



The Relationship Between Mothers' Mental Health and Violence Against Their Children

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Abstract

Background: The negative life experiences and mental state of the mothers cause them to be inadequate to meet the needs of their children and to show negligent-abusive behavior towards their children.

Objectives: The aim of this study was to investigate the relationship between mothers' mental health status and neglect/emotional-physical violence behavior towards their children.

Methods: This was a cross-sectional quantitative study. The population of the study consists of women who had children aged 0-11 years who applied to a public hospital in Istanbul in the first quarter of 2016. In the study, Self-Reporting Questionnaire-SRQ was used to measure the mental health of mothers, and violence questionnaire was used to measure the violent behaviors of mothers towards their children. SPSS 20.0 program was used for statistical analysis.

Results: It was found that almost half of the mothers had high psychological / psychiatric problems (above the threshold). It was found that the rates of high level of emotional violence, low and high level of physical violence against the children of mothers with a Self-Reporting Questionnaire-SRQ above the threshold were higher. In addition, a statistically significant difference was found between traumatic life experiences and mothers' neglect behavior towards the child and this difference was not found in the abuse types.

Conclusions: In families with traumatic events, negligent behaviors of mothers towards their children are observed more frequently. In families with high traumatic life experiences, negligent behaviors of mothers towards their children are seen at a higher rate than families with low traumatic life experiences.

Keywords: Mental Health, Maternal Violence, Child Neglect, Child Abuse

1. Background

The negative life experiences and mental state of the mothers cause them to be inadequate to meet the needs of their children and to show negligent-abusive behavior towards their children. Negligence in the definition of the World Health Organization-WHO is that caregivers do not meet the needs deemed necessary for the development of the child and / or do not take these needs into account, and these needs are health, education, nutrition, accommodation, emotional development and safe living conditions (1). Abuse, on the other hand, is violent behaviors that are intentionally or unintentionally committed by an adult-society or country that adversely affects the physical development, health and psycho-social development of the child (2). Child abuse is classified as emotional, economic, physical and sexual abuse (3).

The underlying causes of child maltreatment are grouped into three main groups: parents, environment of

parents, child and the family, and child (4).

For parents, it is important to examine the socio-cultural, economic and psychological factors that determine the emergence and application of violence in terms of understanding the reasons for the parents to use violence. It is more difficult for mothers with mental problems such as depression and anxiety to establish healthy relationships with their children, regardless of the age of the child; mothers are less able to do activities that provide positive interactions such as playing games and reading books with their children and may have difficulties in organizing situations that will ensure the child's well-being (such as taking them to doctor's control) (5).

With traditional family roles in child care and upbringing, mothers spend more time with the child, which highlights the role of the mother in the development of the child. The warm loving and close relationship that the mother will establish with her child, especially in infancy

and childhood, forms the basis of the child's mental health development (6). Harlow's (1958) study at the University of Wisconsin on "mother deprivation" - the use of this term emphasizes the importance of the mother in child care - has been defined as a partial maternal deprivation when the mother cannot convey enough love to the child even when she is with her child (7). This situation, which is described as the negligent behavior of the mother, can cause confusion and / or behavioral disorders in the child's inner world.

The comprehensive data collected so far on the phenomenon of violence against children show the disturbing dimensions reached by emotional, physical and sexual abuse. It can be said that the acquired data indicate that attitudes that perpetuate and justify violence and that "conceal it while it is in the open" exist in almost every country and every community in the world. UNICEF's report "Hidden in Open Visibility" documents ongoing violence where children are expected and needed to be safe, based on data collected from 190 countries: homes, schools, and communities (8).

2. Objectives

The aim of the study was to examine the relationship between the mental health status of mothers and neglect and emotional-physical violence behavior towards their children. Since the number of studies on the subject in our country was limited, it was hoped that the study will contribute to the literature and to understand the effect of mothers' mental health on the neglect and violent behavior they inflict on their children while studying the subject of neglect-abuse.

3. Methods

The research was a cross-sectional quantitative study. The population of the study consists of women who applied to a public hospital in Istanbul in the first 3 months of 2016 and have children between 0-11 years old. It was determined that there were 145 women who applied to the hospital during this period and met the inclusion criteria which were being over 18 years old mom, voluntarily participation and having a child between 0-11 years old. In the survey study, mothers who had more than one child between the ages of 0-11 were asked to identify only one child as the center child and answer the questions with reference to that child. The exclusion criteria was being under 18 years old mom and being reluctant to participate in the study. Among these, 101 women who voluntarily participated in the study. Accordingly, the rate of participation in the research was approximately 70%. Since, it is

aimed to use inferential statistics to get knowledge on targeted population and the sample has similar characteristics like the population exclusion criterion, it was used simple random sampling in the study. Prior to the data collection process, approval of the Taksim Training and Research Hospital Clinical Research Ethics Committee was obtained - dated 25.12.2015 and numbered 50.

In the study, "Self-Reporting Questionnaire-SRQ" developed by the World Health Organization was used to measure the mental health of mothers. SRQ has been used many times in various studies. In these past studies, sensitivity was found above 80 and specificity above 70 in studies where the cut off value was 8. Therefore, the cut off value was taken as 8 in the study. For validity and reliability, the WHO study was based on 1994, where SQR; It has been examined under four sub-elements in terms of face, content, criterion and construct (9). According to these validity and reliability, it was appropriate to assess mothers' mental health as a tool in our study. This scale is used to evaluate the relationship between parents' psychological health and neglect and abuse of their own child. The threshold value used for scoring of this scale, which consists of 20 questions, is the answer "yes" to eight or more question items (10). Accordingly, the score the participants got from the Self-Reporting Questionnaire was defined as below-threshold (low score) and above-threshold (high score) (11). In order to measure mothers' violent behavior towards their children, the questionnaire questions used in the domestic violence research conducted by the Bernard van Leer Foundation, Humanist Bureau and Frequency Research and Boğaziçi University in 2013 were based. The main objective of the questionnaire was to obtain concrete data on the prevalence of domestic violence against children, the forms it takes, and particularly circumstances that lead to the use of violence. The target group of the survey consisted of adults who are primary caregivers of children. In the research, a total of 7 questions were asked in the survey study to understand the neglect situation in the family. The score value of each item is 1, and the index scores (0-7 average) were calculated by summing the items answered as "yes" to the negligence situations / conditions. The index value below the average is grouped as low neglect level and above as high neglect level. Violence against children in the study was considered as low level emotional violence, high level emotional violence, low level physical violence and high level physical violence as in the original scale. These items have two options as yes and no, and the item with the highest yes mark indicates the bodily and spiritual sensations frequently experienced by mothers.

Ethics committee approval was obtained from the hospital where the study was to be conducted before starting

the data collection phase. The data collected in the study were statistically analyzed using the SPSS 20.0 program. Descriptive statistics are given as percentage, mean and standard deviation in the study. Relationships between categorical variables were examined as chi-square test of independence and P value.

4. Results

The average age of the mothers participating in the study was calculated to be 30.37 ± 6.471 (minimum: 21, maximum: 50, median: 29).

In the study, 60% of the mothers were in the 21-30 age range, 32% in the 31-40 age range and 8% in the 41-50 age range. 10% of the mothers participating in the study had no education, 46% were primary school graduates, while 19% were secondary school graduates. 15% of the mothers are high school graduates and 10% have university or higher education. In other words, only 1 in 4 of the mothers continued their high school education after primary education. 79% of the mothers participating in the research are housewives (Table 1).

Table 1. Descriptive Information of Mothers

| Groups | Percent, % |
|--------------------------------|------------|
| Age | |
| 21-30 | 60 |
| 31-40 | 32 |
| 41-50 | 8 |
| Education | |
| no education | |
| primary school | 46 |
| secondary school | 19 |
| high school | 15 |
| university or higher education | 10 |

To understand mental health, questions of the SRQ and questions evaluating the traumatic events experienced in the last 1 year were asked to the mothers. Among spiritual and bodily sensations, the first and third items of the scale were marked the most. These are "Are you tired immediately?" with a rate of 64% and the second item is "Have you had a sleep problem?" with a rate of %60.

According to the index score calculated according to the World Health Organization's SRQ, the rate of people who got above the threshold score was found to be 48%. According to this scale, in which the mental health of the mothers was tried to be understood, it was found that almost half of the participants had a high probability of having psychological / psychiatric problems (Table 2).

Table 2. WHO - Self-Reporting Questionnaire-SRQ

| Average score | 7,6 (sd: 4,7) |
|-----------------------------------|---------------|
| Below threshold (0-7 points) | 52 % |
| Above the threshold (8-20 points) | 48 % |

The relationship between the mental health status of the mothers and their negligence and violent behaviors against the child is presented in Table 3. According to the SRQ, the rate of neglect perpetrated by mothers (above the threshold) to their children who are more likely to have mental problems was 50%. There was no significant difference between mothers' psychological / psychiatric problems and neglect of their children, low-level emotional violence, high-level emotional violence, low-level physical violence and high-level physical violence according to the chi-square test results (statistic: 0.70; $P > 0,05$).

In the study, the traumatic events experienced by mothers in the last year and their negligence and violent behaviors against the child is presented in Table 4.

Mothers are dismissal / unemployed with a rate of 28% of the traumatic events they experienced in the last 1 year that most negatively affected them; they stated that there is serious conflict between spouses with a rate of 18% and migration / city change / relocation at a rate of 13%.

Traumatic event index was calculated according to the average of 9 items in the table. Accordingly, the index of traumatic events experienced in the last 1 year was 0.86 (sd: 1.1). According to the traumatic event index, scores below the average value of 0.86 are specified as below the threshold, and those who score average and above are specified as above threshold. The rate of families who scored above the threshold, that is, who had a traumatic event, was 52%.

According to the chi-square test, a significant difference was found between the high traumatic event index and the level of neglect of mothers towards their children in families with traumatic events. The reason for using the chi-square test here is that the variables to be compared are categorical variables and therefore the ratios will be compared. While the rate of neglect was found to be 37.5% in families with a low traumatic event index, it was found to be 59.6% in families with a high index of traumatic events. (X^2 Statistics: 4.88; $P: .027$) (Table 5).

According to the chi-square test, a significant difference was found between mothers' low-level emotional violence against their children and families with traumatic events. In the proportional relationship between the experience of traumatic events in the family and the use of violence types, the rate of applying violence in cases with high levels of emotional violence and low and high levels of physical violence was found to be higher than in cases

Table 3. "Self-Reporting Questionnaire-SRQ and Level of Neglect / Violence Against Children, %" "

| | Neglect | "Mild Emotional Violence" | "High Level of Emotional Violence" | "Mild Physical Violence" | "High Level of Physical Violence" |
|--|---------|---------------------------|------------------------------------|--------------------------|-----------------------------------|
| Under Threshold (0-7 points) | 48,1 | 59,6 | 11,5 | 32,7 | 1,9 |
| Above Threshold (min-max:8-20 points) | 50,0 | 43,8 | 22,9 | 39,6 | 6,2 |

Table 4. "Traumatic Events List and Frequency Rates (%)" "

| Traumatic Events | Percent, % |
|---------------------------------------|----------------------|
| Dismissal / unemployment | 28 |
| Serious conflict between spouses | 18 |
| Immigration / relocation / relocation | 13 |
| Death | 8 |
| Serious illness / injury / accident | 6 |
| Bankruptcy | 5 |
| Separation / divorce | 4 |
| Natural disaster / fire | 2 |
| Detention / imprisonment | 2 |
| Traumatic event index (0-9) | 0,86 (sd:1,1) |

with a low traumatic event index. In the relationship between high traumatic event index and violence rates, the highest rate was found as 42.3% in low level physical violence. (Statistics: 4.70; $P < 0.05$).

5. Discussion

According to the study, it was predicted that mothers with psychological / psychiatric problems would exhibit more negligent-violent behavior towards their children than mothers without problems. According to the Self-Reporting Questionnaire-SRQ, almost half of the mothers were found to have a high probability of having psychological / psychiatric problems (48%). It was found that the rates of "high level emotional violence, low and high level physical violence" against their children whose scores were above the threshold were higher. Yilmaz et al. stated in a case study they conducted on an abuse case that child abuse was related to the socioeconomic level of the family (12). Nguyen et al. Stated that in the United States of America, low socio-economic level and low parental education pose a risk for child abuse and neglect (13). Güler et al. searched the socioeconomic structure of the family was shown among the important causes of child abuse and neglect, and they stated that economic difficulties may adversely affect the mother in terms of psychological aspects, considering that household needs and bud-

get adjustments within the family are made especially by the mother. In addition, a significant relationship was found between education level and neglect and abuse applied to children (14). According to the study conducted by Altıparmak et al to determine the reasons affecting child abuse, 64.8% of the children were physically abused by their mothers, 63.3% were emotionally abused, and in the study young mothers abused their children relatively more (15). In addition, the relationship between the rates of neglect and low level physical violence and the probability of the mother having psychological / psychiatric problems was not found in this study. Accordingly, the focus of the research is to shout, scold, forbid mothers from doing something they love, etc. The reason why the practices of behaviors, which are indicators of low-level emotional violence, do not differ according to their mental state is that these behavioral patterns are seen as normalized, necessary for child education. Therefore, mothers can use these behavioral patterns while raising children, whether they have a mental problem or not.

Cooper, on the other hand, found in his study that it is more difficult for mothers with depression to establish healthy relationships with their children, regardless of their age; they were less able to do activities that provide positive interactions such as playing games and reading books together; stated that they had difficulties in organizing situations that would ensure the child's well-being (such as taking him to doctor's control, fastening the seat belt in the car). In addition, Cooper says that they have difficulties in maintaining discipline and balance in the education of the child, which negatively affects the entire cognitive, social and physical development of the child. These statements explain that depression will cause mothers to be inadequate to meet the needs of the child and to display negligent-abusive behavior. Although there was no statistically significant difference in the study, the high rate of neglect-abuse of mothers with a high CLS threshold value and field studies confirm that the mental health problems of mothers are reflected as bad behaviors on the child (16).

Weissman et al. (2006) showed that when mothers diagnosed with major depression go into remission, depressive symptoms in children also decrease (17). Madigan et al. found that the mother's own depressive mood and

Table 5. "Traumatic Events Index and Rates of Violence against Children, (%)"

| "Traumatic Event Index" | Neglect | "Mild Emotional Violence (D1)" | "High Level of Emotional Violence (D2)" | "Mild Physical Violence (F1)" | "High Level of Physical Violence (F2)" |
|-------------------------|---------|--------------------------------|---|-------------------------------|--|
| Low | 37,5 | 64,6 | 12,5 | 29,2 | 2,1 |
| High | 59,6 | 40,4 | 21,2 | 42,3 | 5,8 |

mood was a factor affecting children's emotional adjustment. This situation can be explained by the decrease in negligence and violent behavior towards their children in case of mental well-being of mothers (18).

In the study, mothers were asked about the traumatic events they experienced in order to understand the negative life experiences that affect the mental health of the mothers. A statistically significant relationship was found between traumatic life experiences and negligent behavior of mothers towards the child, but this difference was not found in abuse types. Among the traumatic life experiences, the most negatively affecting factor for mothers was found to be dismissal / unemployment. Mothers with traumatic life experience use "high level of emotional violence and low and high level of physical violence" on their children at higher rates than mothers who do not. When the literature is reviewed, it was stated in some studies that the mother who was exposed to physical violence (beatings) from her husband abused her child more and / or neglected the child by not meeting the needs of the child (14-21). Although this situation was not directly examined in our study, the rate of negligence and abuse was found to be higher in mothers whose mental health was under threat due to traumatic experience.

When the literature is examined, it is seen that the reasons for applying "physical and emotional abuse / neglect behaviors" to children by mothers are similar and generally, the mother's being young, educational status, socioeconomic level, family structure are effective on neglect-abuse. In this study, it was found that the mother's mental state and traumatic experiences are among the causes of "physical and emotional abuse / neglect behaviors" towards children.

The places where the child feels safest such as people living together, families, parents, and caregivers can also be places that threaten the personal, spiritual, mental and physical development of children the most. Children are still exposed to violent behavior and neglect with behavioral patterns that are accustomed to the definition of "disciplining the child, teaching the right-moral behavior".

According to the scale, almost half of the mothers were found to have a high probability (above the threshold) of having psychological / psychiatric problems. The probability of mothers having psychological / psychiatric prob-

lems causing negligence-abuse behavior towards the child was not statistically significant according to the chi square test results, but a proportional relationship was observed. In families with traumatic events, a statistically significant difference was found between mothers' negligent behavior towards their children, and in families with a high traumatic event index, mothers' negligent behavior towards their children is observed with a higher rate than families with a low traumatic event index.

Preventive measures include parents; Practices such as establishing healthy communication, informing about bringing up children attitudes / behaviors, family planning, and providing necessary psychological assistance by identifying families with mental risk factors (such as domestic violence, mother-father mental-mental health problems, unwanted pregnancy) can be listed. It is important that parents critically question the commonly used discourses, behaviors, negligence, such as watching TV for a long time, normalized violent behaviors throwing slippers - and practices that are accustomed to be well-known mistakes in bringing up children- warning, etc.

Footnotes

Authors' Contribution: 1. Study concept and design: BÇ, 2. Acquisition of data: BÇ, 3. Analysis and interpretation of data: BÇ, 4. Drafting of the manuscript: BÇ, 5. Critical revision of the manuscript for important intellectual content: BÇ, 6. Statistical analysis: BÇ, 7. Administrative, technical, and material support: BÇ, 8. Study supervision: BÇ, BÇ: BERNA ÇALGI.

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References

1. World Health Organization. *The World health report: reducing risks, promoting healthy life. world health organization: world health reports. 2002.* [cited 2019 Jul 9]. Available from: http://www.who.int/whr/2002/en/whr02_en.pdf?ua=1.

2. World Health Organization. *Preventing child maltreatment: a guide to taking action and generating evidence*. 2006, [cited 2019 Jul 20]. Available from: http://www.who.int/whr/2002/en/whr02_en.pdf?ua=1.
3. Pelendecioğlu B, Bulut S. Domestic physical abuse of the child. *Journal of Abant İzzet Baysal University*. 2009;9(1):49–62.
4. Cüceloğlu D. *Human and His Behavior: Basic Concepts of Psychology*. Istanbul: Remzi Bookstore Publications; 1993.
5. Harmon K. Mothers' depression can go well beyond Children's infancy. *Scientific American*. 2010;307(3):54–7.
6. Yavuzer H. *Child Psychology*. Istanbul: Remzi; 2010.
7. Tüzün O, Sayar K. Attachment theory and psychopathology. *Dusunen Adam the Journal of Psychiatry and Neurological Sciences*. 2006;19(1):24–39.
8. UNICEF. *New global data show that violence against children is acutely prevalent*. Ankara, the United Nations Children's Fund (UNICEF) Representative in Turkey; 2014, [cited 2019 Dec 9]. Available from: <https://www.unicef.org/turkey/en/press-releases/new-global-data-expose-acute-prevalence-violence-against-children-unicef>.
9. World Health Organization. *A user's Guide to the Self-Reporting Questionnaire (SQR)*. Division of Mental Health World Health Organization-Geneva; 1994, [cited 2019 Jul 9]. Available from: https://apps.who.int/iris/bitstream/handle/10665/61113/WHO_MNH_PSF_94.8.pdf?sequence=1&isAllowed=y.
10. Harpham T, Reichenheim M, Oser R, Thomas E, Hamid N, Jaswal S, et al. Measuring mental health in a cost-effective manner. *Health Policy Plan*. 2003;18(3):344–9. doi: [10.1093/heapol/czg041](https://doi.org/10.1093/heapol/czg041). [PubMed: [12917276](https://pubmed.ncbi.nlm.nih.gov/12917276/)].
11. Muderrisoglu S, Dedeoglu C, Akco S, Akbulut B. *Domestic violence research for children aged 0-8 years old in Turkey*. Istanbul: Bernard van Leer Foundation; 2013.
12. Yılmaz G, İşiten N, Ertan Ü, Öner A. A child abuse case. *Journal of Child Health and Diseases*. 2003;46:295–8.
13. Nguyen HT, Dunne MP, Le AV. Multiple types of child maltreatment and adolescent mental health in Viet Nam. *Bull World Health Organ*. 2010;88(1):22–30. doi: [10.2471/BLT.08.060061](https://doi.org/10.2471/BLT.08.060061). [PubMed: [20428350](https://pubmed.ncbi.nlm.nih.gov/20428350/)]. [PubMed Central: [PMC2802435](https://pubmed.ncbi.nlm.nih.gov/PMC2802435/)].
14. Güler N, Uzun S, Boztaş Z, Aydoğan S. Emotional and physical abuse / neglect behavior applied to children by their mothers and factors affecting this. *Cumhuriyet University Faculty of Medicine*. 2002;24(3):128–34.
15. Altıparmak S, Yildirim G, Yardimci F, Ergin D. Child abuse and neglect based on the information obtained from mothers, and the factors affecting child abuse. *Anatolian Journal of Psychiatry*. 2013;14(4):354. doi: [10.5455/apd.39819](https://doi.org/10.5455/apd.39819).
16. Cooper JL. *Towards better behavioral health for children, youth and their families: Financing that supports knowledge*. New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health; 2008.
17. Weissman MM, Pilowsky DJ, Wickramaratne PJ, Talati A, Wisniewski SR, Fava M, et al. Remissions in maternal depression and child psychopathology: a STAR*D-child report. *JAMA*. 2006;295(12):1389–98. doi: [10.1001/jama.295.12.1389](https://doi.org/10.1001/jama.295.12.1389). [PubMed: [16551710](https://pubmed.ncbi.nlm.nih.gov/16551710/)].
18. Madigan S, Wade M, Plamondon A, Jenkins J. Maternal abuse history, postpartum depression, and parenting: links with preschoolers' internalizing problems. *Infant Ment Health J*. 2015;36(2):146–55. doi: [10.1002/imhj.21496](https://doi.org/10.1002/imhj.21496). [PubMed: [25583550](https://pubmed.ncbi.nlm.nih.gov/25583550/)].
19. İzmirli M, Sur H, Polat N. The case of beating against children and child abuse. *Children's Forum Magazine*. 2000;3(1):37–49.
20. Bulut I. *Young mother and child abuse*. Ankara: Bizim Publishing; 1996.
21. Tajima EA. The relative importance of wife abuse as a risk factor for violence against children. *Child Abuse & Neglect*. 2000;24(11):1383–98. doi: [10.1016/s0145-2134\(00\)00194-0](https://doi.org/10.1016/s0145-2134(00)00194-0).