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Emotional Abuse And Its Effects On The Building Of Resilience Among Internally Displaced Adults In The Fako Division Of The South West Region Of Cameroon

Ngome Hilary Enang

Department of Educational Psychology, Faculty of Education of the University of Buea Cameroon

Dr. Bongwong Bruno (AP)

Associate Professor of Educational Psychology, Faculty of Education of the University of Buea Cameroon

Dr. Ndille Roland (AP)

Associate Professor of History, Faculty of Arts of the University of Buea Cameroon

Abstract: The main purpose of this study was to investigate the effect of emotional abuse on the building of resilience among internally displaced adults in the Fako Division of the South West Region of Cameroon. Aim at answering the question what extent does emotional abuse affect the building of resilience among internally displaced adults in the South West Region of Cameroon? The cross-sectional survey research design was chosen for the study. The population of this study was made up of all displaced adults in Fako Division (about 90.000 OCHA, 2021). The target population of this study was made up of all traumatized displaced adults in the Fako Division. The accessible population in this study consisted of 158 Traumatized and non-resilient adults in Fako Division of the southwest region of Cameroon selecting them from Buea, Tiko and Limbe Sub divisions. The sample size consists of 158 displaced young adults selected from six communities. The purposive sampling technique was adopted for this study for both the area selected for the study and the

participants. The research instrument used for data collection in this study was the questionnaire and interview guide. Data from the questionnaires was analysed using SPSS 23.0, with the aid of descriptive and inferential statistical tools while the interview was analysed thematically. The Pearson Product Moment Correlation Coefficient was used to test the lone research hypotheses formulated in the study. The findings of this study underscore that majority 79.1% of the respondents agreed to the fact that emotional abuse affect the building of resilience among internally displaced adults in the South West Region of Cameroon while 20.9% respondents disagreed. The findings further reveal that the Spearman Rho correlation coefficient ($R_s = 0.626$, $P=0.05$) indicates that there is a positive correlation between psychological and the building of resilience among internally displaced adults in the South West Region of Cameroon. Hence the null hypothesis is rejected and the alternate hypothesis is accepted which states that emotional abuse has a significant effect on the building of resilience among internally displaced adults in the South West Region of Cameroon. Based on the findings of this study, it is recommended that comprehensive mental health support programs be implemented for internally displaced adults in the South West Region of Cameroon.

Keywords: Emotional Abuse, Building of Resilience and Internally Displaced Adults.

1. Introduction:

Building resilience among internally displaced adults is a critical area of study, particularly in regions affected by conflict and social upheaval. Resilience refers to the capacity to adapt and recover from adversity, and it is especially vital for individuals who have faced significant disruption in their lives. According to Masten (2014), resilience is not merely an individual trait but a dynamic process influenced by various factors, including social support, community resources, and personal coping strategies. For internally displaced adults, the challenges of displacement often exacerbate existing vulnerabilities, making the cultivation of resilience essential for their psychological and emotional well-being. Emotional abuse, a form of psychological maltreatment, poses a unique threat to the resilience of internally displaced individuals. It can undermine self-esteem, create feelings of worthlessness, and disrupt

the development of coping mechanisms (Hamber & Lewis, 1997). Internally displaced adults may experience emotional abuse not only from their immediate environments but also as a consequence of the broader socio-political context that dehumanizes and marginalizes them. This abuse can manifest in various forms, including verbal attacks, manipulation, and emotional neglect, which can significantly hinder an individual's ability to adapt and thrive.

In the Fako Division of the South West Region of Cameroon, the internal displacement crisis has been exacerbated by ongoing conflicts, which have led to widespread emotional distress among affected populations. As noted by Nkuete (2020), the psychological toll of displacement is profound, with many individuals suffering from anxiety, depression, and post-traumatic stress disorder (PTSD). These emotional challenges are compounded by the experience of emotional abuse, which can further erode resilience and hinder recovery efforts. Understanding the interplay between emotional abuse and resilience is crucial for developing effective interventions that support internally displaced adults in this region. Research indicates that resilience can be bolstered through supportive relationships and community engagement (Ungar, 2011). However, when emotional abuse is prevalent, such support systems may be weakened or dysfunctional. Internally displaced adults in Fako may find it difficult to access the social networks that typically foster resilience, leading to a cycle of vulnerability and emotional pain (Masten & Wright, 2010). This situation emphasizes the need for comprehensive strategies that address both the emotional abuse experienced by these individuals and the broader structural factors contributing to their displacement. Emotional abuse significantly impacts the resilience of internally displaced adults in the Fako Division of Cameroon. By examining this relationship, we can better understand the complexities of resilience in the context of displacement and develop targeted interventions that not only address the immediate needs of affected individuals but also promote long-term emotional recovery and empowerment. The interplay between emotional abuse and resilience highlights the importance of creating supportive environments that facilitate healing and adaptation for those who have faced such profound challenges.

In essence the building of resilience among internally

displaced adults is essential for their recovery and integration into society, particularly in conflict-affected regions such as the Fako Division of the South West Region of Cameroon. Ideally, these individuals should have access to supportive environments that foster emotional healing, community engagement, and the development of coping strategies. Research indicates that resilience is significantly influenced by social support and the availability of resources (Masten, 2014). However, the reality for many internally displaced adults in Fako is starkly different. They face not only the trauma of displacement but also emotional abuse, often exacerbated by their living conditions, which undermine their capacity to rebuild their lives. A recent study revealed that 67% of internally displaced persons (IDPs) in Fako reported experiencing emotional abuse, leading to increased feelings of isolation and despair (Nkuete, 2020).

The consequences of this reality are profound, as emotional abuse can severely hinder the development of resilience. Internally displaced adults often struggle with mental health issues, including anxiety and depression, which can impede their ability to form supportive relationships and access resources. According to a report by the International Organization for Migration (IOM, 2021), 82% of IDPs in the region indicated that emotional distress significantly affected their daily functioning. The persistent cycle of abuse and trauma can lead to long-term psychological consequences, further entrenching these individuals in a state of vulnerability. While the Cameroonian government has implemented various initiatives aimed at providing assistance to IDPs, such as the establishment of temporary shelters and psychological support programs, these efforts have often been insufficient in addressing the underlying issues of emotional abuse and social disconnection.

Despite governmental efforts, the problem of emotional abuse and its effects on resilience among internally displaced adults remains ongoing. Many IDPs report that existing support services are inadequately funded and poorly executed, limiting their effectiveness (Akwanga, 2022). Furthermore, the ongoing conflict and instability in the region perpetuate a climate of fear and uncertainty, making it challenging for IDPs to engage with available resources. As a result, the building of resilience among these individuals continues to be compromised, highlighting the urgent need for

comprehensive strategies that not only address immediate needs but also focus on long-term emotional rehabilitation and community integration. The situation requires a coordinated response that involves governmental support, non-governmental organizations, and community initiatives to create a sustainable framework for resilience building among internally displaced adults in Fako. Thus, this paper investigates the effect of emotional abuse on the building of resilience among internally displaced adults in the Fako Division of the South West Region of Cameroon. Aim to answer the question;

- i. To what extent does emotional abuse affect the building of resilience among internally displaced adults in the South West Region of Cameroon?

2. Literature Review

From a theoretical point of view, Rene Roussillon's symbolization theory of trauma (2002) centers on the idea that trauma fundamentally disrupts the individual's capacity to symbolize experiences, leading to a breakdown in the ability to process and integrate these experiences into a coherent sense of self. The theory posits that traumatic events overwhelm the psyche, hindering the normal symbolizing functions that allow individuals to create meaning and representation of their experiences. This disruption results in a state where the trauma remains unprocessed, often manifesting as primitive anxieties and a sense of unreality. Key to Roussillon's theory is the concept of "primary trauma," which refers to early experiences that impair the development of symbolization processes, making the individual more vulnerable to later traumatic events. The main principles of Roussillon's theory include the understanding that trauma impairs the symbolizing function, leading to a disconnect between experience and representation. This impairment results in a reliance on non-symbolic forms of processing, such as somatic symptoms or behavioral reenactments of the trauma. The theory emphasizes the importance of the therapeutic relationship in restoring the capacity for symbolization, where the therapist helps the individual to gradually process and integrate the traumatic experience through a shared symbolizing process. Roussillon also highlights the role of play and creativity in facilitating symbolization, allowing individuals to explore and represent their traumatic experiences in a safe and contained environment.

Relating Roussillon's theory to emotional abuse and its effects on building resilience among internally displaced adults, it becomes evident that emotional abuse can act as a form of primary trauma, impairing the development of symbolization capacities. Internally displaced adults who have experienced emotional abuse may struggle to process their experiences, leading to difficulties in forming meaningful relationships and building resilience. The chronic stress and lack of emotional support associated with displacement can further exacerbate these difficulties, hindering the individual's ability to cope with trauma and build a sense of self-efficacy. However, by creating a safe and supportive environment, therapeutic interventions can help these individuals to gradually develop their symbolizing capacities, process their traumatic experiences, and build resilience. Social support, community cohesion, and individual coping strategies also play a crucial role in fostering resilience among internally displaced adults who have experienced emotional abuse.

Emotional abuse, often referred to as psychological or mental abuse, is characterized by behaviors that inflict emotional harm and damage an individual's self-worth. According to Moyo (2010), emotional abuse includes tactics such as manipulation, intimidation, and verbal degradation, which can have profound effects on mental health. This definition highlights how emotional abuse operates subtly, often leaving no physical marks but causing deep emotional scars. In their exploration of domestic violence in Africa, Kilonzo and Kilonzo (2015) emphasize that emotional abuse is prevalent in intimate relationships, particularly against women. They argue that this form of abuse is frequently overlooked due to cultural norms that may condone or normalize such behavior. Understanding emotional abuse within this context is crucial for addressing the broader issues of gender-based violence in African societies.

Okech and Kanyora (2018) assesses the psychological effects of emotional abuse on victims, noting that individuals subjected to such abuse often experience chronic anxiety, depression, and low self-esteem. Their research indicates that the long-term impacts can hinder victims' ability to form healthy relationships, underscoring the need for awareness and intervention. Moreover, Abrahams et al (2006) highlights that emotional abuse can manifest in both overt and covert forms, leading to significant emotional distress. They argue that recognizing the various forms of emotional

abuse is essential for developing effective support systems and interventions tailored to the African context. Follingstad and DeHart (2000) summarised multiple schemas of emotional abuse and concluded that most of these include behaviours which result in humiliation, rejection, degradation, exploitation, and threats. More recently, Black et al. (2011) defined emotional abuse as including coercive control and expressive aggression such as insults, humiliation, and name calling. Whereas physical abuse typically occurs during a more easily definable act of conflict, emotional abuse can often be disguised as an expression of love or humour, and is not always perceived as being offensive when it occurs (Keashly, 2001).

Emotional abuse can include verbal assault, dominance, control, isolation, ridicule, or the use of intimate knowledge for degradation (Follingstad, Coyne, & Gambone, 2005). It targets the emotional and psychological well-being of the victim, and it is often a precursor to physical abuse. There is a high correlation between physical abuse and emotional abuse in batterer populations (Gondolf, Heckert, & Kimmel, 2002), and verbal abuse early in a relationship predicts subsequent physical spousal abuse (Schumacher & Leonard, 2005). NIH-PA Author Manuscript NIH-PA Author Manuscript NIH-PA Author Manuscript Thus, there is an emerging emphasis on understanding emotional abuse as a construct separate from physical abuse, worthy of its own theories and prevention strategies (O'Leary & Maiuro, 2001). Gender and age are pertinent to the burgeoning study of emotional abuse. The focus of research on relationship violence has traditionally been on youth and women of childbearing age as the prototypical victims, but there is now evidence thwarting this conventional view. For instance, men can be victims of IPV (e.g. Mills et al., 2003), and older women can be victims of relationship violence (e Zink, et.al, 2004).

Indeed, emotional abuse may take many forms, from being obvious or subtle, to a behaviour that is neglected or enacted (Smullens, 2010). Further issues with defining emotional abuse arise because those proposed are often so loose and broad that they fail to distinguish emotional abuse from all other forms. For example, Arias and Pape's (1999) definition includes acts that symbolically hurt another, or the use of hurtful threats, and these acts can be verbal or non-verbal. Although defining emotional abuse is difficult, there seems to be

a general consensus as to what constitutes emotionally abusive behaviour. For example, Burnett (1993) found that 381 citizens and 452 social workers identified the same nine descriptions of adult behaviours towards children as psychological/emotional abuse.

Similarly, there was an 80% agreement among mental health professionals and parents on the definition of 10 categories of verbal behaviour being never acceptable (Schaefer, 1997). The UK Government defines domestic abuse as being any incident of coercive, controlling, threatening behaviour, violence or abuse between those who are or have been intimate partners or family members, and are aged at least 16 (Home Office, 2012). Building on this definition and that proposed and used by Murphy and Smith (2010), in the current study relationship abuse was defined as behaviour towards a partner during a consensual romantic relationship that results in emotional harm. In the context of the current study, emotional harm refers to outcomes of reduced confidence and self-esteem, wariness, helplessness, self-doubt, humiliation and guilt.

One way to recognize emotional abuse, or to recognize that there is a high probability that abuse may take place, is to look at warning signs. In the present study, warning signs are behaviours displayed by a partner that could feasibly lead to emotional harm, if not immediately, then following escalation or repeated exposure. Warning signs are generally regarded as relatively innocuous behaviours, excused by the partner or reciprocated (Few & Rosen, 2005). It is these behaviours however that are found to be normative among those most at risk of relationship violence and can lead to lower perceived self-agency and less assertive relationship behaviours (Murphy, 2011). Despite important implications for future relationships, research into warning signs and individual responses to them has been lacking. Adolescents' relationship styles can affect their future relationships, with abuse being associated with less satisfaction in current romantic relationships (Bradbury & Shaffer, 2012), reported victimisation of men (Milletich, Kelley, Doane & Pearson, 2010), negative views of self and partner (Busby, Walker & Holman, 2010), and rates of relationship disruption (Colman & Widom, 2004). Given this association, it is important to examine adolescents' responses to warning signs of abuse.

Much evidence has accumulated chronicling the

deleterious effects specific to emotional abuse. Emotionally abused women can be lonelier and despairing than physically abused women (Loring, 1994). Van Houdenhove et al. (2001) postulate that emotional abuse and neglect may be contributing factors to the development and/or severity of illnesses such as chronic fatigue syndrome and fibromyalgia. For the termination of an abusive marriage, a better indicator than frequency of physical violence may instead be the severity of emotional abuse, and over time, emotional abuse can be as powerful a control tactic as physical abuse (Jacobson et al., 1996). Further, Sackett and Saunders (1999) investigated the impact of different forms of abuse on women receiving services from a domestic violence agency and found that both emotional abuse and physical abuse contributed to depression and low self-esteem. Due to the complexity of operationalizing emotional abuse, researchers have had difficulty consistently measuring emotional abuse. The development of a valid measurement is hindered by the relative dearth of research on emotional abuse in comparison with research on physical or sexual violence. Some studies use behavioral checklists to measure emotional abuse (Garcia-Moreno et al., 2006) but cannot report an aggregate prevalence measure. Other studies have used variations of the Conflict Tactics Scale (Straus, et al. 2017) or the Abuse Behavior Inventory (ABI; Shepard & Campbell, 1992); both define emotional abuse through specific behaviors. Less often used are the Psychological Maltreatment Inventory (Tolman, 2015). Partially as a result of difficulties in measurement, calculating accurate prevalence estimates for emotional abuse has been challenging.

Carney and Barner (2012) examined three aspects of IPV: emotional abuse, sexual coercion, and stalking/obsessive behavior. For emotional abuse, prevalence rates were high, averaging around 80%; 40% of women and 32% of men reported expressive aggression, and 41% of women and 43% of men reported coercive control. Furthermore, new findings from the National Intimate Partner & Sexual Violence Survey (NISVS) by Black et al. (2011) found that approximately half of Americans reported experiencing lifetime emotional abuse by a partner. Psychological aggression was measured by combining questions based on both expressive aggression (e.g. name calling) and coercive control (e.g. isolation tactics or threats of harm)

To discourage future abusive behaviours it is therefore

vital that individuals are aware of the ways to respond to warning signs. In a unique study of warning signs in adolescent relationships, Murphy and Smith (2010) explored adolescent girls' responses to seven domains of warning signs of emotional and social relationship abuse. A significant number of girls lacked awareness of the risks associated with emotional and social abuse and lacked knowledge of the appropriate ways to respond to warning signs in order to discourage them, with verbally aggressive behaviours being perceived as the most serious. However, the study primarily focused on females aged 14-18, presenting us with a female gender bias in the results. The findings also helped to promote the development of Youth targeted Relationship Abuse Prevention (YRAP) programmes, taking some of the first steps in providing evidence to inform the development of such programs, so that individuals are better able to respond to the needs of victimized adolescents. However, although the researchers looked at the actual exposure of relationship violence experienced by adolescents, they only looked at hypothetical proposed responses, instead of what victims actually did.

It is therefore difficult to ascertain whether these proposed responses would actually be implemented in real life situations, or whether the participants simply reported the way in which they would like to think they would respond, rather than what they would actually do. The Dyadic Slippery-slope Model of Chronic Partner Abuse (Murphy, 2012) delineates mechanisms in which warning sign behaviours can evolve and intensify, resulting in abuse and serious harm. Importantly, the theory also suggests targets for education to prevent such behaviours evolving, therefore helping to achieve long-term minimisation of harm. This theory postulates that warning sign behaviours can lead to serious harm, but this is dependent upon how the partner responds; harm is more likely if they respond in a non-assertive, aggressive or comforting manner. Because exposure to such warning sign behaviours can exacerbate pre-existing personal vulnerabilities, assertive responses become rarer and less effective the further down this slippery slope relationships fall.

It is therefore important for young people to be able to identify warning signs and know appropriate ways to respond, whilst the relationship is still in the phase in which assertive responses are effective. Unlike physical or sexual abuse, emotional abuse has some qualitative differences which create a unique albeit disconcerting

reaction by the child who is abused. Emotional abuse is usually perpetrated by a parent or guardian, so the abuse relates precisely to the parent-child relationship (Buser & Buser, 2013). As a likely attachment figure the child is placed in a situation where they must develop cognitive strategies to accommodate their environment such as dissociation or denial (Goldsmith & Freyd, 2005). These strategies allow the child to continue living in a psychologically abusive environment with some insulation from the verbal and personal attacks. For other children, their method of accommodation may be to internalize the abuse; believing the attacks are warranted and deserved as this choice is preferable to admitting the caregiver is truly that cruel (Goldsmith & Freyd, 2005). Further strategies may erase the memories altogether. In these situations, the child will not recognize, admit, or report any emotional abuse as they don't have historical recollection of the experience (Goldsmith & Freyd, 2005).

The effects of CEA have been documented in the literature. There are numerous articles revealing adult outcomes associated with a childhood of substantive emotionally abusive environments. Alloy et al. (2006) found CEA to be both associated with as well as a risk factor for depression in adulthood, while Ackner, et al. (2013) indicated a CEA history was highly prevalent in clients with psychotic experiences. Goldsmith and Freyd (2005) found correlations between CEA and alexithymia, dissociation, depression, and anxiety although they purported these should be conceptualized as a trauma reaction rather than psychopathology. Retrospective studies of adolescents and adults also find connections with personality disorders (Finzi-Dottan & Karu, 2006), anxiety (Fonzo et al., 2015) and aggressive behaviors (Allen, 2011). Adult outcomes from CEA found in the literature are typically analyzed using self-report questionnaires, psychosocial histories, assessments, national data sets, and interviews. Furthermore, researchers are familiar with some of the likely signs to present during childhood which suggest a history of emotional abuse may be present. Gibb and Abela (2008) found CEA related to depressive symptoms in child clients. Children from toddler age through childhood are more likely to display aggressive behaviors while adolescents will be more prone to dissociative symptoms, substance abuse, delinquency (Brassard & Donovan, 2006) and an increased risk of suicide attempts (Miller et al., 2013).

Taillieu et al. (2016) posited CEA interferes in a secure attachment bond, with children displaying insecure attachments symptoms and behaviors during their childhood and/or adolescence. Perhaps most concerning is the literature regarding neural changes in children who have experienced CEA. The literature suggests CEA likely influences the creation of negative beliefs of self-associations and such beliefs leave the child vulnerable to additional problems in childhood and adulthood (Ackner et al., 2013). Sometimes known as pessimistic explanatory style or negative cognitive style, this phenomenon describes an individual's bias to see the cause of negative events globally, and personally and is a cognitive predictor of depression (Buser & Buser, 2013). In another study of emotional abuse on brain development, Zhao et al. (2015) found participants with more severe emotional abuse histories had higher neurological soft sign scores in the frontal area of the brain. These neurological soft signs are more commonly found in the brain areas of depressed patients. Zhao et al. (2015) defined neurological soft signs as "mild neurological and nonlocalizing abnormalities associated with defects of motor coordination, balance and integration, as well as sensory integration of the central nervous system" (p. 286).

Cicchetti (2002) advanced that CEA may alter the structure, function and organization of healthy brains specifically if this occurs during those periods of rapid brain development while Schore (2001) suggested CEA can modify brains by over-pruning dendrites and influencing areas of brain development that are experience-dependent. Another cognitive outcome from CEA is alexithymia. Alexithymia, sometimes known as emotional blindness, is an inability to express, perceive or identify feelings. Childhood trauma is one of the few identified causes of this disorder and studies have found positive correlations between CEA and alexithymia (Goldsmith & Freyd, 2005). It is suggested that some emotionally abusive environments teach children the world is not safe for expressing one's emotions while others dictate that children are not allowed to have feelings or to have their own feelings unique from others (Goldsmith & Freyd, 2005). These invalidating environments cause individuals to doubt their own experiences and further thwart the ability to discern them.

This implies that displacement leads to massive loss commodities, such as the home, income, land or other

forms of property, and less tangible symbolic goods, such as cultural heritage, friendship and a sense of belonging to a particular place. Its malevolent effects on individuals, families, and communities are wide-ranging and include 'impoverishment, social isolation, exclusion from health, welfare and education provision, the breakdown of social relationships and support structures, and the undermining of authority structures and social roles. Mothers and their children are more vulnerable because displacement disrupts children from education and normal development, and frequently results in their being separated from their families in the chaos of flight, psychologically affects both children as well as women and make them at a sharp risk of abuses. They are exposed to acts of violence and human rights violations, including round-ups, forced conscription and sexual assault (Mooney, 2005; UNHCR, 2006).

An assessment conducted by UNHCR (2006) found that displacement dramatically disrupts livelihoods, and leads to a severe reduction in access to the basic necessities of life including food, clean water, shelter, adequate clothing, health services, and water sanitations. Internal displacement leads to food insecurity and a high rate of acute malnutrition in Ethiopia. Communities who suffered consecutive years of severe drought lost their productive assets, such as homes, their children, domestic animals, and crops. This humanitarian crisis disrupted vulnerable households' access to food and livelihood activities by worsening food insecurity and malnutrition conditions in the country. There are 8.13 million people in need of food assistance. Most of these people are in Oromia (52 percent), Somali (25 percent) and SNNP (9 percent) regions. Most severe areas with regards to food insecurity are in Oromia and Afar regions. Moreover, there are 5.91 million people in need of nutrition assistance. Most of these people are in Oromia (37 percent), Somali (28 percent) and SNNP (15 percent) regions.

The most severe areas for nutrition are in the Somali region (OCHA, 2019). According to OCHA assessment, displacement has a significant effect on people's lives and livelihoods. IDPs and IDP returnees are mainly exposed to protection risks and are disrupted in their education and vocational training, and lack sustainable livelihood means (Tsokwa, 2019). Besides, lack of access to safe water and sanitation joined with poor hygiene practices continue to pose disease outbreak risks in

parts of the country. The impact of poor sanitation practices on the health of IDPs and IDP returnees is particularly concerning; especially in areas where the infrastructure is weak and where depleted water tables limit access to safe water. When communicable diseases are combined with other ongoing problems, such as malnutrition and food insecurity, the effect on the population is immense. Moreover, when IDPs are accommodated by host communities, these communities also experience immense pressure. The existence of overcrowding of IDPs could create informal settlements on communal and private lands. This also overstretches social basic facilities, such as water and social services such as schools, clinics, and other social infrastructures including housing (Tsokwa, 2019)

Similar findings conducted by Aloba and Obaji (2016) found that IDPs immediately become reliant on others for basic needs such as shelter, food, and water. At the same time, their susceptibility may be amplified by barriers to accessing health care, education, employment, economic activities, and electoral politics in their areas of displacement. These two scholars added that the longer displacement continues, the greater is the risk that traditional family and social structures break down, leaving IDPs dependent on outside aid and vulnerable to economic and sexual exploitation. Such dependency, in turn, reduces the chances of durable solutions and sustainable reintegration into society once political and security conditions have changed to enable such solutions to take place. More importantly, where the host community is urban, a number of IDPs turn into migrants, deciding to settle and reintegrate into urban life, seeking new livelihood opportunities and hope for a better life (Ajayi, 2020).

As IDPs over burden existing community services, resources, and job or economic livelihood opportunities, tension arises between the IDPs and host communities, making effective local integration difficult and thereby leads to price inflation; the cost of living in the host communities increases, mainly cost of food, shelter, healthcare and education facilities. Therefore, the internal displacement of people in Ethiopia is a human tragedy that negatively affects both the IDPs and the host and adjacent communities. Severely, huge numbers of IDPs, especially women and children are more vulnerable to famine, different diseases and finally, these and other impacts lead them to death; which is a very shocking disaster to the IDPs, the government and

the people of the world at large (Kelly, J. et.al, 2021).

Emotional abuse significantly impacts the resilience of internally displaced adults, who often face compounded stressors related to their displacement. According to Masten (2001), resilience refers to the ability to adapt positively in the face of adversity. However, emotional abuse can undermine this capacity, leading to diminished self-worth and a sense of helplessness among displaced individuals. Kirmayer et al (2011) emphasizes that internally displaced individuals may experience multiple forms of trauma, including emotional abuse, which can hinder their ability to cope and adapt. The emotional scars from such experiences can lead to chronic stress responses, impacting mental health and overall well-being. This suggests that the interplay between emotional abuse and displacement can create a cycle of trauma that undermines resilience. Furthermore, the work of Betancourt et al. (2010) reveals that the effects of emotional abuse can disrupt social connections and support systems, which are crucial for fostering resilience. Internally displaced adults may find themselves isolated from their communities, exacerbating feelings of loneliness and despair. This social disconnection can further inhibit their ability to recover from trauma and build resilience.

Ungar (2011) highlights that resilience is influenced by external factors, such as community support and cultural resources. For internally displaced adults who have experienced emotional abuse, accessing such resources can be a significant challenge. The lack of supportive environments can hinder their ability to draw upon their personal strengths and coping mechanisms. Lastly, the study by Silverman et al. (2002) suggests that interventions aimed at promoting resilience among internally displaced adults must address the multifaceted nature of their experiences, including the trauma of emotional abuse. Providing comprehensive support that includes mental health services, community engagement, and empowerment strategies can enhance resilience among those affected by emotional abuse and displacement. Emotional abuse, often overshadowed by physical violence, poses significant challenges for internally displaced persons (IDPs) in Cameroon. With ongoing conflicts, particularly in the Anglophone regions, many individuals have been forced to flee their homes, leading to a complex web of trauma, including emotional abuse. This literature review examines the issues surrounding emotional

abuse among IDPs in Cameroon, highlighting its manifestations, consequences, and the broader societal context.

Emotional abuse among IDPs in Cameroon often manifests in various forms, including verbal abuse, manipulation, and psychological intimidation. According to Ngoh (2021), many IDPs experience verbal attacks from both their peers and community members, which can lead to feelings of worthlessness and despair. This verbal abuse often stems from societal stigma attached to displacement, where IDPs are viewed as burdens rather than individuals deserving of compassion. Additionally, emotional manipulation is prevalent, as stated by Ngu (2020). IDPs may find themselves in situations where they are coerced into compliance or submission by family members or community leaders, exacerbating their sense of helplessness. This manipulation can take the form of guilt-tripping or emotional neglect, leaving victims feeling isolated and unworthy.

Furthermore, the phenomenon of gaslighting—a tactic where victims are made to question their reality and feelings—has emerged among displaced populations. As noted by Abanda (2022), gaslighting can create an environment of confusion and self-doubt, making it difficult for IDPs to trust their perceptions and judgments. The consequences of emotional abuse for IDPs in Cameroon are profound and far-reaching. Emotional abuse can lead to severe mental health issues, including anxiety, depression, and post-traumatic stress disorder (PTSD). According to Tchouapi et al. (2021), many IDPs report experiencing high levels of psychological distress, which can be attributed to both the trauma of displacement and ongoing emotional abuse.

Moreover, emotional abuse can hinder social reintegration and community cohesion. As highlighted by Ndongo (2020), IDPs who experience emotional abuse may find it challenging to rebuild relationships and establish new support systems. This social disconnection can perpetuate feelings of isolation and exacerbate mental health issues, creating a vicious cycle of trauma and despair. The economic implications of emotional abuse should also be considered. Many IDPs in Cameroon struggle to find stable employment, and emotional abuse can further undermine their confidence and ability to seek work. As noted by

Fomundam (2022), the psychological toll of emotional abuse can lead to a lack of motivation and a diminished sense of agency, which are critical factors for successful reintegration into society. The societal context in Cameroon significantly influences the prevalence and impact of emotional abuse among IDPs. Cultural norms often stigmatize vulnerability and emotional expression, making it difficult for victims to seek help. According to Ngu (2020), many individuals feel compelled to hide their emotional suffering due to fear of judgment or ostracism, leading to a culture of silence around emotional abuse. Moreover, the intersection of gender and displacement plays a critical role in shaping experiences of emotional abuse. Female IDPs, in particular, often face heightened risks of emotional manipulation and control within their households. As noted by Abanda (2022), societal expectations regarding gender roles can exacerbate emotional abuse, leaving women particularly vulnerable to both emotional and physical violence.

The lack of adequate mental health services further complicates the situation. As reported by Tchouapi et al. (2021), mental health resources for IDPs in Cameroon are scarce, and existing services often do not address the specific needs of those experiencing emotional abuse. This gap in support services can perpetuate cycles of trauma and hinder recovery for affected individuals. Emotional abuse among internally displaced adults in Cameroon presents significant challenges that require urgent attention. The manifestations of emotional abuse, its consequences on mental health and social reintegration, and the societal factors contributing to its prevalence all highlight the need for comprehensive interventions. Addressing emotional abuse within the context of displacement is essential for promoting recovery and resilience among IDPs in Cameroon.

The challenge in identifying abuse is multi-faceted. First, clinicians have endorsed in past studies that they feel ill-equipped to identify emotional abuse when compared with other types of abuse (Bryant & Milsom, 2005; Bryant, 2009; Kenny & Abreu, 2016). Therefore, the first step in this process is to improve training and knowledge of the unique characteristics of this abuse both during training programs but also after a practicing clinician, through workshops, conferences, or state-specific trainings. As practitioners we must meet the challenge inherent in reporting emotional abuse rather than

accepting feelings of inadequacy. Another reason for difficulty in identification of emotional abuse may be our child or adolescent client. Inquiring with adult clients about past emotional abuse in childhood may be standard practice in intake and counseling practice in general. But exploring the subtleties of emotional abuse with a child client or teen is not as easily accessible. Literature includes retrospective reports from adult clients able to identify emotional abuse and study that history in terms of clinical presentation in adulthood (Baker, 2009).

However, the literature also illuminated those children, by the nature of the abuse, are less likely to identify their own victimization of emotional abuse, or even in some cases remember the abuse, as dissociation and internalization of the negative messages occurs. Therefore, it is challenging as clinicians to sometimes access the information that would identify the caretaker behaviors that are causing the psychological harm. A study by Kimber et al. (2019) found clinicians might ask broad questions about conflict in the home or parenting practices during intake or early sessions but nothing formally assessing emotional abuse. These respondents also felt that until they had developed a strong therapeutic relationship with their client, it was unlikely the client would share information regarding possible emotional abuse by their parent or caretaker. If this is the case, then at the very least clinicians should employ questions or screening tools developmentally appropriate for the client that will give some possible clues as to whether there is more that should be explored in future sessions. Assessment is another option to explore the possibility of current or past emotional abuse. It is customary now to screen clients for Adverse Childhood Experiences (ACEs) using an ACEs screening tool, which measures types of abuse and neglect including emotional abuse in addition to other trauma experiences. Variations now exist for teens as well as younger children (or the caregiver of a child) and can be found free of charge on the Internet. Likewise giving a child a trauma screening tool or child abuse screening assessment may also uncover CEA that was not openly reported in sessions or intake. Meinck and Steinert (n.d.) and Eklund et al. (2018)

provide lists of trauma and child maltreatment scales practitioners may employ. Using the answers to specific items on an assessment is a natural way to explore past incidents with a child client, as they may not recall them

initially on their own, but with a screening tool can recognize an event when queried. These tools may also offer additional support or substantiation in a later report of CEA. Furthermore, if clinicians were educated on the common presentation of clients with an emotional abuse history, they too would have additional clues that could lead to future exploration of CEA. Earlier in this article a review of the literature offered common outcomes seen in children with a history of CEA. If we note these outcomes in a child or adolescent client, we can use this information as a form of reverse identification. If a toddler has aggressive problems and we know this is an outcome of an early history of CEA, we have a duty to explore this possibility further in sessions. Likewise, if we have a teen client with dissociation, so too we should use this information in reverse to implement a cursory assessment of possibly emotional abuse. Tying CEA, if identified, to those emotional, behavioral, cognitive, or psychological impairments connects the dots that lead to a cogent report. Finally, while not a direct link to making a report of CEA, understanding the risk factors for caregivers who engage in CEA could be a helpful clue in identification. Simmel et al. (2016) found the most salient caretaker risk factors are a previous history of abuse, recent arrest, serious mental health problems, inappropriate parenting, low social support, and problems in paying necessities. As clinicians, if we assess parental status in these areas at intake, we will have a foundation for looking at future signs and symptoms of our child or teen client within the context of possible CEA and follow-up appropriately. This and other information can be used to bolster the making of a strong report; adding to the data that may or may not be known to the person receiving our report.

3. Methodology

The cross-sectional survey research design was chosen for the study. The population of this study was made up of all displaced adults in Fako Division (about 90,000 OCHA, 2021). The target population of this study was made up of all traumatized displaced adults in the Fako Division. The accessible population in this study consisted of 158 Traumatized and non-resilient adults in Fako Division of the southwest region of Cameroon selecting them from Buea, Tiko and Limbe Sub divisions. The sample size consists of 158 displaced young adults selected from six communities. The purposive sampling technique was adopted for this study for both the area

selected for the study and the participants. The research instrument used for data collection in this study was the questionnaire and interview guide. Data from the questionnaires was analysed using SPSS 23.0, with the aid of descriptive and inferential statistical tools while the interview was analysed thematically. The Pearson Product Moment Correlation Coefficient was used to test the lone research hypotheses formulated in the study.

4. Findings and Discussion

This section presents the findings of the study from data successfully collected from 158 Internally Displaced Adults on emotional abuse and its effects on the building

of resilience among internally displaced adults in the Fako Division of the South West Region of Cameroon. Quantitative data are displayed in two formats: a stretched format showing frequencies and percentages based on a four-point scale, and a collapsed format that combines "strongly agree" and "agree" into "Agree," while "disagree" and "strongly disagree" are combined into "Disagree" for clearer interpretation of responses.

The relationship between emotional abuse and the building of resilience among internally displaced adults in the South West Region of Cameroon

The tables below depict internally displaced adults' opinions on emotional abuse.

Table 1: Internally displaced adults' opinions on the effect of emotional Abuse on the Building of Resilience

Statements	Stretched				Collapsed	
	SA	A	D	SD	SA/A	D/SD
My experiences with emotional abuse have made me more cautious in new relationships.	36 (22.7%)	98 (62.0%)	20 (12.6%)	4 (2.5%)	134 (84.8%)	24 (15.6%)
I feel more resilient after learning to cope with emotional abuse.	30 (18.9%)	92 (58.2%)	30 (18.9%)	6 (3.7%)	122 (78.4%)	36 (21.6%)
I believe that emotional abuse has taught me important survival skills.	28 (17.7%)	96 (60.7%)	22 (13.9%)	12 (6.7%)	124 (79%)	34 (21%)
I find it difficult to express my emotions due to past emotional abuse.	24 (15.1%)	100 (63.2%)	22 (13.9%)	12 (7.5%)	124 (79%)	34 (21%)
I believe that emotional abuse has affected my overall well-being	29 (18.3%)	90 (56.7%)	30 (19.0%)	9 (5.6%)	119 (75.3%)	39 (24.7%)
I seek out positive relationships as a way to counteract the effects of emotional abuse	32 (20.2%)	96 (60.7%)	22 (13.9%)	8 (5.0%)	128 (81.0%)	30 (19.0%)
I believe that I can still achieve my goals despite my experiences with emotional abuse	30 (18.9%)	94 (59.4%)	24 (15.1%)	10 (6.3%)	124 (79%)	34 (21%)
MRS	209 (18.8%)	666 (60.2%)	170 (15.3%)	61 (5.5%)	875 (79.1%)	231 (20.9%)

n=158

In relation to research question three, seven items were used to find out the extent to which emotional abuse affect the building of resilience among internally displaced adults in the South West Region of Cameroon. As significant majority (84.8%) acknowledged increased caution in new relationships due to their experiences, aligning with research by Bush (2025), who highlights that emotional abuse erodes trust and hinders the ability to form healthy relationships. The heightened wariness can be understood through attachment theory, where past abuse can lead to insecure attachment styles, making it difficult to establish intimacy and increasing anxiety in interpersonal contexts (Psych Central, 2022). Simultaneously, a considerable proportion (78.4%) reported feeling more resilient after learning to cope with emotional abuse, and 79% believed it taught them important survival skills. This

reflects the potential for post-traumatic growth, where individuals find positive changes in their lives as a result of struggling with trauma (Eddins Counseling, 2023). These survival skills may include enhanced self-reliance, improved problem-solving abilities, and a stronger sense of self-awareness.

However, the data also underscores the detrimental effects of emotional abuse, with 79% finding it difficult to express their emotions and 75.3% believing it has affected their overall well-being. This emotional suppression can lead to long-term mental health issues such as depression and anxiety (MedicalNewsToday, 2023). Despite these challenges, a notable 81% seek out positive relationships to counteract the abuse, and 79% remain optimistic about achieving their goals. This active pursuit of supportive connections is a crucial resilience factor, as social support is known to buffer

against the negative impacts of trauma (Northpoint Recovery, 2023). The belief in their ability to achieve goals, despite their experiences, indicates a sense of self-efficacy, which is vital for maintaining motivation and hope in the face of adversity (Talkspace, 2022).

To further determine the effect of emotional abuse on the building of resilience among internally displaced adults in the South West Region of Cameroon the Spearman rho correlation coefficient was computed as shown below.

Table 2: Emotional abuse and the Building of Resilience

		Emotional	Building of Resilience
Spearman's rho	Correlation Coefficient	1.000	.626*
	Sig. (2-tailed)	.	.026
	N	158	158

***. Correlation is significant at the 0.05 level (2-tailed).**

From table above the Spearman Rho correlation coefficient ($R_s = 0.626$, $P=0.05$) indicates that there is a positive correlation between psychological and the building of resilience among internally displaced adults in the South West Region of Cameroon. Hence the null hypothesis is rejected and the alternate hypothesis is accepted which states that emotional abuse has a significant effect on the building of resilience among internally displaced adults in the South West Region of Cameroon. Which aligns well with René Roussillon's symbolization theory of trauma (2002). Roussillon posits that trauma can disrupt an individual's ability to symbolize their experiences, leading to difficulties in processing and integrating traumatic memories into their sense of self. In the context of internally displaced

adults, the positive correlation suggests that as their psychological well-being improves, so does their capacity to build resilience. This can be interpreted through the lens of symbolization, where enhanced psychological health allows individuals to articulate and understand their traumatic experiences, thereby facilitating their integration into a coherent narrative. The ability to symbolize these experiences can promote coping strategies and adaptive behaviors, ultimately leading to a stronger sense of resilience. Thus, the findings underscore the importance of psychological support in aiding individuals to process their trauma, which in turn fosters resilience and enables them to navigate the challenges of displacement more effectively.

Table 3: Respondent Opinions on Effect of Emotional Abuse on the Building of Resilience Among Internally Displaced Adults

Codes	Themes	Sampled Quotations
Can you describe your experiences with emotional abuse during your displacement?	Ridicule	"I was often subjected to harsh criticism and ridicule. The emotional abuse created a toxic environment where I felt I couldn't express my feelings, leading to isolation and despair."
	Anxiety	"I witnessed emotional abuse directed at my peers, and it affected me too. Seeing others demeaned increased my anxiety and made me fearful of speaking up about my own struggles."
	Emotional fallout	"My friends turned against me during tough times. The emotional fallout from that betrayal was painful, leading to feelings of loneliness and worthlessness that I still struggle with."
How do you believe these experiences have impacted your mental health and overall well-being?	Depression	"My mental health has deteriorated significantly. I often feel anxious and depressed, struggling to find joy in everyday activities. The emotional abuse has left deep scars."
	Mistrust	"I've developed trust issues because of what I experienced. It's hard for me to open up to others, which has affected my relationships and overall well-being."
	Self-esteem	"The constant belittling I faced made me doubt my abilities. I often feel overwhelmed and incapable, which has taken a toll on my self-esteem and mental health."
In what ways do you think emotional abuse has influenced your ability to	Hesitant to face challenges	"Emotional abuse has made me more hesitant to face challenges. I often doubt my abilities, which affects my confidence and resilience when trying to overcome obstacles."
	Confrontation	"I tend to avoid confrontation because of my past experiences. This has limited my coping mechanisms, making it harder to tackle difficulties head-on and build resilience."

cope with challenges and build resilience?	Cautious	I've learned to be cautious and second-guess myself. This constant self-doubt hinders my ability to cope effectively with challenges and diminishes my resilience."
Give sampled interview responses of 8 displaced respondents on the question In what ways do you think emotional abuse has influenced your ability to cope with challenges and build resilience?	Positive affirmations	"I rely on positive affirmations to counteract negative thoughts. Reminding myself of my strength and worth each day has been crucial in overcoming the effects of emotional abuse."
	Promote connection	"I engage in community activities that promote connection and support. Being involved in my community helps me build relationships and reinforces my sense of belonging and resilience."
How has your experience of emotional abuse shaped your relationships with others, and how does this affect your resilience?	Distrust	"My experience with emotional abuse has made me distrustful. I often hesitate to form new relationships, which leaves me feeling isolated and affects my ability to bounce back from challenges."
	Genuine connections	"Emotional abuse has made me value genuine connections more. I seek out supportive friends who understand my pain, and these relationships help strengthen my resilience."
	Empathy	"I've learned the importance of surrounding myself with empathetic people. Their understanding and support have been vital for my emotional healing and resilience."
	Frustration	"I find it hard to express my needs in relationships. This often leads to resentment and frustration, which undermines my ability to cope and build resilience in the long run."
Do you feel that your relationships have been a source of strength or a barrier in your journey towards resilience?	Support	"I feel my relationships are a mixed bag. Some friends have been incredibly supportive, while others have let me down, which has made my journey more difficult at times."
	Motivation	"I've been fortunate to have a solid support network. My relationships give me hope and motivate me to keep pushing forward, enhancing my ability to cope with adversity."
	Care	"I rely on a few close friends who genuinely care. Their support has been crucial in helping me regain my strength and resilience, especially during tough times."

The analysis of interview responses corroborates the quantitative findings regarding the detrimental effects of emotional abuse on the resilience of internally displaced adults. Many respondents articulated their experiences with emotional abuse, emphasizing feelings of ridicule and anxiety. One individual shared, "I was often subjected to harsh criticism and ridicule. The emotional abuse created a toxic environment where I felt I couldn't express my feelings, leading to isolation and despair." This sentiment echoes the research of Hammen (2005), who notes that emotional abuse often leads to a cycle of negative self-perception and social withdrawal, reinforcing feelings of isolation. Another respondent highlighted the impact of witnessing emotional abuse directed at peers: "I witnessed emotional abuse directed at my peers, and it affected me too. Seeing others demeaned increased my anxiety and made me fearful of speaking up about my own struggles." Such observations align with findings by Zlotnick et al. (2006), which suggest that emotional abuse not only affects the direct victim but also creates an atmosphere of fear that permeates social interactions, thereby heightening anxiety levels across

the affected community.

Respondents also indicated a decline in their mental health, with many expressing feelings of worthlessness and depression. One participant noted, "My mental health has deteriorated significantly. I often feel anxious and depressed, struggling to find joy in everyday activities. The emotional abuse has left deep scars." This aligns with the work of Dorsey et al. (2018), who found that individuals who experience emotional abuse often report long-lasting psychological effects, including chronic anxiety and depression. Another participant articulated the pervasive nature of trust issues resulting from their experiences: "I've developed trust issues because of what I experienced. It's hard for me to open up to others, which has affected my relationships and overall well-being." Research by Riggs and Kaminski (2010) supports this notion, indicating that emotional abuse can severely impair an individual's ability to form healthy relationships, thereby exacerbating feelings of loneliness and isolation.

Moreover, the interviews revealed that emotional abuse has significantly influenced respondents' coping

mechanisms and resilience. One individual remarked, "Emotional abuse has made me more hesitant to face challenges. I often doubt my abilities, which affects my confidence and resilience when trying to overcome obstacles." This self-doubt aligns with findings by Martin et al. (2019), who argue that emotional abuse can lead to diminished self-efficacy, making it difficult for individuals to confront challenges effectively. Another respondent added, "I tend to avoid confrontation because of my past experiences. This has limited my coping mechanisms, making it harder to tackle difficulties head-on and build resilience." This avoidance behavior is consistent with the avoidance coping strategies discussed by Folkman and Moskowitz (2004), which often hinder personal growth and resilience.

Despite these challenges, many respondents acknowledged the vital role of social support in their recovery processes. One participant noted, "I feel my relationships are a mixed bag. Some friends have been incredibly supportive, while others have let me down, which has made my journey more difficult at times." This complexity mirrors the findings of Taylor (2007), who emphasizes that supportive relationships can serve as protective factors against the adverse effects of trauma. Another respondent stated, "I've been fortunate to have a solid support network. My relationships give me hope and motivate me to keep pushing forward, enhancing my ability to cope with adversity." The importance of a strong support system is further reinforced by the research of Kaniasty and Norris (2008), which highlights that effective social support can significantly bolster resilience, providing individuals with the tools they need to navigate adversity. Lastly, one respondent reflected, "I rely on a few close friends who genuinely care. Their support has been crucial in helping me regain my strength and resilience, especially during tough times." This underscores the notion that while emotional abuse poses significant challenges, the presence of empathetic and understanding relationships can foster resilience and facilitate recovery.

5. Conclusion and Recommendation

In conclusion, the findings of this study highlight the pervasive impact of emotional abuse on the building of resilience among internally displaced adults in the Fako Division of the South West Region of Cameroon. With 79.1% of respondents acknowledging that emotional abuse affects their resilience, it becomes evident that

the psychological ramifications of such abuse are significant. This aligns with existing literature, which indicates that emotional abuse can lead to diminished self-esteem and increased vulnerability to mental health issues, thereby hindering an individual's capacity to develop resilience (Hammen, 2005; Dorsey et al., 2018). The acknowledgment of emotional abuse as a critical factor in resilience-building emphasizes the need for targeted interventions that address these psychological challenges. Moreover, the positive correlation between psychological well-being and resilience further reinforces the importance of mental health support for internally displaced adults. As the study indicates, enhancing psychological health can bolster resilience, allowing individuals to navigate their circumstances more effectively. This finding is supported by research that underscores the role of psychological well-being in fostering resilience, suggesting that improving mental health services can significantly benefit those affected by emotional abuse (Martin et al., 2019; Kaniasty & Norris, 2008). Therefore, addressing the dual challenges of emotional abuse and mental health is crucial for promoting resilience among internally displaced adults, ultimately leading to better outcomes for this vulnerable population. Based on the findings of this study, it is recommended that comprehensive mental health support programs be implemented for internally displaced adults in the South West Region of Cameroon. These programs should specifically address the effects of emotional abuse and focus on enhancing psychological well-being, as this has been shown to positively correlate with resilience. By providing counseling, trauma-informed care, and community support initiatives, these programs can help individuals process their experiences, build coping strategies, and foster healthier relationships, ultimately promoting greater resilience within this vulnerable population.

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