



The effects of the child physical abuse on the children's mental health

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Abstract

The phenomenon of violence, which is as old as the history of humanity, continues to exist as a universal problem. Different aspects of violence also manifest themselves in the family, and with the negative effects of physical, emotional, and sexual abuse against the child, it can leave permanent traces on the child throughout their life. However, the preventable nature of child abuse makes it one of the biggest responsibilities of societies, and especially of experts working in the field, to protect children from behaviors that seriously harm their physical and mental health. All of these findings reveal the need for an urgent research study on this subject. In this study, determining the factors that are effective in child maltreatment is an important step in making prevention studies more effective.

Keywords: physical abuse, child abuse, neglect, effects of physical abuse on children

1. Introduction

In today's world where everything is changing and developing rapidly and living conditions are becoming increasingly complex, it is of great importance to raise children and young people, who are the future of societies, in a healthy way. The family environment in which children grow up, parent-child relationships and child-rearing methods are important place among the factors that affect their mental health and personality development. Although the family environment is thought to be the safest environment for the child, many parents consciously or unconsciously torment and harm their children on the grounds of educating them, and they raise unhealthy individuals by negatively affecting their physical, spiritual, mental, and social development. Violence, a harmful act against another person, is an important public health problem that requires the cooperation of different disciplines and society. Violence is increasing in our daily lives with each passing day. The phenomenon of violence, which manifests itself in emotional, physical, verbal, sexual and many other dimensions, is naturally observed in the family.

Due to its importance in society, the family has been an institution that is constantly analyzed and important data from this institution are being obtained in every society. Family influences and shapes society through its members. There is a subject that people agree on in partnership: this is the fact that children are the future of society. The development of a child is also shaped by the guidance, education, and motivation provided by the family. The duties of the family to the child, are the ability to understand the child's needs (physical needs and need for protection), to develop the ability to feed, love,

and relate to others, to help him gain the ability to use his body development, physical and mental functions, and to help him establish a relationship with his environment by regulating and controlling his experiences.

Child physical abuse refers to any intentional act of causing physical harm or injury to a child by a parent, caregiver, or other person. As stated by the American Academy of Pediatrics, "Child physical abuse is a serious problem with lifelong consequences for the victim." The immediate effects of physical abuse can include cuts, bruises, broken bones, and internal injuries. However, the long-term consequences can be even more devastating. According to research conducted by the National Institute on Child Health and Human Development, "Children who experience physical abuse are at a higher risk of developing mental health disorders such as anxiety, depression, and post-traumatic stress disorder." Furthermore, the American Psychological Association has highlighted the importance of understanding the impact of child physical abuse on brain development. They explain that stress and trauma caused by physical abuse can have long-lasting effects on a child's brain development. Chronic stress can disrupt normal functioning of the brain and lead to difficulties in emotional regulation, cognitive functioning, and even physical health.

Children who have experienced physical abuse may struggle with trust issues, have difficulties forming healthy relationships, and exhibit aggressive or impulsive behaviors. They may also have heightened sensitivity to stress and may be more prone to substance abuse or self-harming behaviors as

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coping mechanisms. It is crucial for society to understand the grave consequences of physical abuse of children and take steps to prevent it. Education and awareness programs are essential in teaching individuals how to recognize signs of physical abuse and how to intervene appropriately. Intervention is important not only for the immediate safety of the child but also for mitigating the long-term effects of physical abuse on their overall well-being.

In addition to prevention and intervention efforts, it is equally important to provide support and resources to children who have experienced physical abuse. Trauma-informed therapy and counseling can help children process their experiences, develop healthy coping mechanisms, and rebuild their sense of safety and trust in the world. Child physical abuse is a complex issue with significant implications for individuals' health and well-being. Understanding the long-term effects of abuse is essential for developing effective intervention strategies and for providing appropriate support to those affected.

Research has shown that the consequences of physical abuse extend beyond immediate physical injury. The impact on the developing brain is of particular concern, as extreme stress during the critical formative period can lead to lasting structural and functional changes in the brain. These changes can affect not only an individual's mental health but also their perception of the environment and the people around them.

The phenomena of abuse, physical abuse, sexual abuse, emotional and psychological abuse and neglect are discussed under four headings. Physical abuse can affect a child's feelings about himself, the way he perceives the people around him, and his behavior towards those around him. Children who are physically abused or abused avoid communicating with adults. They are often afraid that adults will touch them. These children show extreme behavior, they are either very aggressive or introverted. They do not trust people and often prefer to be away from their home environment or the environment in which they are physically abused.

For this reason, the physical and mental health of new generations, who have a high impact on the future of society, growing awareness of their own values, and being able to use these values for the benefit of humanity, are closely related to the conditions in which they live. The approach that considers the interest of the child as an individual and integrates the child with the interest of society gives meaning to the idea that the child is the future of society. Raising children as healthy, responsible, conscious, and qualified individuals coincides with society's present and future. For this reason, children need to be protected, supported, and directed for a long time. It is possible for the child to show healthy growth and development with the love, care, concern and guidance from the environment, especially the family.

This research aims to evaluate physical abuse and neglect in children within the scope of risk factors, as well as the effects of physical abuse on children. Since the number of studies on the subject in our country is limited, it is hoped that this research will contribute to the literature and the conclusions and recommendations section will be a source for other studies on the subject. It is thought that the comments made as a result of the research will be enlightening about the elements that should be included in family education programs to be created to prevent physical abuse of children. The higher the awareness of our teachers, who spend the most time with children outside their families, the greater the progress in the early diagnosis and treatment of children on this issue. This study aimed to determine the dimensions of physical abuse in children and their awareness of these abuses.

Studies have shown an increase in the number of ill treatments. Despite the high number of abused and neglected children, experts say that this is the tip of the iceberg. There is consensus that prevention of child abuse and neglect is a complex and multifaceted issue. In addition, everyone accepts the cyclical nature of violence and the fact that today's victims may be tomorrow abusers. This situation makes it necessary to prioritize the prevention of child abuse and neglect (1). It is accepted that some factors increase the risk of abuse and neglect in children. The quality of the parents' relationship with their own parents, hostile feelings, childhood abuse, quality of marital relationship, level of social support, and view of corporal punishment were also evaluated within the scope of risk factors.

In recent years, studies on child abuse and neglect have increased in both our country and foreign countries. In these studies, the subject is generally discussed in terms of parent-child relationships (2). It is observed that studies examining the relationship with the child by evaluating physical abuse in children with its various features, problems, past and current life are limited especially in our country. More studies on the subject are needed to reveal what kind of help is needed in which situations, and in what situations children are more at risk of physical abuse.

2. Types of Child Abuse

2.1. Physical Abuse

Physical abuse occurs when a child is harmed by a parent or another caregiver. Factors such as the parent's disciplinary approaches, intention to harm, effect of the action on the child, and the child's vulnerability play a role in the definition of physical abuse. However, some of these variables (e.g. intent) are nearly impossible to assess. This situation increases uncertainty in the definition of abuse. Evaluating whether the act was done with the intention of causing pain to the child plays a key role in the definition of physical abuse (3). However, in cases where the parent has a psychological disorder, it seems difficult to make an inference about the intention (4). Consequently, the intention to harm is combined

with other familial characteristics, complicating the definition of physical abuse. In addition, the fact that abuse is an interdisciplinary phenomenon and that each discipline draws attention to a different aspect of abuse causes difficulties in defining physical abuse. In most cases, a person who cares for a child is responsible for abuse. Physical abuse leads to more severe and fatal consequences for infants and young children (5). Fatal consequences often occur as a result of a blow to the child's head, suffocation, abdominal cavity injuries or intra-abdominal injuries and poisoning. The most common injuries that occur as a result of physical abuse are bruises, bites, holding, pulling, shaking, hitting, kicking, or beating the child with a tool, burns, mouth, or eye injuries (6).

It is stated that in families where physical abuse is observed, the parent has very few interactions with the child, and these interactions are based on orders and criticism and are aimed at controlling the child's behavior. Physical abuse can be done intentionally with the intention of harming the child as a result of the parents' conscious decision. In some cases, the parents aim to inflict pain without causing serious injury to the child, while in other cases physical abuse occurs as a result of the parent losing control over their will (7). Parents often admit that their behavior was unfair and try to hide the abuse by telling the child what to say when asked about his injuries, threatening the child, or trying to cover the marks with clothing or make up.

The situations in which domestic physical abuse is suspected can be summarized as follows: Unexplained delays in the child's application to the doctor for treatment or hiding the injury, statements that do not explain the child's situation and are constantly changed, or the absence of any explanation about the child's situation, differences between the stories given one by one by the parents (between the history given and the injuries detected), attributing the cause of injury to a sibling or a stranger, wounds that occurred at different times, history inconsistent with the child's age and developmental status, similar injuries (about the parents themselves, the child or another child in the family environment) stories, hostile behaviors in the parent or caregiver who does not show interest in their child, the child's accusation of the parents, and the child's expressionless-indifferent gaze (8). Children who are physically abused have impairments in their perception of reality and in all thinking processes. In addition, aggressive behaviors, anxiety, weakness in impulse control, and antisocial behaviors were also observed. In addition, abuse hinders cognitive development. Children who have been physically abused show developmental delays in their language, motor, and perceptual skills (9).

2.2. Emotional Abuse

Emotional abuse emerges as the least understood and least studied type of abuse owing to difficulties in its definition and recognition, as well as in its prevention and legal proof. Broad definitions on the subject: This encompasses all forms of

emotional maltreatment perpetrated by individuals, institutions and cultural practices, including indirect or direct attacks, explicit or implicit expressions, occurring together or independently of other forms of ill-treatment (10).

These definitions require a vast understanding of poorly defined actions, and contain standards that doubt the vast majority. In addition, these definitions increase the risk of deviating from clearer and more reliable definitions of maltreatment and thus the already limited child-protective resources, making erroneous decisions, and conflict with some culturally accepted practices. However, narrow definitions that deal with the most obvious and easily identifiable types of psychological maltreatment seem to minimize the negative effects of maltreatment.

While some authors try to distinguish between psychological and emotional abuse, others prefer to use the concept of psychological maltreatment for both types of abuse (11). While some authors distinguish emotional abuse from neglect, others think that neglect and abuse behaviors are in a mutual relationship and should be evaluated within the broader concept of psychological maltreatment (11,12). The problem of whether the emphasis in the definition of psychological maltreatment should be on abnormal parental behavior or on the harmful consequences on the child also complicates this definition. While some researchers focus on harmful parental behaviors, others suggest that parental behavior is an inadequate predictor of emotional damage, and that the focus should be on the consequences for the child.

In emotional abuse and neglect, focusing on bad behavior is more functional than focusing on the harm done to the child for two reasons. First, children who are exposed to emotional abuse experience a wide variety of problems that are not specific to emotional abuse. According to the author, this situation shows that focusing on the harm in the child is not an appropriate approach in dealing with emotional abuse (12). Second, focusing on harm to the child hinders the possibility of preventing abuse and the chances of early intervention. Another factor that makes the definition of emotional abuse more complex than that of other abuses is that the definition includes some variables. For example, while a behavioral model is considered normal in infancy, it may be classified as emotional abuse in another developmental period. Heavy protective behavior can be provided as an example. This makes the detection and evaluation of emotional abuse difficult.

A detailed definition of emotional abuse should include the following criteria (10). Emotional abuse and neglect describe the relationship between parents and children, rather than an event or series of repeated events that occur between parents and children. These interactions pervade or characterize the entire relationship. Interactions between parents and children can cause real or potential harm to the child's psychological/emotional health and development. Emotional abuse and neglect include parents' actions and inactions.

Emotional abuse and neglect do not require physical contact.

2.3. Sexual Abuse

There different definitions of sexual abuse based on statements of the abused, findings obtained from physical examinations, or official records. This situation is seen as the reason for the problems encountered in legal practices, the different results obtained from research on the subject, and the contradictions in the explanations. In addition, the behavior and act that falls within the scope of abuse is an issue on which those working in this field cannot reach an agreement and have difficulties in definition. Child sexual abuse can be broadly defined as sexual contact and interactions between a child and an older person (13). However, for a behavior to be diagnosed, it must be evaluated according to some distinctive criteria must be made. These criteria in sexual abuse are examined under four groups: consent, age difference, method, and legal criterion.

Some adults may find it more comfortable to engage with a child than with an adult because of their poor self-esteem and self-worth. Having sex with a child can fulfill some of her or him emotional needs, such as power, control, and privacy, that she or he may not have experienced with adults. The second reason is adults' sexual arousal towards children. Some adults not only use children to meet their psychological needs, but are also psychologically stimulated by children. The reasons for this are listed as the sexualization of young children in the media, sexual trauma in childhood, or biological factors (13,14). Blockage means that adults cannot meet their emotional and sexual needs through their relationships with other adults. Unsuccessful attempts with peers or dissatisfaction with marital relationships can cause blockages.

Sexual abuse is seen together with different problems in the family and is linked to different types of abuse and neglect. In the vast majority of cases, abuse is perpetrated by a family member, close family member, or person who has power over the child (15). That is, the child knows the abuser. It is rare for a foreign person to commit sexual abuse. The attacker can be either male or female. Many abusers were sexually assaulted in childhood and had a negative childhood. Incest is a form of sexual abuse that occurs within a family. This abuse means that one of the family members other than the spouse has sexual relations with another member of the family for the purpose of sexual satisfaction (14). For sexual abuse to be described as incest, it is not necessary to have blood ties between parties. It is sufficient for people with such relationships to be members of the same family. However, the legal definition of incest varies across countries.

Domestic sexual abuse has different systemic patterns. One of these images is that the boundaries shared between children and adults in healthy families are violated in families with domestic sexual abuse. These boundaries have been broken by a tyrannical father who sees his wife and children as objects that he can use for his own sexual pleasure, or a dependent father who does not fulfill his responsibilities, and a "so-called

adult" child replaces the mother/wife (16). Cognitive and conditioned responses to abuse or adaptive responses to ongoing abuse lead to increased difficulties in interpersonal relationships in the long run. In addition, sexually abused children may experience headaches and stomachaches, loss of appetite, sudden changes in mood, hysteria and mental health disorders.

3. Neglect

Neglect is defined as the continuing inability to meet the emotional and physical needs of at child. This situation causes serious damage to children's health and development. Neglect includes the failure of the parent to adequately meet the child's food, clothing, and shelter needs, to protect the child from physical harm and danger, or to provide the child with appropriate medical care and treatment (17). Parents' unresponsiveness to children's basic emotional needs is also considered within the scope of neglect. Neglect; It is evaluated under three headings as physical, educational and emotional neglect: Physical neglect, educational neglect, emotional neglect.

3.1. Physical Neglect

Physical neglect refers to the failure to meet children's physical needs, and includes for example failure to provide adequate nutrition, clothing, personal hygiene, supervision, and medical attention (18).

Denial of health care: Failure to provide the child with the care he or she needs by seeking advice from a qualified health care professional in the event of physical injury, illness, health condition, or disability.

Delaying health care: Failure to provide timely and appropriate care for serious health problems.

Abandonment: Abandoning a child without proper care and supervision.

Expulsion: Persistent expulsion of the child from the home or refusing to care for the child returning home without making arrangements for his/her care by others.

Other care-related issues: The child is repeatedly sent from one home to another, or repeatedly left for days or weeks, because of the reluctance to continue caring for the child.

Insufficient supervision: The child is not given adequate supervision or is allowed to stay away from home overnight without an adult accompanying the child and not knowing where the child is.

Other types of physical neglect include: Parents' extreme carelessness in protecting the child against avoidable accidents in the home, inability to feed, dress and maintain hygiene, and other behaviors that do not care about the child's safety and well-being (driving while intoxicated, leaving the child alone in a motor vehicle, etc.) (19).

3.2. Educational Neglect

Educational neglect is considered a form of child maltreatment in many jurisdictions, and usually involves a parent or other caregiver actively or passively neglecting the learning and educational needs of a child, which results in harm to the child's development and well-being (20).

Among adolescents, educational neglect is closely tied to truancy as greater responsibility is placed on young people to be engaged in education and learning. Neglecting children's educational needs can be devastating to child development. Children who have experienced educational neglect are more likely to take remedial classes and have problems at school (21).

Child truancy from school allowing time to leave: The child's habitual (at least five days a month) truancy behavior from school was evaluated in this group. Although the parents were informed about the problem, they did not intervene.

Not enrolling the child in school: Not enrolling the child at compulsory school age or keeping the child at home for illegal reasons (employment of the child, taking care of the siblings of the child, etc.).

Not paying attention to the child's special educational needs: Failure to provide the child with the treatment recommended by educational institutions, neglecting the treatment of the child with learning difficulties or other special educational needs without a valid reason.

3.3. Emotional Neglect

Emotional neglect is defined as the parent's insufficient care and affection for the child, the child's constant abuse by the parent's partner, the consent of the child to use alcohol and drugs and other maladaptive behaviors, or the refusal of the child's psychological care (22).

Neglect should be considered a phenomenon involving the entire family. If one of the children in the family has been neglected, it is often neglected by other children. As children grow and begin to take care of themselves, their dependence on their parents decreases. However, the effects of neglect at an early age have already begun to emerge.

4. Child Physical Abuse And Its Effects On Children

4.1. Indicators of Physical Abuse

Physical abuse leads to injuries and bruises that negatively affect a child's health and leave traces on the body. Below are cases resulting from physical abuse (12).

Unexplained bruises and swellings; on the face, lips and mouth, trunk, back, hips; traces of objects such as belts, electrical cords, frequent occurrence on weekends and holidays, traces of bites, location of plucked hair

Unexplained burns; cigarette burns, especially palms, back, hips and soles, burn marks such as washing with hot water, electricity, ironing, and cigarettes.

Unexplained fractures; skull, nose, facial bones, few or

halogen fractures.

Unexplained wounds and bruises; in the mouth, lips and eyes, external genitalia.

Children who are physically abused often avoid adult interaction. They exhibit extreme behaviors such as aggression and withdrawal. They worry when the other children cry. They were often afraid of going home. The patient complained of persistent pain. They harmed themselves and others. Children who are abused by their families want to spend time at school. They are clumsy and can always lead to accidents. Some long-term and short-term psychological problems can be seen in physically abused children. Examples include isolation, fear, loss of confidence, depression and anxiety, difficulty establishing and maintaining relationships, eating disorders, post-traumatic stress disorders, and suicide attempts (23).

The primary goal in dealing with cases of physical abuse is to prevent further abuse, reduce or reverse the psychological disorders that develop with the child, strengthen parental functionality, and reduce environmental stresses related to abuse. Early intervention in high-risk families is accepted as a precaution against physical abuse. Primary prevention included parental education and home visits to all families. Today, families that are considered to be at high risk for abuse should be identified and serviced should be provided to them.

5. Effects and Treatment of Physical Abuse on Children

From the perspective of developmental psychopathology, these two principles are decisive in addressing the effects of maltreatment. The first is "the principle that the same starting point can cause numerous outcomes" and the second is "the principle that opposite starting points can lead to similar outcomes". For example, while the child neglected according to the first principle shows abuse-related consequences such as deterioration in academic skills or introversion; another child may be spared unharmed despite suffering the same kind of neglect (24). According to the second principle, similar problems such as aggression and depression can be seen in children who have been physically abused and not abused. In the light of these principles, it does not seem appropriate to consider the child at a single time or in a single functional area to understand the course and development of the effects of abuse.

While some studies show that the effects of child abuse last a lifetime, others show that abused children are little affected (25). In the 1990s, many studies focused on factors that reduced and increased the negative effects of child abuse. Accordingly, factors such as the nature of the abuse experienced by the child, the resources of the child, the vulnerability of the child and the social support the child has played a role in the effects of abuse. The amount of negative consequences; the complex interaction between the child's vulnerability or risk factors for the child and the child's resilience and compensatory factors It emerges as a result of

changes (12).

Negative effects of maltreatment on various functional survivors; self, emotional, behavioral, interpersonal, socialization, cognitive and psychophysiological:

Self-Image and Self-concept: Low self-esteem, body image disorders, seeing oneself as inadequate and worthless.

Emotional: Difficulties in regulating emotions such as impulsivity, extreme fear or anxiety, post-traumatic stress disorder, mood disorders, and difficulties in establishing empathy.

Behavioral: Behavioral problems (impulsivity, constant sensation seeking, anti-social behaviors), substance use.

Interpersonal: Aggressive behaviors (verbal, passive-aggressive, physical), failure to develop effective social skills, relating to asocial, deviant or antisocial people, and attachment disorders.

Difficulties with Socialization and Acquisition of Social Attitudes: Socialization and moral reasoning deficits, social learning problems, negative attributions, failure to learn appropriate rules of social behavior, and asocial, deviant, or antisocial cognitive distortions (provisions, attitudes, beliefs, and values to justify mistreatment or antisocial behavior).

Cognitive: Academic problems manifested as school failure and poor cognitive skills (difficulty in problem solving skills or use of cognitive skills to delay/regulate emotions), failure to distinguish between right and wrong, and low IQ.

Psychophysiological: Growth disturbance, loss of appetite, encopresis or other somatic indicators such as enuresis, stomach, and headache.

6. Effects on Emotional/Self-Concept

Physically abusive parents use blaming and criticizing the child to justify their violent behavior towards the child. Thus, they implied that abuse is a deserving punishment. These justifications increase children's sense of guilt and shame.

The child sees himself as responsible for the abuse and develops a feeling that his personality is bad. According to them, their parents were enraged and beaten for their mistakes. Children who angry their parents are bad and deserve severe punishments. Indifferent and rejecting parents make their children feel that they are an uncomfortable burden and an enemy deserving of mistreatment in the family. Cognitively immature children evaluate the event as one-dimensional and interpret being beaten, rejected and punished as doing something bad. The child, who cannot understand that his parents' reactions may be due to his own unresolved problems, thinks that he is flawed and not good enough to be loved (3). Many abused children were overly alert. These children are especially alert to their parents' emotional changes that may cause anger and aggression. The constant vigilance created by trying to read the thoughts of others prevents the child from

reflecting on his own feelings and causes him to be constantly anxious. In some cases, the child tries to place the parent, trying to prevent hostility from him (26).

A child who succeeds in avoiding the abuser's violence with this strategy has to pay a psychological price. In the presence of the threat of abuse, the child is interested only in pleasing the parent to avoid abuse, thus focusing attention in one direction. The child shapes his emotions according to the parent's behavior and emotional state, internal preferences and goals are replaced by pacifying the parent, and the sole motivation and goal becomes to fulfill the wishes of others. The boundaries between cognition and emotion cannot be maintained, as fear and anxiety completely occupy the child (8).

When considered in terms of self-efficacy, which has the power to influence one's environment, especially children who have been sexually abused feel helpless and powerless because they cannot stop the abuse they experience and cannot be protected from the situation. In addition, sexually abused children cannot develop an internal locus of control because they think that they do not have an effect on the events in their lives. It lays the foundation for the feeling of shame in the child with its messages to maintain psychological control over the abuser and the atmosphere of secrecy that it creates. Shame is linked to the desire to hide. The abuser deliberately encourages the child to hide to remain silent about the abuse experience. It also aims to prevent children from trusting others by disrupting their relations with others.

6.1. Behavioral Effects

Nightmares and other sleep disturbances, introversion, fear, depression, being excessively aggressive and defiant for no reason, acting out as manifested by tantrums, refusing to go home, or trying to run away from home are among the salient indicators. Abused individuals may show suicidal behavior as an avoidance strategy. Suicide pepole allows to escape physical pain, excruciating memories, depression, and feelings of hopelessness. One of the most obvious and complex effects of sexual abuse is sexualization. Sexualization is a developmental anomaly caused by inappropriate sexual contact. This experience causes artificial acceleration in psychosexual development. For example, an abused girl may exhibit behaviors that are unsuitable for her physical, cognitive and social development. These children are at risk for early pregnancy and contracting sexually transmitted diseases. Self-harming behavior, which includes forms such as cutting or burning certain parts of the body, is especially common among victims of sexual abuse (10). The self-mutilation strategy makes the abusers feel alive. Physical pain also helps a person reconnect with one's own physical body. This type of behavior is mostly used to provide psychological balance. Self-destructive behaviors allow the person to relax and "go back to normal" in the face of unbearable anxiety. Children who have been abused for a long time cannot relax normally and try to

stimulate the internal opiate system by engaging in self-destructive behaviors (27).

One of the effects of abuse is the development of eating disorders. In particular, bulimia acts as a tension reliever for these children, as it calms the person, focuses attention on other issues, and eliminates feelings of emptiness. One of the first emotions experienced by abused children under stress was anger. This anger causes fights, defiance of authority, and other antisocial behaviors. Abused children may turn to criminal behaviors against property and people as they grow older. The most distinctive feature of children who have been subjected to physical violence compared to children who have been neglected is their tendency to behave aggressively in many situations, including home life, groups of friends, school and sexual relations. Children who have been physically abused are more likely to commit violent crimes in adolescence and early adulthood than are children who have not been abused. Especially in adolescence, the possibility of committing crimes, alcohol and substance use, isolation from the environment, and the risk of being a criminal increases.

6.2. Socialization/Interpersonal Effects

Considering the early effects of emotional abuse, the greatest danger is parental inaccessibility and hostile prohibitions. These prohibitions allow the child to gain personal competence in areas such as speech, movement, and toilet training; they inhibit the development of eating, dressing, playing, and self-control skills, and the ability to discern the emotions of others. These children's relationships with peers and other adults oscillate between the two extremes. Some children tend to be introverted, whereas others form more aggressive relationships. As a result of abuse, they do not act socially mature, and have problematic and strained relationships with other children. They tend to become attached to anyone who shows interest, closeness, and craves physical contact and affection (28).

Poor peer relationships are common in abused children. These children could not learn the relationship of give and take due to weak object relations and were shy to share with their friends so that their unhappiness was not exposed. They may display behaviors that alternate between extreme shyness and belligerence. Abused children live with fear of rejection (29).

The expectation of disappointment prevents children from attempting to establish friendships. One of the factors affecting the socialization of a child is that parents prevent the child from participating in various activities and cause isolation from their peers. Parents do not allow their children to make friends because of their insecurity and inadequate support systems. Their children's making friends threaten them, as they lack the self-confidence to make friends. In addition, the abusive parent fears the trusting relationship between their child and their friend, thinking that it will expose the abuse.

6.3. Cognitive/Academic Effects

Physically abused children have a wide range of disabilities,

including low motivation, unwillingness to take action, poor problem-solving capacity, and poor academic performance. Studies have shown that physically abused children have lower mental and cognitive functions than children in the control group (30,31).

Abused children, as well as those with general mental abilities show weakness in memory, communication, perceptual motor skills and verbal areas. These children's school success and adjustment are low, and their rate of being directed to special education is higher.

They obtaining low grades on math and math tests, show more learning problems, and have higher grade repetition rates. Behavioral problems in abused children also cause disruptions in their educational lives. These behaviors, which can result in disciplinary problems such as being expelled or suspended from school, also increase academic difficulties. The abused child learned that talking too much at home can be dangerous. Consequently, he showed slowness in his verbal skills. Verbalization is another step in cognitive development. As the child matures cognitively, his mastery of organizing and conceptualizing thoughts increases (32). If a child's development, self-esteem, confidence, and opportunity to speak are hindered by abuse, the result is poor language development.

6.4. Psychophysiological/Physical Effects

As result of physical abuse and neglect of children, in clinical diagnosis according to the severity of the situation; ecchymoses, soft tissue injuries, edema or scars, burns, scalding with boiling water, bone, joint, brain and eye damage, damage to internal organs, poisoning, growth retardation, and in severe cases, death of unknown origin occurs (3). Children of all ages who have been neglected have poor motor skills and delayed language development. These children have pale skin and lifeless hair as a result of their parents' inattention to the child's food intake. Excessive malnutrition leads to abdominal bloating and excessive weakening of arms and legs. Growth retardation without an organic cause was the most concrete indicator of physical neglect. Insufficient communication with the child, forgetting nutrition, and apathy are the main causes of growth retardation. Children who are chronically malnourished become sedentary by losing their mobility, do not make any movement to let them know when they are hungry, and may refuse to take the normal food given when they are hospitalized because they are accustomed to low calorie intake.

To prevent abuse against children and adolescents, parents, teachers and other adults should be informed about which behaviors are abusive. The use of non-formal education tools for adults raises awareness of the family and other segments of society. The most appropriate child-rearing attitude, the role of parents in raising children, the rights and authority of parents and teachers over the child, the educational function of beatings, and the questioning of traditional assumptions, will

lead to discussion of attitudes and evaluations that are assumed to be correct by a certain group of people will result in the elimination of unsuitable ones (33).

Child abuse and neglect prevention occurred at three levels. Primary prevention efforts include intervention techniques that aim to create radical changes in the society before abuse occurs. Making changes through parent education, reducing social isolation by mobilizing social resources and educating society through various projects are among the primary prevention activities. Secondary prevention includes identifying and intervening with families at risk at an early stage. These prevention studies are based on the same principles as primary prevention, but the studies were carried out at the individual level. Finally, tertiary prevention includes the treatment services provided after abuse has occurred and aims to prevent the recurrence of abuse.

In conclusion, child abuse and neglect are both universal problems. Although its prevalence and types differ, child abuse and neglect are encountered in every society. Healthy children, who are the most valuable resources of both families and societies, require that the issues of child abuse and neglect be addressed seriously on an individual and social scale. Preventive and therapeutic interventions are needed, as well as measures to eliminate social stress and family stress factors that are effective in the emergence of family problems regarding domestic child abuse and neglect. For this, family dynamics should be identified, high-risk groups should be determined, negativities in the family environment should be determined for help and intervention, and preventive strategies should be targeted. Secondary prevention, which involves identifying the characteristics of individuals who are prone to child maltreatment, seems to be the most promising method in terms of producing short-term solutions by identifying risk factors before a problem occurs.

The quality of the parents' relationship with their own parents, hostile feelings, childhood abuse, the quality of the marital relationship, the level of social support, and their view of corporal punishment were also evaluated within the scope of risk factors. In addition, parents' anger and reactivity levels, coping skills and problem solving skills are among the important risk factors. Describing and testing the validity of these risk factors in detail is of great importance in terms of understanding the nature of child abuse neglect, and patterns of abuse, working with the abused child appropriately and accurately, and conducting an effective prevention study.

Unfortunately, there are some limitations to understanding the effects of child physical abuse on children's mental health. One major limitation of this study is the difficulty in obtaining comprehensive data on the prevalence and severity of physical abuse. Many cases are unreported or unnoticed, making it challenging to fully understand the extent of the problem. Additionally, ethical considerations must be considered when conducting research on child physical abuse. Researchers must

prioritize the safety and well-being of the children involved, which can limit the scope and depth of the studies conducted. This can result in gaps in the knowledge about specific subpopulations or the long-term effects of abuse.

Moreover, individual variability in how children respond to physical abuse adds another layer of complexity to understanding its effects. Not all children who experience physical abuse exhibit the same outcomes or respond in the same way. Each child's unique circumstances, resilience, and support systems play a role in shaping their response to trauma.

Furthermore, the long-term effects of physical abuse can manifest differently depending on an individual's developmental stage at the time of abuse. Younger children may struggle with developmental delays, difficulty forming attachments, and disrupted self-regulation skills. Adolescents, on the other hand, may experience challenges in forming healthy relationships, engaging in risky behaviors, and developing a positive sense of self.

Another limitation in understanding the effects of child physical abuse is the lack of control for confounding variables. Factors such as socioeconomic status, parental mental health, and family dynamics can all influence the outcomes of children who have experienced physical abuse. It is challenging for researchers to isolate the specific impact of physical abuse from other variables, making it difficult to establish a clear cause-and-effect relationship.

Furthermore, underreporting and underdiagnosis of the long-term consequences of physical abuse may occur. Some individuals may not seek or receive appropriate mental health support, which may lead to a lack of documentation and understanding of the full extent of the impact. For future studies, this article will need to be enhanced in terms of determining the factors that are effective in child maltreatment which is one of the important steps to be taken in making prevention studies more effective.

Conflict of interest

The authors declared no conflict of interest.

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Authors' contributions

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Ethical Statement

This study is not required ethic committee approval.

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