Buca Eğitim Fakültesi Dergisi,
yıl, sayı , ss.89-103

Araştırma Makalesi

BUCA EĞİTİM FAKÜLTESİ DERGİSİ

The Journal of Buca Faculty of Education, year, issue, pp.89-103

Research Article

Parental Overprotection and Overcontrol Predicts Young Adult Mental Health Beyond Traditional Childhood Abuse and Neglect Types

Ebeveynin Aşırı Koruma ve Aşırı Kontrolünün Genç Yetişkinlerin Ruh Sağlığını Diğer Çocukluk İstismarı ve İhmali Türlerinin Ötesinde Yordaması

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***Geliş Tarihi:** 26.01.2025* ***Kabul Tarihi:** 06.02.2026*

ABSTRACT

Parental overcontrol and overprotection (OP-OC) have been identified as culturally sensitive forms of recalled childhood trauma, characterized by restrictions on peer relations, over-guiding, and a lack of respect for privacy and autonomy. This study explores the unique contribution of retrospectivly assessed OP-OC to mental health outcomes in young adults. Participants (N = 356) aged 18–35 (M = 21.63, SD = 3.22) completed an online survey assessing child maltreatment (CM) types including physical, emotional, and sexual abuse and emotional and physical neglect, OP-OC and current mental health outcomes. OP-OC prevalence was 19.4%, correlated positively with all CM subtypes. Hierarchical linear regressions showed OP-OC uniquely predicted depression, anxiety, and stress explaining additional 3.6% (B = .33, $p < .001$), 3.4%, (B = .25, $p < .001$), and 4.4% (B = .32, $p < .001$) of variance respectively, beyond other CM subtypes. OP-OC should be further explored as a CM type and a substantial risk factor for young adult mental health.

Keywords: Overprotection-overcontrol, child abuse, child neglect, depression, anxiety, stress.

ÖZ

Ebeveynin aşırı koruma ve aşırı kontrolü (AK-AK), akran ilişkilerinde kısıtlamalar, aşırı yönlendirme ve mahremiyet ile özerkliğe saygı eksikliği ile gözlenen, kültüre özgü bir çocukluk travması türü olarak tanımlanmıştır. Bu çalışma, geriye dönük ölçülen AK-AK'nin genç yetişkinlerde ruh sağlığı belirtilerine özgün katkısını araştırmaktadır. 18-35 yaş arası (Ort = 21.63, SS = 3.22) katılımcılar (N = 356), fiziksel, duygusal ve cinsel istismar ile duygusal ve fiziksel ihmal dahil çocuk istismarı ve ihmali (Çİİ) türlerini, AK-AK'yi ve mevcut ruh sağlığı sonuçlarını değerlendiren çevrimiçi bir anket doldurmuştur. AK-AK yaygınlığı %19.4 olup, tüm Çİİ alt türleriyle pozitif korelasyon göstermiştir. Hiyerarşik doğrusal regresyon sonuçları, AK-AK'nin diğer Çİİ alt türlerinin ötesinde depresyon, anksiyete ve stresi sırasıyla %3.6 (B = .33, $p < .001$), %3.4 (B = .25, $p < .001$) ve %4.4 (B = .32, $p < .001$) varyans artışıyla yordadığını göstermiştir. AK-AK, bir Çİİ türü ve genç yetişkin ruh sağlığı için önemli bir risk faktörü olarak daha fazla araştırılmalıdır.

Anahtar Sözcükler: Aşırı koruma-aşırı kontrol, çocuk istismarı, çocuk ihmali, depresyon, anksiyete, stress.

INTRODUCTION

Child maltreatment (CM) is concerningly prevalent, with an estimated one in seven children experiencing abuse in 2018, and projections suggest that up to one in four children will face abuse or neglect during their childhood (Lippard & Nemeroff, 2020). The World Health Organization ([WHO], 2022) reports that nearly three out of four children experience physical and/or psychological violence from their parents or caregivers. Parent or caregiver-perpetrated child maltreatment is recognized as one of the most significant predictors of poor mental health outcomes in later life (Banyard et al., 2017; Hughes et al., 2017; Jaffee, 2017). Research consistently demonstrates that individuals who have experienced CM are more likely to suffer from depression in adulthood. A recent meta-analysis (Humphreys et al., 2020) found that recalled CM was associated with higher depression scores and depression diagnosis. Additionally, these individuals often face significant challenges in emotion regulation, contributing to increased stress (Hong et al., 2018), and tend to adopt poor coping strategies (Su et al., 2022). In other words, CM significantly impairs everyday functionality, therefore increasing the risk of long-term mental health difficulties.

Although the impact of CM on mental health has been well documented in the literature, there is an ongoing debate on the types of CM. Ample research has traditionally classified CM into four main categories including, physical abuse, emotional abuse, sexual abuse, and neglect (Hildyard & Wolfe, 2002). While this classification is widely accepted, Laajasalo et al. (2023) highlighted the complexities in defining and operationalizing CM. Their review indicated that the categorization of CM varies across studies, with some studies grouping types into broader or narrower categories, and others identifying additional dimensions that extend beyond traditional classifications. They emphasize the need for greater focus on psychological/emotional maltreatment, which is often overlooked in the literature. Similarly, Massullo et al. (2023) address inconsistencies in CM definitions and classifications in their systematic review, noting that CM is often perpetrated by parents or caregivers which is an important factor in categorization. They also point out that specific types of CM, such as parental overprotection and control, have been largely overlooked in research to date.

Overprotection (OP), which is often closely linked with overcontrol (OC), refers to parental or caregiver intrusion into the child's life, restricting or denying the child's autonomy (Parker, 1979). Despite limited attention, OP-OC can be quite visible as firm control parenting behaviors. It often has roots in a desire to protect the child from perceived dangers in the world which may result in excessive decision-making and control over the child’s life (de Roo et al., 2022). This over-involvement possibly hinders children’s autonomy and decision-making abilities (Bruysters & Pilkington, 2023; Yap et al., 2014), preventing the development of sufficient coping skills to manage life’s challenges independently. Such early difficulties with parental OP-OC behaviors may lead to further challenges in well-being and mental health in adult life.

Research has linked recalled experiences of parental OP-OC with various psychological and behavioral difficulties in adulthood, including anxiety, worry, and depressive symptoms (Manzeske & Stright, 2009; McLafferty et al., 2019; Overbeek et al., 2007; Wu et al., 2022; Zhang et al., 2023). A recent systematic review (Cui et al., 2022) further emphasized the consistent research results on the negative effects of OP-OC on young adults’ psychological adjustment such as depressive symptoms and life satisfaction. Moreover, OP-OC was found to be negatively associated with positive childhood experiences such as perceived social support, self-regulation, and neighborhood cohesion (Bayar & Doğan, 2023). Together, these findings raise an important question: Can parental overprotection and overcontrol be considered one of the dimension of child maltreatment?

Building on this question, Şar et al. (2021) investigated and recognized parental OP-OC as a form of childhood trauma. They incorporated it as a distinct subscale in the revised Turkish version of the Childhood Trauma Questionnaire (CTQ-33), emphasizing their relevance to CM. They justified this addition by drawing from the literature that demonstrates how OP-OC are developmentally traumatizing as they constitute negative parental behaviors. Moreover, they argued that these behaviors are particularly widespread in Türkiye (Şar & Türk-Kurtça, 2021; Şar et al., 2021) and special attention was needed in measuring them within CM assessment. An earlier review in Türkiye (Sümer et al., 2010) reported that OP and OC negatively affect personality development, adjustment, and behavior, as well as socio-emotional and cognitive development. More recent studies have corroborated these findings, linking OP-OC to emotional and behavioral difficulties (e.g., Senay Guzel & Osmanoglu, 2024). These results support the conceptualization of OP-OC as CM type.

Moreover, this proposed categorization has also been adapted to the Chinese context and tested among young adults in China (Wu et al., 2022). In both Chinese and Turkish young adult populations, recalled OP-OC was found to have existed and positively associated with other forms of CM (Şar et al., 2021; Wu et al., 2022). A very recent study offers valuable insights into the independent role of OP-OC on mental health. In their studies, Carbone et al. (2024) indicate a strong positive correlation between maternal overcontrol and theta connectivity between the salience network and the central executive network, with this relationship persisting even after adjusting for confounding factors such as the severity of childhood trauma and overall psychopathology. This pattern of connectivity may suggest a tendency to identify and react to potentially threatening stimuli, a characteristic often linked to heightened maternal overcontrol. Therefore they suggest that OP-OC needs to be considered as a salient factor that uniquely explains mental health symptoms beyond other traditional CM types.

In summary, while research demonstrates that OP-OC is associated with mental health problems, critical questions remain about its status as a distinct form of CM. Specifically, because OP-OC frequently co-occurs with traditional maltreatment types (Wu et al., 2022), it is unclear whether OP-OC predicts mental health outcomes independent of established CM subtypes. Additionally, Laajasalo et al. (2023) argue that only a limited number of studies have tested and applied CM definitions in practice, with cultural factors receiving little attention in CM research. Given this lack of practical emphasis and the recent recognition of OP-OC as a form of CM, it seems important to test the role of OP-OC in the context of CM. The present study examines whether OP-OC demonstrates incremental predictive validity for mental health outcomes beyond traditional CM subtypes in a Turkish young adult sample.

As previously noted, there have been long-standing concerns that traditional categorizations of CM may not adequately capture the experiences of various populations (Cronholm et al., 2015; Massullo et al., 2023). The present study examines whether OP-OC uniquely predicts young adult mental health beyond traditional CM subtypes. While previous research has established links between OP-OC and mental health outcomes (Urone et al., 2024), it remains unclear whether OP-OC contributes to mental health problems independent of co-occurring traditional CM experiences. We test whether recalled OP-OC predicts current depression, anxiety, and stress in young adults after accounting for exposure to emotional abuse, emotional neglect, physical abuse, physical neglect, and sexual abuse. Demonstrating incremental predictive validity would strengthen the case for considering OP-OC as a distinct form of CM requiring specific attention in research and clinical practice. The hypotheses are listed below.

H1:OP-OC will be positively associated with other CM types (emotional abuse, emotional neglect, physical abuse, physical neglect, and sexual abuse).

H2:CM will predict depression, anxiety, and stress.

H3:OP-OC will predict depression, anxiety, and stress, even after accounted for traditional CM types (emotional abuse, emotional neglect, physical abuse, physical neglect, and sexual abuse).

METHOD

2.1. Participants and Procedure

Non-clinical young adults recruited (N = 356) aged between 18–35 (M = 21.63, SD = 3.22). The majority of the participants were female (73%) and the majority of them were college students (91%). Almost half of the sample reported their perceived childhood economic status as middle-income, while 35.4% of them reported low income and 14% high income.

Following Institutional Review Board approval from the Burdur Mehmet Akif Ersoy University (Decision number: GO 2024/423), the online survey questionnaire was shared with the researchers' college student social media groups, e-mail groups, and through researchers' personal contacts. Participants were introduced to the study via an online informed consent form that explains eligibility, purpose, procedure, confidentiality, risks, and the contact of the primary researcher. Participants were also encouraged to contact the primary researcher for any questions or concerns regarding the study. Volunteers could only proceed to survey questionnaires if they gave informed consent. No incentives were offered. Participants provided personal information and questionnaires about their retrospective CM experiences and current mental health symptomatology. To address the sensitivity of some questions, mental health resources were shared at the end of the survey.

2.2. Measures

2.2.1. Child Maltreatment Subtypes and Overprotection-Overcontrol

Childhood Trauma Questionnaire- Short Form (CTQ-SF) is a widely used retrospective measure to determine CM (Bernstein et al., 2003). The types of CM in CTQ-SF include physical abuse "I believe I was physically roughed up.", "physical neglect "My clothing was not cared for.", emotional abuse ("People in my family used to put blame on me"), emotional neglect ("People in my family felt close to each other"), and sexual abuse ("Someone tried to touch me in a sexual way or tried to make me touch them"). The current study used a culturally adapted and expanded Turkish version of the CTQ-SF, the Childhood Trauma Questionnaire-33 (CTQ-33; Şar et al., 2021). CTQ-33 is a Likert-type scale ranging between 1 to 5, including the five sub-dimensions of CTQ-SF and an additional factor for identifying the level of OP-OC ("People in my family followed my life so closely that I felt intruded") as perceived by the participants. After reverse-coding the reverse items, the total scores of each sub-dimension showed the severity of the construct. In the current study, internal consistency coefficients (Cronbach's alfa) for sub-dimensions were acceptable for each sub-dimension (see Table 1).

2.2.2. Mental Health Outcomes

The current mental health outcomes of the participants were measured using the short form of Depression, Anxiety, and Stress Scale (Lovibond & Lovibond, 1995). The Turkish version of the Depression, Anxiety, and Stress Scale (DASS-21) was adapted by Sarıçam (2018). DASS-21 is a self-report measure with a four-point scale ranging between 0-3 and consists of three sub-dimensions each containing seven items namely, depression ("I found it difficult to work up the initiative to do things"), anxiety ("I felt I was close to panic"), and stress ("I found it difficult to relax"). Cronbach's alpha for subdimensions was acceptable as seen in Table 1. A higher score of each sub-dimension indicates higher levels of the symptoms.

2.3. Data Analysis

Descriptive statistics (means, standard deviations, skewness, and kurtosis) were measured initially and reported in Table 1. The prevalence of OP-OC was determined using a cutoff of one standard deviation above the mean (*M* = 10.09, SD = 4.17), as Zhang et al. (2023) noted that no universally established cutoff exists for OP-OC in the literature. The online survey required all participants to complete every question, thereby eliminating missing data. Prior to conducting the primary analyses, data were screened for compliance with regression assumptions including normality, multicollinearity, linearity, independence of errors, and homoscedasticity (Tabachnick & Fidell, 2019). Multivariate outliers were identified using Mahalanobis distance at $\alpha = 0.001$ and removed listwise (Kline, 2016). Multicollinearity was assessed using variance inflation factor (VIF < 10), tolerance value (TV > 0.01), and condition index (CI < 30; Kline, 2016; Tabachnick & Fidell, 2019). Correlations exceeding 0.90 among variables were considered indicators of problematic multicollinearity (Tabachnick & Fidell, 2019). Normality of residuals was evaluated using Normal P-P plots, and casewise diagnostics identified outlier observations. The Durbin-Watson statistic was calculated to assess autocorrelation, with acceptable values ranging from 1.5 to 2.5 (Tabachnick & Fidell, 2019). All regression assumptions were satisfied.

Bivariate correlations between OP-OC and CM subtypes were calculated using parametric methods (Pearson's r) for normally distributed variables (emotional abuse, physical neglect, emotional neglect) and non-parametric methods (Spearman's rho) for non-normally distributed variables (physical abuse, sexual abuse) (Tabachnick & Fidell, 2019), consistent with the expected skewed distribution of CM experiences in low-risk samples.

Three separate hierarchical linear regression (HLR) models tested the incremental predictive validity of OP-OC beyond traditional CM subtypes for predicting depression (Model A), anxiety (Model B), and stress (Model C) in young adults. This analytical strategy allows for the examination of unique variance explained by OP-OC after accounting for traditional CM types. In Step 1, five traditional CM subtypes (physical abuse, physical neglect, emotional abuse, emotional neglect, and sexual abuse) were entered simultaneously as predictors. In Step 2, OP-OC was added to assess its incremental contribution. For each model, we reported unstandardized regression coefficients (B), standardized regression coefficients (β), p-values, R^2, and the change in R^2 (ΔR^2) associated with Step 2 (Tabachnick & Fidell, 2019). Influential cases and outliers were examined and removed from each model separately to ensure the robustness of findings. All analyses were conducted using IBM SPSS.

RESULTS

3.1. Descriptive Statistics

Table 1. presents descriptive statistics and correlations among key study variables. Mental health outcomes (depression, anxiety, and stress) were strongly intercorrelated ($r = .74$–$.80$, $p < .001$), suggesting shared variance among psychological distress indicators. Notably, OP-OC showed moderate to strong positive correlations with all forms of childhood adversity, with the strongest associations observed for emotional abuse ($r = .61$, $p < .001$) and emotional neglect ($r = .57$, $p < .001$).

In the current study, the prevalence of OP-OC was found to be 19.4% ($N = 356$). OP-OC was positively associated with emotional abuse ($r = .61$, $p < .001$), emotional neglect ($r = .57$, $p < .001$), physical abuse ($r = .36$, $p < .001$), physical neglect ($r = .38$, $p < .001$), and sexual abuse ($r = .20$, $p < .001$), supporting Hypothesis 1. Furthermore, OP-OC demonstrated significant

positive correlations with all three mental health outcomes: depression ($r = .44$, $p < .001$), anxiety ($r = .40$, $p < .001$), and stress ($r = .26$, $p < .001$).

Table 1

Descriptive Statistics and Correlations Among Key Study Variables

Variables	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. Physical abuse	-								
2. Physical neglect	.35*	-							
3. Emotional abuse	.51**	.39**	-						
4. Emotional neglect	.42**	.69**	.63***	-					
5. Sexual abuse	.25**	.23**	.33**	.29**					
6. OP-OC	.36**	.28**	.61**	.57**	.20**	-			
7. Depression	.26**	.18**	.37**	.43**	.26**	.44**	-		
8. Anxiety	.20**	.22**	.34**	.40**	.29**	.40**	.74**	-	
9. Stress	.22**	.14*	.35**	.37**	.24**	.26**	.80**	.77**	-
Mean	5.96	7.91	7.69	10.79	10.09	10.09	6.24	7.29	6.12
SD	2.06	3.44	3.29	4.98	4.17	4.51	4.73	4.78	2.77
Range	5–17	5–20	5–20	5–23	5–19	5–25	0–21	0–21	5–19
Skewness	2.71	1.29	1.30	0.69	2.79	0.89	0.65	0.56	0.47
Kurtosis	7.69	0.99	0.94	-0.48	7.21	0.32	-0.43	-0.42	-0.45
Cronbach's alfa	.75	.82	.76	.89	.88	.80	.91	.86	.85

Note. OP-OC = Overprotection- Overcontrol, SD = Standard Deviation.

Table 2 shows the results of the HLM models. All HLM models were found significant with depression, anxiety, and stress as outcome variables and CM subtypes as predictors in Step 1, which supports to the which supports to Hypothesis 2. In Model A (refers to the prediction of depression) CM subtypes were entered as predictors in Step 1 and yielded a significant model accounted for 24% of the variance in depression scores, $F (5, 347) = 22.29$, $p = .000$). Significant predictors in Step 1 included emotional neglect ($B = .51$, 95% CI [.39, .63], $p < .001$), emotional abuse ($B = .24$, 95% CI [.01, .47], $p = .04$), and physical neglect ($B = -.34$, 95% CI [-.51, -.17], $p < .001$). When OP-OC was entered in Step 2, the model was significant $F (6, 346) = 22.37$, $p = .000$) and there was a significant increase (3.6%) in variance accounted for the outcome ($B = .33$, 95% CI [.20, .46], $\beta = .26$, $p < .001$). In the final model, significant predictors were emotional neglect ($B = .39$, 95% CI [.27, .50], $p < .001$), OP-OC ($B = .33$, 95% CI [.20, .46], $p < .001$), and physical neglect ($B = -.27$, 95% CI [-.43, -.10], $p = .01$).

In Model B (refers to the prediction of anxiety) CM subtypes were entered as predictors in Step 1 and yielded a significant model accounted for nearly 21% of the variance in anxiety scores, $F (5, 346) = 17.82$, $p = .000$). Significant predictors in Step 1 included emotional neglect ($B = .34$, 95% CI [.20, .49], $p < .001$) and sexual abuse ($B = .28$, 95% CI [.11, .45], $p = .002$). When OP-OC was entered in Step 2, the model was significant $F(6, 345) = 18.05$, $p = .000$) and there was a significant increase (3.4%) in variance accounted for the outcome ($B = .25$, 95% CI [.14, .41], $p < .001$). In the final model, significant predictors were OP-OC ($B = .27$, 95% CI [.14, .41], $p < .001$), emotional neglect ($B = .24$, 95% CI [.09, .39], $p = .002$), and sexual abuse ($B = .25$, 95% CI [.08, .42], $p = .003$).

In Model C (refers to the prediction of stress) CM subtypes were entered as predictors in Step 1 and yielded a significant model accounted for 19.4% of the variance in stress scores, F (5,

349) = 16.85, p = .000). Significant predictors in Step 1 included emotional neglect (B = .38, 95% CI [.23, .53], p < .001), emotional abuse (B = .25, 95% CI [.05, .44], p = .016), and physical neglect (B = -.29, 95% CI [-.48, -.11], p = .002). When OP-OC was entered in Step 2, the model was significant F (6, 348) = 18.12, p = .000) and there was a significant increase (4.4%) in variance accounted for the outcome (B = .32, p < .001). In the final model, significant predictors were OP-OC (B = .32, 95% CI [.18, .46], p < .001), emotional neglect (B = .26, 95% CI [.11, .42], p = .001), and physical neglect (B = -.23, 95% CI [-.41, -.04], p = .017). In sum, OP-OC was uniquely associated with higher depression, anxiety, and stress in young adults, explaining additional variance beyond physical neglect, physical abuse, emotional neglect, emotional abuse, and sexual abuse.

Table 2

Summary of Hierarchical Regression Models Predicting Depression, Anxiety, and Stress

Outcome Variables	Model A: Depression			Model B: Anxiety			Model C: Stress		
Predictors	*B*	SE	*p*	*B*	SE	*p*	*B*	SE	*p*
Step 1									
Constant	1.36		.13	1.18		-.03	3.08		.00
Physical abuse	-.01	-.00	.96	-.08	-.04	-.07	-.08	-.03	.58
Physical neglect	-.34	-.22	.00	-.15	-.11	.02	-.29	-.21	.00
Emotional abuse	.24	.14	.04	.17	.12	.26	.25	.17	.02
Emotional neglect	.51	.47	.00	.34	.37	.15	.38	.40	.00
Sexual abuse	.18	.09	.07	.28	.17	.25	.16	.10	.07
Step 2									
Constant	.13		.89	.16		.84	1.89		.02
Physical abuse	-.00	-.00	.90	-.07	-.03	.60	-.06	-.03	.64
Physical neglect	-.27	-.17	.01	-.09	-.07	.31	-.23	-.16	.02
Emotional abuse	.08	.05	.51	.03	.02	.76	.09	.06	.41
Emotional neglect	.39	.36	.00	.24	.26	.00	.26	.28	.00
Sexual abuse	.15	.08	.12	.25	.15	.00	.13	.08	.13
OP-OC	.33	.26	.00	.27	.25	.00	.32	.28	.00
R^2	.24			.21			.19		
R^2 *change*	.04			.03			.04		
F for Changes in R^2	17.49			15.46			19.89		

*Note. *p < .05, **p < .01; ***p < .001. Bold numbers indicate significance.*

DISCUSSION, CONCLUSION and RECOMMENDATIONS

Despite the solid and well-established understanding of the mental health consequences of the main CM types (physical abuse, physical neglect, emotional abuse, emotional neglect, and sexual abuse), the other childhood experiences that are potentially associated with worse mental health outcomes remain understudied. One of which is parental OP-OC. Specifically, the current study focused on the associations between recalled self-reported parental OP-OC and current depression, anxiety, and stress symptoms of young adults.

The current study reports that nearly one in every five young adults experienced parental OP-OC during childhood and OP-OC is mildly associated with each CM type. This study echoes earlier findings in the literature that indicate a positive relationship between CM types and OP-

OC (Bayar & Doğan, 2023; Şar et al., 2021; Wu et al., 2022). Importantly, however, OP-OC demonstrated incremental predictive validity for all three mental health outcomes beyond traditional CM subtypes. Despite these moderate-to-strong correlations with other forms of maltreatment, OP-OC explained unique variance in depression ($\Delta R^2 = .04$), anxiety ($\Delta R^2 = .03$), and stress ($\Delta R^2 = .04$). This pattern suggests that OP-OC is not simply a proxy for other forms of maltreatment but rather represents a distinct parenting behavior with independent effects on mental health. The persistence of OP-OC's predictive power in the presence of traditional CM types underscores its potential importance as a separate risk factor warranting clinical attention and supports the growing recognition of OP-OC as a potential subtype of CM.

These findings are consistent with previous research demonstrating that OP-OC contributes to negative mental health outcomes as a form of harmful parenting behaviors/attitudes. More specifically, studies have reported that controlling and demanding OP behaviors are linked to both adolescents' and parents' anxiety, as well as child antisocial behaviors (Ryan et al., 2024) and that recalled OP was found to be a risk factor for affective vulnerability among young adults (Farina et al., 2021). Studies across diverse populations, including Latinx (Varela et al., 2013), Turkish (Şar et al., 2021), and Chinese populations (Zhang et al., 2023), also highlight the association between overcontrolling or overprotective parenting and mental health problems such as heightened anxiety and depression (Şar & Türk-Kurtça, 2021; Wu et al., 2022) and lowered emotional regulation. A recent meta-analysis (Urone et al., 2024) concluded that OP-OC contributes to developmental difficulties, leading to internalizing and externalizing symptoms, which in turn result in depression, social anxiety, and generalized anxiety. Our finding contributed to the growing recognition of OP-OC as one of the substantial negative childhood experiences.

The current study also highlights the importance of investigating OP-OC as a form of CM across diverse cultural settings by providing additional evidence from the Turkish context. The relevance of cultural differences in OP-OC was earlier illustrated by Borelli et al. (2015), who found persistent anxiety in children with at least one overcontrolling parent across diverse racial backgrounds. Current results align with previous findings in Turkish (Şar et al., 2021) and Chinese (Wu et al., 2022; Zhang, 2023) contexts, further underscoring the importance of investigating OP-OC as a CM type across cultures.

While most studies report the negative impact of parental OP-OC across different cultural contexts, some also suggest potential mitigative effects in specific circumstances. For example, Lee and Kang (2018) reported that, although OP-OC was associated with higher depressive symptoms, it was also linked to better psychological adjustment through parent-child affection in a Korean sample. These findings suggest that cultural factors, such as collectivist values, may moderate the effects of OP-OC behaviors. This argument has also been discussed in the Turkish context; Sümer et al. (2010) referenced Kağıtçıbaşı's (2007) "family model of psychological/emotional interdependence," which argues that firm control parental behaviors like OP-OC may have positive impacts on children when balanced with autonomy. This model suggests that Turkish parents may feel a responsibility to ensure their children's safety and success, shaped by cultural norms that equate love and care with overprotective behaviors. However, as noted by Sümer and colleagues (2010), empirical support for this model remains limited. Recent research in Türkiye was not available to validate such potential mitigative roles of OP-OC, leaving an important gap in the literature. In conclusion, this study supports the idea that OP-OC may be considered as a type of CM in young adults' mental health outcomes, while the need for further empirical studies remains.

The current study possesses some limitations that should be considered. First, the sample is heterogenic regarding gender and educational status since it mainly has females and college students as participants. This study investigates OP-OC experiences in young adults from a retrospective perspective. While the findings highlight the role of recalled OP-OC as a predictor of mental health symptoms, they should be interpreted with caution due to the potential recall bias

inherent in retrospective measures. For instance, a study involving university students (Shin & Adame, 2024) supports this concern, showing that ongoing OP-OC parental behaviors negatively affected psychological functioning by frustrating autonomy needs during the first semester of university. This suggests that current challenges with parents may lead young adults to report higher levels of OP-OC, whereas more positive relationships could result in lower reported scores. However, regardless of their current relationship with their parents, young adults' memories of parental behaviors may still be relatively recent and, therefore, more accurate. It is important to note that this study captures participants' subjective perceptions of OP-OC, rather than objectively measuring the actual intensity of parental involvement. Lastly, all data is self-reported, and potential bias should be considered. Reflecting on these limitations, researchers may reach heterogenic groups future longitudinal research could provide a clearer understanding of whether these experiences, classified as a form of CM, are the trajectory of the development of mental health problems in adulthood.

Despite its limitations, the current study offers valuable implications to policymakers and clinicians. The findings indicate that approximately one in five young adults reported experiencing parental OP-OC. This points out the need to incorporate OP-OC screening into child maltreatment studies. Furthermore, by elucidating the unique contribution of OP-OC on the mental health of young adults, this study clarifies the need for clinical efforts that aim to understand the role of a variety of childhood experiences on long-term symptomology.

In sum, a key strength of this study is its examination of OP-OC as a potential form of CM in a Turkish sample, with findings that align with previous studies conducted in Chinese populations (Wu et al., 2022; Zhang et al., 2023). This consistency across Turkish and East Asian samples is noteworthy and suggests potential generalizability; however, it is important to note that most available research on this topic originates from Türkiye or East Asia. Both regions are often characterized by collectivist cultural tendencies (Cheng, 2001; Kağıtçıbaşı, 2013), which may influence how parental behaviors like OP-OC are perceived and interpreted. This cultural similarity may partially explain the convergent findings, but it also highlights a significant gap in the literature. Additionally, some conflicting results from a Korean sample (Lee & Kang, 2018) suggest that, in the presence of parental affection, controlling parenting behaviors may function as a protective factor rather than negatively impacting mental health. These mixed findings underscore the need for research examining OP-OC in more culturally diverse populations, particularly those with individualistic orientations. Future research should also consider using qualitative methods to explore how cultural norms influence whether and how OP-OC develops into a form of CM. To strengthen the conceptualization of OP-OC as a potential CM subtype and assess its relevance across different cultural contexts, direct cross-cultural comparison studies are essential.

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GENİŞLETİLMİŞ ÖZET

Giriş

Çocuk istismarı ve ihmali (ÇİĬ) yaşantılarına 2018 yılında her yedi çocuktan birinin maruz kaldığı ve çocukların dörtte birinin herhangi bir istismar veya ihmalle karşılaştığı öngörülmektedir (Lippard & Nemeroff, 2020). Dünya Sağlık Örgütü ([WHO], 2022), çocukların yaklaşık dörtte üçünün ebeveynleri veya bakım verenleri tarafından fiziksel ve/veya psikolojik şiddete maruz kaldığını bildirmektedir. Araştırmalar tutarlı bir şekilde ÇİĬ'ye maruz kalan bireylerin yetişkinlikte depresyon tanısı alma veya depresif belirtiler gösterme olasılıklarının daha yüksek olduğunu göstermektedir. Kapsamlı bir meta-analiz çalışması retrospektif olarak öz-bildirim yoluyla ölçülen ÇİĬ yaşantılarının daha yüksek depresyon düzeyi ve depresyon tanısı alma ile ilişkili olduğunu ortaya koymuştur (Humphreys vd., 2020).

Ebeveynin aşırı koruma ve aşırı kontrolü (AK-AK), çocuğun yaşamına müdahale ederek özerkliğini kısıtlama veya reddetme olarak tanımlanmaktadır (Parker, 1979). AK-AK, dünyada algılanan tehlikelerden çocuğu koruma arzusundan beslenen ve çocuğun yaşamı üzerinde aşırı karar verme ve kontrolle sonuçlanabilen katı kontrol ebeveynlik davranışları olarak görülebilir (de Roo vd., 2022). Bu aşırı müdahale, çocukların özerkliğini ve karar verme yeteneklerini engelleyebilmektedir (Bruysters & Pilkington, 2023; Yap vd., 2014). Türkiye bağlamında, sık gözlenen aile modellerine bakıldığında çocuğun özerklikliğinin desteklenmesi geri plana atılabilmekte ve çocuğun kontrol edilmesi önceliklendirilebilmektedir (Kağıtçıbaşı, 2007).

Bu çalışma, çocuklukta yaşanan AK-AK'ın genç yetişkinlerdeki ruh sağlığı belirtilerine özgün katkısını araştırmayı amaçlamaktadır. Özellikle 18-35 yaş arası genç yetişkinlerin hatırladıkları AK-AK deneyimlerinin, mevcut depresyon, anksiyete ve stres düzeyleriyle ilişkisi incelenmiştir. Çalışma, AK-AK'nin potansiyel bir ÇİĬ türü olarak değerlendirilmesine ve genç yetişkinlikteki ruh sağlığı belirtileri üzerinde kendine özgü yordayıcılığının anlaşılmasına katkı sunmayı hedeflemektedir.

Yöntem

Klinik olmayan 18-35 yaş arası (Ort = 21.63, SS = 3.22) genç yetişkinler (N = 356) araştırmaya dahil edilmiştir. Katılımcıların çoğunluğu kadınlardan (%73) oluşmaktadır. Örneklemin yaklaşık yarısı algılanan çocukluk ekonomik durumunu orta gelirli olarak bildirirken, %35.4'ü düşük gelirli ve %14'ü yüksek gelirli olarak bildirmiştir.

Çocukluk Travmaları Ölçeği-Kısa Form (ÇTÖ-KF), ÇİĬ'yi belirlemek için yaygın olarak kullanılan retrospektif bir ölçümdür (Bernstein vd., 2003). Bu çalışmada ÇTÖ-KF'nin kültürel olarak uyarlanmış ve genişletilmiş Türkçe versiyonu olan Çocukluk Travmaları Ölçeği-33 (ÇTÖ-33; Şar vd., 2021) kullanılmıştır. Depresyon, Anksiyete ve Stres Ölçeği-21 (DASÖ-21) katılımcıların mevcut ruh sağlığı sonuçlarını ölçmek için kullanılmıştır (Lovibond & Lovibond, 1995; Sarıçam, 2018).

Çevrimiçi anket tüm soruların yanıtlanmasını gerektirdiğinden kayıp veri analizi yapılmamıştır. Regresyon varsayımları (normallik, çoklu doğrusallık, doğrusallık, hataların bağımsızlığı ve homojenlik) incelenmiştir. Çok değişkenli uç değerler için Mahalanobis uzaklığı hesaplanmış ve $\alpha = 0.001$ düzeyinde anlamlı olan veriler listwise yöntemiyle çıkarılmıştır. Çoklu

doğrusallık için varyans şişme faktörü (VIF < 10), durum indeksi (CI < 30) ve tolerans değeri (TV > 0.01) incelenmiştir. Normal dağılım gösteren değişkenler (duygusal istismar, fiziksel ihmal ve duygusal ihmal) için parametrik, göstermeyenler (fiziksel istismar ve cinsel istismar) için non-parametrik korelasyon analizleri kullanılmıştır. Hataların normalliği Normal P-P grafikleriyle değerlendirilmiş, otokorelasyon için Durbin-Watson istatistiği hesaplanmıştır (1.5-2.5 aralığında). Tüm istatistikler kabul edilebilir aralıklarda bulunmuştur.

Bulgular

Araştırmada AK-AK yaygınlığı %19.4 ($N = 356$) olarak bulunmuştur. AK-AK, diğer tüm ÇİÎ alt türleriyle pozitif yönde ilişkili bulunmuştur. AK-AK ile duygusal istismar ($r = .61$, $p < .001$), duygusal ihmal ($r = .57$, $p < .001$), fiziksel istismar ($r = .36$, p < .001), fiziksel ihmal ($r = .38$, $p < .001$) ve cinsel istismar ($r = .20$, $p < .001$) ilişkili bulunmuştur.

Hiyerarşik regresyon analizleri AK-AK'nin depresyon, anksiyete ve stresi diğer ÇİÎ türlerinin ötesinde anlamlı düzeyde yordadığını göstermiştir. Test edilen modellere göre AK-AK depresyon için varyansa %3.6 ($B = .33$, $p < .001$), anksiyete için varyansa %3.4 ($B = .25$, $p < .001$), stres için varyansa %4.4 düzeyinde ($B = .32$, $p < .001$) özgün katkı sağlamıştır. Bu bulgular, AK-AK'nin geleneksel istismar türlerinden bağımsız olarak ruh sağlığı üzerinde yordayıcı rolü olduğunu ortaya koymaktadır.

Tartışma

Bu çalışma, genç yetişkinlerin yaklaşık beşte birinin çocukluk döneminde ebeveyn AK-AK deneyimlerine maruz kaldığını ve AK-AK'nin her bir ÇİÎ türüyle ilişkili olduğunu göstermektedir. Bu bulgular, literatürdeki ÇİÎ türleri ile AK-AK arasında pozitif ilişki olduğunu gösteren önceki çalışmalarla örtüşmektedir (Bayar & Doğan, 2023; Şar vd., 2021; Wu vd., 2022). Bu bulgularda dikkat çekici olan, AK-AK'nin diğer ÇİÎ türleriyle orta ve yüksek düzeyde korelasyon göstermesine rağmen, diğer ÇİÎ türleri modeldeyken ruh sağlığı sonuçlarını özgün bir şekilde yordamasıdır. Bu bulgu, AK-AK'nin diğer istismar türlerinin bir yansıması olmadığını, aksine ruh sağlığı üzerinde bağımsız etkileri olan farklı bir ebeveynlik davranışı olduğunu düşündürmektedir.

Farklı popülasyonlarda yapılan çalışmalar, aşırı kontrol edici veya aşırı koruyucu ebeveynlik ile anksiyete ve depresyon gibi ruh sağlığı sorunları arasındaki ilişkiyi vurgulamaktadır (Şar & Türk-Kurtça, 2021; Wu vd., 2022). Yakın tarihli bir meta-analiz çalışmasında (Urone vd., 2024), AK-AK'nin içselleştirme ve dışsallaştırma semptomlarıyla ilişkili olup depresyon, sosyal anksiyete ve yaygın anksiyeteyi yordadığı bulunmuştur. Lee ve Kang (2018), Kore örnekleminde AK-AK'nin depresif semptomlarla ilişkili olmasına rağmen, ebeveyn-çocuk sevgisi aracılığıyla daha iyi psikolojik uyumla da bağlantılı olduğunu bulmuştur. Bu bulgular, kolektivist değerler gibi kültürel faktörlerin AK-AK davranışlarının etkilerini değiştirebileceğini düşündürmektedir. Bu tartışma Türkiye bağlamında da ele alınmıştır; Sümer ve arkadaşları (2010), Kağıtçıbaşı'nın (2007) "psikolojik/duygusal karşılıklı bağımlılık aile modeli"ne atıfta bulunarak, AK-AK gibi katı kontrol ebeveyn davranışlarının özerklikle dengelendiğinde çocuklar üzerinde olumlu etkileri olabileceğini öne sürmüştür. Ancak bu modellerin Türkiye'de bölgesel, ekonomik ve cinsiyet faktörlerine göre değişenlik gösterebildiği unutulmamalıdır (Doğan, 2016). Dolayısıyla, AK-AK davranışlarının özerklikle nasıl dengelendiği ve ruh sağlığı üzerindeki yordayıcılığı değerlendirilirken kültürel ve bağlamsal faktörlerin dikkate alınması önerilmektedir.

Bu çalışma, AK-AK'nin genç yetişkinlerde ruh sağlığı için önemli bir risk faktörü olduğunu ve bir ÇİÎ türü olarak değerlendirilmesi gerekebileceğini ortaya koymaktadır. AK-AK'nin geleneksel ÇİÎ türlerinin ötesinde benzersiz bir yordayıcı olduğu göz önüne alındığında, klinisyenlerin erken müdahale ve kapsamlı ruh sağlığı desteği sağlayabilmeleri için AK-AK'ı tarama ve değerlendirme süreçlerine bağımsız bir risk faktörü olarak dahil etmeleri

önerilmektedir. Gelecek araştırmaların, farklı kültürel bağlamlarda AK-AK'ın rolünü incelemesi ve boylamsal çalışmalarla bu deneyimlerin yetişkinlik dönemindeki ruh sağlığı sorunlarının gelişimindeki potansiyel rolünü araştırması önerilmektedir. Ayrıca, gelecek çalışmaların cinsiyet ve eğitim durumu açısından temsil edilirliği yüksek örneklemlerle yürütülmesi, bulguların genellenebilirliğini artıracaktır.