotional abuse were evident to outsiders but were often actively ignored.

Signs of sexual abuse in children are painful or itching genitals; bruising or bleeding of the genitals; vaginal discharge or infection; discomfort when sitting; nightmares and signs of fear (as in the case of Sami), creating sexual drawings or using language, and acting in a sexual way towards adults (Working Together to Safeguard Children, 2018). Two of the participants in the study were victims of sexual abuse Sultan who was abused by the school bus driver, and Fatimah who was raped by her father. In these cases, Sultan eventually told what was happening, but the lack of awareness of such issues can be seen in the way that his father responded with anger when he did not want to catch the bus, rather than sitting him down and asking him why. In the case of Farah, her aunt was aware of the abuse but failed to act out of fear.

5.3 IMPACT OF ABUSE IN CHILDHOOD

5.3.1 Feelings of Shame and Humiliation

For a variety of reasons, most of the interviewees reported experiencing feelings of shame and humiliation connected to the abuse they had experienced. For example, as an adult Ahlam reported that she felt that her family were ashamed of her as a child because she was born outside of marriage. She explained that she felt she was abused by her mother and grandmother:

> *"Because I am an illegitimate daughter ... It was not my fault it was the fault of that two persons who committed that sin and loaded the burdens of this stigma early on my little shoulders."*

According to Goffman (1963), Ahlam would likely have been badly affected by the stigma of illegitimacy as such stigma reduces the individual's life chances due to the negative reputation they develop in wider society. As well as this, the treatment of Ahlam by her mother and grandmother of her as a child therefore led to Ahlam experiencing shame as an adult. Similarly, following the arrest and imprisonment of his father, Hussam described how the shame felt by his mother led her to keeping him socially isolated:

> *"She isolated me from people and society. My life was only from school to home and home to school. I did not do any mistake; it was not my fault, but my mother felt shame because of me, and the people around her did not want my mom, and she beat me. I know she emptied her anger in this way (he started crying). I do not want to cry; nobody deserves to cry for it....They are all stupid and think only about what people and society says."*

Noura felt humiliated by the abuse perpetrated by her father and stepmother, and in childhood Hanan did not understand why her mother sat on her after beating her, but as an adult, understands it to be a form of humiliation:

> *"My mother hit me when I was 10 years old and when she finished beating me, she sat on me. I do not know if it was a kind of insult or…. I swear I know [it was an insult]... (crying)."*

When Aymen was asked why he did not tell anyone about the abuse, he replied that he felt ashamed: *"I did not tell anyone…I was ashamed."*

Mona also felt ashamed to ask for help due to the drug habit of her parents, even though she is aware that children should be accountable for their parents' mistakes; she also explained:

> *"If my parents did something shameful or wrong, that means we should not carry their mistakes or faults [throughout our lives]. The people or our relatives- they did not want their kids to play with us and always said to them to be careful from us as we are dangerous."*

Mona's observation appears to suggest that whilst participants often felt shame about the abuse, they had experienced this shame came from how the abuse was perceived by society as a whole as theorised by Goffman (1963), instead of the shame coming from within themselves.

Most of the participants suffered from shame and humiliation in some way from childhood onwards, whether due to direct abuse, being the cause of shame, or feelings of shame due to the society knowing about their situation. In addition, all of the participants had a lower status within their family. Nielsen (2016) noted that victims of sexual abuse often suffer from feelings of guilt and/or shame. In such instances, whereas guilt concerns something the person has done themselves, shame is linked to who you are (Tomkins, 1987). Furthermore, shame ranges in severity from mild embarrassment to feelings of humiliation (Nielsen, 2016). In some cases, the shame is overt, that is, it is visible, but in some cases, shame can be covert whereby it is not felt mentally but still results in body language and words related to shame. Therefore, children suffering from shame may be ostracised and seen as strange, and ongoing humiliation can lead to low self-esteem and the tendency for the person to isolate themselves (Nielsen, 2016). Rahm et al. (2006) carried out a study into feelings as a result of childhood sexual abuse and found that the common negative feelings are: alienation; inadequacy or worthlessness; hypersensitivity; ridiculousness or feeling different; awkwardness; confusion, and switching off of feelings. This was certainly the case with Sultan who reported that during childhood after being sexually abused by the school bus driver at the age of 6 he became introverted, not wanting to see his friends or talk to strangers.

As well as sexual abuse causing feelings of shame, Ellenbogen et al. (2015) note that physical abuse also does so. This could be explained by the modified labelling theory

developed by Scheff (1974). Physical abuse is usually combined with psychological abuse, and this can be seen in the experiences of the participants who experienced name calling in addition to physical abuse; for example: Samar was called an "*orphan*" and "*stupid*"; Moh'd was called a donkey and other derogatory names, along with being spat on, and Hanan was called "*stupid, despicable and backward*." Such name callings lead children to experience shame and conclude that they are inherently bad and deserve to be mistreated (Ellenbogen et al., 2015). It could be suggested that these feelings of shame are linked to cultural stigmas surrounding the names the participants were called by family members in childhood. For example, Scheff (1974) observed that cultural perceptions are linked to the experience of fear and shame. Victims of childhood abuse are also likely to experience shame as a result of the abuse they experienced (Feiring et al., 2009).

Ellenbogen et al. (2015) carried out an investigation using data from a Canadian survey on the health and wellbeing of adolescents engaged in the child welfare system. The survey included questions about the physical abuse they had suffered, along with assessing the extent to which this led to feelings of shame and guilt, as well as blaming the abuser and others for not helping them. They also requested participants complete the State–Trait Anger Expression Inventory in order to explore whether shame, guilt, and blame as a result of physical abuse (PA) are linked to anger. The sample used by Ellenbogen et al. (2015) for the analysis was 309 young people (57% female and 43% male). Based on the results, Ellenbogen et al. (2015) found that children who had experienced harsher treatments at the hands of their caregivers reported stronger feelings of shame connected to physical abuse. In addition, Ellenbogen et al. (2015) did not find a link between violence and being shamed as a child, which is different to the results of Gilligan (1997), although Ellenbogen et al. (2015) note that Gilligan's (1997) sample differed in that they were males convicted of homicide. Also, Ellenbogen et al. (2015) used self-report measures, which may have been affected by social desirability. Even so, it is useful to note the link between shame and maltreatment in the study by Ellenbogen et al. (2015), as most of the participants in the current study described struggling with feelings of shame, and these feelings seem to have started early in childhood in some cases and have affected them into adulthood.

5.3.2 Lower Status

One common theme that emerged from the interviews is that all participants had a lower status within their family. This occurred for various reasons. First, out of the 20 study participants, six reported that they grew up in a non-nuclear family, with one being illegitimate, one being the daughter of a first wife who had been cast aside in favour of the second wife, one having been orphaned, and the remaining three growing up as part of a stepfamily and having low status in the family unit as a result. Other circumstances experienced by the participants that may have contributed to childhood emotional abuse included the fact that a further six participants experienced poverty in childhood or grew up in low status households.

Ahlam was born out of wedlock. She has never met her father, and her mother spent two-and-a-half years in prison for the crime of conceiving a child outside of marriage. This action is an example of the patriarchal nature of Saudi society. Her grandmother had tried to obtain an abortion for her daughter (the mother of Ala) but had been unsuccessful. Ahlam was born whilst her mother was serving her prison sentence and her mother and grandmother blamed her for the situation their family found themselves in, stigmatising her, in the sense alluded to by Goffman (1963), although she could not be blamed for her own birth. Unfortunately, Ala's opinion that she is not to blame for the situation she was born into is not shared by the majority of Saudi society. In Islam, illegitimate children are not responsible for the actions of their parents, therefore, they are not sinners and should be treated with sympathy and compassion (Wagner, 2011); however, in Saudi society illegitimate children are stigmatised and viewed by some as 'seeds of the devil' (Wagner, 2011: 1). This is the kind of stigma identify explored by Goffman (1963). Hence, the majority of Saudis view illegitimate children as being responsible for the sins of their parents. Part of the reason for such a stigma against illegitimate children is that parents are sent to jail if they are found to have a child out of wedlock. In fact, for fear of discovery, illegitimate children are often not allowed to attend school and lack official documentation (Fisher, 2015). Ahlam reported that she faced problems with education and obtaining ID for this reason as from childhood onwards she was *"trapped in a painful legal limbo of having no father which means no right for ID or education for me."* For this reason, in both childhood and adulthood Ahlam had a low status both

within her family and society, making her an easy target for emotional abuse. As she put it:

> *"There is no space in my life for smiles and happiness but just sufferings from exhaustions, anxiety, stigma and fear of society."*

Rana experienced lower status as she went to school without shoes because her abusive father would not buy her any, and although some of this would have been felt from wider society rather than within the home, her father did not give her enough status to make her worthy of shoes. Sahar, who was an orphan, may have been poorly treated by her uncle and extended family because of her mother's nationality, as she was Turkish and not Saudi. Whilst Saudi Arabia ranks sixth for number of migrants received across the globe, those immigrants often experience low social status in Saudi Arabia, indicating that there is an inherent cultural prejudice against such migrants and their relatives (Silvey, 2008). In addition, she was raised by the family housekeeper, and although loved and well looked after by this lady, this is also a position of lower status. According to Turner et al. (2006) traumatic experiences are often exacerbated by other environmental and family problems such as poverty, unemployment or substance abuse.

It is interesting to observe that many participants grew up as perceiving themselves to be inferior members of family units. A study by Turner et al. (2006) found higher levels of victimisation amongst children residing with single parent and stepfamilies. Turner et al. (2006) carried out a study in the United States that explored the impact and prevalence of victimisation in relation to mental health using a nationally representative sample of 1,000 children aged between two and 17 years and 1030 caregivers. They carried out telephone interviews with youth and their caregivers and found that ethnic minority youth, those of lower socio-economic status, and those living in single parent or stepfamilies were at greater risk of victimisation. In addition, in their survey of 16939 Saudi Arabian adolescents, Al-Eissa et al. identified:

> Significantly greater rates of all forms of abuse were found when participants lived with their mother or father only (versus with both), and even greater rates for all when they lived with their biological and step-parent (Al-Eissa et al., 2016: 571).

These findings by Turner et al. (2006) and Al-Eissa et al. (2016) correlate with the current study , all of the participants in the current study lived within ethnic minority,

single parent or stepfamilies, or were of lower socioeconomic status (polygamy is classified as growing up as part of a step-family as it is quite similar in the sense that a person other than the birth parent is closely involved in family life).

5.3.3 Childhood Mental Health

It was apparent that all the participants were exposed to some form of childhood trauma, which took the form of emotional abuse accompanied in some cases by physical abuse, neglect and sexual abuse. According to Nijenhuis and Sieff (2015), trauma theory explains that trauma is the lasting consequence of traumatic events. They also put forward the idea that no person who has experienced abuse or neglect during childhood can survive it without experiencing trauma in later life. Many of the participants struggled to recall their experiences of childhood abuse, indicating that they had been traumatised by these experiences. Additionally, Jenny (2011) observes that the specific kinds of developmental systems and problems children can experience after experiencing traumatic situations is dependent on the stage of development the child is at when the trauma takes place. For example, it has been found that children younger than nursery school age are particularly affected by traumatic situations because it impacts on every aspect of their development. This is because trauma can affect the three fundamental developmental tasks that need to be completed in childhood and early infancy. These tasks are: (1) forming a set of hierarchical attachment-based relationships with others; (2) experiencing and learning to regulate a range of emotions; and (3) learning from the environment through exploring it (Jenny, 2011). It is notable that study participants such as Rakan and Sakina, both of whom experienced abuse from their early years onwards, reported that they have struggled to cope with everyday life in adulthood, are unable to work and avoid social situations. This may be because they failed to develop secure bonds with loving caregiver(s) in childhood and, because of fear, could not explore their environment, thus leaving them without the tools they require to thrive in adult life. This is seen in some participants who are unable to have paid employment in adulthood due to the abuse they experienced in childhood (see section 6.2.2), and amongst those who experienced problems in their marriages, such as forced marriages or expressed an unwillingness to get married (see sections 6.2.1.2 and 7.3.1).

The way that some described feeling excluded or ostracised during their childhoods may be due to issues such as poor self-regulation, which can lead to individuals becoming isolated. Self-isolation is a consequence of childhood emotional abuse and can lead to poor mental health outcomes in late childhood and adulthood (Spilsbury, 2013). Such emotional dysregulation was witnessed in Noura when she recalled her brief marriage aged 19 to a man over forty years her senior (a scenario discussed in section 6.2.1.2), during which she cried and began beating herself. Eventually, her behaviour escalated to the point that she had to be sedated. Abed also experienced emotional dysregulation in adolescence linked to childhood abuse. Abed, who had been abused by his father but was helped to navigate his family dynamic by a supportive uncle, recalled that:

> *"I was trapped inside until I was 17 years old and I became an aggressive person and I hit everyone. I tried to kill someone, but my uncle took the knife and took me to the mosque to pray. I continued as an aggressive person for a year. I used to go to school and study and I cried in the class about my homework. Then the head of school called my father and he came to the school and told them that I was crazy, mentally disturbed and wild, and I beat people for no reason. My uncle knows from me what my father said to the head of school, so then my uncle came to the school and told the teachers about my psychological health, so they loved supporting me and standing next to me."*

Abed's testimony could indicate that the developmental trauma he experienced because of the abuse he experienced at the hands of his father during childhood led to aggressive behaviour due to poor impulse control during adolescence, perhaps indicating emotional dysregulation.

Another example is Khaled who stated, *"since I was a child I prefer to be alone, and this made me isolated from people and society."* Because of the abuse he had experienced Khaled chose to isolate herself from others after his friends realised, he was afraid of his father and threatened to tell his father when he misbehaved. Khaled recalled:

> *"When I did something wrong or made a mistake they [his friends] would say to me we will tell your father what you did for him to kill you, because they knew how much my father was mighty, unjust and tyrannical… So I was afraid that maybe they will say to my father something and he would beat or kill me. That is why I preferred to stay alone, isolated."*

Similarly, the neglect that Mariam experienced also led her to isolate herself from others because of the humiliation she had experienced such as begging for clothing from neighbours meant that she felt unable to relate to her peers and 'dirty' in comparison to them.

As well as this, suicide or the desire to commit suicide during childhood has been expressed by the participants in the current study. All of the participants in the current study were subject to some form of childhood trauma, which placed them at risk of mental health problems, and five of them attempted or thought about committing suicide as children. For example, Hani stated that he tried to commit suicide twice, as did Hanan who explained:

> *"I tried to commit suicide, but I did not know this meant suicide. I drank the bleach that one my mom cleaned the toilet with, and they took me to hospital and they did a wash for my stomach."*

Aisha explained *"I swear I did not like life. I hoped I would die and follow my mother,"* and similarly, Fatimah described how *"I was hoping that I would die, but I do not know what death is because my father used to say to me, I hope you will die."* Sultan explained the impact of fear on the child according to his own experience of emotional abuse within his father as the result of him being molested by a school bus driver, which fundamentally destroyed his chance of developing a stable personality or identity in later life.

Hughes et al. (2017) stated that ACEs have a negative impact on both physical and mental health over the course of the entire lifespan. In regard to the impact of childhood abuse during childhood, Westfall and Nemeroff (2018) observe that a number of studies have found an association between victimisation (including physical and sexual abuse), and negative mental health outcomes in children, such as depression, anxiety and post-traumatic stress disorder. Abuse forms part of adverse childhood experiences or events. It has a serious impact on mental health during childhood and later on in adulthood. Using a clinical sample of 17,337 primary care clinic outpatients in California, Dube et al. (2001) explored whether there is a link between adverse childhood experiences and drug use. The researchers found that 56 per cent of lifetime drug use is linked to adverse childhood experiences. In addition, Dube et al. (2001) found that 80 per cent of suicide attempts by children or

adolescents are due to experiencing at least one adverse childhood experience. Consequently, it has been concluded that:

> Prevention efforts that reduce exposure to adverse childhood events could substantially reduce the prevalence of psychopathology and suicidal behaviour in the general population (Afifi et al., 2009: 946).

Moreover, Turner et al. (2006, p.22) further explains that "In general, racial and ethnic minorities, children in low income households and who have parents with lower education, and those living with single parents or stepparents, experienced more types of victimisation and were more often exposed to other forms of adversity than were higher status children." Thus, Turner et al. (2006) show that victimisation and childhood stressors in general can lead to internalising feelings and therefore depression, as well as externalising feelings through angry and aggressive behaviour.

Cook et al. (2017, p.390) describe the complexities of trauma such as physical, emotional, neglect and sexual abuse, and how this "can interfere with the development of a secure attachment within the care giving system." Moreover, they describe how "When the primary caregiver is too preoccupied, distant, unpredictable, punitive, or distressed to be reliably responsive, children become distressed easily and do not learn to collaborate with others when their own internal resources are inadequate" (Cook et al., 2017, p.392); that is children who have experienced trauma may be incapable of self-soothing and regulating their emotions. In this study, Noura was unable to regulate her emotions when she recalled her abuse marriage, indicating that her childhood experiences led her to experience emotional dysregulation when recalling or dealing with traumatic events in adulthood.

The extent of the impact of complex trauma in childhood has been shown in twin studies, with the likelihood of depression eight times more likely, and attempted suicide twelve times more likely if the child has been exposed to trauma (Cook et al., 2017). This finding is borne out by the results of the primary research as two of the participants in the study reported that they tried to commit suicide during childhood. Hani reported that he tried to kill himself twice when he was a child, but his sisters stopped him (*"I swear I tried to commit suicide twice. I wanted to escape from this life and feel do not want to complete my life because of my brother, but my sisters each time they helped me"*), whilst Hanan recalled that on one occasion she

deliberately tried to commit suicide by drinking bleach as a child as illustrated in the above quote.

The Saudi government has been slow to implement change, although some progress is being made. Saudi Arabia introduced legislation to address child abuse and domestic abuse in the 1990s, ratifying the Convention on the Rights of the Child (UNCRC) in 1996 (Al-Eissa and Almuneef, 2010). The UNCRC is a United Nations programme that encourages countries to meet the needs of children, along with and providing guidelines on child protection. The programme includes the right to life, protection from violence, education, and freedom to express opinion (Verhellen 2000). This ratification of the Convention on the Rights of the Child means that Saudi Arabia agrees to maintain international law, which includes submitting an annual report on the efforts it has made in the field of child protection. In addition, Kazarian (2015) found that Arab scholars in the social sciences recognise the potential negative impact of family violence on child development and how it can lead to low self-esteem and psychological distress. Furthermore, modern Arab scholarship also recognises that family violence can lead to mental health issues both in late childhood and adult life. Therefore, research such as the current study is important as it will hopefully help to influence policy and change.

5.4 FAMILY DYNAMICS

5.4.1 Family Make-Up

Much of the emotional abuse suffered by the participants could be due to being part of a step family, where at least one parent was not the biological parent of the participant. For example, Rahim, who was raised by his father and step-mother, reported that he had been told that his mother had died giving birth to him and he had never even seen a photograph of her. He was abused by his father and stepmother throughout his childhood, although his half-siblings were treated well by both parents. The abuse went on, until he moved in with his grandmother at age 16. Rakan described how his father and stepmother:

> "Both tortured me severely until I started to think if he was really my father or
> not? These thoughts became stronger when I used to see my spoiled half
> brothers and sisters getting soft treatment."

Rakan had this to say about his stepmother and half-siblings:

> "I wish all her children die; she treated them with softness and love and all their needs were made available. She made them join the best schools so they would be successful in the future but I wish them destruction and failure."

Rahim's harsh words are the result of the resentment he felt because he was not allowed to go to school and due to a lack of education, facial scarring, and social anxiety. Similarly, Sakina's mother was the first of her father's two wives, but her father married his second wife because her mother had two daughters but was unable to have any more children. After the second wife produced four sons, the status of the first wife and her two daughters diminished in the family. For this reason, Sakina's mother was physically abused and eventually murdered by her father. For this crime, he was sentenced to death. Sara experienced severe psychological trauma as a result of witnessing the abuse of her mother by her father, as evidenced by her breakdown at school as a teenager after seeing a man that looked like her father at the school gates. Noura also explained that her father re-married after her mother died and encouraged his new wife to abuse her, as he mother previously had done:

> "When I was 11 years old, my father divorced my mother and then I felt happy and I got rid of this dreadful nightmare that always haunted me… After that, my father got married to another woman and she behaved like she was my mother"

Rahim's narrative illustrates how favouritism can occur in step families and the ways in which this results in children in the family receiving different treatment. In Rahim's case, this meant the difference between kindness and abuse. Other participants told similar stories. For example, Moh'd stated *"I was deprived of my childhood as an innocent child because of my mother's husband and his children's preference over me."* An increased risk of abuse was also seen in family set-up where the caregiver was not the parent, as seen in the case of Hani who explained how:

> "After my father died, my older brother was the responsible for everything. His age when my father died was 27 years and he is married and has children, but he is bossy, unjust. He does not like good thing for us and is selfish."

On the other hand, Abed has three brothers, yet his father only abuses him and not his siblings; he said:

> *"He does not treat them like me. If one of my brothers made a mistake he punished me, not my brother who did the mistake."*

This suggests that, for no particular reason, Abed was selected for abuse amongst a sibling group. The targeting of Abed over his siblings could be explained by family systems theory. Family systems theory as explored by Seligman and Darling (2007) and Bolen (2002) suggests that Ahmed was targeted because something in the family environment made him a target as the interactional dynamics of the family led to him being abused but his brothers not experiencing similar treatment (Scott and Swain, 2002).

Applying attachment theory to the scenario explains some of the ongoing depression, anxiety and trauma experienced by the participants in this study. In instances of childhood emotional abuse, the parent is insensitive or unresponsive to the needs of the child, creating a disturbed or faulty attachment. Then, as Wiehe (1998) and Warner (2009) point out, such faulty attachments lead to individuals having problems trusting others and developing intimate relationships with them in adulthood. This was less apparent in the case of Ahlam but appeared to be the case with Rakan and Sakina. Neither Rakan or Sara worked or were married. Also, both chose to stay at home most of the time and neither had any friends. On the basis of this evidence, it could be the case that stigma led to the participants in the study experiencing abuse in childhood, and an inability to form secure adult attachments then left them vulnerable to developing mental health problems in adulthood. Furthermore, the trauma each of the participants experienced led to mental and physical symptoms indicative of PTSD, and all participants reported experiencing symptoms of depression and anxiety coupled with a desire for social isolation, indicating that childhood emotional abuse had led to an ongoing legacy of emotional trauma in adulthood.

5.4.2 Poor Quality Care Giving and Lack of Remorse
The experiences of these participants often involve harsh care giving, with little remorse shown after abusive episodes. For example, Ahlam was abused by her mother and grandmother. She reported that her mother would hit her when she wet the bed and her grandmother would spit on her:

> *"My grandmother loathed me on sight. She would not hesitate to spit on my face, call me names or even send me out of her house whenever I go there…*

Because of feelings of constant fear during my childhood stage, I developed the habit of bed-wetting at nights and my mother would hit me for that."

In this regard, Johnson and James (2016) describe the harm of such psychological aggression and how it can lead to the child being unable to regulate their emotions properly, as explained in the previous section and this extends into adulthood. Some of the experiences of the participants in this study show that the abuser did not feel remorse for their actions. For example, Ahmed described how he lost his hand as a direct result of his father's abuse. He explained that one day when he and his brothers were playing inside the family home and, as a punishment his father *"brought a stick of wood and hit me without mercy. I cried until I slept..."* As Ahmed grew up, if he disobeyed his father, he would threaten to cut off his other hand. This example suggests that Amin's father experienced feelings of power as a parent due to the control he had over his child's body.

A lack of remorse is apparent in the way that Hadiya's mother sat on her after beating her, and her mother would tell her *"nobody loves you, all the people hate you."* Fatimah also stated:

> *"After my mother divorced, my father increased his violence against me and sent my mother pictures of me when he was beating me and I was crying. When I cried he asked me to call myself your donkey daughter and your dog daughter."*

In all these scenarios, the participants describe how they perceived that their abuser(s) lacked remorse for their actions. This may be due to the cultural norms present in Saudi Arabia as explored by Moharib (2013), Bowen (2014) and Al-Eissa et al. (2016), where the family is of upmost importance and what goes on inside the family home is not to be intruded upon by outsiders. As such, it is difficult to prevent familial abuse in Saudi Arabia and, consequently, abusers may fail to understand why their actions are wrong. Furthermore, the physical abuse they experienced is indicative of poor-quality care giving as explored by Cerezo (1998).

5.4.3 Domestic Violence and Abuse

In addition to suffering direct abuse, many participants witnessed abuse in the family unit directed towards other family members. Domestic violence and abuse is a form of emotional abuse that has the potential to affect children psychologically. For

example, Rana described how if their mother asked their father to buy them shoes for school, "*he would beat her until she shed blood from her body.*" Rana was traumatised by this experience and could not understand why her father would beat her mother so severely or neglect his children. Aymen described how at age eight they attempted to defend their mother, and Noura suffered additional abuse as they explained "*Maybe because my father abused her, she was emptying the oppression onto me.*" Khaled described a horrific example of domestic violence that he witnessed as a child when his mother was cooking. On this occasion:

> "*My father came and beat her in the kitchen without any reason, and there was hot oil on the stove and my father spilt it on my mother (he pulled his hair). I cannot forget my mother screaming. Till now I hear it in my ears.*"

Fatimah also described how she heard her parents quarrelling every day, and that "*these quarrels ended with my father beating my mother and then beating me.*" Similarly, Mariam stated "*I saw my father calling my mother the girls' mother, beating and insulting her.*"

Several of the participants witnessed domestic abuse, which has serious psychological consequences according to Meltzer et al. (2009), although most of the participants in this study were abused themselves as well and not just observers of domestic abuse. Therefore, it may be assumed that if witnessing domestic abuse has dire consequences, also being directly abused must pose even more risk to their mental health. For example, Meltzer et al. (2009) bolster their argument by observing that amongst the research sample, witnessing domestic violence almost tripled instances of conduct disorder. Similarly, Agnew-Davies (2013) observed that there is clear evidence that children are affected emotionally and psychologically by witnessing domestic violence. These examples therefore indicate that witnessing domestic violence does impact on children's mental health.

However, some steps have been taken in Saudi Arabia to combat the problem. For example, Al-Eissa and Almuneef (2010) state that in 2005, a government-led National Family Safety Program (NFSP) was set-up in Saudi Arabia, which aims at ensuring the protection of children against abuse and preventing domestic violence. The programme aims to promote and prepare strategies to end domestic violence and child abuse in Saudi Arabia whilst raising awareness of these issues for the general public (NFSP, 2005). It was hoped this programme will help prevent children from

witnessing or experiencing abuse in the home. It is clear that the safety programme was initiated too late to help the participants in this study although such legislation could help future victims of childhood abuse in Saudi Arabia. However, the programme does not highlight or identify any signs of behaviour in children that might indicate such abuse is taking place. Similarly, in this study it is clear that the only participants who received assistance were those who had family members who spoke up for them. Examples include Abed whose uncle reported the abuse to his school or Mariam whose aunt helped her escape an abusive arranged marriage.

5.4.4 Criminal Activity

Several of the participants described the criminal behaviour of their abusers. For Hakim, the escalation in criminal activity occurred because their father was desperate to make money. It led to Hussam being arrested for??; however, his father did not own up and take the blame. Following the arrest and prosecution of his father, Hussam faced abuse from his mother as she isolated him and physically abused him in a manner that seemed to be to vent her own frustration.

Mona blamed the abuse she suffered on her parent being addicted to drugs, despite her mother being coerced into this and attempting to stop. In addition, her father wanted her mother to sell drugs in order to pay off their debts and he threatened her until she accepted this. Mona described how:

> *"From this point our home deteriorated and the neglect increased. My father if he heard me and my sister playing or talking, he would beat us. I took steps and I went to our neighbour and I informed them about my parents and the drugs, and they called the police and the police arrested them. Now they are in prison because the judge sentenced them to 15 years imprisonment."*

Other participants witnessed criminal activity in the form of drug use and selling drugs. For example, Hussam recalled that *"My father was a drug dealer and he took me with him so that I could sell the drugs as sweets and bring for him the money."* According to Osborne and Berger (2009), it is well-established that there is a correlation between negative child outcomes and parental substance abuse as children with parents who abuse alcohol or drugs are at higher risk of forming an insecure attachment in infancy. In both of these cases identified in the study, finances were a

major factor, and the World Health Organization (2009. p.67) describes how studies carried out in Bangladesh, Colombia, Italy, Kenya, Sweden, Thailand and the UK "have also found that low education and a lack of income to meet the family's needs increase the potential of physical violence towards children." This is similar to Turner et al.'s (2006) finding that many forms of abuse in the family unit occur alongside various familial and environmental stressors like poverty, substance abuse and mental illness. Furthermore, Osborne and Berger (2009) link abuse in childhood to negative health and behavioural outcomes. It was possible from the findings of the study that some of the respondents experienced negative health and behavioural outcomes during childhood as a consequence of the abuse they had experienced. Sara reported that her behaviour and emotional state suffered because of the trauma she experienced as a result of her father murdering her mother in front of her, whilst Ahmed lost his hand as a consequence of physical abuse by his father and Rakan was scalded by his stepmother, resulting in emotional trauma and severe physical scaring and disfiguration, incidents that are referred to in previous sections of this chapter.

5.5 BARRIERS TO SEEKING HELP

Several of the participants made attempts to stop the abuse, but most of them were unsuccessful, or did not know where to go, due to lack of awareness of child abuse. For example, Kazarian (2015) points out that being shunned by family, friends and neighbours may be viewed as worse than living in an abusive situation, which leads victims to continue to put up with the abuse. One example is Aymen who was abused by his father up until the age of 18 when his father left the family but did not tell his teachers or anyone outside the family because he felt *"ashamed."* Similarly, Hadiya, who had been abused for as long as she could remember, described how they did not ask for help from relatives because they were meting out the same treatment:

> *"We did not ask for help from our relatives, maybe because all my cousins their situation like mine. I know my uncle he dealt with his daughter like my father. They do not like girls; they look to their way of abuse as a form of discipline."*

Moreover, during childhood some participants felt unable to inform their teachers, some of whom used the abusive situation to make threats concerning behaviour, such as Rana who stated that her teacher was aware of the abuse. On the other hand, Abed

stated "*My uncle came to the school and told the teachers about my psychological health so they loved supporting me and standing next to me,*" once they were aware of Abed's experience of abuse. From the interview data it is not clear how Abed's teachers supported him. Ahmed described how the teachers were sympathetic and helpful. However, this still did not lead to any intervention and the children remained in an abusive environment at home. Most of the participants attended school as children, and in some cases, teachers were aware of the abuse going on at home.

Tarr et al. (2016) explain that teachers in the UK play an important role in safeguarding the children in their care and are ideally placed to identify the signs that abuse is taking place. It would be helpful for Saudi Arabia to draw on the knowledge base and good practice in countries such as the UK in order to improve the system and better safeguard children against abuse, as, despite some progress, such as ratifying the UNCRC in 1996, Saudi Arabia has not submitted annual reports and has been accused of putting barriers in the way of campaigns by non-governmental bodies working to deal with child abuse that prevent them from doing their work (Al-Eissa and Almuneef, 2010; AlBuhairan et al. 2011). This evidence suggests that Saudi Arabia does not take the issue of child abuse seriously enough.

Another problem is that there is a lack of public support services available in Saudi Arabia to help victims of abuse. Whilst some of the participants described the support they are receiving from the Saudi government, such as Sakina, Rajiya, Nadiyya, Aisha, Mona, and Harith, there does not appear to be support services in place to assist victims of abuse during the initial stages; that is, when they want to leave the situation. This is shown by the predicament faced by Aisha when her mother unsuccessfully attempted to escape the family home with her children but was thwarted when their father set his dogs on them:

> "*One day my mother decided to escape from my father, and she took us, and in the night we prepared ourselves to escape and we were successful. But when we got halfway, we heard the sound of the dogs behind us, and my mother told us run away as much as you can, but we were afraid because it was night and everything was dark and it is desert. We failed to escape, and the dogs made around us a circle and barked as if they wanted to eat us (cries). We stayed in that place till morning and my father asked his dogs not to leave us and not allow us to go inside the house…*"

In addition, Farah's aunt tried to help her as she was aware of the extent of the abuse, but she was unable to do so. For example, before she was told about her arranged marriage, Fatimah recalled that:

> *"I found my aunt waiting me and her tears on her cheek and it was first time I saw my aunt like this, she hugs me and said forgive me I cannot protect you from you father and my father took me strongly inside home.."*

This suggests that Fatimah had no authority to go to for help. Samar also stated:

> *"Nobody helped me and I did not know how I could ask for help. I was scared of my uncle. When I saw him I felt I will die. I would feel my heart pumping and my face sweating. I have lived in horror and I did know what abuse means till I came to this clinic."*

This evidence indicates that there is a lack of support available for victims of childhood abuse in Saudi Arabia.

5.5.1 Government Support

As mentioned in the previous section, government support is available to those who are able to request and access it. For example, Rana described how "*When I was 14 years old, my father left us on the street and separated from my mother. My mother went to a shelter and they gave us a house and we have lived there till now*" she also explained that "*The government gives us a monthly salary that is enough for our needs and pays the rent for the apartment as well.*" In addition, Mona's parents receive a salary from the government. This shows that there is support available, but additional support is needed to help people leave abusive situations and avoid both the danger of doing so and the social stigma (see the section on stigma later in this chapter). Government support was also received by Fatimah under more unusual circumstances after she was forced into marriage, kidnapped and taken to Chad. After contacting the Saudi Embassy, Fatimah was repatriated and put in the social protection centre, a place where at-risk individuals can live and receive assistance, after she contacted the Saudi embassy in Chad following her forced marriage and is now in receipt of housing and financial support from the government. This means she can live independently from her abusive father and was able to escape a forced marriage.

Some of the participants described the difficulties around leaving abusive households as children. For example, Noura left home at 15 and stayed at a care home for people who were abused. However, when her father came there to collect her aged 19, she was told she had to go with him by the manager of the care home as *"this is your father and only he has the right to take you or leave you in the home."* Although the Saudi government does have some measures of social services, financial and housing support in place, further steps could be taken to protect vulnerable children and adults. Hence, it is necessary to introduce mechanisms that can provide support to victims of abuse at the outset in order to give options and a way out of the situation. Part of the reason for the difficulty leaving is not only government support, but support from neighbours, professionals and society in general. The reactions of people around the participants when they were children shows that not only services are required, but also campaigns for public awareness so that child victims can be helped.

Whilst mandatory reporting was introduced by the Saudi government in 2008, which requires health professionals to report cases of suspected child abuse, the system often fails due to the lack of a proper structure (Mathews, 2014). This is despite a bylaw that states that any health practitioner who fails to carry out mandatory reporting of cases of child abuse will be fined (Mathews, 2014). Al-Saif et al. (2018) found differences amongst the attitudes of professionals regarding reporting child abuse, and that men were more likely to under report which the researchers claim is due to Saudi culture. In addition, their findings suggest that training may be vital, as professionals with a higher level of training are more likely to report incidences of abuse. This lack of reporting has also been noted above in regard to the school teachers of the participants in this current study not reporting suspected cases of child abuse, even when there was clear evidence of it.

The World Health Organization (2009) also recommends programmes for educating parents on child development and managing children's behaviour. An example of this is Singapore, where parenting training begins in secondary school, and pupils learn about childcare and child development. For adolescents, Cook et al. (2017, p.397) recommends several treatment protocols for complex trauma, such as the use of "a group therapy format to address skills development, affect regulation, interpersonal connection, and competence and resiliency-building." In order to monitor what is

going on, the WHO (2009) recommends home visitations, as this has been proven to be successful in preventing and addressing child abuse. In addition, studies have shown that there is a need for the continuing education of healthcare professionals on the detection and reporting of early signs and symptoms of child abuse and neglect (World Health Organization, 2009). If Saudi Arabia can actively encourage social workers and teachers to pay attention to such legislation and recommendations then many cases of child abuse could be identified and prevented, mitigating future trauma. However, there are aspects of Saudi culture that might make it difficult for social workers or teachers to identify abuse. With regard to Arab culture, Kazarian (2015 p.4) notes the importance given to "family honour, modesty and solidarity" as well as it being socially unacceptable to make disclosures of family abuse to outsiders, as this would be classed as betrayal. Kazarian (2015 p.4) also explains that abuse is often justified "on the grounds of civic and/or religious laws such as leniency in prosecuting perpetrators of honour crimes and the divine right husbands believe they have to discipline their brides and off-spring." Therefore, the importance of family honour in Saudi culture may make it difficult for outsiders to identify or intervene in cases of familial abuse.

One key example is the case of Amin, who lost his hand due to his father's abuse and had to have it amputated following a severe beating from his father. Ahmed did not report how old he was when he lost his hand. He was 37 years old when he participated in the study in 2018, so the event likely took place around 30 years ago, so at some time between the mid-1980s and mid-1990s. However, he reported that the doctors at the hospital did not question what had happened or make a report to the authorities. This was despite the fact that Ahmed's father admitted he had beaten him:

> *"My father told the doctor that the poisoning came from wood and it seemed to have some nails and he did not notice, and during the beating they went in my body and caused me poisoning…[the doctors just] prepared me for the operating room and they amputated my left hand, and after 5 days I was discharged from hospital."*

Similarly, Sara observed that her signs of distress and the physical and emotional abuse that characterised her home life were not picked up on by her school or neighbours in the 1980s, whilst Mona reported that although she had no books or clothes for school, the authorities failed to identify the clear signs of neglect in the

1990s and 2000s. These examples show that there have been major shortcomings with the Saudi system in regard to preventing and identifying child abuse that need to be addressed.

5.6 CULTURAL AND SOCIETAL FACTORS

5.6.1 Stigmatisation and Attitudes

Stigmatisation was a common experience for the study participants. Stigmatisation goes beyond attitudes towards childhood abuse and encompasses gender inequality, attitudes towards disabled people, and shame due to family connections. For example, Ahlam is illegitimate, and children born out of wedlock and their families are stigmatised against in Saudi Arabia. The mother of Ahlam spent time in prison because she had a child outside of marriage, and Ahlam was born there. The perceived shame, as explored by Goffman (1963) that Ahlam brought onto the family unit then made her vulnerable to abuse, and her mother and grandmother used her illegitimate status to inflict physical and emotional abuse upon her. In regard to other study participants, whilst there was no inherent stigma against either Rakan or Sara at birth, both later developed attributes that might lead to stigma. Rakan was scalded and scarred by his stepmother as a young child, leading to further abuse and an excuse for his parents to not let him go to school. Similarly, Sara found herself as a child of a mother who could not give birth to sons, making herself, her sister, and their mother of lesser value in their father's eyes. Whilst stigma theory does explain why the abuse took place, it does not explain why the participants were more predisposed to mental health issues. What cannot be addressed here and goes beyond the scope of the study, is whether these descriptions are based on actual attitudes in society or perceived attitudes and fear. For example, if the mother of Hussam had made a stand instead of hiding her son away, perhaps the family would have received a level of sympathy rather than scorn. These feelings could be linked to the theory of intergenerational transmission of domestic violence. This is if a child sees an adult accepting abuse, they are more likely to accept this and be unable to stand up to their abuser, as well as experience low self-esteem (Mitchell and Ziegler, 2013).

5.6.2 Limitations of Safeguarding Practices

There is major shortcoming present in Saudi Arabia with regard to safeguarding children amongst medical professionals. Similarly, when Hanan was taken to hospital after drinking bleach, her father remained with her 24 hours a day in order to prevent her from exposing the abuse that was occurring, and the suspicions of the hospital staff did not seem to have been raised. In the case of Rajiya, the wider family and their teacher apparently knew about the abuse but did not take any action, and Aymen described how:

> *"My father saw the cruelty and abuse as a means of discipline and these things are recognised- we have it in Yemen, as well as in Saudi Arabia, which is that cruelty to the boy makes him a brave and chivalrous man."*

Lack of family intervention due to cultural norms was revealed by some of the participants, for example Moh'd went to his grandmother to ask for help for their mother but was told that disclosing the secrets of the family is shameful. He said:

> *"They kept me silent even though they knew, but they did not want to say anything to my mother's husband or stop him because my mother was pregnant and they were thinking about what people will say."*

In the case of Farah, following the initial shock of finding out she was pregnant from her father, her aunt attempted but was unable to help. In addition, after losing the baby due to being kicked in the abdomen by her father, Fatimah explained, *"I lost my level of conscious. When I woke up I found myself in the private hospital. After that my father asked me to go to home and we went home."* When asked whether anyone at the hospital questioned what had happened to her, she said *"Nobody asked me or talked to me. Even I did not know what happened to me in the hospital or what they did to me."* With regard to Malika, the level of neglect experienced by her and her siblings, through begging, would have been clear to the neighbours, yet no attempt was made to intervene.

This research suggests that despite healthcare and education professionals having access to the participants, no action was taken to prevent the abuse, and, typically, no questions were asked. When Noura drank bleach as a child as a suicide attempt, the doctor at the hospital did not question why, although her description of what happened suggests that she was old enough to engage in an independent conversation. She recalled:

> *"No, he did not ask. Only he said to me be careful when you want to drink something and ask your mom if it is good or bad. After that I knew my parents said to the doctor that I drank a glass with bleach in thinking that it was water."*

In addition, Moh'd pointed out that *"there is no education about abuse and how we will know that there is abuse. We missed the cultural awareness, we were just innocent children."* In the case of Hadi, his father murdered his sister for threatening to expose his behaviour, yet no questions were asked, and it was accepted on face value that she had committed suicide.

This was despite her sister having been dead for 10 hours before being taken to hospital:

> *"The police asked my father what happened and he said she committed suicide and we do not know that because she was in her room alone. Then the police asked him if he wanted an autopsy but he refused and asked them to finish the process to bury her body."*

In addition, Hadi pointed out that there was no education in regard to abuse provided in school, such as how to protect yourself or family from it. On the other hand, Hadi stated:

> *"No, no, no, there is a social worker in the school. I knew if I went to him and asked help maybe he will help me, but I was afraid from my father. The idea in my brain was my father is a criminal man and he can kill anyone."*

The neglect suffered by Mariam and her siblings was not picked up in school, despite them walking there and injuring their feet in doing so. Therefore, it is clear that there was a lack of adequate outside support structure for child abuse victims in Saudi Arabia, which led participants to go through their childhood without necessary support. For example, although Mathews (2014) noted that mandatory reporting of child abuse was introduced by the Saudi government in 2008, it is not often taken advantage of by families or professionals who interact with children, such as teachers and medical practitioners due to cultural factors like loyalty to the family unit (Al-Saif, 2018; Kazarian, 2015). Also, Saudi Arabia's mandatory reporting system lacks proper structure, meaning that reports of abuse may get lost in the system, indicating that there may still be a lack of adequate outside support structure (Mathews, 2014).

5.6.3 Family Constitution and Impact of Gender

Whilst some of the abuse described by the participants in the study seems to be linked to a break-up and reconstitution of the family, this is not always the case. Even so, it was mentioned by the majority of the participants, therefore schools and the authorities should exert extra vigilance if their suspicions are aroused, especially in step-family situations. Saudi Arabian family life is characterised by large extended families (Bowen 2014). As most early marriages occur before the sons have obtained their own houses, the new couple commonly lives in the same house as the rest of the husband's family; each such subsequent marriage results in a further extended family and co-living. It is also important to note that Saudis prefer to have many children for both cultural reasons and based on Islamic teaching (Al-Khateeb, 1998). Saudi Arabian religious teaching encourages men to marry women who are capable of giving birth to several children (Long, 2005). Many families, especially those who have girls as their first children may also end up having more children due to the culturally imposed desire for boys (Alanazi, 2008). It should be noted that Islam itself does not advocate a preference for boys over girls in a family set up; however, this desire is a predominant part of Saudi culture (Bowen, 2014). This was the case in both the families of Sara and Hadiya. Sara reported that her mother was abused by her father because she gave birth to two daughters and no sons whilst his other wife gave him four sons. Similarly, Hanan is one of nine girls and three boys but only the girls in the family were abused by their parents. Hanan noted that:

> *"I am the eldest daughter and I have two brothers older than me, but they did not hit them- only they hit the girls. We are eight sisters and we were all abused physically and emotionally."*

It appears that the parents of Hanan favoured their sons over their daughters so only subjected their daughters to physical and emotional abuse.

The other reason for extended family units in Saudi Arabian society is the legal practice of polygamy, whereby a man can marry more than one wife (Yamani, 2008). Islamic teachings indicate that marrying many wives is acceptable and the maximum number of wives that a Saudi man is allowed to marry is four (Rehman, 2007; Long, 2005). Polygamy is allowed under Sharia Law, although any man practicing polygamy is expected to be able to provide for the entire family and to act even-handedly towards all of his wives and their children (Yamani, 2008). The mixing of

families through polygamy and stepfamilies could lead to problems as a result of children having different characteristics. It has been found that:

> In the case of child abuse and neglect, for example, children with physical, mental or behavioural difficulties are more vulnerable to family violence than normal children (Kazarian, 2015: 6).

Moreover, behavioural difficulties may arise as a result of the emotional pressure of being within a new step family situation, hence creating a kind of vicious cycle.

Children's rights are an essential element of Islamic teachings that the families of the participants in the current study are not adhering to (see M'Daghri 1995; Al-Khatib 2005; Alyousif et al., 2005). In addition, the abuse may be being passed on through the generations of certain families. For example, Al Dosari et al. (2017) carried out research in Saudi Arabia and found that most cases of child abuse were identified in families where parents had been exposed to abuse during their own childhoods. Abramovaite et al. (2015) also found strong associations regarding intergenerational family abuse; child maltreatment and violence. In addition, this is not only the case in Saudi society, as Widom et al. (2015) found evidence for the intergenerational transmission of childhood neglect and sexual abuse in the United States.

Gender had an impact on some of the participants due to the preference for male babies/children commonplace in Saudi culture as explored by Bowen (2014). For example, Sara stated:

> *"My father hated us and killed our mother who could only produce baby girls,"* and Mariam said, *"I was born in this world but from my birth my father does not want me because I am girl number seven in the family."*

This is in line with the results of the study by Abdel-Fattah et al. (2007) who explored the factors that affect the length of time between children amongst families in Saudi Arabia using data for 786 women age 15 to 49. They found that pressure to have boys seems to have an impact on the length of birth interval, as couples had more children until they reached their desired number of boys. This correlates with the results of Moharib (2013) who looked at the links between parental favouritism, the gender of the parent displaying favouritism, the gender of favoured and disfavoured children, and depression and aggression amongst children in Saudi Arabia. To do so, they carried out a large survey with a nationally representative sample of 25,607

adolescents, both male and female. They found a link between being the least favourite child in the family and depression and aggression being displayed by the least favourite child.

In addition, the researchers discovered that sons felt they had experienced more negative treatment from their fathers, whereas daughters experienced more negative treatment from their mothers more than sons did. This situation also has similarities with the study into honour-based violence by Khan (2018) who cites several cases where women supported or encouraged honour- based violence and even murder. Furthermore, in their survey study of Saudi adolescents, Al-Eissa et al. (2016) found that girls were significantly more likely to be exposed to psychological abuse, violence, neglect and sexual abuse in the family unit than boys. This study included 10 male and 10 female participants so there is no statistical evidence that can be generated from this research to suggest that female children were more likely to be abused than their male counterparts. However, it is significant that Sakina, Hanan and Mariam all reported that they were abused by family members specifically because they were female, which either meant they were resented within the family circle for not being male or they were considered to be lower status within the family because of their gender.

5.6.4 Schooling and Outside Relationships

Abed described how:

> "*The head of school called my father and he came to the school and told them that I was crazy, mentally disturbed and wild, and I beat people for no reason. My uncle knows from me what my father said to the head of school, so then my uncle came to the school and told the teachers about my psychological health so they loved supporting me and standing next to me.*"

Whilst Abed's situation improved in school, it is surprising that no action was taken following the disclosure by the uncle. In the case of Nadiyya, the school would have been aware of signs of neglect as "*My clothes were dirty and not clean; my mother did not care about me or teach me; it was hard to succeed in school,*" and this would have been particularly striking due to the requirements of cleanliness set out in the Islamic religion. However, unlike the case of Abed, the signs of neglect in Noura were ignored. As Srivastava et al. (2005) point out the signs of neglect can be difficult

to identify. Therefore, it is striking that abuse was only registered and understood by the school authorities when it was pointed out by family members. It is plausible that the school only acted on the abuse of Abed after it was reported by a family member due to Saudi cultural concerns regarding loyalty and the right to privacy of the family unit (Kazarian, 2015). However, Cordesman (2009) points out that it was not until September 2008 that The Committee for Social Protection began a campaign that aimed to train health professionals to look out for signs of physical, emotional, and sexual abuse in children. This suggests that Nadiyya's (aged 23) case may have indeed been ignored due to ignorance as well as cultural factors when she was at school during the 2000s and early 2010s.

Mona described how she left school for two reasons, which was the lack of help with her school work and the level of neglect that made it difficult to attend school, as well as staying home to look after her mother as:

> "*I was afraid that maybe she would do something to herself because she was trying to stop the drugs but my father would give them to her.*" Sadly, she described how "*When I was child I hoped to be perfect and an excellent student, but my dream crashed and did not come true. I did not achieve any success. That is why I did not mix with other children, because I was afraid they would look to me as a lazy girl as I did not know how to read or write.*"

Therefore, the teachers at Mona's school failed to pick up on the situation or act to check up on or report her circumstances.

In line with the abuse he suffered, and perhaps to prevent the authorities finding out, Khaliq's father prevented him from attending school and stated that is a waste of time. In addition, his peers were aware of the abuse and he said:

> "*When I did something wrong or a mistake they would say to me 'we will tell your father what you did for him to kill you,' because they knew how much my father was mighty, unjust and tyrannical, and he could do that without any mercy.*"

Fatimah was also prevented from going to school, which led to loneliness and isolation in adulthood. She stated that: "*my father did not allow me to go to school or to have friends, I feel till now I am alone.*" These findings relate to those by Currie and Widom (2010) who found that abused and neglected children had lower educational attainment than their contemporaries. Furthermore, isolation and loneliness are common amongst victims of childhood abuse as the experience of

abuse in childhood sometimes lead to social isolation and disengagement in adulthood as a result of dissociative behaviours in social situations (Elkerdany et al., 1999).

5.7 SUMMARY

The participants in the study experienced a range of either physical, emotional, neglect or sexual abuse as children, which may be labelled adverse childhood experiences or childhood trauma. In some cases, it seems that the abuse experienced by the participants in childhood may have originated from some kind of social stigma and cultural norms that has persisted into adult life, leading to mental health problems. Stigma theory was developed by Goffman (1963) and refers to an actual or inferred attribute that serves to damage the reputation of the person possessing that trait and degrades their social status (Mukolo et al., 2010). All the participants in this study experienced stigma, which could have encouraged or made them vulnerable to abuse in childhood.

Whatever the cause of the abuse suffered, it is clear that mechanisms need to be put in place for those experiencing abuse to be able to escape, as several of the participants and their family members attempted to get help but were unsuccessful. Moreover, some of the participants came into contact with various services through hospital treatment and attending school, but their suffering was overlooked; therefore, professionals such as teachers, doctors and nurses should be trained in how to spot the signs of abuse so that possible cases can be explored, and the necessary support provided. Cook et al. (2017) notes that such childhood trauma can lead to depression, and the longer it goes on, the more serious the outcomes are. Thus, the following chapter will look at the consequences of childhood emotional abuse for victims in adulthood.

CHAPTER SIX

FINDINGS & DISCUSSION FOR ADULTHOOD

6.1 INTRODUCTION

This chapter presents the thematic analysis of the interviews with individuals living in Saudi Arabia who have experienced abuse in childhood, and subsequently experienced mental health problems in adulthood. This part of the thesis focuses on the findings concerning how childhood abuse has affected the mental health and associated issues for the study participants in adulthood. In Saudi Arabia, it has been found that dysfunctional family environments that contribute to an increased risk of individuals developing mental health problems in later life are a common factor in instances of child abuse (Al-Eissa et al., 2016). Childhood emotional abuse is a recognised health and social care issue in Saudi Arabia but, at present, there is a lack of provision in place designed to support victims of childhood emotional abuse (Mathews, 2014). Consequently, the lack of support provision is likely to contribute to the manifestation of mental health problems in adults who have experienced abuse in childhood (Tomison and Tucci, 1997).

The majority of participants in the study reported that the abuse they had experienced in childhood continues to have repercussions in adult life. For example, according to Khaliq, the abuse he experienced in childhood has impacted him in adulthood in the following ways as:

> "Since I was a child, I prefer to be alone, and this made me isolated from people and society, and this thing is not good because it has increased my depression, lack of trust in people, and lack of self-confidence."

Such repercussions are linked to two underlying influences: (1) the consequences of being a low status member of a family unit, and (2) the psychological trauma of experiencing physical and emotional abuse in childhood. It is important to note the four possible pathways through which childhood abuse affects adult survivors set out by Kendall Tackett (2002), which are emotional, behavioural, social and cognitive issues. Emotional consequences of abuse in childhood include mental health

outcomes, whilst behavioural consequences include health-related negative behavioural traits such as substance abuse, suicide, obesity, high-risk sexual behaviour and smoking (Springer et al., 2003). Social problems linked to abuse in childhood include the ability to form and maintain social relationships. Also, childhood sexual abuse survivors tend to experience difficulties forming interpersonal relationships in adulthood, particularly when forming intimate relationships (Springer et al., 2003). Childhood abuse can also affect adult survivors on a cognitive level as the literature on the effects of childhood abuse in adulthood links such abuse to poor educational outcomes (Springer et al., 2003). Thematic analysis of the results of the interviews with adult survivors of childhood abuse indicate that many reported experiencing emotional, social and cognitive issues in adulthood; however, behavioural outcomes were less frequently reported.

However, there are some limitations to the study that may have affected the findings regarding adult outcomes amongst childhood abuse survivors. Because the study was associated with a mental health clinic, this meant that all the individuals interviewed were likely to be receiving treatment for ongoing mental health issues. In fact, most of the interviewees stated that they were on medication for either depression, anxiety or both. This finding does not account for fact that not all survivors of childhood abuse experience mental health problems in adulthood. For example, Horwitz et al. (2001) found that abuse and neglect in childhood did not predispose adult survivors to experience an increased amount of stressful life events in adulthood. As such, it is important to acknowledge that childhood emotional abuse is likely to affect the mental health of victims in adulthood, but this is by no means a foregone conclusion.

In order to explore the consequences of childhood abuse in adulthood, the following sections will present the findings by the themes identified related to adult outcomes amongst the Saudi Arabian childhood abuse survivors. These themes are: adult life experiences, the kinds of mental health problems the participants have experienced, interpersonal relationships, how the abuse specifically affected male and female participants, occupation, negative feelings resulting from the abuse experienced, social isolation and low social status.

6.2. EXPERIENCES IN ADULT LIFE

All participants had experienced emotional abuse and during childhood, and they described a complex array of different types of abuse, with several experiencing co-occurring physical abuse, as well as sexual abuse by either family members or authority figures and forced marriage. These findings correlate with the research of Al-Eissa et al. (2016) who reported that emotional abuse was the most commonly reported form of child abuse in Saudi Arabia, with sexual abuse being reported less frequently, probably due to cultural barriers.

6.2.1 Mental Health Problems

This section provides an overview of the main types of mental health problems reported by participants in the study. Research into the effects of childhood emotional abuse in adulthood either alone or in combination with other types of abuse is less common than research into long-term effects of any other kind of child abuse (Greenfield, 2010). The studies that have been undertaken indicate that there is a link between childhood emotional abuse and poorer adult mental health and poorer self-rated health (Greenfield, 2010). All interviewees reported experiencing mental health issues in adulthood. This correlates with existing research. For example, Crouch et al. (1995) report that adult women who have been abused in childhood and lack social support are more likely to experience anxiety and depression. During the research, it was found that 5 participants had reported experiencing depression, six anxiety, five insomnia or difficulty sleeping, 1 had experienced psychiatric problems, 3 had suicidal ideation, 3 showed signs of Post-Traumatic Stress Disorder (PTSD), 1 reported experiencing an eating disorder, 2 had recurring nightmares, and 1 participant reported experiencing panic attacks.

Several studies have found that the experience of abuse during childhood leaves victims at a higher risk of developing depression, anxiety, or personality disorders in adulthood (Afifi et al., 2009; Hyland et al., 2014; Li et al., 2016). It is generally acknowledged that childhood abuse leads to an increased risk of developing depression, anxiety disorders and personality disorders in adulthood. The majority of the interviewees reported experiencing either emotional or physical abuse in childhood or both, with only two reporting sexual abuse during childhood. Childhood physical abuse has been linked to poorer health in adulthood. Childhood physical

abuse is particularly linked to poorer adult mental health, including experiencing depressive symptoms, anxiety and higher rates of drug and alcohol use (Greenfield, 2010). Here, it is interesting to note that Almuneef et al. (2014) found that a correlation between childhood abuse and adult mental health issues was found in studies into the subject undertaken in Saudi Arabia. Although none of the interviewees reported alcohol use, the majority are on anti-depressive or relaxant medications to ease symptoms of depression and anxiety. All interviewees reported that they were abused over significant periods of their childhoods, and some still continue to experience abuse in adulthood, such as Hadiya. This indicates that all interviewees are at greater risk of developing depression, anxiety, or mental illness in adulthood due to the abuse their experienced and the interviews with them seem to support this view. These statements were made in response to questions regarding the kind of support participants had received from mental health services.

6.2.1.1 Depression and Anxiety

Kessler and Magee (1994) found that childhood abuse had consistent significant effects on early onset and recurrent depression. Furthermore, violence from siblings or multiple family members was found to be most strongly associated with recurrent depression, as explored in family systems theory (Kessler and Magee, 1994; Seligman and Darling, 2007). In this context, it is interesting to observe that Ala, Rakan and Sara all reported experiencing symptoms of depression and anxiety, although it is not known if any of the participants in this study meet the criteria for diagnosis with any specific mental illness or disorder. Another factor identified as significant in terms of future outcome is the age at which the abuse took place. Cutuli et al. (2013) found that if abuse took place between the ages of zero to 18 years, victims were at a higher risk of developing depression in adulthood. Scott et al. (2010) found that individuals abused between zero and 17 years were at greater risk of anxiety and depression in adulthood, and Widom (1999) and Widom et al. (2007) linked abuse between the ages of zero and 11 to mental health disorders in adulthood.

A significant number of respondents reported experiencing depression, anxiety and insomnia/difficulty sleeping in adulthood. One example is Anwar, who recalled that he experienced insomnia and eating disorders as a result of childhood abuse. He noted that when he was a child *"I hated eating and sleeping and became very skinny."*

Another example is Ala, who due to stress, wished to see a psychiatrist to obtain medication to help her relax and sleep better. It is interesting to note that sleep disruptions are one of the many potential physical repercussions of past emotional abuse (Ali and Toner, 2002). This was explained by Ayman when he was asked why he visits the mental health clinic:

> "*Yes, to get rid of this embarrassment and stop the fear and putting my fingers in my ears. I want to be a normal person like other people. I feel I am not like them and I am less than them; that is why I want to get rid of this contract.*"

Ayman is aware that the abuse he suffered as a child has led to his poor mental health. Also, childhood abuse can lead to adult survivors experiencing chronic feelings of aggression, anger, hostility, and fear in adulthood (Springer et al., 2003).

Several of the participants expressed anger and hostility, for example, when asked why she attends the clinic, Mona replied: "*Yes. I cannot tolerate any more. I am feeling angry and I cannot control myself,*" and when Khaled saw the doctor, he "*said to him I felt depressed and angry from people without reason.*" Gibb et al. (2007) noted that diagnoses of major depression more likely to be related to CEA than childhood physical or sexual abuse. In a community survey of 7016 men and women, MacMillan et al. (2001) examined the risk of developing mental illness in later life amongst adults who had experienced either sexual or physical abuse as children. The researchers found that anxiety and depressive disorders occurred far more frequently in both men and women with a history of either physical or sexual abuse. Furthermore, Safren et al. (2002) found that patients with panic disorder had higher self-reported rates of childhood physical and sexual abuse than those with social phobias. As well as this, Safren et al. (2002) suggested that anxiety patients with history of childhood abuse are more likely to have major depression.

6.2.1.2 Post-Traumatic Stress Disorder (PTSD)

Fatimah appeared to be experiencing symptoms of PTSD due to being raped by her father aged 16, a terminated pregnancy and a brief forced marriage and move to Chad. Ahlam is another interviewee who the medical professionals reported as experiencing symptoms of PTSD. She stated that: '*since the day I was born. . . I am. . . leading a miserable life.*' As well as ongoing depression, in the interview Ahlam reported that she feels exhausted and anxious. As a direct result of the physical and emotional

abuse Ahlam experienced in childhood, she reported that she does not sleep well, suffers from flashbacks, and fears that she will have to eventually seek medical help to cope with ongoing psychological problems. She also reports that her hands constantly tremble when both awake and asleep and that she has had this problem since the age of 5. A doctor has attributed her hand tremor to a physical manifestation of being in a state of constant fear.

An interesting point is made by Widom (1999), who links child abuse to the development of post-traumatic stress disorder (PTSD) in adulthood. It could be the case that PTSD explains the symptoms experienced by several of the participants in adulthood. Notable examples are the breakdown experienced by Sara as a teenager and the night terrors experienced by Rakan and Hadiya. Rakan reported experiencing feelings of depression and frustration as a result of the abuse he was subjected to in childhood. Rakan has experienced nightmares and panic attacks related to the abuse he experienced in childhood. For these, a doctor has prescribed sedative medication. However, he has not received any therapy or counselling to help him deal with his past experiences. Sara began experiencing mental trauma related to her past emotional abuse as a teenager. She recalled that whilst studying at secondary school she experienced a nervous breakdown and was mocked by fellow students who called her a 'mad woman.' She never went back to school after this, and the incident left her with a lifelong fear of socialising with others. In the present, her past experience of childhood emotional abuse continues to have an effect on Sakina's overall mental health. She reports that she continues to experience feelings of agony, anxiety, and still fears that her father will come back from the dead to kill her. She also observed that a permanent sense of fear and anxiety mean that she has lost both her past and future. Furthermore, fear of being labelled a '*mad woman*' initially prevented her from seeking psychiatric help to deal with her trauma as a young adult, but she said she is no longer concerned about that because *"Now I am too old for that, plus no one is noticing me or my sister in this society*."

6.2.1.3 Suicidal Ideation
Both Hussam and Hanan reported that they had experienced suicidal feelings either in the past or present. Hakim, who had unwittingly been encouraged to sell drugs by his

father as a child, now aged 25, reported that he was contemplating suicide. He explained that:

> *"When I start with myself, asking myself what I did in my life, why I am scared of people and society about my problem, why people hate me. I found there is someone like inside me answering all these questions who said to me because I am an outcast man and I have no goal in life, and I must make a decision about myself."*

Due to his internal conflict, Hussam believes that suicide is the only solution to his problems. He was urged to seek help from mental health services as soon as the interview was over. Hadiya, who is now aged 35 and divorced, reported that she had tried to commit suicide as a child. She said: *"I drank the bleach that one my mom cleaned the toilet with, and they took me to hospital, and they did a wash for my stomach."* Whilst Hanan is no longer suicidal as an adult, she did report feeling depressed and that her parents continued to abuse her verbally but not physically as they had done during her childhood. See section 5.3.1 for further details. In the interview, Hanan stated that, "Till now they [her parents] abuse me verbally." Hadiya's case also clearly indicates that she has chronic depression, evidenced by her frequent crying at night. She herself stated:

> *"Life is difficult. That is why I came to the psychiatric clinic. I felt I was tired without any power…"*

Hadiya's story supports the findings of Kessler and Magee (1994). It seems that the suicidal ideation of both Hussam and Hanan is a consequence of the abuse they experienced in childhood. Hussam reported that he felt suicidal because childhood abuse had led him to lose his faith in God and negatively impacted on his status in Saudi society.

Finally, research has found that children who experienced abuse in childhood are also likely to display symptoms of personality disorders from adolescence onwards. For example, Johnson et al. (2001) found that children who had been subjected to maternal verbal abuse during childhood were three times more likely than children who had not been abused to be diagnosed with narcissistic, borderline, paranoid and obsessive-compulsive personality disorders during either adolescence or early adulthood. There is no evidence that any of the subjects interviewed for this study have ever been diagnosed with a personality disorder; however, it is feasible that

some of the symptoms experienced by some interviewees could meet the criteria for diagnosis with a personality disorder. For example, Noura experienced emotional dysregulation during her interview, whilst both Ahlam and Rakan seemed severely depressed. Thus, this indicates that the mental health issues experienced by the participants of this study could lead to them developing mental health disorders and mental illnesses in adulthood, the most notable being depression, anxiety, PTSD and suicidal ideation.

6.2.2 Interpersonal Relationships

It is important to explore the social, interpersonal and other outcomes of the adult lives of participants who have experienced childhood emotional abuse as these aspects of their lives are indicative of their mental health in adulthood. A significant number of participants in my study experienced problems either within their martial relationships in adulthood, or in attempting to get married. My research into the effects of childhood abuse in adulthood amongst the sample found that several of those interviewed did not wish to marry (Rahim, Sakina), had got divorced (Nadiyya, Hadiya, Khaliq), or did not feel that they were in a position to marry (Abed). The findings of the current study also suggest that the experiences of childhood emotional abuse influence marital decisions taken by the abused individuals. As observed from the accounts of Rakan and Sakina, there is a high likelihood that the individuals who were subjected to childhood emotional abuse by members of the opposite sex will avoid marriage due to their anxiety, distrust, and hatred towards the individuals of different sex. See sections 6.2.2.1 and 6.2.2.2 for further details. Sakina, despite being single and in her forties, has no desire to get married, since she regards men to be evil. Rahim, who was abused by his stepmother, hates women and has vowed that he will not enter into a marriage. Other examples include Hadiya, a 35-year-old teacher who had been emotionally and physically abused by her parents, got married aged 24 but the marriage only lasted two months because Hanan felt she could not trust her husband. According to Hadiya:

> *"I asked for a divorce because I felt I hate men and I could not stay with him. I mistrust any relationship without knowing the reason."*

Similarly, Abed, who was physically and emotionally abused by his father between the ages of 7 and 17, reported that *"I feel I am a failed person and I do not have any*

value, so I prefer isolation and not to marry." Although at the age of 30 Abed lives alone and has a retail job, he observed that because he is a "*nervous person*" he feels that he would be unable to cope with the demands of a wife and children. Abed's feelings about marriage could be linked to Saudi Arabia's patriarchal social system, which enforces rigid gender roles and encourages men to see themselves as dominant leader figures within the structure of the family (Kazarian, 2015). Thus, because of his nervous disposition, Abed perceives himself to be lacking in the qualities that would make him a good patriarch and therefore a good husband and father. The same could be true for other male participants in this study. Whilst Abed and Hanan did not report a hatred for the opposite sex, their feelings of anxiety around marriage and intimate relationships prevented them from getting married or remaining in a marriage.

Colman and Widom (2004) found that both male and female childhood abuse and neglect victims reported higher rates of cohabitation, walking out and divorce in adulthood than controls. Also, abused and neglected females were found to be less likely than female controls to have positive perceptions of current romantic partners or to be sexually faithful to their present partner (Colman and Widom, 2004). Hence, the study suggested that many childhood abuse victims have problems establishing and maintaining positive intimate relationships in adulthood. Such difficulties characterised the married or partnered lives and status of interview participants in adulthood. Here it is important to note that marital and intimate relationship conventions are very different in Saudi Arabia to the Western world, where most studies into the effects of childhood abuse in adulthood have been situated. Arranged marriage is the norm in Saudi Arabia, where it is common for the sexes to socialise separately, making it difficult to establish relationships through any other means (Hamdan, 2010). However, it was apparent that several subjects reported that they did not trust the opposite sex, did not want to enter an intimate relationship, were currently involved in an abusive intimate relationship, or had experienced a marriage that had ended in divorce due to either partner violence or trust issues. In my research, topics of cohabitation and sexual fidelity did not come up as they are alien to Saudi Arabian culture. However, both marital separation and divorce were found to be more likely amongst the interviewees.

6.2.2.1 Men

Yamani (2008) reports that 90 percent of males aged between 20 and 24 in Saudi Arabia are unmarried but just 6 percent of men aged between 35 and 39 remain unmarried. There are no statistics available that indicate what percentage of Saudi males remain unmarried until the end of their lives. The marital status of men participating in the study seems to reflect Saudi norms, as whilst 7 out of the 10 men interviewed were unmarried, the oldest unmarried man in the study was aged 33 (see Moh'd for a breakdown of the sample characteristics). The married men interviewed did not report any problems with their marriages, just that they did not want to abuse their children in the way they had been abused.

For example, Ayman stated that he would never abuse his son as "*it destroys the personality and the entity of the child.*" However, most of the unmarried men reported self-esteem issues or difficulty trusting the opposite sex. Abed explained that, "*I feel that I am a failed person and I do not have any value, so I prefer isolation and not to marry.*" This indicates that such cultural factors may outright prevent childhood abuse survivors in Saudi Arabia getting married in adult life.

What was interesting was that a significant proportion of unmarried male participants seemed to feel that they were unworthy of ever getting married. Rakan reported that he does not want to marry as he hates all women as they are '*sly and greedy.*' Abed explained that he did not want to get married as he was afraid of passing on his nervous demeanour, as a result of being singled out for abuse by his father, to his wife and children as he feared spreading '*what I have to them.*' Although two of the seven unmarried male participants reported that they do not wish to marry (Rakan and Abed), with the other five reported self-esteem issues which may prevent them actively looking for spouse. For example, Hussam (aged 25) reported that he hoped to get married but felt that no one would love or want him and Hadi (aged 23) described himself as a '*deficient person.*' Furthermore, all three other unmarried male participants reported low self-esteem, indicating that this factor prevented them from seeking out a suitable marriage partner. It is common for male victims of childhood abuse to experience difficulty forming relationships in adulthood (Turmel and Liles, 2015). This was the case for the men that took part in this study, with the majority being unmarried and one having divorced.

For example, Moh'd is 33 years old and has never married, and he stated: "*lived and grew up in an environment full of abuse, what do you expect me to become? I have become depressed, do not have self-confidence, horrified and a very nervous person*"; this lack of confidence and nervous disposition has made forming relationships in adulthood difficult. It is likely that because they were abused by people they trusted in childhood, this would have shaped their perspective surrounding intimacy, as argued by Turmel and Liles (2015). Due to a fractured sense of trust, when survivors of child abuse enter adult relationships, they may experience difficulty expressing emotional needs or experiencing physical closeness with their partner (Turmel and Liles, 2015).

This fractured sense of trust can be seen in the statement by Khaled that he has a "*lack of trust in people.*" In addition, the reluctance of the male participants to tell anyone that they are visiting the clinic or need help shows they have difficulty expressing what is wrong, for example, Sultan stated, "*I cannot inform anyone, even family, how they will view me*," and he said, "*Do not inform the doctor about my sexual abuse please. I feel ashamed every time I see him and I do not want that please.*"

This section has shown that issues around trusting others and low self-esteem were cited by the male participants in the study as reasons why they were not married, or, in the cases of two interviewees, to justify why they did not wish to marry in the future. Alaggia and Millington (2008) observe that male survivors of childhood abuse, particularly sexual abuse, may experience feelings of dehumanisation and inadequacy because of the disregard the abuser has shown towards him when he was in a vulnerable position. It is common for survivors of childhood sexual abuse to feel that there is something wrong with them or that they should have been able to put a stop to the abuse (Alaggia and Millington, 2008). Also, childhood sexual abuse survivors also experience shame and a diminished sense of self (Alaggia and Millington, 2008). The only male who was sexually abused and took part in this study was Sultan who had been sexually assaulted by a bus driver as a child. See sections 5.2.4 and 6.3. He was not married but did not say why this was the case. He did state that he felt ashamed of himself and did not want anyone to know about the abuse by the school bus driver:

> *"because of him I am ashamed of myself...If I think about what happened to me I become very angry, anxious and depressed."*

Sultan also struggled with feelings of anger, anxiety and depression. Like many male survivors of male sexual abuse, Sultan felt a deep sense of shame. Although most of the sample did not report being sexually abused, it is clear that the male interviewees had a sense of shame relating to their sense of self. As Sultan stated, *"I feel that I am a deficient person."* It could be suggested that because the male interviewees carried a sense of shame relating to their concept of self, this has put them off marrying as they did not feel worthy of having a wife or raising a family. In addition, it has caused them to isolate themselves and not trust their friends. Therefore, they are not leading normal lives as adults.

6.2.2.2 Women
Of the women interviewed as part of the study, 3 were unmarried, 3 were married, 3 were divorced, and 1 was widowed. According to the General Authority for Statistics Kingdom of Saudi Arabia (2018), 97.2 percent of Saudi females get married between the ages of 15 and 32, and just 10.7 percent of all Saudi adult females will remain single. Just 3 out of the 10 female participants in my study reported that they had never married. Two were in their 20s and the other was aged 45 and reported hostile feelings against men and a wish to never marry. See section 6.2.1.2. Similarly, Hani a 20-year-old unmarried male reported that because they had been abused by his older brother:

> *"My brother said to my sisters that women are only for sex, cooking and getting children, there is no function for them. I saw my sisters only crying and afraid to marry and have the same personality as my brother."*

This suggests that female victims of childhood abuse may fear marriage as they could end up with a man who abuses them. One finding of the study is that three female participants and one male participant were divorced. This result indicates that 43 per cent of female participants in the study who had married saw their marriage end in divorce. This finding reflects the fact that divorce rates in Saudi Arabia had soared in recent years (Saudi Gazette, 2018). For example, a report by the Ministry for Social Affairs published in February 2012 found that divorce rates in Saudi Arabia in 2011 increased by 35 per cent (Hussain, 2016). Furthermore, analysis of the total number of

divorces for 2017 found that 40 to 45 per cent of marriages that took place in Saudi Arabia ended in divorce (Saudi Gazette, 2018; Hussain, 2016). Salman Bin Mohammed Al-Amri, social consultant and researcher, has expressed concern over the impact of such high divorce rates on Saudi society, in particular, the impact on women. He stated "women are the most affected in case of divorce due to society's negative attitude toward them. A divorcee loses economic support and financial security provided by her husband and this brings down her living standard, in addition to making her a burden on the family." He went on to state that "such women will be forced to seek financial help from the Ministry of Labor and Social Affairs and charitable organizations" (Saudi Gazette 2018).

Four participants had experienced marriages that had ended in divorce. For example, both Noura and Fatimah were 23-year-old females who had divorced after enduring abusive marriages. Noura was married aged 19 after a marriage was arranged for her by her father to a 60-year-old man who was addicted to drugs who raped her. Similarly, Fatimah was married to an African man at the age of 16 after being raped by her father, resulting in a pregnancy that was terminated. It should be noted here that the age of consent for marriage in the UK is 16 (Mortimer 2015); therefore, the issue is less of Farah's age, but more that she was forced into a situation beyond her control that can be classed as kidnaping. She was forced to move to Chad, recalling that her life there was '*horrible.*' After eight months of marriage she managed to contact the Saudi embassy and return home. However, the final interviewee who was divorced (Hadiya, aged 35) explained that she had been married aged 24 but asked for a divorce after two months because '*I felt I hate men and I could not stay with him. I mistrusted any relationship without knowing the reason.*' After her marriage she returned to her parents and worked as a teacher. It appears that lack of trust in men and intimate partners stemming from her experience of childhood abuse had led Hanan to end her marriage. Hadiya's negative perception of men was similar to that of Sara who had developed a negative perception of men in general, leading her to choose to never get married. This perception is the likely result of witnessing her father murder her mother as a child. Although neither Hanan nor Sara had experienced sexual abuse, the negative perception of men they developed as a consequence of childhood abuse may have led Hanan to quickly request a divorce and for Sara to shy away from men in adulthood.

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These results are in line with the study involving interviews with 248 women who had reported experiencing childhood sexual abuse by Mullen et al. (1994), who found that these women were more likely to encounter social, interpersonal, and sexual difficulties in adult life, an outcome that appears to be reflected in the results of my study.

6.2.2.2.1 Forced Marriage

It appeared that some marriages amongst this study's participants had been forced or were abusive. Forced marriage is a form of sexual abuse and domestic violence as it limits women's choices and autonomy (Bunting et al., 2016). It is also linked to honour-based violence because such marriages are often associated with the reputation and status of the family and local community (Gill and Anitha, 2011). Several participants in this study have experienced this form of abuse in adulthood as a direct consequence of abuse experienced in childhood. For example, Fatimah mentioned above, and Samar (aged 27) who wishes to divorce as she was forced to marry a man with autism and other disabilities by her uncle. She is expected by his family to act as a carer for her husband and her husband's mother spits in her face if she fails to do so properly. Similarly, Ahlam (aged 30) was married aged 22 in a marriage arranged by her mother to a drug addict that continues to physically abuse her. She refuses to get a divorce as this would mean leaving her two young sons with her husband, in particular because her mother was not married when she conceived her and so, *"He has advantages before the law but I do not because I am an illegitimate."*

Ahlam was told that her marriage had been completed in her absence, and although at first, she was hopeful that this may provide a way out of her abusive situation, her husband also turned out to be abusive. She explained that:

> *"... My mother told me one day to prepare myself ready to move to live with a man, which I have not seen before, as a wife. She added your marriage was completed earlier today. I was 22 and thought this actually might be better new life for me. Unfortunately, this was not true I realised he was a drug addict who love to enjoy himself with physical abusing of me. He took advantages of the fact that I have no family to protect me in times of need."*

Whilst it appears Ala's mother told her to prepare for marriage, thereby advising and protecting her, she did not allow her daughter to meet the man before they were married or have any say in the transaction.

In addition, Noura described how she felt she had reconciled with her family during the week after she left a care home, but her father forced her into a marriage with a 60-year-old man when she was 19:

> *"My father brought for me a man and said to me 'prepare yourself for marriage,' and he said 'he is a good man. He will love you. He is rich and will address your needs…' His age was 60 and I was 19 years old. He did not have any certificates. He is un-educated. He is a drug addict and sells cannabis and wine. He had sex with me by force"*

Noura found recalling this situation particularly traumatic and she was unable to carry on with the interview after it was brought up. At that point, a mental health nurse was nearby and available to support her. When it became apparent Noura was experiencing a severe outburst, the nurse sent for a doctor who arranged for Noura to receive some medicine to help her relax. With regard to the religiosity of most Saudis, forced marriage seems to be an oxymoron, as in Islam, unless the woman consents to marry, the marriage is not valid (Buss and Burrill 2016). Despite the fact forced marriage is illegal in Saudi Arabia; it remains a problem there and in several other Muslim majority countries, such as Gambia (Buss and Burrill, 2016).

The impact of forced marriage was mentioned by Aisha as she described the miserable life of her mother and how:

> *"She was born in an unhappy family and died in an unhappy family. My mother told me when I was child that her father abused her and she was married by force."*

Aisha's experience highlights the prevalence of intergenerational transmission of domestic abuse amongst the study of participants. Such intergenerational abuse could relate to the cycle of abuse theory or revictimisation theory (Mitchell and Ziegler, 2003; Zurbriggen et al., 2010), as such examples show how abuse in childhood often leads to the individual being exposed to equally abusive situations (such as forced marriage) in adulthood.

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With regard to the forced marriage of Farah, she was forced into marriage with an older man from Chad at age 16 having already been raped by her father, despite her aunt's attempts to stop it. Fatimah described the scenario in the following terms:

> *"My father came home with a man his body big and his skin very black and my father come to my room and said to me this man your husband and everything's about marriage is done now you prepare yourself to go with him…I escaped from my room and went to my aunt apartment and I told her everything and she came with and asked my father and she was full of anger and he beating my aunt and pushing me to that man who is my husband and asked him to take me and go. He took me and walked and I heard the sound of my aunt asked him for waiting because she want to give me gift and she gave me the Quran and asked me to read it from the beginning…"*

It turned out that the Quran contained a hidden message from Farah's aunt that allowed her to re-establish contact with her aunt and escape from her unhappy forced marriage. Eventually, Fatimah sought help from the Saudi Embassy there and was repatriated. This shows that action may be taken to support victims of forced marriage as the embassy assisted her and she now lives in accommodation paid for by the Saudi government.

6.2.3 Occupation

In terms of occupation, eight participants reported that they had a job, four had no job and were supported by relatives, six had no job and received government support, one was looking for work following graduation from university, and one did not state their occupation at this time. The employment status of the participants meant that at least 60 per cent of those interviewed who had been abused in childhood were unemployed. Also, of the 11 interviewees who reported that they did not have a job, only one was actively looking for work. The rest were either supported by relatives or by the government. Al Jazeera (2017) reported that Saudi Arabia's unemployment rate was 12.7 per cent during the first quarter of 2017, whilst Al Omran (2018) noted that at present 33 per cent of Saudi women and 7.6 per cent of Saudi men were unemployed. The unemployment rate amongst the interviewees was far higher than the national average, with 3 men reporting that they were unemployed and 8 women. This meant that 30 per cent of the men and 80 per cent of women interviewed were unemployed. These figures are concerning, because having already suffered psychologically, according to Van der Meer et al. (2016 p.1), "Unemployment has a severe lasting effect on the subjective well-being of people." Moreover, the

psychological impact is not related to the person's financial situation, but to their social wellbeing (Van der Meer et al., 2016), and as the mental wellbeing of the participants in this study is already poor, being unemployed is not helping.

The sister of the participant Hadi seems to have recognised the importance of not staying home isolated and unemployed, as he explained "*The main thing is my sister pushed me to see the psychiatric doctor. She wants me to get rid of the isolation and mix with people and society to complete my studies at university and have friends without being scared.*"

The number of people in the study not in employment is far higher than in Saudi Arabia overall, where around 12.7 per cent of all adults are unemployed (Al Jazeera, 2017). Because of the small sample used to complete my research, no definite conclusions can be made, but this finding could indicate that there is a link between childhood abuse and likelihood of obtaining and sustaining employment in adulthood. However, Widom (2014) observes that there has been little research into the consequences of child abuse and neglect for adult economic outcomes. One of the few studies into this topic is that by Currie and Widom (2010) that found that adults with documented histories of childhood abuse or neglect had lower levels of education, employment, earnings and fewer assets as adults. The study also found that there was a 14 per cent gap between those who had been abused or neglected as children and controls in employment levels in middle age (Currie and Widom, 2010). Also, Springer et al. (2003) observe that somatic symptoms and depression, both of which have a negative impact on physical functioning, are clearly associated with an abuse history. Whilst there is no suggestion that the majority of the sample had physical symptoms that prevented them from working, it could be that the psychological repercussions of childhood abuse had limited their capability of seeking work and keeping a job. Therefore, the limited research does suggest that there are enduring economic consequences for abused children as adults.

In terms of why the three men who reported that they were unemployed were out of work, Rakan (aged 25) was disfigured, having been scalded by his stepmother during his childhood when she burnt him and had never been to school. These disadvantages appear to have prevented him from seeking work. Rakan reports that:

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> *"Because of my face's scars I do not like meeting people, I do not like to be asked about these scars therefore, I prefer living in isolation."*

Hadi (aged 23) and Hani (aged 20) appeared to be too traumatised to work as Hadi stated:

> *"I prefer isolation and we live alone and cut off our relationship with our relatives and family. We did not like mixing with people or society as they did not believe us. I feel frustrated and dissatisfied with people."*

One striking theme that emerged from the interviews was that many interviewees had either been prevented from going to school by their abuser(s) or had their education cut short as a consequence of the abuse they experienced. For example, Hani reported that he was unemployed because *'I could not find a good job because I am not educated and do not have certificates.'* Currie and Widom (2010) found that abused and neglected children had lower educational attainment than their contemporaries who did not experience abuse and neglect so this factor would have certainly had an impact on the economic attainment of these interviewees in adult life. A recent study by Alghamdi et al. (2018) indicates that there is a link between physical and emotional childhood abuse and educational neglect in Saudi Arabia. Also, the study found that the risk factors most associated with childhood abuse were psychiatric illnesses and low educational attainment (Alghamdi et al., 2018). This evidence suggests that childhood abuse is more likely in households where the parents are poorly educated. In turn, then, their children are also poorly educated or not educated at all, perpetuating the cycle of abuse for future generations. As well as this, a lack of education limits individual prospects in adulthood, further contributing to low self-esteem, low social status and, potentially, having a negative impact on mental health.

Of the 8 women interviewed who were unemployed, 2 were married, 1 was widowed, one was seeking work after graduation, and two were divorced (one with a child and the other was living at a social protection centre). Of the two female respondents who were unmarried and unemployed, Sara (aged 45) reported that she experienced anxiety and hated socialising with others, whilst Mona (aged 22) was stigmatised by society as her parents had both been sentenced to 15 years in prison for drug dealing. Furthermore, neither Sara nor Mona had completed their education. Hence, lack of education, social stigma and ongoing anxiety issues affected the ability of women in

the sample to achieve employment in adulthood. Amongst the participants in employment at the time the interviews took place, only two worked in skilled occupations. Both Hanan and Mariam were 35-year-old women who worked as teachers in primary schools. Another participant, Rana (aged 26) although presently not working, had graduated from university and was looking for work. Of the remaining six interviewees presently in employment, Abed, Ahmed and Moh'd all seemed satisfied with their jobs. Abed observed that he received a good salary working in retail whilst Ahmed felt that his job in a Syrian shop was enough to meet the needs of himself and his family. Also, Mohammed, a 33-year-old single waiter in a restaurant *'receives a good…enough salary for me.'* Both Aymen (male aged 30) and Khaled (male aged 40) worked as cashiers in supermarkets and expressed no feelings about their jobs. However, Sultan (male aged 27) worked both as a security guard in a hotel and as a supermarket cashier observed that he was forced to work two jobs as he does not receive enough pay for his first job. This suggests that whilst the majority of participants in work were satisfied with their jobs, many may have lacked the educational opportunities required to work in skilled jobs.

6.3 IMPACT ON MENTAL HEALTH

Participants reported experiencing anxiety, depression, psychiatric problems and insomnia in adulthood. Experiencing physical and emotional abuse in childhood has led the vast majority of individuals interviewed in this study to have ongoing mental health issues in adulthood and a fear of social situations.

Research into the effects of childhood abuse in adulthood indicates that victims are more likely to experience negative mental health outcomes and experience domestic abuse again in adult life (Horwitz et al., 2001; Zurbriggen et al., 2010). For example, Horwitz et al. (2001) undertook a longitudinal study in the US of 641 participants who had experienced abuse and neglect in childhood compared to a control group of 510 people. The study found that men who were abused and neglected as children had higher levels of dysthymia (mild depression) and anti-social personality disorder as adults compared to the control group (Horwitz et al., 2001). However, male survivors of abuse and neglect in childhood did not report a higher level of substance abuse or alcohol problems than seen in the control group (Horwitz et al., 2001). Furthermore,

the study found that women who had experienced abuse and neglect in childhood reported higher levels of mild depression, anti-social personality disorder and alcohol problems than women in the control group (Horwitz et al., 2001). In addition, some of these mental health issues started in childhood, for example, when asked whether she attended school, Sara stated, "*Yes, but till High Secondary School only because at this stage I suffered from depression and anxiety.*"

According to the UK Office for National Statistics (ONS), the Crime Survey for England and Wales for the year ending March 2016 found that 51 per cent of adults who were abused as children experience abuse in later late (i.e., after the age of 16 years) (ONS, 2017). The survey also found that individuals who had experienced more than one type of abuse in childhood were more likely to suffer domestic abuse in adulthood. For example, ONS (2017) reported that 77 per cent of this group experienced domestic abuse after the age of 16 compared to 40 per cent of individuals who had experienced one type of abuse as a child. Also, the survey found that 36 per cent of those abused by a family member as a child were abused by a partner as an adult, and 34 per cent of those abused as a child were also abused as a partner as an adult, whilst only 11 per cent of those who were not abused as a child are abused by a partner as an adult (ONS, 2017). Childhood abuse often leads to social disadvantage as abused children often lack access to educational or socialising opportunities (Davidson and Bifulco, 2018). As such, child abuse is an experience that negatively impacts on chances in later life.

It was interesting to note that four of the participants in this study believed that the physical abuse perpetuated against them in childhood had led to mental health problems in adulthood. This is especially the case for the two participants (Rakan and Amin) who were disfigured due to childhood abuse. Rakan was scalded by his stepmother during childhood and had scars on his face. Rakan reported that he felt '*shame*' and dislikes meeting new people because of the scars on his face that he received in childhood, and the impact on his mental health is shown by his statement, "*I used to fear people because I thought everybody would harm me, and scare when sometimes see my own shadow as somebody who wanted to harm me.*"

Ahmed had lost a hand because of abuse committed by his father, but added to that was the lack of remorse shown by his father, as he would say *"if you do not listen to me and be a good child, I will take your other hand and you will stay without hands."* As an adult, he told the interviewer that he felt that others perceived him as '*weak*' because of his disability, and this is likely because of his father's continual abuse. Ahmed explained that:

> *"I felt shy and embarrassed in front of people and society, and how they looked at me as if I am a weak person and could not do anything with one hand."*

The accounts of Rakan and Ahmed indicate that the physical scars from the abuse they experienced in childhood had impacted negatively on their adult life leading to problems interacting with others. In turn, this has led to both interviewees being at increased risk of mental health issues in adulthood.

Two other participants (Sultan and Farah) were sexually abused in childhood. Sultan was abused by his school bus driver aged 6. He reported experiencing feelings of anger, fear, anxiety and depression in adulthood as a consequence of the abuse he had been subjected to in childhood. Sultan stated that:

> *"To be honest with you, I am looking for this person, this bus driver. I want to avenge from him; because of him I am ashamed of myself and I do not want my friends to know that I am afraid from their looking at me. I feel that I am a deficient person. If I think about what happened to me I become very angry, anxious and depressed, and how my father dealt with me and thought that I was a spoiled child. I swear it's something I cannot afford."*

Fatimah was raped by her father aged 16 and became pregnant as a result of the abuse. The pregnancy was terminated at 5 months. Fatimah found it difficult to retell what had happened to her. The interview had to be ended as she was unable to continue with it due to feeling overwhelmed and had to be medicated. There was some indication that Fatimah was suffering from PTSD as a result of her rape and her subsequent arranged marriage, which ended in divorce. Therefore, it is clear that sexual abuse in childhood has had a negative impact on the adult mental health of both Sultan and Farah.

Rana was also driven to seek help from mental health services due to experiencing feelings of aggression. She explained that:

> *"…When I was in college, I saw a lot of girls around me and they were miserable and their parents treated them with kindness and love, so I hated them and hoped my life was like their lives. I started to think about avenging my father, who destroyed my sisters and mine and my brothers' identities, so I went to the psychiatric clinic to find a cure for me and get rid of these aggressive things inside me…"*

For Rajiya, her negative feelings were a direct consequence of childhood abuse and encouraged her to seek the psychiatric help she needed. However, the majority of interviewees continue to experience negative feelings of shame, anger and hatred because of their abuse in childhood that has yet to be resolved.

6.3.1 Negative Feelings

This section explores the negative feelings reflected and expressed by participants in the qualitative interviews. Several participants in the study reported experiencing negative feelings throughout their adult lives. For example, 8 participants reported feeling shame, 4 fear, 1 frustration, 5 anger or aggression, 2 weakness or powerlessness, 4 hatred and 2 lack of confidence in relation to the abuse they experienced in childhood. The negative feelings linked to childhood emotional abuse will be explored in detail in the subsequent paragraphs.

6.3.1.1 Shame

Eight interviewees reported feelings of shame as a result of the abuse they experienced in childhood, and this seemed to start at a young age and is a societal problem. For example, Moh'd explained that he went to his grandmother and asked her to help his mother who was being abused, but the family replied:

> *"It is shameful for you to speak and disclose the secrets of the family and what is happening inside, and it should not be up to you to do that. Your mother did not come and complain about her husband."*

When such attitudes are expressed in childhood, it is inevitable that shame will continue into adulthood. Moh'd reported that he felt 'ashamed' at having to go to a mental health clinic and that:

> *"[Because] I lived and grew up in an environment full of abuse, what do you expect me to become? I have become depressed, do not have self-confidence, horrified and [am] a very nervous person…"*

Hani also experiences feelings of shame in adulthood connected to abuse in childhood. Hani was abused by his brother after the death of his father. Whilst he experiences feelings of shame and is isolated and has no friends because he was denied an education as he said, "*I feel ashamed of myself, society and other people when they ask me which last certificate you have? I keep silent,*" although he also claimed, '*my mental health is fine.*' On the other hand, Hadiya, who was physically and verbally abused by both her mother and her father during childhood, reports ongoing feelings and symptoms of depression including crying at night, feelings of powerlessness, always feeling sad, and loneliness:

> "*When I go to sleep everything comes to me, and all the night I cry, and when I wake up I find my pillow full of my tears…*"

Harith's example appears to disprove Kessler and Magee's (1994) theory; however, his feelings of shame and isolation could indicate he unknowingly suffers from depressive symptoms.

Messman-Moore and Coates (2007) assert that there is a direct psychological link between abuse in childhood by primary caregivers and persistent feelings of defectiveness and shame in adulthood. Messman-Moore and Coates (2007) examined the impact of childhood psychological abuse on interpersonal conflict in adulthood amongst a sample of 382 women attending college. It was found that experiencing emotional or psychological abuse in childhood was more predictive of experiencing interpersonal conflict in adulthood than parenting behaviour (such as parental control of warmth). It was found that subjects who had experienced psychological abuse in childhood were more likely to develop maladaptive ideas about themselves due to experiencing feelings and instances of abandonment, mistrust/abuse and defectiveness/shame (Messman-Moore and Coates, 2007). Interpersonal conflict was found to be the result of levels of warm behaviour from the parent towards the child in childhood. When parents failed to display warmth to the subject in childhood it was found that they were more likely to develop one of three patterns of interpersonal behaviour. These were: (1) overly accommodating behaviour, (2) social isolation, or (3) domineering/controlling behaviour (Messman-Moore and Coates, 2007). The findings of the study by Messman-Moore and Coates (2007) indicated that the effects of psychological abuse in childhood persisted into adulthood. This finding reflects the

results of the interviews which indicated that the majority of interviewees were socially isolated or overly accommodating in their interpersonal interactions, leading to generalised feelings of dissatisfaction. For example, Hani reported that being abused by his brother in childhood had led him to be socially isolated in adulthood. He lamented: *"how will I continue my life without nothing- not like other people, and I do not have friends."* Also, Samar seemed to be overly accommodating in her interpersonal interactions, continuing to attempt to care for her autistic husband and accept abuse from her parents in law. Although she is now seeking assistance from the authorities to leave the situation, for four years she remained with her husband out of fear of her father-in-law, as *"I am afraid of my husband's father, he reminds me of my uncle in terms of dealing with me."*

6.3.1.2 Low Self-Esteem

Several of the participants made statements that show they have low self-esteem. For example, Abed stated *"I feel that I am a failed person and I do not have any value,"* whilst Samar explained that: *"I have lived in isolation since childhood and completed my isolation until the old age and no one ask about me."*

Moulding (2016) suggests that there is a link between childhood emotional abuse and low self-esteem as it has been found that the former is likely to cause the latter in adulthood. Kennedy et al. (2007, p.19) suggest that childhood emotional abuse is linked to low self-esteem and poor mental health because it can be easily interpreted by the victim to be *'a personal attack on the self.'* In this regard, Abed described how his father *"hit me with bad words,"* and Samar stated that her uncle would *"prefer his children over me and call me orphan, stupid."* The childhood state of these participants clearly affected their mental state in adulthood.

For example, Abed reported being a 'nervous person' whilst Samar observed that the abuse she experienced in childhood affected her as an adult in the sense that:

> *"I have lived in isolation since childhood and completed my isolation until the old age and no one ask about me, I was ashamed of myself do not like social life…"*

Other forms of child abuse such as physical or sexual abuse are less directed towards a sense of self and are therefore less likely to lead to low self-esteem in adulthood. On

the other hand, emotional abuse directly supplies the child with a negative sense of who they are. Consequently, Moulding (2016) observes that a number of studies have shown that childhood emotional abuse is associated with powerful and enduring feelings of shame, worthlessness, humiliation and anger. These feelings can then lead to individuals who chronically experience them to be more at risk of developing mental illness. See sections 6.2.1.1., 6.2.1.2 and 6.2.1.3 for further details. For example, Andrews et al. (2000) suggest that there is a link between shame and PTSD. The researchers found that amongst a group of individuals who had been abused in childhood and subsequently been convicted of a crime in adult life, those who experienced shame and anger as a consequence of the abuse they had experienced were more likely to experience PTSD symptoms one to six months following their conviction. This evidence indicates that shame and anger play a role in the development of PTSD and can worsen symptoms of PTSD in later life. Hence, all these factors may lead to individuals who have been abused in childhood experiencing an ongoing sense of victimhood well into adulthood. This was certainly the case for several of the participants, such as Hanan who chose to leave her marriage and remain with her abusive parents or Rakan who cannot work and choses to live in isolation with his grandmother.

6.4 SOCIAL ISOLATION

Most of the interviewees reported that they did not like to socialise with others or that they felt socially isolated as a consequence of the abuse they experienced in childhood, for example, Samar stated "*I have lived in isolation since childhood and completed my isolation until the old age and no one ask about me,*" Rakan said, "*I do not like to be asked about these scars therefore, I prefer living in isolation,*" and Abed explained "*I prefer isolation and not to marry.*" Studies have found that survivors of childhood abuse experience difficulties forming and maintaining social relationships (Kendall-Tackett, 2002; Springer et al., 2003). Because individuals who have been abused in childhood often lack access to social opportunities, they do not develop the social skills required to develop friendships and bonds with others in adulthood (Davidson and Bifulco, 2018). Similar difficulties were reported by several participants in the study.

For example, Ahlam (female, aged 30) stated in her interview that she is fearful of society and feels stigmatised against. She observes that she is an introvert who hates to socialise. She described herself as *"an introvert who hates to be seen."* Ali and Toner (2002) observe that women who have experienced abuse in intimate relationships (i.e., parent/child, husband/wife) are at increased risk of experiencing problems associated with low self-concept and social isolation. In turn, these problems lead to an increased risk of experiencing symptoms of depression of anxiety. This appears to be the case with Ala. Similarly, Rakan reported that he desired to isolate himself from other people:

> *"Now I am living in depression and frustration. Because of my face's scars, I do not like meeting people I do not like to be asked about these scars, therefore, I prefer living in isolation."*

Social anxiety and withdrawal from social situations are a common result of emotional abuse (Ali and Toner, 2002). It has been found that even after individuals leave the relationship in which they experienced emotional abuse, they remain at risk of experiencing difficulties socialising and with generalised fear, shyness, and in trusting others (Ali and Toner, 2002). For example, Sara displays all these problems due to her refusal to socialise or interact with others apart from her elder sister, indicating that her experience of childhood emotional abuse has negatively impacted on her ability to socialise with and place trust in other people. Sara observes that she hates "*socialising with others.*" It has been found that childhood emotional abuse is likely to lead to social isolation as survivors are more likely to adopt an avoidant style social problem-solving strategy, that is, a strategy of problem solving that avoids directly addressing the issue at hand, in adulthood (Bell and Higgins, 2015).

Two further examples of self-reported social isolation amongst the interviewees are Hadi and Harith. Hadi's father murdered one of his sisters and abused his wife and children during Hadi's childhood.

Hadi reported that, as adults:

> *"My sister and I prefer isolation and we live alone and cut off our relationship with our relatives and family. We did not like mixing with people or society as they did not believe us. I feel frustrated and dissatisfied with people."*

This suggests a link between social isolation as a result of being let down, as people did not help them when they experienced abuse in childhood; therefore, social

isolation may be a protective mechanism. Hadi's isolation is compounded by the fact that he is unemployed and is supported by his sister; however, she encouraged him to seek help from mental health services. Hadi's sister hopes that the assistance he will receive from mental health services will help him mix with others and, ultimately, attend university. On the other hand, Hadi feels isolated because his brother would not let him complete his education and feels this is a stigma in the sense it was defined by Goffman (1963). He explained that:

> *"It [the childhood abuse] has affected me too much as I am not an educated man. How will I continue my life without nothing- not like other people, and I do not have friends."*.

The examples of the social isolation reported by Hadi and Hani show how childhood abuse can lead to either an active choice to isolate oneself from society or a perceived need to isolate oneself due to feelings of shame as a result of childhood abuse. Analysis of many of the participants remarks indicate that many of the participants have a strong sense of being a victim, rather than as a survivor which would then allow further growth. It could be that the cultural context of Saudi Arabia encourages victims of abuse to develop a learnt powerlessness, perhaps related to inequality in society.

6.4.1 Link between Social Isolation and Emotional Processing

One reason why so many of the interviewees continue to experience social isolation in adulthood is due to the link between social isolation and emotional processing, or the experience and understanding of personal emotions (Young and Widom, 2014). It has been found that maltreatment in childhood disrupts the normal process of emotional development (Young and Widom, 2014). Studies into the behaviour of parents who abuse or neglect their children suggest that they show more negative and less positive emotion than non-abusive parents (Young and Widom, 2014). It has also been suggested that abusive or neglectful parents purposefully isolate themselves and their children from interacting with others to conceal the abuse. This then means children are less likely to develop effective social skills as they are isolated from people other than their parents and other immediate family members (Young and Widom, 2014). Another reason why adult survivors' of childhood abuse may seek solitude is that a child who receives harsh or inconsistent care-giving may be unable to predict the

consequences of his or her behaviour. Consequently, they may struggle to process emotional information (Young and Widom, 2014). Studies have found that abused or neglected children experience problems recognising, understanding and expressing emotion (Pollak et al., 2000; Shipman and Zeman, 1999). Also, neglected and abused children are at risk of developing social delays, tend to lack empathy and are less likely to engage in pro-social behaviour (Kim and Cicchetti, 2010; Beeghly and Cicchetti, 1994; Koenig et al., 2004).

These studies indicate that abused or neglected children display deficits in emotional processing which may persist in adult life. Several participants in this study also reported that they had difficulty socialising and fully participating in society due to problems with emotional processing. For example, Hadi reported that he cannot stand interacting with strangers due to experiencing feelings of frustration and dissatisfaction when he mixes with people. Meanwhile, Sara does not like to interact with people other than her sister because she feels she cannot trust others and Hani and Ahlam feel stigmatised against when they go out and meet new people. See section 6.4 for details. Sultan described his emotions with regard to socialising as follows:

> *"I have become introverted, fearful from everything around me, especially adult people. I do not like to see my friends; I prefer to stay at home. I do not like to talk with strangers and if anyone talks to me and puts his hand on my head I urinate involuntarily, and this causes me embarrassment in front of my friends and other people."*

The studies cited above echo the dominant discourse on childhood emotional abuse which is based on theories of child development and the impact of cognitive and emotional neglect of children by their primary carers (Al-Eissa et al., 2016). In early childhood, children develop patterns of attachment that will come to define the relationships they develop with others in later life (Bowlby, 1988). Attachment patterns are recognised and acknowledged as an important factor in child abuse cases in Saudi Arabia. In the country, a network of child protection centres (CPC) has been founded where childhood abuse cases can be reported. It has been found that the majority of these cases are associated with problematic attachment patterns to parents or other primary carers responsible for the care of children who have been found to be abused (Al-Eissa et al., 2016). There is scholarly research available that backs up this

hypothesis. Young and Widom (2014) looked at the accuracy of emotion processing in adults that had been abused or neglected in childhood with documentary proof to back up their stories. These individuals were assessed in middle adulthood. The findings of the study showed that the adults with a history of childhood abuse and/or neglect displayed less accuracy when processing affective pictures than control subjects with no history of childhood abuse or neglect (Young and Widom, 2014). In particular, a history of childhood sexual abuse led to individuals being more likely to inaccurately interpret positive picture recognition (Young and Widom, 2014). This result indicates that individuals with a history of childhood abuse and/or neglect are more likely to develop negative worldviews that mean they are less likely to recognise or expect positive emotional reactions (Young and Widom, 2014). It may also be hypothesised that the abused and/or neglected participants had experienced less positive emotions over the course of their childhoods, making it more difficult to recognise and distinguish positive emotions in adulthood (Young and Widom, 2014). Such findings may explain the negative outlooks of the majority of the individuals that took part in this study. This seemed to be clearly articulated by Mona when she expressed how *"I have become a paranoid woman and I doubt those people around me."* This notion is explored in section 6.4 (above).

6.4.2 Behavioural Patterns Developed in Childhood and Social Isolation in Adulthood

Behavioural patterns developed to cope with abuse during childhood lead to social isolation in adulthood. Evaluation of behavioural patterns of children who had been abused has found that they develop strategies for coping with the anxiety and stress they experience due to going through an intense, traumatic experience. This process is known as 'emotional dysregulation' (Castellini et al., 2014). The kinds of coping strategies developed through the process of emotional dysregulation can lead to high-risk behaviours such as suicidal behaviour, alcohol abuse, social detachment and emotional isolation (Huff, 2006; Royse, 2016). All these behaviours, apart from alcohol abuse have been reported by the interviewees. Also, such high-risk behaviours are strongly associated with mental health problems. These high-risk behaviours develop due to adverse social, familial and interpersonal relationships (Huff, 2006; Royse, 2016). Such issues then lead to an increased risk of developing mental health problems in adult life (Al-Eissa and Almuneef, 2010). Similarly, Kawachi and

Berkman (2001) found that the strength of social ties is likely to affect strength of stress reactions, state of psychological well-being, psychological distress and symptoms of mental illness. This suggests that emotional dysregulation occurs in childhood amongst children who experience abuse. In adulthood, this process then leads to the individual becoming more likely to experience social detachment and isolation from others.

The available literature and research into the topic of childhood emotional abuse also suggests that children who have been abused experience difficulties forming healthy social and intimate relationships in adult life, leading to social isolation. Adults who experienced emotional abuse in childhood are more likely to possess negative expectations surrounding trust and intimacy and have low self-esteem (Lamphear, 1985; Henderson, 2006). For this reason, survivors of childhood abuse are more likely to be attracted to a partner who possesses similar characteristics to their abuser in adulthood, leading to further abuse in adulthood (Engel, 2015). Due to the common nature of arranged marriage in Saudi Arabia, it is less likely that such factors lead to further abuse in adulthood. However, the social and personal circumstances of several interviewees had led them to be abused in intimate relationships in adulthood. Examples include the cases of Farah, Noura and Ala, all of which were discussed in sections 6.2.2.2 and 6.2.2.2.1.

Familial systems theory suggests that abused children may seek ineffective methods of reclaiming control of their lives in adulthood by denying themselves interpersonal interactions and social pathways. Consequently, adult victims of childhood abuse tend to lack effective strategies to cope with their past experiences. On one level, self-isolating behaviour may lead to a degree of social maladjustment. Such tendencies are manifested through not being able to 'fit-in' with established social groups, and dissociative and disengaging behaviours developed to 'escape' from difficult social situations (Elkerdany et al., 1999). Furthermore, disengagement and disassociation are associated with increased vulnerability to stress and the possibility of developing a mental health disorder in adult life (Elkerdany et al., 1999). The study found that many interviewees reported experiencing social isolation alongside feelings of anxiety, depression, powerlessness and shame. This suggests that abuse in childhood

led to self-imposed social isolation in adulthood that contributes to negative feelings and self-perception.

However, the theory explored and analysed in previous sections of the thesis fails to account for how social and cultural factors contribute to the development of a sense of self in childhood that persists into adulthood. A theory that does account for these factors is Foucauldian Discourse Analysis (FDA). As FDA encourages researchers to understand how language, cultural practices and social discourse inform the child's sense of self alongside the abuse they experience (Edwards et al., 2002; O'Neachtain, 2013; Stoner and Perkins, 2005; Hlvaka, 2008), this theory suggests that childhood abuse leads to a fractured sense of self that can predispose victims' to experiencing mental health issues and further abuse in adulthood.

FDA can also be applied to the unique social and cultural conditions prevalent in Saudi Arabia that might affect interviewees' self-perception. It was apparent from the thematic analysis of the interviews that many interviewees were highly emotional about their experiences, often crying and lamenting about what happened to them. It appeared that Saudi Arabian culture encouraged interviewees to experience shame and negative self-perception as a result of a history of childhood abuse. It has been suggested that the prevalence of the values of *haya* (modesty) and *sharam* (shame/embarrassment) in Arab culture affect the likelihood that childhood sexual abuse will be discovered by caregivers (Fontes and Plummer, 2010). Saudi Arabian caregivers may also be put off reporting abuse because they feel it will bring shame on the family (Lardhi, 2016). Furthermore, in Middle Eastern culture, family matters are kept private (Akmatov, 2010). This may lead to childhood abuse victims to fail to disclose their experiences to the outside world due to a misplaced idea that these are family matters that should have been kept private.

6.5 LOW STATUS IN ADULT LIFE

Low status in adult life is a notable outcome of childhood emotional abuse for many of the study participants due to the negative self-narrative they had developed over the course of their lives. Low status in Saudi Arabia can be linked to various concepts and structures which will be explored here, such as illegitimacy, education and mental

health. For example, Ahlam stated that as a result of being illegitimate, "*I do not have right to future's dreams and hopes*," and Hani "*It is a stigma to live in society without an education. I could not find a good job because I am not educated and do not have certificates.*" Low status also led a number of the female study participants, such as Nadiyya, Fatimah and Ahlam to find themselves in abusive forced marriages. See sections 6.2.2.2 and 6.2.2.2.1 for further discussion.

Another aspect of life in Saudi Arabia, which can influence social status, is educational attainment and, concerningly, it is commonly acknowledged that many people in Saudi Arabia still do not receive a complete education (Hussain 2016). For example, the literary rate in Saudi Arabia remains one of the lowest in the Arab world as just 50 per cent of women and 72 per cent of men are literate (Hussain, 2016). Similarly, whilst 14 of the sample went to school, only four out of the twenty people interviewed in this study had definitely completed their education (either graduated from high school or university), with a further 5 leaving school without completing their studies and another 5 having gone to school but for an unknown period of time.

Whilst one of the participants was unable to go to school due to social status and another because of her family's lifestyle and place in society, all the other four participants who were denied an education were actively prevented from going to school by their abuser(s) or because of the abuse they had been subjected to. Also, the six interviewees who did go to school left education early as a direct consequence of their abuse. For example, Hussam went to reform school because he was sent to reform school because his father had forced him to become a drug leader, Mona left school because of the neglect she experienced and because she needed to look after her mother who was a drug addict and Hani was directly prevented from attending school by his brother. Both Sara and Noura reported that they left school early because of the emotional trauma they experienced as a consequence of abuse during childhood. Noura explained that:

> "*I did not complete my studies and I left school when I was 11 years old… because my friends were excellent, perfect and clever in everything, such as their clothing and eating, how their parents were taking care of them and their studies, and I was not like them. My clothes were dirty and not clean; my mother did not care about me or teach me; it was hard to succeed in school.*"

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Similarly, Sara stated that she left school during high school after experiencing a nervous breakdown:

> "I suffered from depression and anxiety. I was still scared from my father [who had been hanged for the murder of Sakina's mother] that he could come and harm me again. Once, on my way out, I saw a man in front of our school looking like my father, so immediately I started running in screaming ' and I said he is running back to kill me, he is back to kill me'. The head teacher who was holding my hand and calming me down thought I was somehow witched. She did not realize what happened was due to the fact that I was living in fear since two years. Nevertheless, I was called the 'mad woman' by all students on the next day I arrived in the school. The result, I stopped going to school ever since…"

Both Sara and Noura failed to complete their education because of the social stigma attached to the abuse they had been subjected to in childhood. However, despite the challenges, Abed did manage to remain in school due to the intervention of an uncle who knew about the abuse he had experienced and told the school about it, where he received psychiatric support. This suggests that with support of family members and educational authorities, children who experience abuse can remain in education.

Furthermore, Rahim's low status in adult life is illustrated by the fact that he is unemployed and relies on his grandmother for financial support. The reason that he is unemployed is that he received no education. Also, he has significant scarring on his face as a result of being scalded with hot water by his stepmother, which may make it difficult for him to get a job, socialise, and marry. The low status of Sara is because she remains unmarried at the age of 45, is unemployed, and relies on government benefits for financial support. She left school before completing her education and is afraid to socialise as a result of past trauma. Sara feels let down by male-dominated Saudi society due to its '*bad habits and traditions against women.*' This suggests that Sara feels that she is marginalised for being a woman who wishes to remain unmarried, whilst Rahim's status is affected by his facial scarring and fear of mixing with other people. The status of both these participants in Saudi society is the direct result of abuse during childhood. As such, it could be suggested that individuals such as Sara and Rakan are victims of Saudi Arabia's patriarchal society as discussed in section 1.2.

6.5.1 Victim Status

The thematic analysis showed that many of the interviewees who had experienced abuse in childhood continued to feel like victims of life and society in adulthood. For example, Aymen pointed out that abuse in childhood '*destroys the personality and the entity of the child and makes them a lost person concerning identity.*' Similarly, Mariam reported that she felt 'not *quite human.*' Other interviewees reported that they felt that because of the abuse they had experienced in childhood, they would continue to be the victim of society for the rest of their lives. For example, Abed (male, aged 30) observed that "*at every stage of my life I find abuse and cruelty.*" Meanwhile, despite working as a teacher in a primary school Hanan (female, aged 35), had lived with her parents, who still verbally abuse her, since divorcing after a brief marriage 11 years before. These are examples of individuals who have developed a conviction that their past abuse marks them out as victims.

Many of the interviewees continued to feel like victims because their experience of abuse in childhood had led to long-term ongoing feelings of shame. For example, Ahmed (male, aged 37) felt that others saw him as weak and Khaled (male, aged 40) felt he could not make friends with others as no one would accept him because of his past. Malkia reported that she felt 'dirty' because of her past. Other respondents felt afraid to tell friends, family or medical professionals about the abuse they had experienced. This was the case for Moh'd who felt that his friends would reject him if they found out he was attending a mental health clinic. Similarly, Mariam refused to tell her husband about the abuse she had experienced in childhood. Sultan felt deeply ashamed because he had been sexually abused by a school bus driver as a child and even refused to tell the doctor at the mental health clinic about this, whilst Sara refused to get psychiatric help because she felt people would call her a '*mad woman.*' Hence, a mixture of shame about being abused, and fear of being prejudiced against by society for experiencing mental health issues or seeking support from psychiatric services made the interviewees continue to feel like victims. Thus, feelings of shame led to increased and ongoing feelings of victimisation amongst the interviewees.

Re-victimisation is common amongst survivors of childhood abuse. Significantly, Fatimah was forced into her arranged marriage a few days after being forced to undergo an abortion after she became pregnant with her father's child. As she bleakly recalled: "*after a few days my father came home with a man.*" On the basis of

research undertaken in the United States, Carbone-Lopez (2012) concludes that early sexual victimisation can lead to a variety of risky behaviours such as running away, involvement in prostitution and other forms of delinquency, all of which can put the individual at risk of further abuse. Only one person interviewed for this study (Nadiyya) reported running away from home. Noura ran away from home at the age of 15 having been abused by her father, mother and stepmother. She then lived at a care home for people who had been abused before her father collected her from the institution four years later as he had arranged a marriage for her.

Because social circumstances are very different in Saudi Arabia to those in Western countries, the risky situational factors are less significant in this context. However, Carbone-Lopez (2012) also observed that women with histories of sexual abuse in childhood are at increased risk of experiencing intimate partner violence in adulthood. Despite the cultural differences between the United States and Saudi Arabia, this was certainly the case for Fatimah who was raped by her father as a teenager and was forced into an abusive marriage aged 16. Although Noura did not report experiencing childhood sexual abuse, she was physically abused in childhood and was both raped and physically abused by her husband during their marriage. Mullen et al. (1994) link childhood abuse, particularly childhood sexual abuse to a decline in socio-economic status in adulthood. It is significant that two participants in this study (Ahlam and Nadiyya) report that their parents arranged marriages for them with drug addicts who were violent towards them. This indicates that some of the stigma and low status associated with childhood abuse could make it more likely that Saudi Arabian childhood abuse victims will be forced into low status arranged marriages in adulthood.

6.6 SUMMARY

The interviews with 20 adult survivors of childhood emotional abuse in Saudi Arabia clearly indicated that the majority of subjects experienced repercussions of the abuse they experienced in childhood well into adult life. Thematic analysis of the interviews indicated that interviewees recalled that the abuse they had experienced in childhood had affected them in adulthood in a variety of ways, ranging from social isolation and psychological trauma to low educational and employment attainment to mental

illness. As indicated by the study by ONS (2017), several participants reported abuse reoccurring or continuing into adult life. Therefore, it is clear that childhood emotional abuse had a considerable impact on the adult lives of the interviewees. Furthermore, the academic literature on the topic of the impact of childhood abuse in adulthood indicates that there is a link between feelings of shame and anger and mental illness. As well as this, the feelings of shame and anger resulting from childhood abuse fuel an ongoing sense of victimhood and social isolation in adult survivors of such abuse. It is also interesting to note that there are significant cultural differences between Saudi Arabia and North America and Europe, where the majority of research into childhood emotional abuse has been undertaken in the past. For example, some studies indicate that there is a link between childhood abuse and decisions made about intimate partners in adulthood. Such research is not relevant to Saudi Arabia, where arranged marriage is the norm. One interesting aspect the literature acknowledges about Saudi Arabian culture which is relevant to the results of the interview research is the influence of feelings of shame and family loyalty in Arab culture. Because abuse is regarded as shameful, this has affected the self-worth of many of the interviewees, as has the cultural norm of keeping abuse secret and not transmitting knowledge of abuse outside the family circle.

CHAPTER SEVEN

CONCLUSION

7.1 INTRODUCTION

The concluding chapter provides a conclusion to the study and includes a summary of the key findings with respect to the purpose and the objectives of the research. It was conducted with the primary aim of providing a platform for Saudi Arabian adults who have experienced mental health problems to disclose their experiences of childhood emotional abuse and to detail how this contributed towards their mental health problems. Based on the responses obtained, I sought to understand the relationship between the experiences of childhood emotional abuse and mental ill-health in adulthood, as well as attempting to explore the barriers to help-seeking behaviour amongst people who have mental health problems and who have experience of childhood emotional abuse. After examining the findings of the study and the different accounts provided, several recommendations for policy and practice have been developed that aim to improve the healthcare responses to adults in mental health settings who have experienced childhood emotional abuse. Thus, this chapter will conclude the study write up by discussing how the findings of the research address the study objectives. The limitations and strengths of the research will be explored, including how the theories used facilitated a better understanding of the research topic. Furthermore, areas requiring attention in future studies will be highlighted.

7.2 TYPES OF ABUSE EXPERIENCED

According to the findings of the study, the main types of childhood abuse in Saudi Arabia are physical and emotional. Sexual abuse may also be common, and one of the participants disclosed that she feared leaving her abusive family due to the possibility of being sexually abused. The emotional abuse cases in the study flagged several examples of emotional abuse including name-calling, use of language causing the abused to feel less important and unwanted, and being subjected to isolation. The study indicates that emotional abuse can also occur through preferential treatment of children, where the children receiving poor attention and treatment feel neglected.

The study further shows that children in Saudi Arabia may be emotionally abused as a result of witnessing the physical and emotional abuse of their mothers by abusive fathers. The emotional abuse by parents and close family members that children are subjected to is proven to cause poor self-esteem, feelings of shame, and loss of self-confidence. Although physical abuse was not the focus of this study, the responses of the participants indicate that it is also a problem, and like other studies, they revealed that it was committed by parents and close family members, and it took many forms including hitting and burning with hot water.

It is important to note that the kinds of abuse experienced by study participants in childhood may impact on the kinds of mental health problems they report in adult life. For example, Kenny (2018) observes that there is a strong association between childhood emotional abuse and anxiety and panic disorder, whilst individuals who experienced sexual abuse in childhood often display signs of a borderline pathology, and those who have experienced family violence report worse mental health overall. It is, of course, impossible to diagnose any of the study participants without being qualified to do so, but the findings of the study do indicate that childhood emotional abuse is associated with anxiety and panic disorders in childhood and family violence does correlate with worse mental health outcomes overall (Crouch et al., 1995; Kessler and Magee, 1994; Safren et al., 2002).

The observed experiences of childhood emotional abuse in Saudi Arabia are associated with an ineffective social and legal structure that is in place in the country for tackling instances of child abuse. The patriarchal system of family, which is dominant in Saudi Arabian society (Hussein, 2016), is associated with the occurrence of childhood emotional abuse, which is primarily perpetrated by fathers. In this study, the childhood emotional abuse experienced by many of the participants is attributed to the powerful male figure in the family. It has emerged that children can be exposed to emotional abuse in a patriarchal family by witnessing the mistreatment of the mother by an abusive father. As detailed in the study findings, Sara was exposed to abuse as she witnessed her mother being beaten to death by her father. The experience later affected her mental health status. Childhood emotional abuse is also perpetuated through the cultural preference for boys over girls; this means that women who do not give birth to boys are often despised and abused. The female children of such mothers

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experience emotional abuse when they witness their mother being mistreated because she has given birth to daughter(s) rather than the preferential male child. However, analysis of the narratives of male participants such as Rakan and Abed indicate that many of the men that took part in the study also experienced mistreatment and low status due to the patriarchal nature of Saudi society and this abuse continued to impact on their personal status in the family and society in adult life.

7.3 EFFECT IN CHILDHOOD

The study participants all reported having experienced a range of abusive behaviours from parents, other caregivers, family members or, in one case, a school bus driver during childhood. The kinds of physical, emotional, neglect or sexual abuse experienced by the participants can be labelled adverse childhood experiences or childhood trauma (Bethell et al., 2017). It is significant that, in some cases, it seems that the abuse experienced by the participants in childhood may have originated from some kind of social stigma that has persisted into adult life. Due to the abuse they experienced, all the participants had been led to attend a mental health clinic in Riyadh, Saudi Arabia because they had experienced mental health problems in adulthood, perhaps due to the abuse they experienced in childhood.

In relation to the point that the abuse some of the study participants experienced in childhood may be linked to stigma against them, Goffman (1963) and Mukolo et al. (2010) point out that stigma theory concludes that individuals are stigmatised against because they possess personal attributes or traits that negatively impact on their social status. It has been observed that many of the participants in this study were stigmatised against during childhood, which may have encouraged others to abuse them or made them vulnerable to abuse. For example, Ahlam is illegitimate, something that is stigmatised in Saudi society, whilst Rahim's mother died at birth, leading to him being given inferior status by his father and new stepmother, which then led to physical and emotional abuse by both parents. Similarly, Samar had an inferior status in her family unit after her parents died in a car crash and she went to live in her uncle's family. Another point of stigmatisation related to Saudi culture is the preference for male children. This preference led to Malika, Hadiyya and Sara being abused by their parents because they were daughters and those parents

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(especially their fathers) wanted sons or favoured their male children. The cultural preference for sons over daughters in Saudi Arabia is explored in detail by Bowen (2014) whilst in a study of childhood abuse in Saudi Arabia, Al-Eissa et al. (2016) found that Saudi girls were more likely to experience psychological abuse than their brothers.

Analysis of the impact of childhood emotional abuse in childhood therefore suggests that whatever the cause of the abuse, a mechanism needs to be put in place to allow victims of child abuse to seek help and leave the family home if they need to. This is because whilst several study participants and their family members tried to get help, they were unsuccessful. It is notable that several participants met with official channels because of the abuse they experienced, but the obvious fact they were being abused was ignored. The lack of inclination to pick up on signs of abuse at school, in the hospital or within the community could have dire consequences as Cook et al. (2017) note that such childhood trauma can lead to depression, and the longer it goes on, the more serious the outcomes are. Therefore, analysis of the participants' accounts of the effect and impact of the abuse they experienced during their childhood years indicate that professionals such as teachers, doctors and nurses should be trained in how to spot the signs of abuse so that possible cases can be explored, and the necessary support provided. If the participants' cases of abuse had been picked up on, it would be likely that the psychological consequences of the abuse they had experienced would be mitigated.

7.3.1 Relationship between the Experiences of Childhood Emotional Abuse and the Impacts on Mental Health in Adulthood

Based on the findings of the study, it is suggested that an adults' mental status is significantly influenced by their experiences of childhood emotional abuse. The responses of the participants clearly indicate that their experiences of emotional abuse in childhood could have contributed to their present state of mental health. As evidenced in the findings of this study, individuals who have not come to terms with the childhood emotional abuse they were subjected to can be haunted by their experiences throughout their lives. Such experiences influence the way the abused individuals interpret and process events. As shown through some of the accounts provided, an individual can remain in fear of abusers, which subsequently manifests

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when they are confronted by challenging situations. For example, Sara experienced a breakdown in high school after having caught sight of a man who looked like her father who had abused and murdered her mother in front of her. Also, Fatimah experienced a breakdown during the interview after recalling the physical, emotional and sexual abuse she was subjected to by her father and being taken to abroad following an arranged marriage.

According to the findings of the study, anxiety is one of the mental health problems experienced by individuals who have endured childhood emotional abuse. See sections 5.3.3 and 6.3.2 for further details. Abused individuals experience anxiety, which is associated with the fear of the unknown and the occurrence of flashbacks. This can cause serious repercussions, such as involuntary shaking and a disrupted circadian cycle. The other mental health problem that occurs as a result of the exposure to childhood emotional abuse is depression. Depression amongst abused individuals is associated with exhaustion, anxiety, fear, and stigma, which are all common themes. This study supports the findings of Ali and Toner (2002), Li et al. (2016), and Scott et al. (2010), which reveal that childhood emotional abuse is the main cause of social anxiety and withdrawal amongst individuals who have experienced abuse in the past.

Based on the accounts provided by the participants in this study, the effect of childhood emotional abuse on mental health includes feelings of hate, anxiety, and depression. See sections 6.3.2, 5.3.3 and 6.3.1. Sakina's narrative reveals the association between childhood emotional abuse and the development of feelings of hate and frustration. Due to the emotional abuse that the participant was subjected to as she witnessed her mother being abused by her father, the participant developed a fear and hatred of men, believing that men are evil, which caused her to avoid marriage. Rakan also demonstrated feelings of hatred towards his stepmother and her children. He wishes destruction and failure on his step-siblings. The feelings of hate manifested in Rahim's narrative emanate from the ill-treatment that he received from his stepmother and father during childhood. It was the emotional abuse in the form of neglect that produced these feelings of hatred towards his parents. The examples of this he gave were being forced to sleep in the bathroom, and their refusal to take him

to the hospital when he needed medical attention. For Rakan and Sakina's stories see sections 5.4.1, 6.2.2.2 and 6.2.2.2.1.

According to the findings of this study, the association between the experiences of childhood emotional abuse and the mental health problems in adulthood can be understood by considering the loneliness and social isolation reported by the participants. From the accounts provided by the twenty study participants, the exposure to childhood emotional abuse results in these feelings as the abused individuals lack support and care from their immediate family members and are unwilling to approach a psychiatrist for help. Many of the accounts paint a picture of individuals who lacked family members to relate to during childhood. In a society like Saudi Arabia where the family unit is integral to the upbringing and social wellbeing of an individual (Zgheib, 2017), it is possible that isolation due to the hostile family relationship during childhood may have led to mental health repercussions.

As determined in this study, the association between childhood emotional abuse and mental health status can also be linked to a lack of sleep or insomnia. The effect of the experience of childhood emotional abuse on sleep pattern was one of the unexpected outcomes of this study. See section 6.2.1.1. However, given the already established influence of sleep on mental and physical status (Ali and Toner, 2002), it can be suggested that the disrupted sleep pattern amongst the individuals who are exposed to childhood emotional abuse could be one of the contributors to their poor mental health status.

Based on the findings of this study, the relationship between the experiences of childhood emotional abuse and the mental ill-health can be explained in relation to stigma theory and attachment theory. The findings of the study relating to the occurrence of abuse are understood based on stigma theory as suggested by the argument that the individuals subjected to childhood emotional abuse are stigmatised, which consequently increases their vulnerability to abuse (Goffman 1963; Mukolo et al., 2010). Attachment theory also provides a link between the experiences of childhood emotional abuses and mental ill-health. Based on attachment theory mental ill-health arises due to a lack of attachment between parent(s) and children, which occur due to a lack of sensitivity to their children's needs on the part of their parents

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(Bowlby 1969; Smith and Fong 2004). The lack of parent-child attachment results in the person having limited ability to trust, hindering the development of social relations during adulthood. The social isolation resulting from the lack of the ability to form attachments with others then leads to depression and other mental illnesses.

Developmental progression theory is another concept that may explain some of the findings of this research. Wolfe (1987) explains that abuse in childhood impacts three key aspects of child development. These are the child's behaviour, its socio-emotional response, and socio-cognitive behaviour. This means that, hypothetically, childhood abuse leads to victims not learning how to control their impulses in a socially acceptable fashion, which can lead to aggressive behaviour (Russell, 1998). In relation to this point, Abed who had been abused by his father but was helped to navigate his family dynamic by a supportive uncle. Abed's testimony seems to suggest that the developmental trauma he experienced because of the abuse he experienced at the hands of his father during childhood led to aggressive behaviour due to poor impulse control during adolescence. Another aspect of developmental progression theory that explains some of the findings of this research is that it suggests that inconsistent parenting can lead to the child being unable to trust others or develop a secure attachment to another person (Russell, 1998). Notably, several participants including Hadiyya, Rahim, Abed and Sara reported that they felt unable to marry as they struggled to trust others and had anxiety problems and, thus, could not contemplate entering an intimate relationship with another person.

7.4 EFFECT IN ADULTHOOD

Most of the interviewees indicated that they experienced repercussions of the abuse they experienced in childhood well into adult life. Thematic analysis of the interviews indicated that interviewees recalled that the abuse they had experienced in childhood had affected them in adulthood in a variety of ways, ranging from social isolation and psychological trauma to low educational and employment attainment to mental illness. It is significant that the abuse experienced by the participants has led to mental health issues but also shame and anger. The feeling and experience of shame are particularly significant because in Saudi Arabia being the victim of abuse is regarded as shameful. In consequence, many interviewees have low levels of self-worth as they

have been unable to talk about the abuse they have experienced and have not been helped by members of their community if the abuse came to light in any way.

7.4.1 Mental Health Problems

Due to the abuse they experienced in childhood, all the participants were attending a mental health clinic in Riyadh, Saudi Arabia. Most of the participants were taking medication to manage their symptoms. According to the analysis of the interview findings, the abuse participants experienced in childhood led to a number of mental health issues in adulthood including depression, anxiety, insomnia/sleep problems, psychiatric problems, suicidal ideation, PTSD, eating disorders and panic attacks. It could be suggested that the mental health issues reported by the study participants originated from negative self-belief as many reported experiencing feelings of shame, fear, frustration, anger/aggression, weakness/powerlessness, hatred and lack of confidence in adulthood.

However, it is important to note that none of the participants displayed signs of Dissociative Identity Disorder as explored by Nijenhuis et al. (1998). This was apparent as during the interviews all participants recalled the trauma they had experienced in childhood, were emotionally engaged, and some participants expressed anger linked to their experiences. Therefore, as Silberg (2013) suggests, the past cannot be forgotten even if it does cause personal trauma.

7.4.2 Social Problems

Many of the study participants reported that they had experienced social problems in adult life as several participants reported that they were unwilling to socialise with others and preferred loneliness and isolation due to the unpredictable nature of social interactions. The theory of Adverse Childhood Experiences (ACE) may explain why some of the participants expressed such a strong aversion to social situations. ACE suggests that childhood abuse leads to individuals having higher levels of frustration, anxiety and hostility accompanied by a lack of coping mechanisms, leading to problems in adult life (Wolff and Baglivio, 2017). These negative emotions can lead to delinquent behaviours, as was the case for Abed in adolescence, but can also lead to individuals having problems coping with the stress and anxiety that comes with everyday life. It has been further speculated that ACE's lead to negative health

outcomes (Meinlschmidt, 2005). Whilst all the participants were physically healthy, all had experienced mental health problem in adulthood, indicating that they were at a social and personal disadvantage as a result of the abuse they experienced in childhood.

Another theoretical explanation for the social problems experienced by study participants in adult life is provided by social learning theory which suggests that experiencing childhood abuse has cognitive distortions and negative emotional consequences (Zurbriggen et al., 2010). According to Roche et al. (1999), an understanding of oneself as an individual is deeply connected to how the person relates to others. It is through social interactions and interpersonal relationships, especially early attachments with caregiver(s), that children come to understand who they are and how they relate to the world. For example, if a child experiences sexual abuse, this experience may have a negative effect on how the child understands relationships, leading to problems with interpersonal interactions in later life (Classen et al., 2001). Although the majority of participants had not experienced sexual abuse in childhood, many did report that the abuse they had experienced had led them to view interpersonal relationships, especially intimate partner relationships, in a negative light. This suggests that it is the abuse experienced in childhood, rather than the nature of the abuse that most affects individuals in adult life.

7.4.3 Barriers to Help-Seeking Behaviour amongst Mentally Ill Adult Patients with a History of Childhood Emotional Abuse

It may be suggested from the findings of this study that individuals subjected to childhood emotional abuse are typically unwilling to openly seek psychiatric help. Although the participants in this study did so, most chose to seek such assistance without telling their family and friends. There are various reasons that have been provided by the study for this, one of which is the existing legal restriction in Saudi Arabia. As per the account provided by Ala, she has not sought psychiatric assistance because the legal system in Saudi Arabia has made her feel inferior for her entire life, simply because she was born out of wedlock. The legal challenges faced by children born illegitimately are demonstrated by the difficulty faced by Ahlam in acquiring an ID, which is a requirement for accessing the healthcare service. It should, however, be

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noted that the individuals subjected to childhood emotional abuse, such as Ala, understand the benefits of seeking psychiatric help.

The other cause of the failure to seek help amongst the individuals subjected to childhood emotional abuse is fear. The outcome of the study suggests that these experiences create fear amongst victims of childhood emotional abuse, which results in them being unable to approach anyone for help. The fear experienced by individuals who have been subjected to childhood emotional abuse is primarily due to the apprehension that the people they encounter may cause them harm. Hence, it is essential that close family members and guardians are sources of support and encouragement to them. The study indicates that the provision of family support, such as the support provided to Fatimah by her grandmother, is vital for building self-confidence amongst the abused, and for ensuring that the abused individuals seek help. However, it is important to point out that even when a person who has experienced abuse manages to request professional help, it does not guarantee that they will be willing to discuss their traumatic past openly or in detail. This is evident in the account provided by Sakina, which demonstrates how an abused individual can panic when confronted with their own past, which can subsequently cause them to conceal their past experiences. Therefore, it is important for healthcare practitioners who are caring for abused individuals to take additional steps to encourage them to be candid, such as showing empathy and spending enough time with patients.

Another reason for the failure to seek help amongst the individuals subjected to childhood emotional abuse is a stigma. As shown by the study findings, the abused individuals are frowned upon by society and are maligned. Fear of stigma is evident in the story narrated by Sakina, who indicated that she cannot seek help because she fears being called *'a mad woman'*. She also thinks that by being open, she will be subjected to social rejection. Age is another factor that causes some of the individuals who have experiences of childhood emotional abuse to avoid seeking help. As shown by the findings of the study, the abused individuals who are older than adolescent or young adult, such as Sara (who is in her 40s), do not recognise the importance of seeking psychiatric help. For example, Sara indicated that she believes that she is too old for psychiatric help to be of any benefit to her.

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7.5 RECOMMENDATIONS FOR POLICY AND PRACTICE TO IMPROVE HEALTH CARE RESPONSES TO ADULTS IN MENTAL HEALTH SETTINGS WHO HAVE EXPERIENCED CHILDHOOD EMOTIONAL ABUSE

It is necessary to implement policies and a legal system that promote the rights of children born outside wedlock: It clearly emerged from the study that the root cause of the abuse experienced by Ahlam is that her family considered her an illegitimate child. It is evident from the narrated accounts that some abused children do not seek psychiatric help because they do not possess IDs, which can be attributed to their illegitimate status. It is important for the relevant bodies in Saudi Arabia to enact policies that will drive social change towards a society that is friendlier to children born out of wedlock.

Concerted efforts are required by relevant stakeholders towards addressing fear amongst the individuals subjected to childhood emotional abuse: As shown by the outcome of the current study, fear is the main reason why individuals subjected to childhood emotional abuse do not seek help. For example, Rakan and Sara indicated that they felt they could not seek help because they feared the response they would get. It is, therefore, important for services such as counselling to be made available for abused individuals to help build courage and self-confidence. It could also be suggested that there is a need for emphatic referral services to get people the help they need.

Adoption of early management approaches is essential: The occurrence of poor mental health because of childhood emotional abuse requires that measures to manage the conditions and their manifestation should target both younger and older individuals. It is crucial that these measures are implemented at an early stage so as to prevent incidences and/or worsening of their mental health. It is also important to target younger individuals since, as shown in this study, as management strategies can sometimes be ineffective amongst older people due to the tendency of some to disregard the significance of management strategies in their lives.

The study also suggests that the mental health problems associated with childhood emotional abuse manifest early in life, with depression and anxiety possibly occurring when the abused individuals are still in secondary school. This denotes the necessity for early intervention in the form of child abuse management programmes, which may require keeping a record of children's school places, for example, in order to maintain accurate records and monitor children's wellbeing. Individuals who have been subjected to childhood emotional abuse should be provided with suitable therapy such as counselling at the earliest opportunity (Reichert, 1998).

The cultural practices and preferences that promote abuse need to be addressed: As evidenced in the current study, both the literature and the interviews, suggest that there are cultural practices in the Saudi Arabian community that are associated with the occurrence of childhood emotional abuse. One of the culturally accepted practices is the patriarchal family system, which gives unchecked powers to the father. The other cultural practice is the preference for boys over girls. Both customs are proven to play significant and unique roles in increasing the prevalence of childhood emotional abuse in Saudi Arabia. It should be noted that the cultural practices such as the preference of a boy over a girl child are common in Saudi Arabia despite the presence of government legislation that acknowledges and protects the equal rights of children regardless of gender. It is therefore important for actions to be put in place to sensitise society to the need to respect the rights of girls and avoid the abuse of mothers who have not given birth to boys. To realise this second point, education is key. Saudi Arabians need to be made aware that genetically, fathers have as much input as mothers to the gender of their babies. Recognition of this fact should contribute severe towards eliminating accusations and abuse of women who birth female children.

Whilst such recommendations represent an ideal, they are perhaps not possible immediately. In terms of more practical recommendations:

Efforts should be made in Saudi Arabia to ensure that educational and medical professionals are educated about the early signs of childhood emotional abuse in children. Examples of these include child neglect, child injury, emotional trauma and a lack of attachment between the child and their parent or caregiver. If educators and

medical professional are made increasingly aware of the signs of childhood emotional abuse in children, these scenarios can be stopped quicker, and the effect of such abuse mitigated.

Support for the victims of childhood emotional abuse should be made available as soon and as early as possible. By providing the survivors of childhood emotional abuse with appropriate psychological support at an early stage, some of the trauma and emotional instability experienced by adult survivors might be significantly alleviated.

Efforts should be made to mitigate the stigma experienced by survivors of childhood abuse. In Saudi Arabia, as in other parts of the world, survivors of abuse continue to experience considerable stigma against them due to these experiences. Thus, efforts need to be made to destigmatise the experience of abuse and the act of seeking out help to deal with the consequences of such abuse.

7.6 STRENGTHS AND WEAKNESSES OF THE STUDY

The strengths of the current study are associated with the interpretative research approach and the use of semi-structured narrative interviews. Based on this method, the study has provided an in-depth understanding of the association between childhood emotional abuse and mental health problems. The study has developed meaningful links between both areas based on the stories told by the participants and their respective context. Through a contextual understanding of each interview, the study has presented detailed insights into the experiences of each of the participants. The use of the narrative approach in this study also allowed the researcher to explore the research topic within a specific period, whilst also finding out about the impact of past experiences. The information about the effects of childhood emotional abuse on the abused participants has been examined from the adults' perspectives. This has facilitated an understanding of the intricate and overlapping relationships that span different life stages. The study provides a clearer understanding of the effect of childhood emotional abuse on adulthood mental (Duff and Bell, 2002).

The study does, however, have some limitations that need to be considered. Since the study has relied on the responses of the participants, the accounts are subjective and

are based on the participants' own recall and perspectives. Compared to the frequency of mental health and child abuse incidences in Saudi Arabia (Al Gelban, 2009; Abdulghani et al., 2011), a sample of twenty participants lacks representativeness. A further significant aspect is that some of the accounts provided by the respondents only apply to the specific participant in the specific context, with the uniqueness of each of the stories presenting a challenge in collating and presenting the data. Therefore, the study could not be entirely representative.

One potential issue with representation and this study is that the study was conducted at a mental health clinic. As such, the findings did not consider the experiences of individuals who had been exposed to childhood emotional abuse but did not (or did not admit to) experiencing mental health problems in later life. Thus, it could be suggested that the findings of this study indicate that the overall impact of childhood emotional abuse on adult functioning is perhaps more severe than is the case. Furthermore, most of the interviewees stated that they were on medication for either depression, anxiety or both. This finding does not account for fact that not all survivors of childhood abuse experience mental health problems in adulthood. For example, Horwitz et al. (2001) found that abuse and neglect in childhood did not predispose adult survivors to experience an increased amount of stressful life events in adulthood. As such, it is important to acknowledge that childhood emotional abuse is likely to affect the mental health of victims in adulthood, but this is by no means a foregone conclusion.

However, is it important to acknowledge that some surveys do indicate that the association between childhood abuse and adult mental illness is high. For example, when analysing the findings of interviews with over 5,000 participants as part of the United States National Comorbidity Survey, Molnar et al. (2001) found that 78 per cent of women and 82.2 per cent of men who had experienced childhood sexual abuse reported having at least one psychiatric disorder compared to 48.9 per cent of women and 51.1 per cent of men who denied any history of childhood sexual abuse. Therefore, whilst there is a high correlation between childhood abuse and psychiatric disorders and mental health problems in adulthood, it would have perhaps been more representative to carry out interviews with individuals with a history of childhood

emotional abuse but no reported mental health problems outside the mental health clinic.

7.7 CONTRIBUTION OF THE STUDY

By exploring the impact of childhood emotional abuse on the mental health status of adults in Saudi Arabia, the study provides insights into whether the impact varies due to the abuse suffered, and hence develop questions for further study regarding the assessment of emotional abuse and its associated impact. It has been shown that there is a lack of enough knowledge regarding childhood emotional abuse and mental health in Saudi Arabia. The outcome of this study, therefore, addresses the knowledge gap whilst also giving a better understanding of how adults with mental health problems are affected by emotional abuse they experienced in childhood. This knowledge is important in enhancing the understanding of the most effective ways to care for people with mental health problems. The outcome has been used alongside the existing literature from other countries to determine if there are culturally specific issues in Saudi Arabia regarding childhood emotional abuse and mental health problems in adulthood, and if there are things to be added to policy and practice in this regard to mitigate instances of childhood emotional abuse in future.

This study has also contributed to current research by highlighting how cultural factors can deepen the effect of childhood emotional abuse in adulthood, especially for women. This is because of the prevailing culture of arranged marriage and the authority of the family unit in Saudi Arabia means that girls and women who have been abused and victimised within the family are vulnerable to being placed in arranged marriages that will likely perpetuate the cycle of abuse. Significantly, in this research, it emerged that Ala, Sahar, Fatimah and Noura were all abused in the family home during childhood and were then further abused by being subjected to arranged marriages with abusive men or put in situations where they could be abused by family members of their husband in adulthood.

The findings of the study have various practical implications. Since the study has shown that fear is one of the main factors promoting unwillingness amongst individuals subjected to childhood emotional abuse to seek help, future care efforts should consider ways of addressing this negative emotional reaction. Healthcare

practitioners such as psychiatrists and social workers involved in caring for mentally ill people with experiences of childhood abuse need to address fear as a means of building trust, which is key in helping people to open up about their troubled past. Furthermore, it is essential that care providers continually reassure and reaffirm the person's self-esteem and worth. As shown by the outcomes of the study, the individuals subjected to childhood emotional abuse have poor self-esteem and a low opinion of themselves. Some victims of childhood emotional abuse feel unwanted and are often reluctant to discuss the challenges they face. Therefore, by assuring victims of childhood emotional abuse of their self-worth, the people caring for them are able to better engage with them and thus obtain more in-depth information, which ultimately helps with the diagnosis of their conditions and subsequent provision of adequate care. The study has shown that the individuals subjected to childhood emotional abuse are at a high risk of developing mental health problems such as depression and anxiety in adult life. Hence, it is critical that those providing care consider integrating depression and anxiety prevention interventions into their care plans. This should be carried out at the first possible opportunity, as there is much evidence to indicate that the onset of mental health problems can begin early in life.

The findings of the study also have policy implications. Based on this study, the Saudi Arabian child protection policy needs to clearly address the rights of children born out of wedlock. As demonstrated in this study, children born out of wedlock are considered illegitimate children and they are often faced with various challenges in obtaining basic needs and legal documents such as identification cards. It should be noted that the child protection policy in Saudi Arabia distances the children born out of wedlock from the mistakes committed by their parents.

The provision of shelter is important considering that the study noted that children who are experiencing emotional abuse sometimes wish to leave their abusive families, but lack a safe place to escape to, resulting in them choosing to (or having no choice) but to endure the abuse. For example, Noura left home aged 15 after experiencing abuse by her mother and later her step-mother in her father's home. She then found shelter in a care home for people who had been abused. However, she had to move back in with her father aged 19 after he turned up at the home and insisted she live with him. Although she was opposed to this course of action, the manager of the care

home told her that *"this is your father and only he has the right to take you or leave you in the home."* When she returned home her father forced her to marry a 60-year-old man who turned out to be abusive. This example illustrates the importance of challenging cultural norms in cases where children have been abused, as the example of Nadiyya's case illustrates, the home may not be the best place for them, and the families of abused children may not prioritise their best interests.

7.8 FUTURE STUDIES

The accounts obtained from the participants suggest that the gender of the perpetrator of child abuse is important in determining the social interaction of the abused children during adulthood. It is observed from the interview data that those persons with experience of childhood emotional abuse that were caused by members of the opposite sex tend to develop negative attitudes towards that gender. For example, Rahim, who was primarily abused by his stepmother, hates women and views them as being '*sly and greedy.*' Similarly, Sakina, who witnessed her mother being abused by her father, hates men and wishes that '*God would eradicate them from the world.*' These two examples suggest that the gender of the perpetrator of childhood emotional abuse may be a determinant of the social interaction of the abused individual during adulthood. However, the outcome of the study on the influence of genders is inconclusive. Therefore, there is a need for future studies to assess how the gender of the perpetrator of childhood emotional abuse affects the social interaction of the abused individual during adulthood.

As signified by the accounts of Ala, Fatimah and Sahar, the probability of being in an abusive marriage is increased if the individual has experienced childhood emotional abuse. For example, Ahlam indicated that she is presently being abused by her husband, which could be associated with her poor self-esteem as a result of the childhood abuse that she was subjected to. Although the outcome of the current study is supported by the study carried out by Ward (2009), who observed that females who were abused by their fathers during childhood tend to harbour a deep resentment that later manifests in rage and anger, it is also probable that the abuse is caused by other factors. For example, the fact that Ahlam was forced into an unwanted, arranged marriage at just 22 years old could be a contributing factor to her ongoing abuse. Furthermore, Maneta et al.'s (2015) study of 156 couples where at least one person

had experienced childhood emotional abuse found that there is a link between childhood emotional abuse and difficulties with empathic accuracy in adulthood. Thus, Maneta et al. (2015) concluded that it is empathic inaccuracy that leads to marital dissatisfaction. This evidence then suggests that it may be difficult for adults who experienced emotional abuse in childhood to understand the emotional intentions of intimate partners in adulthood. Whilst Ala, Fatimah and Samar are or were involved in abusive marriages because these were arranged by their relatives and therefore played no part in establishing the abusive dynamics they found themselves in, it could be that some of the married participants struggled in their relationships for this reason, most notably Hanan as she was unable to trust or establish a healthy emotional relationship with her husband. It is therefore important for future studies to focus on how experiences of childhood emotional abuses affect the marital decisions taken by individuals who have been abused.

Another significant finding of this study is that the abused participants reported experiencing abuse even during their adult life. Due to the continued cycle of abuse, Ahlam described her life as "*horrible*" as she was married off to an abusive man. Similarly, Samar married a man with autism as part of a contract between her uncle and her husband's family. Because of her husband's autism, Samar is more like his carer than his wife. She also reported that her father-in-law reminds her of her abusive uncle and that her mother-in-law spits in her face when she is unable to cope with the demands of her husband's care. Another example is Hanan who moved back in with her parents after her divorce. As a result, her parents still verbally abuse her although they are no longer physically abusive as they were in her childhood. However, she reports that in some ways the verbal abuse is more difficult to cope with than the physical abuse was. Hanan also reported experiencing feelings of depression and despair as a result of the ongoing verbal abuse by her parents.

This signifies the magnitude of the issue that future studies need to explore in greater detail; specifically, the perpetuation of abuse amongst individuals with experience of childhood emotional abuse. Future studies should also consider the effect of childhood emotional abuse on status in adult life. The current study suggests that the individuals who are subjected to childhood emotional abuse have a low level of life status. It is suggested that the abused individuals have poor financial status, and often

rely on other people for financial assistance. See Graham (2007) and Poole et al. (2014) for further information about the socio-economic demographics and characteristics of people with mental illness in the UK. The study, however, does not provide a definitive explanation for this. It can only be speculated that the inability to access quality education, and the emotional turmoil caused by the experiences of childhood abuse contributes to a poor life status. The study also suggests that the male-dominated Saudi Arabian society, which is characterised by negative customs and traditions towards women, plays a role in the poor life status experienced by the individuals exposed to childhood emotional abuse. However, more research into the cause of poor life status and dependence amongst the abused individuals in Saudi Arabia needs to be carried out.

The findings regarding the effects of childhood emotional abuse in adulthood indicate that there are a few factors that might contribute to low status in adulthood. First, several respondents reported that they had experienced marital problems in adulthood or had an aversion to marriage. Some of these problems could be attributed to a lack of trust in people developed as a result of emotional abuse in childhood. Furthermore, one of the study findings indicates that the cultural norms of Saudi Arabia means that women who have been abused in childhood have a low status within their family unit which can lead to arranged marriages where these women can expect to experience further abuse. Ala, Samar and Fatimah are examples of this phenomenon and this finding indicates that their abused status leads to a low status within their family unit, leading to further abuse in adulthood outside the family unit. This finding also reflects the core arguments of revictimisation theory which suggests that victims of childhood abuse, especially sexual victimisation are more likely to be revictimised in adulthood (Zurbriggen et al., 2010; Horwitz et al., 2001). The notion of the Cycle of Abuse indicates that dissociation with adult perpetration of abuse leads to revictimisation following victimisation in childhood (Hall, 2003; Svedin et al., 2004). As such, both cultural and personal factors may have contributed to the victimisation of Ala, Sahar, Fatimah and others in both childhood and adulthood.

Another fact that impacts on status in adulthood is that some respondents reported that their mental health problems meant they were unable to work. Examples include Rakan and Sakina. Furthermore, childhood emotional abuse was found to lead to low

self-esteem and social isolation in adulthood, both of which are likely to have a negative impact on individual status.

In regard to gaps in knowledge, it is uncertain whether cultural factors can affect how child emotional abuse is perpetuated and treated in different countries and cultures. More research needs to be undertaken in this area. Also, the study indicates that there is a relationship between childhood abuse and forced marriage in Saudi Arabia, a cause for concern and a topic in need to more research.

In terms of areas for future research, it can be suggested that future studies should look at the relationship between childhood emotional abuse and the child's status within the family during childhood. The government in Saudi Arabia does not have the necessary capacity to effectively implement the policy to a high enough degree to cause the required shift in how society views and treats illegitimate children. Therefore, further provisions should be implemented to strengthen the policy positions regarding the innocence of the children born out of wedlock, and the need for their rights to be acknowledged and respected. The Saudi Arabian National Family Safety Programme (NFSP) must intensify its child abuse awareness programmes by integrating the message on the increased risk of child abuse amongst children who have a low status in their family (Almuneef and Al-Eissa, 2011). The NFSP needs to increase capacity amongst the individuals who provide care for individuals subjected to childhood abuse, especially on how to effectively care for them. The government should also provide shelter for abused children or those who are experiencing ongoing abuse. As well as this, future research should consider how the Saudi authorities can improve their provision of support offered to abused children and adults.

7.9 SUMMARY

The discussion has explored various issues in relation to the findings presented above in order to compare and contrast the findings with the current literature in this area. The accounts obtained from the Saudi Arabian individuals in this study who have experienced mental health problems due to experiences of childhood emotional abuse reveal that there are various ways in which childhood abuse is directly associated with the development of mental health problems. The study indicates that childhood emotional abuse, which, along with physical abuse, is one of the most common forms

of abuse, is primarily perpetrated by the parents (mother and father) and other close family members, and it involves actions such as name-calling and witnessing the abuse of their mothers. The occurrence of childhood emotional abuse in Saudi Arabia is mainly associated with the poor legal system that fails to protect the rights of the stigmatised children. Saudi Arabian cultural practices, such as the preferential treatment of boys over girls and the patriarchal family system, are also proven to promote the perpetuation of child emotional abuses.

The individuals exposed to childhood emotional abuse are left to live with unresolved feelings towards their difficult childhood, which later manifests during adulthood causing psychological problems that are associated with fear and anxiety. The abused individuals are shown to harbour unresolved feelings of hatred against the perpetrators of emotional abuse, which are often projected towards the rest of the members of the society. The exhaustion, anxiety, fear and stigma that are experienced by the individuals who are exposed to childhood emotional abuse, leads to social isolation, which consequently increases the risk of depression. The lack of support from society, and the abused individuals' own reluctance, or actual unwillingness, to seek psychiatric help, can mean that they suffer in silence, leading to social isolation. Lack of sleep due to anxiety and fear is also indicated as one of the reasons for the high risk of mental illness amongst the individuals exposed to childhood emotional abuse. Based on stigma and attachment theory, and the subsequent breakdown in the relationship between the abused child and their parents play a major role in their vulnerability to abuse and mental health problems. According to the study, mental health problems amongst individuals exposed to childhood emotional abuse can occur as early as when the individuals are still in primary school, suggesting the necessity for early intervention.

Despite understanding the benefits of psychiatric help in addressing their mental health problems, the individuals exposed to childhood emotional abuse in this study are typically unwilling to seek help. One of the reasons for this is the legal restrictions, which include the challenges faced by children born out of wedlock when attempting to acquire identification cards. The study also suggests that fear causes the abused individuals to shy away from seeking help. Stigma is another factor that explains this, as it causes the abused individuals to avoid seeking help for the fear of

prejudice and isolation. The age of the abused individuals also seems to be a determining factor. Older individuals are shown to be unwilling to seek helps because of the perception that at their advanced age, the help sought will not be of any benefit. Based on the findings of this study, it is recommended that relevant policies and a legal system that promotes the rights of children born outside wedlock be implemented. It is also essential that definite measures are taken to generate and increase awareness amongst the family members, healthcare practitioners, and society, of the importance of recognising and addressing the fear that is harboured by the individuals who were subjected to childhood emotional abuse. The management of child abuse and its effects, including mental ill-health, should be implemented early in life to help prevent the occurrence and/or the degeneration of the mental health. There is also a need to address the cultural practices and preferences such as the preference for sons over daughters, which promotes abuse in Saudi Arabia.

There are various questions that have been raised by the current research, which need to be addressed by future studies. The findings generated from my research show that more governmental and institutional support is required by the victims of child abuse, along with a cultural shift that encourage reporting of abuse and challenge accepted norms and attitudes. Future studies should explore how the gender of the perpetrator of childhood emotional abuse affects the social interactions of the abused individual during adulthood. Any study that builds on this research should also explore how experiences of childhood emotional abuses affect the attitudes towards and decisions about marriage that are made by the abused individuals. Furthermore, is important for future studies to explore the perpetuation of abuse amongst the individuals with experiences of childhood emotional abuse.

In regard to a future plan for dissemination of this research, this work provides preliminary research which could be refined and rewritten as a research article to be published in a reputable academic research journal. Through such means, it is hoped that the information gathered here could be brought to the attention of the Saudi authorities and applied to prevent future instances of childhood emotional abuse in Saudi Arabia.

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APPENDIX 1

Summary table of final studies used in the literature review chapter.

Article/ Year	Region of the Study	Name of Study	Study Focus	Themes in Study	Methodology	Method of Recruitment	Outcome Measures	Languag
Al-Eissa et al. (2015)	Saudi Arabia	Determining child maltreatment incidence in Saudi Arabia using the ICAST-CH: a pilot study.	Incidence of child maltreatment in Saudi Arabia.	Child maltreatment	Sampling population-based data.	The ISPCAN Child Abuse Screening Tool-Child: Home version (ICAST-CH).	Quantitative results.	English
Almuneef et al. (2016)	Saudi Arabia.	Adverse childhood experiences and association with health, mental health, and risky behaviour in the kingdom of Saudi Arabia.	To determine if ACE's impact on health and increase likelihood of risky behaviour.	ACEs, health, mental health, risky behaviour.	Cross-sectional survey conducted across KSA.	Use of Arabic version of the WHO ACE-IQ (KSA ACE-IQ).	Analysis of survey results.	English

Almuneef et al. (2014).	Saudi Arabia.	Adverse childhood experiences, chronic diseases, and risky health behaviours in Saudi Arabian adults: a pilot study.	To study the association between ACEs, chronic diseases and risky behaviours amongst adults living in Riyadh, Saudi Arabia.	ACEs, chronic diseases, risky behaviours.	Cross-sectional survey of adults in Riyadh, Saudi Arabia.	ACE International Questionnaire (ACE-IQ).	Analysis of survey results.	English
Seay et al. (2016)	United States.	Intergenerational transmission of maladaptive parenting strategies in families of adolescent mothers: effects from grandmothers to young children.	To examine the effect of the transmission of maladaptive parenting strategies across the generations and impact on children's development.	Maladaptive parenting strategies, intergenerational transmission, child development.	Home interviews with Mexican-origin adolescent mothers and observations of grandmothers parenting strategies.	Visits to Mexican-origin adolescent mothers at home.	Comparison between interviews and observations.	English
Al-Saif et al. (2018).	Saudi Arabia	Professionals' attitude toward reporting child sexual abuse in Saudi Arabia.	To determine variations in professionals' attitudes towards CSA by measuring sensitivity, specificity and scepticism.	Professionals' attitude towards CSA.	Cross-sectional, web-based study that used the Child Forensic Attitude Scale.	Professionals who dealt with CSA as part of their job.	Analysis of attitude subscale scores.	English

Alsehaimi and Alanazi (2017).	Saudi Arabia	The extent of negligence of children in Saudi Arabia: a literature review.	Negligence of children in Saudi Arabia.	Negligence of children.	Systematic review of literature on child neglect in KSA published between 1990 and 2016.	N/A	Analysis of literature.	English
Alastalo et al. (2013).	Finland	Early life stress and physical and psychosocial functioning in late adulthood.	To study physical and psychosocial functioning in late adulthood of individuals who had been temporarily separated from their parents during WWII.	Stress, physiological and psychological health and well-being, late adulthood, childhood separation from parents.	The Short Form 36 scale was used to assess physical and psychosocial functioning of 1803 participants.	Participants recruited from the Helsinki Birth Cohort Study (1934-1944).	Comparison between 267 subjects who had been evacuated in childhood during WWII and 1536 controls.	English
Bebbington et al. (2011).	England	Childhood sexual abuse and psychosis: data from a cross-sectional national psychiatric survey in England.	To test the hypothesis that childhood sexual abuse is linked to psychosis.	Childhood sexual abuse, psychosis, revictimisation, drug abuse, anxiety and depression.	Use of a representative cross-sectional survey of adult household population of England and computer-assisted self-interview to establish history of sexual abuse.	Participants were involved in the Adult Psychiatric Morbidity Survey (2007).	Comparison of history of sexual abuse to present experience of psychosis, revictimisation, drug abuse, anxiety and depression.	English

| Li et al. (2016). | United States. | Maltreatment in childhood substantially increases the risk of adult depression and anxiety in prospective cohort studies: systematic review, meta-analysis, and proportional attribute fractions. | To research the potential impact of the reduction of childhood maltreatment on the incidence of psychiatric disorders. | Childhood maltreatment, mental illness, psychiatric disorders, maltreatment reduction. | Systematic review of English-language literature between 1990 and 2014. | N/A | Systematic review and meta-analysis. | English |
| Almuneef and Al-Eissa (2011). | Saudi Arabia | Preventing child abuse and neglect in Saudi Arabia: are we ready? | To review the progress made in Saudi Arabia in terms of recognition and implementation of child protective services. | Child abuse and neglect, child protective services, progress. | Review of legislation and literature. | N/A | Analysis and evaluation of legislation and evidence of progress. | English |

Al-Eissa and Almuneef (2010).	Saudi Arabia	Child abuse and neglect in Saudi Arabia: journey of recognition to implementation of national prevention strategies.	To describe increased reporting of child abuse and neglect in Saudi Arabia.	Child abuse and neglect, child protective services, reporting.	Collection of data of all children evaluated for abuse.	All cases evaluated by the Suspected Child Abuse and Neglect (SCAN) team in King Abdulaziz Medical City for the National Guard between 2000 and 2008.	Cases were divided into 3 subgroups (2000-2004, 2005-2006, and 2007-2008), parallel to the stages of development of the national child protection system in Saudi Arabia.	English
Alrimawi et al. (2014).	Palestine	Barriers to child abuse identification and reporting.	To explore the potential barriers to child abuse identification and reporting by Palestinian nurses.	Child abuse identification and reporting.	Questionnaire.	Questionnaire distributed amongst 84 nurses from a major hospital in Ramallah city, Palestine.	Analysis of questionnaire data.	English
AlMadani et al. (2012).	Saudi Arabia	Child physical and sexual abuse in Dammam, Saudi Arabia: a descriptive case-series analysis study.	To consider the socio-medical and forensic characteristics of reported cases of child abuse in Dammam, Saudi Arabia.	Child abuse, physical abuse, sexual abuse, characteristics of abuse.	Descriptive case-series analysis of physical and sexual assault victims under the age of 18.	Victims of physical or sexual assault under the age of 18 treated at the maternity and children hospital at Dammam between 2008 and 2010 and the forensic and legal centre between 2006 and 2010.	Case-series analysis.	English

Al Dosari et al. (2017).	Saudi Arabia	Parents' perceptions about child abuse and their impact on physical and emotional child abuse: a study from primary health care centers in Riyadh, Saudi Arabia.	To determine parents' perceptions about child abuse.	Child abuse, parental perceptions, physical abuse, emotional abuse.	Survey.	200 parents attending three primary health care centres in Riyadh that were National Guard employees were requested to participate.	SPSS and descriptive analysis of data.	English
Hyland et al. (2014).	Saudi Arabia.	Normative minor childhood stress and risk of later adult psychopathology in Saudi Arabia.	To test whether adult psychopathology was linked to childhood experience of corporal punishment.	Adult psychopathology, corporal punishment in childhood.	Survey.	259 Saudi men with substance addictions.	Survey measurement of mental health disorders and link to corporal punishment in childhood.	English

Afifi et al. (2016).	Canada	Child abuse and physical health in adulthood.	To explore the associations between child abuse and physical health outcomes in adulthood.	Child abuse, physical health in adulthood, physical health outcomes.	Assessment of child physical abuse, sexual abuse and exposure to intimate partner violence in childhood amongst a sample of 23,395 Canadian adults.	Data taken from the 2012 Canadian Community Health Survey-Mental Health amongst individuals aged 18 or older.	Analysis of survey data.	English
Spataro et al. (2004).	UK	Impact of child sexual abuse on mental health: prospective study in males and females.	To examine the association between child sexual abuse in both boys and girls and subsequent treatment for mental disorder.	Child sexual abuse, mental disorder in adulthood, treatment for mental disorder.	Comparison between children who had been sexually abused and general population of the same age.	Data from general population and from histories of children who had been sexually abused and subsequently received mental health treatment.	Analysis of data.	English
Cutuli et al. (2013).	United States	Contributions of maltreatment and serotonin transporter genotype to depression in childhood, adolescence, and early adulthood.	To look at the relationship between genetics and environment in regard to the development of depression in adulthood.	Relationships between genes and environment, depression, childhood maltreatment.	Recording of maltreatment of sample and measurement of incidences of depression accompanied by interviews in middle childhood, adolescence and adulthood.	Families experiencing low-income status followed over a 28-year period.	Genetic analysis and analysis of interviews and observations gathered over a 28-year period.	English

Al-Khathami and Ogbeide (2002).	Saudi Arabia	Prevalence of mental illness among Saudi adult primary-care patients in Central Saudi Arabia.	To determine the prevalence of mental illness amongst Saudi primary-care patients in Al-Kharj, Saudi Arabia.	Prevalence of mental illness, primary-care patients.	Cross-sectional epidemiological study.	Randomly selected sample of 609 Saudi adult patients aged between 15 to 65 years who attended a hospital at Al-Kharj between July and November 2000.	Rahim Anxiety-Depression Scale used to analyse results.	English

APPENDIX 2

Participant information letter

Dear participant,

Title of study: *The Impact of Childhood Emotional Abuse in the Kingdom of Saudi Arabia: How Individuals Relate Past Abuse to Their Mental Health*

Name of Researcher:

I am writing to you about the research I will be conducting with patients of Mental Health Services in King Abdulaziz Hospital.

I am inviting you to take place in this study. I am keen to discuss your experiences of childhood emotional abuse, but also about how your childhood shaped your adult life and experiences of mental health difficulties. I envisage that the findings from this study will be help to ensure that health care services are tailored to meet the needs of patients like yourself. I would be very happy if you consider participating in my study.

Before you decide whether you would wish to participate, you need to understand why the research is being done and what will be expected of you. Please take time to read the attached information sheet carefully. If anything you read is not clear or you would like more information please contact me using the contact details on the attached sheet. Similarly, if you would like to participate, please contact me.

Yours sincerely

PARTICIPANT INFORMATION SHEET   Version 3: 10.8.17

Title of study: *The Impact of Childhood Emotional Abuse in the Kingdom of Saudi Arabia: How Individuals Relate Past Abuse to Their Mental Health*

Name of Researcher:
Invitation paragraph

I am conducting a study which is examining mental health patients' experience of childhood emotional abuse. We would like to invite you to take part in this research study but before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Please do not hesitate to contact me if there is anything that is not clear or if you would like more information (contact details can be found at the bottom of this sheet). Thank you for reading this.

What is the purpose of the study?

This study seeks to explore how stressful events such as emotional abuse during childhood impact on adult mental health.

Why have I been invited to take part?

You have been invited to take part as you are a patient of the Mental Health Services at King Abdulaziz Hospital. You are invited to provide your views regarding your current mental health in relation to your early childhood experiences.

Do I have to take part?

No, it is up to you to decide whether or not to take part. If you decide to participate I will then ask you to sign a consent form to show that you agreed to take part. You are free to withdraw at any time, without giving a reason. If you decide not to take part, then I will respect your decision and it will not affect you or your access to mental health services

What will happen to me if I take part?

If you agree to take part in the study, you will be asked to participate in a one-off interview, which will take place in the hospital's in the small room . The interview will last between thirty minutes and one hour. With your permission, all interviews will be digitally recorded.

What are the possible disadvantages and risks of taking part?

Firstly, it is important to point out that you are free to withdraw at any time without having to justify your decision. If something that we discuss does upset you, we will stop the interview and you can take a break or chose not to carry on. At the end of the interview I will switch off the audio-recorder and give you opportunity to talk off the record of how you are feeling. If at this point you feel that you would like further support with your permission I will speak to the psychiatrist/nurse about arranging this for you.

What are the possible benefits of taking part?

I cannot promise that the study will help you personally, but many survivors of childhood emotional abuse report the therapeutic benefits of telling their story. The information that I get from all interviews may help to improve services offered by mental health providers.

What if there is a problem?

If you have any concerns, questions or complaints you can contact my supervisor:

Xxx xxx, School of Nursing, Midwifery, Social Work & Social Sciences, The University of Salford , Salford, Greater Manchester M6 6PU Telephone number 0161 295 xxx Email xxxxx@salford.ac.uk

Or, Dr Sue McAndrew, Chair of the Ethics Panel, Room 1.91, Mary Seacole Building, University of Salford, Salford, M6 6pu. Tel: 0161 295 2788. E: s.mcandrew@salford.ac.uk

Will my taking part in the study be kept confidential?

The information collected during the study will be kept anonymous and stored securely, unless in cases where there is criminal activity reported or risk of harm to self or others. We will use a pseudonym (an alternative name) for you so that your real name will not be kept with the recordings or transcripts of the interviews. Information will be stored by the researcher in a locked filing cabinet or on a password protected computer. On completion of the study, data will be kept at the University of for a minimum of 3 years and then it will then be destroyed.

What will happen if I don't carry on with the study?

As noted above, you are free to withdraw at any time, without giving a reason, and we will destroy any information that you have given us. You are free to withdraw from the study for a period of up to 1 month after the interview.

What will happen to the results of the research study?

The results will form part of PhD thesis that will be submitted to The University of Salford. Information may also be disseminated through conference presentations and written publications. Your name will not be included on any research reports and all data will be presented anonymously.

Who is organising or sponsoring the research?

The University of Salford is organising the research with the help and support

Further information and contact details:

School of Nursing, Midwifery, Social Work & Social Sciences ,The University of Salford , Salford, Greater Manchester M6 6PU

APPENDIX 4

CONSENT FORM   Version 2

Title of study: The Impact of Childhood Emotional Abuse in the Kingdom of Saudi
Arabia: How Individuals Relate Past Abuse to their Mental Health

Name of Researcher :

Please complete and sign this form **after** you have read and understood the participant
information sheet. Read the statements below and answer yes or no, as applicable, in the box
on the right hand side.

1.   I confirm that I have read and understand the participant information | Yes/No |

          sheet (Version 3 dated 10/8/2017), for the above study. I have

          had opportunity to consider the information and ask questions which

          have been answered to my satisfaction.

                                                                                        | Yes/No |

2.   I understand that taking part is voluntary and that I am free to

          withdraw without giving any reason, and without my

          rights being affected.

3.   If I do decide to withdraw I understand that the information I understand that the time
          frame for withdrawal is up to 1 month after the interview.

4.   I agree to take part by being interviewed, which will be audio

          (Sound only) recorded.

5.   I understand that my personal details will be kept confidential by

          the researcher, unless in cases where there is criminal activity

          reported or risk of harm to self or others.

                                                                                        | Yes/No |

6.   I understand that my anonymised contribution will be used in the

          research report, other academic publications and conferences

          presentations.

                                                                                        | Yes/No |

7.   I agree to take part in the study.

_____   _____ _____
Name of participant   Date   Signature

_____   _____ _____
Name of person taking consent   Date   Signature

APPENDIX 5

Ethical approval letter

Research, Innovation and

Academic Engagement

Ethical Approval Panel

Research Centres Support Team

G0.3 Joule House

University of Salford

M5 4WT

T +44(0)161 295 2280

www.salford.ac.uk/

16 August 2017

Dear Amal,

RE: ETHICS APPLICATION–HSR1617-120–The Impact of Childhood Emotional Abuse in Saudi Arabia: How Individuals Relate Past Abuse to their Mental Health.

Based on the information you provided I am pleased to inform you that application HSR1617-120 has been approved.

If there are any changes to the project and/or its methodology, then please inform the Panel as soon as possible by contacting Health-ResearchEthics@salford.ac.uk

Yours sincerely,

Sue McAndrew
Chair of the Research Ethics Pane

APPENDIX 6

Semi-Structured Interview Questions and Schedule

"Hello, let me introduce myself to you first. My name is __and I am conducting research about 'THE IMPACT OF CHILDHOOD EMOTIONAL ABUSE IN THE KINGDOM OF SAUDI ARABIA: HOW ADULTS RELATE PAST ABUSE TO THEIR MENTAL HEALTH'.

I am here today to conduct some interviews about emotional abuse during childhood stage and the effect of this abuse during adulthood stage.

The pieces of information in these interviews are still under the stage of consideration and conclusion of outcomes. The interview which lasts for 1 hour is strictly confidential and characterised of being merely free-wheeling and open-ended conversation that does not constitute at any point of a counselling or a treatment session. I would like to make sure that you are read the participant information sheet/letter and consent form. Also, I want to remained you if you were distressed by recalling the early life events, you have a right to terminate the interview or take a break."

1. Tell me about yourself.

2. How old are you?

3. What is your family/marital situation?

4. What kind of support do you have from family or friends?

5. What is your financial situation and occupation?

6. What is your history/experience of childhood emotional abuse?

7. How did the emotional abuse you experienced affect you in childhood?

8. How did the emotional abuse you experienced in childhood affect you in adulthood?

Appendix 7: Tabulated Quotes

Name	Quote
Ahlam	*"My mother hit me when I was 10 years old and when she finished beating me, she sat on me. I do not know if it was a kind of insult or…. I swear I know [it was an insult]… (crying)."*
Rakan	*"Both [parents] tortured me severely until I started to think if he was really my father or not? These thoughts became stronger when I used to see my spoiled half brothers and sisters getting soft treatment."*
Abed	"*He does not treat them like me. If one of my brothers made a mistake he punished me, not my brother who did the mistake."*
Ahmed	*"My father told the doctor that the poisoning came from wood and it seemed to have some nails and he did not notice, and during the beating they went in my body and caused me poisoning…[the doctors just] prepared me for the operating room and they amputated my left hand, and after 5 days I was discharged from hospital."*
Rana	*"…When I was in college, I saw a lot of girls around me and they were miserable and their parents treated them with kindness and love, so I hated them and hoped my life was like their lives. I started to think about avenging my father, who destroyed my sisters and mine and my brothers' identities, so I went to the psychiatric clinic to find a cure for me and get rid of these aggressive things inside me…"*
Aymen	*"My father saw the cruelty and abuse as a means of discipline and these things are*

	recognised- we have it in Yemen, as well as in Saudi Arabia, which is that cruelty to the boy makes him a brave and chivalrous man."
Sultan	*"I was afraid to tell him that the bus driver was very bad and I kept silent after that…I was only six years old and I imagined that he will really cut my tongue. Because of that I became very afraid from going outside the home, and the worst thing was my father started to beat me and treat me cruelly."*
Fatimah	*"After my mother divorced, my father increased his violence against me and sent my mother pictures of me when he was beating me and I was crying. When I cried he asked me to call myself your donkey daughter and your dog daughter."*