
INDIVIDUAL AND FAMILY FACTORS RELATED TO CHILD'S POTENTIAL PHYSICAL AND EMOTIONAL ABUSE

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Annotation. Some parents tend to use hostile and harsh parenting practices for managing child's misbehavior and disciplining. Physical, verbal or emotional abuse has negative impact on individual's well-being, self-esteem, ability to cope with stress, adaptation, socialization, even academic achievements during childhood and adulthood. It is important to identify risk factors and situation under that parents are at risk of harming their children and provide support for these families. 1265 mothers of preschool aged children participated in the study. According to indirect predictors, 13,4% of mothers were classified to child's potential physical and/or emotional abuse group. However none of mothers were assigned as using authoritarian practices nor physical coercion, verbal hostility or punitive behaviors according to direct signs of violent parenting behavior. Factors as child's parents live separately, poor family financial situation, low quality of mother's sleep, poor mother's physical health, lower father's education, poor child's physical health and high maternal smoking status are related to child's potential physical or emotional abuse.

Keywords: child, emotional abuse, physical abuse, parenting practice, parenting stress

INTRODUCTION

Any types of violence against children are forbidden as extremely harmful for individual's physical, social-emotional and cognitive development, having lifelong negative impact on individual's health, well-being, adaptation and socialization. According to sociological and ecological models of parenting, even typically non abusive parents may become violent under certain circumstances (Belsky; 1993; Wolfe, 1987). It is important to identify risk factors and circumstances under that parents are at risk of harming their children (Jackson at al., 1999).

Sometimes emotional abuse may be perceived as less harmful compared to other forms of violence as it has no obvious psychical effects. However emotional abuse (as well physical, sexual abuse and neglect) in childhood has strong causal association with (Norman et al., 2012; Office for national statistics, 2017): 1) *mental disorders* (e.g. depression, anxiety, suicidal attempts, eating disorders, substance use disorders, post-traumatic stress disorder, etc.), 2) *psychological problems* (low self-esteem, self-criticism, risky behavior, etc.), 3) *health issues*

(psychosomatic symptoms, neglect towards health care, risky sexual behavior and sexually transmitted infections, obesity, sleep problems, etc.), and 4) *social problems* (aggressive behavior, social commitment challenges, challenges with parenting practices, marriage and employment, problems with law, etc., these individuals are more likely to be abused in adult life).

Even very slight verbal or emotional abuse has negative impact on child's well-being, self-esteem, ability to cope with stress and emotional bonding with the aggressor (e.g. parent).

Several explications may explain parental abusive behavior. The main reasons are (Medley, Sachs-Ericsson, 2009; Jackson et al., 1999; Hubert and Aujoulat, 2018; Mikolajczak et al., 2018):

- parental psychopathology: internalizing problems (depressive symptoms, anxiety, phobias, etc.) and externalizing problems (drug and alcohol use, aggressive behavior, conduct disorder, anger and hostility management challenges, etc.);

- previous experience of childhood physical, emotional or sexual abuse;
- parents attitudes towards physical punishment as a parenting practice;
- parents ideology and religion;
- history of witnessing partner violence;
- parent's social isolation;
- low socioeconomic status and lower education status;
- child's gender and age;
- child's health problems;
- parental stress, fatigue and burnout.

The **purposes** of research are to evaluate 1) risk factors that may be related to direct abusing parenting behavior (authoritarian parenting, physical coercion, verbal hostility, punitive behavior), and 2) risk factors that may be related to indirect/potentially abusing parenting behavior (parent related parenting stress, social isolation, weak attachment with the child, parent's role restriction, problems with the father of the child, low emotional connection with the child).

METHODOLOGY OF THE RESEARCH

Instruments: *Parenting Stress Index* or PSI (Abidin, 1995) – the most widely used measure of the parenting stress (Deater-Deckard, 2004) – was used in the study. All aspects the instrument evaluates has strong association with parenting behaviors (e.g. parental discipline,

maltreatment, abuse), parent's social cognitions (attitudes about and feelings toward the child), parent's psychopathology (e.g., depression, anxiety, sleep problems) (Psychological Assessment Resources, Inc.: Product description; Deater-Deckard, 2004).

5 parent characteristics stress scales were applied in this research:

Parent Domain evaluates those aspects of parenting stress that is associated with the parent (e.g., sense of parental incompetence, role restriction, relationship with the spouse, social isolation and parent's health, depression) and determines the level of distress a parent is experiencing in his or her role as a parent. High scores suggest that individuals feel overwhelmed, stressful and inadequate to the tasks of parenting role;

Attachment with the child scale – high scores suggest that the parent does not feel emotional closeness to the child or the parent is unable to observe and understand the child's needs and feelings accurately;

Relationship with spouse scale reflects whether relationship between the child's mother and father is negative and the lack of support may have unfavorable outcomes to other family systems and mother-child interaction as well;

Social isolation scale – high scores indicate that parents are under considerable stress and it is necessary to get help and support as soon as possible. These parents perceive themselves as extremely socially isolated from various emotional support systems;

Role restriction scale – high scores may indicate strong resentment and anger toward the child as the parent experiences his parenting role as restricting the freedom and frustrating him/her.

The reliability coefficients for scales were 0,61–0,85. Higher scores represent more intense stress related to particular domain.

Parenting Styles and Dimensions Questionnaire (short form (SF); Robinson, Mandlaco, Olsen, Hart, 2001) is based on Baumrind's most commonly used typology of parenting styles. The questionnaire has 3 main factors and 7 scales, but in this study was used only 1 scale and 4 dimensions:

Authoritarian parenting scale evaluates parent's behavior that is less warm in interactions with children and more controlling of their children,

Physical coercion dimension reflects physical punishment, spanking, grabbing when the child is disobedient,

Verbal hostility dimension evaluates prevalence of shouting, criticizing the child, exploding with anger when the child misbehaves or does not meet parent's expectations,

Non-reasoning, punitive behavior dimension reflects parent's ignoring behavior or taking privileges away without or little explanation when the child misbehaves,

Connection with the child dimension evaluates the warmth and support the child gets from the parent (and this behavior may be perceived as the opposite of potentially abusive and hostile parenting behavior).

Cronbach's alphas for scales are 0,72-0,83. Higher scores indicate more prevalent discipline and parenting practice.

Sociodemographic questions. Sociodemographic variables that may be related to maternal parenting behavior and potential violence towards child were evaluated: child's gender (1=boy, 2=girl), age, child's health (1= is ill more often than others, 5=more healthy compared to others), mother's and father's educational status (higher indicator=higher education status), mother's age, mothers employment status (0=full/part time employment, 1=unemployment) and working hours per week, family financial situation (0=having sufficient income), family status (1=both parents live together, 2=parents live separately), number of children in the household, mother's physical health (1=poor, 5=excellent), quality of sleep (1=excellent sleep quality, 5=bad sleep quality), smoking and alcohol use prevalence (1=everyday, 5=never).

Sample: 1265 mothers participated in the study (of children aged 22-65 months, age mean 52,6±11,7 months, attending kindergartens in Lithuania). Mothers were asked to answer questions of the PSI and PSDQ (SF). The age range of mothers is 20 to 49 years with a mean 32,3±5,7 years.

Procedure. Mothers were asked to answer questions of the PSI and answer questions concerning demographics. The questionnaires were anonymous and participants gave them back in envelopes. The SPSS 22.0 was used for a statistical analysis of empirical data. Descriptive statistics and several binary logistic regression models were evaluated.

RESULTS AND DISCUSSION

The 1st step of the results analysis was to estimate the prevalence of direct abusive parenting behavior in the sample. Parenting dimension and each parenting behavior scale's score range was divided into the categories: a) up to 1/3 of possible (maximum) score referred as Low score / weak behavior, b) 1/3 up to 2/3 of possible score referred as Moderate score / behavior, and c) 2/3 of possible score to highest score referred as High score / strong behavior.

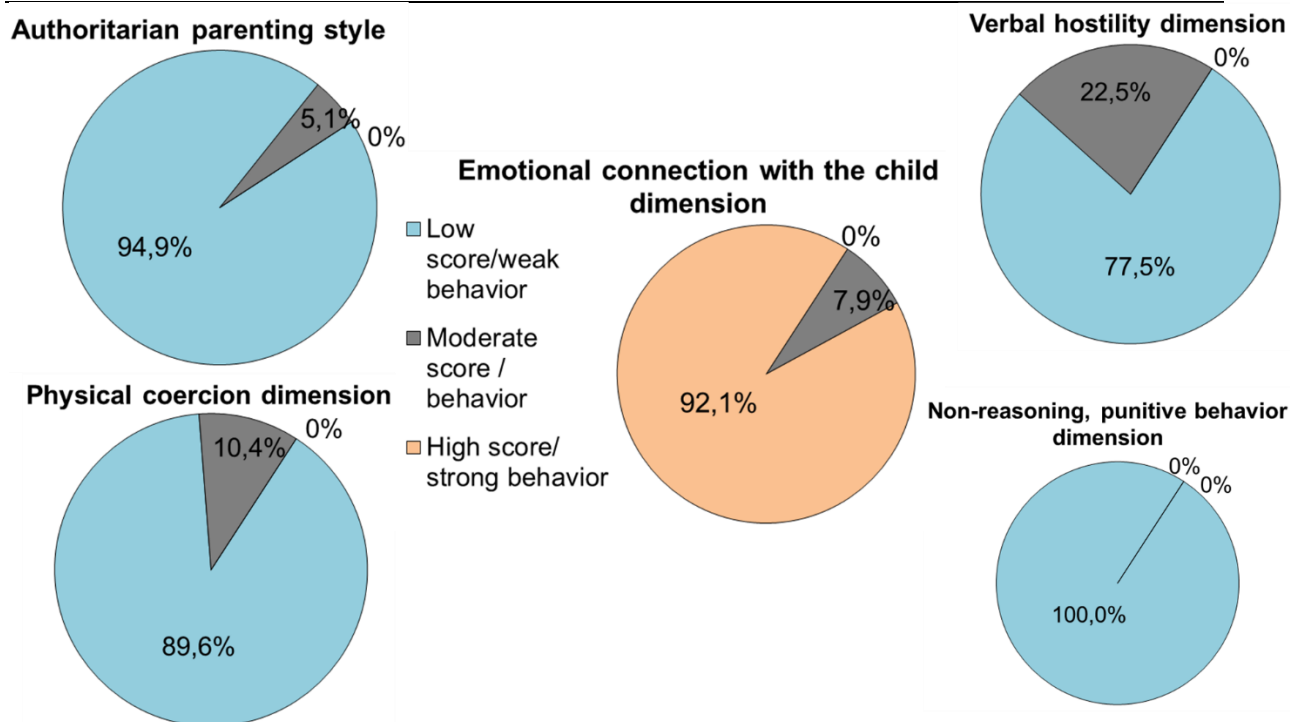


Figure 1. Prevalence of the parenting practices

All mothers gained low scores on non-reasoning and punitive behavior dimension (Figure 1). 5,1-22,5% of mothers gained moderate scores on authoritarian parenting scale, physical coercion and verbal hostility dimensions that represents situational acts referred as child's potential physical or verbal abuse. Majority of respondents gained high scores on emotional connection with the child dimension; warm, supportive, child encouraging, responding to child's needs and feeling maternal behavior is specific to mothers according to results. The results may indicate that there is no prevalent *direct* abusive parenting behavior among the participants of the study and there are no *direct* signs of violence in parenting. However mothers may not be honest about their parenting practice as authoritarian parenting, violence and punishments are socially unacceptable in the society.

According to previous studies (Abidin, 1995; Deater-Deckard, 2004; Begle, Dumas, Hanson, 2010; Shutay, 2009), the potential for the child physical and/or emotional abuse rises with high parenting stress and PSI scores on Parent stress domain, Attachment, Social isolation, Role restriction and Relationship with spouse scales. The 2nd step of the results analysis was to estimate the prevalence of potential, *indirect* abusive parenting behavior in the sample.

Participants based on scores range over 85th percentile for PSI Parent domain, Role restriction, Attachment, Relationship with spouse and Social isolation scales were divided into

2 groups: 1) normal parenting behavior group, and 2) child's *potential* physical or emotional abuse parenting group (participants who gained over 85th percentile scores on Role restriction, Attachment, Relationship with spouse and Social isolation scales OR who gained over 85th percentile scores on Parent domain and at least 2 over 85th percentile scores for Role restriction, Attachment, Relationship with spouse and Social isolation scales).

Several binary logistic regression analyses were run with child's normal parenting/*potential* physical or emotional abuse parenting behavior group as dependent variable and child's individual factors, parents' individual factors and family factors as independent variables.

Individual and family variables included in regression models have weak associations in predicting potential abusive behavior as Nagelkerke Rs are rather inconsiderable ($R^2=0,160$ or less). Parents' individual factors are most related to child's potential physical or emotional abuse compared to family variables and child's individual variables (according to pseudo R^2 ; Figure 2).

Variables and indirect attributes related to child's potential physical or emotional abuse are presented in Figure 2 (in descending order). Child's parents live separately and poor family financial situation are the main factors related to child's potential abuse. There may be indirect associations between family and socioeconomic status and parenting practices – mothers in single parent families may perceive and have lower social, emotional support and increased financial burden that increase parenting stress, reduce self-esteem and adequate perception of being capable and competent as a parent. That may lead to anger management and self-control problems when facing child's misbehavior or other daily life difficulties.

Interesting results are that mother's lower quality of sleep, poor physical health and more frequent smoking status as well are related to child's potential physical or emotional abuse (Figure 2). These factors may be evaluated as reason factors or consequence factors. If mothers perceive high parenting stress or face a lot of stressors related to other areas of life, then quality of life, health, sleep, taking care of personal health, paying attention to self-care, hobbies, leisure time may decrease. This decreased self-care behavior results worsening in effective parenting practices and mothers may become violent in some situations. Just like when mothers have problems with personal health or sleep, they have less energy to fulfill parenting responsibilities, to notice and understand child's needs, feelings and accept child's behavior as developmentally ordinal, and they may act in abusing manner with their child.

Lower father's education status may be a moderator variable when evaluating relationship with child's potential physical or emotional abuse (Figure 2). Parents of lower socioeconomic status may have less resources and information related to authoritative, democratic parenting (Hoff, 2002). Father's with lower socioeconomic status may give their spouses less emotional and social support thus resulting manifest of abusing and hostile maternal behavior with the child.

Individual and family factors related to child's potential physical or emotional abuse

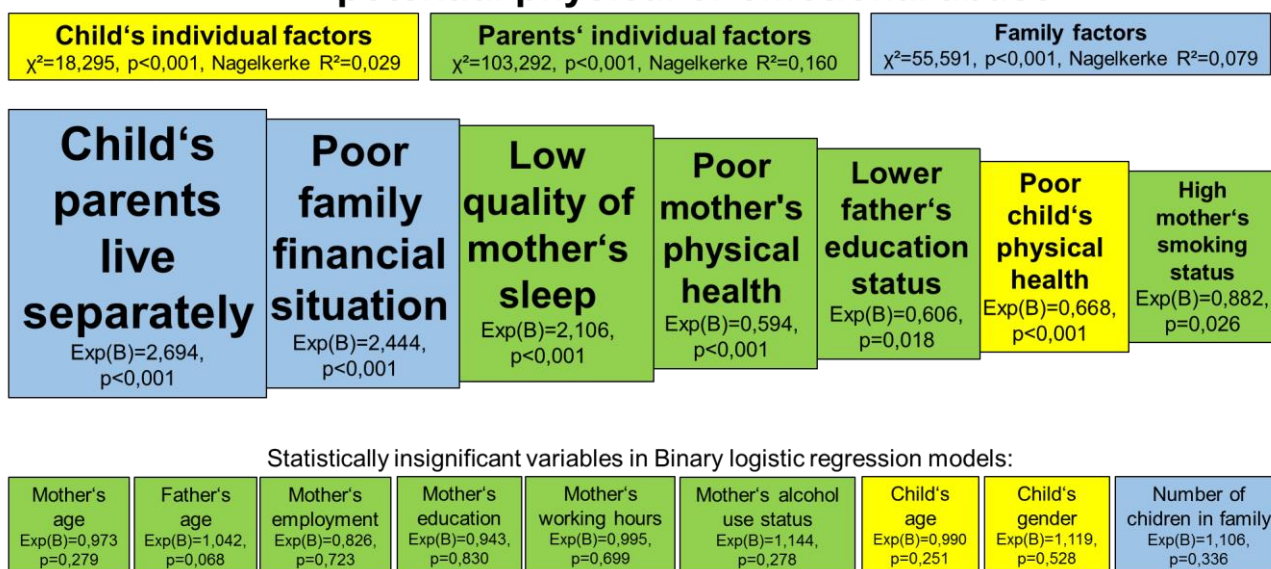


Figure 2. Individual and family factors related to child's potential abuse

It is not obvious how child's potential abuse and hostile disciplining may be related to child's health status. According to other researchers (Deater-Deckard, 2004) frequent child's illnesses may be an additional burden to parents, so it may provoke less acceptable parenting behavior. However in previous study we did not find any parenting stress differences between chronic somatic disease children and children with speech and communication problems groups or healthy ones (Perminas, Viduoliene, 2012).

Other individual and family variables were not related to potential child's violence ($p>0,05$). However more factors should be taken into account when predicting potential child abuse in future researches.

CONCLUSIONS

None of mothers gained high scores on authoritarian parenting scale nor physical coercion, verbal hostility, punitive behavior dimensions. None of mothers gained low scores on connection with child dimension as well.

According to indirect predictors, 13,4% of mothers were classified to child's potential physical and / or emotional abuse group.

Parents' individual factors are most related to child's potential physical or emotional abuse compared to family variables and child's individual variables. Factors as child's parents live separately, poor family financial situation, low quality of mother's sleep, poor mother's physical health, lower father's education, poor child's physical health and high maternal smoking status are related to child's potential physical or emotional abuse.

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SU POTENCIALIA FIZINE IR EMOCINE VAIKO PRIEVARTA SIEJAMI INDIVIDUALŪS IR ŠEIMOS VEIKSNIAI

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Santrauka

Kartais tėvai linkę taikyti griežtas, bausmėmis ir grubiu elgesiu paremtas vaiko auklėjimo bei drausminimo strategijas. Vaiko atžvilgiu taikoma fizinė, žodinė, emocinė prievarta neigiamai paveikia tiek vaiko, tiek vėliau jau suaugusio asmens prisitaikymo galimybes, streso įveikimo būdus, savigarbos ir pasitikėjimo savimi jausmus, socializacijos procesą ir net akademinį pasiekimą. Taigi yra svarbu įvertinti, kokie individualūs bei šeimos veiksniai gali būti siejami su potencialia motinų prievarta vaiko atžvilgiu, ir ateityje stengtis laiku atpažinti galimas rizikos situacijas ir kuo greičiau šioms šeimoms suteikti pagalbą bei paramą, taip užkertant kelią galimai tėvų prievartai prieš nepilnametį. Tyrime dalyvavo 1265 ikimokyklinio amžiaus vaikus auginančios motinos. Remiantis netiesioginiais potencialios prievartos prieš vaiką rodikliais, apie 13,4 proc. tyrimo dalyvių galima priskirti potencialios prievartos prieš vaiką naudojimo rizikos grupei. Remiantis motinų subjektyviu savo elgesio su vaiku vertinimu, nei viena tyrimo dalyvė negalėtų būti priskirta potencialios prievartos prieš vaiką rizikos grupei. Su potencialia fizine ar emocine prievarta prieš vaiką gali būti susiję tokie individualūs ir šeimos veiksniai kaip vaiko tėvų gyvenimas atskirai, sunki šeimos finansinė situacija, prasta motinos miego kokybė, prasta motinos fizinė sveikata, žemesnis vaiko tėvo išsilavinimas, prasta vaiko fizinė sveikata ir dažnesnis motinos tabako gaminių vartojimas.

Pagrindinės sąvokos: vaiko emocinė prievarta, vaiko fizinė prievarta, auklėjimo strategijos, motinstės stresas

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