Annals of Middle Eastern Medicine

REVIEW ARTICLE

Child abuse and its impact on psychological stability in adulthood in Jeddah, Saudi Arabia

Athari A. Alselmi[1*], Hossam Ahmed Abo Saif[2], Lujain Saleh Alahmadi[3], Ahmed Mahmoud Hassan[3*], Ghadi Abdullah Alsaadi[3], Tasneem Ashraf Saad[3], Rafaa Yousef Alsaadi[3], Sarah Saleh Alamri[3], Alia Abdullah Alamri[4], Bassam Omar Abobakr[3]

ABSTRACT

Background: Child abuse is a major public health concern with long-term consequences on psychological well-being. Despite growing global evidence, limited research has explored its impact on psychological stability within the Saudi Arabian context. This study aimed to examine the relationship between childhood abuse and psychological stability among young adults in Jeddah, Saudi Arabia.

Methods: This cross-sectional descriptive study involved 210 adults aged 18-29 years. Data were collected using a structured self-administered questionnaire comprising socio-demographic variables, a Childhood Abuse Exposure Scale, and a Psychological Stability Scale. Statistical analyses, including Pearson correlation, linear regression, and independent t-tests, were performed using SPSS version 26.0.

Results: A significant negative relationship was observed between childhood abuse and psychological stability ($r = -0.71$, $p < 0.001$), indicating that higher exposure to childhood abuse was associated with lower levels of psychological stability. Regression analysis showed that childhood abuse was a significant predictor of psychological stability, explaining approximately 51% of the variance ($R^2 = 0.51$). Male participants reported higher levels of childhood abuse, whereas female participants demonstrated higher psychological stability scores ($p < 0.05$).

Conclusion: Childhood abuse is significantly associated with reduced psychological stability in adulthood. Early identification, prevention strategies, and trauma-informed interventions are essential to mitigate its long-term psychological effects.

Keywords: Child abuse, Childhood trauma, Psychological stability, Mental health, Adulthood, Saudi Arabia.

Introduction

Child abuse is one of the biggest international public health issues, which influences physical, emotional, and psychological development of children. Such adverse childhood experiences may have severe and enduring psychological outcomes which spill over into adolescence and adult life [1,2]. International research has verified that abused children have increased chances of developing mental disorders and behavioral problems in their future [3].

Childhood abuse has extensively been reported in scientific literature with regards to its psychological effect. Individuals exposed to adverse childhood experiences (ACEs) often demonstrate increased levels of depression, anxiety, post-traumatic stress disorder (PTSD), and emotional dysregulation compared to those

Correspondence to: Ahmed Mahmoud Hassan
*Ibn Sina National College for Medical Studies, Jeddah, Saudi Arabia.
Email: iamahmed.hassan@outlook.com
Full list of author information is available at the end of the article.
Received: 15 March 2026 | **Revised (1):** 01 April 2026 | **Revised (2):** 06 April 2026 | **Accepted:** 14 April 2026

OPEN ACCESS
This is an open access article distributed in accordance with the Creative Commons Attribution (CC BY 4.0) license: https://creativecommons.org/licenses/by/4.0/) which permits any use, Share — copy and redistribute the material in any medium or format, Adapt — remix, transform, and build upon the material for any purpose, as long as the authors and the original source are properly cited. © The Author(s) 2026.

without such exposure, which may negatively affect self-esteem and psychological stability in adulthood [4,5]. Psychological stability is the capacity of an individual to be emotionally balanced, self-manage as well as adopt adaptive coping mechanisms to life stressors. Childhood abuse survivors have been found to complain of poor emotional regulation, impaired human relationships, and diminished resilience to psychological stress [6]. These individuals may also experience continuous emotional distress, negative self-image, and difficulties in forming healthy interpersonal relationships [7].

In addition, number of studies have highlighted the implications of childhood trauma in adult mental health in the long run. It has been shown that victims of childhood maltreatment are predisposed to mental instability, lack of life satisfaction, and susceptibility to psychiatric disorders during adulthood [8-10]. The consequences of abuse in childhood might thus persist in terms of mental health and quality of life decades following the events of initial abuse.

Nonetheless, there is a lack of empirical studies on the long-term psychological consequences of childhood abuse in the Saudi population. The issue of cultural influences, family setup and social dynamics may play a role in both the incidence of child abuse as well as the psychological impact. Therefore, this study aimed to examine the relationship between childhood abuse and psychological stability among adults living in Jeddah, Saudi Arabia.

Methods

This study employed a cross-sectional descriptive design to examine the relationship between childhood abuse and psychological stability among adults residing in Jeddah, Saudi Arabia.

Study design

The cross-sectional descriptive design was used to assess the association between early life abuse and current levels of psychological stability within a defined population.

Study setting and population

The study was conducted in Jeddah, Saudi Arabia. Participants were recruited from mental health clinics and community settings where individuals seek psychological consultation and counseling services. A convenience sampling method was used, based on participants' willingness to participate and their reported history of childhood abuse.

Inclusion and exclusion criteria

Participants were included if they were aged between 18 and 29 years, resided in Jeddah, Saudi Arabia, reported a history of childhood abuse, and provided informed consent. Participants who were unable to give consent, submitted incomplete questionnaires or had severe psychiatric conditions were excluded.

Data collection

A structured self-administered questionnaire was used to assess childhood abuse exposure and psychological stability in adulthood. The questionnaire consisted of 32 items divided into three sections. The first section collected socio-demographic information including age, gender, region, household income level, and nationality.

The second section included the Childhood Abuse Exposure Scale, comprising 12 items assessing experiences such as emotional distress, traumatic childhood memories, fear, distrust of others, and perceived childhood suffering. The third section included the Psychological Stability Scale, consisting of 20 items evaluating emotional balance, interpersonal relationships, life satisfaction, self-confidence, and overall psychological well-being.

Responses were recorded using Likert-type scales. The questionnaire was developed by the authors based on a review of relevant literature and previously used measurement approaches.

Internal consistency and reliability were assessed using Cronbach's alpha coefficient ($\alpha = 0.84$), indicating good reliability.

Statistical analysis

Statistical analysis was performed using SPSS (version 26.0; IBM Corp., Armonk, NY, USA). Demographic data were summarized by employing descriptive statistics. Pearson correlation analysis was done to test the relationships between variables. Predictive effects were obtained by regression analysis. Independent *t*-tests were applied to assess gender differences. Statistical significance was set at $p < 0.05$.

Ethical approval

The study protocol was approved by the Research Assist Institutional Review Board (IRB), Riyadh, Saudi Arabia (Approval No. 0311.01/2026). Written informed consent was obtained from all participants, and confidentiality and data privacy were strictly maintained.

Results

A total of 210 participants were included in the study. The majority of participants were aged 18-21 years, followed by those aged 22-25 years, while a smaller proportion were aged 26-29 years. Male participants slightly outnumbered females. Most participants were from the Western region of Saudi Arabia, and the majority reported a medium household income. Saudi nationals constituted the largest proportion of the sample. The detailed socio-demographic characteristics are presented in Table 1.

Childhood abuse exposure

Responses to the Childhood Abuse Exposure Scale indicated that a substantial proportion of participants reported experiencing adverse childhood events. Overall, most participants demonstrated moderate to high levels of agreement with statements reflecting emotional distress, traumatic memories, and distrust of others. Notably, a

considerable number of respondents reported experiences of harassment, persistent distressing memories, and difficulty trusting others.

In addition, many participants reported negative perceptions of their childhood experiences, most indicated that their past continues to hurt them. This indicated a notable burden of adverse childhood experiences among study participants. A distribution is reported in Table 2.

Psychological stability

Responses to the Psychological Stability Scale demonstrated variability in participants' emotional well-being and social functioning. Most participants endorsed positive psychological outcomes, including feeling safe, satisfaction in friendships, and the ability to develop healthy interpersonal bonds.

However, a much smaller percent of participants reported problems with emotional regulation and coping, with particular difficulties apparent in accepting criticism, coping with problems on an everyday basis, and maintaining overall satisfaction and well-being. This suggested a mixed picture of psychological stability in the study population. A summary of responses is presented in Table 3.

Distribution of childhood abuse levels

The majority of participants were classified as having high levels of childhood abuse exposure, while a smaller proportion reported lower levels of abuse. This indicated a high prevalence of adverse childhood experiences within the study population. Detailed frequencies are presented in Table 4.

Relationship between childhood abuse and psychological stability

Correlation analysis revealed a statistically significant negative relationship between childhood abuse and psychological stability ($r = -0.71$, $p < 0.001$), indicating a strong inverse association between the two variables. This suggested that higher levels of childhood abuse are associated with lower levels of psychological stability among participants. The correlation results are presented in Table 5 and illustrated in Figure 1.

Regression analysis

Regression analysis was performed to examine the predictive relationship between childhood abuse and psychological stability. The results demonstrated a strong model, with a correlation coefficient (R) of 0.71

Table 1. *Socio-demographic characteristics of the participants (n = 210).*

Variable	Category	Frequency	Percentage (%)
Age	18-21	98	46.67
	22-25	74	35.24
	26-29	38	18.10
Gender	Male	119	56.67
	Female	91	43.33
Region	Northern	30	14.29
	Western	80	38.10
	Southern	27	12.86
	Central	41	19.52
	Eastern	31	14.76
Income Level	Low	74	35.24
	Medium	94	44.76
	High	42	20.00
Nationality	Saudi	165	78.57
	Non-Saudi	45	21.43

Table 2. *Distribution of responses related to childhood abuse exposure.*

Statement	Strongly Disagree		Disagree		Agree		Strongly Agree	
	n	%	*n*	%	*n*	%	*n*	%
Harassment during childhood	45	21.43	34	16.19	62	29.52	69	32.86
Memory filled with fear and pain	47	22.38	42	20.00	51	24.29	70	33.33
Cannot tolerate some people	46	21.90	35	16.67	68	32.38	61	29.05
Miserable childhood	39	18.57	35	16.67	57	27.14	79	37.62
Body-related negative feelings	39	18.57	15	7.14	75	35.71	81	38.57
Distrust of others	40	19.05	20	9.52	75	35.71	75	35.71

Table 3. *Selected responses related to psychological stability.*

Statement	Disagree		Neutral		Agree	
	n	%	*n*	%	*n*	%
Feel safe when leaving home	32	15.24	76	36.19	102	48.57
Comfortable with friendships	39	18.57	66	31.43	105	50.00
Capable of forming relationships	39	18.57	48	22.86	123	58.57
Express myself easily	42	0.00	51	24.29	117	55.71
Accept criticism calmly	63	30.00	70	33.33	77	36.67
Resolve problems calmly	61	29.05	54	25.71	95	45.24

Table 4. *Distribution of childhood abuse levels.*

Level	Frequency	Percentage (%)
Low	69	32.86
High	141	67.14

Table 5. *Correlation between childhood abuse and psychological stability.*

Variable	*r*-value	*p*-value
Childhood Abuse	−0.71	0.001

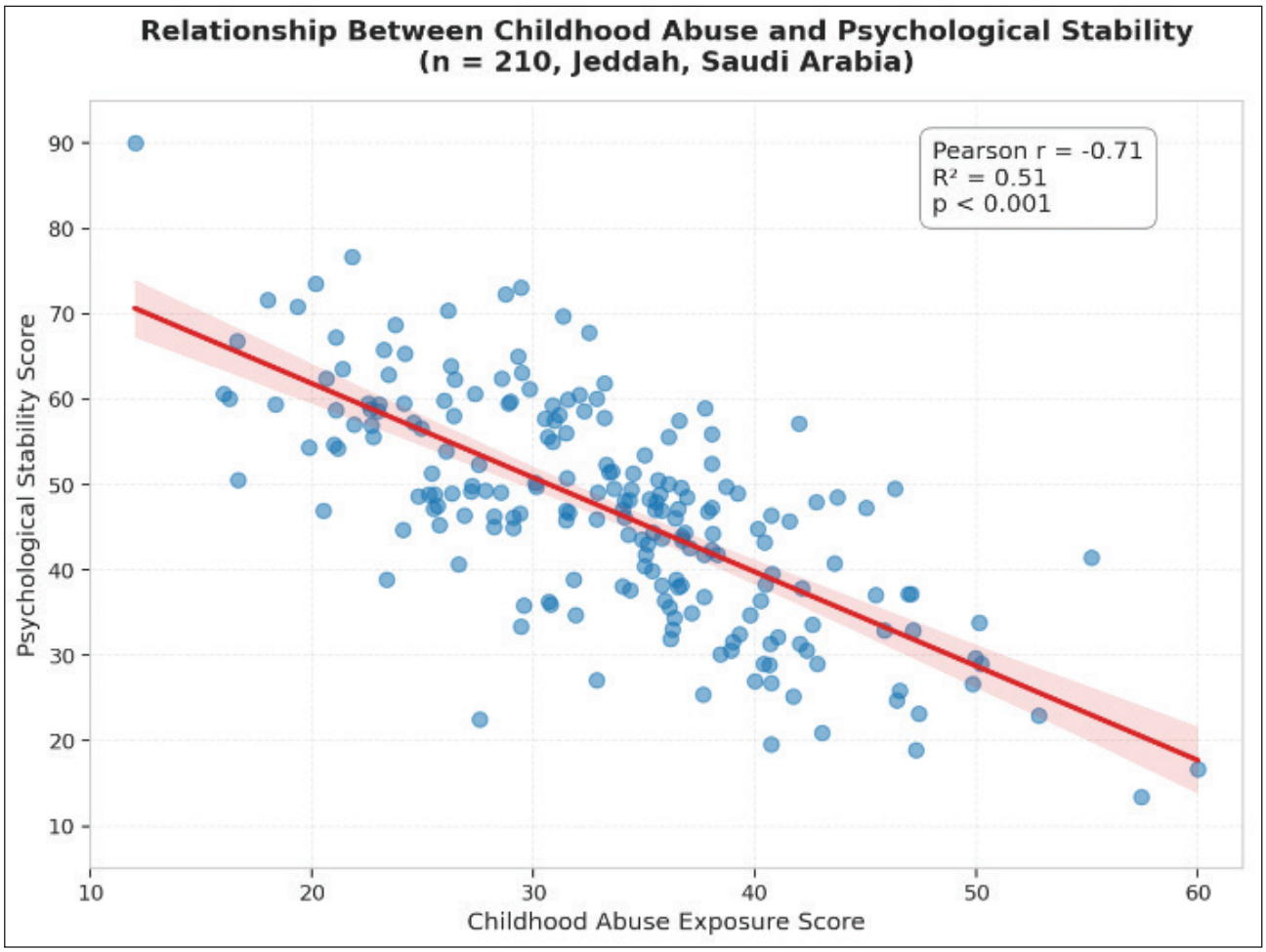


Figure 1. *Relationship between childhood abuse and psychological stability.*

Table 6. *Regression analysis between childhood abuse and psychological stability.*

Variable	R	R²	Constant	Beta	F	*t*
Psychological Stability	0.71	0.51	60.58	−0.71	216.50**	14.71**

and an R^2 value of 0.51, indicating that childhood abuse accounted for approximately 51% of the variance in psychological stability scores. The regression model was statistically significant ($F = 216.50$, $p < 0.01$), suggesting that childhood abuse is a significant predictor of psychological stability. The results of the regression analysis are presented in Table 6.

Gender differences

Statistically significant gender differences were observed in both childhood abuse and psychological stability. Male participants reported higher levels of childhood abuse compared with females (Mean = 35.62 ± 7.81 vs. 31.90 ± 9.73; $p = 0.002$). In contrast, female participants demonstrated higher psychological stability scores than males (Mean = 46.75 ± 10.41 *vs.* 43.50 ± 10.74; $p = 0.029$). These findings indicate notable gender-based differences in both exposure to childhood abuse and psychological outcomes. The results are summarized in Table 7 and illustrated in Figure 2.

Discussion

This study found a significantly negative relationship between childhood abuse and psychological stability in adulthood. Those with more abuse in their childhood reported lower resilience, less trust in others, and more psychological distress. These findings are consistent with previous literature documenting the effects of childhood

Table 7. *Gender differences in childhood abuse and psychological stability.*

Variable	Male Mean ± SD	Female Mean ± SD	*t*	*p*
Childhood Abuse	35.62 ± 7.81	31.90 ± 9.73	3.08	0.002
Psychological Stability	43.50 ± 10.74	46.75 ± 10.41	2.20	0.029

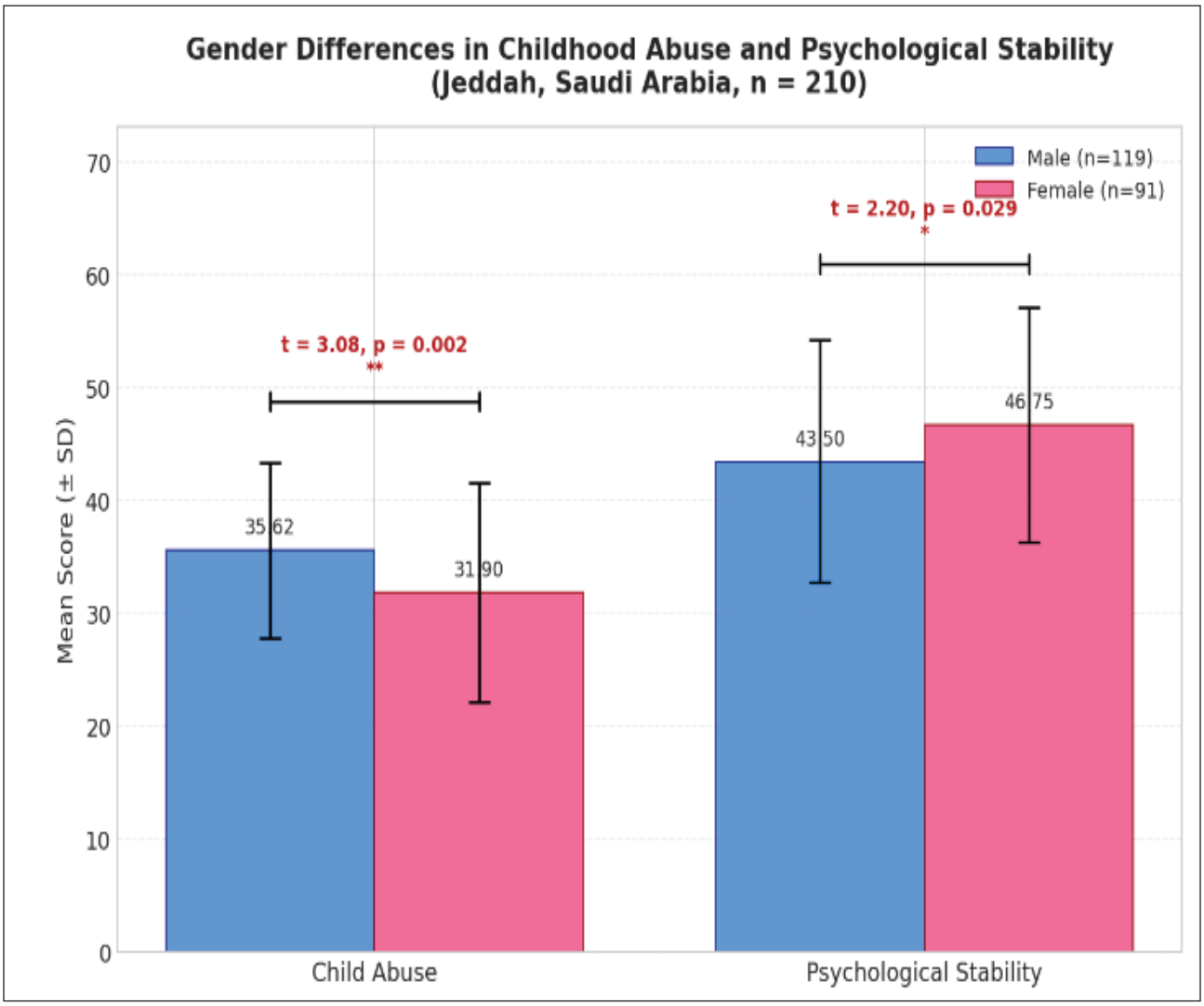


Figure 2. *Gender differences in childhood abuse and psychological stability.*

abuse on problems later in life [11]. The fact that such associations are inverse shows that abuse in childhood can deny a person the basic ability to regulate their emotions, leaving them vulnerable to psychological conditions [12,13].

The family environments of participants and parent child relationships can also have important effects, with positive relationships potentially moderating negative effects from abuse [14,15].

The relationship in this study was large, with much of the variation in psychological stability accounted for by childhood abuse. This is consistent with much of the literature on studies on ACEs, which places childhood maltreatment among key correlations with depression, anxiety, PTSD and coping ability [16,17]. This reinforces how childhood experience is a crucial variable in predicting mental health in adulthood.

From a broader context, there are very few studies into the long-term psychological effects of childhood abuse from Saudi Arabia. Cultural context, family and social situations in the area may have impacted both the frequency of abuse and the manner in which individuals cope with it. Overall, comprehension of these specifics is necessary for the continuing development of avowal and treatment practices.

With regards to the socio-demographic characteristics, the fact that the vast majority of participants were early adults (18-29 years) may have influenced the results. Early adulthood is a known developmental stage in which there are heightened psychological, social and emotional needs and the psychological implications of

prior negative events may become apparent here [18]. In addition, the gender differences were observed. Males reported relatively higher levels of abuse while the females were relatively more stable psychologically. This indicates that there are differences in who is coping and how these feeling states are helped by social supports. These findings are consistent with other findings that gender is important in who is exposed to adversity, and possibly how they respond psychologically following trauma [19,20].

The findings of this study have important implications for mental health practice and policy. The high prevalence of childhood abuse and its strong association with reduced psychological stability highlight the need for early identification and intervention. School-based, community-based, and healthcare-based screening programs may be effective in identifying individuals at risk. Furthermore, integrating trauma-informed care approaches within healthcare systems may help promote resilience and improve psychological outcomes among affected individuals.

However, this study has several limitations. As the used self-reported data, problems relating to recall and desirability may have been encountered. Furthermore, the design was cross-sectional and therefore did not allow for an examination of long-term trends related to abuse and psychological stability. Longitudinal studies would allow for a rigorous examination of whether abuse early in life causes incapacity in later life, and for the identification of the protective characteristics that individuals may learn over time to mitigate the long-term influence of being abused in childhood.

Overall, this study adds to the growing body of literature emphasizing the enduring impact of childhood experiences on adult psychological well-being. The findings support the need for comprehensive mental health strategies that focus on prevention, early intervention, and long-term support for individuals exposed to childhood abuse.

Conclusion

Childhood abuse has been shown to have a strong link to a person's level of psychological stability as they become adults. Young adults living in Jeddah, Saudi Arabia, who reported experiencing a greater amount of adversity during their childhood were more likely to suffer from low levels of emotional resilience and psychological well-being. Therefore, it is important to develop ways to identify and prevent childhood abuse as well as provide trauma-informed mental health therapy, in order to address the long-term effects of childhood abuse.

Conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Funding

This research received no external funding.

Consent to participate

Written informed consent was obtained from all participants before participation in the study.

Author details

Athari A. Alselmi[1], Hossam Ahmed Abo Saif[2], Lujain Saleh Alahmadi[3], Ahmed Mahmoud Hassan[3], Ghadi Abdullah Alsaadi[3], Tasneem Ashraf Saad[3], Rafaa Yousef Alsaadi[3], Sarah Saleh Alamri[3], Alia Abdullah Alamri[4], Bassam Omar Abobakr[3]

1. Department of Clinical Sciences, Fakeeh College for Medical Sciences, Jeddah, Saudi Arabia
2. Department of Psychology/Mental Health Research, Ibn Sina National College for Medical Studies, Jeddah, Saudi Arabia
3. Ibn Sina National College for Medical Studies, Jeddah, Saudi Arabia
4. King Abdulaziz Medical City, Jeddah, Saudi Arabia.

Supplementary content (if any) is available online.

References

1. Daníelsdóttir HB, Aspelund T, Shen Q, Halldorsdottir T, Jakobsdóttir J, Song H, et al. Adverse childhood experiences and adult mental health outcomes. JAMA Psychiatry. 2024;81(6):586–94. https://doi.org/10.1001/jamapsychiatry.2024.0039
2. Madigan S, Deneault AA, Racine N, Park J, Thiemann R, Zhu J, et al. Adverse childhood experiences: a meta-analysis of prevalence and moderators among half a million adults in 206 studies. World Psychiatry. 2023;22(3):463–71. https://doi.org/10.1002/wps.21122
3. Asiedu E, Baliki AVA. The mental health of children exposed to intimate partner violence: a systematic literature review. Dev Child Welf. 2025;7(1):91–118. https://doi.org/10.1177/25161032251324862
4. Xu P, Liu Z, Xu Y, Li T, Xu G, Xu X, et al. The prevalence and profiles of adverse childhood experiences and their associations with adult mental health outcomes in China: a cross-sectional study. Lancet Regional Health West Pacific. 2024;53:101253. https://doi.org/10.1016/j.lanwpc.2024.101253
5. Elmore AL, Crouch E, Kabir Chowdhury MA. The interaction of adverse childhood experiences and resiliency on the outcome of depression among children and youth, 8-17 year olds. Child Abuse Negl. 2020;107:104616. https://doi.org/10.1016/j.chiabu.2020.104616
6. Bogat GA, Levendosky AA, Cochran K. Developmental consequences of intimate partner violence on children. Annu Rev Clin Psychol. 2023;19(1):303–29. https://doi.org/10.1146/annurev-clinpsy-072720-013634
7. Al-Mamun F, Habib AA, Almerab MM, Soraci P, Mamun MA. Adverse childhood experiences and mental health: the mediating role of perceived social support and coping strategies. BMC Psychiatry. 2025;25(1):836. https://doi.org/10.1186/s12888-025-07262-9
8. Van Baak C, Eichelsheim V. Children exposed to intimate partner violence: type of exposure, coping responses and consequences. J Fam Violence. 2025;1. https://doi.org/10.1007/s10896-025-00832-1
9. Bender AE, Mckinney SJ, Schmidt-Sane MM, Cage J, Holmes MR, Berg KA, et al. Childhood exposure to intimate partner violence and effects on social-emotional competence: a systematic review. J Fam Violence. 2022;37(8):1263–81. https://doi.org/10.1007/s10896-021-00315-z
10. Dumont A, Lessard G. Young adults exposed to intimate partner violence in childhood: the qualitative meanings

of this experience. J Fam Violence. 2020;35(8):781–92. https://doi.org/10.1007/s10896-019-00100-z

11. Yu JJ, Zhang Z. Long-term impact of adverse childhood experiences and perceived social support on depression trajectories. J Affect Disord. 2025;369:255–64. https://doi.org/10.1016/j.jad.2024.09.170
12. Ferrajão PC. The role of parental emotional validation and invalidation on children's clinical symptoms: a study with children exposed to intimate partner violence. J Fam Trauma Child Custody Child Dev. 2020;17(1):4–20. https://doi.org/10.1080/15379418.2020.1731399
13. Fogarty A, Wood CE, Giallo R, Kaufman J, Hansen M. Factors promoting emotional-behavioural resilience and adjustment in children exposed to intimate partner violence: a systematic review. Aust J Psychol. 2019;71(4):375–89. https://doi.org/10.1111/ajpy.12242
14. Zhou Q, Lin C, Guo X. Family dysfunction, parenting stress, and child mental health: associations with bullying involvement and the moderating role of neighborhood support. Front Psychol. 2025;16:1644696. https://doi.org/10.3389/fpsyg.2025.1644696
15. Cochran KA, Bogat GA, Levendosky AA, Nuttall AK, Bayerl G, Martinez-Torteya C. Mother-child language style predicts internalizing behaviors in children exposed to intimate partner violence. Merrill Palmer Q (Wayne State Univ Press). 2022;68(1):72–93. https://doi.org/10.1353/mpq.2022.0004
16. Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. Lancet Public Health. 2017;2(8):e356–366. https://doi.org/10.1016/S2468-2667(17)30118-4
17. Lippard ETC, Nemeroff CB. The Devastating Clinical Consequences of Child Abuse and Neglect: increased Disease Vulnerability and Poor Treatment Response in Mood Disorders. Am J Psychiatry. 2020;177(1):20–36. https://doi.org/10.1176/appi.ajp.2019.19010020
18. Arnett JJ. Emerging adulthood: The winding road from the late teens through the twenties. Oxford University Press; 2023. https://doi.org/10.1093/oso/9780197695937.001.0001
19. Thomas EHX, Rossell SL, Gurvich C. Gender differences in the correlations between childhood trauma, schizotypy and negative emotions in non-clinical individuals. Brain Sci. 2022;12(2):186. https://doi.org/10.3390/brainsci12020186
20. Langeland W, Olff M. Sex and gender in psychotrauma research. Eur J Psychotraumatol. 2024;15(1):2358702. https://doi.org/10.1080/20008066.2024.2358702