

Raising Through Reflection: The Influence of Childhood Trauma on Millennial Parenting Behaviors

Abstract

Aim: Parental childhood traumas significantly influence their parenting styles. This study examines the relationship between childhood neglect and abuse experienced by Generation Y parents and their parental attitudes. **Materials and Method:** A total of 106 participants (60 women, 46 men) aged 25–40 years completed the Sociodemographic Information Form, Parental Attitude Scale (PAS), and Childhood Trauma Questionnaire (CTQ). Data collection was conducted online following ethical approval. Statistical analyses were performed using SPSS 24.0. **Results:** Emotional abuse and neglect were positively correlated with authoritarian and permissive parental attitudes. Conversely, a negative correlation was observed between emotional neglect and democratic attitudes. Income level, marital status, and self-harm history significantly influenced CTQ and PAS scores, with authoritarian attitudes being higher in women and younger parents. **Conclusions:** Childhood traumas are intergenerational and extend beyond individual experiences, influencing societal structures. Addressing trauma requires holistic community interventions. Future studies should expand on how unresolved parental traumas shape generational outcomes.

Keywords: Childhood trauma, Generation Y, Intergenerational Trauma, Parental Attitudes

Introduction

Trauma encompasses adverse experiences that significantly impact an individual's physical, emotional, and psychological health, often resulting in long-term dysfunction. These events include physical violence, sexual assault, neglect, or the witnessing of death or severe injury, which can evoke intense fear, helplessness, or loss of safety [1]. Research indicates that a substantial proportion of adults—estimated at 60–70%—have experienced some form of trauma during their lifetime [2]. Notably, gender differences in trauma exposure persist, with women predominantly subjected to sexual harassment, assault, and abuse, while men are more frequently exposed to physical violence, accidents, or war-related events [3].

Childhood trauma, defined as physical, sexual, or emotional abuse and neglect occurring before adulthood, is particularly detrimental as it coincides with critical periods of development. Neglect and abuse, often inflicted by primary caregivers, deprive children of essential needs such as love, emotional stability, and physical care, undermining their psycho-social development [4]. Recent global estimates indicate that the prevalence of childhood neglect and abuse varies widely across regions, with higher rates reported in countries with limited socio-economic resources [5,6]. In Turkey, studies suggest that the prevalence of childhood trauma ranges from 25% to 70.4%, revealing that nearly half of all children reported experiences of neglect or abuse, most frequently perpetrated by caregivers or close family members [7,8].

Ethics committee approval: The ethics committee approval has been obtained from Üsküdar University Non-interventional Research Ethics Board (Registration ID: 61351342/13.01.2021)

The long-term ramifications of childhood trauma are profound. Adults with a history of childhood neglect or abuse are at a significantly higher risk of developing mental health issues such as anxiety, depression, post-traumatic stress disorder (PTSD), and personality disorders [9]. Physical outcomes, including obesity and chronic illnesses, as well as maladaptive coping behaviors like substance abuse, are also prevalent [10]. Crucially, the social and emotional support provided by families and communities serves as a mitigating factor in the recovery process. However, many traumatized parents struggle to form secure emotional bonds with their children due to unresolved trauma, perpetuating cycles of emotional detachment and neglect [11]. This inability to connect emotionally often results in inconsistent or authoritarian parenting styles, which further propagate the intergenerational effects of trauma [12,13].

Intergenerational trauma, a phenomenon where the psychological effects of trauma are transmitted across generations, underscores the critical importance of addressing these issues at both individual and societal levels [14]. Parents with unresolved trauma are often triggered during child-rearing, as children's needs and behaviors may evoke distressing memories or unprocessed emotions from the parents' own childhoods [15,16]. Understanding the factors influencing parenting styles, including gender

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dynamics, socio-economic conditions, and family structures, is therefore essential for developing effective interventions aimed at breaking cycles of trauma and fostering healthier familial relationships.

This study investigates how childhood neglect and abuse shape the parenting styles of millennial (Generation Y) parents, focusing on variables such as gender, socio-economic status, and family structure. By exploring these dynamics, this research seeks to provide insights into the intergenerational transmission of trauma and identify strategies for promoting resilience and positive parenting practices in affected families.

Materials and Method

The ethics committee approval has been obtained from Üsküdar University Non-interventional Research Ethics Board (Registration ID: 61351342/13.01.2021)

This cross-sectional study targeted parents aged 25–40 years with children. Data collection was conducted online between January and February 2021, ensuring accessibility and convenience for participants. The study enrolled a total of 106 participants, comprising 60 women (56.6%) and 46 men (43.4%). Ethical approval for the study was granted by the XXX Ethics Committee (Registration ID: 61351342/13.01.2021). Prior to participation, all individuals were provided with detailed information about the study objectives and procedures, and informed consent was obtained in compliance with ethical standards.

Data collection instruments used in this study are detailed as follows.

Sociodemographic Information Form:

This form gathered comprehensive participant data, including age, gender, marital status, socioeconomic status, number of children, household income, history of psychological support, use of psychiatric medication, self-harm history, and details of family dynamics.

Parental Attitude Scale (PAS)

This validated scale assesses parenting styles across four dimensions: Democratic, Authoritarian, Permissive, and Protective/Demanding attitudes. Items are rated on a 5-point Likert scale, with higher scores indicating greater alignment with a specific parenting style. Internal consistency (Cronbach’s alpha) ranged from 0.74 to 0.89 for subscales [17].

Childhood Trauma Questionnaire (CTQ)

The CTQ evaluates childhood experiences of emotional, physical, and sexual abuse, as well as emotional and physical neglect, using a 28-item, 5-point Likert scale [18]. The Turkish adaptation by Şar et al. demonstrated strong reliability, with Cronbach’s alpha values ranging from 0.72 to 0.89 [19].

Statistical Analysis

Data were analyzed using SPSS version 24.0. Descriptive statistics were employed to summarize sociodemographic characteristics and scale data. Group differences were assessed using independent t-tests and Mann-Whitney U tests for two-group comparisons, while ANOVA and Kruskal-Wallis tests were applied for comparisons involving more than two groups. Relationships between Parental Attitude Scale (PAS) and Child-

hood Trauma Questionnaire (CTQ) scores were examined using Spearman correlation analysis. A p-value of <0.05 was considered statistically significant.

Results

The sample consisted of 60 women (56.6%) and 46 men (43.4%), with a mean age of 33.4±5.2 years. Most participants were married (90%), with a smaller proportion divorced (7%) or single (3%). The majority reported a monthly household income at or above twice the minimum wage (54%). Table 1 provides detailed demographic information.

Table 1: Sociodemographic Characteristics of Participants

		n	%
GENDER	Male	46	28
	Female	60	72
AGE	25-34	52	49
	35-40	54	51
MARITAL STATUS	Single	3	3
	Married	97	90
	Divorced	6	7
BIRTH ORDER	First Child	39	38
	Second Child	25	22
	Third Child	19	20
	Fourth Child	9	8
	Fifth Child	14	12
MONTHLY INCOME	Up to half the minimum wage	9	11
	Half to the full minimum wage	16	16
	1*minimum wage-2*minimum wage	19	19
	2*minimum wage and above	62	54
HISTORY OF CHRONIC DISEASE	Yes	17	19
	No	89	81
HISTORY OF PSYCHIATRIC DISORDER	Yes	24	24
	No	82	76
HISTORY OF SELF-MUTILATION	Yes	17	19
	No	89	81
HISTORY OF SELF-MUTILATION IN THE FAMILY	Yes	12	13
	No	94	87
HISTORY OF DAMAGE TO ANOTHER PERSON	Yes	9	8
	No	97	92

HISTORY OF DAMAGE TO A RELATIVE	Yes	5	5
	No	101	95
SUICIDE ATTEMPT	Yes	4	5
	No	102	95
SUICIDE ATTEMPT AMONG FAMILY MEMBERS	Yes	6	7
	No	100	93

Mean scores for PAS subscales indicated that Democratic attitudes (69.73 ± 7.99) were most prevalent, followed by Protective attitudes (29.87 ± 4.84). For the CTQ, Emotional Neglect (12.72 ± 3.02) and Emotional Abuse (7.49 ± 3.06) were the highest-rated dimensions. Detailed scale statistics are presented in Table 2.

Table 2: Descriptive Statistics for Parental Attitude Scale (PAS) and Childhood Trauma Questionnaire (CTQ) Scores

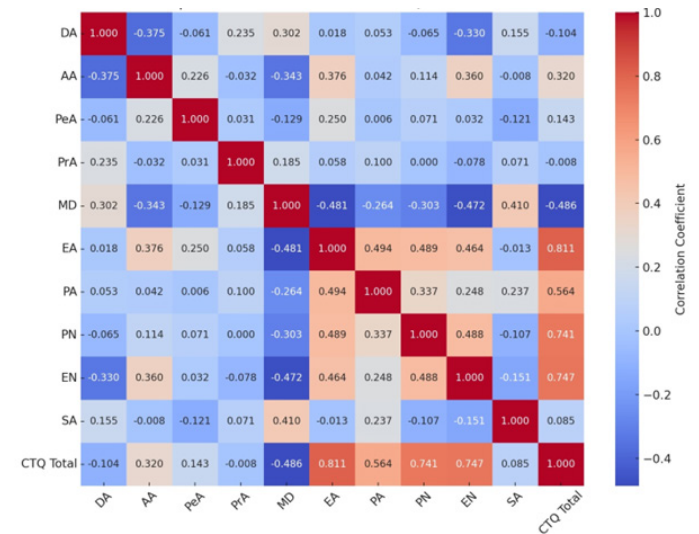
		Mean ± SD	Minimum - Maximum
Parental Attitude Scale (PAS)	Democratic Attitude	69.73 ± 7.99	40-80
	Authoritarian Attitude	19.89 ± 6.10	10-43
	Permissive Attitude	21.20 ± 5.14	10-37
	Protective Attitude	29.87 ± 4.84	16-41
Childhood Trauma Questionnaire (CTQ)	Minimization-Denial	0.72 ± 0.95	0-3
	Emotional Abuse	7.49 ± 3.06	5-19
	Physical Abuse	5.67 ± 1.83	5-14
	Physical Neglect	7.37 ± 2.48	5-15
	Emotional Neglect	12.72 ± 3.02	9-22
	Sexual Abuse	4.74 ± 1.65	4-13
	CTQ Total	37.98 ± 8.59	28-67

SD: Standard Deviation

Positive correlations were observed between Emotional Abuse and both Authoritarian attitudes ($r = 0.376, p < 0.001$) and Permissive attitudes ($r = 0.250, p = 0.009$), indicating that higher levels of emotional abuse are associated with these parenting styles. Emotional Neglect demonstrated a negative correlation with Democratic attitudes ($r = -0.330, p < 0.001$), reflecting that greater emotional neglect is linked to a reduction in democratic parenting tendencies, and a positive correlation with Authoritarian attitudes ($r = 0.360, p < 0.001$). CTQ total scores were positively correlated with Authoritarian attitudes ($r = 0.320, p < 0.001$) and showed a weak, non-significant negative correlation with Protective attitudes ($r = -0.008, p = 0.935$). These results are visually represented in a heatmap (Table 3), which highlights

the strength and direction of the correlations between CTQ and PAS subscales.

Table 3: Heatmap of Spearman Correlations between Childhood Trauma Questionnaire (CTQ) and Parental Attitude Scale (PAS) Scores



DA, Democratic Attitude; AA, Authoritarian Attitude; PeA, Permissive Attitude; PrA, Protective Attitude; MD, Minimization-Denial; EA, Emotional Abuse; PA, Physical Abuse; PN, Physical Neglect; EN, Emotional Neglect; SA, Sexual Abuse; CTQ Total, Total Score from the Childhood Trauma Questionnaire

Analysis of parental attitudes revealed no significant differences between men and women in Democratic, Permissive, and Protective attitudes ($p > 0.05$). However, Authoritarian attitude scores were significantly higher among women (21.45 ± 6.48) compared to men (17.85 ± 4.92) ($p = 0.002$).

When comparing participants under the age of 35 with those aged 35 and above, a significant difference in Protective attitude scores was observed ($p < 0.001$). Younger parents (<35 years) demonstrated higher Protective attitude scores (31.73 ± 4.20) compared to older parents (28.07 ± 4.77).

Monthly household income groups exhibited significant differences in Physical Neglect ($p = 0.039$), Emotional Neglect ($p = 0.032$), and overall Childhood Trauma scores ($p = 0.009$). Parents in the lowest income bracket (Up to half the minimum wage) had the highest Physical Neglect scores (9.67 ± 3.74), significantly exceeding those in higher income brackets, such as 1 to 2 times the minimum wage (7.16 ± 2.34) and 2 times the minimum wage and above (6.82 ± 1.97). Similarly, Emotional Neglect scores were higher in the lowest income group (15.78 ± 4.21) compared to the highest income group (12.05 ± 2.49). Overall Childhood Trauma scores followed this trend, with participants in the lowest income group scoring significantly higher (45.33 ± 12.44) than those in the highest income group (35.94 ± 7.75).

Marital status also revealed significant differences in Emotional Abuse ($p = 0.024$) and Physical Neglect ($p = 0.048$) scores. Divorced parents had the highest Emotional Abuse scores (10.33 ± 3.39), significantly exceeding the scores of married parents (7.26 ± 2.93). Similarly, Physical Neglect scores were higher among divorced parents (10.00 ± 3.41) compared to married (7.26 ± 2.36) and single parents (5.67 ± 1.16).

Household type (e.g., nuclear vs. broken/divorced families) sig-

nificantly influenced Emotional Abuse, Physical Neglect, and overall Childhood Trauma scores ($p = 0.043$, $p = 0.032$, and $p = 0.020$, respectively). Parents from broken or divorced households exhibited higher scores in Emotional Abuse, Physical Neglect, and total Childhood Trauma compared to those from nuclear families.

Birth order analysis indicated a significant difference in Emotional Abuse scores ($p = 0.049$). Third-born children reported higher Emotional Abuse scores compared to second-born children.

Participants with a history of psychiatric comorbidities reported significantly higher Emotional Neglect scores (14.33 ± 3.32) compared to those without psychiatric comorbidities (12.24 ± 2.77) ($p = 0.015$).

Significant differences were observed between participants with and without a history of self-harm in Authoritarian Attitudes, Minimization, and Emotional Abuse scores ($p = 0.006$, $p = 0.005$, and $p = 0.006$, respectively). Participants with a self-harm history scored higher on Authoritarian Attitudes and Emotional Abuse but lower on Minimization scores compared to their counterparts without a self-harm history.

Participants with a family history of self-harm reported significantly higher Emotional Abuse ($p = 0.001$) and total Childhood Trauma scores ($p = 0.007$) than those without such a history.

A history of harm to others was associated with significantly higher Emotional Abuse ($p = 0.003$) and total Childhood Trauma scores ($p = 0.012$).

Participants who reported a history of harm within family dynamics exhibited significant differences in Democratic ($p = 0.024$), Authoritarian ($p = 0.021$), Protective ($p = 0.008$), and total Childhood Trauma scores ($p = 0.034$). Those without a family harm history had higher Democratic and Protective attitude scores, while those with such a history showed higher Authoritarian attitudes and trauma scores.

Participants with a history of suicide attempts had significantly higher Emotional Abuse ($p = 0.005$), Physical Neglect ($p = 0.008$), and total Childhood Trauma scores ($p = 0.004$) compared to those without such a history. Similarly, participants whose family members had attempted suicide reported significantly higher Emotional Abuse ($p = 0.003$) and total Childhood Trauma scores ($p = 0.014$).

Discussion

This study explored the impact of childhood trauma on the parenting styles of millennial parents, providing evidence of intergenerational effects of neglect and abuse. The results reveal that specific types of trauma, particularly emotional abuse and neglect, significantly influence parenting attitudes, with marked differences across parenting styles such as Authoritarian, Permissive, Democratic, and Protective attitudes. These findings suggest that female parents may be more inclined to adopt stricter disciplinary practices or exhibit more control in their parenting style than their male counterparts. Additionally, younger parents may demonstrate greater caution or overprotectiveness, often associated with less experience and a stronger perceived need to shield their children. Socioeconomic status was shown to play a pivotal role, with lower-income groups ex-

periencing higher levels of childhood neglect and abuse, further emphasizing the profound influence of financial stress on early adverse experiences. Family structure and marital disruptions, such as divorce, were also found to exacerbate childhood trauma experiences, highlighting the adverse effects of familial instability. Later-born children may face unique challenges within family dynamics, contributing to higher experiences of emotional abuse. Mental health conditions were linked to unresolved emotional neglect, while self-harming behaviors reflected unresolved trauma and a tendency toward stricter parenting practices. Moreover, self-harming behaviors within families signified broader patterns of intergenerational trauma, as did tendencies to harm others, which were associated with severe childhood trauma. Familial harm significantly shaped both trauma experiences and subsequent parenting behaviors. Collectively, these findings highlight the intergenerational implications of trauma and the role of suicidal behaviors in exacerbating its impact. The study underscores the importance of addressing unresolved childhood trauma to mitigate its influence on family dynamics and the well-being of future generations.

The positive relationship observed between emotional abuse and Authoritarian and Permissive attitudes aligns with existing literature, which suggests that childhood experiences of emotional abuse often lead to difficulty in establishing boundaries and regulating emotions in adulthood^[20,21]. Parents with unresolved emotional abuse may adopt Authoritarian attitudes as a mechanism of control to avoid the chaos they once experienced^[22]. Alternatively, some may overcompensate by adopting Permissive attitudes, seeking to minimize conflict or rejection. This duality underscores the complex ways trauma manifests in parenting and highlights the importance of addressing emotional abuse in interventions aimed at improving parental behaviors.

The study also found a significant negative correlation between emotional neglect and Democratic parenting. This is a notable finding, as Democratic attitudes are associated with balanced parenting, fostering independence, and emotional security in children. Parents who experienced emotional neglect may struggle to provide the warmth, validation, and responsiveness needed for Democratic parenting, as their own needs for such support were unmet during childhood. This reinforces the theory that unresolved childhood neglect can inhibit emotional availability and empathy in adulthood^[23,24].

Interestingly, no significant correlation was observed between physical abuse and parenting attitudes, deviating from some studies that suggest a direct link between physical abuse and Authoritarian behaviors^[25,26]. Cultural factors may play a role here, as physical discipline is often normalized in certain societies and not perceived as abusive. Similarly, physical neglect did not correlate with specific parenting styles, although its co-occurrence with emotional neglect and abuse suggests a broader pattern of adverse experiences that shape overall parenting behavior. The limited sample size may have also contributed to these findings, emphasizing the need for further exploration in larger, diverse populations.

Gender differences revealed that women were more likely to exhibit Authoritarian attitudes than men, consistent with societal expectations that place greater parenting responsibility on mothers. Women may resort to stricter parenting styles due to heightened pressure to maintain order and discipline in their

households. This finding is particularly relevant for interventions targeting gender-specific parenting behaviors, as it suggests that addressing societal norms and expectations could help mitigate these patterns ^[27].

Age differences in Protective attitudes further illustrate the role of developmental factors in parenting. Younger parents displayed higher levels of Protective attitudes, potentially reflecting their inexperience and heightened anxiety about parenting responsibilities ⁽¹⁹⁾. Protective attitudes, when excessive, can limit children's independence and autonomy, suggesting the need for parental education programs targeting younger parents to promote balanced approaches to parenting ^[28].

Socioeconomic factors played a critical role in the findings. Parents from lower-income households reported higher levels of childhood trauma, particularly Emotional Neglect and Abuse. These results align with research linking economic stress to increased risks of neglect and abuse during childhood ⁽²¹⁾. Lower socioeconomic status not only exacerbates the likelihood of adverse childhood experiences but also limits access to resources that can buffer the intergenerational effects of trauma. Policies addressing income inequality and providing financial and psychological support to families may be essential for breaking the cycle of trauma transmission ^[29].

The study's findings on self-harm and family dynamics provide further evidence of the intergenerational impact of trauma. Parents with a history of self-harm or familial self-harm reported higher scores of Emotional Abuse and Authoritarian attitudes. These results are consistent with studies suggesting that trauma-related behaviors, such as self-harm, are both outcomes of unresolved childhood trauma and precursors to dysfunctional family dynamics ^(23, 24). Interventions focusing on family systems and trauma resolution are critical for mitigating these patterns and fostering healthier relationships within families ^[30, 31].

The cultural context of the study adds another layer of complexity. In societies like Turkey, where traditional values and hierarchical family structures are prominent, certain parenting attitudes, such as Authoritarianism, may be more socially acceptable or even encouraged. This cultural lens must be considered when interpreting the findings and designing interventions. Cross-cultural studies could provide valuable insights into how cultural norms influence the relationship between childhood trauma and parenting styles ^[32].

Conclusion

This study provides valuable insights into the profound and multifaceted influence of childhood trauma on the parenting styles of millennial parents, highlighting its intergenerational implications. By demonstrating how specific types of trauma, such as emotional abuse and neglect, correlate with parenting behaviors, the findings emphasize the critical need for targeted interventions. The study also underscores the role of socio-demographic factors, including gender, age, socioeconomic status, and family dynamics, in shaping the parenting attitudes of individuals with traumatic childhood experiences. Addressing unresolved childhood trauma through evidence-based interventions, such as trauma-informed counseling and parenting education, is essential to break cycles of neglect and abuse. Policymakers and mental health professionals must prioritize systemic strategies to provide affordable mental health services, early screening

programs, and culturally sensitive support structures to mitigate the effects of trauma across generations. Future research should build on these findings by exploring longitudinal relationships, examining diverse populations, and testing the effectiveness of trauma-informed interventions. Such studies will not only deepen our understanding of the mechanisms driving intergenerational trauma but also provide actionable solutions to foster resilience and promote healthier familial relationships. By addressing childhood trauma at both individual and societal levels, we can contribute to breaking the cycle of trauma and creating a foundation for stronger and more supportive families.

Implications for Practice

The findings of this study emphasize the urgent need for trauma-informed parenting interventions to address the intergenerational transmission of trauma. Providing counseling and therapeutic support to parents with unresolved childhood trauma is vital for disrupting cycles of emotional neglect and abuse. Tailored parenting education programs should focus on strengthening emotional nurturance, setting healthy boundaries, and developing effective communication skills, particularly for parents with significant trauma exposure. These programs can empower parents to cultivate healthier relationships with their children and mitigate the long-term effects of their own adverse experiences.

Policymakers and mental health professionals must prioritize systemic interventions to address the broader societal impact of trauma. Increasing access to affordable mental health services is essential to support vulnerable families. Early screening programs in schools, healthcare facilities, and community settings can play a pivotal role in identifying at-risk individuals and families, facilitating timely interventions. Routine inquiries about past trauma, including sexual violence, in psychiatric settings are essential for identifying victims who may otherwise remain unnoticed. Establishing protocols for mental health professionals to sensitively and consistently screen for sexual violence can ensure comprehensive care for those impacted, as well as enable early psychological support to mitigate the long-term consequences of trauma. Furthermore, understanding and addressing the psychological risk factors that predispose individuals to harmful behaviors, such as perpetrating violence, should be integrated into these systemic interventions ^[33]. Providing immediate psychological support, such as psychological first aid, following traumatic incidents, is crucial for reducing the impact of trauma and promoting recovery. By incorporating these practices, proactive measures can not only prevent the perpetuation of trauma across generations but also enhance the overall response to trauma within mental health settings, contributing to healthier societal outcomes.

Future Research

Future research should explore the long-term effects of childhood trauma on parenting behaviors using longitudinal designs to capture the evolution of these relationships over time. Expanding sample diversity to include a broader range of cultural, socio-economic, and demographic contexts is critical for enhancing the generalizability of findings and identifying moderating factors, such as cultural norms, social support networks, and personality traits. Additionally, future studies should evaluate the effectiveness of trauma-informed interventions in trans-

forming parenting attitudes and behaviors. This includes assessing how counseling, therapeutic modalities, and educational programs influence parenting outcomes and child well-being. By focusing on evidence-based solutions, future research can provide practical guidelines for mitigating the intergenerational impact of trauma and fostering resilience within families.

Limitations

This study has several limitations that warrant consideration. First, the reliance on self-reported measures may introduce response biases, such as social desirability or recall bias, potentially affecting data accuracy. Second, the cross-sectional design limits the ability to establish causal relationships between childhood trauma and parenting styles. Third, the sample's homogeneity, primarily comprising Turkish participants, restricts the generalizability of the findings to other cultural or socio-economic contexts. Despite these limitations, the study offers critical insights into the interplay between childhood trauma and parenting practices. It provides a robust foundation for future research employing longitudinal and cross-cultural designs to deepen understanding and develop effective interventions for mitigating trauma's intergenerational effects.

Patient informed consent:

Patient informed consent was obtained.

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Author contribution subject and rate:

Melike Unuvar (30%): Conceptualization, Project administration, data curation, software, investigation, formal analysis, writing – original draft

Ipek Özönder Ünal (30%): Conceptualization, methodology, software, investigation, formal analysis, validation, writing- review and editing

Habib Erensoy (20%): Conceptualization, Project administration, methodology, investigation, supervision

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REFERENCES

1. Van der Kolk, B. A. (2000). Posttraumatic stress disorder and the nature of trauma. *Dialogues in Clinical Neuroscience*, 2(1), 7–22.
2. Merrick, M. T., Ford, D. C., Ports, K. A., & Guinn, A. S. (2019). Vital signs: estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention—25 states, 2015–2017. *MMWR Morbidity and Mortality Weekly Report*, 68(44), 999–1005.

3. Tolin, D. F., & Foa, E. B. (2006). Sex differences in trauma and post-traumatic stress disorder: A quantitative review of 25 years of research. *Psychological Bulletin*, 132(6), 959–992.
4. Dube, S. R., Li, E. T., Fiorini, G., Lin, C., Singh, N., Khamisa, K., & Fong, P. (2023). Childhood verbal abuse as a child maltreatment subtype: A systematic review of the current evidence. *Child Abuse & Neglect*, 144, 106394.
5. Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics*, 137(3), e20154079.
6. Whitten, T., Tzoumakis, S., Green, M. J., & Dean, K. (2024). Global prevalence of childhood exposure to physical violence within domestic and family relationships in the general population: A systematic review and proportional meta-analysis. *Trauma, Violence, & Abuse*, 25(2), 1411–1430.
7. Sofuoğlu, M., Rosenheck, R., & Petrakis, I. (2014). Pharmacological treatment of comorbid PTSD and substance use disorder: Recent progress. *Addictive Behaviors*, 39(2), 428–433.
8. Yolcuoğlu G. “Çocukların İhmal-İstismara Uğramasında Aile ve Çocuklara Yönelik Risk Faktörleri ve Sosyal Hizmet Müdahalesi”, Turkey Child Abuse and Domestic Violence Study. (2010). [Toplum ve Sosyal Hizmet], 21(1), 73–83.
9. Teicher, M. H., Gordon, J. B., & Nemeroff, C. B. (2022). Recognizing the importance of childhood maltreatment as a critical factor in psychiatric diagnoses, treatment, research, prevention, and education. *Molecular Psychiatry*, 27(3), 1331–1338.
10. Schroeder, K., Schuler, B. R., Kobulsky, J. M., & Sarwer, D. B. (2021). The association between adverse childhood experiences and childhood obesity: A systematic review. *Obesity Reviews*, 22(7), e13204.
11. Bahmani, T., Naseri, N. S., & Fariborzi, E. (2023). Relation of parenting child abuse based on attachment styles, parenting styles, and parental addictions. *Current Psychology*, 42(15), 12409–12423.
12. Luo, S., Chen, D., Li, C., Lin, L., Chen, W., Ren, Y., & Guo, V. Y. (2023). Maternal adverse childhood experiences and behavioral problems in preschool offspring: The mediation role of parenting styles. *Child and Adolescent Psychiatry and Mental Health*, 17(1), 95.
13. Emami, M., Moghadasin, M., Mastour, H., & Tayebi, A. (2024). Early maladaptive schema, attachment style, and parenting style in a clinical population with personality disorder and normal individuals: A discriminant analysis model. *BMC Psychology*, 12(1), 78.
14. Howell, K. H., Miller-Graff, L. E., Martinez-Torteya, C., Napier, T. R., & Carney, J. R. (2021). Charting a course towards resilience following adverse childhood experiences: Addressing intergenerational trauma via strengths-based intervention. *Children*, 8(10), 844.
15. Enlow, M. B., Egeland, B., Carlson, E., Blood, E., & Wright, R. J. (2014). Mother–infant attachment and the intergenerational transmission of post-traumatic stress disorder. *Development and Psychopathology*, 26(1), 41–65.
16. Bandelow, B., Torrente, A. C., Wedekind, D., Broocks, A., Hajak, G., & Rütger, E. (2004). Early traumatic life events, parental rearing styles, family history of mental disorders, and birth risk factors in patients with social anxiety disorder. *European Archives of Psychiatry and Clinical Neuroscience*, 254(6), 397–405.
17. Demir EK, Şendil G. Ebeveyn Tutum Ölçeği (ETÖ). Türk Psikoloji Yazıları 2008; 11.21: 15-25.
18. Bernstein DP, Fink L, Handelsman L, Foote J. Childhood Trauma Questionnaire: A retrospective self-report manual San Antonio, TX: The Psychological Corporation; 1998
19. Şar V, Öztürk E, İkikardes E. Çocukluk Çağı Ruhsal Travma Ölçeğinin Türkçe uyarlamasının geçerlilik ve güvenilirliği. Türkiye Klinikleri 1054 J Med Sci 2012; 32(4).
20. Berzenski SR. Distinct emotion regulation skills explain psychopathology and problems in social relationships following childhood emotional abuse and neglect. *Dev Psychopathol*. 2019;31(2):483–96. doi: 10.1017/S0954579418000020.
21. Kanj G, Hallit S, Obeid S. The relationship between childhood emotional abuse and borderline personality disorder: the mediating role of difficulties

- in emotion regulation among Lebanese adults. *Borderline Personal Disord Emot Dysregul.* 2023 Nov 21;10(1):34. doi: 10.1186/s40479-023-00241-0. PMID: 37986013; PMCID: PMC10662025.
22. Morgan CH, Pu DF, Rodriguez CM. Parenting style history in predicting harsh parenting and child abuse risk across the transition to parenthood: Role of gender. *Child Abuse Negl.* 2022 May;127:105587. doi: 10.1016/j.chiabu.2022.105587. Epub 2022 Mar 8. PMID: 35276532; PMCID: PMC8993540.
 23. Riggs, S. A. (2019). Childhood emotional abuse and the attachment system across the life cycle: What theory and research tell us. In *The effect of childhood emotional maltreatment on later intimate relationships* (pp. 5-51).
 24. Routledge. Haslam, Z., & Taylor, E. P. (2022). The relationship between child neglect and adolescent interpersonal functioning: A systematic review. *Child Abuse & Neglect*, 125, 105510.
 25. Valentino, K., Nuttall, A. K., Comas, M., Borkowski, J. G., & Akai, C. E. (2012). Intergenerational continuity of child abuse among adolescent mothers: Authoritarian parenting, community violence, and race. *Child maltreatment*, 17(2), 172-181.
 26. Madigan, S., Cyr, C., Eirich, R., Fearon, R. P., Ly, A., Rash, C., ... & Alink, L. R. (2019). Testing the cycle of maltreatment hypothesis: Meta-analytic evidence of the intergenerational transmission of child maltreatment. *Development and psychopathology*, 31(1), 23-51.
 27. Yaffe, Y. (2023). Systematic review of the differences between mothers and fathers in parenting styles and practices. *Current psychology*, 42(19), 16011-16024.
 28. Salmin, A. H., Nasrudin, D., Hidayat, M. S., & Winarni, W. (2021). The effect of overprotective parental attitudes on children's development. *Jurnal BELAINDIKA (Pembelajaran Dan Inovasi Pendidikan)*, 3(1), 15-20.
 29. Martins, P. C., Matos, C. D., & Sani, A. I. (2023). Parental stress and risk of child abuse: The role of socioeconomic status. *Children and Youth Services Review*, 148, 106879.
 30. Suwignyo, Y. H., Usnawati, N., Herlina, T., & Sumaningsih, R. (2024). The Relationship Between Parenting Styles and Self-Harm Behavior in Adolescents. *International Journal of Advanced Health Science and Technology*, 4(3).
 31. Liu, J., Liu, X., Wang, H., & Gao, Y. (2021). Harsh parenting and non-suicidal self-injury in adolescence: the mediating effect of depressive symptoms and the moderating effect of the COMT Val158Met polymorphism. *Child and adolescent psychiatry and mental health*, 15, 1-9.
 32. Kavas, S., & Thornton, A. (2020). Beliefs about family change and development in Turkey. *Population Research and Policy Review*, 39, 47-75.
 33. Han Almiş B, Sehliskoğlu Ş. (2024). Recognition and Management of Sexual Violence in Psychiatry Outpatient Clinics. *Psikiyatride Güncel Yaklaşımlar - Current Approaches in Psychiatry* ;16(4):683-690. doi:10.18863/pgy.1415763