

PREDICTING CHILD ABUSE POTENTIAL: INTERPLAY OF PARENTS'  
ATTACHMENT HISTORIES, TRAUMA AND  
QUALITY OF SPOUSAL RELATIONSHIP

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QUALITY OF SPOUSAL RELATIONSHIP

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## DECLARATION OF ORIGINALITY

I, Sena Tepebağlı, certify that

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## ABSTRACT

### Predicting Child Abuse Potential: Interplay of Parents' Attachment Histories, Trauma, and Quality of Spousal Relationship

The aim of this study was to examine the relationship between child abuse potential and childhood traumas, attachment histories, and the quality of spousal relationships of parents with children aged 0-8 years in Turkey. A total of 769 parents (705 mothers and 64 fathers) participated in the study. Data were collected using the Brief Child Abuse Potential Inventory (Ondersma et al., 2005), the Three-Dimensional Attachment Styles Scale (Erzen, 2016), the Dyadic Adjustment Scale (Spanier, 1976), the Childhood Trauma Questionnaire (Bernstein et al., 1994), and a demographic form containing information about the parent and the child. Chi-square and hierarchical multiple regression analysis were used to analyze the data. Results indicated that childhood trauma history, attachment styles, parents' general health status, and quality of the relationship between spouses explained almost half (48.8%) of the variance in child abuse potential. While parents' anxious-ambivalent attachment and childhood trauma history positively predicted child abuse potential, secure and avoidant attachment, general health status, the affective expression between spouses, and the dyadic satisfaction negatively predicted child abuse potential. This study contributes to the literature by addressing the intergenerational transmission of child abuse within the framework of attachment theory and examining both past and present family dynamics with the variables included.

## ÖZET

### Çocuk İstismar Potansiyelinin Ebeveynlerin Bağlanma Geçmişleri, Travma ve Eşler Arası İlişki Kalitesi ile Yordanması

Bu çalışmanın amacı, Türkiye'de 0-8 yaş arası çocuğu olan ebeveynlerin çocuk istismarı potansiyeli ile çocukluk çağı travmaları, bağlanma öyküleri ve eş ilişki kalitesi arasındaki ilişkiyi incelemektir. Araştırmanın katılımcılarını 705 anne ve 64 baba olmak üzere toplam 769 ebeveyn oluşturmaktadır. Veriler, Çocuk İstismarı Potansiyeli Envanteri Kısa Formu (Ondersma vd., 2005), Üç Boyutlu Bağlanma Stilleri Ölçeği (Erzen, 2016), İkili Uyum Ölçeği (Spanier, 1976), Çocukluk Çağı Travma Ölçeği (Bernstein vd., 1994) ve ebeveynin kendisi ve çocuğu hakkında bilgiler içeren demografik form kullanarak toplanmıştır. Verilerin analizinde ki kare ve hiyerarşik çoklu regresyon analizi kullanılmıştır. Sonuçlara göre; çocukluk çağı travma geçmişi, bağlanma stilleri, ebeveynlerin genel sağlık durumları ve eşler arasındaki ilişkinin kalitesi çocuk istismarı potansiyelindeki varyansın neredeyse yarısını (%48,8) açıklamaktadır. Ebeveynlerin kaygılı-kararsız bağlanma ve çocukluk çağı travma öyküsü çocuk istismarı potansiyelini pozitif yönde yordarken; güvenli ve kaçınmacı bağlanma, genel sağlık durumu, eşler arasındaki duygusal ifade ve ikili memnuniyet çocuk istismarı potansiyelini negatif yönde yordamaktadır. Bu çalışma çocuk istismarının jenerasyonlar arası aktarımını bağlanma teorisi çerçevesinde ele alması ve dahil ettiği değişkenler ile hem geçmiş hem şimdiki aile dinamiklerini incelemesi ile literatüre katkı sağlamaktadır.

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Sena Tepebağlı

*Dedicated to my mom and dad  
who made me the luckiest person in the World*

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# CHAPTER 1

## INTRODUCTION

Child abuse and neglect are serious public health problems that are affected by individual, familial, institutional, social and cultural risk factors, have negative effects on the child's physical, emotional, social and moral development, cause individual and social problems, and can be prevented with the efforts of educational institutions, health institutions, judicial institutions and non-governmental organizations (Collins et al., 2023; Lee & Kim, 2023; Massarweh & Kosher, 2023; Metin Aslan, 2020).

Child abuse is a subject that has psychological, sociological, medical, legal, educational and social aspects, and therefore, needs to be addressed with a multidisciplinary approach. It has different definitions in different disciplines. In general terms, according to WHO (2022):

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. (para. 1)

Child abuse is divided into four categories namely physical, emotional, sexual abuse, and neglect. Physical abuse, in its most general definition, is the non-accidental injury of a child (Kairys, 2020). It is the most common and most easily diagnosed form of abuse. It can be seen in forms such as hitting, slapping/kicking,

biting, burning, punching, shoving, tickling against the child's will, as well as life-threatening injuries (Işık & Çetin, 2016; Lansford et al., 2021).

Emotional or psychological abuse is any form of behavior that harms the child's mental, moral and social development and causes psychological and emotional injuries (Zhang et al., 2022). Although it is the most common type of abuse, it is the hardest to diagnose (Reza et al., 2020). Reasons such as having the most variable definition according to cultural contexts, leaving no visible traces, being disguised as an expression of humor are among the factors that make diagnosis difficult. It can be seen alone or in combination with other types of abuse (Kaytez et al., 2018). It can be used in ways such as mocking, nicknaming, humiliating, scaring, criticizing, ignoring, threatening, and manipulating (Derin & Öztürk, 2021; Şenalp & Koçtürk, 2022; Uğur, 2020).

Sexual abuse, in its simplest form, can be defined as taking advantage of a child by an adult for all kinds of sexual activity, warning and satisfaction that he/she cannot understand and consent to (Babakhanlou & Beattie, 2019). It can occur through direct physical contact such as oral, anal, vaginal penetration, genital touching, caressing, abuse, rape, as well as taunting the child, sending sexual messages, showing pornographic images, producing and disseminating pornographic images of children, speaking with a child with sexual content, and exhibitionism. (Bouchard et al., 2023; Demirci, 2020; Garstang et al., 2023).

Neglect is the failure of the parent or the person responsible for caring for the child to meet the child's needs for growth and development such as nutrition, shelter, safety, health, and education (Kairys, 2020). In some sources, it is divided into categories such as physical neglect, emotional neglect, medical neglect, and educational neglect (Chauhan et al., 2021). Behaviors like not showing enough

attention and love, preventing their right to education, not providing health care to a sick child, not taking precautions against possible accidents inside and outside the house are examples of neglect (Firat et al., 2017; Ogle et al., 2022; Yu et al., 2021).

Child abuse is a global problem that occurs in every religion, culture, country, economic status and educational level. Its existence and consequences negatively affect not only children but also families and the society in general. According to international studies, three out of every four children between the ages of 2-4 are exposed to physical and/or psychological violence by their parents. One in five women and one in thirteen men are sexually abused as children (WHO, 2022). In the United States, 2.38 out of 100,000 children die due to abuse or neglect (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2022). According to a joint report by WHO and UNICEF (2020), worldwide "one out of two children aged 2-17, experience some form of violence each year" (p.x). It is estimated that 120 million girls are victims of sexual abuse and one in three children are victims of emotional abuse (WHO & UNICEF, 2020).

The prevalence of child abuse and neglect in Turkey are not clearly known due to the lack of a national database and the absence of a nationwide prevalence survey (Koçtürk & Yılmaz, 2018). The last report on this issue was published by UNICEF in 2010. According to that report, in Turkey, 25% of children are exposed to neglect, 51% of them to emotional abuse, 43% of them to physical abuse, and 3% of them to sexual abuse (Korkmazlar Oral et al., 2010). The perpetrators of abuse were reported as mothers, fathers, stepmothers, older siblings, teachers and friends, respectively (Çapık et al., 2019).

According to the report published by ASUMA and IMDAT (2018), the number of children brought to security units as victims of injury in 2016 was recorded as 83,552. 27,350 of these children were between the ages of 0-11. The percentage of children brought as victims of sexual offenses increased by 52% in 2016 compared to 2014 (Polat, 2018). Turkish Statistical Institute (TUIK), the Ministry of Justice and the Ministry of Family and Social Services have not directly shared child abuse data with the public in Turkey since 2017 (Ekmek ve Gül, 2022). However, according to the Statistics on Children Arriving or Brought to Security Units published by TUIK in 2021, 57.4% of 186,014 child victims of crime were victims of injury and 13.1% were victims of sexual crimes (TUIK, 2022). Likewise, according to the data on Birth Statistics and Child Statistics published annually by TUIK, a total of 7,190 children, 117 of whom were under the age of 15, gave birth in Turkey in 2021 (TUIK, 2022).

Although child abuse is a widespread and ancient social problem, there are many strategies developed to prevent it. There are three main steps to fight against child abuse namely prevention, intervention, and rehabilitation (Russell et al., 2020). Prevention is aimed at averting abuse before it happens, intervention is aimed at recognizing abuse early and taking the necessary precautions to prevent its recurrence, and rehabilitation is aimed at reducing trauma symptoms and supporting the wellbeing of children who are victims of abuse with the necessary support (Rerkswattavorn & Chanprasertpinyo, 2019).

Prevention can be considered in two stages as primary and secondary (Miller-Perrin & Wurtele, 1988). Primary prevention is large-scale interventions aimed at the whole society to prevent abuse before it occurs. The aim of primary prevention is to prevent risks from occurring (Gelles & Perlman, 2012; Leeb et al., 2008). In this

context, starting from early childhood, children, parents, care and education providers and all professionals working with children in general are trained on the subject (Turhan et al., 2006). This includes age-appropriate abuse prevention curricula in schools, parenting trainings offered to families, public and media announcements to raise awareness, efforts to change laws, eliminate economic inequalities and change traditional values that pose risks to children, such as early marriage (McKibbin & Humphreys, 2020).

In secondary prevention, high risk groups for abuse are identified and additional services are provided to these families (Knack et al., 2019). Risk factors for child abuse need to be known in order to identify at-risk groups. These risk factors are examined in three categories including child-dependent, family-dependent and community-dependent risk factors (Assink et al., 2018; Dolisgan & Razisni, 2020; Mulder et al., 2018). Although in the context of abuse prevention and intervention strategies, secondary prevention is considered under preventive approaches, it is possible to consider these as early intervention as they involve strategies to identify risk factors and groups before abuse happens intervene to prevent abuse via a range of support services.

Risk factors for child abuse can be explored whether they are child, family and community dependent. Child-dependent risk factors include unwanted children or children of the unwanted sex, those with disabilities (Palendecioglu & Bulut, 2009), those born prematurely (Applegate & Kirks, 1977), those who need constant care due to chronic diseases or mental problems (Karatas & Dagdelen, 2014) are in the risk group. Family-dependent risk factors include age (Palendecioglu & Bulut, 2009), gender (deMause, 2020), education level (Romero-Martínez et al., 2014), socio-economic situation (SES) (Chan, 2014), presence of step-parents (Dolisgan &

Razisni, 2020), single parent status (Agrawal & Kelley, 2020), number of children (Vandeven & Newberger, 1994), social isolation (Romero-Martínez et al., 2014), negative perceptions about children (Karatas & Dagdelen, 2014), parenting style (Kızıltepe & Aksel, 2017), insufficient information on child development and raising (Derin & Ozturk, 2021), excessive family control (Dolisgan & Razisni, 2020), unemployment (Karatas, 2015), parents' mental and physical health (Applegate & Kirks, 1977), history of child abuse (Assink et al., 2018), spousal and/or marital problems (Agrawal & Kelley, 2020), parental substance-abuse and alcoholism (Koçak & Buyukgonenc, 2011). Finally, community-dependent risk factors comprise extreme freedom in the educational system (Dolisgan & Razisni, 2020), cultural perspective and social value towards the child and violence (Cetintas et al., 2021), insufficient laws protecting the child (Koçak & Buyukgonenc, 2011), and being in a minority group (Karatas & Dagdelen, 2014).

In the secondary prevention phase, families with these risk factors are detected and their needs are assessed. Based on the identified needs of the family, counseling and preventive services, family therapies, more intensive and personalized parent training, therapies for alcohol and drug addiction, and other interventions to reduce risks are all addressed at this stage (Prihidko & Kenny, 2021; Rochford et al., 2023).

The intervention phase, specifically in the context of abuse, involves taking abused children under immediate protection and providing them with physical and emotional security (Lange et al., 2020). Taking the necessary precautions to prevent the abuse or neglect from appearing again, making emergency protection decisions for the child, if necessary, after forensic interviews and examinations, making decisions such as shelter, health, care, custody, guardianship is implemented at this

stage (Flemington & Fraser, 2017; McTavish et al., 2021; Narang et al., 2019; Tener & Silberstein, 2019; Vanderfaeillie et al., 2018).

Rehabilitation is the stage where mental disorders resulting from trauma are treated and rehabilitated with medical, clinical, and psychosocial methods (Wanglar, 2021). Disorders such as PTSD, acute stress disorder, behavioral disorder, adjustment disorder that may occur in the child victim of abuse are treated with the necessary methods at this stage (Al Gharaibeh & Gibson, 2019). Depending on the extent of the abuse and the age of the child, methods such as relaxation techniques, thought stopping techniques, exposure techniques, play therapies, cognitive behavioral psychotherapies, group therapies or family therapies can be used (Center for the Protection of Children's Rights Foundation, 2006; Firat et al., 2014; Ugoh, 2021).

Studies that focus on improving the effectiveness of psychotherapy or other measures of support are certainly needed to provide the best help for those who are affected by abuse or neglect. However, it is crucial to direct the focus on preventing abuse before it happens. For this purpose, emphasis and engagement in both primary and secondary prevention strategies are vital to ensure the well-being of both children and the society. However, there is no single strategy of prevention that can be effective for all families as families are different so are their needs. Therefore, identifying the risk groups, in our case, families that are at risk for child abuse, their characteristics, as well as exploring factors that predict child abuse potential can be considered as the first step for prevention. Once these groups are identified, need based training and resources for the families can be provided both for the general public and at-risk groups separately allowing for better allocating resources. In fact, the evidence suggests that training and providing the resources for families are

critical because almost 90% of child abuse cases can be prevented through training and increased awareness (NNECA, 2022). It is thus the purpose of this study to first identify the characteristics of families that have high, moderate, and low potential for child abuse as well as explore the risks and the protective factors that predict child abuse potential. While exploring both the protective and the risk factors, the focus in the present study was on parents' traumatic experiences, their attachment histories, the quality of spousal relationships, demographics and contextual factors.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Theoretical framework

##### 2.1.1 Belsky's process model

Child abuse is a phenomenon that cannot be attributed to a single cause or a single factor but can be explained by the combination of many factors or the interaction of these factors (Assink et al, 2018). There are many individual, social, psychological and sociological factors that are potential sources or perhaps become nests for child abuse. For this reason, many psychological, socio-situational and sociological models have been proposed to explain the causality of child abuse. However, because of its focus on multidimensional factors and inclusiveness, much research, scientific evaluations and child protection services continue to use the Ecological Model of Human Development (Meinck et al., 2013). Especially in the last 30 years, the ecological model has been the most emphasized model in the search for causality. The ecological model is a framework in which the child is placed at the center of a system, and other contexts and sources of influence such as family, society and culture interact with each other and influence the child both directly, indirectly and via interaction with other elements in the system. Bronfenbrenner (1977) originally designed this model to explain the child's development. Belsky (1978), who worked on child maltreatment, abuse and its causes in the same period, tried to evaluate different models within this causality relationship.

In the early 1970s, three models were considered to explain the causes of child abuse. The psychiatric model argued that the cause of abuse was the perpetrator and his/her mental health and personality disorder problems. Therefore, the only

point that could be considered as a risk factor was the perpetrator, and based on this model it was argued that the strategies to prevent abuse needed to focus entirely on the perpetrator (Kurtay & Kurtay, 2020). The sociological model argued that it was society, not the individual, that caused abuse. According to the defenders of this model, risks that reside in society such as inequalities, stress, and economic conditions could cause violence and abuse (Mbecke, 2009). For this reason, economic and social developments and improvements in living conditions could be the solutions for abuse. On the other hand, the third model, that emphasized the effects of the child on caregiver, argued that the child shaped the parent's behavior (Sameroff, 1975), and therefore could be the cause of their own abuse.

Belsky (1978) argued that these three models were insufficient and that another model was needed because according to him, it was not correct to consider the individual apart from the society, and the society independent from the individual. Moreover, the parent-child relationship was not one-sided. On the contrary, both affected each other. Therefore, Belsky (1978) argued that these three models needed to be combined, and the issue should be discussed from a broader perspective.

After the evaluation of different models, Belsky (1980) created a framework based on the work of Bronfenbrenner (1979), specifically to understand the causes of child abuse and to identify risk factors. This framework, due to the multifaceted nature of child abuse, included the individual, family, society and culture, and consisted of the interactions of these structures. Belsky (1980) argued that child abuse is caused by risk factors in four different levels. These levels are ontogenic development, the microsystem, the exosystem, and the macrosystem.

Ontogenic development includes parents' past experiences that can lead to abuse. Parents who are perpetrators of abuse are victims of abuse in their own childhood. A history of bad experiences, violence or rejection in the past affects their current parenting, and these parents are more likely to abuse their own children. In the microsystem, the characteristics of the child and the relationships between the people in the family are included. Regarding the characteristics of the child, Belsky (1980) said “abused children have to be considered as potential contributors to their own maltreatment” (p.324). In other words, the child may be the cause of the abuse he/she is a victim of. For example, situations of prematurity, hyperactivity, colic or, on the contrary, excessive passivity can cause difficult situations for the parent to cope with, which in turn can lead to parent abuse the child.

Relationships between parent-child and partners are also considered in the microsystem. It has been found that mothers who abuse their children showed less compassion and interacted less positively with their children. These mothers were also known to threaten their children more and complain more about them (Burgess & Conger, 1978). Negative relationships between mother or other primary caregivers and the child are considered as risk factors (De Paul & Domenech, 2000). These negative relationships include inadequate child supervision, aggressive parental behavior, more punitive discipline and less child involvement (Popov & Ilesanmi, 2015). However, Belsky (1980) argued that it is impossible to know whether this negative relationship is caused by the parent or the child because the hostile attitudes of the parents create negative behavioral outcomes in the children, as well as the difficult temperament of the children or having one of the above-mentioned risk factors lead to negative behaviors in the parents. Issues in the parent-child

relationship are often bidirectional or even circular, and it is not simple to identify what the causes and the outcomes are.

According to Belsky (1980), the most important component of the microsystem is partners' relationships. Although the focus is often on the characteristics of the child or the child-parent relationship, understanding the nature of abuse "can be achieved only by examining other aspects of the microsystem of the family" (p.326) because everything that happens between the spouses will also affect the child and communication with the child. A troubled marriage leads to problematic parenting. For example, if spouses show violence against each other in a house, it is very likely that they will show the same violence to the child. The increased stress levels and decreased patience levels of constantly fighting couples are also factors that prevent them from communicating positively with their children. Another possibility is that the parent, who cannot get attention and love they want from their partner, expects this from their child. If the child does not meet the expectation, which is not often the case, the parent may show extra hostility towards the child. Therefore, the quality of the relationship between spouses directly and indirectly affects the quality of each parent's relationship with their child (Alayi et al., 2011; Belsky & Isabella, 1985; Khusaifan & Keshky, 2022; Liu & Wang, 2015; Metindogan, 2022; Qian et al., 2020; Li & Liu, 2020).

The exosystem includes the social structures that affect the microsystem. These social structures can be parents' work environments, social support systems, and neighborhood. The profession of the parent and the environment in which he works affect all the relationship connections in the microsystem. While being unemployed is a major stress factor, employment conditions also affect the dynamics of the relationships at home. For example, whether the parent is an authoritative or

submissive person at the workplace affects the parents' expectations at home from the child and the spouse.

The social support that parents have affects relationship quality at home and the overall family dynamics in many ways. It is important that the child rearing practices, or the dynamics of the relationship established with the child are acceptable in the social environment. The environment can set the standards, and the social pressure to fit in these standards may help prevent abuse. In fact, parents' fear of being noticed by neighbors and neighbors intervening the abuse may lead parents to be more cautious as there is a risk of social isolation of the family. For instance, stress caused by unrelated factors to the child like financial difficulties is associated with troubles in parent-child relationship, severe punishments given by the parent to the child can be intervened by the social environment. Furthermore, social support that parents have may help parents to cope with stress better, and an extended network that families have may serve as a significant protective factor for parental well-being.

Focusing on the exosystem alone is not sufficient to understand causes of child abuse, and focus needs to be directed to a broader perspective including culture. The macrosystem includes risk factors related to culture, such as perspectives on children and violence, religious beliefs, etc. Although definitions of abuse in the literature are increasingly similar, and there seems to be better consensus on what abuse is, in the daily lives of families, cultural references are highly visible defining what abuse is and what abusive behaviors are. This expresses the idea that the behaviors considered as abusive may vary from culture to culture (Korbin, 1991). In one culture, corporal punishment of a child is defined as abuse, while in another it can be considered as a method of discipline. While early marriage of children is

ordinary for some cultures, it may be considered as sexual abuse in others (Savci, 2020). Therefore, the macrosystem and its components are the broadest, most complex yet indispensable part of the framework for identifying abuse and risk factors.

All things considered, in the process model developed by Belsky (1980), there are four levels (ontogenic development, microsystem, exosystem and macrosystem), all of which are interrelated and affect each other. A person's developmental history, that is, ontogenic development, affects his personality. For example, if a parent was abused or mistreated as a child, his behavior and characteristics are shaped accordingly. Later, when this person establishes a family, that is, when he is included in a microsystem, his personality traits affect both his relationship with his partner and his parenting skills (microsystem), his attitudes at work and the social environment he is involved in (exosystem). These influences are reciprocal because the way a person treats their partner shapes the behavior of the other person towards him. Likewise, this reciprocity is expected in his work and social environment. Parenting is directly influenced by personality structure and in relation to this by developmental background. It is also directly and indirectly influenced by spousal relationships and work, but also affected by the characteristics of the child. All these structures are mostly affected by the cultural structure (macrosystem). As a result, all of them have direct or indirect effects on the child's development as well as on the abuse of the child.

### 2.1.2 Guralnick's developmental systems model

Early intervention studies benefit from Guralnick's (1998, 2001, 2006, 2020) model that emphasizes focusing on the family dynamics, interactions, and risks that are

born within the home environment and influence child developmental outcomes. Considering that examination of child abuse potential of parents requires a family focus to prevent and intervene early, a discussion of his approach is important to include. Guralnick (1998) argued that only it was during the 1970s, the vulnerabilities of children were becoming more noticeable. These vulnerabilities included poverty, child abuse and neglect, hostile environments, problematic behavior and addictions of parents, and children's disabilities. Various early intervention programs were designed to combat these multiple risk factors faced by children. The Developmental Systems Model (1998) is designed as a framework for implementing and improving comprehensive early intervention programs to support children and their families facing these multiple risk factors.

The Developmental Systems Model designed by Guralnick (1998) is a family-centered model and based on the interaction of family members, their relationships with each other and the interplay of social factors. Guralnick (1998) argued that child's developmental outcomes emerge through the interactions of the child's social and cognitive competence, family patterns of interaction and family resources. He categorized the closest factor that has an influence on the child, family patterns of interaction, into three. These are the quality of parent-child transactions, family-orchestrated child experiences, and health and safety provided by the family.

The quality of parent-child transactions includes conditional responsiveness, establishing the proper environment and support systems, providing emotionally warm and flexible interactions, reciprocity and developmentally appropriate caregiver-child interactions. Family orchestrated child experiences include providing children with various toys, materials or activities appropriate for their development, environmental arrangements for children, and social support that will enable children

to spend quality time with both their peers and adults. Finally, the health and safety provided by family include providing adequate nutrition and necessary immunizations, protection from harm, violence and environmental hazards (Guralnick, 2020).

In addition to the family pattern of interactions, another important component in the framework is the family resources. Guralnick (2006) discussed both the personal characteristics of parents and the material resource in this component. Characteristics of the parents who are completely independent from the child contain parents' mental and physical health, problem solving skills, beliefs, levels of self-efficacy and self-confidence. In addition, the economic level of the parents, social support systems and spousal relationships are also among the factors that are independent from the child but affect him/her (Guralnick, 1998; 2020).

According to the Developmental System Model (1998), development is not the same progressive process or chain of planned stages for everyone or not just about DNA (Griffiths & Hochman, 2015; Moore, 2016). Development is a sequence of changes made up of interactions of all components of the system (Huijding, 2018). As Guralnick (1998) showed in his model, he emphasized the interaction of nature and nurture. This model explains how the child's biological disadvantages affect family dynamics or how the development of a child without a biological disadvantage is shaped by family dynamics.

One of the biggest goals in establishing this system was to be a roadmap for intervention programs to be designed for the development of children. Guralnick (2006) argued that the basic components of this system can be adapted to different cultures and that the appropriate intervention program can be created based on this model not only in the US but also all over the world.

According to Guralnick (2001), the most important component of the system is family patterns of interaction. The fact that early intervention programs focus on this and strengthen the interaction between the child and the family ensures that children reach the most ideal developmental levels. While other components in the system provide cooperation and coordination, the biggest influence on the child is thought to be the family (Guralnick, 2001).

An effective early intervention program eliminates or minimizes the risk factors faced by children. To do this, it does not only focus on the child's existing character traits, the resources of the family, or the personalities of the parents (Guralnick, 1998). Instead, it accepts the system as a whole and intervenes in the appropriate component according to the quality and quantity of the risk factors. This component is usually family patterns of interaction. As Guralnick (2006) said, "the central goal of early intervention for children who are at risk is to optimize these three family patterns of interaction" (p.8).

Early intervention programs should primarily identify groups at risk. Risk groups include premature babies, children with disabilities, or parents with a history of abuse (Guralnick, 2001). After the determination of these groups, information about the family and the child is collected. Thus, comprehensive and interdisciplinary interventions begin to be planned. First of all, families are provided with the necessary support. These supports can be in the form of information, access to resources, and social assistance, depending on the family's needs (Guralnick, 2020). However, the main focus in this whole process is always what needs to be done to develop family patterns of interaction (Guralnick, 2001).

There are four stressors that can disrupt family patterns of interaction, namely information needs, interpersonal and family distress, resource needs, and confidence

threats (Guralnick, 2006). In order to strengthen the interaction between the parent and the child, eliminating the knowledge gaps is considered the first step. For example, at this stage of the intervention, the parent can be informed about the child's development, health, internal and external behavioral problems, and behavioral patterns to be expected from the child (Guralnick, 2001).

Strengthening the communication between the members of the family and eliminating the problems in this regard is another step. At this stage, intervention programs should address not only the parent-child relationship but the relationship of all family members with each other. For example, enabling spouses to gain co-parenting skills by increasing harmony among themselves, providing social support to the family, and supporting their integration into society by making the necessary arrangements if they live in an isolated life can reduce interpersonal and family distress (Guralnick, 2001). Early intervention programs should also provide the family with the necessary social, economic, and information resources.

During the intervention program, the family needs assessments, the support provided, and the exchange of information should be done cautiously and sensitively (Guralnick, 2006). Since information about the family is obtained with their permission and much information, good and bad, is obtained, the people in charge of the program need to act appropriately. Although the intervention is for the well-being of the family and the child, this process is entirely dependent on the willingness of the family members.

The Developmental Systems Model, designed by Guralnick (1998), is a guide for effective and comprehensive early intervention programs. It includes all the components that affect the development of the child and emphasizes the interaction of these components, which are the child's social and cognitive competence, family

patterns of interaction, and family resources (Guralnick, 1998). Although one is not more important than the other, it is argued that early intervention programs should be aimed at improving family patterns of interaction (Guralnick, 2001). There are four stressors that can affect this interaction, including information needs, interpersonal and family distress, resource needs, and confidence threats. An effective early intervention program should eliminate these four stressors and address all components of the system and the interactions between them together. This is because a child's development is influenced not only by his/her genetic characteristics or cognitive abilities but also by his/her relationship with parents, the relationship between parents, family dynamics, the characteristics of family members, and the social environment in which he/she lives (Guralnick, 2006). Therefore, examining all these influential factors together is crucial for the child's healthy development.

### 2.1.3 Intergenerational transmission

The idea that abuse victims will become perpetrators in the future has been a controversial issue for many years. Although there is much research, theories, or thoughts on this subject, reaching a definite judgment is still impossible.

Intergenerational transmission of child abuse advocates the idea that a person who was abused as a child will abuse their child when they become a parent, and that child will abuse their child later on. There are many different theories on which this idea is based.

According to psychodynamic theory, the cause of child abuse is the psychopathological state of the parent. Children who are abused by their parents with this parental psychopathology are also more likely to have mental health issues.

Thus, the risks of abuse also increase, and in this way, a pathological condition that continues for generations occurs (Belsky, 1978). Of course, there are some research results to refute this theory. For example, in his research to contradict this theory, Kempe (1973) found that only 10% of child abusers had mental problems.

Another theory is Bandura's (1977) social learning theory. Based on this theory, children learn everything through observation and modeling. What a child can learn from an abusive parent is abusive behavior. (Rokach & MacFarlane, 2021). This social learning model also desensitizes the abuser to their behavior (Kurtay & Kurtay, 2020). Thus, these people code what they saw as a child as what should have been in their minds, blame their child while justifying themselves, and try to legitimize their behavior under the guise of "we saw it like this" (Demirci, 2020, p.37). This causes abuse to continue for generations.

According to the ecological perspective, the developmental history affects the parent's personality, and abuse victimization in this history will also affect their personality in that direction (Belsky, 1980). The developmental history that the parent brings with it also affects many behavioral patterns, including their reactions to events (Belsky & Vondra, 1989). For example, overly aggressive reactions to the child's behavior or reckless, neglectful behaviors may be the consequences of the abuse trauma experienced in the past.

#### 2.1.4 Attachment theory

The attachment theory accepts that the relationship a child establishes with his caregiver in the first year of life is the basis for his future relationship (Ainsworth 1989; Bowlby 1982). It is thought that people who cannot attach securely to their caregivers cannot establish a secure attachment with different people in their

adulthood, leading to frustration and aggression (Kurtay & Kurtay, 2020). Many studies show that abusers and victims of abuse experience insecure attachment. (Morton & Browne, 1998). The abused person sees himself as worthless, unlovable, and unnecessary. Even if this person is a parent in his adulthood, he acts by thinking that his child does not love him either because he is someone who is not worthy of being loved. This leads him to abuse his child. (Disbrow et al., 1977).

Attachment theory is one of the oldest and most well-established theories in literature. This theory, founded by Bowlby (1982) and later developed by Ainsworth (1989), centers on the mother-child relationship. Bowlby (2013), a child psychiatrist, noticed that babies instinctively try to attach themselves to their caregivers. He observed behavioral systems and control systems that accompany this instinctive behavior. While investigating the reasons for this need for attachment, he realized that although he worked on different theories, they all got stuck at one point (Bowlby, 2013).

He thought of theories like the child is attached to his mother to meet his physiological needs such as nutrition and warmth, babies tend to adopt oral because of the sucking reflex and therefore instinctively attach to the human breast; infants have an innate need for objects and contact; and finally, the child was angry that he was expelled from the womb and tried to get back there. In light of all these assumptions, he decided that attachment is a need for the child and that whether this need is met or not is an important determinant of a child's behavior for the rest of his life (Bowlby, 1982).

According to Bowlby (1982), attachment is a basic behavior that has its own intrinsic motivation and is of great importance for survival, regardless of nutritional type/needs and gender. Observation was the method he used most in shaping his

attachment theory. During these observations, he realized that almost all children prefer one person, especially when they are stressed. This is usually the mother or primary caregiver. However, when she is not there, the stress of the child increases even more. It is called "separation anxiety" (Bowlby, 1982, p.670).

Ainsworth and Wittig (1969), who pioneered the systematic measurement of separation anxiety, developed an experiment they called "strange situation." In this experiment, a stranger, mother and child enter a room to measure the children's reactions. After 30 seconds, the stranger leaves the room and the mother and child stay together in the room for three minutes. Then the stranger comes again and waits in silence for a minute. In the next one minute, he talks to the mother and starts to approach the child. At the end of these three minutes, the mother leaves the room and the child, and the stranger are left alone. The behavior of the stranger and the duration of separation are shaped by the child. Then the mother comes back and calms the child. During the experiment, certain behaviors exhibited by the child, the frequency and duration of these behaviors and delays in behavior are measured (Bretherton & Ainsworth, 1974). Based on the measurement results, Ainsworth et al. (2015) divided children's attachment styles to their mothers into three groups as secure, avoidant, and anxious-ambivalent.

According to Ainsworth et al. (2015), securely attached children are stressed when their mothers are gone. He is affectionate towards the stranger when their mother is with them, but more distant towards him when alone with the stranger. When the mother returns, he calms down and is happy because he trusts his mother, he tries to explore and learn when he is with her. Children with avoidant attachment show no signs of stress about their mother's separation. His communication with the stranger is the same with or without the mother. He does not care much and plays by

himself. The mother's return does not mean much, and both mother and stranger are equally effective at calming down. On the other hand, anxious-ambivalently attached children are under very intense stress when their mother leaves. They are afraid of strangers under all circumstances and do not approach him. The mother's return does not calm the child, on the contrary, the child pushes and does not want the mother. Despite the mother's return, he continues to cry and does not explore (Ainsworth et al., 2015).

The reason for these different reactions of children is that mothers or primary caregivers of securely attached children are sensitive and responsive. The child trusts his mother in this relationship and feels loved and valued. His needs are being met, and his signals to his mother are understood (Bretherton & Ainsworth, 1974).

Mothers of anxious-ambivalent children display inconsistent behavior. The needs of the child are sometimes met, sometimes completely ignored. The parent establishes a relationship with the child when he/she wants or needs it. Thus, the child cannot decide when to act and cannot shape his expectations. It is thought that this group of parents may have a history of psychiatric disorders or show abusive behavior patterns for the baby (Metin Aslan, 2020). Mothers of avoidant children are completely distant and unresponsive to their children's needs. These parents do not form physical or emotional relationships with their children and act as independent persons (Ainsworth et al., 1978).

Based on the attachment theory (Bowlby, 2013), these first bonds with the mother form the basis of people's relationships in adulthood. For example, people with secure attachment become those who have strong social relations (Sheinbaum et al., 2015), self-confidence (Shen et al., 2021), developed self-regulation skills (McGinley et al., 2022), high well-being (Spence et al., 2022), higher problem-

solving skills and motivation (Lyu, 2023), and develop healthy personality traits in adulthood (Yıldırım, 2020).

People with anxious-ambivalent attachments are the ones who do not like themselves very much and are dependent on other people (Litvinenko, 2020), are more prone to depression (McGinley et al., 2022), can empathize less (Maranges et al., 2022), are more aggressive (Amani, 2016), have difficulty in managing the flow of negative thoughts and emotions, and have cognitive dysregulation (Braunstein-Bercovitz, 2013).

Avoidant-attached individuals, on the other hand, are individuals with low self-confidence, distrust of the people around them (Elaheh et al., 2021), dissatisfied with their social relationships and more conflictual (Ebrahimi et al., 2017), more unsuccessful academically, have difficulty in coping with emotional problems (Uçar Çabuk et al., 2021), and are more prone to addictions (Cornwall, 2007; Kim & Koh, 2018).

## 2.2 Risk factors for child abuse

It has been observed that there are some risk factors that are identified in studies conducted with families where child abuse is experienced (Assink et al., 2018; Baba & Kataoka, 2014; Dolisgan & Razisni, 2020; Mulder et al., 2018; Tucker & Rodriguez, 2014). Although there are many risk factors, based on the theoretical approach for the present study the risk factors are organized within two main domains. The first domain focuses on intergenerationally transmitted risk factors that of parents' childhood trauma history and their attachment relationships with their own parents and the second domain focuses on the current family system. The risk

factors within the current family system are examined in three categories which are child-dependent, family-dependent, and community-dependent.

### 2.2.1 Intergenerationally transmitted risk factors

Intergenerational transmission is thought to be a kind of defense mechanism for identification with the aggressor (Çolak, 2020). The defense mechanism, called identification with the aggressor, is important in understanding the mental problems experienced after trauma. The child introjects some of the characteristics of the source of anxiety and moves from being threatened to imitating the aggressor and adopting his characteristics. This mechanism is complemented by external reflection of the characteristics of the child's own weakness, which makes the behaviors of the introjected authority a part of his/herself. Such an "I" would prefer to be intolerant of his surroundings rather than being harsh towards himself. In this way, while learning how to throw the blame out, the self gets rid of the negative emotion created by self-criticism, but in fact, the anger felt towards others is the emotion one should feel towards himself. This mechanism, which can be effective in the fight against authority, will gain a pathological feature when transferred to love relationships (Freud, 2011). This creates a vicious circle and causes the new generation to have the potential to show similar abuse (Çolak, 2020).

It is argued that the most consistent finding of studies on abuse is that the abusive parent is often the victim of abuse as a child (Peker, 2020). It is even said to be a single major risk factor for child maltreatment (Gilbert & Lacey, 2021) because the quality of parenting is often a mirror of the parent's experiences as children (Peker, 2020). Therefore, abused children are at high risk of becoming insensitive, cold, and unresponsive to their children's needs. (Altuntaş, 2020).

In conclusion, although there are some contradictions regarding the types of abuse, intergenerational transmission is a strong risk factor (Chauhan et al., 2021; Çolak, 2020; Disbrow et al., 1977; Kaytez et al., 2018; Mulder et al., 2018). Although it is not possible to reach a definite conclusion, being aware of the risk of transmission between generations would be a good step toward intervening and preventing abuse. It is possible to determine the risk groups, measures, and programs to be implemented. Identifying the risk groups and the potential abusers would allow for adequate rehabilitation and psychological support. Otherwise, the spread of abuse remains a chronic problem in a given society (Yıldırım, 2020).

#### 2.2.1.1 Childhood trauma history

One of the factors that have an impact on personality development is people's past experiences, and these experiences continue to influence their current characteristics, circumstances and dynamics. As Belsky (1980) argued, individuals' past experiences are shaped by the interaction of biological, environmental and contextual factors. Psychopathological problems, behavioral patterns in the family, cultural beliefs and the way these beliefs affect the individual are some of the components within this interaction. The positive or negative outcomes that emerge as a result of this interaction affect individuals in many areas, including cognitive and emotional development.

The negative experiences resulting from the interaction of these biological, environmental and contextual factors can be defined as childhood traumas. Childhood traumas can be exposure to abuse, neglect or violence, loss of a loved one, experience of war or disaster, life-threatening accidents and illnesses (SAMHSA, 2023). The extent of the trauma, the duration of the exposure, and the

ways in which the person copes with these traumas are factors that determine the extent to which the person will be affected by this in later life. However, research shows that trauma can also be transmitted across generations and that a parent who was exposed to trauma as a child is at risk to traumatize their own child.

Some of the main reasons why trauma can be transmitted across generations are the risk of poor mental health, emotion regulation problems, low self-concept, problems in cognitive development and functioning (Choi & Oh, 2014), and psychosocial problems (Etzel et al., 2020). Since these deficiencies, which are at increased risk in people exposed to trauma, are risk factors for child abuse, it is important to keep parents with a history of trauma under supervision and support and to act with the knowledge that their children may be at risk for abuse.

Mental health problems, which are more likely to occur in people who have been exposed to trauma, are one of the most serious risks for child abuse (Chauhan et al., 2021; Roscoe et al., 2021) because, parents with mental health problems have a higher risk of abusing their children. From a biological perspective, people with a history of childhood trauma have a shorter telomere length in adulthood (Etzel et al., 2020). Considering that short telomere length is also associated with mental disorders and that this shortness is transmitted between generations (Vakonaki et al., 2018), it seems possible to transmit both trauma and abuse to the next generations through mental health and biological factors.

Another consequence of childhood trauma is the damage to a person's ability to regulate emotion (Choi & Oh, 2014). Considering that early childhood is a critical period in the development of this skill (Cloitre et al., 2005), any bad experience during this period will hinder the development. Studies show that people who have been exposed to childhood trauma have less emotional understanding and are also

more unstable, negative, and have dysregulated emotions (Shipman et al., 2000). Especially lack of empathy in parents (Karataş & Dağdelen, 2014), low levels of tolerance, poorer anger and stress management (Dolisgan & Razisni, 2020) are factors that increase the risk of abuse of their children. This puts parents who have problems in emotion regulation skills because of their trauma history into a riskier position for abuse.

Researchers examining the parenting skills of parents with a history of childhood trauma have found that trauma history affects parenting satisfaction, quality time with the child, and perceived ineffectiveness (Ehrensaft et al., 2015). According to the developmental systems model, the most important components affecting the development of the child are the quality of parent-child transactions and family-orchestrated child experiences (Guralnick, 2001). These include the quality of time spent with the child and the parent-child relationship. Arguing that an effective early intervention program should focus on this point, Guralnick (1998) also gave particular attention to interpersonal and family distress, which is one of the stressors that the child and family may encounter. Emotionally unavailable and distant parenting (Derin & Ozturk, 2021) and parenting style (Kızıltepe, 2017), which are considered as risk factors for child abuse, show that trauma history poses a risk for abuse through parenting as well.

Possible effects of a history of childhood trauma are also hormonal imbalance in the neurological response systems of individuals due to the stress they constantly experience and the resulting chronic depression and anxiety, low self-esteem, alcohol and drug abuse, self-isolation (Downey, & Crummy, 2022), violence tendency (Cantürk et al., 2021), lower availability, lower levels of discipline, and avoidant parenting (Ehrensaft et al., 2015). Almost all possible effects are factors that have

been identified through research as risk factors for child abuse (Crouch et al., 2010; Derin & Ozturk, 2021; Dolisgan & Razisni, 2020; Karataş & Dağdelen, 2014; Romero-Martínez et al., 2014).

All things considered, a history of childhood trauma may not only pose a risk for abuse but may also lead to intergenerational transmission of both the trauma and abuse. It seems that a history of childhood trauma both directly affects the personalities and behavior patterns of parents, as Belsky (1980) suggested, and influences the parent in biological and environmental aspects, and putting them in a riskier position for abuse. Even if exposure to abuse as a child is trauma itself, so is the intergenerational transmission of abuse, as abuse can be explained by different theories and views. However, the possibility that other forms of trauma can also lead to child abuse suggests that childhood trauma histories should be examined more carefully.

#### 2.2.1.2 Parents' attachment history

Much research exists on the relationship between attachment and abuse. For example, it is thought that there is a relationship between insecure attachment and sexual aggression because it is seen that especially male perpetrators who sexually abuse children do not have the necessary social skills and self-confidence to establish healthy relationships with their peers. It is thought that this situation causes disappointment and problems in establishing healthy sexual relations with their peers, which are important and distinctive features of sexual aggressors (Yıldırım, 2020). When looking at the relationship between abuse and attachment, it is seen that research considers insecure attachment as a result of childhood abuse. It is stated that parents who abuse their children have a history of abuse in their childhood, and

accordingly, “insecure attachment, difficulty in emotion regulation, low perceptions of social support and functional disorders that affect their adult lives will increase the risk of abuse against their children” (Yıldız, 2020, p.91).

Insecure attachment is observed in the vast majority of children who are victims of abuse and neglect (Almbaidheen, 2020; Assink et al., 2018; Bacon & Richardson, 2001; Bakermans-Kranenburg & Van IJzendoorn, 2020; Browne, 1998; Capaldo & Perrella, 2018; Cyr et al., 2012; Ensink et al., 2020; Erozkay, 2016; Espeleta et al., 2016; Karakuş, 2017; Khan, 2017; Lo et al., 2017; Morton & Bahmani et al., 2022; Osmond & Darlington, 2001; Riggs, 2010; Roazzi et al., 2016; Shahab et al., 2021; Unger & De Luca, 2014). Romero-Martínez et al. (2014) found that parents who abuse their children exhibit insecure and disorganized attachments with their primary caregivers during childhood. Frías et al. (2014) also found that sexual abuse has a positive and significant relationship with anxious-ambivalent and avoidant attachment styles.

Aspelmeier et al. (2007) conducted research with people who were exposed to childhood sexual abuse and found that abused participants were more insecure than those who did not and argued that insecure attachment was a precursor to abuse. In addition, when they looked at the trauma symptoms after the abuse, they found that the participants who were securely attached to their parents showed fewer trauma symptoms. This means that secure attachment reduces the risk of abuse and supports the subsequent healing process, even if the abuse has been exposed (Aspelmeier et al., 2007). Additionally, insecure attachment is also associated with neglect (Brenner, 2018; Oliveros Donohue, 2020; Rokach & MacFarlane, 2021).

Bolen (2005) believed that attachment relationships need to be carefully examined. He (1995) argued that there is an insecure attachment model between the

mother and the child when the mother is an abuser. Thus, While the attachment with the mother is found to be related, not the attachment with the father when the father is an abuser. At the same time, another aspect of attachment which is somewhat contrary to this is that when the attachment style is established with one of the parents, it can also be generalized for the other. In other words, there is a link between the attachment style of mothers and fathers. In fact, there is an ongoing debate over whether the attachment style with mothers and fathers become more congruent in adult children. Although more research is needed, there seems to be some evidence for this that adult children may perceive the attachment relationship they had with their parents to be similar (Furman & Simon, 2004). It is perhaps the reason that some did not find a relationship between parent attachment and child abuse. For example, Demirci et al. (2017) did not find a statistically significant difference in mother attachment style between sexual abuse victims and the control group in their study. However, when the father's attachment styles were examined, it was seen that the abused children were more insecurely attached to their fathers (Demirci et al., 2017). In conclusion, although there are opposing views, it is thought that attachment styles provide transmission between generations and insecure attachment is an important predictor for child abuse as well as many other characteristics in adulthood.

## 2.2.2 Risks within the current family system

### 2.2.2.1 Family-dependent risk factors

Family-dependent risk factors include four sub-domains, including demographics, home and family environment, parenting, parent's mental health, personality, background, and experiences.

### 2.2.2.1.1 Demographic characteristics of parents

The demographic characteristics of the family include the gender of the parent (deMause, 2020), income level (Chan, 2014), education level (Romero-Martínez et al., 2013), and age (Pelendecioğlu, 2009).

The issue of parents' gender is controversial in the abuse literature. Although the idea that fathers abuse their children more in some cases comes to the fore, it can be said that mothers are perpetrators at a higher rate in most cases. Mothers have often played the leading role in abusive families throughout history, as they are expected to raise their children alone, along with other tiring assignments (deMause, 2020). In many studies on the potential for child abuse, it is seen that the abuse potential of mothers is higher than that of fathers (Craig & Sprang, 2007; Ferrari, 2002; Romero-Martínez et al., 2014). For example, May-Chahal and Cawson (2005) presented the findings about abusers in their research on child abuse statistics in England. According to statistics, 49% of physical violence cases were committed by mothers, while the rate for fathers was 40%.

In Turkey, Kanak and Pekdoğan (2020) examined the emotional abuse potential of parents and found that mothers inflicted emotional abuse on their children more than fathers. Çalışkan et al. (2019) stated that children were exposed to emotional abuse in the form of shouting (76.5%), frightening them with abandonment (30.8%), threats (13.3%) by their mothers in their study with the participation of 400 mothers.

When studies on the age of the parents are examined, being younger is generally categorized as a risk factor. For example, Berkout and Kolko (2016) conducted a study with 195 parents with a high potential for aggression and abuse toward children. They said being a young parent is associated with drug and alcohol

addiction, psychological aggression, inconsistent discipline, and corporal punishment. All of these related factors are directly and indirectly linked to the potential for child abuse (Berkout & Kolko, 2016). Craig and Sprang (2007) studied 1,680 parents aged 14 to 72 years and found that the group categorized as young had a 53% greater potential to abuse their children than their older counterparts. Hiraoka et al. (2014) also analyzed the relationship between abuse potentials and demographic information, and their analysis showed that parents with a high potential for abuse were significantly younger than those with a low potential.

In the context of Turkey, Pekdogan (2016) worked with 235 mothers in her research to determine the variables affecting the abuse levels of mothers. The results showed a negative relationship between the age of mothers and their potential for abuse; that is, as mothers get older the level of abuse, they inflict on their children decreases. Again, Kanak and Pekdoğan (2020) showed in their study that as the age of mothers and fathers increases, there is a significant difference in their emotional abuse prevention behaviors.

There are inconsistent results in the literature regarding how the parents' educational level presents itself as a risk factor. For example, while Lang et al. (2021) found a negative relationship between parents' education level and abuse potential, Hiraoka et al. (2014) did not find a significant difference between these two. Also, Sawyer et al. (2002) created a regression model to explain the abuse potential with family-dependent predictors. Based on the results, one of the most important contributions in explaining the potential was the educational status of the parents.

As in other countries, there are contradictions in the studies conducted in Turkey regarding how parental education is linked to child abuse potential. While

Uysal Bayrak (2020) found that both mothers and fathers who have primary education had a higher risk of being the perpetrator of abuse than university graduates, Kanak and Pekdoğan (2020) found that the group with the highest potential for emotional abuse was the parents with a bachelor's degree, followed by high school, graduate and primary school graduate parents, respectively. As an explanation for this, Kanak and Pekdoğan (2020) stated that not the level of education but the methods of raising children can affect the potential.

Even though educational level as a socio-economic status (SES) indicator had mixed results, income seems to be one of the most prominent risk factors for child abuse. Since 1989, there have been almost 3000 articles investigating the relationship between SES and abuse, and most found significant relationships between low SES and abuse (Roskam et al., 2022). Ijzendoorn et al. (2019) conducted a meta-analysis combining nineteen other meta-analyses to identify risk factors for maltreatment. As a result of thousands of studies involving almost one and a half million participants, one of the five main factors that are predicted to increase the risk of child abuse has been found to be low SES (Ijzendoorn et al., 2019).

Imran et al. (2019) examined 8985 cases diagnosed with child maltreatment in the United States and looked at its relationship with SES. They found that when the income level of the family increased, both abuse and child mortality rates decreased. Studies conducted in different cultural contexts revealed similar results, suggesting an increased incidence and potential for abuse at the low SES, such as the findings of Rafaiee et al. (2021) in Iran, Lefebvre et al. (2017) in Canada and Chan (2014) in China.

In Turkey, too, Zeren et al. (2012) found that emotional abuse and trauma scores of those with low SES were significantly higher than those with high SES.

Bilge and her colleagues (2013) also suggested that those whose income was below the hunger threshold were neglected more. 1.2% of the participants were sexually abused, and all of their income levels were below the hunger level too. Likewise, Cetin & Ozozen Danaci (2016) found that low SES parents' abuse potential scores were significantly higher than medium and high ones.

Although many studies suggested that lower income was a risk factor for abuse, Roskam et al. (2022) suggested that poverty had little direct effect on neglect and violence. They argued that poverty had an indirect effect of parental burnout on violence and neglect. They stated, “Parental burnout could be the missing link between poverty and child maltreatment” (Roskam et al., 2022, p.1). A similar study was conducted by Martins and his colleagues. (2023). Their analyses suggested that parental stress was a predictive factor for abuse risk in the entire SES group. However, there was a stronger predictive effect in the parents of low SES than those of medium and high (Martins et al., 2023). Considering all these, it can be said that low SES is an important risk factor for abuse, both directly and indirectly, even when examined in different countries and with different variables.

Another variable that may be linked to SES and considered a risk factor is the household status of the family. Although there has been no research examining the relationship between owning a house where the family lives and child abuse, it can be thought that owning a house provides stability for children and families, which can reduce children's risk of exposure to ACEs, including abuse. Considering the contribution of owning a house to the family economy and its transfer to future generations, accommodation stability can be a protective factor against abuse (Rostad et al., 2019).

#### 2.2.2.1.2 Home and family environment

Another sub-category of family-dependent risk factors is home and family environment. Homelessness or living in one-room houses is considered a risk factor (Palmer et al., 2023). Another factor is the large family size and the number of children in the family (Vandeven & Newberger, 1994). For example, there is evidence that the risk occurs when the number of children is more than three (Cozza et al., 2018) or when there are more than six people in the family (Cetin & Ozozen-Danaci, 2016). However, although the number is not precise, research generally suggests that as the number of children and members of the family increases, the number of abused (Aboloma et al., 2015; González et al., 2014) and neglected children (Brown et al., 1998; Emery et al., 2017) also increases.

The marital status of the parent is another risk factor. (Agrawal & Kelley, 2020). Although Akpotor and Akpomovie (2020) found no significant difference between married and single parents in terms of the potential of abuse and neglect, and González et al. (2014) found that married parents were more likely to use physical abuse than singles, in general, many studies show that being single, that is, being divorced or never married, can be a predictor of child abuse. Research has suggested that single parents are more likely to engage in abusive behaviors (Chan, 2014; Guterman et al., 2009) and have a higher potential for abuse (Franzese, 2022; Romero-Martinez et al., 2014) than married ones. Reasons why single parents are more at risk may be that they have more depression symptoms (Lamela & Figueiredo, 2016), are more likely to experience financial difficulties (Chan, 2014; Ono & Honda, 2017), spend less time with their children due to their working life and daily responsibilities (Karataş & Dağdelen, 2014) and have less social support (Ono & Honda, 2017).

In connection with marital status, the presence of a stepparent in the family is also seen as a risk factor (Dolisgan & Razisni, 2020). Different theories explain the underlying reasons. For example, according to the evolution theory, biological parents invest in their children so that their genes can continue in a healthy way. Parents without gene transfer can be expected to pose a risk for abuse (Debowska et al., 2021). Attachment theory argues that stepparents generally are not securely attached compared to biological parents (Alexandre et al., 2010). According to the family economics perspective, parents invest in their children because they expect them to care for them when they get old. However, there is no such expectation in stepparents (Berger et al., 2009). Finally, stepparents can compete with children for their partners. However, while there is disagreement about the underlying causes, most studies have found that stepparents are more at risk for abusing their children than biological ones. (Alexandre et al., 2010; Nobes et al., 2019; Turner, 2004). On the contrary, Block and Kaplan (2022) examined more than 500,000 child abuse cases in the FBI's database between 1991 and 2019 and tried to obtain information about the perpetrators. In the study, biological parents, single parents, and stepparents were compared. Based on the results, unlike the others, single parents, not stepparents, were more likely to be abusers than biological parents in child abuse.

Other risk factors that can be mentioned in the category of home and family environment are structural features of childcare (Karataş & Dağdelen, 2014), broken families (Derin et al., 2021), leading a socially isolated life (Romero-Martínez et al., 2014), or, on the contrary, the constant presence of guests in the house (Gulek, 2012), low self-esteem of family members (Crouch et al., 2010), family crises such as major illnesses or economic difficulties (Bursa Osmangazi Rehberlik ve Araştırma

Merkezi, 2016), and negative attitudes towards the child (Guterman et al., 2009; Karataş & Dağdelen, 2014; Miragoli et al., 2018).

#### 2.2.2.1.3 Parenting

When family-dependent risk factors are examined in terms of parenting, parenting style (Kızıltepe & Aksel, 2017), lack of supervision in the family environment (Karataş & Dağdelen, 2014), or on the contrary, excessive family control (Dolisgan & Razisni, 2020), insufficient information on child development and raising (Palendecioğlu & Bulut, 2009), in connection with this lack of realistic expectations from the child (Koçak & Büyükgönenç, 2011), emotionally unavailable and distant parenting (Derin et al., 2021) and disruption in the emotional relationship between parent and child (De Paul & Domenech, 2000) factors come to the fore.

#### 2.2.2.1.4 Parents' mental health, personality, background, and experiences

In the category of parent's mental health, personality, background and experiences, parent's general health status, mental health issues, and intellectual inadequacy (Applegate & Kirks, 1977), parent's problems such as low levels of tolerance, poorer anger, and stress management, emotional background of parents (Dolisgan & Razisni, 2020) such as parents with depression and anxiety, and history of childhood abuse can be counted among the most important risk factors.

Parental health can be examined in two categories mental and physical. Since there is no research in the literature on physical health and abuse specifically, this section focused on parents' mental health. According to a study conducted in Australia, children of parents with mental problems are exposed to 63.6% neglect,

56.8% emotional abuse, 10.8% physical and 4.3% sexual abuse (Government of Western Australia Department of Health, 2017).

Stanley and Cox (2009) said that the real problem is that mental illness does not come as a single factor but in combination with other complex problems. In addition to mental problems, factors such as substance abuse, domestic violence, social isolation, and childhood abuse history increase the risk of abuse in children (Government of Western Australia Department of Health, 2017; Holmes (2013). Considering this, it can be said that the mental health problem of the child's parent puts him in a riskier position for abuse (Chauhan et al., 2021; Foster et al., 2005; Greater Manchester Safeguarding, 2020; Henshaw et al., 2011; Herbert et al., 2000; Kousoulis, 2020; Nevriana et al., 2020; Paranjothy et al., 2018; Reupert & Maybery, 2016; Roscoe et al., 2021; Tomison, 1996; Walsh et al., 2002).

Although mental health problems in the family are potential risks, it is important to note that when treatment is sought and received, it is likely that these families will function like other families and that mental health problems will not introduce additional risks for the family. In a study exploring this claim, Friedman and McEwan (2018) worked with parents who had mental problems but were treated after diagnosis or were hospitalized and discharged from a psychiatric center. According to their results, the risk of violence against the children of the parents whose treatment was completed recently or who were recently discharged from the hospitals is lower than the parents who do not have mental problems in the control group. This shows that once treated, mental health issues are no longer a risk factor (Friedman & McEwan, 2018).

When the focus is on children or risks that are within the family influencing children's well being, the adults in the home environment are considered as parents

and their parenting behaviors are targeted. However, parents are couples in a romantic relationship and their relationship quality and conflict they have would directly influence their mental health, parenting and child outcomes (Metindogan, 2022). There is evidence that spousal and marital problems (Palendecioğlu & Bulut, 2009) and intimate partner violence (IPV) are risk factors for abuse (Agrawal & Kelley, 2020). As in Belsky's (1980) process model, the child and the family are in a dynamic bidirectional relationship. The risks that cause abuse do not arise only from the child-parent relationship. Partner relations between parents also affect the whole system.

The partner relationship between spouses is one of the strongest predictors that affect parenting behaviors (Maduro, 2016). It is argued that couples who do not get along and constantly fight with each other are less emotionally available as parents to their children. (Belsky et al., 1991; Katz & Gottman, 1996). Continual fights in the house cause parents to be more stressed, negatively affecting children. One of these negative effects is abuse, and research shows that many children who are victims of abuse come from families whose partner relationships are not compatible (Baba & Kataoka, 2014; Bell, 2021; Clément & Bouchard, 2005; Fagan, 1997; Margolin & Gordis, 2003; Okonya, 2018; Pham, 2000; Riley et al., 2020; Salzinger et al., 2002; Younas & Gutman, 2022).

When couples are in harmony with each other, they are “more sensitive, supportive, and responsive” (Belsky et al., 1991, p.7) towards their children. According to Belsky et al. (1989), even if a parent with a history of childhood abuse does not have a very close relationship with their child, a supportive partner can prevent that parent from abusing their child. In cases where the partner relationship is of good quality, the individual feels valued again despite his past traumas. The

psychological and emotional support one of the partners provides also becomes a "protective mechanism" for both the other partner and the child (Belsky et al., 1989, p.301). In other words, the relationship of the partners can be a risk or a protective factor in the abuse of children according to the quality level. For this reason, some intervention programs to prevent abuse focus on the partner relationship, and training such as conflict resolution is provided to both parents (Doctor & Singer, 1978).

Another important risk factor is the parents' occupation and unemployment (Karataş, 2015). Studies show that unemployed parents are more likely to abuse their children than working parents (Aslan et al., 2020; Baba & Kataoka, 2014; Pekdoğan, 2016). In addition, according to Uysal Bayrak (2020), mothers who are housewives have a higher abuse potential than teachers, and fathers working as workers or merchants have a higher abuse potential than engineers. As Belsky (1980) argued, while a parent's unemployment is a serious stressor, their position at work is also crucial as it shapes their expectations of household members.

In addition to these, the most prominent and consistent risk factor is having a history of abuse in childhood because many studies showed that the presence of abuse in childhood is passed on to the next generations (Chauhan et al., 2021; Çolak, 2020; Kaytez et al., 2018; Kurtay & Kurtay, 2020; Yıldırım, 2020). For example, Bartlett et al. (2017) conducted a study with 417 mothers and children. The results showed that mothers who were abused during their childhood were 72% more likely to abuse their children than mothers who did not. Similarly, Assink et al. (2018) found that parents who were maltreated in their childhood were three times more likely to maltreat their children than parents who did not have a history of maltreatment. In their meta-analysis of 97 studies, Greene and colleagues (2020)

found that parents who reported abuse during childhood had a higher risk of reporting that they also had abusive or neglectful parenting behaviors.

Widom et al. (2015) conducted a 30-year follow-up study covering three generations. The participants of this study are 908 abused people, their parents and children, and 667 people who have not been abused, their parents and children. Based on the results of the research, the children of the victims of neglect, physical and sexual abuse, that is, the children of the second generation in this study, stated that they were exposed to neglect and sexual abuse at a higher rate than those in the control group. However, the rates of physical abuse and the risk of exposure did not differ between the experimental and control groups (Widom et al., 2015). A similar result was also found in the study of Assink et al. (2018). Although transferring neglect and physical, sexual, and emotional abuse between generations was statistically supported, this effect was shallow in children exposed to physical abuse compared to others. On the other hand, De Paul and Domenech (2000) found that physical abuse is also transmitted between generations, and it was found that physical abuse experienced in childhood, especially in those who became mothers in adolescence, increased the risk of physical abuse to their children.

Finally, other family-dependent risk factors are functional instability and impulsivity (Dolisgan & Razisni, 2020), parental substance abuse and alcoholism (Koçak & Büyükgönce, 2011), lack of empathy (Karataş & Dağdelen, 2014), the inadequacy of social communication skills (Özel Eğitim ve Rehberlik Hizmetleri Genel Müdürlüğü, n.d), putting their satisfaction above the child's (Palendecioğlu & Bulut, 2009), being prone to violence, aggression, racism (Karataş & Dağdelen, 2014), general dissatisfied attitude of the parent in the family (Derin et al., 2021), and watching scary and action movies (Dolisgan & Razisni, 2020).

#### 2.2.2.2 Child-dependent risk factors

Considering the risk factors related to the child, the age and gender of the child are accepted as risk factors (Austin et al.,2020). Although according to the National Children's Alliance 2021 data, children between the ages of 7 and 12 are the group with the highest percentage of abuse (National Children's Alliance, 2022), research mostly stated that the young age of the child puts him in a riskier position for abuse (Connell et al., 2007; González et al., 2014; Yolcu & Tarhan, 2021). According to the 2020 data from the National Child Abuse and Neglect Data System (NCANDS), 28.6% of abuse victims are children aged 0-2 (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2022). Likewise, World Health Organization (WHO) has identified children under four and adolescents as risky groups (WHO, 2022).

When examining the gender of children, according to NCANDS 2020 data, while 48.1% of abuse victims are boys, 51.6% are girls. In other words, 8.9 out of every 1,000 girls and 7.9 out of every 1,000 boys are exposed to abuse. According to the National Children's Alliance 2021 data, while the number of girls exposed to abuse was 248,859, the number of boys was 127,582 (National Children's Alliance, 2022). However, WHO (2022) stated that the gender of children is a societal, not a demographic, risk factor. The roles that societies assign to genders affect the occurrence of abuse. Related to this, unlike national statistics, Chan (2014) found that boys experience both singular and multiple victimizations more often than girls in China. In the context of Turkey, on the other hand, research showed that parents' potential for abuse does not differ in terms of the gender of their children (Cetin & Ozozen Danaci, 2016; Uysal Bayrak, 2020; Yalçın et al., 2014).

The relationship between gender and neglect has been slightly less studied and has more conflicting results than abuse. For example, while some studies say that gender is not a risk factor for neglect (Parkinson et al., 2017; Stith et al., 2009), others argue that being a girl is a protective factor against all maltreatment, including neglect (Mason et al., 2018).

Another child-dependent risk factor is being premature (Applegate & Kirks, 1977; Jordan et al., 2015). There are some opinions as to the reason for this. For example, it is predicted that premature babies are more likely to have health problems, more prone to increase their parents' stress, less sensitive, and more difficult to cope with (BMJ Specialty Journals, 2006; Mason et al., 2018; Sutton, 2006). It is difficult to determine whether this is one of the reasons why children born prematurely are in the risk group, but there are many studies showed that they are more vulnerable to abuse (Mason et al., 2018; Puls et al., 2019; Spencer et al., 2006).

In addition to being born prematurely, research showed that unwanted or unplanned children are at higher risk of being emotionally and physically abused (Isumi & Fujiwara, 2017; Palendecioğlu & Bulut, 2009) and neglected (Guterman, 2015). The Child Help (2021) and WHO (2022) include unwanted children in risk groups. The reasons why unwanted babies are seen as at risk include insufficient knowledge about child development, increased stress, unprepared parenthood, and forced marriages by parents in some societies because of the baby. In these cases, the parent may be uncomfortable with the child and show abusive behaviors (Isumi & Fujiwara, 2017).

Debates on whether abortion is child abuse have been going on for years. Although this is not the subject of this study, it will not be detailed, according to

studies, it is thought that the incidence of child abuse has decreased with the decrease of unwanted children in countries where abortion is legal (Bitler & Zavodny, 2002; Fontana, n.d.; Prescott, 1976). However, this is not proof that abuse will decrease with abortion (Ney, 1979).

Another risk factor mentioned in a few sources is the unwanted sex of the child (Kara et al., 2004; Palendecioğlu & Bulut, 2009). Unfortunately, no current research has been found on this subject. For this reason, it is also essential to include it among the variables in this study.

In addition to these, the child's general health (Chauhan et al., 2021), a difficult-tempered child, such as moodiness, excessive crying, and sleep disturbance in the child (Özel Eğitim ve Rehberlik Hizmetleri Genel Müdürlüğü, n.d.), children who require constant care due to mental retardation, chronic illness, children with behavioral disorders (Karataş & Dağdelen, 2014), and children with disabilities (Palendecioğlu & Bulut, 2009) are at the risk group for abuse (Austin et al., 2020; CASA, 2016; Parkinson et al., 2017; WHO, 2022).

Chronic diseases and disabilities of children can cause extra stress on the parent and negatively affect the parent's perspective on the child (Parkinson et al., 2017). This poses a great risk of abuse and neglect (Akehurst, 2015; Liao et al., 2011). Studies indicate that this risk varies according to disability and disease groups. For example, some studies showed that mental illnesses are riskier than physical illnesses (Jones et al., 2012; Van Horne et al., 2018), and some of them suggested the opposite (Jaudes & Mackey-Bilaver, 2008; Van Horne et al., 2015), some argued that children with conduct disorder, attention deficit hyperactivity disorder (Schumacher et al., 2001), and learning difficulties (Govindshenoy & Spencer, 2007) are at the greatest risk. However, many studies have found that

children with disabilities or chronic illnesses are more at risk than their typically developing peers.

### 2.2.2.3 Risk factors that reside within the culture and the community

In addition to family-dependent and child-dependent factors, there are also risk factors that reside within the culture and community. Religious beliefs and commitment to these beliefs are thought to be one of the cultural risk factors for child abuse (Bunge, 2014) because many beliefs throughout history have led to the abuse of children. Exorcism or invocation rituals, including many types of abuse, were applied to children in Christianity, Islam, and Hinduism (Easton, n.d.; Rajendran, 2018; Safeguarding Network, 2022). Although these rigid religious attitudes were more prevalent in the past, some of them persist today. For example, it is thought that children were sexually abused by priests in Brazil, by Orthodox Jewish leaders in the USA, and by Buddhist monks in regions such as Tibet and the Kingdom of Bhutan. However, Brown et al. (1998) found that children whose parents were not inclined to participate in religious activities were more likely to be maltreated than other children. Therefore, it is not the elements of religion or belief that are characterized as risk factors but the way people who believe in them use and integrate them into their lives (Bunge, 2014).

The quality of the neighborhood where the family lives, including the crime rates, the income level, the quality of the school, security or transportation in the neighborhood, and living in rural or urban can be risk factors for abuse (Karataş & Dağdelen, 2014). Based on the statistics, while supervisory neglect and domestic violence are more common in urban than rural areas (Walch & Mattingly, 2012), child maltreatment, sexual, physical, and emotional abuse, emotional and physical

neglect, and sex trafficking are higher in rural than in urban areas (Cole & Sprang, 2015; Sedlak et al., 2010; U.S. Department of Education, 2021; Walch & Mattingly, 2012).

Parallel with the results of other studies in the literature, Çetin & Ozozen Danacı (2016) found a significant difference between parents' place of residence and the potential for abuse in Turkey. According to their research, parents who spend most of their lives in small towns and villages have a higher potential for abuse than those living in metropolitan and urban areas. However, in her study, Uysal Bayrak (2020) did not find a significant difference between the place where parents live in Turkey and their potential for abuse.

Other risk factors that reside within the culture and community include lack of monitoring in the educational system (Dolisgan & Razisni, 2020), traditions, taboos, patriarchal system (Mor Çatı Kadın Sığınma Vakfı, 2022), the inadequacy of institutions and structures to advocate for the child, acceptance, and tolerance of violence, existence of organized violence (war, terrorism, high crime rates) (Özel Eğitim ve Rehberlik Hizmetleri Genel Müdürlüğü, n.d.), cultural perspective and social value towards the child, seeing people involved with violence and aggression as role models (Çetintaş et al., 2021), insufficient laws protecting the child (Koçak & Büyükgönenç, 2011), being in a minority group and difficulties in cultural adaptation due to migration (Karataş & Dağdelen, 2014).

In short, although there is limited literature on child abuse, the common factors seen in the existing studies are characterized as risk factors. Conflicting results regarding these risk factors, which are divided into 3 groups as family-dependent (Aboloma et al., 2015; Agrawal & Kelley, 2020; Akpotor & Akpomuvie, 2020; Berkout & Kolko, 2016; Block & Kaplan, 2022; Chan, 2014; Cozza et al.,

2018; Craig & Sprang, 2007; deMause, 2020; Emery et al., 2017; Ferrari, 2002; Franzese, 2022; Hiraoka et al., 2014; Ijzendoorn et al., 2019; Imran et al., 2019; Lamela & Figueiredo, 2016; Lang et al., 2021; Lefebvre et al., 2017; Martins et al., 2023; May-Chahal & Cawson, 2005; Miragoli et al., 2018; Okonya, 2018; Ono & Honda, 2017; Palmer et al., 2023; Rafeaie et al., 2021; Romero-Martínez et al., 2013; Roskam et al., 2022; Rostad et al., 2019), child-dependent (Applegate & Kirks, 1977; Austin et al., 2020; Chauhan et al., 2021; González et al., 2014; Isumi & Fujiwara, 2017; Jeudy, 2021; Jordan et al., 2015; Maric, 2014; Mason et al., 2018; Puls et al., 2019; Spencer et al., 2006; Sutton, 2006; Van Horne et al., 2015; Yolcu & Tarhan, 2021), and community-dependent factors (Çetintaş et al., 2021; Dolisgan & Razisni, 2020; Karataş & Dağdelen, 2014; Koçak & Büyükgönenç, 2011), show that this issue needs further research. Another point to be considered when determining the at-risk groups is the intergenerational transmission of child abuse. Although many studies support the existence of this transmission (Assink et al., 2018; Bartlett et al., 2017; Chauhan et al., 2021; Çolak, 2020; Greene et al., 2020; Kaytez et al., 2018; Kurtay & Kurtay, 2020; Mulder et al., 2018; Widom et al., 2015; Yıldırım, 2020), the debate on the subject is continuing. Different theories, such as social learning theory (Bandura, 1977), attachment theory (Ainsworth, 1989; Bowlby, 1982), and psychodynamic theory (Belsky, 1978), are used to explain this, but it is still not possible to provide a precise explanation.

Identifying these risk factors, diagnosing them adequately, and understanding the underlying causes of transmission are of vital importance in the fight against child abuse. While primary prevention focuses on the whole society (Gelles & Perlman, 2012; McKibbin & Humphreys, 2020; Leeb et al., 2008; Turhan et al., 2006), secondary prevention targets at-risk groups (Knack et al., 2019; Prikhidko &

Kenny, 2021; Rochford et al., 2023). Therefore, identifying at-risk groups is one of the most essential steps for intervention and prevention because the most effective way to combat abuse is to prevent it.

### 2.3 Significance of the study

Although child abuse has existed since the beginning of humanity, it is one of the most important social problems not well known in societies, often hidden and especially not mentioned by the victims (Acehan et al., 2013). In addition to the effects on children and families mentioned in the literature review section, the impact of child abuse on states and societies is also enormous. When annual inflation is considered, it is estimated that each year in an upper-middle-income country, child abuse cases cause an average economic loss of 228 billion dollars (WHO & UNICEF, 2020). In Turkey, there is not enough data to make it possible to calculate the annual loss because of child abuse. However, it is estimated that the lifetime cost of each child victim of abuse in the US could range from \$175 billion to \$826 billion (Fang et al., 2012). This makes it imperative to prevent child abuse not only for the child or the family but for society as a whole.

The concept of child abuse was introduced in the 1700s, but the full understanding and discovery of this concept began in the second half of the 20th century (Kurtay & Kurtay, 2020). Although it is agreed that child abuse is a serious problem and should be prevented, the literature in this area is very limited. Especially in the Turkish literature, it is seen that there are significant deficiencies in this regard. For example, the number of master's theses and doctoral dissertations written on child abuse since the 1980s in Turkey is only 129. Only 24 of them were written in the faculty of education (YÖK, 2023). Moreover, almost all of them have

been written about the level of awareness (Celilođlu, 2018; Sađır, 2013; Sarıbaş, 2013; Sarıköse, 2019; Yaman, 2018; Yeđin, 2020), perception (Erdođan, 2019; Hançer, 2019; Kefeli, 2016) or knowledge of teachers (Pamuk, 2021) or parents (Yüzügüldü, 2021). Considering that the child abuse phenomenon should be handled with a multidisciplinary approach, it is understood that education faculties are much more deficient in this regard. Moreover, there is much more need for studies on this subject in the educational areas, where one-to-one communication with children and parents is maintained. Apart from this, the risk factors identified in many studies for child abuse have not been sufficiently addressed in Turkey. Considering that this issue also has a cultural context (Savcı, 2020), it can be predicted that some risk factors may differ from culture to culture and country to country.

The intergenerational transmission of child abuse is a subject that has been controversial for a long time (Chauhan et al., 2021; Çolak, 2020; Kaytez et al., 2018; Kurtay & Kurtay, 2020; Yıldırım, 2020) but has not been studied much. Although it is tried to be explained theoretically, the underlying causes are still not certain. This intergenerational transmission was tried to be explained by basic theories such as social learning theory (Bandura, 1977), psychodynamic theory (Belsky, 1978), ecological theory (Belsky, 1980), and attachment theory (Ainsworth, 1989; Bowlby, 1982). However, very little research in the literature supports or opposes these theories. In addition, although parenting styles (Yalçın et al., 2014) or childhood traumas (Can & Beyazıt, 2018) were discussed, the attachment was not included in the studies examining the abuse potential of parents in Turkey and based on the idea of intergenerational transmission.

As a result, this study is one of the most comprehensive studies in the Turkish literature regarding the demographic information it includes. It is also the first study

to examine the relationship of abuse potential with past and present family dynamics, the quality of spousal relationships, and attachment histories. Although the results of this study are expected to make a great contribution to the limited Turkish literature, it is anticipated that it will also support the planning of child abuse prevention strategies and the identification of children and families at risk.

#### 2.4 Purpose of the study

The current research examined the relationship between parents' child abuse potential and their childhood traumas, attachment histories, the quality of spousal relationships, and some demographics. The first aim of this study was to examine the child abuse potential of parents with children aged 0-8 in Turkey. Another aim was to determine the factors (childhood trauma and attachment style histories, the quality of spousal relationships, and demographic characteristics) that predict this potential.

#### 2.5 Research questions of the study

The research questions are as follows:

Q1: What are the characteristics of parents who have low, moderate, and high potential for child?

Q2: Do demographics (age, age at first parenthood, gender, education level, religious commitment level, family size, general health status), childhood trauma history, attachment style history, and quality of the spousal relationship of parents predict their potential for abuse?

## CHAPTER 3

### METHODOLOGY

#### 3.1 Sample

Research participants consist of mothers and fathers who have children between the ages of 0-8. Convenient sampling technique was used in the selection of participants (Galloway, 2005). G\*Power analysis was performed to find the ideal sample size for the study (Faul et al., 2009). With a confidence level of 95% and a margin of error of 5%, the ideal number of participants was calculated as 385 as a result of the calculations made with the population of parents with children between the ages of 0-8 in Turkey, which means 22,827,418 parents (TUIK, 2020).

There was a total of 769 participants. Of these, 705 (91.7%) were mothers, and 64 (8.3%) were fathers. Participants were aged between 19 and 48. The mean age was 31.19 years ( $SD = 5.611$ ). Seven hundred fifty-nine of the research participants were married, and their marriage duration was between 1 year and 23 years ( $M = 5.87$ ,  $SD = 3.90$ ), and the remaining 10 participants were single. Of the participating parents, 751 (97.7%) stated that they live with their child's birth mother/father, 5 (0.7%) live with the child's stepparent, and 13 (1.8%) live alone.

Participants' mean age at first parenthood was 28.38 years ( $SD = 3.747$ ). In terms of education levels, the average education period was 15,56 years, with the lowest five years and the highest 26 years ( $SD = 2.511$ ). While 18.6% of the participants were housewives, 25% were in the education sector, 13.8% were in the health and social care sector, 9.4% were in the service sector, and the rest were in other fields such as the private sector, civil servants, business and management

sector, and self-employment. Table 1 shows the percentage distribution of parents' sectoral distribution according to their jobs.

The total number of children from the 769 parents who participated in the study was 984 (504 girls, 480 boys). The mean age of children was 5.66 years (SD=5.201). 13 of the children were reported to have disabilities by their parents. When the disability status was analyzed, it was seen that 3 had mental disabilities and 9 had physical disabilities, while one was not specified. While 916 of these children were born in accordance with their parents' wishes, 68 were not wanted by their parents. In addition, 806 children were born with the same sex as the parents' preferred sex, while 178 were born with the opposite sex.

As a result, this study had 769 parents and 984 child participants. Since this study focused on parents, the number of children and some information about the child were collected to support the variables related to parents.

Table 1. Percentage Distribution of Parents by Sector of Occupation

	n	Valid Percent	Cumulative Percent
Art and Culture	5	.7	.7
Business and Management	41	5.3	6
Construction	20	2.6	8.6
Education	192	25	33.6
Finance	16	2.1	35.6
Health and Social Care	106	13.8	49.4
Housewife	143	18.6	68
Information	20	2.6	70.6
Justice and Security	34	4.4	75
Media and Communication	6	.8	75.8
Private	24	3.1	78.9
Public	38	4.9	83.9
Retired	2	.3	84.1
Self-employment	13	1.7	85.8
Service	72	9.4	95.2
Sport and Recreation	1	.1	95.3
Student	5	.7	96
Tourism	4	.5	96.5
Trade	25	3.3	99.7
Transportation	1	.1	99.9
Unemployed	1	.1	100
	769	100	100

### 3.2 Data collection tools

The study included 4 Likert scale measures and a demographic form developed for the present research. All the measures were previously used in a wide range of studies and adapted into Turkish with good reliability and validity scores. These scales were: Brief Child Abuse Potential Inventory (Ondersma et al., 2005), Three Dimensional Attachment Style Scale (Erzen, 2016), Dyadic Adjustment Scale (Spanier, 1976), Childhood Trauma Questionnaire (Bernstein et al., 1994), and a demographic form prepared by the researcher.

*Brief-Child Abuse Potential Inventory (B-CAP):* Child Abuse Potential Inventory (CAP) was developed by Joel Milner (1986) to measure the abuse and neglect potential of parents. It consists of 160 questions in the agree/disagree format. CAP has 12 subscales which are the abuse scale, lie scale, random response scale, inconsistency scale, distress scale, rigidity scale, unhappiness scale, problems with child and self scale, problems with family scale, problems from other scale, ego-strength scale, and loneliness scale. The Cronbach's alpha coefficient was .95 for the abuse scale. The Cronbach's alpha coefficient of the other subscales was between .54 and .95 (Milner & Wimberley, 1980).

The brief version of this inventory was created by Ondersma and colleagues (2005) from some of the questions in the CAP. Brief Child Abuse Potential Inventory (B-CAP) consists of 34 questions with agree/disagree format. However, the brief version has nine subscales, not 12. These scales are happiness, random responding, feelings of persecution, lie, loneliness, family conflict, rigidity, distress, and poverty. Ondersma et al. (2005) found in their study that “Correlations in both the development and cross-validation samples were  $r = .96$ , for a shared variance of 92.5%” (Ondersma et al., 2005, p. 309). This shows that B-CAP can achieve a

similar result to the CAP. Apart from that, different questions have different weights when calculated in CAP. For example, while the score of the answer “I agree” given to the fifth question was 14 points, the score of the answer "I do not agree" given to the third question is calculated as 1 point (Can & Beyazıt, 2018). However, there is no such weight in B-CAP. Therefore, as a result of the research, the cutoff score of 215 in CAP was determined as 12 in B-CAP. Accordingly, parents with a score between 0-9 are defined as low risk, those with a score between 9-11 as moderate risk, and those with a score of 12 and above as high-risk groups in terms of abuse potential.

The CAP was translated into Turkish by Kutsal (2004), and the Cronbach Alpha coefficient of the abuse subscale was calculated as .94. According to the calculations made for this research, the Cronbach Alpha coefficient was .85. (See Appendix A for English, Appendix B for Turkish)

*Three Dimensional Attachment Style Scale:* The scale was developed by Erzen (2016). It consists of 18 questions and three subscales. The subscales conform to Ainsworth et al.’s (1978) attachment theory and consist of secure, avoidant, and anxious-ambivalent attachment styles. A 5-point Likert type from strongly disagree to strongly agree is used in the scale. The scale has no reverse item, and it can be applied to all age groups. The Cronbach Alpha coefficient was calculated as .80 for the avoidant attachment, .69 for the secure attachment, and .71 for the anxious-ambivalent attachment (Erzen, 2016). This is sufficient consistency for the scale (Nunnally & Bernstein, 1994). Within the scope of this study, the Cronbach Alpha coefficient was calculated as .72.

Example judgments on sub-scales are as follows. “When I see someone with a problem, I can put myself in their shoes” for measuring secure attachment; “If there

is a problem, it is usually caused by the problem of those around me” for measuring avoidant attachment; “The further I stay away from people, the less I get upset” for measuring anxious-ambivalent attachment. (See Appendix C for English, Appendix D for Turkish)

*Childhood Trauma Questionnaire (CTQ)*: It was developed by Bernstein et al. (1994) to measure experiences of abuse and neglect before the age of 20. It consists of 28 questions and five subscales, including childhood sexual, physical, and emotional abuse and emotional and physical neglect. It is a 5-point Likert scale from never to very often. The CTQ was translated into Turkish by Şar et al. (2012), and the Cronbach alpha coefficient was calculated as .93. In this study, the Cronbach Alpha coefficient for the CTQ was calculated as .81.

When calculating the scores obtained from the CTQ, seven items (2, 5, 7, 13, 19, 26, 28) are reversed. The sum of the scores obtained from the five sub-dimensions gives the total score of CTQ. While the total score of the subscales is in the range of 5-25, the total score of the CTQ is in the range of 25-125. According to Şar et al. (2012), above 5 points for sexual and physical abuse, above 7 points for physical neglect and emotional abuse, and above 12 for emotional neglect are considered traumatic. The overall cutoff score of the scale may be around 35 (Şar et al., 2012).

Example judgments on sub-scales are as follows. “I thought my parents did not want me to be born” for measuring emotional abuse; “My family members were hitting me so hard that I had bruises or abrasions on my body” for measuring physical abuse; “I would have to walk around in torn, ripped, or dirty clothes” for measuring physical neglect; “There was someone in my family who helped me feel the sense that I was important and special” for measuring emotional neglect; and

“Someone sexually touched me or asked me to touch him.” for measuring sexual abuse. (See Appendix E for English, Appendix F for Turkish)

*The Dyadic Adjustment Scale:* It was developed by Spanier (1976) to measure how compatible the parents' relationship as a couple is. It consists of 32 questions and four subscales which are dyadic consensus, dyadic satisfaction, dyadic cohesion, and affective expression. While some of the 32 questions are 5-point, 6-point, and 7-point Likert types, some of them are dichotomous. A high score on the scale indicates high agreement in the relationship. Spanier (1976) calculated Cronbach's alpha value as .96. These values were .90 for the dyadic consensus subscale, .94 for the dyadic satisfaction subscale, .86 for the dyadic cohesion subscale, and .73 for the affective expression subscale. The Turkish translation was made by Fıfılođlu and Demir (2000). They calculated Cronbach's alpha value as .92. Within the scope of this study, the Cronbach Alpha coefficient for DAS was .90.

For example, the level of agreement on showing love is intended to measure affective expression. The frequency of exchanging encouraging ideas is for measuring dyadic cohesion. The level of agreement on entertainment matters is for dyadic consensus, and the frequency of regret for getting married or living together is for measuring dyadic satisfaction.

*Demographic Form:* The demographic form was prepared by the researcher. The participating parents were asked about their age, gender, marital status, education level, job, place of birth and residence, socio-economic level, religious and commitment level, home ownership status and the number of rooms, general health status, family size, and presence of step-parents.

Apart from information about themselves, questions about their children's age, gender, general health status, and disability situations, if any, were asked. It was

also asked whether their child is premature, whether the parents want the child to be born, and whether the child is of the desired gender. (See Appendix I for English, Appendix J for Turkish)

### 3.3 Procedure

This study was a predictive modeling that investigated types of relationships between the predicting variables (parents' attachment history, parents' childhood trauma history, the quality of their spousal relationships, and demographic variables) and the outcome variable (child abuse potential). Ethical approval of the study was granted by The Ethics Committee for Master and PhD Theses in Social Sciences and Humanities (SOBETİK) (Appendix K). After the approval of the ethics committee, G\*Power analysis was performed to find the ideal sample size (Faul et al., 2009) from the population of mothers and fathers with children between the ages of 0-8 years in Turkey, who constituted the research participants. As a result of the analysis, the ideal number of participants was calculated as a minimum of 385.

Convenient sampling was used in the study. Participation in the study was voluntary and therefore, the participant group was first briefly informed about the study, and a consent form was signed (See Appendix L for English, Appendix M for Turkish)

There were 769 participants in total in the study. Participants were reached both online and face-to-face. Participants reached through social media were asked to complete questionnaires prepared in Google Forms. Participants reached face-to-face were given the questionnaires in pen-and-pencil format and a sealed envelope to put in when returning the questionnaires.

There were five questionnaires for participants to complete. First, they were asked to fill in the demographic information form. In the demographic form, information such as parents' age, gender, marital status, education level, job, place of birth and residence, socio-economic status, religious and commitment level, home ownership and the number of rooms, general health status, family size, and presence of stepparents were asked. In addition, questions were asked about the age, gender, general health status, and disability status, if any, of their children. They were also asked whether their child was premature, whether the parents wanted the child to be born, and whether the child was of the desired gender.

Then they were asked to answer "The Dyadic Adjustment Scale" to measure the quality of their spousal relationship, "Three Dimensional Attachment Style Scale" to measure their attachment style with their parents, "Childhood Trauma Questionnaire" to understand whether they had a traumatic childhood, and finally "Brief-Child Abuse Potential Inventory" to measure their child abuse potential. All tools completed by the participants were self-report and took an average of 30-40 minutes to complete.

#### 3.4 Data analysis

The 25<sup>th</sup> version of the SPSS (IBM Corp. Released 2017) was used for data analysis. While the data collected online were transferred from Excel, the researcher entered the form papers with sealed envelopes into the program. There were no missing data or outliers in the research data. Skewness and Kurtosis were applied for normality tests. In order to ensure normality assumptions, the Skewness value should be between -3 and +3, and the Kurtosis value should be between -10 and +10 (Sovey et al., 2022). In all normality tests applied to the variables of this study, the Skewness

value and Kurtosis value were within the required range. Reliability analyses were performed on the scales used. For alpha values, 0.9 is rated as excellent, 0.8 as good, 0.7 as acceptable, 0.6 as doubtful, 0.5 as poor, and anything below is unacceptable (Schrepp, 2020). Accordingly, all scales used in this study have alpha values between excellent and acceptable levels.

Data were analyzed after score calculations, re-coding, and other necessary procedures. Descriptive analyses were performed for a better understanding of the participants. Chi-square and crosstab analyses were performed for the relationship between child abuse potential and some categorical demographics (occupation, marital status, presence of stepparent, and place of residence). Chi-square and crosstab analyses were also performed for the relationship between attachment styles and childhood trauma histories of parents and child abuse potential. Finally, hierarchical regression analysis was performed with Child Abuse Potential as the dependent variable. Fifteen variables were included in 3 stages to determine the variables predicting child abuse potential.

## CHAPTER 4

### RESULTS

#### 4.1 Preliminary analyses

Preliminary analyses showed that of the 769 parents who participated in the study, 61.9% (n=476) had a nontraumatic childhood history, and 38.1% (n=293) had a traumatic childhood history. When the attachment styles of the parents with their parents were examined, it was found that 75.9% (n=584) of the participants had secure, 14.4% (n=111) had avoidant, and 9.6% (n=74) had anxious-ambivalent attachment styles. The highest score that could be obtained on the scale used for parents' dyadic adjustment was 151. The mean dyadic adjustment score of the participants in this study was 108.98 (SD=15.35). Of the participants, 650 (84.5%) described their current marital life as compatible, 106 (13.8%) as difficult, and 3 (0.4%) as violent. In terms of child abuse potential, 24.1% (n=185) of the parents were in the high-risk group, 8.3% (n=64) were in the moderate-risk group, and 67.6% (n=520) were in the low-risk group.

Among the participants, 41.6% (n=320) were born in the city, 35.9% (n=276) in a metropolis (Istanbul, Ankara, Izmir, Bursa, Adana), 11.3% (n=87) in a town, 10.8% (n=83) in a village and 0.4% (n=3) abroad. In addition, 46.4% (n=357) stated metropolis, 42.5% (n=327) city, 7% (n=54) town, 3.9% (n=30) village, and 0.1% (n=1) abroad as the place where they have lived for the longest time in their lives. The average duration of working life for employed respondents was 7.83 years (SD=5.43).

In this study, respondents were not directly asked about their income levels but about their satisfaction. Accordingly, the participants were first given the

statement that “the needs of everyone in the family can be met economically” and asked about their degree of agreement with this statement. 36.3% (n=279) of the participants strongly agreed, 37.5% (n=288) agreed, 12% (n=92) were undecided, 10.9% (n=84) disagreed, and 3.4% (n=26) strongly disagreed. Another statement was, “I am satisfied with my income.” Accordingly, 16.1% (n=124) of the participants strongly agreed, 33.7% (n=259) agreed, 19% (n=146) were undecided, 20.4% (n=157) disagreed, and 10.8% (n=83) strongly disagreed.

Respondents were asked how religious they consider themselves according to the religious belief to which they belong. On a scale of 1 to 5, the average level of religious commitment was determined as 3.16 (SD=1.03). 46.9% (n=361) of the respondents stated that they live in rented houses, 22.1% (n=170) own their houses and have no loan payments left, 22% (n=169) own their houses but continue to make loan payments, 7.9% (n=61) live in the houses of their relatives and do not pay rent, and 1% (n=8) live in government-subsidized houses. It was calculated that they had an average of 3.77 (SD=0.80) rooms in their homes, excluding the toilet, bathroom, and kitchen but including the living room. Seven hundred twenty-eight participants stated they live at home only as mother, father, and child. One person lived as father and child, and six lived as mother and child. The other people living at home were mostly mothers (n=12), mothers-in-law (n=10), siblings (n=9), fathers (n=7), and fathers-in-law (n=6) of the participant parents. It was observed that the participants had at least one and at most four children. The average number of children in this study was between one and two (M=1.28, SD=0.55), and the median was one child.

In health questions, where they would receive a minimum of 4 and a maximum of 20, the average score was 14.45 (SD=2.90). 52.7% (n=405) of the

participants defined their general health status as well, 21.8% (n=168) as okay, 21.7% (n=167) as very well, 3.1% (n=24) as excellent and 0.7% (n=5) as bad.

4.2 Crosstabs and Chi-Square analysis exploring the characteristics of parents who have low, moderate and high child abuse potential

4.2.1 Parents' childhood trauma history and child abuse potential

A chi-square test of independence was performed to examine the relationship between parents' child abuse potential and childhood trauma history. The relationship between these variables was significant,  $X^2(2, N = 769) = 105.51, p < .001$ . Parents with a history of childhood trauma had a higher potential for child abuse (67.6%) compared to those without childhood trauma (32.4%).

4.2.2 Parents' attachment style history and child abuse potential

A chi-square test of independence was performed to examine the relationship between parents' child abuse potential and attachment history. The relationship between these variables was significant,  $X^2(4, N = 769) = 126.11, p < .001$ . Parents with an anxious-ambivalent attachment style were more likely to have high child abuse potential (66.2%) compared to those with an avoidant attachment style (42.3%) and secure attachment style (15.2%).

4.2.3 Parents' occupation and child abuse potential

A chi-square test of independence was performed to examine the relationship between parents' child abuse potential and occupations. The relationship between these variables was significant,  $X^2(40, N = 769) = 64.65, p = .008$ . Housewives were more likely to have high child abuse potential (28.1%) than those in other

occupations. Those in the education sector were more likely to have low child abuse potential (25.2%) than others.

#### 4.2.4 Parents' marital status, presence of step-parents and child abuse potential

A chi-square test of independence was performed to examine the relationship between parents' child abuse potential and marital status. The relationship between these variables was significant,  $X^2(2, N = 769) = 6.25, p=.044$ . Married parents were more likely to have low child abuse potential (67.9%) than single parents (50%).

A chi-square test of independence was performed for the relationship between parents' child abuse potential and the presence of stepparents. The relationship between these variables was significant,  $X^2(8, N = 769) = 18.50, p=.018$ . Parents living alone had a higher potential for abuse (46.1%) than those living with their child's biological father/mother (24%). All those who lived with their children's stepmother/father were in the low-risk group.

#### 4.2.5 Parents' place of residence and child abuse potential

A chi-square test of independence was performed to examine the relationship between parents' child abuse potential and place of residence. The relationship between these variables was significant,  $X^2(8, N = 769) = 21.29, p=.006$ . Parents who spend most of their lives in the village had high potential for abuse (30%) than others. Those who spend most of their lives in cities had low child abuse potential (71.9%) than others.

On the other hand, the results of the chi-square test of independence showed that the total number of rooms in the home ( $p=.58$ ), home ownership ( $p=.53$ ), and

parents' place of birth ( $p=.75$ ) did not appear to be statistically associated with parents' potential for child abuse.

#### 4.3 Hierarchical multiple regression analysis

A three-stage hierarchical multiple regression was conducted with Child Abuse Potential as the dependent variable. Child abuse potential inventory allows for grouping parents into three categories as low, moderate and high potential, it also allows for producing a score with high levels indicating higher child abuse potential. While three categories of abuse potential were used in Chi-Square and Crosstabs analyses in order to describe the characteristics of parents with low, moderate and high potential, the total score of abuse potential was used in the hierarchical multiple regression analysis. The purpose of hierarchical regression analysis was to predict the determinants of child abuse potential in terms of intergenerational transmission (childhood trauma and attachment) family background and demographics (the number of children, age at first parenthood, age, gender, educational level, religious commitment, and general health status) and the quality of spousal relationship.

Based on the Belsky's (1980) process model, attachment styles (secure, avoidant, and anxious-ambivalent) and childhood trauma history was entered at stage one to the regression for controlling the ontogenic development of parents. Age, gender, education level, general health status, and religious commitment level were entered at stage two to control for the personality traits of parents. The quality of the spousal relationship, number of children, and age at first parenthood were also included in the third stage to control for the microsystem.

The hierarchical multiple regression revealed that attachment styles and childhood trauma history contributed significantly to the regression model at stage

one,  $F(4,754) = 132.57, p < .001$ ) and accounted for 41.3% of the variation in child abuse potential. When parents' age, gender, education level, general health status, and religious commitment level were entered at stage two, it accounted for an additional 2.4% of the variance, and this change was significant  $F(9,749) = 64.65, p < .001$ ). Finally, the addition of the quality of the spousal relationship, number of children, and age at first parenthood to the regression model explained an additional 5.1% of the variation in child abuse potential, and this change was also significant,  $F(15,743) = 47.12, p < .001$ . As illustrated in Table 2, all 15 predictors accounted for almost half of the variance (48.8%) in child abuse potential. The predictors of child abuse in the final model can be seen in Table 3.

Table 2. Hierarchical Multiple Regression Analysis Summary for Child Abuse Potential

Variables	<i>B</i>	<i>SE B</i>	$\beta$	<i>R</i> <sup>2</sup>	$\Delta R^2$	<i>p</i>
Step 1				.41**	.41**	.000
Childhood trauma history	.13	.01	.26**			.000
Avoidant attachment style	-.09	.04	-.07*			.026
Anxious-ambivalent attachment style	.52	.04	.43**			.000
Secure attachment style	-.31	.05	-.18**			.000
Step 2				.43**	.43**	.000
Age	2.24	.02	.00			.999
Gender	-1.46	.60	-.06*			.015
Education level	-.11	.06	-.05			.071
Religious commitment level	-.24	.15	-.04			.131
General health status	-.24	.05	-.12**			.000
Step 3				.48**	.47**	.000
Affective expression	-.46	.15	-.12*			.003
Dyadic cohesion	-.06	.04	-.04			.163
Dyadic consensus	-.03	.03	-.04			.302
Dyadic satisfaction	-.16	.06	-.08*			.006
Age at first parenthood	-.06	.05	-.04			.209
Number of children	.17	.33	.01			.596

\*  $p < .05$  \*\*  $p < .01$

Note. Dependent variable: Child Abuse Potential

Table 3. Hierarchical Multiple Regression Analysis for Child Abuse Potential Predictors

	<i>b</i>	<i>t</i>	<i>p</i>	95% <i>CI</i>
Secure attachment style	-.224	-4.434	.000**	[-.323, -.125]
Avoidant attachment style	-.085	-2.158	.000**	[-.161, -.008]
Anxious-ambivalent attachment style	.405	10.000	.031*	[.325, .484]
Childhood trauma history	.122	7.993	.000**	[.092, .152]
Age	-.007	-.187	.852	[-.076, .063]
General health status	-.207	-3.735	.000**	[-.316, -.098]
Education level	-.129	-1.952	.051	[-.258, .001]
Gender	-1.106	-1.914	.056	[-2.241, .028]
Religious commitment level	-.243	-1.564	.118	[-.547, .062]
Age at first parenthood	-.068	-1.257	.209	[-.174, .038]
Number of children	.177	.531	.596	[-.479, .834]
Affective expression	-.463	-2.998	.003**	[-.767, -.160]
Dyadic cohesion	-.062	-1.397	.163	[-.149, .025]
Dyadic consensus	-.033	-1.033	.302	[-.095, .029]
Dyadic satisfaction	-.163	-2.743	.006*	[-.280, -.046]

\*  $p < .05$  \*\*  $p < .01$

Note. Dependent variable: Child Abuse Potential

## CHAPTER 5

### DISCUSSION

This study examined the relationship between parents' childhood trauma histories, attachment styles with their parents, the quality of their spousal relationship and demographic information they have and their potential for child abuse. Based on the results of the study, parents' attachment style history (secure, avoidant, and anxious-ambivalent), childhood trauma history, gender, general health status, and the quality of their spousal relationship (affective expression and dyadic satisfaction) all accounted for almost half of the variance (48.8%) in child abuse potential. In addition, while some variables positively and negatively predicted the potential for child abuse, others were not significant predictors. In this section, the analyses were discussed in the light of the existing research evidence in literature.

#### 5.1 The quality of spousal relationship and child abuse potential

One of the variables in this study was the quality of the parents' relationship with their spouses as factors within the microsystem (Belsky, 1980). The relationship quality of spouses as couples affects the family environment as well as child outcomes, parents' mental health and parenting practices (Metindogan, 2022). More specifically, studies on child abuse and potential for abuse present the quality of spousal relationship either serve as a protective or a risk factor depending on the couple's satisfaction or conflict and struggles (Agrawal & Kelley, 2020; Baba & Kataoka, 2014; Bell, 2021; Belsky, 1980; Belsky et al., 1989; Belsky et al., 1991; Clément & Bouchard, 2005; Fagan, 1997; Katz & Gottman, 1996; Maduro, 2016; Margolin & Gordis, 2003; Okonya, 2018; Palendecioğlu & Bulut, 2009; Pham, 2000;

Riley et al., 2020; Rodriguez et al., 2018; Salzinger et al, 2002; Younas & Gutman, 2022). According to Belsky et al. (1989), a supportive partner and a quality spousal relationship can prevent a parent from abusing his child, even if that parent has a history of childhood abuse and is unable to establish a very close relationship with his child because everything that happens between the spouses also affect the child and a troubled marriage leads to troubled parenting. Moreover, according to Guralnik's (1998) Developmental Systems Model, marital relationship is the most important component of social support and directly affects family patterns of interaction including the quality of parent-child transactions, family-orchestrated child experiences, and health and safety provided by the family.

In this study, partner relationship quality was analyzed in four subcategories as affective expression, dyadic satisfaction, dyadic cohesion and dyadic consensus. Results suggested that affective expression and dyadic satisfaction negatively predicted child abuse potential. This meant that when parents had affected, emotional connection, expression of love and care and that they were content and satisfied in their relationship as a couple, chances that they will potentially abuse their children will be much less (Belsky et al., 1989; Doctor & Singer, 1978). On the other hand, dyadic cohesion and consensus between couples did not predict parents' abuse potential. It can be concluded that parents having to agree on all the decisions, having similar opinions and avoiding conflict in how they approach matters to decide are not as major challenges. What matters is that parents express love and care and, despite having differences, finally reach a decision that does not disrupt their satisfaction with their relationships. It is important to keep in mind that parents are also couples with emotional and romantic needs who experience fulfilling relationships. That is why research on child abuse, whether it is on abuse potential or

focusing on child abuse and its consequences, as well as intervention programs that are designed to help prevent child abuse need focus on couple relationships within a family system.

## 5.2 Childhood trauma history, attachment history and child abuse potential

The effects of childhood traumas on later life have been recognized and discussed by many theorists. ACEs, including abuse, affect many areas of development, including brain development, causing these children to face problems in different areas in adulthood (Belsky & Vondra, 1989). Although people have their genetic make-up and family origin has significant influences on their development, ontogenic development is what individuals enter into microsystems with as discussed by Belsky (1980) in his process model. Ontogenetic development of individuals includes influences of environmental and contextual factors on one's personal development and as a result, has important implications on parenting in general and the life that parents provide for children (Lambert & Johnson, 2011). Keeping in mind that genes and environment interact and that not every outcome can be explained solely on the basis of past experiences alone, it is clear that parents' past experiences continue to affect their present lives. These include personality traits, traumas and past family experiences (Belsky & Vondra, 1989).

Years of research have shown that children who have experienced negative and traumatizing experiences such as rejection, violence and abuse are at higher risk of becoming perpetrators of abuse and abusing their own children (Belsky, 1980; Beyazıt & Bütün Ayhan, 2019; Government of Western Australia Department of Health, 2017; Greene et al., 2020; Yıldız, 2020). Consistent with previous findings, the results of the present study showed that history of childhood trauma predicts

child abuse potential of the parents. The results showed that parents with childhood trauma histories were at higher risk of abusing their own children. It is important to note that not everyone who has traumatic experiences in their childhood become child abusers and more research is needed to explore what protects these people and make them more resilient so that they can have relatively pleasant lives and provide their children with good enough parenting.

Parents' attachment styles with their own parents were examined in this study as it is another contextual source of influence for them. There is overwhelming evidence in the literature that people with insecure attachment to their parents suffer from a range of issues later in their lives including a greater risk of being abusive towards their children than those with secure attachment history (Almbaidheen, 2020; Aspelmeier et al., 2007; Assink et al., 2018; Bacon & Richardson, 2001; Bahmani et al., 2022; Bakermans-Kranenburg & Van Ijzendoorn, 2020; Capaldo & Perrella, 2018; Cyr et al., 2012; Disbrow et al., 1977; Ensink et al., 2020; Erozkhan, 2016; Espeleta et al, 2016; Frías et al., 2014; Karakuş, 2017; Khan, 2017; Kurtay & Kurtay, 2020; Lo et al., 2017; Morton & Browne, 1998; Osmond & Darlington, 2001; Riggs, 2010; Roazzi et al., 2016; Romero-Martínez et al., 2014; Shahab et al., 2021; Unger & De Luca, 2014; Yıldırım, 2020; Yıldız, 2020).

Ainsworth et al. (2015) examined attachment styles in three categories, and both anxious-ambivalent and avoidant attachment styles are considered to be insecure. While avoidant and anxious-ambivalent attachment styles are somewhat different in the expression, for example, while people with avoidant attachment withdraw, people with anxious-ambivalent attachment pursue contact, they both develop in the context that parents provided insufficient, inconsistent and unpredictable love and care for their children. Although previous studies showed that

both styles of insecure attachment are associated with higher risk for child abuse or child abuse potential, only anxious-ambivalent attachment positively predicted child abuse potential in this study. Secure attachment and avoidant attachment negatively predicted child abuse potential. Results suggested that about 66% of parents with anxious-ambivalent attachment were in the high-risk group, while this rate was 42% for parents with avoidant attachment. In the low-risk group, there were 23% of the parents with anxious-ambivalent attachment and about 48% them with avoidant attachment.

Although the current research seems to partially support the previous research on the effects of insecure attachment, the nature of these two styles of insecure attachment is helpful in explaining the findings. Evidence suggested that predisposition to depression (McGinley et al., 2022), low empathy skills (Maranges et al., 2022), more aggressive nature (Amani, 2016), having difficulty in managing the flow of negative thoughts and emotions, and cognitive dysregulation (Braunstein-Bercovitz, 2013) are frequently observed in the personality structures of people with anxious-ambivalent attachment style. On the other hand, personality traits of people with avoidant attachment style include low self-confidence (Elaheh et al., 2021), having difficulty in coping with emotional problems (Uçar Çabuk et al., 2021) and being prone to addictions (Cornwall, 2007; Kim & Koh, 2018) yet the nature of avoidance attachment often results in withdrawal. It is possible to speculate that people with avoidant attachment may be more self-destructive and avoid conflicts whereas people with anxious-ambivalent attachment may be more destructive in their relationships. Therefore, it is possible to assume that parents with avoidant attachment may pose less risk in their own families and relationships with their children. Additionally, people with avoidant attachment would enter into

relationships in which they feel secure and may tend to stay in those relationships until they feel less secure and threatened. When there is no threat, they may choose to withdraw and avoid conflict rather than engaging in a destructive relationship that could result in violence and abuse.

Finally, this study found a result parallel to the literature on secure attachment (Aspelmeier et al., 2007; Lyu, 2023; McGinley et al., 2022; Sheinbaum et al., 2015; Shen et al., 2021; Spence et al., 2022; Yildirim, 2020). Results showed that majority of the parents (77%) with secure attachment history were in the low-risk group, and that their potential to abuse their children were very low.

### 5.3 Parents' demographics and child abuse potential

One of the aims of this study was to examine the demographic information associated with child abuse. In order to do this, chi square and crosstab analyses were performed with some categorical demographic information and child abuse potential. Results suggested that some demographic factors significantly predicted parents' abuse potential, but some did not.

Marital status has often been examined and there were some evidences that it is a risk factor predicting child abuse (Agrawal and Kelley, 2020; Romero-Martinez et al., 2014). Although there is a general consensus on how the marital status of parents is related to the potential for child abuse, there were studies with different results. For example, Akpotor and Akpomuvie (2020) found no statistically significant difference in the potential for physical abuse, sexual abuse and neglect between married and single parents. González et al. (2014) also found that nuclear families, that is, families with both parents, used corporal punishment more than single mothers. However, the result of this study, which supported the consensus in

the literature, showed that single parents had higher abuse potential scores than married ones. Parallel to the findings of this study, much research argued that being a single parent is a risk factor for child abuse (Chan, 2014; Franzese, 2022; Guterman et al., 2009).

There are several explanations for why being single constitutes a greater risk, such as difficulties in taking care of children (Karataş & Dağdelen, 2014), the stress of being single (Lamela & Figueiredo, 2016), and possible economic difficulties (Ono & Honda, 2017). Since the stress levels of parents or the difficulties they experienced in childcare were not measured in this study, this result can be considered within the scope of their economic status. In this study, participants were not directly asked about their income level, but about their level of satisfaction with it. Regarding the satisfaction of the single parent participants in this study with their income level, 50% of them stated that they were not satisfied with their income level, while the remaining 50% were undecided. In addition, while 10% stated that the needs of everyone in the household were met economically, 30% stated that they were not. This suggests that single parents may be economically disadvantaged and this may have an effect on their being in the high-risk group for child abuse. However, it should be kept in mind that there were only 10 single participants in the study while there were 759 married participants. Therefore, this does not provide sufficient data for comparison.

In relation to marital status, living with a stepparent was also considered to be a risk factor for children (Alexandre et al., 2010; Dolisgan & Razisni, 2020; Nobes et al., 2019). For example, according to Turner (2004), stepparents were more at risk for abuse than both single-parents and biological two-parents. In contrast to Turner's results (2004), in this study, single parents were more at risk than those living with

both biological parents and stepparents. These findings are similar to those of Block and Kaplan (2022), who also found that single parents were riskier than both biological and stepparents in terms of child abuse. The results of this study are not in line with the literature in general because all stepparents in this study were in the low-risk group. However, there were not enough data to make a comparison because among the participants, there were only 5 stepparents, 13 single parents and 751 biological parents. Therefore, it would be more valid to examine this with a more homogeneous group.

Research suggests that parents born and living in rural areas are at a higher risk of child abuse (Cole & Sprang, 2015; Çetin & Ozozen Danacı, 2016; U.S. Department of Education, 2021) because the place where the parents were born and lived affects both the social network that Belsky (1980) addressed and the family resource that Guralnick (1998) discussed and rural areas have both fewer resources and a more limited network. The results of the present study partially support this claim. Although the results showed that there was no significant difference between abuse potential in terms of parents' place of birth, those who spend most of their lives in the cities had the lowest potential scores, while those who live in the villages had the highest scores compared to others. Although these results were in conflict with the results of Uysal Bayrak (2020), it should be taken into consideration that in that study, cities were examined one by one, not rural-urban distinction.

More complex relationships, lower levels of education and poverty (Campo & Tayton, 2015) may be factors that explain the higher risk of abuse in rural areas. However, the results of this study cannot be explained by these reasons because both satisfaction with income levels and educational level do not differ between urban and rural areas. The average duration of education of those living in the rural areas was

14.56 (SD=2.905). This rate was 15.69 (SD=2.432) for those living in urban areas. Dissatisfaction with family income and inability to meet needs were similar for those living in rural and urban areas (25.9%, 31.9% and 12.9%, 14.5% respectively). At this stage, it is important to note that the distribution of place of residence in the study was 88.9% for those living in urban areas and 10.9% for those living in rural areas.

In order to examine whether living conditions were associated with potential for abuse, participants were asked to report the number of rooms they had in their houses/flats. Findings suggested that the number of rooms in the house was not a significant factor contributing to potential for abuse. In the literature, it was argued that being homeless or living in one-room houses was a risk factor (Palmer et al., 2023). Although there is no significant difference between the number of rooms in terms of abuse potential, these results supported the literature because the participants had an average of 3 to 4 rooms in their houses and 95% of them were nuclear families consisting of mother, father and child. Although the participating parents were not directly asked whether the children had their own rooms, it was estimated that the majority of them had rooms as having one child was more common among the participating families.

There was not much research on home ownership as a factor explaining child abuse potential among families in the literature. It was believed that this issue was related to SES, and that people who owned a home could have higher SES or more financial stability (Yalçın et al., 2014). Apart from that, it was thought that home ownership would decrease chances for children to experience adverse childhood experiences (ACEs) because it would be possible that children would be provided with a more stable environment (Rostad et al., 2019). Evidently, research suggested

that moving itself places stress in family lives, and when families live majority of their lives in rentals, there are negative child developmental outcomes and risk of maltreatment (Rumbold et al., 2012). However, the fact that stability cannot be achieved only through home ownership and that it is difficult for even an average income family to own a house in today's conditions in Turkey may explain these results.

Studies examining the relationship between parents' level of education and child abuse potential seem to report inconsistent findings. While some studies argued that the potential increases as the education level decreases (Lang et al., 2021; Sawyer et al., 2002; Uysal Bayrak, 2020; Zülkar et al., 2021), some argued the opposite (Kanak & Pekdoğan, 2020; Söyünmez et al., 2021). On the other hand, some studies did not find a significant difference between parents' education level (Hiraoka et al., 2014). In this study, no significant difference was found between the educational levels of the parents in terms of abuse potential. However, when evaluating this result, it is important to consider that the average duration of education of the parents in the study was about 16 years of education equaling to some university level education.

The workplace and occupations of parents were also considered as risk factors in some cases (Bursa Osmangazi Rehberlik ve Araştırma Merkezi, 2016). Considering that income level and personality structures are influenced by parents' professions, parents' workplace and occupation become important (Belsky, 1980). It also influences the quality of the relationship with the child and the resources to be provided to the child. In the study conducted by Uysal Bayrak (2020), fathers working as workers or tradesmen had higher abuse potential than fathers working as

engineers. In addition, mothers who were housewives had a higher abuse potential than teachers.

In this study, housewives had the highest risk and education sector employees had the lowest risk. The reason for this may be that parents who are housewives may be more likely to exhibit abusive behaviors towards their children due to their current workload, spending more time at home with their children, being the primary caregivers of their children, and possibly experiencing more conflict. They may experience more interpersonal and family distress as they may have more limited access to social support (Guralnick, 1998). Also, since social network directly affects parenting, its insufficiency may also reduce the quality of parenting (Belsky, 1980). On the other hand, it is possible that parents who work in the education sector were more educated about children's development, wellbeing and ways in which to better approach and communicate with children, and as a result, they had low potential for child abuse.

The relationship between the gender of parents and their potential is a controversial issue in literature (deMause, 2020). In this regard, it is generally accepted that fathers are more abusive than mothers. It is understandable because the word abuse usually first conjures up the idea of sexual abuse, and sexual abuse is largely perpetrated by fathers (Cyr et al., 2002; Rudd & Herzberger, 1999; Russell, 1984; Tallia, 2015). However, in many studies, mothers have been found to abuse their children at a higher rate (Craig & Sprang, 2007; Ferrari, 2002; May-Chahal & Cawson, 2005; Romero-Martínez et al., 2014). The results of this study were in parallel with the existing literature. While 66.4% of the participating mothers were in the low-risk group, a large number of fathers (81.3%) were in the low-risk group. At this point, it is important to consider that not only in Turkey but also in many parts of

the world, it is the mothers who are responsible for their children as the primary caregivers. Considering the secondary role of fathers in caregiving and their reluctance to participate in such studies, it is possible that fathers who participate in research about children are more attentive to their children and their care, and less likely to have potential for abuse. Yet, it should also be noted once again that this comparison would not be very accurate because 705 of the participants were mothers, while 64 were fathers.

Age and becoming a parent at an early age are other factors predicting abuse (Berkout & Kolko, 2016; Craig & Sprang, 2007; Hiraoka et al., 2014; Kanak & Pekdoğan, 2020; Pekdogan, 2016). Contradicting previous findings, in this study, both age and age at first parenthood did not create a significant difference in terms of child abuse potential. However, the mean age of the participants was about 31 years of age and the mean age at first parenthood was about 28 years of age. The fact that the age and the age at first parenthood were not significant may be explained by parents in this study being at an older age both in terms of their current age and the age at first parenthood compared to other studies.

The number of children is another important risk factor for child abuse (Aboloma et al., 2015; Cozza et al., 2018; Çetin & Ozozen-Danaci, 2016; González et al., 2014; Vandeven & Newberger, 1994). In this study, there was no significant difference between the number of children and abuse potential. However, there are some findings that risk occurs when the number of children is three or more (Vandeven & Newberger, 1994) and when the number of people living in the family is six or more (Çetin & Ozozen-Danaci, 2016) in the literature. In this study, the average number of children in a family is between 1 and 2 with a median family having only one child. In this case, the participant group was actually not among the

at-risk group based on the literature because these families can be considered small in terms of family size and the number of children they have.

Considering the relationship between religious belief and religious commitment with and abuse, the findings are mixed (Bunge, 2014; deMause, 2020; Easton, n.d.; Rajendran, 2018; Safeguarding Network, 2022; Schwartz, n.d.; Spröber et al., 2014). While many studies in this area are not up-to-date, the most recent study found that children whose parents were not inclined to participate in religious activities were more likely to be mistreated than other children (Brown et al., 1998). On the other hand, commitment levels of the participants in this study were moderate and there was no relationship between religious commitment and the potential for abuse. Although it is difficult to compare the past and the current relationship between religious commitment and abuse potential, chances that abuse or abuse potential may be higher among families who are more extreme in their religious beliefs and practices, as it is the case that among cultures where there is religious fundamentalism or conservatism, various forms of violence and abuse are more present (Breyer & MacPhee, 2015).

Finally, the general health, physical and psychological wellbeing of parents as one of the indicators of family demographics that predicts child abuse (Government of Western Australia Department of Health, 2017; Holmes, 2013; Stanley & Cox, 2009). It is thought that parents with mental health problems are at higher risk for child abuse (Chauhan et al., 2021; Foster et al., 2005; Henshaw, et al., 2011; Herbert et al., 2000; Kousoulis, 2020; Nevriana et al., 2020; Paranjothy et al., 2018; Reupert & Maybery, 2016; Roscoe et al., 2021; Stanley & Cox, 2009; Tomison, 1996; Walsh et al., 2002). In this study, no parent indicated having a mental health issue in their self-reports. However, seven questions were asked to assess general health and well-

being of the parents. The questions were asking them to report their subjective estimates of how healthy they felt whether they had any health conditions they worried to list a few. Based on parents' responses, it was found that the general health status of the parents negatively predicted potential for child abuse. Since the focus in the literature is generally on mental health and not much on physical and general health, this result contributed to the literature as it showed parents' perception of how healthy they feel was associated with such abuse potential. However, it is important to note that neither for mental health, nor for physical health, no more objective assessments were implemented. Perhaps a mental health screening could have provided more accurate estimates of its relationship with child abuse potential.

Overall, findings suggested that childhood traumas, negative past experiences, and low-quality attachments developed with parents created a greater risk for parents to potentially abuse their children. It appears that parents have great influence on their children's well-being both as grandparents and parents.

CHAPTER 6  
CONCLUSIONS, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS  
FOR FUTURE RESEARCH

The results of the study showed that parents' past experiences, the quality of spousal relationship and general health status were predictors of parents' potential for child abuse. Also, there were significant differences between parents' child abuse potential scores in terms of their occupation, marital status, presence of stepparents, and place of residence. One of the most important results of this study was that parents who have experienced a traumatic childhood and have anxious-ambivalent attachment style with their caregivers were at high risk for child abuse. Another important result was that both childhood traumas and attachment styles of parents had a significant relationship with child abuse potential, and explained almost half of the variation in child abuse potential suggesting that past experiences people have are enduring influences on people's lives and future generations.

This finding suggested that when designing intervention programs, it is important to focus on the overall well-being of parents and provide opportunities for them to work on unresolved past issues. As Guralnick (1998) argued, an effective early intervention program accepts the system as a whole and intervenes in the appropriate component according to the quality and quantity of the risk factors rather than focusing only on the child's existing character traits, the resources of the family, or the personalities of the parents. The most effective way to do this is to focus on family patterns of interaction, including the characteristics and past experiences of the parents, and to strengthen this component of the system. Furthermore, similar to the Guralnick's Developmental Systems Model, early intervention programs need to

endorse a “whole family” perspective and focus on the whole family including parents, parents as couples, family dynamics and resources (Metindogan, 2022) and approach families as systems just like ecological perspectives and specifically Belsky (1980) suggested.

The results also showed that not only the past experiences but also the current circumstances of the parents are important contributors to parents’ child abuse potential. Affect and its expression as well as satisfaction parents have in their romantic relationships are protective factors in a family life. It should be remembered that these adults are parents, but as individuals, they have needs to establish strong relationships, and that love, acceptance, care and support are important needs. This result showed that it is important that intervention, prevention and rehabilitation programs should focus not only on the child or on the child-parent relationship but also on the relationship between the parents as couples. Perhaps premarital counseling and intervention programs that help people to form and carry on strong romantic relationships need to be considered.

Living conditions, workplace environment and the type of jobs parents have, family structure, the environment families live in as well as health are all associated with potential for child abuse. Taking the whole family perspective into account, if the government claims to be family focused; they need to develop policies to provide easy and free access to medical care, supportive services for single parents and improvements in work-life balance as well as people having comfortable and satisfying employment conditions for members of the society.

In the light of the results of the study, it can be concluded that Belsky's (1980) process model, which suggests that child abuse is caused by risk factors at four different levels, is appropriate and very useful for guiding research, intervention and

prevention programs. Belsky (1980) argued in his process model that a person's developmental histories influence his/her personality (ontogenic development) and determine the risk factors at the first level. As seen in this study, attachment styles of parents with their own parents and childhood traumas that they experienced predicted their abuse potential. Furthermore, when individuals with their unique personalities informed by their past experiences become part of a family system and they enter into spousal relationships with their partners and their children. These spousal relationships with the members of the family system including the ones with their children and partners form the microsystems in the family. All these reciprocal interactions in the microsystems produce the second level of risk factors for abuse such as the quality of the spousal relationship. Furthermore, parents' personalities as well as their attitudes and even the satisfaction they have in their spousal relationships would influence and be influenced by the dynamics at work and other social environments (exosystem) that constitute the third level of risk factors. As seen in the current study, the quality of parents' spousal relationships predicted their child abuse potential. Moreover, marital status, place of residence and occupation were associated with child abuse potential illustrating how the risk factors at the third level can have impacts on child abuse potential. Lastly, Belsky (1980) claimed that all these systems are influenced by the broader context such as societal values, ideals and economics (macrosystem).

Although the present research has provided important contributions to existing literature on child abuse, there were some limitations that future research needs to address. Of those, a major limitation of this study was the implementation of convenient sampling and the unequal distribution of people in terms of some of the study variables. The sample size was large, yet the data were collected among

participants using convenient sampling. Future research needs to include more representative participants and include people who were not efficiently represented here. For example, there were very few fathers, single and step parents who participated in the research. Even in today's world, mothers continue to be primary caregivers and anything involving their children, including research participation, they often come forward. However, fathers have tremendous influence on both child and family wellbeing and they need to be used as informants in family research. Furthermore, although it is understandable that there were fewer single parents who participated in the present research as there are still fewer single parent homes in Turkey, a special focus should be placed on single parents as well. In fact, research suggested that the financial burden and other challenges of single parents are controlled, the differences between single parent and two parent families fade away in terms of child outcomes (Blum et al., 1988). Therefore, it is important to explore the needs, strengths and difficulties single parents or any other unconventional parents' arrangements face, and to challenge the stigma associated with these homes that children fare less if they have only one parent or they are not in a family setting where there are two heterosexual parents.

Certainly, there are more challenges single parents face, so do families with parental unemployment, housing problems and problems accessing health care. Yet it does not mean that these home environments are breeding mills of adversities in people's lives. In fact, this research was only about exploring the potential, not the actual abuse incidences. It would be highly valuable to both explore the potential and the abuse rates among vulnerable families including single parent families with life stressors so that it is better understood what prevents parents with high vulnerabilities to not engage in actual abuse. This study examined parents' potential

for child abuse. There is no information on whether the participants abused their children. The potential for abuse may be a great risk, yet it does not identify the parents who actually abuse their children, nor it determines these parents will ultimately abuse their children. Therefore, it would be extremely beneficial for future research to include longitudinal data and follow parents who are at high and low risk for child abuse. It should also be noted that not all parents with high potential abuse their children and not all children in low-risk homes are completely protected from future abuse. At this point, although this research has identified risk and protective factors for the potential for child abuse, in both low and high-risk parents, it is not known what stops and what leads them to abuse or not abuse their children. Future research should focus on exploring this issue further, as it is unknown what the protective factors are in high-risk families and what the triggers are in low-risk families.

When it comes to the measurements used in the study, CAP is the most applicable scale that measures the potential for child abuse and has high validity and reliability. However, in general, using self-report scales in social sciences is one of the most fundamental limitations for research (Tucker & Rodriguez, 2014). Especially in a sensitive issue such as abuse, parents' self-evaluation may damage the meaningfulness of the results. For this reason, during the data collection phase of this study, it was not shared with the participants that the research measured the potential for abuse in order to reduce the pressure parents may experience and make them not to report more socially accepted practices. The attempt to avoid these limitations was informing the participants that the research was designed to assess the relationship between past experiences and current parenting behaviors. However, parents could easily infer the nature of the questions and at least assume some

parenting practices were less desired or not accepted by many others. Future studies need to focus on other measures of abuse potential such as observations of families in their daily lives and in settings where families are presented with a task that they, as a whole family, need to work on, and that task presents a range of challenges for families to resolve. Additionally projective techniques such as ambiguous or incomplete vignettes could be implemented to assess abuse potential.

The fact that there was a demographic information form and four other scales used in the study, in order not to overwhelm participants with too many questions, the brief version of the CAP was used. Although the correlation between the two scales was found to be very high in cross-validation analyses (Ondersma et al., 2005), some of the subscales in the CAP were not used such as inconsistency and ego-strength scales, which somehow limited the research.

Furthermore, the scale used to measure attachment style in this study included only three dimensions. Attachment was later re-categorized by Main and Solomon (1986, 1990) and a fourth type called disorganized attachment was introduced. Disorganized attachment is thought to be formed between parents and children when the home environment is potentially abusive or neglectful. It could be beneficial to assess disorganized attachment to assess intergenerational transmission of abuse, yet this style of attachment is very challenging to assess.

In conclusion, despite the limitations, this research certainly makes unique contributions to literature on child abuse especially because studies examining the intergenerational links of abuse with attachment, childhood traumas and the quality of spousal relationship seem to be lacking particularly in Turkish culture. Child abuse is a serious problem that can happen to any child regardless of religion, race or geographical location, and has emerged in different forms since the beginning of

humanity. It has recently become more visible with the increasing awareness of the issue and the striking results of the research that showed how many parenting practices of the past can harm children and abuse has a lot of detrimental consequences on the wellbeing of individuals, families and societies. Although there seems to be better awareness of abuse and its consequences, practices to prevent and intervene are not sufficient. For this reason, funding and implementing studies that focus on abuse are vital both to better understand the factors associated with abuse and its consequences and to improve theoretical knowledge to guide more advanced and comprehensive research designs. Policy makers and organizations that provide services to prevent and intervene abuse need to improve the quality of their services and disseminate them at larger scales. Perhaps, instead of blaming individual parents and calling them abusers and supposing the problem is about these individuals, it should be assumed that abuse is a complex and multifaceted problem resides within a society requiring the whole system to be assessed and included in the fight against abuse. It is necessary to accept that all parents may have the potential to harm or abuse their children, yet these parents and children can be helped and saved. As Chetty (2020) said, “to save one child is to save all children”.

APPENDIX A

BRIEF CHILD ABUSE POTENTIAL INVENTORY

	Agree	Disagree
I am a happy person.		
I know what is the right and wrong way to act.		
People have caused me a lot of pain.		
I sometimes act without thinking.		
I am often lonely inside.		
My family fights a lot.		
Everything in a home should always be in its place.		
I often feel very upset.		
Sometimes I have bad thoughts.		
I sometimes worry that I will not have enough to eat.		
I am easily upset by my problems.		
Sometimes I feel all alone in the World.		
My family has problems getting along.		
Children should never disobey.		
I sometimes lose my temper.		
I often feel worthless.		
My family has many problems.		
It is okay to let a child stay in dirty diapers for a while.		
I am often upset and do not know why.		
Children should be quiet and listen.		
I sometimes fail to keep all of my promises.		
I often feel very alone.		
My life is good.		
I am often upset.		
Other people have made my life unhappy.		
I sometimes say bad words.		
I am often depressed.		
Children should not learn how to swim.		
My life is happy.		
I sometimes worry that my needs will not be met.		
I often feel alone.		
A child needs very strict rules.		
Other people have made my life hard.		
People sometimes take advantage of me.		

## APPENDIX B

## ÇOCUK İSTİSMARI POTANSİYEL ENVANTERİ – KISA FORM

	Katılıyorum	Katılmıyorum
Mutlu bir insanım.		
Doğru ve yanlış davranış biçimlerinin neler olduğunu biliyorum.		
İnsanlar bana çok acı vermiştir.		
Bazen düşünmeden hareket ederim.		
Sık sık içimde bir yalnızlık hissedirim.		
Ailemde çok kavga olur.		
Bir evde her şey daima yerli yerinde olmalıdır.		
Sık sık keyfim kaçar, moralim bozular.		
Bazen kötü düşüncelere kapılırım.		
Bazen yeterince yiyecek bulamayacağımdan endişe duyarım.		
Bir sorunum olduğunda kolayca keyfim kaçar, moralim bozular.		
Bazen kendimi dünyada yapayalnız hissedirim.		
Ailemde geçimsizlik var.		
Çocuklar hiçbir zaman itaatsizlik etmemelidir.		
Bazen öfkeme hâkim olamam.		
Sık sık kendimi değersiz hissedirim.		
Ailemin pek çok sorunu var.		
Altını kirletmiş bir çocuğun, kirli beziyle bir süre kalmasının bir sakıncası yoktur.		
Sık sık nedenini bilmediğim şeylerden dolayı keyfim kaçar, moralim bozular.		
Çocuklar sessiz olmalı ve söylenenleri dinlemelidirler.		
Bazen verdiğim sözlerin hiçbirini tutamadığım olur.		
Sık sık kendimi çok yalnız hissedirim.		
Yaşamım iyidir.		
Sık sık keyfim kaçar, moralim bozular.		
Diğer insanlar yaşamımı mutsuzlaştırmıştır.		
Bazen kötü sözler söylerim.		
Sık sık içim kararır, kederlenirim.		
Çocuklar yüzme öğrenmemelidir.		
Mutlu bir yaşantım var.		
Bazen ihtiyaçlarımın karşılanmayacağı endişesini yaşarım.		
Kendimi sık sık yalnız hissedirim.		
Çocuklara çok sıkı ve katı kurallar uygulanmalıdır.		
Diğer insanlar yaşamımı güçleştirmişlerdir.		
İnsanlar bazen beni kullanırlar.		

APPENDIX C

THREE DIMENSIONAL ATTACHMENT STYLE SCALE

	Strongly disagree	Disagree	Slightly agree	Agree	Strongly agree
The people around me are not as valuable as me.					
I worry that if I get too intimate with someone, there might be trouble.					
I don't care about anyone when making a decision.					
When I see someone who has a problem, I can put myself in their shoes.					
I don't think other people are as valuable as me.					
The further I stay away from people, the less I get upset.					
I get along well with my parents (mother, father, or someone else who takes care of me).					
I stay away from people because they can make me suffer.					
If there is a problem, it is usually because the other people have problems.					
I define myself as a happy person.					
I worry that the person with whom I have an emotional relationship does not really love me.					
I only care about myself.					
I can understand the sadness of others.					
I stay away from emotional relationships because I don't want to be abandoned.					
People's opinions do not matter to me.					
I don't usually say hurtful things to my parents (mom, dad or someone else who takes care of me).					
The more I stay away from people, the happier I am.					
I don't care much about others.					

## APPENDIX D

## ÜÇ BOYUTLU BAĞLANMA STİLLERİ ÖLÇEĞİ

	Kesinlikle	Katılmıyorum	Kısmen katılıyorum	Katılıyorum	Kesinlikle katılıyorum
Karşımdaki insanlar benim kadar değerli değiller.					
Birisiyle çok fazla samimi olduğumda sorun çıkabileceğinden kaygılanıyorum.					
Karar alırken kimseyi önemsemem.					
Sorunu olan birisini gördüğümde kendimi onun yerine koyabiliyorum.					
Başkalarının benim kadar değerli olduklarını düşünmüyorum.					
İnsanlardan ne kadar uzak durursam o kadar az üzülürüm.					
Ebeveynimle (anne, baba veya benim bakımımı üstlenen bir başkası) iyi anlaşıyorum.					
İnsanlardan uzak duruyorum çünkü bana acı çektirebilirler.					
Bir sorun varsa bunun kaynağı genelde karşımdakilerin sorunlu olmasıdır.					
Kendimi mutlu bir insan olarak tanımlıyorum.					
Duygusal ilişki yaşadığım kişinin beni gerçekten sevmediğini düşünerek kaygılanıyorum.					
Yalnızca kendime değer veririm.					
Başkalarının üzüntülerini anlayabiliyorum.					
Duygusal ilişkilerden uzak duruyorum çünkü terk edilmek istemiyorum.					
İnsanların görüşleri benim için önemsizdir.					
Ebeveynlerime (anne, baba veya benim bakımımı üstlenen bir başkası) genelde kırıcı sözler söylemem.					
İnsanlardan ne kadar uzak durursam o kadar mutlu olurum.					
Başkaları çok da umurumda değildir.					

APPENDIX E

CHILDHOOD TRAUMA QUESTIONNAIRE

These questions are about some events that may have happened to you in your childhood and early youth (before the age of 20). For each question, please mark the situation that applies to your situation.

	Never	Rarely	Sometimes	Often	Very often
I used to stay hungry because there was not enough food at home.					
I knew there was someone taking care of me and keeping me safe.					
People in my family used to call me "stupid", "incompetent" or "ugly".					
My parents got drunk or took drugs too often to take care of their family.					
There was someone in my family who helped me feel important and special.					
I had to walk around in torn, ripped or dirty clothes.					
I felt that I was loved.					
I thought my parents didn't want me to be born.					
Someone in my family had hit me so badly that I had to go to the doctor or the hospital.					
There was nothing in my family that I would have wanted otherwise.					
People in my family used to hit me so hard that I would get bruises or abrasions on my body.					
I was punished by being hit with a strap, stick, cord or other hard object.					
People in my family took care of each other.					
People in my family would say hurtful or offensive things to me.					

I believe that I have been physically abused (beaten, pushed around, etc.).					
My childhood was perfect.					
I was hit or beaten so badly that a teacher, a neighbor or a doctor would notice.					
Someone in my family hated me.					
People in my family felt close to each other.					
Someone touched me sexually or asked me to touch him/her.					
There was someone who threatened to hurt me or tell lies about me if I did not have sexual contact with him.					
My family was the best in the world.					
Someone forced me to do sexual things or look at sexual things.					
Someone sexually assaulted me.					
I believe I have been emotionally abused (insulted, humiliated, etc.).					
There was someone to take me to a doctor when I needed one.					
I believe I have been sexually abused.					
My family was a source of strength and support for me.					

## APPENDIX F

## ÇOCUKLUK ÇAĞI TRAVMALARI ÖLÇEĞİ (ÇÇTÖ)

Bu sorular *çocukluğunuzda ve ilk gençliğinizde (20 yaşından önce)* başınıza gelmiş olabilecek bazı olaylar hakkındadır. Her bir soru için sizin durumunuza uygun olan durumu işaretleyiniz.

	Hiçbir Zaman	Nadiren	Kimi Zaman	Sık Olarak	Çok Sık
Evde yeterli yemek olmadığından aç kalırdım.					
Benim bakımımı ve güvenliğimi üstlenen birinin olduğunu biliyordum.					
Ailedekiler bana “salak”, “beceriksiz” ya da “tipsiz” gibi sıfatlarla seslenirlerdi.					
Anne ve babam ailelerine bakamayacak kadar sıklıkla sarhoş olur ya da uyuşturucu alırlardı.					
Ailemde önemli ve özel biri olduğum duygusunu hissetmemeyardımcı olan biri vardı.					
Yırtık, sökükle ya da kirli giysiler içerisinde dolaşmak zorundakalırdım.					
Sevildiğimi hissediyordum.					
Anne ve babamın benim doğmuş olmamı istemediklerini düşünüyordum.					
Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti.					
Ailemde başka türlü olmasını istediğim bir şey yoktu.					

Ailedekiler bana o kadar şiddetle vuruyorlardı ki vücudumda morartı ya da sıyrıklar oluyordu.					
Kayış, sopa, kordon ya da başkasert bir cisimle vurularak cezalandırılıyordum.					
Ailedekiler birbirlerine ilgi gösterirlerdi.					
Ailedekiler bana kırıcı ya da saldırganca sözler söylerlerdi.					
Vücutça kötüye kullanılmış olduğuma (dövülme, itilip kakılma vb.) inanıyorum.					
Çocukluğum mükemmeldi.					
Bana o kadar kötü vuruluyor ya da dövülüyordum ki öğretmen, komşu ya da bir doktorun bunu fark ettiği oluyordu.					
Ailemde birisi benden nefret ederdi.					
Ailedekiler kendilerini birbirlerine yakın hissederlerdi.					
Birisi bana cinsel amaçla dokundu ya da kendisine dokunmamı istedi.					
Kendisi ile cinsel temas kurmadığım takdirde beni yaralamakla ya da benim hakkımda yalanlar söylemekle tehdit eden birisi vardı.					
Benim ailem dünyanın en iyisiydi.					
Birisi beni cinsel şeyler yapmaya ya da cinsel şeylere bakmayazorladı.					

Birisi bana cinsel tacizde bulundu.					
Duygusal bakımdan kötüye kullanılmış olduğuma (hakaret, aşağılama vb.) inanıyorum.					
İhtiyacım olduğunda beni doktora götürecek birisi vardı.					
Cinsel bakımdan kötüye kullanılmış olduğuma inanıyorum.					
Ailem benim için bir güç ve destek kaynağı idi.					

APPENDIX G

DEMOGRAPHIC INFORMATION FORM

Date of birth (day/month/year)

..... / ..... / .....

Gender:

- Female
- Male
- Other .....

Regarding your marital status;

- I live with my child's biological mother/father.
- I live with my child's step mother/father.
- My child's biological mother/father is my partner, but I do not live with him.
- My child's step mother/father is my partner, but I do not live with him.
- I don't have a partner and I live with my child(s).

Marital status:

- Married
- Single
- Other \_\_\_\_\_

If married, how many years have you been married?

.....

How would you describe your current marriage life?

- Compatible
- Difficult
- Violent

What kind of place were you born in?

- Metropolis, big city (Istanbul, Ankara, Izmir, Bursa, Adana)
- City
- Town
- Village
- Abroad (Please specify) .....

What was the longest place you have ever lived in?

- Metropolis, big city (Istanbul, Ankara, Izmir, Bursa, Adana)
- City
- Town
- Village
- Abroad (Please specify) .....

Education Status (Please write the last class you finished/completed)

.....  
Occupation

.....  
What is the total amount of time you have spent in working life so far?

.....  
The needs of all members of the family can be met economically.

- Strongly agree.
- Agree.
- Undecided.
- Disagree.
- Strongly disagree.

I am satisfied with my family income.

- Strongly agree.
- Agree.
- Undecided.
- Disagree.
- Strongly disagree.

Which religious belief do you identify yourself as a member of?

.....  
To what extent would you describe yourself as committed according to the religious belief to which you belong? (1-Little / 5-Much)

- 1
- 2
- 3
- 4
- 5

Your place of residence;

- Belongs to us but still have loan payments
- Belongs to us and no loan payment left
- Rent
- Relatives' house without paying rent.
- Government subsidized home

How many rooms do you have in your house? (Write the total number of rooms excluding kitchen, toilet and bathroom, including the living room)

.....  
Please mark the people living in the household.

- Mom
- Dad
- Child/Children

Other(s)

If you selected Other option;

	Degree of closeness	Age	Gender
1 <sup>st</sup> person			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other .....
2 <sup>nd</sup> person			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other .....
3 <sup>rd</sup> person			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other .....
4 <sup>th</sup> person			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other .....

How old were you when you first became a parent?

.....

How many children do you have?

.....

Answer the following questions starting with your oldest child.

	Date of birth (day/month/year)	Gender	Does he/she go to school?	If yes, what grade does he/she go to?	Does he/she have any disabilities?	If yes, to what degree?
1 <sup>st</sup> child	...../ ...../ .....	<input type="checkbox"/> Girl <input type="checkbox"/> Boy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> First degree disabled (80% and above) <input type="checkbox"/> Second degree disabled (60% - 80%) <input type="checkbox"/> Third degree disabled (40% - 60%)
2 <sup>nd</sup> child	...../ ...../ .....	<input type="checkbox"/> Girl <input type="checkbox"/> Boy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> First degree disabled (80% and above)

						<input type="checkbox"/> Second degree disabled (60% - 80%) <input type="checkbox"/> Third degree disabled (40% - 60%)
3 <sup>rd</sup> child	...../ ...../ .....	<input type="checkbox"/> Girl <input type="checkbox"/> Boy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> First degree disabled (80% and above) <input type="checkbox"/> Second degree disabled (60% - 80%) <input type="checkbox"/> Third degree disabled (40% - 60%)
4 <sup>th</sup> child	...../ ...../ .....	<input type="checkbox"/> Girl <input type="checkbox"/> Boy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> First degree disabled (80% and above) <input type="checkbox"/> Second degree disabled (60% - 80%) <input type="checkbox"/> Third degree disabled (40% - 60%)
5 <sup>th</sup> child	...../ ...../ .....	<input type="checkbox"/> Girl <input type="checkbox"/> Boy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> First degree disabled (80% and above) <input type="checkbox"/> Second degree disabled (60% - 80%) <input type="checkbox"/> Third degree disabled (40% - 60%)

Was your child born in accordance with your wishes?

- Yes
- No

Is the gender of your child the same as the gender you would prefer? (For example, yes - I wanted a boy and it became a boy / no - I wanted a girl and it became a boy, etc.)

- Yes
- No

Was your child born at the time you expected?

- Yes
- No, born prematurely
- No, born late

- Don't know/remember

How would you rate your child's health in general?

- Bad
- Okay
- Well
- Very well
- Excellent

Think about your own general health right now. Apart from temporary illnesses such as flu, do you have any health problems that affect your daily life?

- Yes (Please specify) .....
- No

How would you rate your health in general?

- Bad
- Okay
- Well
- Very well
- Excellent

Below are a few sentences that can describe your health status. How true or false is each of these sentences for you in the last year? Please select the most appropriate option for you.

	Absolutely wrong	Mostly wrong	Don't know	Mostly right	Absolutely right
I think I get sick a little more easily than others.					
I am as healthy as everyone I know.					
I think my health is going to be bad.					
My health is excellent.					

## APPENDIX H

### DEMOGRAFİK BİLGİ FORMU

Doğum tarihiniz (gün/ay/yıl)

..... / ..... / .....

Cinsiyetiniz:

- Kadın
- Erkek
- Diğer .....

Medeni durumunuzla ilgili olarak;

- Çocuğumun biyolojik (öz) annesi/babası ile yaşıyorum.
- Çocuğumun biyolojik olmayan (üvey) annesi/ babası ile yaşıyorum.
- Çocuğumun biyolojik (öz) annesi/babası benim partnerim ancak onunla yaşamıyorum.
- Çocuğumun biyolojik olmayan (üvey) annesi/babası benim partnerim ancak onunla yaşamıyorum.
- Partnerim yok ve çocuğum (çocuklarımla) yaşıyorum.

Medeni durumunuz:

- Evli
- Bekar
- Diğer \_\_\_\_\_

Evliyseniz, Kaç yıllık evlisiniz?

.....

Mevcut evlilik hayatınızı nasıl tanımlarsınız?

- Uyumlu
- Zor
- Şiddetli

Nasıl bir yerde doğdunuz?

- Metropol, büyükşehir merkezi (İstanbul, Ankara, İzmir, Bursa, Adana)
- Şehir
- Kasaba
- Köy
- Yurtdışı (yazınız) .....

Bugüne kadar en uzun yaşadığınız yer, nasıl bir yerdi?

- Metropol, büyükşehir merkezi (İstanbul, Ankara, İzmir, Bursa, Adana)
- Şehir
- Kasaba
- Köy
- Yurtdışı (yazınız) .....

Eđitim Durumunuz (En son bitirdiđiniz/tamamladıđınız sınıfı yazınız)

.....

Mesleđiniz

.....

Bugüne kadar alıřma hayatında toplam geirdiđiniz süre ne kadar?

.....

Ailedeki tüm kiřilerin ihtiyaları ekonomik olarak karřılanabiliyor.

- Kesinlikle katılıyorum.
- Katılıyorum.
- Kararsızım.
- Katılmıyorum.
- Kesinlikle katılmıyorum.

Aile gelirimden memnuniyet duyuyorum.

- Kesinlikle katılıyorum.
- Katılıyorum.
- Kararsızım.
- Katılmıyorum.
- Kesinlikle katılmıyorum.

Kendinizi hangi dini inancın mensubu olarak tanımlarsınız?

.....

Kendinizi mensubu olduđunuz dini inanca göre ne kadar dindar olarak tanımlarsınız?  
(1-Az / 5-ok)

- 1
- 2
- 3
- 4
- 5

İkamet ettiđiniz ev;

- Bize ait ama hala kredi ödemelerimiz var.
- Bize ait ve kredi ödemesi kalmadı.
- Kira
- Akrabalarımızın evi ama kira ödemiyoruz.
- Devlet destekli ev

İkamet ettiđiniz evinizde kaç oda var? (Mutfak, tuvalet ve banyo haricindeki toplam oda sayısını; salonu da dahil ederek yazınız.)

.....

Evde yařayan kiřileri iřaretleyiniz.

- Anne
- Baba

- Çocuk/Çocuklar  
 Diğer

Diğer seçeneğini işaretlediyseniz;

	Yakınlık derecesi	Yaşı	Cinsiyeti
1.kişi			<input type="checkbox"/> Kadın <input type="checkbox"/> Erkek <input type="checkbox"/> Diğer .....
2.kişi			<input type="checkbox"/> Kadın <input type="checkbox"/> Erkek <input type="checkbox"/> Diğer .....
3.kişi			<input type="checkbox"/> Kadın <input type="checkbox"/> Erkek <input type="checkbox"/> Diğer .....
4.kişi			<input type="checkbox"/> Kadın <input type="checkbox"/> Erkek <input type="checkbox"/> Diğer .....

İlk anne/baba olduğunuzda kaç yaşındaydınız?

.....

Kaç çocuğunuz var?

.....

Aşağıdaki soruları en büyük çocuğunuzdan başlayarak cevaplayınız.

	Doğum tarihi (gün/ay/yıl)	Cinsiyeti	Okula gidiyor mu?	Kaçıncı sınıfa gidiyor ?	Herhangi bir engeli var mı?	Engeli varsa hangi derece?
1.çocuk	...../...../.....	<input type="checkbox"/> Kız <input type="checkbox"/> Erkek	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır		<input type="checkbox"/> Var <input type="checkbox"/> Yok	<input type="checkbox"/> Birinci derece engelli (%80 ve üzeri) <input type="checkbox"/> İkinci derece engelli (%60 - %80) <input type="checkbox"/> Üçüncü derece engelli (%40 - %60)
2.çocuk	...../...../.....	<input type="checkbox"/> Kız <input type="checkbox"/> Erkek	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır		<input type="checkbox"/> Var <input type="checkbox"/> Yok	<input type="checkbox"/> Birinci derece engelli (%80 ve üzeri) <input type="checkbox"/> İkinci derece engelli (%60 - %80)

						<input type="checkbox"/> Üçüncü derece engelli (%40 - %60)
3.çocuk	...../..... ...../.....	<input type="checkbox"/> Kız <input type="checkbox"/> Erkek	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır		<input type="checkbox"/> Var <input type="checkbox"/> Yok	<input type="checkbox"/> Birinci derece engelli (%80 ve üzeri) <input type="checkbox"/> İkinci derece engelli (%60 - %80) <input type="checkbox"/> Üçüncü derece engelli (%40 - %60)
4.çocuk	...../..... ...../.....	<input type="checkbox"/> Kız <input type="checkbox"/> Erkek	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır		<input type="checkbox"/> Var <input type="checkbox"/> Yok	<input type="checkbox"/> Birinci derece engelli (%80 ve üzeri) <input type="checkbox"/> İkinci derece engelli (%60 - %80) <input type="checkbox"/> Üçüncü derece engelli (%40 - %60)
5.çocuk	...../..... ...../.....	<input type="checkbox"/> Kız <input type="checkbox"/> Erkek	<input type="checkbox"/> Evet <input type="checkbox"/> Hayır		<input type="checkbox"/> Var <input type="checkbox"/> Yok	<input type="checkbox"/> Birinci derece engelli (%80 ve üzeri) <input type="checkbox"/> İkinci derece engelli (%60 - %80) <input type="checkbox"/> Üçüncü derece engelli (%40 - %60)

Çocuğunuz isteğınız doğrultusunda mı dünyaya geldi?

- Evet  
 Hayır

Çocuğunuzun cinsiyeti, tercih edeceğiniz cinsiyetiyle aynı mı? (Örneğin; evet,-erkek istiyordum ve erkek oldu / hayır- kız istiyordum erkek oldu, gibi )

- Evet  
 Hayır

Çocuğunuz beklediğiniz zamanda mı doğdu?

- Evet  
 Hayır, erken doğdu  
 Hayır, geç doğdu  
 Bilmiyorum/Hatırlamıyorum

Genel olarak çocuğunuzun sağlığını nasıl değerlendirirsiniz?

- Kötü

- Fena değil
- İyi
- Çok iyi
- Mükemmel

Şu anda kendi genel sağlığını düşünün. Soğuk algınlığı gibi geçici hastalıklar hariç, günlük yaşamınızı etkileyen herhangi bir sağlık probleminiz var mı?

- Evet (belirtiniz) .....
- Hayır

Genel olarak sağlığınızı nasıl değerlendirirsiniz?

- Kötü
- Fena değil
- İyi
- Çok iyi
- Mükemmel

Aşağıda sağlık durumunuzu tanımlayabilecek birkaç cümle var. Bu cümlelerin her biri son bir yılda sizin için ne kadar doğru ya da yanlış? Lütfen sizin için en uygun seçeneği işaretleyiniz.

	Kesinlikle Yanlış	Çoğunlukla Yanlış	Bilmiyorum	Çoğunlukla Doğru	Kesinlikle Doğru
Başkalarından biraz daha kolay hastalandığımı düşünüyorum.					
Ben de tanıdığım herkes kadar sağlıklıyım.					
Sağlığımın kötü gideceğini sanıyorum.					
Sağlığım mükemmeldir.					

## APPENDIX I

### ETHICAL PERMISSION FORM

Evrak Tarih ve Sayısı: 25.01.2023-109857

T.C.  
BOĞAZIÇI ÜNİVERSİTESİ  
SOSYAL VE BEŞERİ BİLİMLER YÜKSEK LİSANS VE DOKTORA TEZLERİ ETİK İNCELEME  
KOMİSYONU  
TOPLANTI KARAR TUTANAĞI

Toplantı Sayısı : 39  
Toplantı Tarihi : 18.01.2023  
Toplantı Saati : 16:00  
Toplantı Yeri : Zoom Sanal Toplantı  
Bulunanlar : Prof. Dr. Feyza Çorapçı, Dr. Öğr. Üyesi Yasemin Sohtorik İlkmen, Dr. Öğr. Üyesi Ayşegül Metindoğan  
Bulunmayanlar : Dr. Öğr. Üyesi Harun Muratoğulları, Doç. Dr. Arhan S. Ertan, Doç. Dr. Senem Yıldız

Sena Tepebağlı  
Erken Çocukluk Eğitimi

Sayın Araştırmacı,

"Past Present and Future: Parents' attachment history and quality of family environments as factors associated with child abuse potential" başlıklı projeniz ile ilgili olarak yaptığımız SBB-EAK 2023/14 sayılı başvuru komisyonumuz tarafından 18 Ocak 2023 tarihli toplantıda incelenmiş ve uygun bulunmuştur.

Bu karar üyelerin toplantıya çevrimiçi olarak katılımı ve oy birliği ile alınmıştır. Onay mektubu üye ve raportör olarak Yasemin Sohtorik İlkmen tarafından toplantıya katılan bütün üyeler adına e-imzalanmıştır.

Saygılarımızla, bilgilerinizi rica ederiz.

Dr. Öğr. Üyesi Yasemin  
SOHTORİK İLKMEN  
Öğretim Üyesi

e-izmalıdır  
Dr. Öğr. Üyesi Yasemin Sohtorik  
İlkmen  
Öğretim Üyesi  
Raportör

SOBETİK 39 18.01.2023

**Bu belge, güvenli elektronik imza ile imzalanmıştır.**

## APPENDIX J

### CONSENT FORM

T.C.  
BOGAZICI UNIVERSITY  
THE ETHICS COMMITTEE FOR SOCIAL SCIENCES AND HUMANITIES  
PARTICIPANT INFORMATION AND CONSENT FORM

Institution Supporting the Research: Boğaziçi University

Title of the Study: Examination of the Relationship between Parents' Past Attachment Experiences and Family Life Dynamics

Name of the Researcher: Sena Tepebağlı

Name of Thesis Advisor: Ayşegül Metindoğan

Dear parent,

I am conducting my master's thesis titled "Examination of the Relationship between Parents' Past Attachment Experiences and Family Life Dynamics" under the supervision of Assist. Prof. Ayşegül Metindoğan at Boğaziçi University Department of Early Childhood Education. This study focuses on your childhood experiences, the relationships you established with your parents, and the current relationships you have with your own children. Many of us have had some difficult and traumatic experiences in the past. Our aim in this study is to understand the effects of these difficult past experiences as parents on your present life. If you want to participate in the research after reading this information, please sign this form and send it to me.

This research will be based primarily on your childhood experiences and current family relationships. Some questions can be disturbing and difficult to answer for people with a trauma history. Therefore, if you have a history of childhood trauma, I recommend that you reconsider before you decide to participate. If you experience any triggers during the process, you can withdraw from the research immediately, benefit from the resources listed below the form, or reach the researcher for psychiatric support.

If you agree to participate in this research, I will first ask you to fill in the demographic information form. The demographic form will include some personal questions about you, such as your age, education, and marital status, and some personal questions about your child, such as your child's age, gender, and health status. In addition to these, there will be questions about your relationship with your partner. This information will help both to understand the general profile of the participants and to interpret the results in a more reliable way. It will take an average of 10 minutes to fill out the demographic information form.

Second, to understand your relationship with your mother, father or any other primary caregiver, I will ask you to fill out a questionnaire on your attachment style in relationships. In this questionnaire, there are 18 questions about your feelings towards yourself and your close relationships and the dynamics of your relationship. It will take an average of 5 minutes to fill out this questionnaire.

In the last stage of the research, there is another questionnaire that you will answer considering your own child and parenthood. Within the scope of this survey, 34 questions will be asked to measure your perspective, behavior and attitudes towards yourself, children and your own child in particular. You have to answer each

question considering your current circumstances. It will take an average of 10 minutes to fill out this questionnaire.

This research is carried out for a purely scientific purpose and the confidentiality of participant information is kept as a basis. Your name/surname will not be requested in any questionnaire you fill out. Your personal information will remain confidential under all circumstances and the research will continue with the participant number given to you. The forms you fill in will be kept in a place accessible only to the researcher and, if necessary, his/her advisor until the end of the research. They will be deleted when the research is complete. Research results will only be shared in scientific journals and conferences and will not be used in any way other than in these cases. The general research results will be sent to you upon your request.

Participation in this research is entirely voluntary. If you participate, you have the right to withdraw from the study at any stage of the study without giving any reason. If you withdraw from the research, the information you have filled up until that point will not be used and will be removed from the database and deleted. If you complete the research, at the end of the research, a gift certificate worth 200 TL will be given to 5 people with a lottery that includes all participants. In addition, the contribution you make to science is likely to benefit other families in the future. I expect that the information to be obtained as a result of the research will contribute to the understanding of the intergenerational transmission of family dynamics and to the prevention and intervention programs to be planned as a result.

I would like to emphasize that this research does not have any purpose of comparison, judgment or testing. Before signing this form, if you have any questions about the study or later, you can contact and ask me (Sena Tepebağlı) as the research coordinator. You can also consult Boğaziçi University Ethics Committee for Social Sciences and Humanities (sbinarek@boun.edu.tr) regarding your research rights.

In case of trauma triggering;

183 Social Support Hotline (24/7 Free Service)

444 43 06 - Weasel Line

You can apply to the Guidance and Research Center (RAM).

Other resources you can use;

Family Education Program - Family Life Skills

([https://aep.aile.gov.tr/media/jgbj4aii/01\\_03\\_aile-yaşam-becerileri.pdf](https://aep.aile.gov.tr/media/jgbj4aii/01_03_aile-yaşam-becerileri.pdf))

Family Education Program - Basic Skills in Raising Child

(<https://www.aile.gov.tr/media/93058/cocuk-yetistirde-temel-beceriler.pdf>)

Family Education Program - Communication and Life Skills in Marriage

(<https://aep.aile.gov.tr/media/yrihlmfr/04-eöe-iletisim.pdf>)

Family Education Program - Marriage and Health

(<https://aep.aile.gov.tr/media/5c0ji0g5/05-eöe-sağlık.pdf>)

Family Education Program (<https://aep.aile.gov.tr/egitim-icerikleri/>)

Family and Child Journal (<https://ailecocuk.aile.gov.tr/>)

Psychosocial Support Programs - Sexual Abuse Trauma

([https://orgm.meb.gov.tr/meb\\_iys\\_dosyalar/2020\\_11/26160957\\_Psikososial\\_Cinsel\\_Ystismar\\_KitabY.pdf](https://orgm.meb.gov.tr/meb_iys_dosyalar/2020_11/26160957_Psikososial_Cinsel_Ystismar_KitabY.pdf))

Psychological Resilience Family Information Guide  
([https://orgm.meb.gov.tr/meb\\_iys\\_dosyalar/2022\\_10/04111027\\_lojik\\_saYlamlYk\\_okul\\_oncesi\\_aile\\_broYur.pdf](https://orgm.meb.gov.tr/meb_iys_dosyalar/2022_10/04111027_lojik_saYlamlYk_okul_oncesi_aile_broYur.pdf))

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I understood what was told to me and what was written above. I have received a copy of this form.

I agree to participate in the study.

Participant's Name-Surname: .....

Signature: .....

Date (day/month/year): ...../...../.....

## APPENDIX K

### ONAM FORMU

T.C.  
BOĞAZIÇI ÜNİVERSİTESİ  
SOSYAL VE BEŞERİ BİLİMLER İNSAN ARAŞTIRMALARI ETİK KURULU  
KATILIMCI BİLGİ ve ONAM FORMU

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi  
Araştırmamanın adı: Anne ve Babaların Geçmiş Deneyimleri ile Aile Yaşamı  
Dinamikleri Arasındaki İlişkinin İncelenmesi  
Araştırmacının adı: Sena Tepebağlı  
Tez Danışmanının Adı: Ayşegül Metindoğan

Sevgili anne/baba,

Boğaziçi Üniversitesi Temel Eğitim Bölümü Dr. öğretim üyesi Ayşegül Metindoğan'ın danışmanlığında “Anne ve Babaların Geçmiş Bağlanma Deneyimleri ile Aile Yaşamı Dinamikleri Arasındaki İlişkinin İncelenmesi” adı altında yüksek lisans tez çalışmamı yürütmekteyim. Bu çalışmada sizin çocukluk çağı deneyimleriniz, anne ve babanız ile kurduğunuz ilişkiler ve şimdi eşiniz (partneriniz) ve kendi çocuklarınız ile yaşadığınız ilişkilere odaklanılmaktadır. Pek çoğumuzun geçmişte zor ve travmatik denebilecek deneyimleri olmuştur. Bu çalışmada genel olarak amacımız, ebeveynler olarak geçmişte yaşadığımız bu zor deneyimlerin sizlerin şimdiki hayatınızdaki etkilerini anlamaktır. Bu bilgileri okuduktan sonra araştırmaya katılmak isterseniz lütfen bu formu imzalayıp, bana ulaştırınız. Bu araştırmaya katılım online olabileceği gibi, çocuklarınızın okulları aracılığıyla ya da doğrudan araştırmacı tarafından size zarf içerisinde iletilecek formları doldurup, zarfı kapatıp araştırmacıya ya da araştırmacıya iletilmek üzere çocuğunuzun devam ettiği okuldaki öğretmene verebilirsiniz. Doldurduğunuz anket formları, hiçbir koşulda öğretmenlerle ya da başkalarıyla paylaşılmayacaktır.

Öncelikle yapılan bu araştırma, çocukluk çağı deneyimlerinize ve mevcut aile ilişkilerinize odaklanmaktadır. Bazı sorular, travma geçmişi olan kişiler için rahatsız edici ve cevaplaması zor olabilir. Bu nedenle, araştırmaya katılmayı kabul etmenize rağmen, dilediğiniz zaman araştırmadan çekilebilirsiniz. Ayrıca, ihtiyaç duymanız halinde, formun altında belirtilen kaynaklardan yararlanabilir ya da yine aşağıda listelenen kurumlara bireysel destek için başvurabilirsiniz.

Bu araştırmaya katılmayı kabul ettiğiniz takdirde ilk olarak demografik bilgi formunu doldurmanızı rica edeceğiz. Hiçbir şekilde kimlik bilgilerinizin sorulmayacağı bu formda, yaşı, eğitiminiz ve medeni durumunuz gibi genel olarak katılımcı özellikleri ile ilgili sorular; ayrıca, yaşı, cinsiyeti ve sağlık durumu gibi çocuklarınız hakkında, bazı sorular yer alacaktır. Bunlara ek olarak eşinizle (partnerinizle) olan ilişkiniz ve size geçmişte size bakım veren kişi ile olan ilişkinize dair sorular da yer alacaktır. Genel olarak 20 yaşına kadar yaşamış olabileceğiniz zor

deneyimler ile kendinize ve yakın ilişki içinde olduğunuz kişilere karşı hisleriniz ve ilişkinizin dinamikleri ile ilgili bu anketi doldurmanız yaklaşık 20-25 dakikanızı alacaktır.

Bu araştırma tamamen bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Dolduracağınız herhangi bir ankette isminiz/soyisminiz ya da kimliğinizi ortaya çıkaracak herhangi bir bilgi istenmeyecektir. Doldurduğunuz anketlerdeki bilgiler her koşulda gizli kalacak, size verilen katılımcı numarası ile araştırmaya devam edilecektir. Doldurduğunuz formlar araştırma sonuna kadar sadece araştırmacının ve danışmanının erişebileceği bir yerde muhafaza edilecektir. Araştırma sona erdiğinde silineceklerdir. Araştırma sonuçları sadece bilimsel amaçlı dergi ve konferanslarda paylaşılacak olup, bu durumlar dışında hiçbir şekilde kullanılmayacaktır. Genel araştırma sonuçları isteğiniz dahilinde size ulaştırılacaktır.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Katıldığınız takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden araştırmadan çekilme hakkına sahipsiniz. Araştırmadan çekildiğiniz takdirde o ana kadar doldurduğunuz bilgiler kullanılmayacak ve veri tabanından çıkarılarak, silinecektir. Araştırmayı tamamladığınız takdirde araştırma sonunda tüm katılımcıların dahil edildiği bir kura çekimi ile toplam beş (5) katılımcıya 200 TL değerinde hediye çeki verilecektir. Buna ek olarak bilime sağladığınız katkının, ileride başka ailelere de yarar sağlaması muhtemeldir. Araştırma sonucunda elde edilecek bilgilerin, aile dinamiklerinin kuşaklar arası aktarımının anlaşılmasına ve bunun sonucunda planlanacak önleme ve müdahale programlarına katkı sağlaması beklenmektedir. Ayrıca, araştırma sonuçları hakkında bilgi almak isterseniz, ankette yer alan ve iletişim bilginizi soran bölüme tercih ettiğiniz iletişim yöntemini yazabilirsiniz

Bu araştırmada herhangi bir karşılaştırma, yargılama ya da sınama gibi amaçların olmadığını vurgulamak isteriz. Bu formu imzalamadan önce, çalışmayla ilgili sorularınız varsa ya da daha sonra sorunuz olursa, araştırmacı olarak bana (Sena Tepebağlı), ve tez danışmanıma (Ayşegül Metindoğan) ulaşabilir ve sorabilirsiniz. Araştırmayla ilgili haklarınız konusunda Boğaziçi Üniversitesi Sosyal ve Beşeri Bilimler İnsan Araştırmaları Etik Kurulu'na (sbinarek@boun.edu.tr) danışabilirsiniz.

Bireysel destek için başvurabileceğiniz kurumlar;

ALO 183 Sosyal Destek Hattı (7/24 Ücretsiz Hizmet)

444 43 06 - Gelincik Hattı

0212 287 24 81 / 0212 263 19 64 - Boğaziçi Üniversitesi Psikoloji Araştırma ve Uygulama Merkezi (BÜPAM)

Rehberlik ve Araştırma Merkezi (RAM)'ne başvurabilirsiniz.

Yararlanabileceğiniz kaynaklar;

Aile Eğitim Programı - Aile Yaşam Becerileri

([https://aep.aile.gov.tr/media/jgbj4aii/01\\_03\\_aile-yaşam-becerileri.pdf](https://aep.aile.gov.tr/media/jgbj4aii/01_03_aile-yaşam-becerileri.pdf))

Aile Eğitim Programı - Çocuk Yetiştirmede Temel Beceriler  
(<https://www.aile.gov.tr/media/93058/cocuk-yetistirmede-temel-beceriler.pdf>)  
Aile Eğitim Programı - Evlilikte İletişim ve Yaşam Becerileri  
(<https://aep.aile.gov.tr/media/yrihlmfr/04-eöe-iletisim.pdf>)  
Aile Eğitim Programı - Evlilik ve Sağlık  
(<https://aep.aile.gov.tr/media/5c0ji0g5/05-eöe-sağlık.pdf>)  
Aile Eğitim Programı (<https://aep.aile.gov.tr/egitim-icerikleri/>)  
Aile Çocuk Dergisi (<https://ailecocuk.aile.gov.tr/>)  
Psikososyal Destek Programları - Cinsel İstismar Travması  
([https://orgm.meb.gov.tr/meb\\_iys\\_dosyalar/2020\\_11/26160957\\_Psikososyal\\_Cinsel\\_Ystismar\\_KitabY.pdf](https://orgm.meb.gov.tr/meb_iys_dosyalar/2020_11/26160957_Psikososyal_Cinsel_Ystismar_KitabY.pdf))  
Psikolojik Sağlık Aile Bilgilendirme Rehberi  
([https://orgm.meb.gov.tr/meb\\_iys\\_dosyalar/2022\\_10/04111027\\_psikolojik\\_saYlaml\\_Yk\\_okul\\_onesi\\_aile\\_broYur.pdf](https://orgm.meb.gov.tr/meb_iys_dosyalar/2022_10/04111027_psikolojik_saYlaml_Yk_okul_onesi_aile_broYur.pdf))

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Bana anlatılanları ve yukarıda yazılanları anladım. Bu formun bir kopyasını aldım.  
Çalışmaya katılmayı kabul ediyorum.

Katılımcı Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

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