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## PARENTAL AWARENESS ON EMOTIONAL ABUSE AND NEGLECT

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■ **Abstract** The aim of this study was to determine the awareness level of parents about child neglect and emotional abuse. The sample of the study consisted of 248 parents who were selected by random sampling method from among the people living in the central districts of Konya province in 2018. "Parental Emotional Abuse and Neglect Scale" was used to measure the awareness level of the parents. According to the mean scale scores of the sample group, it was found that they did not apply emotional abuse and neglect to their children. However, at maximum values, it was found that some parents in the sample group "occasionally" applied to their children some emotional abuse and neglect.

**Key Words:** child neglect, emotional abuse to child, parental awareness

### Duygusal İstismar ve İhmal Konusunda Ebeveyn Farkındalığı

■ **Öz** Bu araştırma ile anne ve babaların çocuk ihmali ve duygusal istismarı konusundaki farkındalık düzeylerinin tespit edilmesi amaçlanmıştır. Araştırmanın örneklemini, 2018 yılında Konya iline bağlı merkez ilçelerinde yaşayan halk arasından tesadüfi örnekleme yöntemi ile seçilen 248 ebeveyn oluşturmuştur. Ebeveynlerin farkındalık düzeyini ölçmek amacıyla "Ebeveynlerin İhmal ve Duygusal İstismar Davranışları Ölçeği" kullanılmıştır. Örneklem grubunun ortalama ölçek puanlarına göre, çocuklarına yönelik duygusal istismar ve ihmal uygulamadıkları bulunmuştur. Bununla birlikte maksimum değerlerde, örneklem grubu içindeki bazı ebeveynlerin çocuklarına bazı duygusal istismar ve ihmal davranışlarını "ara sıra" uyguladıkları saptanmıştır.

**Anahtar Kelimeler:** Çocuk ihmali, çocuğa duygusal istismar, ebeveyn farkındalığı.

### INTRODUCTION

Parents are responsible for fulfilling the child's emotional needs as well as feeding, care and protection. Communication within the family affects all areas of development of the child and plays an important role in harmonizing with society. (Pekdoğan, 2016: p.427). In this context, *child abuse and neglect* by their parents or another adult damage child's health, prevent his/her physical, emotional, mental or social development. (Dubowitz, 2005: p.192; Güler, Uzun, Boztaş, & Aydoğan,

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2002: p.129; Güner, Güner, & Şahan,2010: p.108; Kara, Biçer, & Gökalp, 2004: p.140; Özgentürk, 2014: p.266). It is not a condition that the behavior should be perceived by the child or consciously done by the adult in order to be considered as abuse or neglect. (Pekdoğan, 2016: p.428).

Children are at risk because they are not strong enough to protect themselves and statistics show us how important this issue is. U.S. Advisory Board on Child Abuse and Neglect showed that only in U.S. every day, five young children die from abuse or neglect at the hands of their parents or caregivers (FCAN, 1995).

According to the World Health Organization, the risk factors leading to child abuse and neglect are social, familial, personal and institutional reasons. **(1) Social causes:** decrease in the value of the child due to minority; disability and gender factors; social inequalities; organized violence (wars, fights, high crime rates); to tolerate violence in society based on cultural norms (tolerance of mild violence, such as beating), and the normalization of violence in the eyes of the public through the frequent publication of media violent programs. **(2) Familial reasons:** family with many children; low educational and socioeconomic status of parents; poverty and unemployment; high stress environment (family trauma such as migration, illness, death, bankruptcy and substance abuse); presence of domestic violence and social isolation; unclear family limits and therefore too much interference from outside. **(3) Personal reasons:** young and inexperienced parenting; step-parenting; lack of sufficient knowledge and motivation about child care education and the needs of the child; parents' high expectations from their children; parents' poor communication skills; be divorced parent; having an unwanted pregnancy; being exposed to violence at an early age; substance abuse; physical or mental illness; having problems with relatives or lack of help in the care of the child and thus social exclusion. The reasons caused by the child are being born with unwanted pregnancy or unwanted gender; being born prematurely; being disabled, hyperactive or cranky. **(4) Corporate reasons:** lack or scarcity of social services; inadequate laws protecting children; lack of knowledge of teachers and health professionals who are responsible for diagnosing child abuse and reporting to relevant organizations (Bethea, 1999: p.1579-1583; Clark, 2001: p.2; Deveci & Açıık, 2003: p.396-400; Güner et al., 2010: p.108; Human Rights Association [HRA],2008: p.25; Kara et al., 2004: p.142; Koçak & Büyükgöneç, 2011: p.91; Özgentürk, 2014: p.271-274; Pala, Ünalacak, & Ünlüoğlu, 2011: p.124,125; Polat Külcü & Karataş, 2016: p.49,50; Turhan, Sangün, & İnandı, 2006: p.155; Yalçın, Koçak & Duman, 2014: p.138).

Child abuse is classified into 4 main groups; physical abuse, sexual abuse, emotional abuse and neglect (Kara et al., 2004: p.140; Tıraşçı & Gören, 2007: p.70).

**Emotional abuse**, which is the subject of this article, is any behavior and action that damages the child's emotional integrity and personality development.

These behaviors and actions are; accusation of the child, underestimation or rejection of the child, deliberate and forced abstraction of the child, depriving the child of safety and love, continuous deprivation of the child from social and resource relations, constantly threaten with superhuman powers, socially damaging or abandoning. Some examples of emotional abuse are; shouting, scolding, comparing, humiliating, teasing, naming, treating the child as if he/she were absent, leaving alone, not showing the love, care and intimacy he/she needs, or making the child self-dependent by overprotection (Güler et al., 2002: p.129; HRA,2008: p.12; Pekdoğan, 2016: p.428; Tıraşçı ve Güven, 2007: p.72; Turhan et al., 2006: p.154; Veltkamp & Miller,1994: p.21).

The child's emotional abuse may be on its own or may be accompanied by physical and / or sexual abuse. Emotional abuse is more complex and difficult to describe than other types of abuse, but it is the most common type of abuse. Because the obvious features such as wounds and tears in physical or sexual abuse are not seen in emotional abuse. Moreover, the child who thinks this is normal may not give any explanation for the emotional abuse (HRA,2008: p.2,13; Tıraşçı & Güven, 2007: p.72; Pekdoğan, 2016: p.428). Therefore, although it is difficult to detect emotional abuse, it is possible to see some physical and behavioral symptoms in the child in the long term. *Physical symptoms of emotional abuse* can be seen as speech or other communication disorders, slowing down of physical development, exacerbation of certain diseases such as asthma or allergy in children, substance abuse. *Behavioral symptoms of emotional abuse* can be seen as distancing from the family; being nervous; developing dependent personality and feelings of worthlessness; habit disorders (such as finger sucking, swaying, etc.); antisocial, destructive and offensive behavior including offending, neurotic features (sleep disorders, etc.); extreme behavior such as passivity or aggression; developmental delays (physical, emotional or intellectual); excessive adaptation problems (over or under age); low empathy; self-injurious behavior or suicidal thoughts. In addition, developmental delays associated with emotional abuse may cause cognitive delay and negatively affect the academic performance of the child. Although these children have normal mental capacity, they have problems such as learning disabilities and inattentiveness. For all these reasons, victims also experience psychosocial problems in adulthood such as sleep disorder, depression, anxiety, panic disorder, substance abuse, violence against others, suicidal tendencies, early pregnancy, non-compliance with motherhood, and inability to communicate healthy with his/her child (Can Özcan, 2010: p.2; Güler et al., 2002: p.129; HRA,2008: p.13; Keser, Odabaş ve Elibüyük, 2010: p.151; Kara et al., 2004: p.143; Kaya & Çeçen-Eroğul, 2015: p.1179; Pala et al.,2011: p.126; Polat Külcü & Karataş, 2016: p.50; Şimşek & Cenkseven-Önder, 2011: p.1124, 1125; Tıraşçı & Güven, 2007: p.72).

Emotional abuse is usually not a singular event. It is a behavior that continues for a certain period of time. Therefore, emotional abuse leaves

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permanent traces on the child. Because the child needs a close love-based bond with the parent for each development (physical, emotional, social) (Kara et al., 2004: p.143; Özgentürk,2014: p.269). However, as Howe (2015) puts it, the child who is being abused by the self-care person develops various strategies to cope with this situation, such as disregard, obedience, emotional self-limitation and aggression. Because of the learned helplessness, the child cannot trust others, open his/her feelings, socialize successfully. Thus the child feels alone, anxious and excluded. This (learning) includes attitudes and behaviors, such as not letting anyone know how much he/she suffers, needs others, is vulnerable, and is willing to relate to others (as cited in Özgentürk,2014: p. 272,273). However, even if the abused child tries to develop a defensive strategy, he/she is psychologically traumatized. As a matter of fact, it has been observed in the literature that psychological durability (Kaya & Çeçen-Eroğul, 2015) and self-perception (Çoknaz, Aydın & Mısır, 2017) of children who have been abused and neglect decreased and negative psychological symptoms (anxiety, depression, negative self, somatization and hostility) (Can Özcan, 2010), aggression trends (Ayan, 2007) and suicide attempts (Zoroğlu et al., 2001) increased. In addition, it was determined that the children who were abused used violence against themselves or others during adulthood (Harford, Yia, & Grant, 2014).

**Child neglect** is that parents or carers and other adults do not properly meet the child's basic needs such as nutrition, dressing, sheltering, education, health (medical assistance), affection and attachment. Thus, the physical, emotional, moral or social development of the child is prevented (Güler et al., 2002: p.129; HRA,2008: p.13; Özgentürk,2014: p.270; Polat Külcü & Karataş, 2016: p.49; Pekdoğan, 2016: p.428; Tıraşçı & Güven, 2007: p.72; Walker, Bonner & Kaufmann, 1988: p.8).

*Physical indicators of neglect* can be seen as the child is under normal weight, not grow, his body is dirty, his clothing is dirty and worn, his tooth decay has not been treated, and he has not received medical support for a serious illness or injury. *Behavioral symptoms of neglect* are self-injurious, begging, stealing food, constantly tired, sluggish, sleepy, not attending school regularly. *Emotional symptoms of neglect* can be seen as feeling worthless, social withdrawal, limited friendship and having difficulty in bonding and personal intimacy. *The cognitive and academic indicators of neglect* are the lack of self-discipline in learning, the inability to perform a task alone, and the difficulty of learning and the associated low school success (HRA,2008: p.15,16).

Children with growth and developmental retardation and injuries due to accidents are often physically neglected. Although it is more common than physical abuse, it is more likely to be ignored unless it results in death or serious injury. Because the diagnosis of neglect is much more abstract than physical and sexual abuse. However, although it is less dramatic than physical abuse, the damage it causes to the child is similar. The most important point that separates

abuse and neglect is that abuse is active and neglect is passive (Kara et al., 2004: p.14; Özgentürk,2014: p.270; Tıraşçı & Güven, 2007: p.72).

In surveys about child abuse in Turkey it found that generally emotional abuse and neglect are higher rates than other types of abuse (Can Özcan, 2010; Child Abuse in Turkey [CAT], 2010; Güler et al., 2002; Özer, 2014; Turhan et al., 2006; Yılmaz Irmak, 2008; Zoroğlu et al., 2001). Similarly, some studies in the United States found that parental neglect is higher than all other types of abuse (Child Abuse and Neglect Statistics [CANS], 2008; U.S. Department of Health and Human Services [DHHS], 2004: According to Harder, 2005: 246; Wang and Dora, 1997).

The *first aim of this study* was to determine the frequency of emotional abuse and neglect behavior of parents and thus their awareness levels. The *second aim of the study* was to test the relationship between the demographic characteristics of the parents and their emotional abuse and neglect behaviors which they applied to their children. For this purpose, the following hypotheses were tested:

1. Parent 's gender is related to his/her behaviors of emotional abuse and neglect.
2. Parent's age is related to his/her behaviors of emotional abuse and neglect.
3. Parent's education level is related to his/her behaviors of emotional abuse and neglect.
4. Parents' number of children is related to his/her behaviors of emotional abuse and neglect.
5. The age of the parent's child is related to parent's behaviors of emotional abuse and neglect.
6. Household income level is related to parent's behaviors of emotional abuse and neglect.
7. Number of households is related to parent's behaviors of emotional abuse and neglect.
8. Number of individuals in a paid job in household is related to parent's behaviors of emotional abuse and neglect.
9. Parental employment is related to parent's behaviors of emotional abuse and neglect.
10. Parental care support is related to parent's behaviors of emotional abuse and neglect.
11. Parental neglect / abuse status as a child is related to parent's behaviors of emotional abuse and neglect.
12. Presence of substance addict at home is related to parent's behaviors of emotional abuse and neglect.

## **MATERIAL AND METHODS**

This section explained in titles of population and sample, data collection techniques and tools and data evaluation.

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**Population and Sample of the Research**

The population of the research was constituted by the people living in Selcuklu, Meram and Karatay central districts of Konya province in 2018. The sample of the study consisted of 248 parents who were selected by random sampling method from among the people living in the central districts of Meram (76 people), Selcuklu (112 people) and Karatay (60 people) in Konya province in 2018. The data were collected between October 20, 2017–May 30, 2018.

Demographic characteristics of the sample group are examined in Table 1.

**Table 1: Distribution of Demographic Characteristics of Sample Group (n=248)**

<b>Variables</b>	<b>n</b>	<b>%</b>	<b>Variables</b>	<b>n</b>	<b>%</b>
<b>Gender</b>			<b>Number of individuals in the household</b>		
Woman	130	52.4	2 people	15	6.0
Man	118	47.6	3 people	63	25.4
<b>Age</b>			4 people	81	32.7
30 years and under	70	28.2	5 people	65	26.2
Between 31-40 years	107	43.1	6 people and over	24	9.7
41 years and older	71	28.6	<b>Paid work situation</b>		
<b>Education level</b>			Not working	44	17.7
Literate	15	6.1	Working part-time	17	6.9
Primary school graduates	73	29.4	Working full time	187	75.4
Secondary school graduates	42	16.9	<b>Number of employees in the household</b>		
High school graduates	56	22.6	1 person	155	62.5
University graduates	57	23.0	2 people and over	93	37.5
Master's Degree/ Doctorate	5	2.0	<b>Number of children in the household</b>		
<b>Marital status</b>			1 child	67	27.0
Divorced	27	10.9	2 children	98	39.5
Married	221	89.1	3 children	64	25.8
<b>Income rate</b>			4 children and over	19	7.7
Less income than minimum wage	7	2.8	<b>Care support for his/her child</b>		
Income at minimum wage level	93	37.5	Yes	72	29.0
Average income level	125	50.4	No	176	71.0
Income above average	23	9.3	<b>Type of care support received *</b>		
<b>Ages of children in the household*</b>			Not receiving support	176	71.0
Between 0-11 years old.	176	71.0	Receiving state child benefit	7	2.8
Between 12-17 years old.	114	46.0	Mother	13	5.1
18 years and older	74	29.8	Father	3	1.0
<b>Parental neglect or abuse as a child</b>			Grandmother	44	17.7
Yes	26	10.5	Brothers	3	1.0
No	222	89.5	Grandfather	2	0.8
<b>Substance abuse at home</b>			The other relatives	2	0.8
Yes	117	47.2	Babysitter	2	0.8
No	131	52.8	Not receiving support	176	71.0

\* Multiple options are marked.

According to Table 1, 52.4% of the participants were female and 47.6% were male. In addition, 43.1% of the sample group was between the ages of 31-40 years, 28.6% is 41 years old and over, and 28.2% is 30 years old and under. 29.4%

of the respondents to the survey were primary school graduates, 25.0% were university graduates and over, 22.6% were high school graduates, 16.9% were middle school graduates and 6.1% are literate. The majority of the parents (89.1% ) were married and 10.9% were divorced. 50.4% of the participants had an average income level, 37.5% had a minimum wage level income, 9.3% had income above the average and 2.8% had less income than the minimum wage. 32.7% of the sample group had four members in the household, 35.9% had five to six members and 31.4% had two to three members. 75.4% of the participants were working full-time, 6.9% were working part-time, 17.7% were not employed. Only one person was employed in more than half of the households (62.5%) and two people were employed in 37.5% of households. Of the participants, 39.5% had 2 children, 27.0% had 1 child, 25.8% had 3 children, 7.7% had 4 or more children. Of the sample group, 71.0% had children between the ages of 0-11 years, 46.0% had children between the ages of 12-17 years and 29.8% had children 18 years old and over. While 71.0% of the sample group did not receive care support for their child; 29.0% received childcare support. 17.7 % of those receiving care support for their child were from grandmother, 5.2% from mother, 2.8% from state (financial support), 1.0% from father, 1.0% from sibling, 0.8% from grandfather 0.8% from other relatives and 0.8% from the caregiver. While 89.5% of the sample group did not experience neglect or abuse as a child, 10.5% experienced them. While 52.8% of the respondents had no substance addicts in their households; 47.2% had addicts (Substance abuse includes alcohol and cigarettes. Therefore, the ratio covers almost half of the sample.).

### **Data Collection Technique and Tools**

“General Screening Model” was used in the execution of this study. Survey technique was used to obtain the data.

In the beginning of the questionnaire “Personal Information Form” consisting of 15 questions including the socio-demographic characteristics of the parents was used. In the second part, in order to determine the awareness levels of the sample group about child neglect and emotional abuse, the two-stage scale was prepared by using the literature (Güler et al., 2002; Can Özcan, 2010; Altıparmak ve ark., 2013; Dilsiz & Mağden, 2015). “Parental Emotional Abuse and Neglect Scale” developed by the researchers and consisted five-point Likert type statements.

The scale was developed to reveal the emotional abuse and neglect of the child in the family and to increase the awareness of the parents. 5-Likert-type behavioral expressions in the scale were never (0), rarely (1), occasionally (2), mostly (3), always (4). Since the scale is designed as a screening inventory, there is no total or cut-off score. When the score is over “0”, it is understood that the child is exposed to any kind of abuse / neglect behavior.

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*Validity and Reliability of “Parental Emotional Abuse and Neglect Scale”*

To test the compatibility of the data for the factor analysis, Kaiser–Meyer–Olkin (KMO) sampling efficiency test and the Barlett test were administered. With the KMO value over 0.50 and the Barlett test value less than 0.05, these data were found appropriate for the factor analysis (KMO= 0.839;  $\chi^2$  Bartlett test (351) =2.380E3; p= 0.0001) (see Table 2).

Behavior statements were analyzed using principal component analysis and Varimax orthogonal rotation techniques. As a result of the analysis, two factors with eigenvalues of 1 or more were obtained; a proposition with a factor weight below 0.30 (item 7) was excluded from the analysis. As a result of factor analysis, the number of propositions in the scale decreased from 27 to 26 and the total explained variance was found to be 35.958%. Factor dimensions were as follows; “Emotional abuse applied to the child” and “Neglect applied to the child” (see Table 2).

Statistical analysis was performed to test the overall reliability of the scale. The reliability coefficient for the scale was found to be Alpha = 0.879 for 26 items and this value indicates that the scale is highly reliable. Cronbach’s Alpha was used to evaluate content coherency (reliability) of the 2 factor dimensions obtained after factor analysis (these values were 0.820; 0.805, respectively) (see Table 2).

**Table 2. Explanatory Factor Analysis Results of the “Parental Emotional Abuse and Neglect Scale”**

Name of the factor	Behavior expression	Factor loads	Explanatory of the factor (%)	Reliability
Emotional abuse applied to the child	17. When my child fails at school, I make crusher implied that question why.	0.666	27.733	0.820
	19. I don't care if my child witnesses physical violence in a family or friends environment.	0.646		
	3. I say bad words to my child.	0.627		
	1. I scold/ yell at my child.	0.627		
	27. I argue with my wife/husband in front of my child.	0.612		
	16. When my child fails at school, I severely criticize her/him.	0.574		
	5. I threaten to throw my child out of the house.	0.543		
	4. I talk to my child the way I refuse.	0.502		
	22. I don't care if my child is exposed to cigarette smoke.	0.484		
	23. I don't care if my kid	0.465		



	plays with guns or cutting tools.			
	8. I lock my child in the room.	0.459		
	9. I leave my child alone at home.	0.446		
	26. I hold my child responsible for household chores that exceed his strength.	0.444		
	6. I'm scared of leaving my child.	0.417		
Neglect applied to the child	13. I don't talk to the school about my child's education.	0.738	8.226	0.805
	14. I do not pay attention to the hygiene and cleanliness of my child.	0.732		
	12. I do not see a doctor when my child becomes ill.	0.688		
	15. I don't follow my child's vaccinations, I delay them.	0.567		
	11. I ignore my child's wishes.	0.503		
	18. I do not allow enough time to play or chat with my child.	0.489		
	21. I don't care about the time my kid spends on television and the Internet.	0.451		
	20. I don't care if my child watches violent series and movies.	0.425		
	25. I allow my child to work in a way that prevents his education.	0.410		
	2. I treat my kid like he/she is not at home.	0.402		
	10. I don't show my love to my child.	0.380		
	24. I don't separate time for my child to engage in social activities (cinema, theater, music, etc.)	0.374		
	<b>Total</b>		35.958	
	Kaiser Meyer Olkin Scale Validity		0.839	
	Bartlett Test of Sphericity Chi square		2.380E3	
	df (degree of freedom)		351	
	p value		0.0001	

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**Analysis**

In the study, the sample group’s “Parental Emotional Abuse and Neglect Scale” scores were interpreted as tables according to their average. In addition, Pearson Correlation Coefficient was used to determine whether there is a significant relationship between participants’ demographic characteristics and their neglect and emotional abuse behavior.

**FINDINGS**

**Investigation of Sample Group's Emotional Abuse and Neglect towards Their Children**

In this section, parents' neglect and emotional abuse behaviors towards their children are examined according to the mean scores of the scale. When the mean scale scores of the sample group were examined, it was found that they never performed emotional abuse ( $\bar{X} = 0.30$ ) and neglect ( $\bar{X} = 0.31$ ) towards their children. However, when the maximum values in the table were examined, it was seen that some parents in the sample group “occasionally” applied some emotional abuse (2.33) and neglect (2.29) behaviors to their children. (see Table 3).

**Table 3. Average of Scores for Sample Group's Emotional Abuse and Neglect Behaviors towards Their Children (n= 248)**

<i>The name of the factor</i>	<i>Item number</i>	<i>Minimum</i>	<i>Maximum</i>	$\bar{X}$	$S_x$
Emotional abuse applied to the child	14	0.00	2.33*	0.30	0.39
Neglect applied to the child	12	0.00	2.29*	0.32	0.35

0.00= never    0.80= rarely    1.60\*= occasionally    2.40= mostly    3.20= always

**Investigation of the Relationship between Emotional Abuse/ Neglect Behaviors of Sample Group and Demographic Variables**

In this section, the relationship between the emotional abuse and neglect behaviors of the participants with their demographic variables was interpreted statistically:

In Table 4, the emotional abuse behaviors towards the children of the sample were not found to be related to their gender ( $r= 0.056$ ;  $p>0.05$ ), while neglect behaviors were found to be significantly related to the male parents ( $r= 0.240$ ;  $p<0.001$ ).

Among the parents of the sample group, the older ones abuse emotionally to their children more than younger ones ( $r=0.173$ ;  $p<0.01$ ). But neglect behavior was not related to the age of the parents ( $r= 0.114$ ;  $p>0.05$ ). In addition, it was found that parents who had children aged 18 and over (hence older) showed more emotional abuse behavior than those who had younger children (aged 0-17) ( $r=0.195$ ;  $p<0.01$ ) (see Table 4).

As the education level of the sample group decreased, the rates of both emotional abuse ( $r = -0.205$ ;  $p <0.01$ ) and neglect ( $r = -0.215$ ;  $p <0.01$ ) they applied to their children increased (see Table 4).

As the number of children of the respondents increased, the rates of both emotional abuse ( $r=0.202$ ;  $p<0.01$ ) and neglect ( $r = 0.177$ ;  $p <0.01$ ) they applied to their children increased (see Table 4).

As the family income levels of the participants decreased, the rates of both emotional abuse ( $r= -0.191$ ;  $p<0.01$ ) and neglect ( $r = -0.141$ ;  $p <0.05$ ) they applied to their children increased (see Table 4).

The increase in the number of employed individuals in the household was associated with the emotional abuse of the parents ( $r= 0.197$ ;  $p<0.01$ ), but not with neglect behavior ( $r= 0.060$ ;  $p>0.05$ ) (see Table 4).

It was found that parents who had neglect or abuse in their childhood was associated with their emotional abuse ( $r= -0.241$ ;  $p<0.01$ ) and neglect ( $r= -0.139$ ;  $p<0.05$ ) behaviors (see Table 4).

Finally, the presence of substance addict at home was associated with the level of parent's emotional abuse behavior to their children ( $r= -0.290$ ;  $p<0.01$ ), but not with neglect behavior ( $r= -0.109$ ;  $p>0.05$ ) (see Table 4).

Other demographic characteristics (marital status, have children under the age of 18, number of individuals in households, parental employment in paid work, receive care support for his/her child, child care supporter's proximity) of the respondent parents were not associated with both emotional abuse ( $p>0.05$ ) and neglect ( $p>0.05$ ), which were likely to apply to their children (see Table 4).

**Table 4. Pearson Correlation Coefficient According to Demographic Characteristics of Parents' Emotional Abuse and Neglect Behaviors (n= 248)**

	Gender	Age	Education level	Marital status	Number of parents' children	Parents with children aged 0-11	Parents with children aged 12-17	Parents with children aged 18 and over
Emotional abuse	0.056	<b>0.173**</b>	<b>-0.205**</b>	-0.022	<b>0.202**</b>	-0.023	0.047	<b>0.195**</b>
Neglect	<b>0.240***</b>	0.114	<b>-0.215**</b>	-0.032	<b>0.177**</b>	0.038	0.038	0.113
	Total monthly income level of the family	Number of individuals in the household	Number of employed individuals in the household	Parent's paid work status	Receiving care support for his/her child	Proximity of caregiver	Parental neglect or abuse as a child	Presence of substance addict at home
Emotional abuse	<b>-0.191**</b>	0.070	<b>0.197**</b>	-0.006	-0.041	0.095	<b>-0.241**</b>	<b>-0.290**</b>
Neglect	<b>-0.141*</b>	0.061	0.060	-0.013	0.035	-0.026	<b>-0.139*</b>	-0.109

\* $p<0.05$

\*\* $p<0.01$

\*\*\* $p<0.001$

1= Woman

2= Man

1= Single

2= Married

1= Abused as a child

2= No abused as a child

1= Substance addict at home

2= No substance addicts at home

**DISCUSSION**

In this section, the findings of the research are compared with the similar studies in the literature. According to the research findings, it was found that parents never performed towards their children emotional abuse and neglect. However, when the maximum values in the table were examined, it was seen that some parents in the sample group “occasionally” applied to their children some emotional abuse and neglect behaviors (see Table 3). Similarly, Bekçi (2006) examined the relationship between domestic child abuse and anger triggers in secondary school students and found some parental attitudes and behaviors that symbolize neglect and emotional threat. In the study by Yalçın et al. (2014), which examined the attitudes of parents about child abuse, the abuse score of the sample group was found to be low. Therefore, the results of these studies support our findings.

***Parent's gender:***

In Table 4, while the emotional abuse behaviors towards the children of the sample were not related to their gender ( $p>0.05$ ); negligence behaviors were found to be significantly related to the male parent ( $p<0.001$ ). This may be due to the fact that men work more often in paid work than women, so that they usually spend all day outside the house. Therefore, they may be more insensitive to their children from time to time because they don't take care of their children as much as their spouses and they can't develop emotional closeness with them because of that.

Similarly, in some other studies, no significant relationship was found between the gender of the parent and emotional abuse scores towards the child (Dallar Bilge et al., 2013; Yalçın et al., 2014). The results of these studies support our emotional abuse findings.

***Age of parent and child:***

According to Table 4, neglect behavior was not related to the age of the parents ( $p>0.05$ ). However, it was found that older parents applied to emotional abuse towards their children more than younger parents ( $p<0.01$ ). In addition, it was found that parents who had children aged 18 and over (hence older) showed more emotional abuse behavior than those who had younger children (aged 0-17) ( $p<0.01$ ) (see Table 4). This may be attributed to the fact that older parents come from the more traditional generation, and therefore, to the efforts of raising their children in a more strict (punitive) discipline. On the other hand, new generation young mothers can probably be envisaged to have higher education levels, educate themselves by using media channels such as the internet, or be more receptive to their children because they have fewer children than the older generation.

When the literature on the subject was examined, Koçak and Büyükgönenç's (2011) research found that the level of knowledge of child abuse among middle-aged and older adults was lower than the youth. This finding partially supported our research. In the other studies, as the age of mothers increased, the rate of abuse potential applied to children decreased and this was

associated with increased experience (Pekdoğan, 2016); or the age of the parents was not associated with emotional abuse and neglect (Güler et al., 2002; Tuna, 2010). While the findings of this study did not coincide with the emotional abuse behavior of the parents in our study, they supported neglect behavior.

***Parent's level of education:***

According to the findings of the study, the sample group's both the emotional abuse ( $p < 0.01$ ) and neglect ( $p < 0.01$ ) rates increased as the educational level decreased. (see Table 4).

When the literature on this subject was examined, it was found that the rates of both emotional abuse and neglect were high for mothers with low educational level (Altıparmak et al., 2013); children whose father was illiterate faced abuse and neglect (Can Özcan, 2010); as the education level of the parents decreased, the rate of abuse of children increased.

When the literature on this subject was examined, it was found that the rates of both emotional abuse and neglect were high for mothers with low educational level (Altıparmak et al., 2013); children whose father was illiterate faced abuse and neglect (Can Özcan, 2010); as the education level of the parents decreased, the rate of abuse of children increased (Güler et al., 2002; Oral et al., 2001; Sidebotham & Golding, 2001; Turhan et al., 2006; Yılmaz Irmak, 2008). The findings of these studies support the findings of our research.

In addition, it was found in the literature that parents' knowledge about child abuse and neglect increased in proportion to their education level (Dallar Bilge et al., 2013; Koçak & Büyükgönenç, 2011). In this case, it can be said that parents with low level of education have a lack of knowledge about child development, especially psychological development and find it difficult to perceive their children as individuals. Therefore, they lack effective communication skills. This situation can be foreseen as the reason why they rejecting their children (Kubin Mete, 2015: 73).

***Number of parent's children:***

As the number of the children of the participants increased, the rate of emotional abuse ( $p < 0.01$ ) and neglect ( $p < 0.01$ ) they applied to their children increased (see Table 4). This may be due to the restriction of the time the parent spends on each child. Maybe the parent does not know how to intervene jealousy of siblings. Also the parent has to do all the household work (laundry, washing, food, cleaning, etc.) and/or outside work. Thus parent can be more intolerant to children by his/her burnout.

Similarly, among the mothers who participated in the research conducted by Altıparmak et al. (2013), it was found that those who had more than two children had a higher rate of neglecting their children than those who had fewer children. This finding supports our result of parental neglect. In some other studies, the number of children was not found to be related to parents' emotional abuse and

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neglect (Can Özcan, 2010; Güler et al., 2002; Tuna, 2010). The findings of these studies don't support the findings of our research.

### ***Family income level:***

As the family income levels of the participants decreased, the rates of emotional abuse ( $p < 0.01$ ) and neglect ( $p < 0.05$ ) they applied to their children increased (see Table 4). Because the parents' lack of money causes their children to be unable to meet their physical, health and education needs. In addition, when parents work hard all day, they cannot give their children emotionally enough time. All these impossibilities also increase the risk of parent's emotional abuse and neglect. Similarly, in the other studies, it has been found that the rate of parent's abuse (Can Özcan, 2010; Bekçi, 2006; İzmirli, Sur, & Polat, 2000; Murry, Baker & Lewin, 2000; Öncü et al., 2012) and neglect (Altıparmak Yıldırım, Yardımcı & Ergin, 2013; Can Özcan, 2010; Tuna, 2010) increases as the income level of the family decreases.

Contrary to the research, in some other studies, the economic status of the parents was not related to their behaviors of emotional abuse and neglect (Güler et al., 2002; Tuna, 2010).

### ***Number of employed individuals in the household:***

In Table 4, the increase in the number of employed individuals in the household was associated with the emotional abuse of the parents ( $p < 0.01$ ), but not with neglect behavior ( $p > 0.05$ ). Because parents come tired to house from work. This leads to poor quality communication between parents and children and parent's intolerance to children's mischief. On the other hand, since both parents work, their economic resources enable them to meet the health, education and physical needs of their children. In this study, neglect behavior was examined as a whole and emotional neglect was not separated. Therefore, both parents' paid work was not associated with neglect behavior.

### ***Parent's paid work status:***

Naturally, the unemployment of the parent reduces the family's resources and increases the stress of the parent, leading to an increase in abuse. But in our findings, parental employment status was not associated with emotional abuse ( $p > 0.05$ ) or neglect ( $p > 0.05$ ), which was likely to be applied to their children. This may be due to the fact that the majority of the parents (82.3%) work in paid work (see Table 4).

It has been found in the literature that parents who do not have a regular job abused their children more than those who have a regular job (Yılmaz Irmak, 2008). Also it was found that non-working mothers abused their children more than working mothers (Pekdoğan, 2016). Similarly in another study it was found that non-working mothers applied more to their children emotional abuse and neglect than working mothers (Altıparmak et al., 2013). On the contrary, there are also studies in which the abuse and neglect scores do not differ according to the paid

work status of the mother (Tuna, 2010) or both employed parents (Can Özcan, 2010).

In this case, our research findings did not coincide with some of the research results examined above (Altıparmak et al., 2013; Pekdoğan, 2016; Yılmaz Irmak, 2008), but did with the research results of Can Özcan (2010) and Tuna (2010).

***Parental neglect or abuse in childhood:***

It was found that among parents who responded to our study, those who had neglect or abuse in their childhood applied to their children a high rate of both emotional abuse ( $p < 0.01$ ) and neglect ( $p < 0.05$ ) (see Tablo 4).

In other similar studies, it was found that parents who suffered from their parents' violence in childhood applied physical violence (Ayaz, Yılmaz Özpolat, Yücel & Altunöz, 2013; Chung, Math, Rothkopf, Elo, Coyne, & Culhane, 2009; Keser et al., 2010) or emotional violence and neglect (Altıparmak et al., 2013; Dallar Bilge et al., 2013; Tuna, 2010).

Children are not only affected by anger and aggression directed directly at them, but also by being in an environment where these elements exist. Their constant presence in anger environments makes children vulnerable to fighting. (Deveci ve Açık, 2003: p.397). Moreover, children learn and internalize their parents' abuse and / or neglect behaviors through observation, modeling and reinforcement. Thus, when they have any problems communicating with people in their immediate surroundings, they apply to violence instead of trying to find solutions. The worst is that they learn abuse and neglect as a necessity of parenting and when they become parents, they apply it to their children as a means of education (Altıparmak ve ark., 2013: p.355; Arıkan, 2016: p.8,9; Dallar Bilge, Taşar, Kılınçoğlu, Özmen, & Tıraş, 2013: p.28). In other words, it is highly likely that children who are emotionally neglected by their parents are likely to become abusive parents when they become adult. Thus, hostility towards parents is transferred to the child (Deveci ve Açık, 2003: p.399). According to the intergenerational transition theory of violence, aggression and violence are learned and transmitted from generation to generation. In short, it is known that those who abuse their children are those who have been abused in their childhood. Therefore, child abuse becomes a cycle of violence. In this case if the necessary measures are not taken in time, children who have been subjected to violence may become potential aggressive and violent activists and even guilty adults of the future in the long run. For this reason, preventing the child from being abused or neglected is as important for the society as it is for himself and his family. (Ayan, 2007: p.212; Özgentürk, 2014: 265).

***Presence of substance addict at home:***

The presence of substance addict at home was associated with the level of parent's emotional abuse behavior to their children ( $p < 0.01$ ), but not with neglect behavior ( $p > 0.05$ ) (see Tablo 4).

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Browne's (1995) found that 61.3% of parents who were drug or alcohol addicts and 21.8% of non-dependent parents used abuse or neglect to their children. Thus, Browne found a significant relationship between drug or alcohol addiction and child abuse or neglect. This finding is consistent with the findings of abuse in our study. Güler and her friends (2002) found that the father's alcohol addiction was not related to mother's behaviors of emotional abuse and neglect; however, it was associated with mother's behaviors of physical abuse and neglect. This finding supports our finding regarding parental neglect.

### ***Parents' receive care support for their children from their immediate environment:***

In our study, the status of receiving care support by the parents for their children was not associated with parents' behaviors of emotional abuse ( $p > 0.05$ ) and neglect ( $p > 0.05$ ) (see Table 4). This may be due to the fact that the majority of the participants (71.0%) do not receive care support (see Table 3).

In fact, the availability of care support allows mothers to spend time for themselves: Thus, they become more affectionate towards their children and display an attitude that supports child's social-emotional development. For this reason, parents need a social support network when raising their children. For example, Jennings, Stagg, and Connors (1991) found that mothers who were satisfied with their personal social networks and mothers with broad maternity-based social networks had more praise to their children and less controlled them. In the study of Keeling (2013), it was found that mothers with low level of social support perceived to be more stressed and their children were more problematic, and reinforcing their problematic behaviors. Other studies have found that mothers with adequate social support or extended family support have a low risk of abuse their children (Coohey, 2001; Kubin Mete, 2015; Li, Godinet & Arnsberger, 2011; Mersky, Berger, Reynolds & Gromoske, 2009; Rodriguez & Tucker, 2015). On the other hand, Coohey's (1996) study found that mothers with low social support from friends and family members were at increased risk of abuse their children.

## CONCLUSION AND SUGGESTIONS

According to the findings, some precautions are needed to support the healthy mental development of children without being exposed to abuse and neglect. We can examine these precautions under the following headings:

### ***Finding Risk Groups and Developing Early Intervention for Children***

- Primary prevention in the treatment of child abuse includes studies to prevent the occurrence of violence. In other words primary prevention is health care and identification of risk groups. Many reasons of child abuse center on the needs and problems of the parents. Therefore, in order to prevent child abuse, we must first help and support the parents. Parents with multiple emotional, medical, financial and social needs find it difficult to meet the needs of their children. Also in our findings among parents, who have low level of education, who have high number



of children, who have low level of income, and who were neglected or abused during childhood applied more to their children both emotional abuse and neglect. Therefore, it is necessary to know these risk groups and to treat these groups as a priority (Bethea, 1999: p.1580). The following measures can be taken for this purpose (Bethea, 1999: p.1580; Turhan et al., 2006: p.156,157):

- The first thing poor parents need is assistance in meeting their basic requirements for food, shelter, clothing, safety and medical care. Other issues that need attention include financial concerns, and employment and legal problems. Economic support can be provided by identifying unemployed and poor families through social service institutions. In the long run, these parents can be referred to vocational courses and employment agencies.
- The next step should be to identify and treat parents who abuse alcohol or drugs, and identify and counsel parents who suffer from spousal abuse.
- Identifying and treating parents with psychological problems is also important.
- Psychosocial support programs can be developed in collaboration with social workers and psychologists for parents with separate or economic problems.
- Children living and working on the streets are frequently abused. Some of them may even prefer to live on the streets because they are abused at home. These children can also be identified by the social service institutions and placed in state dormitories and they can continue their education from where they left off.
- In health centers, married couples should be taught family planning for having enough children to care.
- Municipalities should give priority to the children of low-wage working parents in state nurseries.

#### ***Developing Parents Education Programs***

- According to the findings of Paavilainen, Astedt-Kurki, Paunonen-Ilmonen, & Laippala (2001); abusive families are less flexible about change, spend less time together, role structure is more unstable, and family communication is less than in other families. First of all, the awareness of parents about child abuse and neglect (what it is, what kind of behaviors it covers, which family traits trigger abuse) should be increased with education. Because parents may have wrong idea about this topic: They don't know that the behaviors they implement by thinking that they discipline their children may be emotional abuse and / or neglect. Probably they are unaware that these behaviors will cause physical and mental harm to their children. For example, Keser et al. (2010) investigated the level of knowledge of parents about child abuse and neglect: Some parents did not regard the constant criticism and humiliation (10%) and lack of affection (11%) as emotional abuse. Some parents reported that it was not a neglect that not to take the sick child to the doctor (15%), not to send the child to school (15%). Some parents did not consider the other parent to remain silent while one parent abused the child. (15%). In addition, 23% of the participants stated that growth retardation will not be seen in neglected children except for physiological reasons; 15% argued that abuse would not cause

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psychological problems in children. Koçak and Büyükgöneç (2011) found that approximately half of the respondents (48.9%) did not know about child abuse and neglect; 65.9% of those with information stated that the information they acquired was not sufficient. In fact, it is a worrying finding that the majority of the participants in the same study believe that abuse and neglect will not affect the child's school performance. In Uysal-Bayrak's (2019) research, it was found that parents were aware of child abuse. However, their responses were mostly limited by the effects of sexual abuse.

In this case, the urgent need is education for parents. Educations can be about child abuse and neglect, time management (for working parents) and budgeting skills (for poor families), stress management, coping and parenting skills, appropriate discipline, knowledge of child development, nutrition and feeding problems, and safety issues. This training should be delivered simultaneously by experts and researchers from all over the country with the contributions of schools, universities and non-governmental organizations. In addition, family education and communication training should be provided regularly in the free public education courses organized by the Municipalities and in the school-parent meetings of primary to high schools. For example in public education centers, inexperienced young parents should be given child care and upbringing training, such as "parent school", "marriage preparation". Also, the importance of the issue should be emphasized by reaching out to parents through educational programs in the media.

Westman (1996) even proposed a parenting certificate program to reduce government support. According to Westman, setting standards for parenting would help to prevent child neglect and abuse and other consequences (violence, habitual crime, and welfare dependency). Also a parent license would validate parental rights, establish parental responsibility, and provide a basis for societal support (in the form of financial benefits, parent training, and protective services for children) when necessary. Holding parents accountable for child rearing would substantially reduce the need for governmental interventions in families.

### ***Developing Public's and Medical Personals' Awareness***

- *Secondary prevention* in response to child abuse includes early diagnosis, appropriate treatment and follow-up of abused children. For this purpose, babies should be monitored before and after birth by family physicians. When children are brought to a hospital for any reason, they should be evaluated in terms of indicators of abuse. Early diagnosis and effective treatment of abused child will reduce the extent of harm to child. Therefore, physicians have ethical and legal obligations in the early diagnosis and treatment of child abuse. In addition, in terms of early diagnosis it is very important for physicians to know the signs and symptoms of child abuse. Because, contrary to adult abuse, child abuse can be investigated without complaint.

- Health workers (doctors, nurses) and public officials are obliged to inform the authorities when they see signs of neglect or abuse in children (according to Articles 278-279-280 of the Turkish Penal Code) (Child Protection Law, 2005). In Turkey organizations that can report suspicion of neglect and abuse; child protection units / centers of hospitals, Ministry of Family and Social Policies General Directorate of Child Services, Provincial Directorates of Family and Social Policies, Social Service Centers affiliated to Provincial Directorates, regional police station (children's branch), Public Prosecutor's Office and Alo 183 Family, Women, Children and Disability Social Service Hotline and Prime Ministry Communication Center (BIMER) (Can Yaşar, Şenol & Akyol, 2015: p.233; HRA,2008: p.41; Tıraşçı & Gören, 2007: p.73). However, in this literature in Turkey, it was determined that some physicians (Kara, 2010) and nurses (Altunsu 2004, Çatık ve Çam 2006, Gölge, Hamzaoğlu, & Türk, 2012; Kocaer 2006, Polat Külcü & Karataş, 2016; Uysal 1998) have insufficient level of knowledge about detecting signs of abuse and neglect. All these findings indicate that physicians and nurses should be subjected to structured training programs with in-service training courses both during their undergraduate education and after their appointment to the profession.

#### *Developing Teacher's Awareness*

- There is a close relationship between behavioral problems in children and emotional abuse and / or neglect. The knowledge and support of the teachers is important in determining the emotional abuse and neglect of the child who spends most of the day at school. If teachers are experienced and knowledgeable about child abuse, they can observe changes the student's behavior (like introverted, unhappiness, unable to concentrate, falling in school success, aggression, and so on) (Dilsiz & Mağden, 2015: p.681). Unfortunately, in this literature in Turkey generally teachers have inadequate education about child abuse and neglect and their legal responsibilities in this regard (Aksel & Yılmaz Irmak 2015; Can Yaşar at al.,2015; Dilsiz & Mağden, 2015; Kürklü, 2011; Pala, 2011; Tugay, 2008). If teachers are able to recognize the risks and temptations facing our children today, we can provide support and guidance before it is too late. The key to working with abused children is to first understand the origins of their misbehavior and then design strategies to help these origins. Teachers will encounter cases of neglect throughout their teaching years and it is important to help these children gain more self-esteem and positive feelings of being appreciated, loved, and valued by others (Maggiolo,1998; p.1,11). In-service trainings can be given to school administrators and teachers on the signs of child abuse and neglect, detection of abused students, intervention and notification. Awareness studies can be done about which behavioral problems students show and how to behave towards the students who show these problems. Prevention studies including social support and information for these students and their families can be conducted by school psychological

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counselors, administrators and teachers. (Şimşek & Cenkseven-Önder, 2011: p.1133).

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