

1 **REVIEW ARTICLE**

2 **Child abuse and its impact on**  
3 **psychological stability in adulthood in**  
4 **Jeddah, Saudi Arabia**

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9 **ABSTRACT**

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

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

18 **Results:** A significant negative relationship was observed between childhood abuse and psychological stability  
19 ( $r = -0.71, p < 0.001$ ), indicating that higher exposure to childhood abuse was associated with lower levels of  
20 psychological stability. Regression analysis showed that childhood abuse was a significant predictor of psycho-  
21 logical stability, explaining approximately 51% of the variance ( $R^2 = 0.51$ ). Male participants reported higher  
22 levels of childhood abuse, whereas female participants demonstrated higher psychological stability scores ( $p$   
23  $< 0.05$ ).

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

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

28 **Introduction**

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

38 Childhood abuse has extensively been reported in  
39 scientific literature with regards to its psychological  
40 effect. Individuals exposed to adverse childhood

experiences (ACEs) often demonstrate increased levels 41  
of depression, anxiety, post-traumatic stress disorder 42  
(PTSD), and emotional dysregulation compared to those 43

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

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

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

## 77 **Methods**

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

## 82 **Study design**

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

## 86 **Study setting and population**

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

## 94 **Inclusion and exclusion criteria**

95 Participants were included if they were aged between 18  
96 and 29 years, resided in Jeddah, Saudi Arabia, reported  
97 a history of childhood abuse, and provided informed  
98 consent. Participants who were unable to give consent,  
99 submitted incomplete questionnaires or had severe  
100 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

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

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

### 163 *Psychological stability*

164 Responses to the Psychological Stability Scale  
 165 demonstrated variability in participants' emotional well-  
 166 being and social functioning. Most participants endorsed  
 167 positive psychological outcomes, including feeling safe,

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

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

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

Statement	Strongly Disagree		Disagree		Agree		Strongly Agree	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
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

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

Statement	Disagree		Neutral		Agree	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
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

168 satisfaction in friendships, and the ability to develop  
 169 healthy interpersonal bonds.

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

### 178 *Distribution of childhood abuse levels*

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

### 185 *Relationship between childhood abuse and 186 psychological stability*

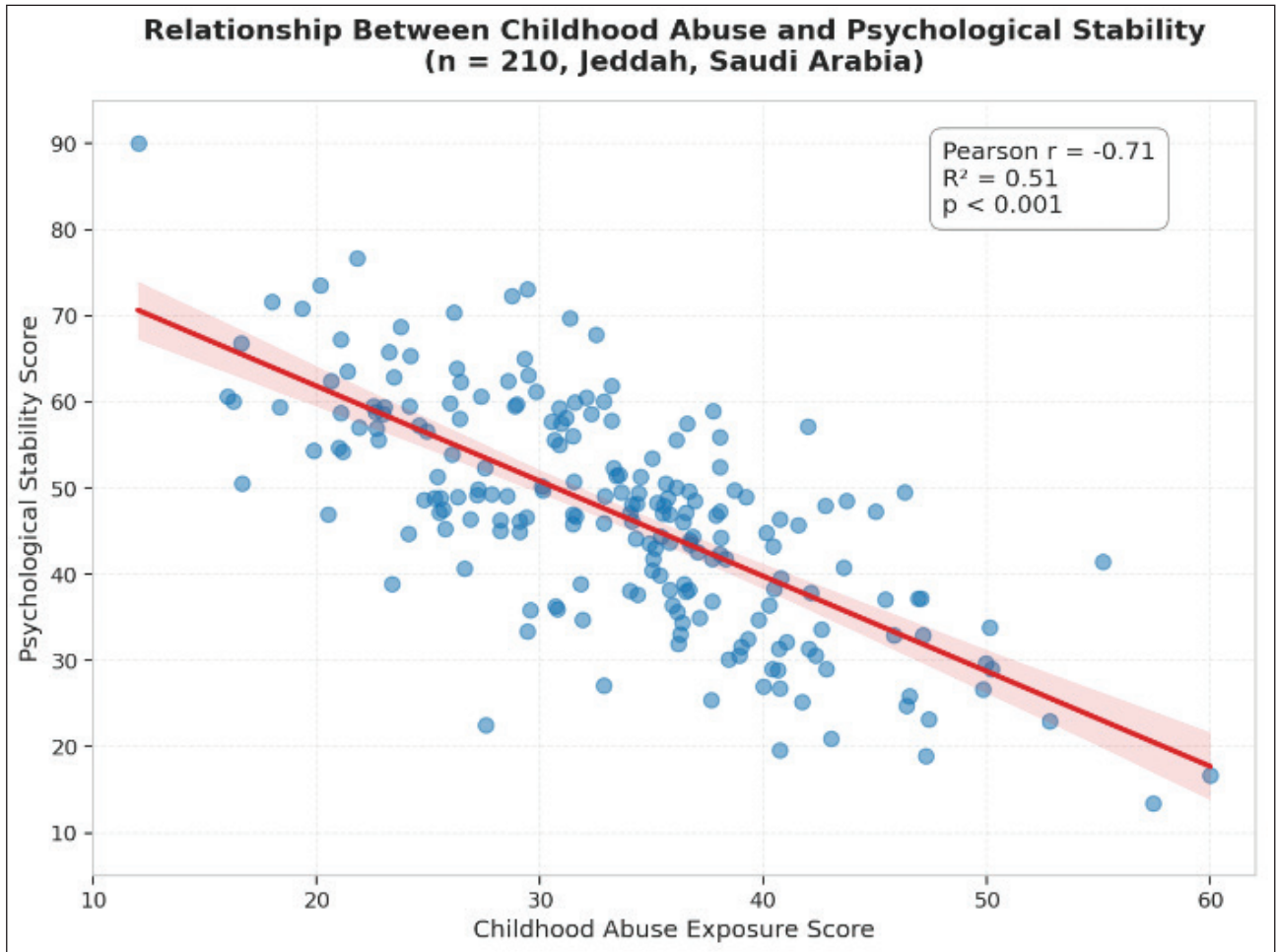
187 Correlation analysis revealed a statistically significant  
 188 negative relationship between childhood abuse and  
 189 psychological stability ( $r = -0.71, p < 0.001$ ), indicating  
 190 a strong inverse association between the two variables.  
 191 This suggested that higher levels of childhood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

### 195 *Regression analysis*

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

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

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



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

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

Variable	R	R <sup>2</sup>	Constant	Beta	F	t
Psychological Stability	0.71	0.51	60.58	-0.71	216.50**	14.71**

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

216 **Gender differences**

217 Statistically significant gender differences were observed  
 218 in both childhood abuse and psychological stability.  
 219 Male participants reported higher levels of childhood  
 220 abuse compared with females (Mean =  $35.62 \pm 7.81$  vs.  
 221  $31.90 \pm 9.73; p = 0.002$ ). In contrast, female participants

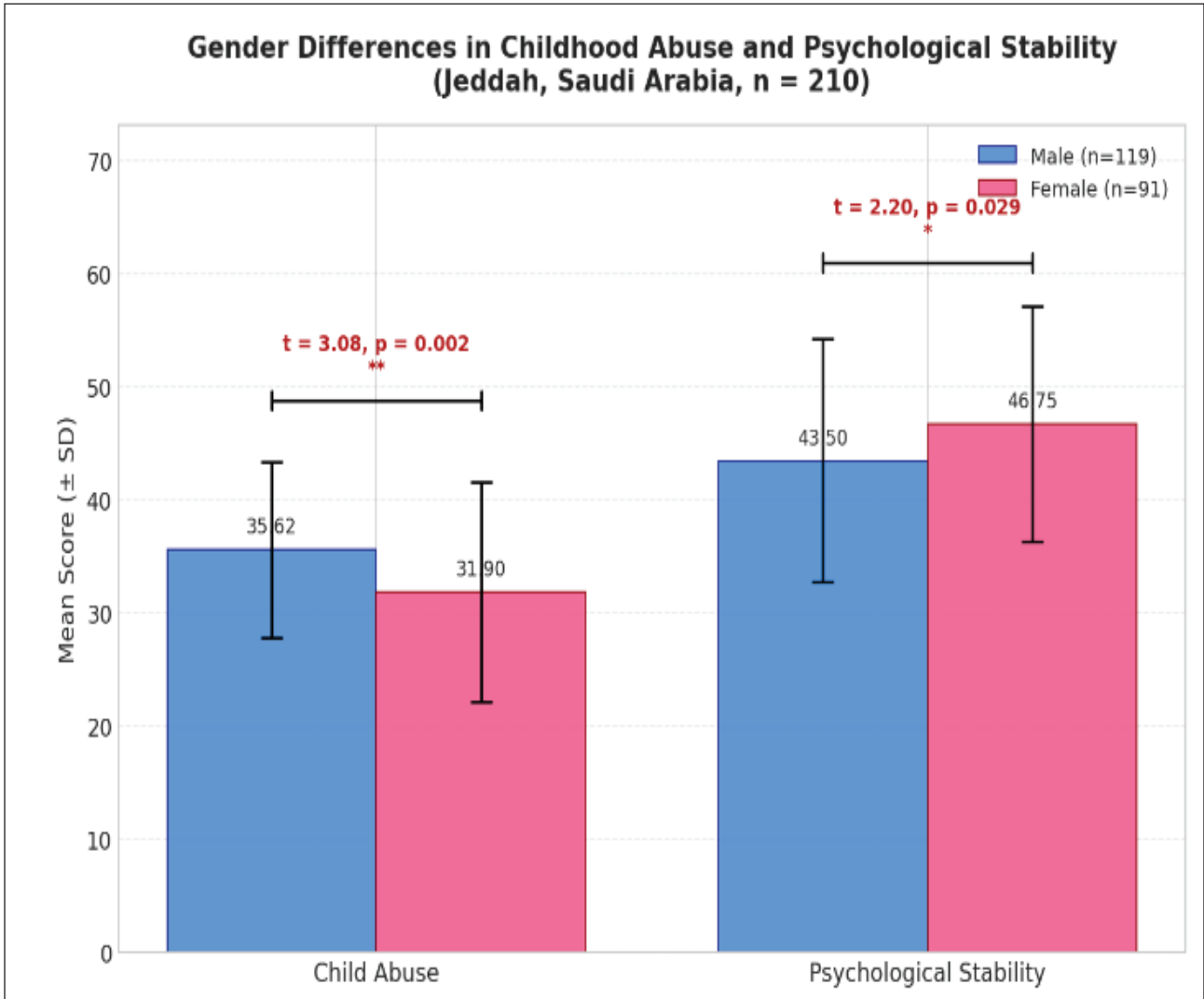
demonstrated higher psychological stability scores than  
 222 males (Mean =  $46.75 \pm 10.41$  vs.  $43.50 \pm 10.74; p =$   
 223  $0.029$ ). These findings indicate notable gender-based  
 224 differences in both exposure to childhood abuse and  
 225 psychological outcomes. The results are summarized in  
 226 Table 7 and illustrated in Figure 2.  
 227

228 **Discussion**

This study found a significantly negative relationship  
 229 between childhood abuse and psychological stability in  
 230 adulthood. Those with more abuse in their childhood  
 231 reported lower resilience, less trust in others, and more  
 232 psychological distress. These findings are consistent with  
 233 previous literature documenting the effects of childhood  
 234

**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



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

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

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

246 The relationship in this study was large, with much of  
 247 the variation in psychological stability accounted for  
 248 by childhood abuse. This is consistent with much of the  
 249 literature on studies on ACEs, which places childhood  
 250 maltreatment among key correlations with depression,  
 251 anxiety, PTSD and coping ability [16,17]. This reinforces

252 how childhood experience is a crucial variable in  
 253 predicting mental health in adulthood.

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

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

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

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

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

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

## 306 Conclusion

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

## 317 Conflict of interest

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

## 320 Funding

321 This research received no external funding.

## 322 Consent to participate

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

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