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The American University in Cairo
School of Humanities and Social Sciences

**Parental Psychological Maltreatment in Egypt: Exploring Intergenerational Parenting
Behavior and Identifying Protective Factors**

A thesis Submitted to
The Department of Psychology
in partial fulfillment of the requirements for
the degree of Master of Arts in Community Psychology

by
Sylvia Said

Under the supervision of Dr. Carie Forden
Committee members: Dr. Heba Kotb & Dr. Sarah Dababnah

January 2023

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Dedication and Acknowledgement

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Abstract

Psychological maltreatment is an under-recognized problem, even though it is a widespread form of child maltreatment and has detrimental consequences, whether in the short or long term. This study aims to explore the intergenerational patterns of parenting behaviors, measure the difference in emotionally abusive behaviors between mothers and fathers, investigate the relationship between childhood emotional abuse and adopting different parenting styles, and identify the protective factors against parental psychological maltreatment. A mixed-methods approach was used to answer these research questions thoroughly. Online versions of the survey, in English and Arabic, were shared on social media platforms, and online interviews were conducted in Arabic on the Zoom platform. The studied sample included 128 participants (95 females and 33 males). Semi-structured interviews were conducted with eight positive deviants (five mothers and three fathers) to explore the factors that helped them adopt a more positive parenting approach than how they were raised during their childhood. The survey analysis showed that around half of the sample experienced moderate to severe emotional abuse during childhood and indicated no significant difference in emotionally abusive behaviors between the participants' fathers and mothers. Results also indicated that more than half of the participants decided to parent their children differently. Various protective factors emerged from the interview discussions, including self-awareness, resilience, positive reframing, stress-coping skills, spiritual relationship, intimate partner support, social support, and community services. Prevention efforts are needed to empower and support parents to eliminate parental psychological maltreatment.

Keywords: Psychological maltreatment, emotional abuse, child maltreatment, intergenerational parenting behavior, parents, children, Egypt.

Parental Psychological Maltreatment in Egypt: Exploring Intergenerational Parenting Behavior and Identifying Protective Factors

Building a healthy parent-child relationship during infancy and early childhood is imperative to the functioning and development of the child's emotional, behavioral, and mental health (Brassard et al., 2019; Cuartas et al., 2019; Tedgård et al., 2018; Haque et al., 2020; Raitasalo & Holmila, 2016). The ability to regulate and control emotions, specifically intense ones, is the foundation for building healthy relationships. The development of a child's emotional regulation skills depends primarily on the quality of the parent-child relationship (Brassard et al., 2019; Wolfe & McIsaac, 2011). Further, having abusive parents/primary caregivers severely affects children's mental (Baker et al., 2021; Glaser, 2002; Hansen & Olff, 2017; Lawson et al., 2020; Riggs, 2010; Rizvi & Najam, 2014), psychological (Lakhdar et al., 2019; Leppäkoski et al., 2021; Stoltenborgh et al., 2012), emotional (Chamberland et al. 2005; Kaiser, 2009; Stoltenborgh et al., 2012; Wolfe & McIsaac, 2011) and behavioral development (Austin et al., 2020; Barnett et al., 2011; Lawson et al., 2020; O'Neil et al., 2006).

Child maltreatment is a comprehensive term that includes four categories of abuse: sexual abuse/assault; physical abuse/violence; neglect; and psychological maltreatment/ psychological aggression. Although there is widespread awareness of the magnitude of the problem of child maltreatment and the harm it causes worldwide, prevention of it is usually not a political priority (Norman et al., 2012).

Psychological maltreatment (PM), also known as emotional abuse (EA), is a widespread form of child maltreatment (Baker et al., 2021; Chamberland et al., 2005; Stoltenborgh et al., 2012). While all types of child maltreatment have damaging consequences, whether, in the short or long term, PM might be the most detrimental and widespread form of abuse because its ramifications are often not

immediate (Cao et al., 2020; Morelen & Shaffer, 2012; North, 2021; Riggs, 2010). Despite this, PM is under-recognized because of the fallacy that PM is less harmful compared to other types of abuse (Baker et al., 2021; Riggs, 2010), the difficulty of having adequate proof of child harm (Morelen & Shaffer, 2012), and the fact that PM is often conflated with discipline (UNICEF & CAPMAS, 2018). Therefore, the purpose of this research is to shed light on the problem of PM in Egypt, as it is a common type of abuse in Egyptian parents' discipline strategies (UNICEF & CAPMAS, 2018). In particular, this study aims to explore the intergenerational patterns of parenting behavior among Egyptian parents and identify protective factors as a preventive measure to combat PM.

Definition of Psychological Maltreatment

Defining PM is controversial, despite the considerable literature tackling this form of child maltreatment, given that it is difficult to identify (Chamberland et al., 2005; Glaser, 2002; Shpiegel et al., 2013) and prove, even legally, since it does not involve any direct physical harm to the child (Baker et al., 2021; Chamberland et al. 2005; Morelen & Shaffer, 2012; North, 2021; The American Professional Society on the Abuse of Children [APSAC], 2019; Tonmyr et al., 2011). Inconsistency in defining child abuse makes it challenging for reporters to identify PM (29th edition of Child Maltreatment Report, 2019; Baker et al., 2021; Morelen & Shaffer, 2012; Shpiegel et al., 2013).

There is a consensus, however, that PM often includes both acts of omission such as emotional unresponsiveness or emotional neglectful behavior by the caregiver (neglect), and acts of commission, such as harmful behavior and verbal aggression by the caregiver (abuse), (APSAC, 2019; Arslan, 2016; Brassard et al., 2019; Chamberland et al. 2005; Dorota, 2003; North, 2021; Paul & Eckenrode, 2015; Wolfe & McIsaac, 2011). Researchers also argue that psychological/emotional abuse and psychological/emotional neglect are frequently associated together, yet they differ in nature (Dorota, 2003; Wolfe & McIsaac, 2011). Parental psychological abuse often involves harsh

disciplinal attitudes, verbal assault, threats, and induced fear and anxiety, while parental psychological neglect refers to the absence of psychological availability to the child and inattention to the child's special needs. In other words, PM is described as any consistent, damaging non-physical interaction between the parent/primary caregiver and the child, even though there is no obvious intent of harming the child (Glaser, 2002; Brassard et al., 2019; Haque et al., 2020).

It is also important to note that one of the main characteristics of PM is that the abuser is almost always the child's primary caregiver, and consequently, there is an attachment between them (North, 2021; Sedlak et al., 2010). Thus, there might be a concern that taking the child away from an abusive family might break that attachment bond, even if it is insecure (Glaser, 2002; Wright et al., 2009). Moreover, there are other concerns about reporting PM. Many foresee that the reporting process might unnecessarily remove the child from their home or subject the child to worse abuse by putting them at risk of retaliation by the abuser (LeCroy & M-LeCroy, 2020). However, if the maltreatment is detected early enough, there is an opportunity of implementing therapeutic approaches or intervening methods without splitting the child from their family (Glaser, 2002).

Subtypes of Psychological Maltreatment

Several researchers have developed conceptual frameworks to categorize PM performed by parents/primary caregivers. Brassard and Donovan (2006) developed the Maltreatment Case Record Abstraction Instrument (MCRAI) framework, which was based on the work of Barnett et al. (1993). The APSAC also established a framework for PM among children and adolescents in 2011 and updated it in 2017 and 2019. While Glaser (2011) explained the harmful caregiver-child interactions in her Framework for the Recognition, Assessment, and Management of Emotional Abuse (FRAMEA). Despite the slight differences between those frameworks in terms of categorizing the forms of PM, PM can be classified into six subcategories: spurning; terrorizing; isolating; exploiting

and corrupting; emotional unresponsiveness and neglect; and medical, mental health, and educational neglect.

Spurning includes degrading, ridiculing, and belittling the child either by verbal or nonverbal abusive acts (APSAC, 2019), blaming the child for adult problems (Brassard & Donovan, 2006; Glaser, 2011), hostile parental behavior toward the child (Glaser, 2011), or believing and/or telling the child that they deserve this way of treatment (APSAC, 2019; Glaser, 2011). It also includes shaming the child for showing normal emotions like fear, grief, or anger (APSAC, 2019). Those behaviors violate the child's right to be cherished, loved, and valued (Glaser, 2011).

Terrorizing behaviors include subjecting the child to frightening or chaotic situations and threatening to abuse the child and/or the child's loved ones, pets, or objects (APSAC, 2019). For instance, parents may threaten to commit suicide, abandon their child (APSAC, 2019), or threaten the child with injuries (Brassard & Donovan, 2006). Moreover, witnessing intimate partner violence (IPV) /domestic violence (APSAC, 2019; Brassard & Donovan, 2006; Chamberland et al. 2005; Haque et al., 2020; Leppäkoski et al., 2021; Wolfe & McIsaac, 2011) is considered an indirect form of PM. It also includes using extreme forms of punishments like placing the child in lengthy confinements and preventing the child from food, light, water, resting and sleeping, or even access to the restroom (APSAC, 2019; Wolfe & McIsaac, 2011). This category also involves parental expectations beyond the child's ability and threatening them with loss or harm if those expectations are not met (APSAC, 2019; Glaser, 2011).

Isolating means persistently placing unreasonable restrictions and barring the child from engaging in any social communication with peers and adults inside and outside the family environment (APSAC, 2019; Brassard & Donovan, 2006). For example, isolating includes not allowing the child to talk with relatives or receive phone calls from friends or locking the child in a

room or a bathroom (Brassard & Donovan, 2006). Glaser (2011) also argued that constraining the child's movements and prohibiting social relations violates the child's right to have opportunities outside the family context to develop appropriate social behaviors.

Exploiting and corrupting happen when the child is encouraged to engage in and develop inappropriate and maladaptive behaviors and attitudes (APSAC, 2019) or when the child is involved in illegal activities (Brassard & Donovan, 2006). Brassard and Donovan (2006) also argued that forcing the child to undertake inappropriate responsibility is a form of parental PM. This would include involving children in parental arguments and clashes, or expecting the child to satisfy their parents' needs, dreams, and wishes. Such behaviors damage the child's individuality and encroach on their psychological boundaries (Glaser, 2011).

Emotional unresponsiveness and neglect involve neglecting the child's need for affection, care, and love, while interacting only when absolutely necessary (Stoltenborgh et al., 2013; APSAC, 2019). It also includes withholding supportive behaviors, ignoring the child's needs to feel safe and secure (APSAC, 2019), and parental psychological and physical detachment, and inattention to the child's developmental needs (APSAC, 2019; Glaser, 2011; Wolfe & McIsaac, 2011).

Medical, mental health, and educational neglect include ignoring the child's need for, or failing to provide, essential treatment for mental health, medical, and academic problems (APSAC, 2019; Wolfe & McIsaac, 2011). Examples of educational neglect include failing to enroll a child during the mandatory school age, allowing continuing absenteeism from school, and lack of attention to special educational needs (Stoltenborgh et al., 2013).

Prevalence of Psychological Maltreatment

Prevalence statistics often provide an overall understanding of the extent of a problem. However, although PM is a common and complicated form of child abuse, it is widely under-

recognized (Glaser, 2002; North, 2021; O'Neil et al., 2006) and, consequently, underreported (LeCroy & M-LeCroy, 2020; Morelen & Shaffer, 2012). For instance, parental PM was not common among the cases reported to child social services and legal authorities in the United States, and those reported cases were considered only because PM commonly co-occurs with other forms of abuse such as physical and/or sexual abuse (APSAC, 2019; Kwok et al., 2019; North, 2021; O'Neil et al., 2006). Moreover, out of the nearly 18% of child abuse cases reported to child protective agencies, only around 4% involved PM as the leading cause, according to Morelen and Shaffer (2012). Thus, the presented rates have to be seen in light of some limitations.

Worldwide/Global Prevalence

In a meta-analysis of 58 publications on the prevalence rates of PM, Stoltenborgh et al. (2015) estimated a prevalence of 18.4% worldwide. In 2014 the World Health Organization (WHO), the United Nations Development Program, and the United Nations Office of Drugs reported that 36.3% of adults experienced EA and 16.3% experienced EN in their childhood (Molnar et al., 2016). These results align with an analytical review of 29 studies between 1980 and 2008 by Stoltenborgh et al. (2012), with a total sample of 7,082,279 participants; they estimated the self-reported prevalence of child EA as 36.3 %. Moreover, a meta-analysis concluded that of 59,655 children, 18.4% were subjected to emotional neglect throughout their lifetime (Stoltenborgh et al., 2013). According to UNICEF (2017), 75% of children aged two to four worldwide, approximately 300 million, are regularly subjected to violent discipline, including physical punishment and psychological aggression. Specifically, 67% of children globally were subjected to psychological aggression by their parents or other caregivers at home. According to the APSAC (2019), at least 10% and up to 30% of a representative community sample have experienced moderate forms of PM during their lifetime, and around 10-15% of community and clinical samples have been subjected to chronic and

severe types of PM during their lives. Recently, it has been reported that globally, three in four children between the ages of two to four suffer from physical and/or psychological abuse by their primary caregiver (WHO, 2020).

Prevalence in the Middle East and North Africa

A meta-analysis of data collected between 2010-2016 of children living in 49 low-and middle-income countries estimated that out of a total population of 353 million children aged 2 to 4 years, 230 million were exposed to psychological aggression. Of 24.8 million children in the Middle East and North Africa, 82.2% experienced PM in 2013. For example, in Egypt, Iraq, Lebanon, Palestine, Algeria, and Tunisia, the PM rates among children this age were more than 85%, 69.6%, 83.4%, 90.3%, 77.6%, and 90.7%, respectively (Cuartas et al., 2019). UNICEF (2015) conducted a survey to measure the prevalence of all types of violence against children living in three governorates in Egypt. Results indicated that children aged 13-17 years experienced emotional abuse by 76% in Cairo, 72% in Alexandria, and 86% in Assiut, and witnessed domestic violence by 41% in Cairo, 40% in Alexandria, and 66% in Assiut during the 12 months preceding the survey.

Unfortunately, PM is widespread among children aged 12 to 23 months as well (UNICEF, 2017), due to their total dependency on their primary caregivers (NCANDS, n.d.). Data collected by UNICEF (2017) from 30 countries indicated that 60% of children that age are exposed to violent discipline by their parents or primary caregivers, and nearly half of them are exposed to PM. Specifically, in Egypt and Palestine, the percentage of children below the age of 2 who experienced psychological aggression in the past month was nearly 80%. According to UNICEF and CAPMAS (2018), 91% of children aged 1-14 years in Egypt experienced parental psychological violence as a disciplinary method. A recent study in Minia governorate, Egypt, investigated the patterns of parental EA among 410 nursing school students aged 16-17 years. Results indicated that most participants are

constantly or occasionally subjected to parental EA, by 66.1% and 32.2%, respectively. Specifically, of the abused participants, 88.5% suffered constant verbal abuse, 83.4% were emotionally rejected by their parents, 88 % were overcontrolled, 77% were subjected to parental over-expectations, and 22.4% had insufficient parental control (Hamed Tawfik et al., 2021).

Results of the multiple indicator cluster survey conducted in Iraq in 2018 among 20,520 households showed that of 48,683 children aged 1-14 years, 78.6 % experienced psychological aggression by their parents/primary caregivers during the last month (UNICEF, 2019). Moreover, results of a study conducted among a sample of 1,897 female university students in Jeddah, Saudi Arabia, in 2007/2008, showed that 68.3% of the studied sample recalled being exposed to various forms of abuse during their childhood and 50.6% reported experiencing emotional abuse (Ibrahim et al., 2008).

Negative Consequences of Psychological Maltreatment

Parental PM, especially in the early life stages, could have devastating consequences on the child's cognitive, emotional, and psychological development, behavioral conduct, and physical health progress (Cuartas et al., 2019; Leppäkoski et al., 2021). However, it is essential to note that the severity of those effects varies from one individual to another, depending on the consistency and the intensity of the form of PM, and the co-existence of other variables such as other forms of abuse, traumatic life events, or other risk and protective factors (APSAC, 2019; Glaser, 2011; Wolfe & McIsaac, 2011; Wong et al., 2009). The consequences of parental PM can be classified under five domains: intrapersonal problems, emotional problems, anti-social behavior, affective-behavioral problems and learning difficulties, and physical health problems.

Intrapersonal Problems

Positive parent-child bonding plays a vital role in shaping the child's self-confidence and attachment system in the short and long terms (Riggs, 2010). According to Arslan (2016), there is a strong positive relationship between parental PM and the child's low self-esteem. When the child feels worthless, undesirable, or not appreciated or loved, it eventually leads to low self-esteem, emotional instabilities, and behavioral maladjustments (Glaser, 2002). Having high self-confidence is considered a protective factor against behavioral and emotional problems (Arslan, 2016). Other intrapersonal problems include anxiety, post-traumatic stress disorder (PTSD), depression, negative self-perception, suicidal ideation, low self-esteem, and cognitive problems (Glaser, 2002; Lawson et al., 2020; Rizvi & Najam, 2014; Stoltenborgh, 2013).

A systematic review conducted in 2012 revealed an imminent risk of having depression, PTSD, suicidal thoughts, and attempts among people who have experienced PM during their childhood more than among non-abused individuals (Norman et al., 2015). That is supported by a meta-analysis conducted by Infurna et al. (2016) of 12 studies and a sample of 4,372 participants to measure the association between childhood maltreatment and depression. Results indicated that depression among young adults is more strongly associated with parental PM than other forms of abuse (Infurna et al., 2016). A study conducted at Minia University Hospital in Egypt examining the link between childhood adverse experiences and adulthood depression found that out of the total sample, 69.3% of patients with moderate and severe depression experienced high levels of emotional abuse and neglect along with other types of abuse during their childhood (Abdel-Fadeel et al., 2017). Kwok et al. (2019) also conducted a longitudinal study among 909 Chinese adolescents aged 12-18 and found a strong positive correlation between parental EA and suicidal ideation. Additionally, psychologically abused children are more likely to have dysfunctions of neurodevelopmental and

neurobiology processes (Cuartas et al., 2019; Hansen & Olf, 2017; Stoltenborgh et al., 2013) that lead them to be more prone to depression and anxiety than non-abused children (Barnett et al., 2011). For instance, a study conducted by Rizvi and Najam (2014) exploring the relationship between parental PM and mental health problems in Pakistan found that children who have been emotionally abused experience PTSD within two years, similar to veterans who suffer from PTSD after war traumas.

Emotional Problems

Psychological maltreatment may lead to emotional problems involving drug abuse, alcoholism, eating disorders, borderline personality disorder (BPD), and bipolar disorder (Kaiser, 2009; Wan et al., 2020). For instance, Tamar-Gurol et al. (2008) examined the association between childhood emotional abuse and dissociative disorder among drug abusers in Turkey. Results showed that 59.3% of drug users had dissociative disorder even before abusing drugs. The majority of dissociative drug users reported that dissociative experiences existed before substance use, and the common factors among individuals with dissociative disorders were child EA and suicide attempts (Tamar-Gurol et al., 2008). Another study among Chinese male drug users examined the association between child maltreatment forms and adult psychopathology. Results indicated an association between both variables; specifically, childhood EA was a strong risk factor for adult drug abuse (Cao et al., 2020). Moreover, Barnett et al. (2011) found that children who had experienced parental degradation and terrorizing behaviors were highly likely to develop BPD. Likewise, Shin et al. (2015) investigated the role of psychological distress in the relationship between the different types of child maltreatment and alcohol abuse among a sample of young adults. The findings showed a strong association between EA and pathological drinking via psychological distress, even after controlling for other variables and types of child abuse. Hund and Espelage (2006) examined the association

between childhood EA and eating disorders among female university students. It was found that EA was related to difficulties with expressing and identifying emotions, or alexithymia, which was related to distress, which was a cause for bulimic behaviors. It is also worth mentioning that in this study, anxiety, and depression had a significant role in the relationship between childhood EA, distress, and alexithymia.

Anti-Social Behaviors

Parental PM has also been shown to affect anti-social behavior such as social phobia, lack of empathy, self-isolation, insecure attachment, aggression, hostility, and criminal behavior (APSAC, 2019; Lawson et al., 2020; Leppäkoski et al., 2021; O'Neil et al., 2006; Riggs, 2010). Şenkal Ertürk et al. (2018) conducted a study among Turkish adults and found a positive association between child EA and aggression. Barnett et al. (2011) found that numerous PM types such as mistrust, rejection, abandonment, and child shaming often cause behavioral difficulties such as overly accommodating behavior, social isolation, and controlling behavior. Moreover, according to a study by González-Díez et al. (2017), a history of childhood EM is associated with social anxiety among adults, which, in extreme cases, may lead to social isolation. Kapeleris and Paivio (2011) tested the relationship between childhood PM and adult attachment styles, specifically romantic relations. They found that identity impairment mediated the negative relationship between childhood PM and emotional competence among adults. This is likely because having a strong sense of identity is crucial for building intimate relationships. In another study by Bigras et al. (2015), childhood EA was found to be related to damaged self-identity and interpersonal struggles in adulthood, which correlated with poorer couple adjustment due to survivors' negative interpersonal communication style and expectations of romantic relationships. However, Arslan (2016) argued that resilience is a protective

factor, as psychologically maltreated individuals who have high levels of resilience, are less likely to suffer from emotional and behavioral problems.

Affective-behavioral and Academic Problems

Affective-behavioral problems and learning difficulties, including poor academic performance, lack of anger control, low IQ levels, attention deficit disorder, memory problems, and weak moral reasoning, are also potential consequences of PM (APSAC, 2019; Meller et al., 2016; O'Neil et al., 2006; Rizvi & Najam, 2014). For example, Oh and Song (2018) conducted a study among Korean students aged 13-15 years, examining the association between parental abuse, neglect, and school adjustment. Students with emotional and behavioral problems were highly likely to have concentration problems and difficulty following school regulations, leading to poor academic performance and, consequently, higher school drop-out rates. The study results also showed a significant positive correlation between parental neglect and emotional and behavioral problems. Interestingly, male students were subjected to parental abuse and neglect more than females, yet performed academically better, while females who had suffered abuse had more behavioral and emotional difficulties. Unexpectedly, parental abuse was not found to affect school adjustment.

Physical Health Problems

Parental maltreatment can lead to physical health problems, such as developmental delays, hypertension, allergies, asthma, metabolic syndrome, and other illnesses. In addition, PM can lead to illnesses resulting from behavioral misconduct, such as obesity, HIV, sexually transmitted diseases due to engaging in unsafe sexual behaviors, and other respiratory system problems due to excessive tobacco use (APSAC, 2019; Barnett et al., 2011). A study of the long-term consequences of PM found that emotionally abused victims tend to engage in risky sexual behaviors and, accordingly, have a higher risk of contracting sexually transmitted infections (Norman et al., 2015). Moreover,

childhood traumas may negatively affect the immune system because of the amygdala's response to emotional stimuli that activate the immune cells and the inflammatory reaction (Hansen & Olf, 2017). Researchers have also found that experiencing parental non-verbal emotional abuse and neglect can lead to sleep impairments which, consequently, causes changes in brain morphometry, such as reduced volumes of the hippocampus and the frontal cortex (Hansen & Olf, 2017; Poon & Knight, 2011; van Harmelen et al., 2010). Finally, Eslick et al. (2011) studied the relationship between the various types of abuse and unexplained chest pain. The results revealed that experiencing emotional abuse during childhood was associated with inexplicable chest pain mediated by depression.

Risk Factors for Psychological Maltreatment

Childhood PM is a multidimensional problem; therefore, multiple factors affect the rate and intensity of PM. The risk factors for PM can be classified into individual, relationships, community, and societal levels, as illustrated in the ecological model in Figure 1.

Individual Level

Although the responsibility of having a healthy parent-child relationship lies with the parents, some child-level factors might increase the probability of being abused or neglected, such as age, gender, disabilities, and special psychological and health needs (Austin et al., 2020; Wolfe & McIsaac, 2011). Children can be challenging, demanding, and sometimes provocative, increasing parental stress and leading to parental abusive behaviors (Glaser, 2002; Leppäkoski et al., 2021).

Child's Age. According to The National Child Abuse and Neglect Data System (NCANDS, n.d.), children aged less than one year are at higher risk of experiencing abuse and neglect due to their total dependency on their parents/primary caregivers. Referring to the cases reported in 2017, the abuse rate was 2.53 % among children less than 1-year-old, and over 25% of the abuse cases were

among children less than 3-years-old (Austin et al., 2020). Moreover, UNICEF (2017) argues that PM is common among children aged less than two years. Results of the study conducted by Leppäkoski et al. (2021) explained that the child's constant crying and difficulty falling asleep or frequently waking up at night often leave parents stressed, exhausted, and helpless and subsequently leave the children at high risk for emotional and physical abuse.

Child's Gender. A child's gender is a predictor of PM and other forms of abuse. Several researchers posited that girls are at higher risk of experiencing parental PM (Haque et al., 2020; Mohr & Rosén, 2017; Stoltenbrogh et al., 2013; Tran et al., 2017) and neglect (Feng et al., 2015) than boys, and the consequences of PM on girls are more severe than boys (Haque et al., 2020; Maples et al., 2014; Pasha-Zaidi et al., 2020). For instance, according to Wan et al. (2020), in Saudi Arabia and Vietnam, girls are more prone to parental neglect than boys. While boys in the U.S., the United Kingdom (UK), and Malaysia, experienced more neglect than girls. As for EA, in Suriname and the Philippines, Denmark, the UK, the U.S., and Saudi Arabia, girls experienced EA more than boys. On the other hand, boys in India and Turkey Malaysia experienced PM more than girls by 21.7%, 51.7%, and 12.9%, respectively (Wan et al., 2020).

Child's Disability. A child's mental or physical disability can also be a predictor of PM (APSAC, 2019; Austin et al., 2020; Butchart et al., 2020; UNHCR, 2016). Given the special attention and care needed by children with special health needs or disabilities, they might have multiple caregivers and, consequently, have a substantially higher risk of being maltreated. UNHCR (2016) further explained that children with disabilities are in greater danger of experiencing violence due to their inability to defend themselves or report abuse incidents.

Relationships Level

Parental Substance Abuse. One of the parental factors associated with PM is parental substance abuse. For instance, a study conducted in Kelara, India, found a significant positive correlation between parental alcoholism and child PM and PN (Jose & Cherayi, 2020). This supports a study conducted by Glaser (2011) that examined the caregiver risk factors for parental PM. The study showed that parental alcohol and drug abuse often lead to child PM. Researchers also argued that parents with alcohol and drug abuse problems tend to be emotionally and physically neglectful, verbally abusive to their children, and have family dysfunction that negatively affects the behavior, and cognitive development and physical health of their children (Jose & Cherayi, 2020; Sebre et al., 2004; Tedgård et al., 2018). Moreover, Raitasalo and Holmila (2016) found that parental substance abuse increased the children's risk of emotional and health care neglect. Consequently, there is a higher risk of children's hospitalization when both parents are substance abusers due to living in an unsafe environment for their children, parental stress, lack of surveillance, and unresponsiveness to the child's needs.

IPV. Children and adolescents who witness intimate partner violence (IPV) or systematic violence between other family members suffer similar consequences to those who experience violence directly (ECLAC/ UNICEF, 2020). According to research, children experience PM indirectly by being exposed to violence between others. Therefore, given that child and spouse abuse are interrelated, several researchers believe witnessing domestic violence should be considered in the child maltreatment field (Barnett et al., 2011; Haque et al., 2020). According to UNICEF (2017), 1 in 4 children (176 million) globally, aged less than five years, live with a mother who recently experienced IPV. Moreover, as reported by the Central Agency for Public Mobilization and Statistics (CAPMAS) in Egypt, out of 20,000 women, approximately 46% of women aged 18-64 years were

subjected to spousal violence in 2015 (The United Nations Population Fund [UNFPA], 2015). A study by Leppäkoski et al. (2021) found that IPV and child PM co-occurred in one-fifth of reported cases and that there was a significant relationship between the two variables. While results of another study by (Ibrahim et al. (2008) found that IPV was the main predictor for child EA in the studied sample. Moreover, Chamberland et al. (2005) stated that among children who experienced parental PM, those who witnessed IPV suffered more emotional difficulties than those who were only victims of direct maltreatment of that type.

Parental Mental Illness. Parental psychiatric problems are also associated with a child's exposure to different types of abuse, including EA (Butchart et al., 2020; Glaser, 2011; Ibrahim et al., 2008). A study examining maternal depression and maternal hostile behavior and its association with child behavioral problems indicated that mothers' own history of EA during childhood mediates the relation between severe levels of depression during adulthood and children's behavioral problems. Although this relationship is not fully examined, research suggests that parental depression might lead to hostile and negative parenting behaviors (Meller et al., 2016).

Intergenerational Abuse. Several studies found that the parent's history of childhood abuse is a predictor of a child's maltreatment. It is argued that the way individuals were parented during their childhood is a significant predictor of their child-rearing behavior when they grow up and become parents (Barnett et al., 2011; Lakhdar et al., 2019; Panisch et al., 2020; Tedgård et al., 2018). A cross-sectional study was conducted among a total sample of 800 children aged 11-17 years and their parents in 2014-2015. It showed that nearly half of the parents were abused during childhood and were more likely to psychologically abuse their children (Lakhdar et al., 2019). Another study by Chamberland et al. (2005) indicated that out of 4,775 children, 22% were subjected to parental PM, and 66% of psychologically abused children had at least one parent with a history of childhood abuse.

Moreover, an intervention by Van der Asdonk et al. (2020) aimed at improving the parent-child relationship in maltreating families conducted among 88 children and their parents showed that 75% of the parents had been subjected to moderate to severe maltreatment during their childhood, including physical, emotional, and sexual abuse, and emotional and physical neglect.

Community Level

Lack of Social Support. Limited access to family, child, and social support services is one of the risk factors for child abuse and neglect (APSAC, 2019; Butchart et al., 2020; Molnar, 2016; Sealey, 2015). A systematic review by Schumacher et al. (2001) of the risk factors for child neglect found that limited access to social networks and support services is a risk factor for child neglect and that neglectful mothers had limited access to social support services compared to non-neglectful ones. Another study by Zhang et al. (2022) investigated the effect of social cohesion on preventing child maltreatment among 1,049 school students and found that 70.1% of the total sample were left-behind children, which means children whose parents moved out for more than six months, and 30.3% of the total sample experienced EA. They concluded that solid social cohesion was associated with lower rates of EA among left-behind children.

Limited Access to Parenting Programs. Parenting educational programs and awareness of alternative positive discipline approaches are crucial in preventing violence against children (Cuartas et al., 2019; Güllü & Orak, 2020; UNICEF, 2017; Valentine et al., 2019). In a survey conducted in Egypt, parents reported that they had not received any education on how to raise their children, and they, especially mothers, expressed their eagerness to learn positive parenting techniques (UNICEF, 2015).

Neighborhood Disadvantage. Several neighborhood factors, including violence and crime rates, housing difficulties, and poverty, increase the rates of child maltreatment (APSAC, 2019;

Austin et al., 2020; Butchart et al., 2020). A study by Lee et al. (2020) examined the relationship between adverse childhood experiences and adult mental disorders. Results indicated that witnessing community violence was among the most common negative childhood experiences and was strongly associated with mental disorders among adults.

Societal Level T

Reporting Difficulties. Reporting is essential to protect vulnerable children from EA, and it is one way to deter caregivers from abusing their children (Morelen & Shaffer, 2012). Yet, child abuse laws and definition inconsistencies increase reporting difficulties. For example, the definitions of child abuse and neglect differ across the 50 states in the U.S. based on the principles of the federal laws of each state (NCANDS, n.d.). According to Morelen and Shaffer (2012), only 3% to 4% of the reported cases to child protective services involve EA as the main concern, despite its prevalence.

Moreover, unfortunately, even professionals such as teachers, and physicians, are reluctant to report suspected child abuse cases to authorities due to uncertainty of the reporting mechanism and the lack of trust in the authorities (Tedgård et al., 2018). Moreover, the classification of PM may differ from one country to another. For instance, in England, EA and neglect are two independent types of abuse, and EN is categorized under neglect. Unlike in the U.S., psychological abuse and neglect are listed under PM (APSAC, 2019; Glaser, 2011). Even though the definitions of child abuse and neglect differ from one state to another, they are based on specific standards set by federal law (APSAC, 2019; DHHS, 2022). In Egypt, the definition of child maltreatment is not clearly stated. However, according to Article no. 3 in Egypt's Child Law no. 126 for 2008, the child should be protected from all forms of violence, injury, physical, mental/psychological, or sexual abuse, negligence, medical neglect, or any other forms of maltreatment or exploitation (The National Council for Childhood and Motherhood [NCCM], n.d.).

Lack of Public Awareness. Poor education and lack of awareness could also be risk factors for child maltreatment. A study by LeCroy & M-LeCroy (2020) indicated that parents' educational level was predicted to impact child maltreatment. Moreover, Baker et al. (2021) argued that the lack of awareness of the difference between poor parenting and EA is a threat to the child. Several actions by caregivers were recognized as PM but were accepted as typical forms of child discipline styles (Baker et al., 2021; Cuartas et al., 2019). For instance, mocking and ridiculing a child in front of relatives or friends is widely common amongst parents who perceive public shaming as a proper discipline technique. Besides, the misconception that PM is less harmful than the other types of child abuse is one of the core reasons PM is widely practiced and underreported (Baker et al., 2021; Riggs, 2010). Nonetheless, determining the cut-off point between undesired parental behaviors and harmful ones is often determined by each individual case. Some cases require repeated harmful interactions to be regarded as abuse, and sometimes a single traumatic experience might be as harmful (Glaser, 2011).

Cultural Factors. Cultural characteristics and norms play a significant role in people's perception of PM. For instance, Korean parents use corporal punishment more than Western parents. However, Korean people perceive parental physical and emotional abuse as part of normal child-rearing practices, and consequently, the child abuse rates are not high. Therefore, these types of parental abuse tend to have fewer negative consequences on Korean children (Oh & Song, 2018). Moreover, a cross-cultural comparison study of the child maltreatment prevalence and risk factors in Latvia, Lithuania, Macedonia, and Moldova found that parental behavior and the perception of abuse were quite different across these countries. For instance, the Macedonian culture considers reporting abusive parental behavior or even talking negatively about family members a taboo. Children may also not report abusive parental behaviors because they consider them as "normal" parenting (Sebre et

al., 2004). Another example is that it is appropriate to express physical affection and praise children in Western cultures, while in Chinese culture, praise is considered inappropriate, and criticism and shaming are acceptable parenting styles used to modify undesired behaviors (Dorota, 2003).

Historical Factors. War trauma could also negatively affect a culture, which increases the risk of child abuse. For instance, Hansen and Olff (2017) studied the effect of the war in Gaza on parental behavior among Palestinian families. The study results indicated that war trauma severely affected the family dynamics and children's mental health and increased negative parenting styles. Moreover, the Vietnamese war that ended more than 40 years ago, made the culture more tolerant of violence, consequently affecting parental behavior (Tran et al., 2017). Subedi et al. (2020) measured the child abuse rates after the Haiti earthquake in 2010. The results indicated that 78.5% of the children in households that reported earthquake-related losses experienced EA from parental figures due to parental stress and feeling of helplessness and frustration.

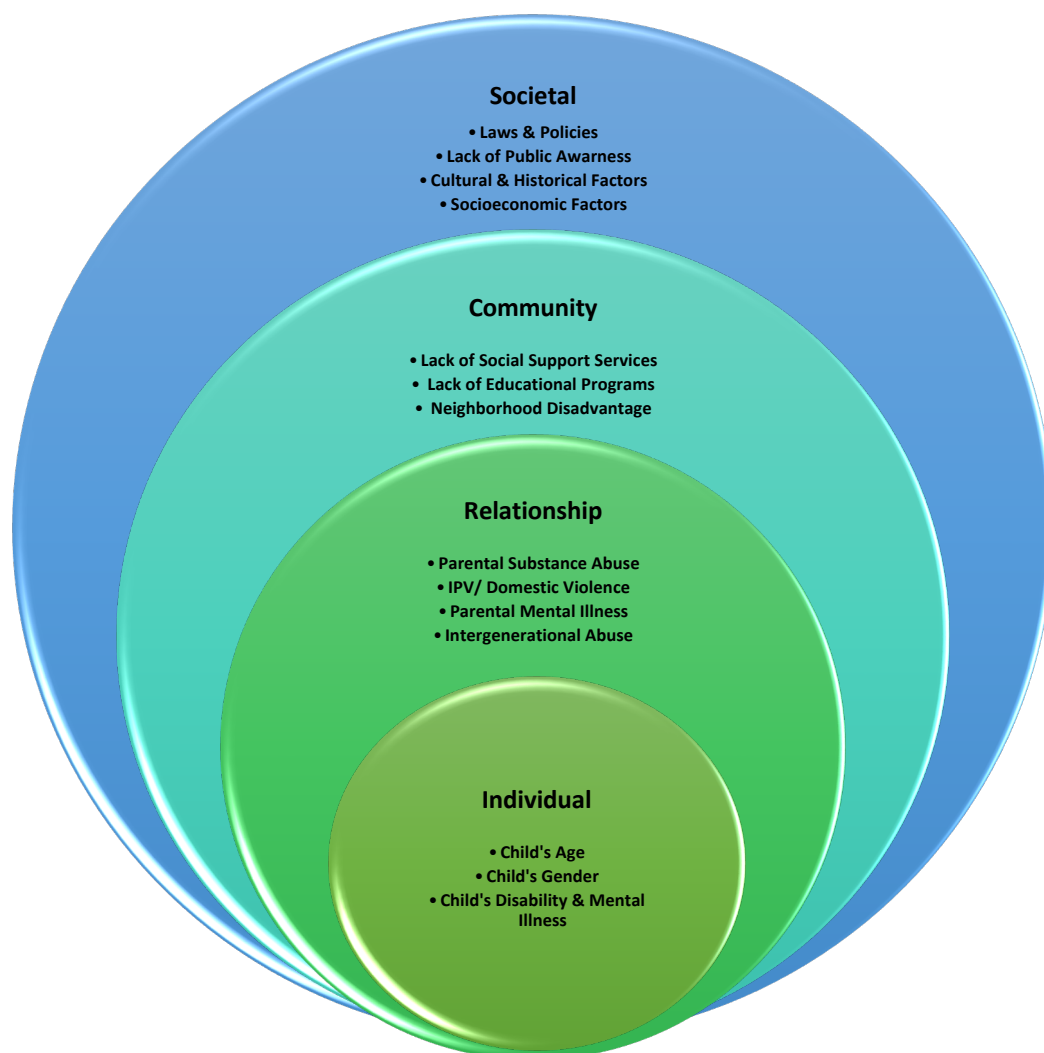
Socioeconomic Disadvantage. Furthermore, socioeconomic conditions have a significant effect on PM. For instance, many people lost their jobs because of the COVID-19 pandemic. Prior to the pandemic, the unemployment rate in the U.S. was 3.5%, and it increased after the pandemic to 13.1% in May 2020 (Lawson et al., 2020). Unfortunately, losing jobs does not only affect the economic status, which is one of the risk factors of child PM, but also increases stress levels (Brown et al., 2020) by affecting the individual's self-worth, as many people associate their identity with their profession. Therefore, Brown et al (2020) examined the association between parental job loss and child maltreatment. The selected sample included 342 parents living in the U.S. Among those parents, around 13% lost their jobs during the pandemic, and 72.09% of those who lost their jobs psychologically abused their children, compared to 44.15% of parents who still had their jobs. Moreover, of parents who had a history of PM before the pandemic, 70% continued to emotionally

abuse their children during the pandemic (Lawson et al., 2020). In other words, children whose parents had lost their jobs were almost five times more likely to experience PM than those whose parents still had their jobs.

Moreover, the economic instability resulting from the COVID-19 pandemic and financial hardship among disadvantaged communities negatively affected family relations and increased violence among family members (ECLAC/UNICEF, 2020; Haque et al., 2020; Lawson et al., 2020). For instance, Latin America and the Caribbean were already suffering from migration crises during the pandemic, leading to limited access to essential services and basic rights. This resulted in children being exposed to more indirect risk factors such as economic difficulties, social norms that prevented help-seeking, and other violations of their basic rights such as housing, and fewer protective factors such as access to health-care services, physical distancing and social support due to school closure and physical distancing. (ECLAC/UNICEF, 2020; United Nations, 2020). The pandemic also burdened women greatly because of the care work they needed to provide due to the limited access to services. This may have led to increased maternal stress levels and, subsequently physical and psychological violence against children (ECLAC/Pan-American Health Organization [PAHO], 2020; ECLAC/UNICEF, 2020). See Figure 1 for a summary of risk factors.

Figure 1

The Ecological Model of Child Psychological Maltreatment Risk Factors.



Protective Factors for Psychological Maltreatment

Given the numerous risk factors affecting PM, no single approach can solve the problem (Dorota, 2003). Therefore, a combination of intervention and prevention efforts is needed to reach sustainable outcomes by promoting protective factors and eliminating risk factors. Similar to the risk predictors, there are various protective factors on the individual, relational, community, and societal levels that might help prevent child abuse, as demonstrated in Figure 2.

Individual Level

Researchers argue that certain individual characteristics might help eliminate the adverse outcomes of childhood abuse and neglect. For instance, Mohr and Rosén (2017) investigated the protective factors that mediated the relationship between childhood abuse and post-traumatic growth, where individuals recover, return to their functioning level, and even thrive, despite experiencing adverse childhood experiences. The results indicated that the individual's acceptance of their own trauma, psychological support, and positive reframing of the trauma as a learning opportunity, were the primary factors that predicted post-traumatic growth. Moreover, it was found that self-regulation, resilience, self-confidence, and positive adaptation were some of the protective factors against the consequences of childhood abuse experiences (Austin et al., 2020; Maples et al., 2014). It also appears that children's strong social (Austin et al., 2020; Panisch et al., 2020) and emotional (Panisch et al., 2020) competencies serve as a buffer against adverse childhood experiences. Interestingly, despite the same experiences of childhood abuse among men and women, men seem to be more resilient than women and, consequently, experience less negative impact from abusive experiences (Maples et al., 2014). This may be because women experienced more negative life events than men, and men and women experienced different types of maltreatment. Men experienced physical abuse and neglect, and psychological neglect more than women, while women experienced sexual abuse significantly more than men (Maples et. al, 2014).

Raising individual awareness of PM may help people work through their traumas. For example, O'Neil et al. (2006) adopted a psychoeducational approach to an intervention among college students at the University of Connecticut in 2002. The intervention results showed that more than 90% of the respondents said that they learned valuable information about PM and the available services, and 85% stated that the program helped them recognize psychological abuse in their lives.

Relationships Level

Parental resilience, positive reframing, acceptance, mindfulness, and perceived control over difficult life situations, alleviate parental stress and consequently reduce the risk of committing child abuse (Brown et al., 2020; Butchart et al., 2020; Lawson et al., 2020; Panisch et al., 2020). Lawson et al. (2020) also argued in their study, that adaptation and positive reframing helped lessen the risk of child abuse due job loss during the Covid-19 pandemic. Moreover, social, and emotional support from family and friends helps manage parental stress (Austin et al., 2020; Brown et al., 2020; Panisch et al., 2020). Having a supportive relationship with an intimate partner may also alleviate abusive behaviors toward their children (Austin et al., 2020; Panisch et al., 2020).

Parenting is a challenging job, and it doesn't come with a manual (Seay et al., 2014). Therefore, raising awareness about alternative positive discipline styles and the importance of child development among parents, and improving parenting skills, are crucial to enhance other protective factors such as using non-violent child-rearing methods and having a strong and secure parent-child relationship (Butchart et al., 2020; Panisch et al., 2020; Seay et al., 2014; Van der Asdonk et al., 2020; Wolfe & McIsaac, 2011). These strategies may be especially effective in communities with poor social connections (Butchart et al., 2020). A short-term attachment-based intervention in Montreal, Canada, that included parenting and child development educational sessions, as well as feedback on videotaped parent-child interactions, was found to enhance the parenting competencies and improve the parent-child relationship in families with a history of child abuse (Van der Asdonk et al., 2020).

Community Level

Social cohesion is one of the main protective factors for PM (Austin et al., 2020; Butchart et al., 2020), even with the existence of other risk factors (Butchart et al., 2020). A large body of

research argues that adequate access to community services that support parents, such as health, social and positive parenting education services, and other supportive services that tackle parental risk factors, may prevent child abuse (Austin et al., 2020; ECLAC/UNICEF, 2020; Gülirmak & Orak, 2020; Mohr & Rosén, 2017; Molnar et al., 2016; WHO, 2020).

Gülirmak and Orak (2020) measured the effectiveness of web-based distance education programs for parents in Turkey. The program sought to prevent child EA and neglect by enhancing parental awareness of the consequences of child EA and improving child-rearing techniques. It was found that the education program raised awareness among parents regarding unrealistic expectations, insensitive behavior, terrorizing, physical and emotional neglect, and positive parental attitudes. Molnar et al. (2016) also presented some community-based interventions and preventive strategies aimed to combat child maltreatment by reducing caregiver/parental stress and promoting family relationships. The Triple P-Positive Parenting Program, Strong Communities intervention, and the Durham Family initiative were found effective in reducing parental stress, increasing in social support, awareness of parenting styles and decreasing child maltreatment incidents.

Societal Level

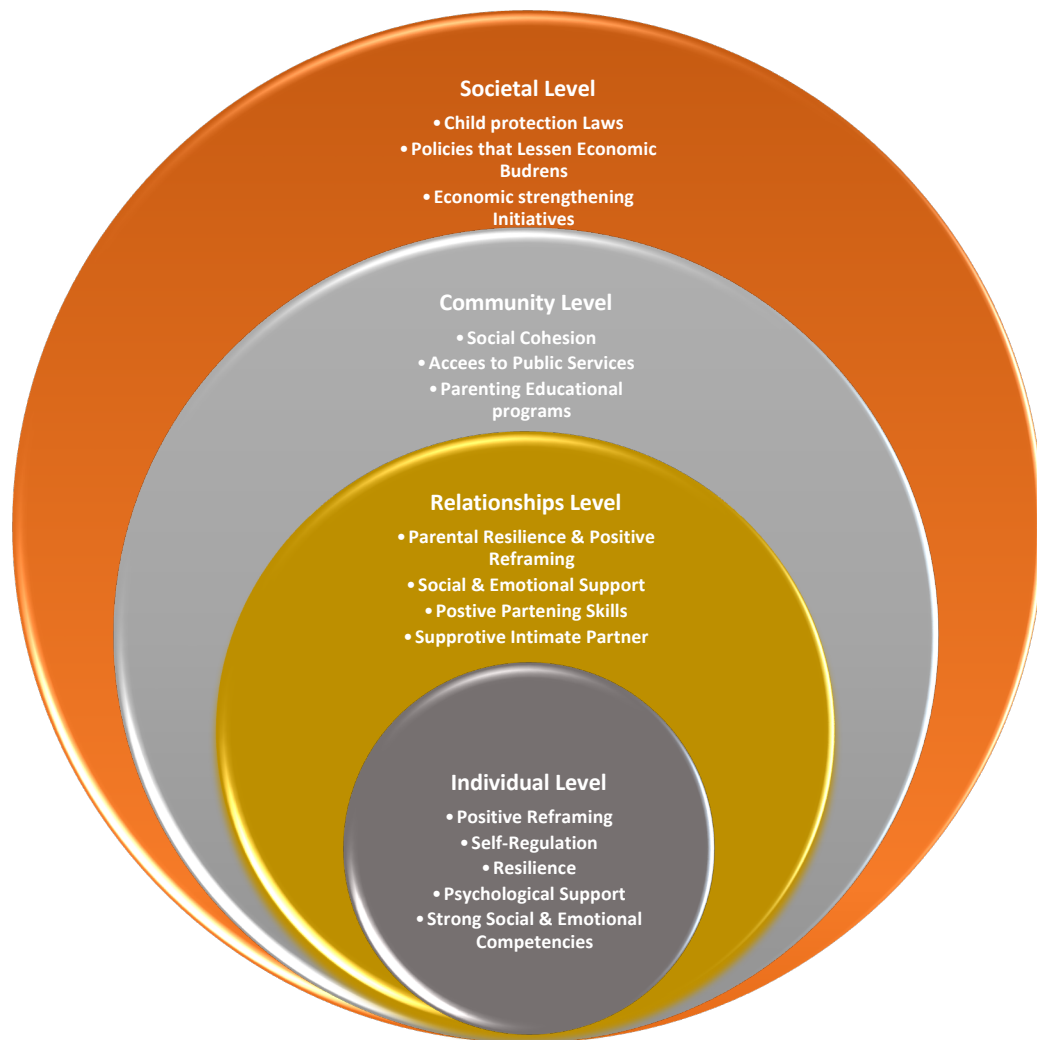
It can be argued that child legal protection includes not only laws that ban child maltreatment but also laws that help reduce risk factors and enhance protective ones (WHO, 2020). For example, policies that lessen the financial burden, and increase family income, such as increasing the minimum wage, paid child-care leaves, and welfare benefits, can alleviate parental abusive behaviors (Austin et al., 2020). A multi-level economic strengthening intervention took place in Burkina Faso between 2014 and 2017, aimed at coaching parents on cost-saving solutions and opportunities for overcoming financial difficulties and alleviating parental stress, along with positive parenting techniques,

resulting in reducing harsh parental behavior and emotional violence toward children and IPV (WHO, 2020).

Individuals who work in the child protection field or work directly with children and parents have a significant role in eliminating child abuse (Valentine et al., 2019). A study by North (2021) emphasized the necessity of providing educational programs and training to social workers to enhance their professional capabilities and self-efficacy in order to deal more effectively with cases of EA. North also emphasized the importance of having supervision and support systems for social workers as dealing with PM cases might be emotionally and culturally challenging. Factors such as cultural norms, gender roles, and the way that parents express love to their children may impact how the social worker should intervene with families. See Figure 2 for a summary of protective factors.

Figure 2

The Ecological Model of Child Psychological Maltreatment Protective Factors.



Positive Parenting

Parenting requires a set of skills, approaches, and knowledge to raise psychologically healthy children (Valentine et al., 2019). Positive parenting is one key to preventing child maltreatment and its long-lasting adverse consequences (Butchart et al., 2020; Panisch et al., 2020; Seay et al., 2014; Van der Asdonk et al., 2020; Wolfe & McIsaac, 2011), and as we have seen, interventions to teach positive parenting skills can reduce child abuse. In an effort to define positive parenting, Seay et al. (2014) conducted a systematic review of 120 articles about parenting. Based on the analysis of 18 eligible articles, the authors suggested that positive parenting is defined as maintaining a healthy

relationship with the child built on affection and care, offering guidance to correct and regulate the child's behavior, responsiveness to the child's needs, and good communication such as verbal communication, active listening, and respect.

Parenting method is the main factor that mediates the association between the parent-child relationship and the child's development (Bahmani et al., 2022; Chen et al., 2019; Molnar et al., 2016). Cuartas et al. (2019) argued that one of the fundamental parts of child-raising is discipline. Discipline includes nurturing and educating, promoting positive behaviors, and reducing challenging ones; this could be more effective when there is a strong and supportive bond between parents and children along with the knowledge of positive child-rearing methods (Edwards & Gillies, 2005; Valentine et al., 2019).

Parenting can be seen as having two major dimensions. The first dimension is *affection*, such as expressing love and showing warmth and acceptance, while the second one is *control*, such as teaching children to respect the rules and setting appropriate expectations of the child (Bahmani et al., 2022; Dwairy et al., 2006; Pali et al., 2021). Based on those two dimensions, Baumrind (1971) classified parenting styles into three types: the authoritative, the authoritarian, and the permissive styles. The three types differ in the balance between the two parenting dimensions. The authoritative type maintains a balance between being highly affectionate and practicing high control. The authoritarian style tends to set harsh rules and emphasizes control over their children while showing little affection. The permissive style of discipline is characterized by exercising high levels of affection and warmth towards their children while demonstrating low levels of behavioral control.

To achieve a healthy parent-child relationship and ensure the child's healthy development, parents should maintain the balance between showing affection and practicing control. Parents must consider spending enough time with their children, pay attention to their needs, be honest and

affectionate and avoid insulting, ridiculing, and severe discipline methods (Bahmani et al., 2022).

Examples of non-violent discipline methods that promote the parent-child relationship may include removing privileges, discussing the consequences of undesired behaviors with children of age and cognitive ability to process those consequences, and teaching and promoting the desired ones (Cuartas et al., 2019).

Parenting in Egypt

Research in the West has shown that the authoritative parenting style results in better outcomes in children (Chen et al., 2019; Pali et al., 2021; Louis et al., 2021) and is highly associated with high self-esteem and lower levels of internalizing problems in children and youth (Pali et al., 2021; Louis et al., 2021). Whereas authoritarian and permissive parenting styles lead to poor offspring outcomes, such as internalizing disorders, the permissive one is associated with externalizing problems, especially in male children (Pali et al., 2021). This is consistent with a previous study conducted in Al Arish Governorate, Egypt, by Ali (2012) among adolescents aged 14-17 years showed that those who reported experiencing an authoritative parenting style exhibited higher levels of self-esteem and lower levels of depression compared to those who experienced authoritarian and permissive styles. However, the author argued that permissive fatherhood might not be as negative as permissive motherhood due to the nature of the father role. Fathers tend to have a playful role in their children's lives which is complemented by the permissive style of parenting and, thus, may not have a negative impact on the child's well-being. Yet, further research is needed to separately examine the effect of parenting styles of fathers and mothers.

Another study conducted in Egypt by Dwairy and Menshar (2006) among adolescents aged 16-17 years living in rural and urban areas showed that gender and urbanization played a significant role in the perception of abusive parenting behaviors. Results showed that in rural areas, males

experienced a higher authoritarian parenting style compared to females and vice versa in urban areas. The authors explained this difference by saying that in the rural culture, female victims of authoritarian parenting tend to justify the harsh parenting behavior and consequently complain less than males, who are more likely not to accept the harsh restrictions imposed on them by their parents and complain more than females. However, because of the liberal culture in urban areas, females tend to experience more restrictions and conflict with their parents and, thus, complain more than males. In other words, the perception and effect of authoritarian parenting may differ within a traditional and more collectivist culture from a liberal and more individualistic one.

A recent study conducted in Qena Governorate, Egypt (Mohammed et al., 2016) among 15-18-year-old adolescents found that authoritarian parenting behavior, characterized by high demands and low responsiveness, is associated with internalizing and externalizing problems. Results also showed that females reported experiencing authoritarian parenting while males experienced a permissive parenting style. The authors further elaborated that the cultural system, especially in Upper Egypt, tends to be harsher towards females. Furthermore, results indicated that parents with low education tended to adopt the authoritarian parenting style.

Parenting and Emotional Abuse

Based on the literature, parenting behavior is one of the fundamental factors that might lead to child maltreatment in general and emotional abuse in particular. Parental ignorance of positive discipline and the child's needs may mediate the relationship between parental behaviors and child PM, especially since it is widely known that family patterns and parenting behavior tend to be replicated across generations (Cowan, C. P. & Cowan, P. A., 2018; Roskam, 2013). Specifically, individuals who were psychologically maltreated during their childhood were more likely to abuse their children than those who were not (Cowan, C. P. & Cowan, P. A., 2018). According to a survey

conducted by UNICEF (2015) in Egypt, parents reported that they adopted their parenting methods from how they were parented during their childhood and their experiences. Moreover, another study among Egyptian parents showed that 83% of the participants reported that they obtained their parenting knowledge from family, friends, and online materials on parenting and that they had never received any education on parenting (Hanna, 2016). Since Egypt has a high rate of EA and Egyptian parents, like all parents, have a tendency to replicate the same parenting styles of their own parents, there is a greater possibility that emotionally abused individuals will continue to emotionally abuse their children.

Aim of the Study

Given the connection between parenting patterns and EA, the high rate of EA in Egypt, and the tendency for parents to repeat the same parenting strategies their own parents used, the purpose of this research is to explore the following questions:

1. Do Egyptian parents use the same parenting strategies as their own parents did?
2. If parents were emotionally abused as children, do they continue to follow the same pattern of abusive behavior with their children?
3. For parents who were emotionally abused as children but who do not emotionally abuse their own children (positive deviants), what protective factors help them abstain from emotional abuse?

Methods

Participants

Egyptian parents with at least one child aged 6-12 years were invited to participate in this study. The selection of this age range was based on two considerations. First, according to Piaget's

theory of cognitive development (1973) and Erickson's stages of psychosocial development (1950), thinking becomes more logical and organized during this age, and children start to socialize with others and realize their own thoughts and feelings. Second, the parent's ability to remember their childhood and what was it like growing up with their parents/primary caregivers in order to explore the similarities and differences between how they were parented during their childhood and how they are parenting their own children aged within the same range since parenting behaviors tend to change according to the child's stage of development.

Survey. A voluntary response sampling method was used for the survey, where participants were reached through social media platforms. A convenience sample of 146 participants filled out the survey, 16 respondents did not have children aged 6-12 years, and two other responses were incomplete, so they were excluded from the study. The final sample consisted of 128 respondents, who reported the parenting behaviors of their fathers and mothers during their childhood. The sample included 33 males and 95 females, mainly from Cairo and Giza governorates. The sample's age ranged from 26-50+ years old; 1.6% were aged 26-30, 39.1% were aged 36-40, 34.4% were aged 41-45, 16.4% were aged 31-35, 7% were aged 46-50, and 1.6% were above 50. Regarding marital status, 90.6% of the respondents were married. As for the educational level, 71.1% of the sample had a bachelor's degree, and 19.5% had a master's degree. Moreover, 50.8% of the respondents specified their financial status as "Good", 22.7% as "Very good", and 22.7% as "Tolerable". (See Table 1 for the demographic description).

Table 1

Sociodemographic Description of the Participants.

Characteristics	<i>n</i>	%
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Gender		
Male	33	25.8
Female	95	74.2
Age		
26-30	2	1.6
31-35	21	16.4
36-40	50	39.1
41-45	44	34.4
46-50	9	7.0
50+	2	1.6
Marital Status		
Married	116	90.6
Widowed	2	1.6
Divorced	9	7.0
Other ¹	1	0.8
Role		
Father	32	25.0
Mother	95	74.2
Other ²	1	0.8
Education		
Diploma/High school	5	3.9
Bachelor's Degree	91	71.1
Master's Degree	25	19.5
Ph.D.	4	3.1
Other ³	3	2.3
Governorate		
Cairo	95	74.3
Giza	24	18.8
Alexandria	3	2.3
Menoufia	3	2.3
Other ⁴	3	2.3

¹ One respondent reporting being single.

² One respondent reported being an uncle who is the primary caregiver for his nieces and nephews.

³ Three respondents reported their highest educational degrees as post graduate degrees, university school, and high education.

⁴ Three respondents reported their place of residency in following governorates/countries: Dumyat, Australia, and Germany.

Financial Status		
Very Good	29	22.7
Good	65	50.8
Tolerable	29	22.7
Bad	3	2.3
Very Bad	2	1.6

Note. Total $N = 128$. The survey responses are valid; invalid responses were excluded.

Interviews. Purposive sampling was used for conducting in-depth online interviews with respondents who decided to participate. Eighteen survey respondents answered “Yes” to being contacted for an online interview to explore the topic further. The criteria for selecting the candidates included those who scored above 30 for at least one of the parents on the emotional abuse scale and answered “yes” to the question “My parenting style is very different from my parents’.”. Therefore, each of the eighteen survey responses was reviewed and tabulated manually to see if the respondent experienced emotionally abused by at least one of their parents and whether they pursued a different parenting approach with their children. Only nine of the interested respondents fit the eligibility criteria and were contacted to schedule the interviews, but one of them did not answer, so the final sample included eight interviewees.

Research Tools

This research adopted a mixed-methods approach to thoroughly explore intergenerational parenting behavior and identify the protective factors against parental PM.

Emotional Abuse Scale

The Emotional Abuse Questionnaire (EAQ) was developed by Momtaz et al. (2020), and validated in Arabic, and used in a study by Hamed Tawfik et al. (2021) among university students in Minia, Egypt. The questionnaire consists of 30 items that measure six subcategories of emotional

abuse: eight items measuring verbal abuse, seven for overcontrol, four for terrorizing, five for insufficient control, three for emotional rejection, and three for over-expectations. Each question is rated on a five-point Likert scale from 0 “never” to 4 “always”.

For the present study, the EAQ was tailored to fit the targeted population and answer the exploratory questions (see Appendix C). The questionnaire was originally designed for children and adolescents aged 12 years and older who might have been experiencing parental PM. Therefore, the questions were rephrased to ask the parents about their recalled experiences of parental PM during their childhood. Six questions were rephrased in a positive direction to eliminate any discomfort that might be triggered by recalling adverse childhood experiences. For example, Q4, “forbid me” was changed to “allow me”, Q6, “did not care” was changed to “care”, and Q7, “ridicule” was changed to “respect”. Three questions were reworded for clarity to fit the targeted population. In Q2, the word “rebuke” was replaced with “criticize”, Q5, “strongly take me under their control” was rephrased to “set unreasonable and unrealistic rules”, Q6, “gain results beyond my abilities in my studies” was reworded to “achieve academic results beyond my abilities”. Only one question was both rephrased in a positively and rewarded for better understanding; Q26, “were busy and I was not or am not one of their concerns” was changed to “were available and had time for me”. Moreover, four additional open-ended questions were developed to identify the differences or similarities between the parents’ child-rearing behaviors and the way they were parented during their childhood, including a question asking the respondents whether they were willing to participate in an in-depth interview. The questionnaire also included demographic questions to get an overview of the sample’s family structure, educational level, and socioeconomic status. Authorization to use the edited version of the EAQ was secured from the author, Dr. Vahid Momtaz, at the Islamic Azad University.

Reliability Analysis. For this study, the reliability of each subcategory of EA has been tested through Cronbach's Alpha to identify the internal consistency of the scale. The alpha coefficient value depended on the number of items on the scale. The reliability test results of the whole scale showed an alpha coefficient equal to 0.951, which shows a high level of internal consistency of the used scale with the studied sample. The alpha coefficient for each subcategory is more than 0.70, which means that the reliability of the survey is good (see Table 2). These results indicate that the scale will give the same results if re-applied to the same sample and test stability using Cronbach's alpha coefficient.

Table 2

Cronbach's Alpha Coefficient for The Emotional Abuse Scale and the Six Subtypes of EA.

Subcategory	<i>Cronbach's Alpha</i>	<i>No. of Statements</i>
Verbal Abuse	0.910	8
Over control	0.822	7
Terrorizing	0.711	4
Insufficient control	0.702	5
Emotional rejection	0.706	3
Over-expectations	0.723	3
The Scale (all subcategories)	0.951	30

Semi-structured Interview

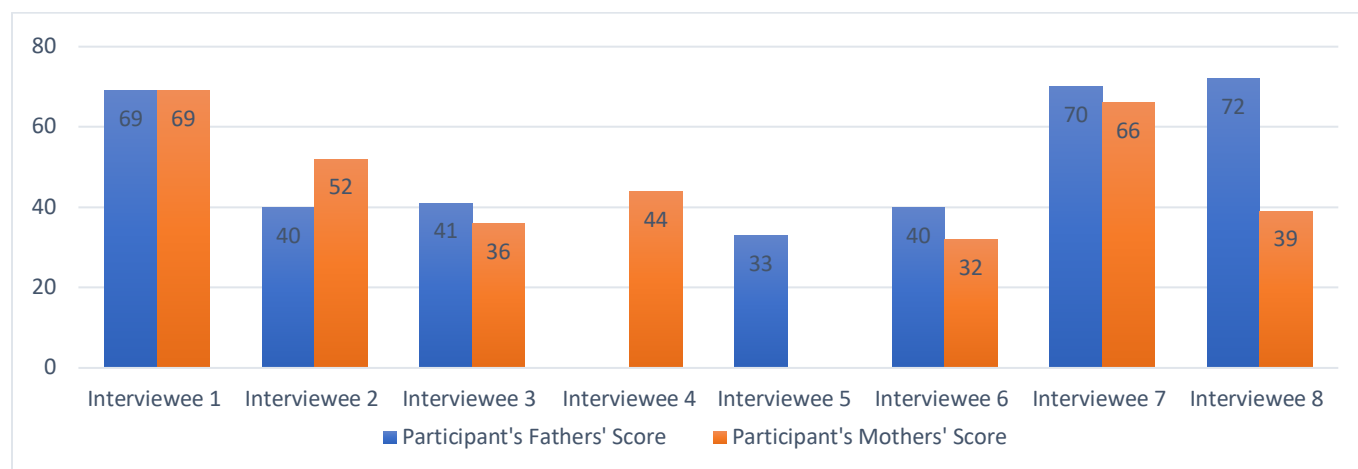
Nine semi-structured interview questions were developed for this research study to further explore the protective factors against intergenerational abuse and identify the factors that led to that awareness. The questions were inspired by the family-centered assessment guidebook developed by the National Resource Center for Foster Care and Permanency Planning (NRCFCPP) and the National Resource Center for Family-Centered Practice (NRCFCP) (2002). The questions were

designed to 1) obtain an overview of the respondents' experiences as a child and as a parent; 2) explore their approaches to solving their problems and dealing with conflict with their children; 3) identify the factors that influenced their child-rearing practices; 4) understand why they had chosen to adopt a different parenting behavior than their parents; and 5) inquire about the support that they need as parents (see Appendix D).

Eight in-depth online interviews were conducted with positive deviant parents (five mothers and three fathers) to identify the protective factors. All interviewees were married and resided in Cairo, Egypt. Four interviewees had a bachelor's degree, three had a master's degree, and one finished high school. Three interviewees had two children aged 6-12, and the rest had only one child in this age category. Interviewee one scored 69 for both parents; interviewee two scored 40 for the father and 52 for the mother; Interviewee three scored 41 for the father and 36 for the mother; interviewee four scored 44 for the mother; interviewee five scored 33 for the father; interview six scored 40 for the father and 32 for the mother; interviewee seven scored 70 for the father and 66 for the mother, and interviewee eight scored 72 for the father and 39 for the mother (see Figure 3).

Figure 3

Emotional Abuse Scale Scores of the Interviewees for both parents.



Note. Non-abusive = 0-30, sometimes/often abusive = 31-90, always abusive = Above 90.

Procedures

First, the approval of the Institutional Review Board (IRB) at the American University in Cairo was acquired to conduct the survey and in-depth interviews, followed by the approval of the Central Agency for Public Mobilization and Statistics (CAPMAS). Consent forms were also obtained from the participants before filling in the survey and conducting the interviews.

Online versions of the surveys, in English and Arabic, were created on Qualtrics, then they were piloted among parents from the sample criteria to ensure clarity. Based on their feedback, adjustments were made to the surveys and then shared on social media platforms, including Facebook, WhatsApp, and LinkedIn. The in-depth interviews were held in Arabic on the Zoom platform at an agreed-upon time and date that suited both the participants and the researcher. The interviewees were contacted via emails, phone calls, or both, depending on the provided contact information. Consent forms were sent out to the interviewees for signatures either via email or WhatsApp. The purpose and processes of the interview were discussed and explained, and concerns were addressed before starting the interviews. Each interview took between 45-60 minutes, and they were also recorded to ensure accuracy.

Data Analysis

The quantitative data were tabulated and analyzed using the Statistical Package for Social Sciences (SPSS) version 26. The total scale score is 120, which was divided into three groups. Respondents who scored below 30 were labeled as non-abusive, those who scored between 31-90 were classified as sometimes/often abusive, and parents who scored more than 90 were considered always abusive. Means and standard deviations were calculated to identify rates of childhood

emotional abuse among the sample. Independent sample t-tests were run to see if there were differences between the participants' mothers and fathers on types of emotional abuse, while the chi-square statistic was used to determine if parental abuse as a child was related to the decision to parent differently as an adult.

The qualitative data were analyzed using the content analysis method (Luo, 2022). A combination of both deductive and inductive approaches was used to identify the themes and sub-themes (Stemler, 2000; Streefkerk, 2022). The interviews were transcribed in Arabic, and then each interview was analyzed and coded in Arabic using pre-determined themes based on the literature and previous interventions and using verbatim codes from the interview discussions. Subsequently, the themes were reviewed and clustered to identify the respondents' parenting background, the current parenting behaviors, the protective factors against PM, and the support parents need to raise psychologically healthy children. Afterward, inter-rater reliability was conducted to examine the level of consistency of theme identification, where 30 random codes were shared with a fellow researcher to classify them into the main themes and sub-themes. Results showed a high level of agreement at 96.6% between the main researcher and the examiner, which means high inter-rater reliability of the analysis.

Results

Survey Analysis

Emotional Abuse Scale

The EAQ (Momtaz et al., 2020) was used to measure the recalled childhood experiences of six subtypes of emotional abuse. Table 3 illustrates the mean score and standard deviation for each statement of the scale for the participants' fathers and mothers. The lowest mean scores were forcing the children to do things that are not acceptable by society (terrorizing, statement 16), for the

participants' fathers at 0.50 and for the participants' mothers at 0.41. The highest mean scores were about fulfilling the participants' fathers' high expectations (over-expectations, statement 30) at 2.66 and about the participants' mothers being busy and not having time for their children (insufficient control; statement 22 at 2.67).

Table 3

Mean Scores and Standard Deviations for The Emotional Abuse Scale and the Six Subtypes.

<i>Statements</i>	<i>Father</i>		<i>Mother</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Verbal Abuse				
1. My parents/primary caregivers used to get in fight with me.	1.51	1.00	1.80	1.04
2. During my childhood, my parents/primary caregivers used to criticize me while talking and communicating with me.	1.46	1.21	1.73	1.23
3. My parents/primary caregivers did not take my words seriously.	1.49	1.24	1.50	1.16
4. My parents/primary caregivers used to blame me for making mistakes.	2.08	1.18	2.24	1.10
5. During my childhood, I have been treated in such a way that made me feel devalued.	1.05	1.27	1.04	1.22
6. My parents/primary caregivers used to call me bad names.	0.55	0.88	0.66	0.98
7. My parents/primary caregivers used to ridicule my deeds and words.	1.22	1.12	1.18	1.09
8. My parents/primary caregivers used to nag at me, no matter what I did.	1.07	1.18	1.27	1.28
Verbal Abuse Overall	1.30	1.13	1.43	1.14
Over-Control				
9. My parents/primary caregivers used to forbid me from having relationships with my friends.	0.81	1.14	0.72	1.04
10. My parents/primary caregivers used to set unreasonable and unrealistic rules for me.	1.33	1.24	1.21	1.11
11. My parents/primary caregivers used to ban me from participating in social groups (sports clubs, arts clubs, etc..).	1.06	1.24	0.88	1.14
12. My parents/primary caregivers did not allow me to decide about my chores.	1.17	1.14	1.20	1.17
13. My parents/primary caregivers used to believe I should not have relationships with anyone except my relatives.	0.64	1.08	0.74	1.19
14. My parents/primary caregivers did not allow me to decide about my field of study.	1.00	1.29	1.58	1.18

15. My parents/primary caregivers did not allow me to choose my personal things based on my own taste and style.	1.07	1.05	1.13	1.07
Over-control Overall	1.01	1.17	1.06	1.13
Terrorizing				
16. During my childhood, I was forced to do things that are not acceptable by the society.	0.50	0.87	0.41	0.79
17. During my childhood, I was forced to do things I did not want to, otherwise my parents/primary caregivers threatened to reveal my weak points in front of others.	0.52	0.89	0.61	1.00
18. My parents/primary caregivers have led me to do immoral things.	0.54	0.83	0.49	0.79
19. My parents/primary caregivers have led me to mischief during my childhood.	0.68	1.06	1.07	1.05
Terrorizing Overall	0.56	0.91	0.65	0.91
Insufficient control				
20. My parents/primary caregivers did not care about what I did.	1.00	1.12	0.88	1.03
21. My parents/primary caregivers did not provide any control or supervision on my relationships or what I did.	1.31	1.18	1.21	1.15
22. My parents/primary caregivers were busy and did not have time for me.	0.95	1.09	2.67	1.16
23. The behaviors of my parents/primary caregivers were unpredictable.	1.31	1.13	1.33	1.13
24. My parents/primary caregivers were sometimes very obsessive about what I do, whereas other times they did not pay attention to me at all; their twofold behaviors have left me confused.	1.02	1.13	1.08	1.10
Insufficient control Overall	1.12	1.13	1.43	1.11
Emotional rejection				
25. My parents/primary caregivers did not take my comments and suggestions into consideration.	1.56	1.22	1.52	1.18
26. My parents/primary caregivers used to be cold toward me.	1.15	1.14	1.03	1.03
27. My parents/primary caregivers used to reject my feelings toward them.	0.66	1.04	0.69	1.05
Emotional rejection Overall	1.12	1.13	1.08	1.09
Over-expectations				
28. My parents/primary caregivers used to expect me to achieve academic results beyond my abilities.	1.64	1.36	1.69	1.36
29. My parents/primary caregivers used to expect me to behave beyond my potential.	1.44	1.27	1.49	1.28
30. My parents/primary caregivers used to expect me to fulfill their high expectations.	2.66	1.17	0.74	1.10
Over-expectations Overall	1.91	1.26	1.31	1.25

Note. Statements 7, 9, 15, 18, 20, 22, and 26 were positively rephrased in the questionnaire used in this study to relieve discomfort associated with the research topic, and statements 2, 10, 22, and 28 were reworded for clarity.

Moreover, an independent sample t-test was conducted to measure how emotionally abusive behaviors statistically differ between the fathers and mothers of the participants, as illustrated in Table 4. The results showed there is no statistically significant difference in verbal abuse, overcontrol, terrorizing, or emotional rejection between the participants' fathers and mothers. On the other hand, there is a statistically significant difference between the participants' fathers and mothers in insufficient control, $t(254) = -3.497$, $p = 0.001$, where the mean score for the participants' mothers is 7.16, compared to the participants' fathers at 5.60, and in over-expectations $t(254) = 5.072$, $p = 0.000$, where the mean score for the participants' fathers is 5.74 versus the participants' mothers at 3.92. Yet, the results of the overall EA score also showed no statistically significant difference in the overall emotionally abusive behaviors between the participants' fathers and mothers.

Table 4

T-Test of the Six Subcategories of EA between the fathers and mothers of the Sample.

EA Subcategories	Role	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>P-Value</i>
Verbal Abuse	Father	128	10.42	7.159	-1.127	0.261
	Mother	128	11.41	6.920		
Overcontrol	Father	128	7.07	5.520	-0.561	0.576
	Mother	128	7.45	5.177		
Terrorizing	Father	128	2.24	2.534	-1.095	0.275
	Mother	128	2.59	2.489		
Insufficient control	Father	128	5.60	3.881	-3.497	0.001
	Mother	128	7.16	3.240		
Emotional rejection	Father	128	3.37	2.522	0.405	0.686
	Mother	128	3.24	2.413		
Over-expectations	Father	128	5.74	2.895	5.072	0.000

Overall	Mother	128	3.92	2.847	-0.528	0.598
	Father	128	34.45	20.585		
	Mother	128	35.77	19.665		

Emotional Abuse Exposure Level

The rate of exposure to emotional abuse was calculated by taking the overall scale score (120) of each respondent and classifying it into one of three categories: non-abusive = below 30, sometimes/often abusive = 31-90, and always abusive = above 90 (Hamed Tawfik et al., 2021) as illustrated in Table 5. The highest category was “Sometimes/often abusive”, where a total of 55.5% (N = 71) were sometimes/often abused by their mothers, and 52.3 % (N = 67) were sometimes/often abused by their fathers. The lowest category was “Always abusive”, where 1.6% (N = 2) were always abused by their fathers, and 1.6% (N = 2) were always abused by their mothers.

Verbal Abuse. In terms of parental verbal abuse, 49.2 % and 57.8% of the sample were sometimes/often verbally abused by their fathers and mothers, respectively. Followed by 47.7% and 37.5% of the respondents who were not verbally abused by their fathers and mothers, respectively. While only 3.1% experienced severe verbal abuse by their fathers and 4.7 % by their mothers.

Over control. As for parental overcontrol, 60.9% of the participants were not abused, 38.3% were sometimes/often abused, and 0.8% were always abused by their fathers. While 57.8% were not abused, 41.4% were sometimes/often abused, and 0.8% were always abused by their mothers.

Terrorizing. Regarding parental terrorizing behavior, 82 % and 80.5% of the respondents were not abused by their fathers and mothers, respectively. Followed by 19.5% and 17.2% of the participants who were sometimes/often abused by their mothers and fathers, respectively. Whereas only 0.8% were always abused by their fathers.

Insufficient Control. In terms of parental insufficient control, 54.7% of the participants were not abused, 44.5% were sometimes/often abused, and 0.8% were always abused by their fathers.

While 32% were not abused, 68% were sometimes/often abused by their mothers.

Emotional Rejection. Concerning maternal emotional rejection, 58.6 % of the sample were not abused, 39.8% were sometimes/often abused, and 1.6% were always abused. As for paternal emotional rejection, 53.9% of the participants were not abused, 44.5% were sometimes/often abused, and 1.6% were always abused.

Over-expectations. As for parental over-expectations, 21.1% of the respondents were not abused by their fathers, and 51.1% were not abused by their mothers. Out of the total sample, 68% and 45.3% were sometimes/often abused by their fathers and mothers, respectively. Yet, 10.9% of the respondents were always abused by their fathers, and 3.1% by their mothers.

Table 5

Frequencies and Distribution of Emotionally Abusive Types Performed by the Fathers and Mothers of the Sample.

<i>Abuse Type</i>	<i>Classification</i>	<i>Father</i>		<i>Mother</i>	
		<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Verbal Abuse	Non- abusive	61	47.7	48	37.5
	Sometimes/ often abusive	63	49.2	74	57.8
	Always abusive	4	3.1	6	4.7
Over Control	Non- abusive	78	60.9	74	57.8
	Sometimes/ often abusive	49	38.3	53	41.4
	Always abusive	1	0.8	1	0.8
Terrorizing	Non- abusive	105	82.0	103	80.5
	Sometimes/ often abusive	22	17.2	25	19.5
	Always abusive	1	0.8	0	0
Insufficient control	Non- abusive	70	54.7	41	32.0
	Sometimes/ often abusive	57	44.5	87	68.0
	Always abusive	1	0.8	0	0.0

Emotional rejection	Non- abusive	69	53.9	75	58.6
	Sometimes/ often abusive	57	44.5	51	39.8
	Always abusive	2	1.6	2	1.6
Over-expectations	Non- abusive	27	21.1	66	51.6
	Sometimes/ often abusive	87	68.0	58	45.3
	Always abusive	14	10.9	4	3.1
Emotional abuse (Overall)	Non- abusive	59	46.1	55	43.0
	Sometimes/ often abusive	67	52.3	71	55.5
	Always abusive	2	1.6	2	1.6

Parental Role Modeling and Parenting Styles

Three questions were added at the end of the survey to explore the intergenerational pattern of parenting behavior and whether the emotionally abused participants decided to adopt a different or similar parenting approach with their children; “My father is my role model for the way I parent.”, “My mother is my role model for the way I parent.” and “My parenting style is very different from my parents’.”

Parenting Styles and Emotional Abuse. To answer the research question of whether or not experiencing parental abuse influenced parenting styles, a chi-square test of independence was conducted. It was found that respondents were significantly more likely to parent differently than their parents if their parents had been abusive, $\chi^2 (2, N = 128) = 11.83, p=.003$. See Table 6.

Table 6

Crosstabulations of Different Parenting Styles and Emotional Abuse Score.

<i>Emotional Abuse Classification</i>		<i>Different Parenting Styles</i>		<i>Pearson Chi-Square</i>	<i>Contingency Coefficient</i>	<i>P.value</i>
		<i>Yes</i>	<i>No</i>			
Non-abusive	N	18	33	11.838a	0.291	0.003
	%	35.3%	64.7%			
Sometimes/often abusive	N	48	27			
	%	64.0%	36.0%			
Always abusive	N	2	0			
	%	100.0%	0.0%			

To see if there was a gendered relationship between parental role modeling and emotional abuse, a chi-square test of independence was conducted for both the participants' mothers as role models and the participants' fathers as role models. Respondents were significantly less likely to model their parenting after their mother if the mother was abusive, $\chi^2 (2, N = 128) = 29.08, p = .000$, but there was no significant relationship between paternal abuse and role modeling (see Table 7).

Table 7

Crosstabulations of Parental Role Modeling and Emotional Abuse Score.

Emotional Abuse		Yes	No	Pearson Chi-Square	Contingency Coefficient	P.value
Father as a Role Model						
Non- abusive	N	39	12	.384a	0.055	0.535
	%	76.5%	23.5%			
Sometimes/ often abusive	N	28	47			
	%	37.3%	62.7%			
Always abusive	N	0	2			
	%	0.0%	100.0%			
Mother as a Role Model						
Non- abusive	N	41	10	29.080a	0.430	0.000
	%	80.4%	19.6%			
Sometimes/ often abusive	N	25	50			
	%	33.3%	66.7%			
Always abusive	N	0	2			
	%	0.0%	100.0%			

Semi-Structured Interview

Four main themes were identified from the interviews: parenting background; parenting behaviors; protective factors that helped the interviewees pursue a more positive parenting approach; and parental aspirations (see Figure 4).

Parenting Background

This theme gives an overview of the interviewees' backgrounds. It consists of three sub-themes: negative childhood experiences; drivers for changing the parenting approach; and intergenerational differences between parenting in the past and nowadays.

Negative Childhood Experiences. All eight interviewees recalled various negative experiences from their childhood. All experienced emotional neglect and unresponsiveness; six experienced this type of PM from one parent, and the other two from both parents. One interviewee said, "I cannot recall a single time where my father hugged me or expressed emotions". Moreover, six interviewees experienced spurning, including feeling devalued and ridiculed. Five interviewees were subjected to terrorizing behaviors and over-expectations from their parents, such as inducing fear through exhibiting unpredictable reactions, threatening to tell the father or expose their weaknesses in front of others, and placing high expectations beyond their ability. One interviewee said, "My father used to criticize me harshly in front of other family members". Another interviewee stated, "My mother did not use corporal punishment, but she used to threaten us (I and my sibling) to tell my father so he would beat us up when he came home". One of the interviewees also said, "My father pressured me to achieve high academic results in high school to get enrolled in the faculty of Tourism and Hotels, but it was beyond my abilities... I barely finished high school". Seven interviewees reported experiencing moderate to severe verbal aggression, including harsh criticism, negative feedback, constant fighting, nagging, and blaming the child for making mistakes. Three interviewees reported over-protection, such as placing unreasonable and unrealistic restrictions and rules, and one reported witnessing IPV.

Even though all interviewees experienced different forms of psychological maltreatment, four interviewees experienced moderate to severe physical punishment. One of the interviewees said, "My

father used to beat me up not because he was angry or lost control... he was convinced that discipline means severe corporal punishment... beating up was a rational and conscious decision; it was not impulsive”.

Drivers for Changing the Parenting Approach. Seven interviewees mentioned that the negative impact they experienced because of how they were parented during childhood was the main motive to change their parenting behavior to see a different outcome. One of the interviewees said, “I always reflect on what my parents did and what was its impact to avoid with my kids”. For example, a mother mentioned that she learned that feedback should be balanced because harsh criticism was destructive for her when she was a child. Two interviewees talked about how they express emotional warmth to their children because they missed that feeling during their childhood. One of the mothers mentioned that she does not wish to cause harm or, as she put it, “dark spots,” to her child as her parents did to her.

Intergenerational Differences. The interviewees mentioned several differences between parenting in the past and today. Five interviewees noted that the level of awareness in terms of parenting and psychological knowledge has increased. However, five mothers pointed out that even though the awareness has increased, parenting has become more complex and challenging. One of the parents said, “Nowadays, we must treat children with more delicacy... In the past, they did not care much about the psychological consequences of their actions... I believe my generation is psychologically damaged because, during our childhood, our parents did not put our psychological well-being into consideration”. Moreover, five interviewees felt that this generation requires a different parenting approach due to the current level of openness to the world. They elaborated that the internet, social media, and exposure to other cultures, made parenting more challenging in terms of protecting children and answering their curious inquiries. One of the mothers said, “We must be

up-to-date, creative, and innovative to cope with the modern era and its challenges and better understand our children”. Another interviewee highlighted that their parents did not have the privilege of seeking professional help, such as going to a psychiatrist or a psychologist, because of the stigma attached to it, but today, it is more acceptable and normal to seek help when needed.

Parenting Behaviors

The interviewees touched upon different aspects of their parenting behaviors, such as emotional warmth and availability, the strategies that they follow in disciplining their children, and the various challenges that they face with their children.

Emotional Warmth and Availability. All eight interviewees discussed how they care a lot about expressing their emotions to their children through hugs, kisses, kind and positive words, and spending time with them because they missed emotional warmth during their childhood, and they do not want their children to feel the same as they did. One of the interviewees said, “My father used to work all day every day to provide for the family, but he did not spend any time with us... I would rather invest in spending more time with my son than work, even if it means less income”. Another interviewee explained how she expressed different emotions in different situations in front of her son to teach him how to understand, express, and deal with his feelings.

Positive Discipline Strategies. Five interviewees talked about the removal of privileges as a discipline strategy. Privileges varied according to the child’s age, such as TV, iPad, a toy, an outing, or going to the club. As one interviewee stated, “Removing privileges, so far, is more effective than traditional methods such as shouting or talking down...they will always remember the mistake they made or the lesson because a privilege was taken from them”. Moreover, five parents mentioned that they talk with their children about the unwanted behavior and explain why it is wrong and explain the desired behavior, then agree on the consequences if those undesired behaviors happen again. One of

the interviewees elaborated that it is crucial to explain and discuss the undesired behavior with our children because we cannot control or monitor them forever, so we must teach them the values so they can decide for themselves when they grow up. Two interviewees explained that if the situation is intense and someone is outraged, we take time to calm down before talking about it. “But I am trying to resolve things quickly and not keep them waiting”. Two more parents mentioned that during their talk with their children, they focus on reassuring their children how much they unconditionally love them, but they don’t like the action they do.

Parenting Challenges. The interviewees talked about various challenging situations where they felt helpless and lost even after trying all their approaches to handle things. Four parents mentioned embarrassing situations in public because of their children’s stubborn behavior, hyperactivity, severe tantrums, or anger outburst. Four interviewees expressed the difficulty of dealing with their children during the tween age (8-12 years old). For example, being stubborn and keeping bad friends, and understanding the emotional and physiological changes during this phase. One of the interviewees explained that she is trying to teach her son the difference between love and respect when dealing with female friends, but there is a struggle inside her because she was raised to believe that she cannot talk or communicate with any male friends. Another parent stated, “Tween and teen ages... It is hard to deal with my kids during this age... I cannot say that I reached something, but I did not give up because I cannot give up... I keep trying different approaches”. Another interviewee mentioned that, in general, dealing with mental health issues is very challenging, especially with girls, because it is hidden, and you have to dig deeper to find out why the child is acting the way they do.

Protective Factors

During the interviews, interviewees referred to various factors that helped them adopt a more positive parenting approach than how they were raised during their childhood. These factors are classified into individual-level factors, relationship-level factors, and other factors that influence child-rearing practices.

Individual Level. Five interviewees talked about “self-awareness”, “self-regulation”, and “accountability”. One of the parents stated, “I zoom out on the situation to see what is happening from a third eye and reflect on how I used to feel when I was in a similar situation as a child... then I stop if I’m doing something wrong”. Another interviewee mentioned that “I always observe my behavior and hold myself accountable for the impact of my behavior on my children,” and another said that she tries to remove her stressors whenever possible. One interviewee stated that they try to deal with life challenges so that they would not affect the children because they are a gift from God. Moreover, seven interviewees talked about other personal competencies, such as resilience and positive reframing of their adverse childhood experiences, as a learning opportunity to behave positively and deal differently with their children.

As for the strategies for coping with stress, two interviewees talked about their self-care strategies, such as spending some quality time by themselves, meditating, doing sports, or keeping a journal. Two other parents discussed how their spiritual relationship with God through worshipping and praying helps them deal with stress and challenging life situations. As one parent said, “I know that God will never leave me, so I am casting all my worries on him, and I know that he will take care of me.”

Relationship Level. Seven parents stated that having a supportive intimate partner is a significant factor in dealing better with the children, especially when the parenting values are similar

and when they can address any differences through good communication to reach an agreement. An interviewee stated, “We are always in sync and in the same direction. We read a lot, reflect, and discuss together... we always talk if there is a difference of opinion before we get back to the kids with the final decision... there must be consensus about whatever is happening”. Moreover, five interviewees mentioned that social and emotional support, whether from family or friends, helps them release stress, and one of the interviewees said that they reach out to trusted friends for consultations when appropriate. Another two interviewees mentioned that their siblings are a great support system for them.

Community Level. At the community level, community services, religion, and cultural factors were mentioned. One of the interviewees mentioned that counseling services helped her deal with childhood wounds and traumas. It allowed the interviewee to understand herself and deal with her emotions, which consequently helped her deal better with her children. Furthermore, two parents talked about the parenting educational programs and websites and how they helped them understand their children through the different developmental phases. In contrast, three other parents were against the parenting programs and believed that they are useless. They further explained that parenting programs are only effective if there are programs that are tailored to the specific needs of certain age groups. One of the interviewees said,

I did not like positive parenting programs because they try to make it ‘one size fits all’, and it does not really work that way... as we said earlier, parenting does not come with a manual or a list of dos and don’ts ... It does not work that way... there are many factors involved, such as the child's characteristics and family circumstances, and so on....

Two interviewees mentioned religion as the main factor that guides their parenting behavior. As one of the interviewees said, “Religion has a huge influence on the way I raise my kids, as it was a

big thing during my upbringing, and I'm trying to instill this in my kids as well". In addition, two other parents talked about their knowledge and awareness due to exposure to their cultures that helped them adopt different techniques to deal better with their children.

Parental Aspirations

In this section, the interviewees talked about their role models in parenting, their goals for their children in terms of their relationship with them and their development, and the support they need to achieve these goals.

Role Models. When asked about their role models or the most significant influence as parents, six parents mentioned that they do not have a specific role model in parenting. Still, they learn good qualities, skills, and parenting techniques from other parents around them. For example, two interviewees mentioned that they appreciate parents who have a relationship with their children that is built on trust. One interviewee further stated that she likes those who have a strong bond with their children to the extent that they are not afraid of them, but are afraid to do something that might upset their parents. The other two interviewees mentioned specific examples of people who are close to their children and have a loving and supportive relationship with them. One of them further explained that her role model could deal with each of her children in a way that suits their personalities and characteristics, "not one size fits all", consequently, her children always feel safe to talk with and consult her whenever they need.

Parent-Child Relationship Goals. All eight interviewees mentioned that they aim to build a caring, loving, and supportive relationship with their children. They expressed how they want their children to feel safe and have "open communication channels" with them to speak up about their problems and concerns. One of the parents stated, "I would like to be a haven for my children... a safe haven where they can find peace, comfort, and warmth... this is what I aim for my relationship with

my children to be”. Another parent said that children are a gift from God and that they will do their best to make them feel loved, happy, and supported.

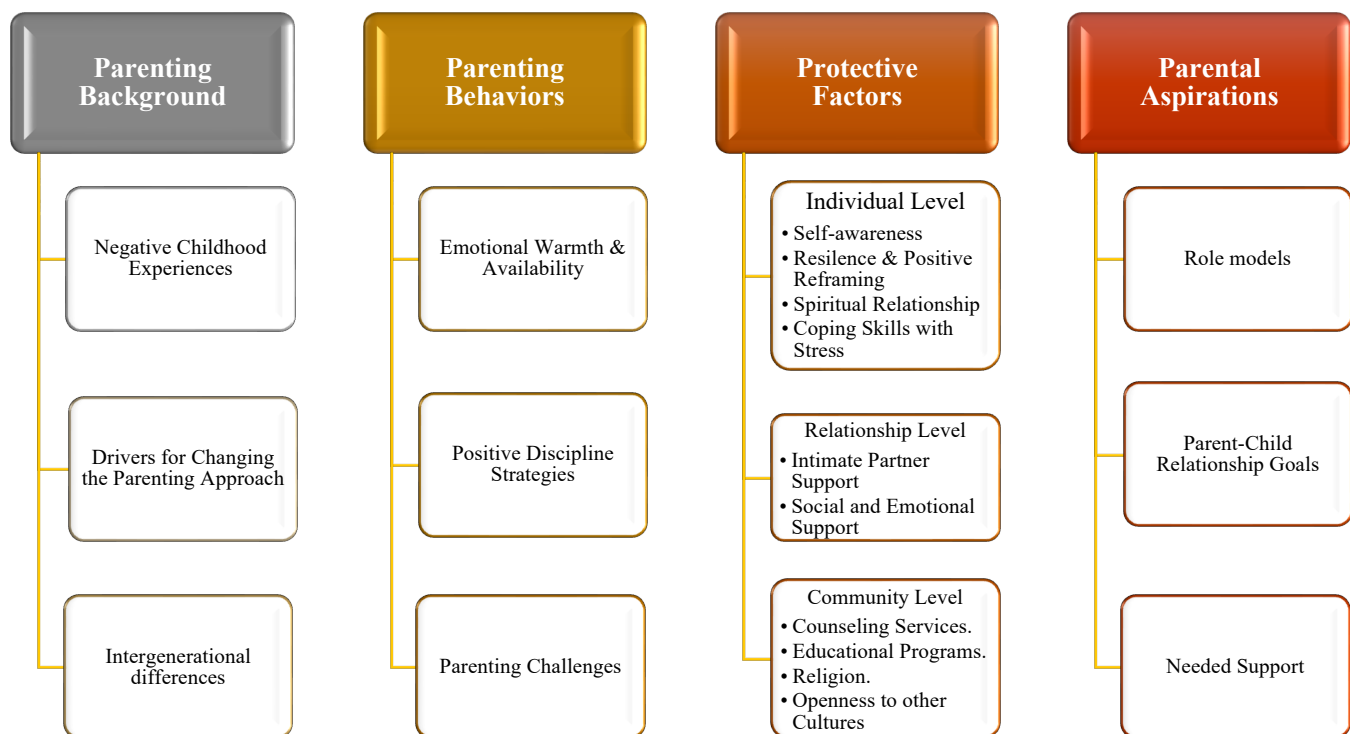
When asked about their goal for the development of their children, all interviewees mentioned that they want their children to be free to choose what they want in life and be happy and successful in whatever they choose to do in life. One interviewee said, “There is no specific model that I would like them (the children) to follow... My spouse and I are trying to explore their hobbies and interests to help them discover their potential, so they can walk the road they choose for themselves, not the one we choose for them”. Two parents mentioned that they try to teach their children some values and developmental skills to help them later in life, such as financial literacy, prioritization, helping others, and serving the community. Two other parents talked about their desire to raise psychologically healthy and balanced children.

Needed Support. The interviewees touched upon various kinds of support required to achieve the relationship goals with their children. Three parents mentioned that they need support groups, “a safe space” where they can upon up and share their challenges and experiences because parenting is challenging and requires external support. One of the parents mentioned the need for “a community” that shares their same values and principles, a community that “speaks their same language” for their children to grow up in. Three parents expressed their need for good parenting programs tailored for each age group because each stage has different needs and requires different approaches, “not one size fits all”. In addition, one of the interviewees highlighted that the market is full of people who call themselves parenting coaches. Still, they are not well-educated, and they talked about the need for a well-educated and experienced consultant to help them figure out how to deal appropriately with the challenging situations and behaviors they encounter with their child, “someone trusted whom I can go to when I feel lost”.

On the other hand, two interviewees highlighted that providing counseling programs for new parents is crucial and should come before educating programs to help them heal from their childhood wounds and traumas and correct the distorted perceptions of motherhood and fatherhood. As one parent said, “Raising awareness about positive parenting without providing inner healing/counseling programs is like stuffing the brain with mere information that can hardly be applied”. Moreover, three parents talked about the economic stressors and their cruel work conditions. They further elaborated that they do not have enough time and energy to build the kind of relationship they wish to have with their children. One of the interviewees stated, “If there are no time and financial stability, we will be struggling all the time... If time and money are not an issue, there will be stability and consequently a better relationship with the kids”.

Figure 4

List of themes and Sub-themes.



Discussion

This study explored the intergenerational patterns of parenting behavior and emotional abuse among Egyptian parents. It was found that slightly more than half of the sample experienced moderate to severe levels of emotional abuse. The most common types of EA reported were over-expectations and verbal abuse, and the least common was terrorizing. There was a significant gender difference in EA, with the participants' fathers more likely to exhibit over-expectations and mothers more likely to exhibit insufficient control. Contrary to expectations, more than half of the respondents reported that they decided to adopt different parenting styles from their parents. This was particularly true for those who had been abused. It was found that respondents were less likely to view mothers who had been abusive as role models, but the abuse had no significant effect on viewing fathers as role models. In addition, there was a weak significant relationship between childhood emotional abuse and adopting different parenting approaches. Four main themes were identified from the qualitative data analysis, including parenting background, parenting behaviors, protective factors, and parental aspirations. The analysis derived several protective factors: self-awareness and regulation, accountability, stress-coping skills, resilience, positive reframing, spiritual relationship, intimate partner support, social and emotional support from family and friends, and community services, including counseling services and parenting education programs.

Parental Emotional Abuse

The present research showed markedly lower rates of emotional abuse than an earlier study in Egypt that used the same scale (Hamed Tawfik et al., 2021). Possible explanations for those different results may include the present study results being based on recalled experiences from childhood which may be dimmed or biased over the years. Moreover, the vast majority of the respondents in the present study reside in Cairo and Giza governorates. In contrast, the other study was conducted in the

Minia governorate, and thus the results might be different due to cultural, educational, or socioeconomic differences among the governorates in Egypt. As Mohammed et al. (2016) mentioned, the cultural system in Upper Egypt tends to be harsher and stricter, especially towards females. Interestingly, however, results related to parental over-expectations were quite similar to this earlier research. The authors of this research explained that this result might be because education is a huge concern for most Egyptian parents, so they tend to push their children to achieve high academic results that might be beyond their abilities (Hamed Tawfik et al., 2021).

It was surprising to discover that the participants' mothers scored significantly higher than the participants' fathers in terms of being busy and not having time for their children. One of the potential explanations for this result is that mothers might be at home with their children but busy with daily chores and housework. Another explanation is that children have higher expectations for the involvement and availability of their mothers than their fathers. Moreover, one of the interviewees mentioned that there was no channel for communication with their parents. Thus, even though they are in the same place, they do not interact or spend quality time together. Another interviewee mentioned that their mother used to work a lot, and after work, she was overwhelmed and psychologically drained.

Parental Modeling

According to the literature, parenting patterns tend to be repeated across generations (Cowan, C. P. & Cowan, P. A., 2018; Roskam, 2013). However, contrary to what was expected, over half of the respondents did not see their parents as role models. This may be because childhood abuse was connected to adopting a different parenting approach, and over half of the respondents reported being abused as a child. This was particularly true for abusive mothers; abuse by a father did not affect the parenting approach. A possible explanation for this finding is that the respondents' perception of the

“father role” might be different from the “mother role”. Fathers are expected to protect and provide for their families, while mothers are expected to discipline, nurture, love, and care. Thus, the effect of negative maternal behaviors might be much greater than negative paternal ones. Especially since the main constructs of the expected mother's role are the base for building a healthy parent-child relationship and building the child's self-esteem and, consequently, less cognitive, emotional, and developmental difficulties for children (Seay et al., 2014).

Interestingly, 35% of the respondents chose to parent differently even though they were raised with non-abusive parents and in a relatively healthy environment. Some of those respondents explained that they follow the same principles but with a different approach because parenting nowadays is more challenging than in the past. One of the interviewees, who experienced paternal abuse only and reported that his parenting style was different even though his mother was his role model, explained that the awareness of alternative discipline approaches and the psychological consequences of parenting behaviors that shaped their parenting approach increased nowadays more than in the past.

On the other hand, 36% of the survey respondents whose parents sometimes/often abused reported that their parenting approach is the same as their parents. Some respondents explained that they want to do better, but when they experience stressful or challenging situations with their children, they find themselves reacting exactly like their parents and doing the same things that used to annoy them when they were children. This is similar to what was explained in previous research, individuals who experienced emotional abuse during their childhood are at greater risk for abusing their children (Cowan, C. P. & Cowan, P. A., 2018). However, another possible explanation for this result is that these parents may lack the awareness of positive discipline approaches to deal with challenging situations, so they follow the strategies of their parents. This explanation is consistent

with the results of a study conducted among Egyptian parents by Hanna (2016), where most participants stated that they gained their parenting techniques from family, friends, and online materials.

Protective Factors

One of the key findings of the analysis of the interviews is that individuals and newly married couples need counseling services to recover from adverse childhood events or hidden traumas. Several interviews stated that the therapeutic journey they went through helped them understand the psychological consequences of the abusive behaviors of their parents and, eventually, enlightened them to implement more positive child-rearing practices with their children. This finding is consistent with previous studies that stated self-awareness, positive reframing, post-traumatic growth, and resilience as individual-level protective factors against PM (Austin et al., 2020; Maples et al., 2014; Mohr & Rosén, 2017).

As for positive discipline strategies, the positive deviant parents mentioned using the removal of privileges, clear communication about the undesired behaviors while assuring the child that they are always loved, and guidance and promotion of the desired behaviors. This is consistent with the literature in terms of using non-violent discipline methods and having good communication, which are key protective factors against PM (Butchart et al., 2020; Panisch et al., 2020; Seay et al., 2014; Van der Asdonk et al., 2020; Wolfe & McIsaac, 2011).

Another main protective factor that emerged during the interviews is emotional and social support. Almost all positive deviants reported having a supportive intimate partner, and more than half of them mentioned that emotional support from family and friends helped them alleviate stress. This is consistent with several researchers who found that support from family, friends and intimate

partners helped parents release stress and consequently reduced parental abusive behaviors toward children (Austin et al., 2020; Panisch et al., 2020).

Moreover, unpredictably, some positive deviant parents mentioned that parenting educational programs were not helpful for them and did not play a role in changing their parenting behavior. This finding contradicts the results of a previous study conducted by Gülırmak and Orak (2020), which confirmed the effectiveness of parenting education programs in raising awareness about unrealistic parental expectations and improving child-rearing practices. However, one of the possible explanations for this discrepancy is that the provided education might have been incompatible with the children's characteristics or only offered lists of "dos and don'ts", which might have been overwhelming for the parents. Moreover, maybe those positive deviants already had the needed knowledge and awareness and improved positive child-rearing practices before receiving parenting educational programs; thus, they were ineffective.

Another important finding is that several positive deviant parents still suffer from the harsh work conditions and economic burdens, which takes them much effort to deal with work-related stress and financial challenges and leaves them overwhelmed and not having enough energy and time for their children. This comes in line with the literature regarding the need for policies and initiatives that eliminate the financial burden and increase family incomes to eliminate parental stress and, consequently, parental PM (Austin et al., 2020; WHO, 2020).

Regarding the parent-child relationship goals of the interviewed individuals, they all stated that they aspire to build a safe, compassionate, and supportive relationship with their children. They also mentioned that they aim for their children to be free and independent, yet they teach them the values and principles that help them choose their paths in life. These parental attitudes that balance showing affection and acceptance while providing control and guidance represent Baumrind's (1971)

definition of authoritative parenting, which is linked to better results compared to other parenting styles. Studies showed that authoritative parenting is linked to children's high self-esteem and less internalized problems (Pali et al., 2021; Louis et al., 2021). Moreover, it reflects "positive parenting" as defined by the systematic review of Seay et al. (2014); which is maintaining a healthy relationship with the child built on affection and care, offering guidance to correct and regulate the child's behavior, responsiveness to the child's needs, and good communication.

Study Limitations and Recommendations for Future Research

The results of this study must be seen in light of some limitations. First, the survey responses were based on recalled childhood experiences which may be biased or have dimmed over the years. Furthermore, given a common belief in Egypt that when someone passes away, it is prone to speak highly of their good deeds, "not speaking ill of the dead"; therefore, this belief may have influenced some of the responses of those whose parents have passed away by not reporting the negative parental behaviors, therefore present more positive results than the reality.

The survey responses might have been influenced by the self-selection bias since the participants voluntarily participated in this study, and thus, most of the participants tend to be well-educated, from relatively high socio-economic classes, and may have strong views about the research topic. The interview discussions might have also been biased by social desirability, where the interviewees may have mentioned only the positive things and the good parts about their parenting behaviors in order to reflect a more positive image than reality.

The findings cannot be generalized to the Egyptian population for several reasons. First, the sample size was relatively small ($N = 128$). Second, 93% of the respondents reside only in Cairo and Giza governorates, so it is recommended to expand research to other governorates, especially in Upper Egypt, since studies showed that strict and harsh cultural systems play a role in PM rates

(Hamid Tawfik et al., 2021; Mohammed et al., 2016). Moreover, nearly 75% of the sample were females, so the males were not equally represented in the sample. Furthermore, regarding the methodology, the research tools were conducted online, so they targeted social media users. Results also showed that the majority of the studied sample was highly educated. Thus, the sample lacked the representation of less educated individuals and disadvantaged groups who may not have access to computers or smartphones. Therefore, it is recommended for future research to reach out to these populations to ensure the diversity of the sample and, consequently better understanding of the scope of parental PM in Egypt.

Another significant limitation is that, according to the survey results, around 90% of the survey respondents and all positive deviant interviewees were married. Accordingly, since intimate partner support was one of the major protective factors, further research is needed to explore the protective factors of divorced, widowed, or single positive deviant parents.

Moreover, as the results showed that the participants' mothers scored high in terms of unavailability, future research could examine the differences in parenting behaviors between working mothers and at-home mothers and between mothers who receive assistance with household chores (e.g., from grandparents, nannies, or cleaners) and those who do not.

Since the results indicated a gendered difference in some parental abusive behaviors among the studied sample, future research could further examine the difference and prevalence in types of abuse between the participants' mothers and fathers. Moreover, even though it was beyond the scope of the study, exploring the difference in childhood PM rates between individuals who grew up with their biological parents and those who grew up with other primary caregivers, including grandparents, alternative/foster parents, or first-degree relatives, might be useful for a better understanding of the scope of PM in Egypt.

Recommendations to Eliminate Parental Psychological Maltreatment

Various suggestions emerged from the analysis of the interview discussions with positive deviants to empower and support parents and, consequently, help eliminate parental PM.

- Provide counseling services for newly married individuals to help them better understand themselves and heal from negative or traumatic childhood experiences before becoming parents.
- Design social media campaigns and collaborate with religious institutions to raise awareness among newly married couples and new parents about the importance of those counseling services to help them reflect on the way they were parented and help them identify the change they would like to achieve with their children/future children.
- Develop parenting programs tailored to the needs of the targeted group, whether through the child's age category or specific problems faced by the parents, and programs that are attuned to the parents' cultural background. As Seay et al. (2014) reported, the lack of positive parenting awareness is linked to child abuse which causes emotional, social, and cognitive difficulties for children.
- Provide safe spaces where parents interact with each other (support groups) to release parental stress, discuss their challenges, and share their experiences and knowledge. As Austin et al. (2020) and Butchart et al. (2020) mentioned, social cohesion plays a significant role in eliminating PM, even with the presence of other risk factors.
- Design interventions that aim to correct the distorted perceptions of "fatherhood" and "motherhood" to better clarify the father role and mother role to avoid higher expectations and diffusion of responsibilities. Especially since, according to the results, mothers tend to

face much larger burdens and higher expectations in terms of caregiving and emotional responsiveness to their children.

- Develop strength-based initiatives that help eliminate financial stressors by improving the economic status and implement policies that aim to improve the work conditions in Egypt since it was one of the parenting challenges even among positive deviants who reported not having enough time and energy because of the cruel work conditions. As mentioned earlier, child protection laws should include laws that help eliminate risk factors and promote protective ones (WHO, 2020).

Conclusion

While all types of child maltreatment have detrimental effects, PM might be the most damaging and common form of abuse, one that is likely to be passed from generation to generation. In Egypt, in particular, PM is often mistaken for normal parenting. This study found high rates of childhood PM among Egyptian parents, but also found that many of these parents were aware of the negative impact of their parents' behaviors and were trying to do better with their own children. There is much we can learn from these parents about how to design interventions that can prevent PM. Teaching parents skills for self-awareness, emotional regulation, stress-coping skills, resilience, and positive reframing, providing them with counseling services and opportunities for building a social support system, and educating them about PM and appropriate positive child-rearing practices will be important if we want a better world where children can thrive and fulfill their potential.

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Appendices

Appendix A: English Consent Forms



Documentation of Informed Consent for Participation in Research Study

Project Title: Exploring the Intergenerational Parenting Behavior in Egypt.

Principal Investigator: Sylvia Said, sylviasaid@aucegypt.edu

You are being asked to participate in a research study. The purpose of the research is to explore the intergenerational patterns of parenting behavior. The findings may be published and presented. The expected duration of your participation is 20 minutes.

The procedures of the research will be as follows: You will be asked to answer a questionnaire about your childhood and what was it like growing up with your parents or primary caregivers.

At the end of the questionnaire, you will be asked if you are willing to participate in an online interview that will be held on another date on the Zoom platform. If you agree, you will be asked to provide your contact information. If you proceed with the questionnaire, you may choose not to do the interview; thus, you are not required to provide your contact information.

Answering questions about your childhood and what was it like growing up with your parents or primary caregivers and challenges might make you experience some discomfort. You are free to discontinue the questionnaire should you feel uncomfortable. You will be provided with the contact information for some counseling centers to help you deal with any stress or discomfort that may result from this questionnaire if you would like

The research may benefit you by giving you an opportunity to reflect on your parenting experience and identify the change you would like to achieve. Your participation will help us identify the patterns of parenting behavior to help raise psychologically healthy children.

The information you provide for the purposes of this research is anonymous and confidential. You will not be identified in any description or publication of this research. Only the researchers will have access to the questionnaire responses, which will be kept in a password protected file.

Any research-related questions or inquiries should be directed to the principal investigator, Sylvia Said, at sylviasaid@aucegypt.edu.

Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or the loss of benefits to which you are otherwise entitled.

By clicking next, you agree that you have read and understood the information included in this form and consent to participate in this study.



Documentation of Informed Consent for Participation in Research Study

Project Title: Exploring the Intergenerational Parenting Behavior in Egypt.

Principal Investigator: Sylvia Said, sylviasaid@aucegypt.edu

You are being asked to participate in a research study. The purpose of the research is to identify the protective factors against parental psychological maltreatment among Egyptian parents to help raise psychologically healthy children. The findings may be published and presented. The expected duration of your participation is 45-60 minutes.

The procedures of the research will be as follows: You will be asked to answer interview questions about your parenting experience. The interview will be held on the Zoom platform on an agreed-upon date and time. If you consent, the interview will be recorded in audio and video to ensure accuracy.

Talking about your parenting experiences and challenges might make you experience some discomfort. You are free to refuse to answer questions should you feel uncomfortable. You will be provided with the contact information for some counseling centers to help you deal with any stress or discomfort that may result from this interview if you would like.

The research may benefit you by giving you an opportunity to reflect on your parenting experience and identify the change you would like to achieve. Your participation will help us identify the protective factors against parental psychological maltreatment to help raise psychologically healthy children.

The information you provide for the purposes of this research is anonymous and confidential. You will not be identified in any description or publication of this research. Only the researchers will have access to the interview responses, which will be kept in a password protected file.

Any research-related questions or inquiries should be directed to the principal investigator, Sylvia Said, at sylviasaid@aucegypt.edu.

Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or the loss of benefits to which you are otherwise entitled.

I have read the information mentioned above and had the chance to ask questions. I consent to participate in this interview.

Signature _____

Name _____

Date _____

Appendix B: Arabic Consent Forms

الجامعة الأمريكية بالقاهرة

استمارة موافقة مسبقة للمشاركة في دراسة بحثية

عنوان البحث: استكشاف سلوك الأبوة والأمومة بين الأجيال في المجتمع المصري.

الباحث الرئيسي: سلفيا سعيد

البريد الإلكتروني: sylviasaid@aucegypt.edu

أنت مدعو للمشاركة في دراسة بحثية الهدف منها استكشاف انماط سلوك الأبوة والأمومة والمساعدة في انشاء أطفال اصحاء نفسيا .

يحتمل نشر و عرض نتائج الدراسة في دورية متخصصة أو مؤتمر علمي أو ربما كليهما .
المدة المتوقعة لمشاركتك هي عشرون دقيقة .

اجراءات الدراسة تشتمل على:

سوف يطلب منك الإجابة على أسئلة الاستبيان حول طفولتك وكيف كانت طريقة التربية وشكل الحياة مع والديك أو مقدمي الرعاية الاساسيين. في نهاية الاستبيان، سيتم سؤالك إذا كنت على استعداد للمشاركة في مقابلة عبر الإنترنت ستجرى في تاريخ آخر على منصة Zoom. إذا وافقت، فسيطلب منك تقديم معلومات الاتصال الخاصة بك. إذا تابعت الاستبيان، فيمكنك اختيار عدم إجراء المقابلة؛ وبالتالي، فأنت غير مطالب بتقديم معلومات الاتصال الخاصة بك.

قد يوجد عدم ارتياح أو مضايقات مرتبطة بهذا البحث. يمكنك عدم استكمال الاستبيان إذا شعرت بعدم ارتياح أو مضايقة اثناء اجابتك عن حول طفولتك وكيف كانت طريقة التربية وشكل الحياة مع والديك أو مقدمي الرعاية الاساسيين. ويمكننا تقديم بيانات الاتصال ببعض مراكز الاستشارة والعلاج النفسي لمساعدتك في التعامل مع أي ضغوط أو عدم ارتياح قد ينتج عن هذا الاستبيان إذا كنت ترغب في ذلك.

قد يكون البحث مفيد بالنسبة لك من حيث انه يعطيك فرصة للتفكير في تجربتك مع الأبوة والأمومة وفي التغيير الذي تريد الوصول تحقيقه. ستساهم مشاركتك في هذا البحث في استكشاف انماط سلوك الأبوة والأمومة للمساعدة في انشاء أطفال اصحاء نفسياً .

المعلومات التي ستدلي بها لأغراض هذا البحث هي معلومات سرية بالإضافة الي احترام الخصوصية بحيث انه لن يتم تحديد هويتك في أي وصف أو نشر لهذا البحث. ولن يتمكن سوى الباحثين من الوصول إلى إجابات الاستبيان والتي سيتم حفظها في ملف محمي بكلمة مرور .

يجب توجيه أي أسئلة أو استفسارات حول البحث إلي سلفيا سعيد (الباحث الرئيسي) على sylviasaid@aucegypt.edu

ان المشاركة في هذه الدراسة ما هي الا عمل تطوعي. حيث أن الامتناع عن المشاركة لا يتضمن أي عقوبات أو فقدان أي مزايا تحقق لك. ويمكنك أيضا التوقف عن المشاركة في أي وقت من دون عقوبة أو فقدان لهذه المزايا.

بالنقر على "التالي"، فأنت تقرّ بقراءة وفهم المعلومات الواردة في هذا النموذج والموافقة على المشاركة في هذه الدراسة.

الجامعة الأمريكية بالقاهرة

استمارة موافقة مسبقة للمشاركة في دراسة بحثية

عنوان البحث: استكشاف سلوك الأبوة والأمومة بين الأجيال في المجتمع المصري.

الباحث الرئيسي: سلفيا سعيد
البريد الإلكتروني: sylviasaid@aucegypt.edu

أنت مدعو للمشاركة في دراسة بحثية الهدف منها تحديد عوامل الحماية ضد الإيذاء النفسي للأطفال من قبل الوالدين في المجتمع المصري للمساعدة في انشاء أطفال اصحاء نفسياً .

يحتمل نشر وعرض نتائج الدراسة في دورية متخصصة أو مؤتمر علمي أو ربما كليهما .
المدة المتوقعة لمشاركتك هي من خمسة وأربعون دقيقة الي ساعة .

اجراءات الدراسة تشتمل على:
سوف يطلب منك الإجابة على أسئلة المقابلة حول تجربتك مع الأبوة والأمومة. سيتم إجراء المقابلة عبر منصة Zoom في التاريخ والوقت المتفق عليهما. في حاله الموافقة، سيتم تسجيل المقابلة صوت وفيديو لضمان دقة البحث.

قد يوجد عدم ارتياح أو مضايقات مرتبطة بهذا البحث. يمكنك الامتناع عن اجابه سؤال او إيقاف المقابلة إذا شعرت بعدم ارتياح او مضايقه اثناء حديثك عن تجربتك وتحدياتك مع الأبوة والأمومة. ويمكننا تقديم بيانات الاتصال ببعض مراكز الاستشارة والعلاج النفسي لمساعدتك في التعامل مع أي ضغوط او عدم ارتياح قد ينتج عن هذه المقابلة إذا كنت ترغب في ذلك.

قد يكون البحث مفيد بالنسبة لك من حيث انه يعطيك فرصة للتفكير في تجربتك مع الأبوة والأمومة وفي التغيير الذي تريد تحقيقه. ستساهم مشاركتك في هذا البحث في اكتشاف عوامل الحماية ضد الإيذاء النفسي للأطفال من قبل الوالدين للمساعدة في انشاء أطفال اصحاء نفسياً .

المعلومات التي ستدلي بها لأغراض هذا البحث هي معلومات سرية بالإضافة الي احترام الخصوصية بحيث انه لن يتم تحديد هويتك في أي وصف أو نشر لهذا البحث. ولن يتمكن سوى الباحثين من الوصول إلى إجابات المقابلة والتي سيتم حفظها في ملف محمي بكلمة مرور .

يجب توجيه أي أسئلة أو استفسارات حول البحث إلي سلفيا سعيد (الباحث الرئيسي) على sylviasaid@aucegypt.edu

ان المشاركة في هذه الدراسة ما هي الا عمل تطوعي، حيث أن الامتناع عن المشاركة لا يتضمن أى عقوبات أو فقدان أى مزايا تحقق لك. ويمكنك أيضا التوقف عن المشاركة في أى وقت من دون عقوبة أو فقدان لهذه المزايا.

لقد قرأت المعلومات المذكورة أعلاه وأتحت لي الفرصة لطرح الأسئلة. أوافق على المشاركة في هذه المقابلة .

الامضاء:

اسم المشارك:

التاريخ:/...../.....

Appendix C: English Questionnaire

Please answer the following questions about your childhood and what was it like growing up with your parents or primary caregivers and put an X in front of those answers which hold true for you. For those questions that need explanations, please provide your answers below each question if desired.

About you:

I. Do you have a child aged 6-12 years old?

☐ Yes

☐ No. You do not have to fill in this survey. Thank you.

II. Gender: Male ☐ Female ☐

III. Age:

- 20 - 25
- 26 - 30
- 31 - 35
- 36 - 40
- 41 - 45
- 46 - 50
- 50+

IV. Marital Status:

Married ☐ Widowed ☐ Divorced ☐ Other ☐ (please specify) _____.

V. Role:

Father ☐ Mother ☐ Step mother ☐ Step father ☐

Other ☐ (please specify) _____

VI. How many children do you have, and what ages?

VII. Educational Degree(s): _____

VIII. Place of residence: Governorate: _____ Area: _____

IX. My family's financial status is

Very good ☐ Good ☐ Tolerable ☐ Bad ☐ Very bad ☐

1. My parents/primary caregivers used to get in fight with me.Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**2. During my childhood, my parents/primary caregivers used to criticize me while talking and communicating with me.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**3. My parents/primary caregivers did not take my words seriously.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**4. My parents/primary caregivers allowed me to have relationships with my friends.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**5. My parents/primary caregivers used to set unreasonable and unrealistic rules for me.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**6. My parents/primary caregivers used to care about what I did.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**7. My parents/primary caregivers used to blame me for making mistakes.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**8. The behaviors of my parents/primary caregivers were unpredictable.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

9. My parents/primary caregivers used to expect me to achieve academic results beyond my abilities.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

10. During my childhood, I was forced to do things that are not acceptable by the society.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

11. During my childhood, I have been treated in such a way that made me feel devalued.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

12. My parents/primary caregivers used to call me bad names.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

13. My parents/primary caregivers did not take my comments and suggestions into consideration.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

14. My parents/primary caregivers used to ban me from participating in social groups (sports clubs, arts clubs, etc..).

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

15. My parents/primary caregivers did not allow me to decide about my chores.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

16. My parents/primary caregivers did not provide any control or supervision on my relationships or what I did.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

17. My parents/primary caregivers used to respect my deeds and words.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

18. My parents/primary caregivers were sometimes very obsessive about what I do, whereas other times they did not pay attention to me at all; their twofold behaviors have left me confused.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

19. My parents/primary caregivers used to expect me to behave beyond my potential.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

20. During my childhood, I was forced to do things I did not want to, otherwise my parents/primary caregivers threatened to reveal my weak points in front of others.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

21. My parents/primary caregivers used to nag at me, no matter what I did.

Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐
 Other ☐ (Please mention)

22. My parents/primary caregivers used to be warm and affectionate toward me.Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**23. My parents/primary caregivers used to believe I should not have relationships with anyone except my relatives.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**24. My parents/primary caregivers used to lead me to do moral things.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**25. My parents/primary caregivers did not allow me to decide about my field of study.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**26. My parents/primary caregivers were available and had time for me.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**27. My parents/primary caregivers used to expect me to fulfill their high expectations.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**28. My parents/primary caregivers used to reject my feelings toward them.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)

29. My parents/primary caregivers have led me to mischief during my childhood.Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**30. My parents/primary caregivers used to allow me to choose my personal things based on my own taste and style.**Always ☐ Often ☐ Occasionally ☐ Rarely ☐ Never ☐

Including:

Father ☐ Mother ☐ Step father ☐ Step mother ☐Other ☐ (Please mention)**31. My father is my role model for the way I parent.**Yes ☐No ☐Explain: _____
_____**32. My mother is my role model for the way I parent.**Yes ☐No ☐Explain: _____
_____**33. My parenting style is very different from my parents'.**Yes ☐No ☐Explain: _____
_____**34. Additional comments:**_____
_____**35. Would you like to be contacted for an online interview to explore the topic further?**Yes ☐

Please provide the following information:

Name / Pseudonym: _____

Phone: _____

Email: _____

No ☐**Thank you so much for your time. Your participation is very important!**

Appendix D: English Semi-Structured Interview**1. Please tell me a little bit about your family.**

Probe:

- a. Describe your childhood – what was it like growing up with your parents?
 - How did your parents express their emotions towards you?
 - How did your parents punish you when you made mistakes?
 - How did they respond to your needs (e.g. emotional, medical, educational, etc.)?
- b. Describe your experience as a parent – what is it like raising your children?

2. Who is your role model / most significant influence as a parent? And why?**3. You said on the survey that you parent differently than your parents did. Can you tell me how your parenting is different and why you have chosen to parent differently than your parents?**

Probe:

- How do you discipline your children if they make mistakes?
- Are you available and have time for your children?
- How do you express your love and affection towards your children?

4. Parenting doesn't come with a manual; it is hard for all parents. There are too many expectations of parents nowadays and sometimes we don't realize that even "good parents" make mistakes. Do you ever get lost as a parent while dealing with your child/children or in handling a challenging situation?

Probe:

- Can you give me a specific example?

5. Please tell me about your spouse's parenting style. How similar or different your parenting styles are?

Probe:

- How does your spouse deal with your child's challenging behavior?
- How does your spouse express their emotions towards your children?
- In cases of different parenting styles, how do you address those differences?

6. What is your approach to solving problems and dealing with conflict with your child/children? (e.g., child's challenging behavior, stress and anger management, etc.)

Probe:

- a. What helped you get through those tough times? (e.g., personal strengths, spouse support, family support, social support, community services, educational programs etc.)
- b. What was your parents' approach to solving problems and dealing with conflict? Did it impact your approach?

7. What are the factors that influence your child-rearing practices? (e.g., religion, traditions, family, awareness sessions & training, etc.)

Probe:

- a. What is working best for you, and what do you think is not working?
 - b. Do you think child-rearing practices nowadays are different than when you were a child?
If so, how?
 - c.
- 8. What would you like to see for yourself and your child/children regarding your relationship with them and your goals for their development in the near future?**
- 9. What do you think is the support you need to help you be the parent you would like to be/ reach your goal for your child/children?**
- 10. Would you like to add anything else?**

**Thank you for your time and participation.
Your contribution to this research is valuable!**

Appendix E: Arabic Questionnaire

يرجى الإجابة على الأسئلة التالية حول طفولتك وكيف كانت طريقة التربية وشكل الحياة مع والديك أو مع مقدمي الرعاية الأساسيين واختيار الإجابات التي تنطبق عليك. بالنسبة للأسئلة التي تحتاج إلى تفسيرات، يرجى تقديم إجاباتك أدناه لكل سؤال إذا رغبت في ذلك.

عنا:

هل لديك طفل/أطفال عمرهم من 6-12 سنة؟

☐ نعم

☐ لا. ليس عليك ملء هذا الاستبيان. شكرا لك.

نوع الجنس: ذكر ☐ أنثى ☐

الفئة العمرية:

20 - 25 ☐

26 - 30 ☐

31 - 35 ☐

36 - 40 ☐

41 - 45 ☐

46 - 50 ☐

50+ ☐

الحالة الاجتماعية:

☐ متزوج/متزوجة ☐ أرمل/أرملة ☐ مطلق/مطلقة ☐ أخرى (يرجى التحديد) _____.

الدور:

☐ الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) _____.

كم عدد الأطفال لديك، وما هي الأعمار؟ _____

المؤهل التعليمي: _____

مكان الإقامة: المحافظة: _____ المنطقة: _____

الوضع المالي لعائلتي:

☐ جيد جدا ☐ جيد ☐ مقبولة ☐ سيئة ☐ سيئة جدا

١. اعتاد والديّ/مقدمو الرعاية الأساسيون على الشجار معي.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐
٢. اعتاد والديّ/مقدمو الرعاية الأساسيون على انتقادي/توبيخي أثناء التحدث والتواصل معي أثناء طفولتي.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐
٣. لم يتناول والديّ/مقدمو الرعاية الأساسيون آرائي بجدية/على محمل الجد.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐
٤. اعتاد والديّ/مقدمو الرعاية الأساسيون السماح لي بتكوين صداقات مع زملائي.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐
٥. اعتاد والديّ/مقدمو الرعاية الأساسيون على وضع قواعد وضوابط غير منطقية وغير واقعية بالنسبة لي.
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
٦. اعتاد والديّ/مقدمو الرعاية الأساسيون على الاهتمام بما أفعله.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐
٧. اعتاد والديّ/مقدمو الرعاية الأساسيون أن يلوموني على ارتكاب الأخطاء.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐
٨. كانت ردود أفعال وسلوكيات والديّ/مقدمو الرعاية الأساسيين غير متوقعة.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐

٩. اعتاد والديّ/مقدمو الرعاية الأساسيون أن يتوقعوا مني تحقيق نتائج دراسية أعلى من قدراتي وامكانياتي.
دائماً ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادراً ما ☐ أبداً ☐ بما في ذلك:

الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐

١٠. اثناء طفولتي، اضطررت إلى القيام بأشياء لا يتقبلها المجتمع.
دائماً ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادراً ما ☐ أبداً ☐ بما في ذلك:

الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐

١١. اثناء طفولتي، كانوا يتعاملون معي بطريقة جعلتني أشعر بأنني أقل قيمة.
دائماً ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادراً ما ☐ أبداً ☐ بما في ذلك:

الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐

١٢. اعتاد والديّ/مقدمو الرعاية الأساسيون على مناداتي بأسماء مهينة (سخرية أو شتيمة).
دائماً ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادراً ما ☐ أبداً ☐ بما في ذلك:

الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐

١٣. لم يأخذ والديّ/مقدمو الرعاية الأساسيون تعليقاتي واقتراحاتي في عين الاعتبار.
دائماً ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادراً ما ☐ أبداً ☐ بما في ذلك:

الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐

١٤. اعتاد والديّ/مقدمو الرعاية الأساسيون على حرمانني من المشاركة في الأنشطة الاجتماعية (نوادي رياضية، ورش عمل فنية،...).

دائماً ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادراً ما ☐ أبداً ☐ بما في ذلك:

الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐

١٥. لم يسمح لي والديّ/مقدمو الرعاية الأساسيون باتخاذ قرارات فيما يخص أحداث حياتي اليومية.
دائماً ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادراً ما ☐ أبداً ☐ بما في ذلك:

الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐

١٦. لم يقدم والديّ/مقدمو الرعاية الأساسيون أي متابعة أو إشراف على علاقاتي/صداقاتي أو ما كنت افعله.
دائماً ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادراً ما ☐ أبداً ☐ بما في ذلك:

الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد) ☐

١٧. اعتاد والديّ/مقدمو الرعاية الأساسيون على احترام أفعالي وقراراتي.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
١٨. في بعض الأحيان كان والديّ/مقدمو الرعاية الأساسيون مهوسين جدًا بملاحظته تصرفاتي، وأحيانا أخرى لم ينتبهوا لي على الإطلاق؛ هذا السلوك المزيج كان يسبب لي حيرة شديدة.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
١٩. اعتاد والديّ/مقدمو الرعاية الأساسيون أن يتوقعوا مني أن أتصرف بشكل يتجاوز إمكانياتي وقدراتي.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
٢٠. اثناء طفولتي، اضطررت إلى القيام بأشياء لم أرغب في القيام بها، وإلا يهددني والديّ/مقدمو الرعاية الأساسيون بالكشف عن ضعفاتي واخفاقاتي أمام الآخرين.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
٢١. اعتاد والديّ/مقدمو الرعاية الأساسيون على التذمر والاعتراض مهما فعلت.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
٢٢. تعاملات والديّ/مقدمو الرعاية الأساسيون معي كانت تتسم بالحنان والدفء.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
٢٣. كان والديّ/مقدمو الرعاية الأساسيون يعتقدون بأنه لا ينبغي أن تكون لدي علاقات مع الآخرين سوى الأقارب.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
٢٤. اعتاد والديّ/مقدمو الرعاية الأساسيون أن يقودوني لفعل الأمور التي تتسم بالفضيلة والأخلاق.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)

٢٥. لم يسمح لي والديّ/مقدمو الرعاية الأساسيون باتخاذ قرارى بشأن مجال دراستي.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
٢٦. كان والديّ/مقدمو الرعاية الأساسيون متاحين ويقضون وقت معي.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
٢٧. كان والديّ/مقدمو الرعاية الأساسيون يتوقعون مني أن أحقق توقعاتهم العالية لي.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
٢٨. اعتاد والديّ/مقدمو الرعاية الأساسيون على رفض مشاعري تجاههم.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
٢٩. قادني والديّ/مقدمو الرعاية الأساسيون لارتكاب حماقات وافعال مؤذية أثناء طفولتي.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
٣٠. اعتاد والديّ/مقدمو الرعاية الأساسيون على السماح لي بإختيار الأشياء الشخصية بناءً على ذوقي الشخصي وأسلوب حياتي.
 دائما ☐ في كثير من الأحيان ☐ من حين لآخر ☐ نادرا ما ☐ أبدا ☐
 بما في ذلك:
 الأب ☐ الأم ☐ زوج الأم ☐ زوجة الأب ☐ أخرى (يرجى التحديد)
٣١. والدي هو قدوتي في التعامل مع أبنائي.
 نعم ☐ لا ☐
 شرح:
-
٣٢. والدتي هي قدوتي في التعامل مع أبنائي.
 نعم ☐ لا ☐
 شرح:
-

٣٣. مبادئ واسلوبى فى التربية تختلف تماماً عن مبادئ واسلوب أبى وأمى.
☐ نعم ☐ لا
شرح:

٣٤. تعليقات إضافية

٣٥. هل ترغب فى الاتصال بك لإجراء مقابلة عبر الإنترنت لاستكشاف الموضوع بشكل أعمق

☐ نعم

يرجى تقديم المعلومات التالية

الاسم/الاسم المستعار: _____

الهاتف: _____

البريد الإلكتروني: _____

☐ لا

شكراً جزيلاً على وقتك، مشاركتك مهمة جداً!

Appendix F: Arabic Semi-Structured Interview

أسئلة المقابلات

١. من فضلك أخبرني قليلاً عن عائلتك
استطلع:
أ. اوصف طفولتك - كيف كانت طريقة التربية وشكل الحياة مع والديك؟
● كيف كان يعبر والديك عن مشاعرهم تجاهك؟
● كيف كان يعاقبك والديك عندما كنت ترتكب أخطاء؟
● كيف استجابوا لاحتياجاتك (العاطفية والطبية والتعليمية وما إلى ذلك) ؟
ب. اوصف تجربتك كأب/ كأم - تحدث معي عن خبرتك كأب/ كأم في تنشئة أطفالك؟
٢. من هو قدوتك أو أكثر نموذج مؤثر بالنسبة لك كأب/ كأم بالنسبة لك؟ ولماذا؟
٣. قلت في الاستطلاع أن نهجك في التربية يختلف عن نهج والديك. هل يمكنك إخباري كيف تختلف طريقتك في التربية ولماذا اخترت نهج مختلف للتربية عما لو والديك؟
استطلع:
● كيف تؤدب أطفالك إذا ارتكبوا أخطاء؟
● هل أنت متاح ولديك وقت لأطفالك؟
● كيف تعبر عن حبك وعاطفتك تجاه أطفالك؟
٤. الأبوة والأمومة لا تأتي بدليل إرشادات؛ إنها تحدي صعب لكل الآباء. هناك الكثير من التوقعات من الآباء في الوقت الحاضر، وأحياناً لا ندرك أنه حتى «الآباء الجيدين» يرتكبون أخطاء.
هل تشعر كأب/ كأم بالحيرة والتيه أثناء التعامل مع طفلك/أطفالك أو في التعامل مع أحد المواقف الصعبة؟
استطلع:
هل يمكنك أن تذكر مثال محدد؟
٥. من فضلك أخبرني عن أسلوب زوجك/ زوجتك في التربية. ما مدى تشابه أو اختلاف أساليبكم في التربية؟
استطلع:
● كيف يتعامل زوجك/زوجتك مع السلوكيات الصعبة للأطفال؟
● كيف يعبر زوجك/زوجتك عن مشاعره تجاه الابناء؟
● في حالات أنماط الأبوة والأمومة المختلفة، كيف تتعامل مع هذه الاختلافات؟
٦. ما هو نهجك في حل المشكلات والتعامل مع الخلافات مع طفلك/أطفالك؟ (على سبيل المثال، السلوك الصعب للطفل، التعامل مع الضغوط ونوبات الغضب، وما إلى ذلك)
استطلع:
أ. ما الذي ساعدك على تجاوز تلك الأوقات الصعبة؟ (على سبيل المثال، نقاط القوة الشخصية، ودعم الزوج/الزوجة، ودعم الأسرة، والدعم الاجتماعي، والخدمات المجتمعية، والبرامج التعليمية، وما إلى ذلك)
ب. ماذا كان نهج والديك في حل المشاكل والتعامل مع الخلافات؟ هل أثر عليك هذا النهج؟

٧. ما هي العوامل التي تؤثر على طريقة/أسلوب تربيته لأطفالك؟ (على سبيل المثال، تعاليم الدين، وتقاليد المجتمع، الأسرة، دورات وتدريبات للتوعية وما إلى ذلك) استطلع:
- أ. ما هو الأفضل بالنسبة لك، وما الذي لم يساعدك؟
- ب. هل تعتقد أن طرق تربية الأطفال في الوقت الحاضر مختلفة عما كانت عليه عندما كنت طفلاً؟ إذا كان الأمر كذلك، فكيف؟
٨. ما الذي تتمنى أن تراه في المستقبل القريب فيما يتعلق بنفسك كأب/كأم وطفلك/أطفالك من حيث علاقتك بهم وأهدافك لتنميتهم؟
٩. من وجهة نظرك، ما هو الدعم الذي تحتاجه لمساعدتك في أن تصل إلى الصورة التي تتمناها كأب/كأم وتحقق الأهداف التي تتمناها لطفلك/لأطفالك؟
١٠. هل ترغب في إضافة أي شيء آخر؟

شكراً لك على وقتك ومشاركتك. مساهمتك في هذا البحث بالغة القيمة والأهمية!