MATERNAL DEPRESSIVE SYMPTOMOLOGY, PARENTING PRACTICES, MOTHERHOOD EXPERIENCES, AND MOTHER-REPORTED CHILDREN'S EMOTION REGULATION: A MULTI-METHOD STUDY IN THE CONTEXT OF PSYCHOLOGICAL INTIMATE PARTNER VIOLENCE

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ABSTRACT

MATERNAL DEPRESSIVE SYMPTOMOLOGY, PARENTING PRACTICES, MOTHERHOOD EXPERIENCES, AND MOTHER-REPORTED CHILDREN'S EMOTION REGULATION: A MULTI-METHOD STUDY IN THE CONTEXT OF PSYCHOLOGICAL INTIMATE PARTNER VIOLENCE

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This study aimed to quantitatively investigate the associations among psychological intimate partner violence perpetration and victimization, mothers' depressive symptomology, willingness to serve as a secure base, negative parenting practices, and children's emotion regulation during middle childhood. It also aimed to assess motherhood experiences qualitatively, providing a context for interpreting quantitative findings and informing interventions that support children's emotional adjustment in homes where psychological intimate partner violence occurs. Consequently, this study employed a multi-method research approach to achieve these aims. Quantitative data were collected from 358 mothers of children aged 8 to 12 years. Mothers completed a demographic information form and the psychological aggression subscale of the Conflict Tactics Scale-Revised (CTS-R). They reported their children's ER using the Emotion Regulation Checklist (ERC). The depression subscale of the Brief Symptom Inventory (BSI) measured the mothers' depressive symptoms. The secure bond between the child and mother was evaluated using the Mother's Willingness to Serve

as a Secure Base Scale (MWSSBS). Negative parenting practices were assessed with the Multidimensional Assessment of Parenting Practices Scale (MAPS). Qualitative data were gathered through semi-structured interviews with 13 mothers who participated in the quantitative study to gain a deeper understanding of their experiences of motherhood. Path analysis indicated that psychological IPV perpetration was associated with children's emotion regulation through the mother's willingness to serve as a secure base and negative parenting practices. Qualitative results revealed three overarching themes: personal, relational, and social dynamics of motherhood. Implications of the study's findings for the counseling field were discussed.

Keywords: emotion regulation, psychological intimate partner violence, depressive symptomology, parenting, motherhood.

ÖZ

ANNENİN DEPRESİF SEMPTOMLARI, EBEVEYNLİK PRATİKLERİ, ANNELİK DENEYİMLERİ VE ANNE BİLDİRİMİNE DAYALI ÇOCUĞUN DUYGU DÜZENLEMESİ: PSİKOLOJİK YAKIN PARTNER ŞİDDETİ BAĞLAMINDA ÇOK YÖNTEMLİ BİR ÇALIŞMA

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Bu çalışma psikolojik yakın partner şiddeti failliği ve mağduriyeti, annenin depresif semptomları, güvenli bir üs olma istekliliği, olumsuz ebeveynlik pratikleri ve orta çocukluk dönemindeki çocukların duygu düzenlemesi arasındaki ilişkileri nicel olarak incelemeyi amaçlamıştır. Aynı zamanda annelik deneyimlerini nitel olarak değerlendirerek nicel bulguların yorumlanmasına bağlamsal bir çerçeve sunmayı ve psikolojik yakın partner şiddeti yaşanan evlerde çocukların duygusal uyumunu desteklemeye yönelik müdahalelere katkı sağlamayı hedeflemiştir. Bu doğrultuda, çalışmanın amaçlarını gerçekleştirmek üzere çok yöntemli bir araştırma yaklaşımı benimsenmiştir. Çocukları 8 ila 12 yaş arasında olan 358 anneden nicel veriler toplanmıştır. Anneler demografik bilgi formu ve Revize Edilmiş Çatışma Taktikleri Ölçeğinin psikolojik agresyon alt ölçeğini doldurmuştur. Çocuklarının duygu düzenlemesini Duygu Ayarlama Ölçeğini kullanarak bildirmişlerdir. Kısa Semptom Envanterinin depresyon alt ölçeği ile annelerin depresif semptomları değerlendirilmiştir. Çocuk ve anne arasındaki güvenli bağ, Güvenli Üs Olarak Hizmet

Etmeye Yönelik Anne İstekliliği Ölçeği kullanılarak değerlendirilmiştir. Olumsuz ebeveynlik pratikleri Çok Boyutlu Ebeveynlik Stillerini Değerlendirme Ölçeği ile değerlendirilmiştir. Nicel çalışmaya da katılan 13 anne ile annelik deneyimlerini daha iyi anlamak amacıyla yarı yapılandırılmış görüşmeler yoluyla nitel veri toplanmıştır. Yol analizi, psikolojik yakın partner şiddeti failliğinin, annenin güvenli bir üs olarak hizmet etme isteği ve olumsuz ebeveynlik pratikleri yoluyla çocukların duygu düzenlemesiyle ilişkili olduğunu göstermiştir. Nitel sonuçlar anneliğin bireysel, ilişkisel ve sosyal dinamikleri olmak üzere üç genel temayı ortaya koymuştur. Çalışmanın bulguları psikolojik danışmanlık alanı için çıkarımları bakımından tartışılmıştır.

Anahtar Kelimeler: duygu düzenleme, psikolojik yakın partner şiddeti, depresif semptomlar, ebeveynlik, annelik.

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LIST OF ABBREVIATIONS

ER	: Emotion Regulation
IPV	: Intimate Partner Violence
FST	: Family Systems Theory
EST	: Emotional Security Theory
CTS-R	: Conflict Tactics Scale-Revised
MWSSBS	: Mother's Willingness to Serve as a Secure Base Scale
ERC	: Emotion Regulation Checklist
MAPS	: Multidimensional Assessment of Parenting Scale
BSI	: Brief Symptom Inventory
CFA	: Confirmatory Factor Analysis
RMSEA	: Root Mean Square Error of Approximation
SRMR	: Standardized Root Mean Square Residual
TLI	: Tucker-Lewis Index
CFI	: Comparative Fit Index

CHAPTER 1

INTRODUCTION

1.1. Background to the Study

Emotions, such as joy, sadness, fear, and anger, are complex phenomena that arise from the interplay of biological and environmental factors, enabling individuals to assess the personal relevance of internal or external situations rapidly (Cole et al., 2004; Lewis & Saarni, 1985). Although emotions are helpful for people in many ways (i.e., focusing attention on significant environmental stimuli, aiding decision-making process, preparing behavioral responses, enhance memory, and facilitating social interactions), they may also prove detrimental if they are characterized by an inappropriate type, intensity, or duration in a particular context (Gross, 2014; Gross & Thompson, 2007). Therefore, emotion regulation (ER), which is defined in the current study as one's ability to adjust emotional arousal with sufficient flexibility and context sensitivity to maintain an optimal level of engagement with one's environment, is highly critical to one's adjustment (Shields & Cichetti, 1997).

ER is an important area of interest in psychology mainly because deficits in it are fundamental to understanding both typical and atypical developmental trajectories, and they significantly contribute to the conceptualization of maladaptive behaviors and various forms of psychopathology (i.e., anxiety or mood disorders) (Campbell-Sills et al., 2014; Cicchetti et al., 1995; Cole et al., 1994; Eisenberg et al., 2014). Moreover, ER is closely linked to social functioning, as effective ER enhances social cognition and competence (Blair et al., 2015; Denham & Burton, 2003; Eisenberg et al., 2014), while difficulties in ER are associated with adverse social outcomes (Eisenberg et al., 2014; Kämpf et al., 2023; Zeman et al., 2006). Beyond the psychological and social domains, ER is related to a wide range of areas of human functioning, including

academic achievement (Graziano et al., 2007) and physical health (Low et al., 2021). These findings underscore the ER's critical role in psychological, physical, social, and academic functioning throughout the lifespan, making it a significant topic for investigation. Therefore, the primary focus of this study was determined to be ER.

ER is invariably critical across all stages of life. During middle childhood, when children begin to form a coherent self-concept and face increasing demands to regulate their emotions due to their expanding social interactions (e.g., with peers and teachers at school) (Markus & Nurius, 1984), stronger ER can facilitate the development of gratifying social relationships and help children attain their personal and social goals (DelGuidice, 2018; Zeman & Garber, 1996). Further, many studies highlighted that greater ER during this period is critical in terms of future adjustment of individuals (e.g., greater academic success and employment, less psychopathology, or substance use) (Compas et al., 2017; Robson et al., 2020) and ER is more likely to developmentally amenable to intervention as the prefrontal cortex that is responsible for general self-regulation in individuals shows the most rapid changes from infancy to young adulthood, including middle childhood years (Diamond, 2002). Considering the importance of ER during this formative period, this study examines children's ER specifically during middle childhood years (ages 8 to 12).

Given the crucial role of ER for children during this developmental period, it is essential to investigate the factors that influence it. The developmental systems perspective on ER (Thompson, 1994; Thompson, 2011) posits that ER should not be viewed solely as an intrapersonal construct, but rather as one shaped by a range of multifaceted influences. A central component of this perspective is the role of emotional socialization, whereby socializers (e.g., parents) engage in behaviors that shape how children understand, express, and regulate emotions (Eisenberg, 1998; Thompson, 1994). Although children spend more time outside the home during middle childhood than in earlier periods, research consistently indicates that the family environment and parental figures are highly influential in shaping their children’s ER (Morris et al., 2007; Raeymaecker & Dhar, 2022). Recognizing the significance of the social environment in shaping children's ER and acknowledging the family as one of

the most central social contexts during middle childhood, the present study focused on the family environment and parental influences.

Two theories informed and guided the current study: Family Systems Theory (FST) and Emotional Security Theory (EST). FST, initially developed in the 1950s, conceptualizes the family as an organized whole composed of interdependent subsystems (e.g., individual, spousal, parent-child) (Cox & Paley, 1997; Minuchin, 1985). It suggests that to understand an individual best, one must focus on the context, as the individual is never truly independent, and family members exert a constant and reciprocal influence on one another (Cox & Paley, 2003). In parallel, EST focuses on the role of family relationships and parental functioning in shaping children's emotional adjustment (Cummings & Kouros, 2008; Davies & Cummings, 1994; Davies et al., 2016). Rooted in attachment theory, which highlights that secure parent-child relationships provide a safe base for children to explore their emotions, learn to manage or regulate them, and seek comfort when distressed (Brumariu, 2015; Kerns et al., 2007), EST extends attachment theory's principles to the broader family system. EST posits that a secure and predictable family environment is foundational for children's adjustment and well-being (Davies & Cummings, 1994). Critically, EST suggests that marital conflicts, particularly when they involve destructive tactics (e.g., aggression, hostility, or even unresolved disagreements), threaten children's emotional security, which is considered a latent and ongoing goal for children. This threat may compromise their ER capacities, trigger maladaptive behavioral responses, and distort cognitive appraisals of family dynamics (Davies et al., 2006). EST proposes two primary pathways through which marital conflict affects children: a direct pathway, where conflict heightens children's emotional distress and leads to maladjustment; and an indirect pathway, where conflict undermines effective parenting, which in turn contributes to adverse outcomes for children (Cummings & Kouros, 2008; Davies & Cummings, 1994; Davies et al., 2002; Davies et al., 2006).

Intimate partner violence (IPV) can be broadly defined as any physical, sexual, or psychological harm inflicted by an intimate partner, making it one of the most critical public health issues worldwide (WHO, 2024). Its significance as a health concern stems mainly from its high prevalence and the severe consequences on an individual's

mental and physical health (Clemente-Teixeira et al., 2022). IPV is also a critical risk factor for children in violent homes (e.g., Holmes et al., 2022) because it is also related to increased risk for child maltreatment (Hamby et al., 2010; Pearson et al., 2023; Younas & Gutman, 2022). Also, literature strongly supports that IPV is closely related to children's developmental outcomes (Bogat et al., 2023; Holt et al., 2008), and IPV-exposed children were shown to have significantly lower levels of ER compared to their non-exposed peers (Bender et al., 2022; Zhang et al., 2025).

As stated before, concerning how IPV between parents could relate to the children's ER indirectly, EST suggests that the diminished levels of effective parenting can be critical (Davies & Cummings,1994; Davies et al., 2006), which is extensively supported by the current literature (Chiesa et al., 2018; Jewkes & Mahlangu, 2023; Nepple et al., 2019). Within the scope of the EST, Davies and Cummings (1994) suggested two classes of parenting behaviors: one is related to parental rejection (i.e., withdrawal of the parent from the interaction with the child, less affection), and the other is related to child-management problems (i.e., characterized by over-controlling or under-controlling actions such as harshness, lax discipline), which could be affected as a result of marital conflicts characterized by destructive tactics. Therefore, two parenting variables were considered in the current study as the potential mediators between IPV and children's ER: the willingness to serve as a secure base (i.e., parenting behaviors such as encouraging the child to express their thoughts or feelings, providing comfort when needed, building trust, recognizing the child's successes, and avoiding conflict while yielding to negotiation (Kerns et al., 2007)) and negative parenting practices (i.e., parenting behaviors that exhibit hostility, such as harshness and intrusiveness, as well as over-controlling or under-controlling actions, like physical punishment or permissiveness (Parent & Forehand, 2017)).

Previous literature supports that the caregivers' willingness to serve as a secure base is critical for the parent-child relationship (Kerns et al., 2007) and positively related to ER during childhood and adolescence (Brumariu & Kerns, 2010). However, in the case of IPV, these behaviors that mainly aim to provide nurturance and protection for the child can be endangered (Levandovsky et al., 2012) and could result in less warmth, inconsistency, and less engagement by caregivers (Chiesa et al., 2018; Sousa

et al., 2022), regardless of which parent commits the violence (Gustafsson et al., 2012, 2017; Low et al., 2022). Similarly, negative parenting practices have been consistently shown to be an important factor in children's ER, as the increase in negative parenting practices was associated with a decrease in ER in children (Gülseven et al., 2018; Herd et al., 2022). IPV could increase negative parenting practices (i.e., harsh discipline, lax control) (Chiesa et al., 2018; Coll et al., 2023), regardless of which parent perpetrates or is the victim of it (Rousson et al., 2023). These parenting behaviors, in turn, are shown to be associated with decreased ability to regulate emotions in children (Grasso et al., 2016). Based on earlier scientific deductions and investigations, both willingness to serve as a secure base and negative parenting practices were accepted to be potential mediators between IPV and children's ER.

Aside from parenting factors, within the EST framework, Davies et al. (2006) suggested that studies should investigate factors that constitute additional familial risks commonly associated with interparental conflicts. As an example of this, the researchers pointed out several mental health-related factors (i.e., depression, post-traumatic stress, personality disorders) that could further exacerbate the effects of marital conflict on children. The existing literature has consistently shown that depression is one of the well-documented mental health problems associated with IPV, regardless of who perpetrates or is a victim of it (Spencer et al., 2019, 2024). Depressive symptomology, which is broadly defined as the symptoms experienced by an individual for a specific period that involve fewer positive emotions (e.g., hope), reduced emotional expressiveness, quick irritability, high levels of withdrawal from life events, and suicidal ideation (Derogatis & Melisaratos, 1983), of caregivers was also consistently shown to be a critical risk factor for their children's ER (Goodman et al., 2011, 2020; Sutherland et al., 2022), even for its lower levels (Conners-Burrow et al., 2016). Further, depressive symptomology is critical as it is related to decreases in effective parenting as well (Cummings & Davies, 1999; Downey & Coyne, 1990; Holmes, 2013), such as it is found to be associated with increase in negative while at the same time decrease in positive parenting behaviors (Lovejoy et al., 2000). Hence, depressive symptomology was also identified as a potential mediator between IPV and children's ER. Since previous literature has shown that it could be associated with limited parenting ability, it was believed to influence children's ER directly and to do

so through the previously mentioned parenting variables (willingness to serve as a secure base and negative parenting practices).

IPV is commonly accepted as a gender-based violence, with most research focusing on women as victims (Laskey et al., 2019). Women are often included in studies on IPV for several important reasons. In many non-Western countries, high gender inequalities lead to more violence against women by men (Umubyeyi et al., 2014; Kunnen, 2025). Additionally, women are more likely to experience both physical and mental health issues as a result of IPV compared to men (Coker et al., 2002). The global prevalence of any IPV against women was found to be 24.2% in the past year. With a prevalence rate of 27%, psychological violence was identified as the most common form of IPV (White et al., 2024).

In Türkiye, the prevalence of any form of IPV against women has been reported to vary significantly across studies, ranging from 1.6% to 89% (WHO, 2022), with psychological IPV consistently identified as the most common form (i.e., Gul et al., 2020; Guvenc et al., 2014; Özcan et al., 2016; Yüksel-Kaptanoğlu et al., 2015). Existing literature demonstrates that psychological IPV is a risk factor for predicting the onset of physical IPV, which is often regarded as a more severe form of IPV (Baker & Stith, 2008; Murphy & O'Leary, 1989). However, among the various types of IPV, psychological IPV has been found equally damaging as physical violence and creates even greater adverse effects compared to other types (Clemente-Teixeira et al., 2022; Coker et al., 2002; Dokkedahl et al., 2022; Jouriles et al., 2009; Lawrence et al., 2009). Therefore, based on its highest prevalence among the other types and its potential as a risk factor for more severe adverse health effects, only psychological IPV was considered in the current study, and only mothers were included. Since this study assesses family and parent-related factors on children's ER, mothers were also considered more critical because they typically have greater involvement with their children than fathers in Türkiye (Çiftci, 2014). Moreover, the literature indicates that women report IPV more accurately, while men tend to underreport it (see Chan, 2011). Consequently, mothers were regarded as a more dependable and precise source of information concerning both IPV and their children's ER.

Although previous studies primarily focused on women as victims of psychological IPV, recent research also indicates that psychological IPV is notably reciprocal both worldwide (Langhinrichsen-Rohling et al., 2012; Lawrence et al., 2009; Machado et al., 2024) and in Türkiye (Kahya, 2021), indicating that both men and women can be victims and perpetrators of it. These results imply that psychological IPV is widespread and often bidirectional, highlighting the complex dynamics and the need to examine both victimization and perpetration regarding their effects on children's ER. Additionally, collecting bidirectional data on IPV and treating it as a uniform construct in studies assessing its effects on children through parent-related factors has faced criticism, as perpetration and victimization may be underpinned by distinct psychological dynamics and motivations and thus related to different outcomes (i.e., parenting) (Chiesa et al., 2018). Also, studies that included both directions are limited (Easterbrooks et al., 2018; Ehrensaft & Kohen, 2011). Furthermore, despite the shared variance between these variables due to the bi-directional nature of psychological IPV, identifying different outcomes for each can be more ecologically valid (Low et al., 2022). Therefore, both aspects (perpetration and victimization) of psychological IPV of mothers were included in the current study as separate predictors. The conceptual diagram of the hypothesized model was presented in Figure 1.1.

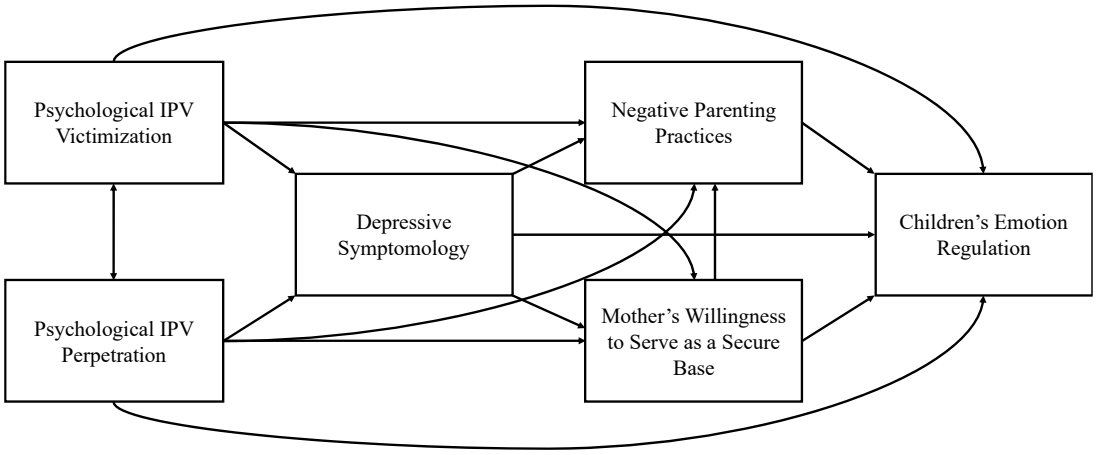


Figure 1.1: The conceptual diagram of the hypothesized model

As indicated in EST, one important factor that could relate to children's maladjustment due to interparental conflicts is how they react to these situations. The reactions of children to conflicts are significant, as these responses can evolve into behavioral patterns that are employed in various contexts, such as the classroom, thereby

influencing an individual's overall psychological adjustment (Davies & Martin, 2014). Since these reactions were shown to be a risk factor for children's ER-related outcomes (i.e., externalizing, internalizing problems) (Rhoades, 2008), children's reactions to interparental conflicts, along with more profound understanding of parental interparental conflicts, decided to be assessed qualitatively, with mothers who reported experiences of psychological IPV perpetration or victimization in the current study. Furthermore, since the quantitative part focused on parenting variables that could relate to children's ER, it was also decided to assess how interparental conflicts affect mothering experiences during or following conflict qualitatively, to provide further understanding of the variables of interest in the quantitative part of the study.

In the present study, mothers were included as participants owing to their greater involvement with children in Türkiye and generally being more accurate reporters of IPV-related experiences. Nonetheless, predominant research on IPV and parenting tends to concentrate primarily on maternal variables under the extensive umbrella of "parenting." This focus often correlates with what has been referred to as the "deficit model of mothering," which attributes parenting difficulties (or suboptimal outcomes of their children) predominantly to maternal inadequacies, consequently placing undue blame on mothers for their potential challenges (Lapierre, 2008, 2021). Existing literature increasingly emphasizes the culturally transcendent notion of "intensive mothering" (Hays, 1996), a gendered model that establishes elevated expectations for mothers to allocate substantial emotional, temporal, and material resources to their children. These expectations often necessitate mothers prioritizing their children's needs over their own, resulting in significant emotional labor, stress, and sometimes feelings of guilt or inadequacy (Brown, 2014; Öğüt & Güvenç, 2022; Tunçdemir, 2023).

These expectations are also often referred to as an unattainable ideal of motherhood in society, also known as "motherhood myths" (Constantinou et al., 2021). Such pressures may exacerbate the challenges faced by mothers, particularly when compounded by experiences of interparental conflict. This study seeks to move beyond individualized or deficit-oriented explanations of mothering, instead aiming to understand maternal experiences within the individual and broader relational and

cultural contexts. Accordingly, this research included the qualitative assessment of mothers' subjective experiences of mothering and their perceptions of social expectations around motherhood in the Turkish cultural context. These insights provide critical context for interpreting the quantitative findings, where IPV was examined as a potential risk factor for children's ER through predominantly mother-related variables (e.g., depressive symptoms, the willingness to serve as a secure base, and negative parenting practices).

1.2. Purpose of the Study

The present study has two purposes. The first purpose is to examine the relationships between psychological IPV, encompassing both perpetration and victimization, and children's ER during middle childhood. Given the significant role that mothers play in both child-rearing and the accurate reporting of IPV, this study aims to explore the associations among mothers' psychological IPV perpetration and victimization, depressive symptomology, the willingness to serve as a secure base, negative parenting practices, and their children's ER.

The second purpose is to contribute to the understanding of the quantitative model by investigating mothers' experiences in managing relational conflicts with their partners, their parenting practices following these conflicts, and their perceptions of children's possible responses to these conflicts. Furthermore, the study provides a qualitative examination of individual motherhood experiences and cultural perceptions of motherhood within the Turkish cultural context, thereby offering a meaningful framework for interpreting the quantitative findings. This multi-method research approach seeks to enhance understanding of how psychological IPV influences children's ER through parenting mechanisms and to inform interventions that promote maternal well-being and support children's emotional adjustment.

1.3. Research Questions and Hypotheses of the Study

By evaluating the related hypotheses, the following four research questions were addressed in tandem with the goals of the current study.

R.Q. 1. To what extent do depressive symptomology, the mother's willingness to serve as a secure base, and negative parenting practices mediate the relationship between psychological IPV (perpetration and victimization) and children's ER during middle childhood?

The following hypotheses were formulated and tested according to this research question:

Hypothesis 1: There will be a significant negative association between psychological IPV (perpetration and victimization) and children's ER.

Hypothesis 2: The association between psychological IPV (perpetration and victimization) and children's ER will be mediated by the depressive symptomology levels of mothers.

Hypothesis 3: The association between psychological IPV (perpetration and victimization) and children's ER will be mediated by the mother's willingness to serve as a secure base.

Hypothesis 4: The association between psychological IPV (perpetration and victimization) and children's ER will be mediated by negative parenting practices.

Hypothesis 5: The association between psychological IPV (perpetration and victimization) and children's ER will be mediated by the mother's willingness to serve as a secure base and negative parenting practices.

Hypothesis 6: The association between psychological IPV (perpetration and victimization) and children's ER will be serially mediated by depressive symptomology and negative parenting practices.

Hypothesis 7: The association between psychological IPV (perpetration and victimization) and children's ER will be serially mediated by depressive symptomology and the mother's willingness to serve as a secure base.

Hypothesis 8: The association between psychological IPV (perpetration and victimization) and children's ER will be serially mediated by depressive symptomology levels of mothers, the mother's willingness to serve as a secure base, and negative parenting practices.

R.Q. 2. How do mothers experience managing relational conflicts with their partners, their parenting practices following these conflicts, and their perceptions of children's possible responses to these conflicts?

R.Q. 3. How do individual experiences and socio-cultural perceptions of motherhood within the Turkish cultural context affect motherhood?

R.Q. 4. How do personal, relational, and cultural aspects of motherhood provide a context for interpreting the possible associations among psychological IPV (perpetration and victimization), depressive symptomology, the willingness to serve as a secure base, negative parenting practices, and children's ER to inform counseling interventions?

1.4. Significance of the Study

This study aimed to investigate the relationship between psychological IPV (victimization and perpetration) that occurs between parents and children's ER by detecting the possible mediating roles of depressive symptomology, the mother's willingness to serve as a secure base, and negative parenting practices. In addition to the quantitative assessment of these relationships, qualitative accounts were gathered from mothers regarding their experiences and management of interparental conflicts, their perceptions of their children's responses to such conflicts, and their individual experiences and views on the cultural factors shaping motherhood in Türkiye. These qualitative insights aim to provide a context for interpreting the possible relationships among the variables under investigation in the quantitative study to inform effective counseling interventions, together with possible challenges and opportunities in the context of psychological IPV.

ER is essential for everyone, regardless of their developmental stage. However, for children, whose ER is still developing and highly malleable, it is imperative to assess the factors that influence their ER for their current functioning and future adjustment. The current study focused on the middle childhood years because this period is often referred to as the "forgotten years" of development. This label arises from the observation that much research has focused on early childhood and adolescence, leaving middle childhood years relatively overlooked (Mah & Ford-Jones, 2012). Nonetheless, this stage is critical for ER, highlighting the need for more research on this frequently neglected period (Mary-Ann Antony et al., 2025).

According to the literature, it is estimated that 15.5 million American children live in households where at least one partner's violence (i.e., physical, sexual, psychological) occurred in the previous year (McDonald et al., 2006). According to the Republic of Turkey Prime Ministry Social Services and Child Protection Agency (SHCEK) and United Nations Children's Fund (UNICEF) 2010 report, 56% of children aged 7 to 18 living in Türkiye (n = 2,216) have witnessed physical abuse, while 49% have witnessed emotional abuse, and 10% have witnessed sexual abuse within the last year. While the majority of physical abuse has been witnessed in the street or neighborhood/district where the child lives, among those who witnessed emotional abuse, 19% have witnessed this type of abuse between adults at home. Similarly, the 2023 report by the Turkish Women's Associations Federation (TWAF) and the United Nations Population Fund (UNFPA) indicated that the calls received by the Domestic Violence Emergency Hotline in Türkiye between 2007 and 2021 predominantly concerned incidents of violence perpetrated by partners, accounting for 63% of such calls. Furthermore, the proportion of children (aged 0-18) exposed to violence increased from 7% to 17% after 2012, reaching 18% during the COVID-19 pandemic.

Holden (2003) advocated that the term "exposed" rather than "witnessed" or "observed" is more suitable and inclusive for children in homes where IPV occurs, as children do not necessarily witness or observe IPV; they may also be exposed to it in many different ways. For instance, a recent study by van Baak and Eichelmsheim (2025) identified nine different ways children are exposed to IPV between parents, including through direct observation of the violence (eye witnessing), observing

immediate consequences (experiencing the initial effects), facing long-term consequences of IPV, such as moving to a different place, experiencing the aftermath effects, such as limited contact with another parent (experiencing the aftermath), bad-mouthing the other parent in the presence of the child/children (bad-mouthing), overhearing the violence, parental reports of the child being unaware of the IPV while other sources (i.e., police reports) state otherwise (being ostensibly unaware), exposure to violence prenatally (prenatal exposure), and hearing about the IPV (i.e., from a parent or both parents) (hearing about it). Therefore, even if children did not directly observe these conflicts, assuming they are unaffected may not be possible. Accordingly, assessing children's ER within the context of IPV is important.

Assessing parenting variables for their possible association with IPV concerning children's ER is also critical, as literature shows that children exposed to IPV between parents at home are also at increased risk of being subjected to other types of violence and victimization (Rousson et al., 2023; Younas & Gutman, 2022). For instance, in their study with a large sample of children aged 0 to 17 years, Hamby et al. (2010) investigated the co-occurrence of IPV and child maltreatment. They found that the lifetime prevalence of maltreatment for children who witness IPV was 56.8%. Similarly, in their recent meta-analysis, which investigates the co-occurrence of PV and violence against children in low- to middle-income countries (including Türkiye), Pearson et al. (2023) showed a significant and positive association between the two.

Another important aspect of this study is that it aims to examine the differential effects of maternal victimization and perpetration of psychological IPV. In line with the recent literature that highlights the bidirectional nature of IPV, especially for psychological IPV, this study moves beyond the predominant focus on women as passive recipients of IPV but also aims to recognize the bidirectionality of conflict in intimate relationships. Although a high degree of shared variance was expected due to the bidirectional nature of psychological IPV (i.e., perpetration and victimization often co-occur), distinguishing between these aspects can still yield ecologically valid and nuanced findings (Low et al., 2022).

Adopting a multi-method research approach within a Turkish context, this research also aims to provide a context for interpreting quantitative results with qualitative findings concerning motherhood experiences and perceptions of motherhood in Turkish culture. As Lapierre (2008, 2021) suggested, including personal narratives of women on their experiences of motherhood and cultural perceptions of motherhood in Türkiye is believed to challenge the dominant "deficit model of parenting" by centering women's voices and cultural perspectives.

Furthermore, this study's findings possess the potential to inform intervention programs aimed at enhancing parenting in contexts characterized by IPV. Rather than concentrating exclusively on child protection or maternal support in isolation, the results can substantiate the necessity for integrated programs that concurrently address maternal mental health, the quality of parent-child relationships, and culturally informed parenting interventions. Consequently, this study advances academic knowledge and could provide practical implications for promoting children's emotional resilience in familial contexts marked by psychological IPV.

1.5. Definition of Terms

Emotion regulation refers to the "capacity to modulate one's emotional arousal such that an optimal level of engagement with one's environment is fostered" (Shields & Cicchetti, 1997, p. 907).

Psychological IPV perpetration refers to the behaviors towards a partner that include insulting (or swearing at), belittling, or humiliating the spouse, threatening to hurt (e.g., threatening by throwing something at the partner), and intimidating (e.g., damaging things/goods belonging to the partner) (Strauss et al., 1996).

Psychological IPV victimization refers to the behaviors received from the partner that include insulting (or swearing at), belittling, or humiliating the spouse, threatening to hurt (e.g., threatening by throwing something at the partner), and intimidating (e.g., damaging things/goods belonging to the partner) (Strauss et al., 1996).

Depressive symptomology refers to symptoms that include negative affect and mood, less energy, diminished involvement in life's activities, and overwhelming feelings of futility and hopelessness for a certain period (Derogatis & Melisaratos, 1983).

Negative parenting practices refers to the behaviors including hostility, which indicates higher levels of intrusiveness; control behaviors, parent-centered behaviors towards child's actions, such as arguments, threats, or yelling; physical control, which indicates physical disciplining behaviors of parents in case of anger or frustration; lastly, lax control which indicates over permissive attitude towards the child's behaviors, such as less or insufficient boundary setting (Parent & Forehand, 2017).

The mother's willingness to serve as a secure base refers to behaviors including the caregivers' readiness to act as a safe haven for the child, which shows up as encouraging the child to express their thoughts and feelings, giving them comfort when they need it, building trust, recognizing the child's successes, and avoidance of conflicts (Kerns et al., 2001; 2007).

CHAPTER 2

LITERATURE REVIEW

This chapter aims to provide background information on the current study, starting with the definition of emotion and emotion regulation (ER), its significance during middle childhood years, and the role of the family context in children's ER during this period. After introducing the intimate partner violence (IPV) as a critical risk factor within the family context for children's ER, two guiding theories of the current research were introduced: Family Systems Theory (FST) and Emotional Security Theory (EST). Following the introduction of the study's theoretical background, the literature review examining the relationships between IPV, the mother's willingness to serve as a secure base, and negative parenting practices related to children's ER was presented first, followed by the examining the motherhood concept and motherhood in Türkiye, children's reactions to conflict, and experiences of mothering following conflicts. Finally, a literature review summary highlighted the key elements affecting children's ER and the insights that research on these factors might provide.

2.1. Definition of Emotion and Emotion Regulation

"What is an emotion?" is one of the most challenging questions in affective science and lacks a specific definition (Cole et al., 2004; Gross, 2014). Emotions are coordinated behavioral, experiential, and physiological reaction tendencies that influence responses to an important or relevant situation to one's goals (Gross, 2002; Gross & Thompson, 2007). Emotions organize human functioning; each emotion uniquely balances the organism's needs with the environment. For instance, when faced with challenges, anger helps one move closer to one's goals; sadness encourages the letting go of things or objectives, avoids a waste of effort, and helps one to get support from others (Cole et al., 1994).

The lack of a clear definition of emotions and their complexity has led theorists and researchers to describe emotion regulation (ER) in various ways. Some view ER as a controlling mechanism, such as the inhibition of anger or sadness. Others emphasize its role in maintaining or enhancing positive emotions, such as joy and happiness. There is also debate over whether ER is solely an individual process (e.g., self-management) or whether it involves others, such as parents. Additionally, ER has been discussed in terms of the emotions experienced (e.g., sadness, anger, joy) and how those emotions are experienced, particularly in terms of their quality, such as intensity or duration. Finally, researchers have considered whether ER refers to the regulation of internal processes that trigger emotions or the external expressions of those emotions (Cole et al., 2004; Thompson, 1994).

To better understand ER's complexity, it is important to first outline its key features from a developmental perspective, before presenting an integrative definition at the end. A developmental approach to ER posits that various components of emotions (i.e., physiological, experiential, behavioral) and their interactions evolve through maturation and the influence of social factors (Calkins & Perry, 2016; Cichetti & Toth, 1992; Cole, 2014; Thompson, 1994, 2011, 2014). Therefore, ER has been conceptualized as a complex array of intrinsic and extrinsic mechanisms that facilitate monitoring, evaluating, and modifying an individual's emotional states concerning their intensity and duration. This process aims to help individuals achieve their objectives (Thompson, 1994, 2011, 2014). Several assumptions have been made regarding this conceptualization. First and foremost, this conceptualization suggests that ER can arise from individual efforts (intrinsic) and external influences (extrinsic), beginning at birth and continuing throughout a person's life (Cichetti & Howes, 1991; Cole, 2014). Although caregivers play a significant role in managing their children's emotions during earlier periods, external factors remain part of ER even during adulthood. For example, an adult may turn to a friend for comfort when feeling sad or anxious. Extrinsic influences are critical not just because they directly affect one’s emotions, but also because they either facilitate or hinder one’s ability to manage/regulate emotions effectively. In other words, external factors, such as those involved in a person’s social context, can impose significant or overwhelming

emotional pressure on an individual while simultaneously increasing the demands for their regulation (Cicchetti & Toth, 1991; Thompson, 2011, 2014).

Secondly, it highlights that ER targets both positive and negative emotions to reduce (or inhibit), increase (or enhance), or sustain (or maintain) the current emotional arousal state. In other words, regardless of whether it is a positive emotion (e.g., joy, happiness) or a negative emotion (e.g., sadness, anger), ER is not merely inhibiting them to lessen their impact on behavioral organization (as is commonly believed) but also increasing or sustaining them concerning one's goals or functioning. For example, one can endure anger to motivate oneself to find an appropriate response or can share good news with others to enhance their happiness. Additionally, this can be achieved by invoking an alternative emotion, such as thinking about positive experiences in a fearful situation (Thompson, 2011, 2014).

Increasing, sustaining, or inhibiting the present emotional arousal concerns the temporal characteristics of emotions. These temporal features include the ability to alter the speed of onset of an emotional response, its duration, and recovery from an emotional response, as well as the range and lability of both positive and negative emotions. Individuals often seek to reduce the duration of their sadness, to end a fearful episode of a situation quickly, or, in general, to try to maintain more emotional stability. Temporal features are critical in terms of psychopathology as well, as not only the prevalence of a specific emotion but also its intensity, persistence, or liability is critical for psychopathology (e.g., the link between the more extended periods of sadness and depression) (Cole et al., 1994; Thompson, 2019). Consequently, not only is the inhibition of an emotion addressed, but the regulation of its temporal features is also considered in the ER process (Thompson, 1994, 2011).

Thirdly, the ER is also concerned with monitoring and evaluating emotions, which is necessary to modify them, including their temporal characteristics. Monitoring and evaluating emotions develop throughout life. At younger ages, for example, children are limited in their ability to monitor their emotions (due to a lack of meta-emotional skills) concerning their goals, and their evaluations often focus on desired feelings rather than assessing the long-term effects of these emotional responses. Furthermore,

both the monitoring and evaluation of emotional states and behaviors are influenced by others. For instance, when parents or peers observe and evaluate a child's emotions, they help the child learn how emotional reactions are expected to be interpreted or expressed (Eisenberg et al., 1998). Additionally, the evaluation and monitoring of emotions can also be affected by several other factors, such as a child's temperament or environmental risk factors (i.e., marital conflict, maltreatment), because these factors can alter their evaluation and monitoring of feeling states (i.e., one can become more sensitive to environmental cues of threat or danger), which could result in difficulties in ER (Cichetti & Howes, 1991; Thompson, 1994, 2011, 2014, 2019).

To sum up, ER arises not just through one's efforts (intrinsic) but is also largely influenced by extrinsic factors. These factors influence one's tone of emotion, the type of emotion experienced (positive or negative), and the temporal characteristics (intensity, duration, valence, and lability) of emotional responding, as well as one's emotional goals and evaluation of the emotional experience. Accordingly, in the current study, ER was defined "in terms of lability, flexibility, and situational responsivity and conceptualized as the capacity to modulate one's emotional arousal such that an optimal level of engagement with one's environment is fostered" (Shields & Cicchetti, 1997, p. 907). Embedded in this definition is the goal of ER to achieve optimal emotional adjustment to one's environment, a concept that encourages further exploration and understanding.

ER is tied closely to various concepts found in the literature. Therefore, introducing these concepts is important for understanding the broader context in which ER operates. For example, "self-regulation" includes a wide range of emotional, behavioral, and cognitive regulation processes, with ER often viewed as a key element of self-regulation (Eisenberg & Spinrad, 2004). "Executive function" refers to the regulation of cognitive processes, including working memory, inhibitory control, and cognitive flexibility (i.e., shifting attention). These functions are intricately connected to ER, particularly in relation to how individuals manage emotions to achieve their goals (Blair, 2016; Zelazo & Cunningham, 2007). "Effortful control" refers to the temperamental capacity for voluntary regulation of attention and behavior, which aids ER by managing emotional impulses (Rothbart & Bates, 2006; Simonds et al., 2007).

Lastly, “internalizing and externalizing disorders” signify major challenges in ER, typically appearing as internalizing problems like anxiety and depression or externalizing problems such as aggression and rule violations (Aldao et al., 2016; Cole et al., 1994).

2.2. Importance of Emotion Regulation and the Role of Family in Middle Childhood

Although ER is undeniably critical across all stages of life, its significance is particularly pronounced during the middle childhood years for several reasons. According to Markus and Nurius (1984), children form their self-concept during these years. While egocentrism decreases significantly, they develop a greater ability to empathize with others and become more sensitive to their environment and the opinions of those around them. Due to increased social interactions with their environment (such as with peers and teachers at school), children face a heightened need to manage their emotions, which is necessitated by these social settings. Consequently, during this period, they become more aware of the social factors that shape their behavior and the benefits of adapting or conforming to them (e.g., to avoid peer rejection, not hitting out of anger during a soccer game). Children, therefore, learn that they can meet their needs by adjusting how they regulate their emotions in response to the demands of the larger social order. Successful regulation of emotions during this period enhances social competence and can lead to fewer peer problems or rejection, thereby making social relationships more rewarding and helping the child achieve their personal and social goals (DelGuidice, 2017; Zamen & Garber, 1996).

Beyond the social domain stated above, middle childhood is a phase that influences the future mental health of individuals (Mary-Ann Antony et al., 2025). Although not explicitly highlighted as middle childhood, the most rapid changes in the human brain, specifically those involving the prefrontal cortex, which is responsible for general self-regulation, are observed from birth to young adulthood (Diamond, 2002). The middle childhood years represent a key developmental stage during which the onset of several psychopathological conditions related to deficiencies in ER (i.e., conduct disorders,

attention deficit and hyperactivity disorder, oppositional-defiant disorder, phobias) is observed (Kessler et al., 2007).

Several empirical studies have also reported the importance of ER during this period of life. Such as in a large meta-analysis with 150 studies (n = 215,212) conducted by Robson et al. (2020), children's overall self-regulation (including their ER) during middle childhood years was shown to be positively related to their academic performance, negatively associated with depressive symptoms, substance abuse, obesity in later childhood years (around the age of 13). As for later adulthood (around mid-30s), greater ER during these years was related to less unemployment, aggressive/criminal behavior, internalizing disorders (anxiety, depression), substance abuse (cigarette, alcohol), obesity, and physical illness. Another meta-analysis of 212 studies (n = 80,850) by Compas et al. (2017) involving children aged between 5 and 19 years found that greater ER during these years was associated with fewer psychopathology symptoms (internalizing or externalizing).

While school and peer influences increase during middle childhood, the family remains the children's most significant social context (Maccoby, 1984). Most research to date on children's ER has primarily focused on family context and parental influences (Morris et al., 2007; Raeymacker & Dhar, 2022). Parents and the overall emotional climate at home play a crucial role in teaching children how to comprehend, express, and manage their emotions (Eisenberg et al., 1998; Morris et al., 2007). Although children spend more time away from home, it is in the family setting that they consistently observe models of emotional expression and receive essential support (or, conversely, a lack of it) for handling emotional situations. Therefore, the family environment is a strong mechanism for nurturing or endangering children's ER. Middle childhood is a critical period for developing these skills, during which parental influence remains highly impactful and adjustable. This period presents opportunities and challenges, depending on the quality of emotional exchanges within the family (Raeymacker & Dhar, 2022).

2.3. Intimate Partner Violence as a Risk Factor for Children's Emotion Regulation

IPV poses serious risks to children, regardless of which parent is the aggressor. The repercussions of such violence can profoundly impact a child's emotional and psychological development (Bogat et al., 2023; Holmes et al., 2022; Vu et al., 2016). In their recent meta-analysis of 13 studies that assessed the relationship between IPV exposure (physical and psychological) and children's self-regulation (including behavioral, cognitive, and emotional), Zhang et al. (2025) found that 10 out of 13 studies reported that IPV exposure was related to decreased overall self-regulation in children aged between 1 and 13. Another meta-analysis by Bender et al. (2021) examined 26 studies that assessed the link between IPV exposure (e.g., physical, sexual, psychological) and children's socio-emotional competence from birth to age 18. Six studies assessed the link between IPV exposure and children's ER, and three investigated its association with children's ER during middle childhood. Although almost all studies (except one study) reported a negative relationship between IPV exposure and children's ER, all studies that targeted middle childhood showed that IPV exposure was related to ER difficulties.

In their study with mothers and their children (aged 6 to 8 years), Zarling et al. (2013) assessed the link between children's ER and IPV (psychological and physical). The data concerning children's ER was collected through observations in a laboratory setting (e.g., parent-child interaction tasks). The reports concerning physical and psychological forms of IPV were assessed through mothers' (both perpetration and victimization) and children's reports. A composite score of IPV was used in the analysis, and the results showed a positive and significant relationship between IPV and children's ER difficulties. In their study by Harding et al. (2013) with 53 children (aged 8 to 11) and their mothers, IPV (physical, sexual, and psychological) perpetration and victimization were reported by mothers, and both perpetration and victimization of IPV were separately significantly and negatively related to children's ER. Another study by Katz et al. (2007) assessed the relationship between exposure to physical IPV between parents and 130 children (aged 4 to 13). Parents (both mothers and fathers) individually reported physical IPV victimization from their partners and

perpetration of their own towards their partners, and the composite score including both perpetration and victimization of physical IPV was created as “domestic violence” and used in the analysis. Mothers also reported their children’s ER, and the results showed a significant negative relationship between domestic violence and children’s ER. Therefore, it seems imperative to investigate the role that family factors potentially play in theories aiming to explain children’s ER in the case of IPV at home.

2.4. Family Systems Theory (FST)

Initially developed during the 1950s, Family Systems Theory (FST) emphasized the importance of evaluating human functioning by focusing not solely on the individual (intrapsychic functioning) but also on interactions between family members and the context in which the family is embedded (Watson, 2012). Minuchin (1985) similarly has emphasized the commonality between family therapy and developmental psychology, as both primarily focus on understanding human behavior through the relationship between the family and the individual. According to Minuchin (1985), some of the basic premises of FST are that elements in a system are necessarily complex, integrated, and interdependent. An individual is a part of that organized family system. Therefore, the best way to understand an individual is to focus on the context, as the individual is never truly independent, and the family members exert a constant and reciprocal influence on one another (Cox & Paley, 1997).

Another essential principle is that systems include subsystems. Although each person is a subsystem, there are larger units such as spouse or parent-child subsystems. These subsystems within the larger systems are separated from each other by metaphorical boundaries, and each subsystem has its own integrity. The boundaries between the subsystems interact with each other through implicit rules and patterns. Maintenance of boundaries is critical because it affects other subsystems. For instance, a conflict between partners that cannot be contained within the spouse subsystem may force a child to function as a mediator or scapegoat (Minuchin, 1985).

Minuchin (1985) indicated that the most direct application of the theory is to the study of the child within their family. One such application involves the parent-child

subsystem, while also focusing on the child within the family. Additionally, interactions between parents were highlighted because the parent-child subsystem is a triad. Adult relationships and negotiations (whether the parents are divorced or intact) serve as role models for children, as they constantly observe these dynamics. Therefore, marital relationships and the parent-child relationship within a family are interdependent, and the problems in parent-child relationships are often considered to be related to marital relationships (i.e., distress, conflicts) (Cox & Paley, 2003). Similarly, Cox and Paley (1997) proposed that analyzing parental functioning in the roles of both spouses and parents can yield significantly more valuable insights into how conflicted marital interactions affect parent-child relationships. Overall, in FST, understanding the behavior or emotions of individuals hinges on the interactions between family members (Johnson & Ray, 2016). Although FST emphasizes the role of family context in understanding children's potential difficulties, it may be limited in grasping the complexities of IPV and its impact on a child's ER. Therefore, Emotional Security Theory (EST) is described below to explain how IPV can affect a child's ER.

2.5. Emotional Security Theory (EST)

Emotional Security Theory (EST) (Cummings & Kouros, 2008; Davies & Cummings, 1994; Davies et al., 2002) is widely used to explain the link between IPV and children's ER and ER-related outcomes, such as externalizing and internalizing problems (Morris et al., 2007; Zhang et al., 2025). EST has its roots in attachment theory. To fully understand EST, it is essential to outline the foundational concepts of attachment theory, upon which EST builds.

Attachment theory (Ainsworth, 1989; Bowlby, 1969) posits that the relationship between the caregiver (often the mother) and the child provides the child with an "internal working model" of the world, which functions as a framework for shaping future relationships. A secure caregiver-infant relationship, characterized by behaviors involving proximity and sensitivity (the caregiving system in the parent), leads the infant to view the environment as reliable, relationships as fulfilling, and the self as worthy (the attachment system in the child). In contrast, the absence of these behaviors

may cause the child to perceive the environment and relationships as untrustworthy and themselves as unworthy (Bowlby, 1969). Ainsworth (1989) emphasized that attachment relationships extend beyond infancy and continue throughout childhood, maintained through mutual understanding and the stability of the parent-child relationship. As children grow older, the physical proximity of the caregiver becomes less central, while the caregiver's availability, such as being emotionally responsive or acting as a safe haven, becomes increasingly important (Brumariu, 2015; Kerns et al., 2007; Waters & Cummings, 2000). A secure parent-child relationship supports the child's ability to understand their emotions, assign meaning to emotional experiences, and develop strategies for expressing and regulating emotions (Brumariu, 2015; Cassidy, 1994).

EST, in turn, extends the principles of attachment theory beyond the parent-child relationship to encompass the broader family context, particularly interparental relationships. EST highlights the importance of a secure, warm, and safe home environment as essential for children's adjustment and well-being (Davies & Cummings, 1994). While disagreements between parents are common and expected in any family, EST argues that interparental conflicts involving destructive strategies (such as hostility, withdrawal, or aggression) can elevate children's stress levels. This is especially concerning as these conflicts expose children to intense emotional experiences, including anger, fear, sadness, or even hatred. Children develop coping responses to such stressors, which can vary in their adaptiveness. Although some responses may help children manage their emotions and restore a sense of security in the short term, others, such as misbehaviors, may contribute to maladaptive behavioral patterns across different social settings (e.g., peer relationships and school environments). Over time, these maladaptive responses may solidify into long-term coping strategies that impair emotional and behavioral adjustment (Davies et al., 2006).

In EST, "emotional security" is considered a latent goal of children (not always consciously articulated) that can be inferred from their emotional regulation (e.g., persistent, intense, or dysregulated emotional responses such as fear or distress), strategies for regulating exposure to family affect (e.g., avoiding emotionally charged

situations, disengaging, or becoming overly involved in parental disputes), and internal representations of conflict (e.g., beliefs about the consequences of conflict on their well-being) (Cummings & Davies, 1996). Chronic exposure to interparental conflict can undermine children's emotional security, which may be reflected in their diminished ER capacity, problematic behavioral responses, or negative cognitive appraisals of family conflict. Children's responses to these stressful contexts are thus multifaceted; EST interprets them as attempts to preserve or restore a sense of emotional safety and security (Cummings & Kouros, 2008). Cummings and Kouros (2008) conceptualized emotional security as a bridge that links the child to the broader world. Well-functioning marriages serve as a stable foundation, analogous to a sturdy bridge, which supports a child's exploration of their environment and social relationships. Conversely, in instances of destructive conflicts, this metaphorical bridge deteriorates, resulting in the child's uncertainty and diminished confidence. Such children may demonstrate hesitation in progressing or proceed in a dysregulated manner, encountering difficulties in establishing a secure footing in their interactions with others.

EST proposes two pathways through which destructive marital conflicts at home can affect children's adjustment: directly, where marital conflicts can heighten children's emotional distress, and indirectly, where these conflicts can disrupt the parent–child relationship security (Cummings & Kouros, 2008; Davies & Cummings, 1994; Davies et al., 2002; Davies et al., 2006). Particularly, two classes of parenting were addressed as critical: one relates to parental rejection, such as the withdrawal of the parent from interaction with the child and less affection; the other pertains to child-management problems, including over-controlling or under-controlling actions, such as harshness and lax discipline (Davies & Cummings, 1994; Davies et al., 2006). Further, several additional mechanisms between disruptive marital conflict and children's adjustment problems were suggested under "contextual characteristics" in addition to parenting, such as parent psychopathology (e.g., depression, substance abuse), family climate (e.g., cohesion, enmeshment), and child attributes (e.g., temperament). All of these may serve as pathways through which interparental conflict undermines emotional security and contributes to adjustment problems (Davies & Martin, 2014) (see Figure 2.1).

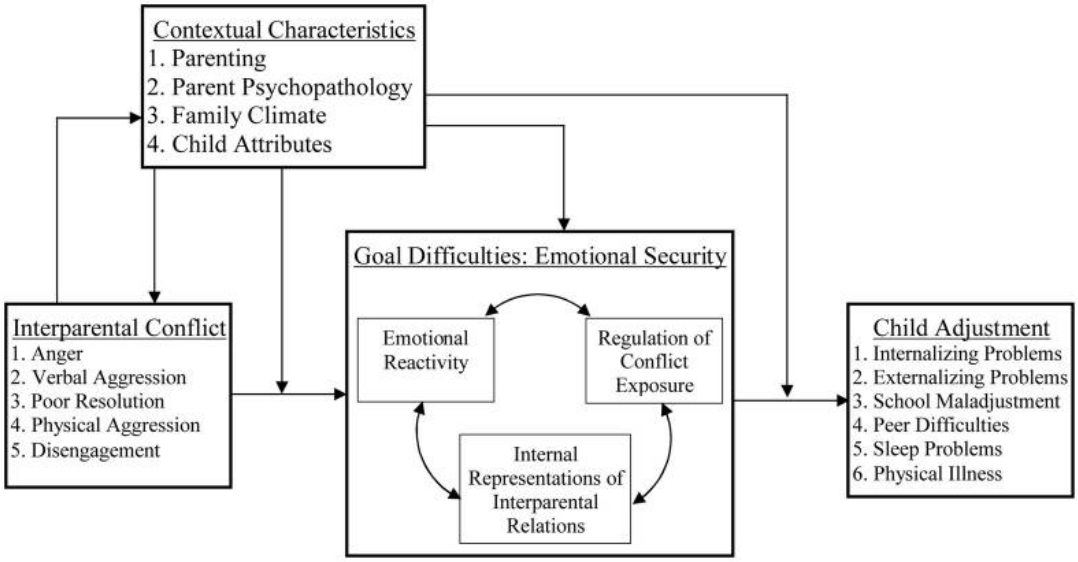


Figure 2.1: The pathways in the original formulation of emotional security theory (Davies & Martin, 2014, p.27)

2.6. Intimate Partner Violence, Mothers' Willingness to Serve as a Secure Base, and Children's Emotion Regulation

Given in more detail in the explanation of attachment theory above in the theoretical part, parents' willingness to serve as a secure base became increasingly important as children grew older. This bond, shaped by the primary caregiver, referred to as the caregiving system within the parent, is a secure haven for children, to which they turn when needed (Brumariu, 2015; Kerns et al., 2007). Even if children during middle childhood have other sources to utilize while dealing with emotions, they often prefer to turn to their parents to modulate their negative emotions during this period (i.e., sadness, anger) (Zeman & Garber, 1996). In their study of 52 mother-child dyads (ages of children were 9 to 11 years old), Kerns et al. (2007) found that mothers' ability to provide a secure base was significantly and positively related to greater ER in children, as reported by both mothers and teachers of children. On the other hand, in their review of 55 studies, Brumariu and Kerns (2010) found that decreased attachment security during childhood and adolescence was related to the development of greater internalizing (i.e., depression, anxiety) problems.

A child's perception of their parents' ability to provide nurturance and protection is influenced when a parent perpetrates violence or becomes a victim of it, and this risk can affect a child's behavioral and emotional adjustment (Levendovsky et al., 2012). In their meta-analysis of 15 studies, Noonan and Pilkington (2020) evaluated attachment security in children exposed to IPV (physical, sexual, or psychological). The ages of the children included in the meta-analysis were 18 years or younger, and the pooled sample size comprised 5,897 participants. The target parent in most studies was the mother, and the researchers noted that the role of the caregiver, such as whether they were perpetrators, victims, or both, was not reported in many of the included studies. The security of the relationship between the caregiver and the child was assessed mainly through direct observations or self-reports, either from the child or their mother. The results showed a significant and negative relationship between IPV and the security of the caregiver-child relationship.

In their meta-analysis of 21 studies that assessed the relationships between IPV victimization (physical, sexual, psychological), where the victims were generally women, and parenting towards their children under age 11, Chiesa et al. (2018) found that 11 studies reported the relationships between IPV and positive parenting attributes, such as parents' communication with their children (e.g., encouragement to talk, being responsive, reflective), effective skills (e.g., being consistent towards the child, problem solving), showing positive emotions (e.g., being warm, sensitive) and engagement with child (e.g., praising the child, being involved in child's whereabouts). The results showed that higher IPV victimization was related to less positive parenting attributes. Similarly, in their meta-analysis of 136 studies, Sousa et al. (2022) examined women who were exposed to any IPV (e.g., physical, psychological, sexual), and the age of their children was not specified. Most studies in the analysis reported a decline in parent-child interaction or bond, such as decreased support, warmth, or emotional attentiveness towards the child.

Some studies have also shown the role of IPV perpetration in the security-related behaviors of the mother. For instance, in their dyadic study with 175 children and their mothers (a total of 105) and fathers (a total of 102), Low et al. (2022) assessed both mother-reported and father-reported psychological and physical IPV perpetration

when the children were 5 years old. Parental involvement and parental warmth of mothers and fathers were collected separately through self-reports and observations when their children were 7 years old. The results showed that both the father- and the mother-reported IPV perpetration predicted less involvement of their own towards their children, and greater IPV perpetration of mothers predicted less warmth of their own towards their children. Another study by Gustafsson et al. (2017) collected data from 98 mother-child dyads. Researchers utilized the composite score of physical IPV perpetration and victimization as reported by mothers when their children were 6, 15, and 24 months old. Children's attachment security was collected through observations when the child was in first grade (the mean age was 6.7 years). The results showed that physical IPV was related to greater attachment insecurity in children.

As for the relationships between IPV, willingness to serve as a secure base, and children's ER or ER-related outcomes, several studies have shown that IPV could be related to children's ER through a decrease in secure base behaviors. For instance, Gustafsson et al. (2015) collected data from 154 mother-child dyads when their child was 2, 3, and 4 years old. Mother-reported victimization and perpetration of physical IPV composite score was found to be related to less maternal sensitivity (as observed and coded during mother-child free play) at all points of data collection and mediated the relationship between the composite score of physical IPV and children's cognitive-related self-regulation (executive functioning) when their child were age four.

Another study by Gustafsson et al. (2012) collected data from 705 mother-child dyads. Mothers' sensitive parenting behaviors (e.g., stimulation, positive regard) and harsh parenting behaviors (e.g., intrusive, negative regard) were collected when their children were 15, 24, and 36 months old. Physical and psychological IPV (both perpetration and victimization) were assessed when their children were 6, 15, and 24 months old. Children's effortful control was assessed when the children were 58 months old. The results showed that parenting variables mediated the link between IPV and children's outcomes, but only sensitive parenting behaviors were significant in the mediation model. The researchers concluded that IPV could affect mothers' behaviors, particularly limiting their ability to be sensitive or effective guides in helping children learn to regulate their emotions.

2.7. Intimate Partner Violence, Negative Parenting Practices, and Children's Emotion Regulation

Negative parenting practices are consistently shown to be a risk factor for children's ER. For instance, in their study with 340 mother-child dyads, Gülseven et al. (2018) assessed harsh parenting behaviors of mothers and their children's ER when their children were nine years of age. They found a significant negative association between harsh parenting and children's ER. In their meta-analysis of 971 studies, Pinquart (2017) showed that harsh parenting practices were related to greater externalizing and internalizing disorders around the globe. In another meta-analysis study of 27 studies, Goagoses et al. (2022) found a negative relationship between negative parenting practices and children's and adolescents' ER.

IPV is often found to be related to an increase in negative parenting behaviors. In their meta-analysis, Chiesa et al. (2018) examined 21 studies that assessed the relationships between IPV victimization (physical, sexual, psychological), where the victims were generally women, and parenting towards their children under age 11. A total of 13 studies that assessed the link between IPV victimization and negative parenting attributes such as physical aggression (e.g., harsh discipline), neglect (e.g., lax control), or negative emotions towards the child (e.g., hostile, angry) showed a significant and positive association.

In their prospective cohort study, Coll et al. (2023) assessed 4275 mothers' exposure to IPV (psychological, physical, and sexual) prenatally. Their parenting was examined when their children were 4 years old (the total sample consisted of 3,730 mother-child dyads) and when their children were 6 to 7 years old (the total sample consisted of 3,292 mother-child dyads). The researchers differentiated IPV victimization types, evaluated psychological IPV victimization, and used a composite score of physical and sexual IPV while determining its effects on parenting. Both psychological IPV victimization and physical and sexual IPV victimization were associated with more coercive and harsh parenting toward their children at both four and 6-7 years of age.

Although the studies mentioned above considered IPV victimization as a risk factor for parenting, several studies also highlighted the effect of IPV perpetration by both mothers and fathers. For instance, in their study that utilized latent class analysis, Rousson et al. (2023) collected data from 332 adults (48% female) regarding both their perpetration and victimization of IPV (psychological, physical, and sexual). A large subsample of the participants (n = 218) also had children, and they further reported their discipline practices towards their children. These discipline practices were categorized into four forms: harsh verbal (e.g., yelling), harsh emotional (e.g., ridiculing), threatening to abandon (e.g., sending away), and physical (e.g., spanking). The results indicated that both perpetration and victimization of IPV in all forms were quite parallel among the sample (e.g., 77% experienced psychological IPV, 80% perpetrated psychological IPV; 24% experienced physical IPV, 27,1% perpetrated physical IPV). Among those with children, 76,6% used harsh verbal discipline, 42,7% employed at least one form of physical discipline, 12,4% engaged in harsh emotional discipline, and 17,4% threatened to abandon their child as a disciplining method within the last year. Victimization and perpetration of IPV were categorized based on severity (e.g., none, minor psychological, moderate, and severe). In all classes of IPV perpetration and victimization, there were increases in the number of harsh parenting practices as the severity of IPV increased, regardless of the parent's gender (mother or father). Similarly, even in the minor psychological forms of IPV perpetration and victimization, a greater risk for more harsh parenting practices was reported for both mothers and fathers. Supporting the spillover hypothesis, which suggests that the context of violence within parent-dyad relationships also influences the parent-child dynamic (Krishnakumar & Buehler, 2000), the researcher concluded that IPV (perpetration or victimization) could increase the risk of harsh parenting for children.

Several studies also assessed the link between IPV, negative parenting practices, and children's ER or ER-related outcomes. In their study with 81 mother-child dyads (the mean age for the children was 4.74), Grasso et al. (2016) assessed both psychological and physical IPV perpetration and victimization of mothers, along with their harsh parenting practices towards their children. Mothers also reported their children's disruptive behaviors (i.e., temper tantrums, aggression, lack of concern for others' distress). A high proportion of mothers who reported any psychological IPV

perpetration also indicated that the same behaviors were displayed by their partners. Therefore, a composite score of psychological IPV, combining both perpetration and victimization, was used in the analysis. A similar composite score was also created for physical IPV. Results showed that 70% of the sample reported engaging in some form of psychological IPV with their partner within the past year. Most mothers (85,2%) also reported employing harsh parenting towards their child, with the highest rate for psychological aggression (e.g., yelling, shouting) with 81,5%. IPV (psychological and physical) and harsh parenting were also significantly related to their children's disruptive behavior. The results also showed that psychological aggression towards the child partially mediated the link between psychological IPV and children's disruptive behavior.

2.8. Intimate Partner Violence, Depressive Symptomology, and Children's Emotion Regulation

Depressive symptomology of mothers poses a risk factor for their children's ER. For instance, in their meta-analysis of 193 studies, Goodman et al. (2011) reported significant positive associations between maternal depression and their children's internalizing, externalizing, general psychopathology, and negative affect/behaviors. The children's age in the included studies ranged from 9 months to 20 years. Similarly, in their meta-analysis of 29 studies, Sutherland et al. (2022) reported that the majority of the studies showed a negative and significant association between maternal depressive symptomology levels and children's adjustment (e.g., emotional, behavioral, cognitive).

Depressive symptomology also constitutes a risk factor for effective parenting. For instance, in their meta-analytic review of 46 studies, Lovejoy et al. (2000) reported that maternal depression was significantly related to the exhibition of more negative and less positive parenting behaviors. Furthermore, maternal depression was shown to influence children's outcomes through disruptions in parenting practices. In their meta-analysis of 37 studies (N = 23,466), Goodman et al. (2020) reviewed research examining the associations among maternal depression, parenting, and children's functioning (e.g., attachment, biological, emotional, behavioral, and social outcomes,

as well as psychopathology). The studies included children from infancy to adolescence. Results demonstrated that maternal depressive symptoms were significantly associated with parenting behaviors across both negative (e.g., hostility, harshness) and positive (e.g., sensitivity, warmth) dimensions. Although the directionality was not always explicitly stated, findings generally indicated that maternal depression was associated with higher levels of negative and lower levels of positive parenting. Moreover, both parenting dimensions were found to mediate the association between maternal depression and a broad range of child outcomes, including emotional, behavioral, social, and psychological functioning.

Depressive symptomology is also closely related to IPV. Recent meta-analytic studies have highlighted the significant association between depressive symptoms and both the perpetration and victimization of IPV. In their meta-analysis of 503 studies, Spencer et al. (2019) found that depressive symptoms were significantly and positively associated with physical IPV perpetration and victimization for both men and women. However, they reported that depressive symptoms were a significantly stronger correlate of physical IPV victimization among women compared to men, suggesting that women who experience physical IPV may be particularly vulnerable to developing depressive symptoms. In a more recent meta-analysis focusing specifically on psychological IPV, Spencer et al. (2024) reported that depressive symptoms were significantly associated with both psychological IPV victimization and perpetration. Yet, no significant gender differences were observed in either direction. These findings indicate that while depression is an important mental health correlate of IPV across both physical and psychological forms, gender differences in the relationship between IPV and depression are evident only in the context of physical IPV victimization. Together, these two meta-analyses highlight that compared to physical IPV, psychological IPV appears to be equally linked to depressive symptoms across genders, whether individuals are victims or perpetrators.

Empirical studies have further supported the mediating roles of maternal mental health and parenting behaviors in the association between IPV and children's functioning. In their study with 132 mother-child dyads (the children were between 4 and 8 years old), Zarling et al. (2013) obtained psychological and physical IPV perpetration and

victimization scores of mothers, and their general mental health was assessed through all psychopathology dimensions (i.e., depression, anxiety) and laboratory observations. Mothers' harsh discipline practices were also assessed through observation and mothers' reports. Children's ER and externalizing and internalizing behaviors were assessed through mothers' reports. The results showed that higher IPV was related to greater ER difficulty, internalizing, and externalizing problems in children, greater use of harsh discipline practices, and lower levels of maternal mental health. Lower levels of maternal mental health were reported to be related to more internalizing problems in children, while greater use of harsh discipline was related to more externalizing problems. Researchers also reported that maternal mental health mediated the link between IPV and children's internalizing problems, and harsh discipline practices mediated the link between IPV and children's externalizing problems. Children's ER also mediated the relationship between IPV and children's internalizing and externalizing behaviors. Researchers pointed out the critical importance of ER as it mediated the links between IPV and externalizing and internalizing problems, along with the importance of maternal mental health and harsh discipline practices.

In their study with 1,161 mother-child dyads, where the children were between 3 and 8 years old, Holmes (2013) assessed mothers' exposure to physical IPV by their partners, along with mothers' mental health (composite score of substance abuse and depression), maternal warmth, their aggressive behaviors towards the child, and their children's aggressive behavior. Results showed that IPV was related to poor mental health, and poor mental health was associated with more aggressive behavior of their children, lower maternal warmth, and more aggressive behaviors from mothers towards the child. Physical IPV victimization of mothers was not directly related to children's aggressive behavior, but rather through poor mental health and their aggressive behavior towards the child.

In their study with 4338 mother-child dyads, Zhang et al. (2025b) assessed mothers' exposure to any IPV when their children were one year old, stress related to parenting when their children were two years old, warmth towards their children when their children were three years old, and their children's behavioral and cognitive self-

regulation when the children were five years old. The results showed that IPV was related to less behavioral regulation in children, while less maternal warmth was associated with more behavioral dysregulation. Furthermore, the link between IPV and children's self-regulation was serially mediated by stress related to parenting and maternal warmth.

2.9. Children's Reactions to Marital Conflicts

As highlighted in EST, marital conflicts can elevate children's stress levels, and when this is the case, children could show several reactions to this stressor. While some of them might be adaptive in regulating one's emotions during such stressful conditions, EST posits that some reactions may develop into maladaptive behavioral patterns and thus can be destructive for one's overall adjustment (Cummings & Kouros, 2008; Davies & Cummings, 1994). That is to say, when children resort to maladaptive coping strategies in response to conflicts, they might become especially susceptible to employing these or comparable maladaptive coping responses when faced with other challenging life situations (Rhoades, 2008).

According to Rhoades (2008), the relationship between interparental conflict and a child's adjustment is influenced more by proximal processes than by the conflict itself. One significant factor in this relationship is how children respond to interparental conflicts. These responses, overall, include how children interpret and assign meaning to the conflict in the context of their own needs, desires, and goals. Although not the sole factor contributing to the association between interparental conflict and children's functioning, it remains a significant factor. For instance, her meta-analysis revealed that children's enmeshment or involvement in interparental conflicts, such as attempting to stop the conflict, was related to both internalizing and externalizing problems, with the average age of the children being 10.61 years. In contrast, avoidance or withdrawal from conflict, exemplified by behaviors like leaving the room, was found to be associated with internalizing problems but showed no significant relationship with externalizing problems.

Previous literature highlights that children display a range of reactions to interparental conflict. For example, Garcia O'Hearn et al. (1997) asked mothers and fathers of 110 children, aged between 8 and 11 years, to keep a diary documenting their marital conflicts over a five-and-a-half-week period. Parents were also asked to report their children's reactions to different types of conflict, including verbal violence, physical violence, and everyday disagreements. The findings indicated that children exhibited a variety of responses to these conflicts, such as feeling sad, angry, or anxious, leaving the room, behaving unusually well, or showing no reaction at all. The researchers indicated that the study aimed only to identify children's reactions to conflicts, yet no associations with child maladjustment could be established. However, they also indicated that these response patterns could signal potential future adjustment issues.

DeBoard-Lucas and Grych (2011) conducted interviews with children aged 7 to 12 who were exposed to marital conflict at home, including instances of verbal and physical aggression. They examined how these children reacted to such conflicts. The researchers identified several typical responses, including withdrawing from the situation by leaving the room, attempting to intervene, seeking support, openly expressing emotions related to the conflict, and distracting themselves through activities such as watching television. Similarly, in their analysis of the coping responses of 75 individuals, including 33.3% school-aged children, van Baak and Eichelsheim (2025) found that these children employed a range of coping strategies when confronted with interparental conflict, particularly in the context of IPV. These strategies included emotion-focused coping, such as expressing emotions during conflict or crying; problem-focused coping, such as trying to intervene or taking sides; and avoidance strategies, including withdrawing from the situation or engaging in an alternative activity. The researchers indicated that children often react differently over time or can simultaneously use a combination of reactions.

Regarding children's responses to IPV, Miranda et al. (2021) conducted interviews with nine children between the ages of 8 and 12 who had been exposed to various forms of interparental violence, including psychological, physical, and sexual abuse. The findings revealed that children responded to these conflicts in various ways. Some attempted to regulate their emotions by drawing or engaging in other activities. Others

sought support from family members or professionals. Additional coping responses included avoidance strategies, such as listening to music or watching television, as well as escape behaviors like leaving home. Some children also intervened directly by trying to stop the conflict. Instead of drawing certain conclusions, such as linking a reaction to adjustment, the researchers emphasized that children have agency and actively respond to incidents of interparental conflicts using various actions and coping strategies.

2.10. Mothering and Marital Conflicts

Interparental conflicts, particularly when IPV is involved, can significantly impact the quality of mothers' parenting (e.g., Chiesa et al., 2018; Coll et al., 2023; Rousson et al., 2023), evidenced in their verbal reports as well. Fogarty et al. (2021) conducted semi-structured interviews with nine mothers (the mean age of their children was 11 years), who self-reported having experienced any physical or psychological IPV from their current or past partners since they were pregnant with their first child. The results indicated that several mothers reported experiencing emotional exhaustion due to IPV, which created difficulties in parenting, such as fulfilling their children's emotional needs (e.g., connecting with their child emotionally), along with challenges in meeting their own emotional needs.

In their study with 95 mothers who have a child between the ages of 7 and 12, Levendosky et al. (2000) conducted semi-structured interviews with mothers who had experienced physical or psychological IPV from their partners. As for the question that aimed to assess whether the violence that mothers have experienced from their partners has affected their parenting, the results showed conflicting results. While some participants (n = 23) indicated that it had no influence, others (n = 24) reported that it had an adverse effect, while still others (n = 19) noted that it had positive effects. Those who stated that their mothering was negatively affected indicated low emotional energy or a lack of time to devote to their children. Additionally, irritability was another factor described as a contributing factor to greater anger towards their child. Regarding the question that aimed to investigate whether they had experienced difficulty in mothering and the reasons for it, some mothers indicated that emotional

challenges had affected their ability to mother (n = 21). As for the question that aimed to assess whether their parenting would be different if they did not have a violent partner, some mothers indicated that they would be the same (n = 23), while some indicated that their mothering would be affected positively (n = 21).

The literature presents several hypotheses to clarify the inconsistent connections between IPV and how mothers' mothering behaviors were influenced. The spillover hypothesis proposes that experiences, particularly emotional states resulting from those such as conflict, stress, or satisfaction, within one relationship area, like marriage, tend to transfer to other areas, including the parent–child relationship. These experiences often convey a consistent emotional tone across different areas (Erel & Burman, 1995; Krishnakumar & Buehler, 2000). For example, a parent dealing with interparental conflict may show increased irritability or diminished emotional presence with their child. Unlike the spill-over theory, the compensatory hypothesis suggests a reverse relationship between the marital and the parent-child relationship. This view suggests that the low quality of marriage (i.e., high conflict) may be related to higher parent-child relationship quality (Erel & Burman, 1995; Engfer, 1998). Lastly, the compartmentalization hypothesis asserts that parents can separate their roles as spouses and parents when faced with marital conflict. From this viewpoint, they manage to contain the negativity and resentment stemming from conflicts in marriage, preventing it from affecting their parenting. As a result, they could remain effective parents, even in challenging marital situations (Krishnakumar & Buehler, 2000).

2.11. Motherhood and Motherhood in Türkiye

According to Arendell (2000), the common theme in the definitions of mothering is "the social practices of nurturing and caring for dependent children" (p.1192). Mothering is a socially constructed concept that evolves across historical and cultural contexts. Although the core theme of mothering involves caregiving, this relationship never operates in isolation. It always unfolds within specific social contexts that influence it through material resources and cultural expectations, such as gender roles or norms. While these external factors shape the definition, practice, and organization of mothering, they do not entirely dictate it. Rather, mothering is actively shaped by

the decisions and actions of individuals, both women and men, within their distinct historical circumstances. Consequently, agency plays a vital role in manifesting mothering, underscoring that it is not merely a biological function but a dynamic and socially negotiated process (Glenn, 1994).

Given these social and cultural dynamics, the performance of mothering has become deeply intertwined with gendered expectations. Mothering is universally associated with women because they are the primary caregivers, often performing the work of mothering (Arendell, 2000). Since the 19th century, motherhood has often been regarded as a central aspect of a woman's identity. In other words, womanhood and motherhood have been viewed as interchangeable experiences and identities. Hays (1996) described mothering as a historically constructed ideology and proposed the notion of "intensive mothering." This ideology is a gendered model that promotes cultural child-rearing standards, advocating that mothers dedicate vast emotional, temporal, and material resources to their children. Intensive mothering emphasizes a profound commitment and self-sacrifice, urging mothers to prioritize their children's needs above their own. It often demands sustained emotional involvement, where mothers are expected to participate deeply in their child's development through nurturing, educational interactions, and constant support. This reflects the belief that maternal dedication is essential, regardless of the child's age or needs. Therefore, being a "good mother" is often considered to be an intensive one. As a result, this situation can leave mothers feeling guilty, stressed, and under tremendous pressure to do what is right for their children (Brown, 2014).

Building on the ideology of intensive mothering, the concept of the "motherhood myth" refers to the broader cultural norms that reinforce and legitimize these expectations. The motherhood myth is regarded as a precursor to the concept of intensive mothering. These myths can be characterized as cultural norms that dictate how mothers should think, act, and have fantasies. Difficulties in mothering experiences closely impact mothers' views of themselves, their assessment of self-worth, and their abilities. Therefore, similar to the statement above, feelings of guilt and shame are more likely to arise when individuals fail to meet their own and societal expectations (Constantinou et al., 2021).

Several qualitative studies have explored women's transition to motherhood to gain a deeper understanding of how these ideological expectations are experienced in everyday life. Nelson (2003) stated that "transition to motherhood is one of the most common life transitions experienced by women, often signifying a period of great disruption" (p. 466). In their study, which involved 11 women whose children were under 12 years old, Barlow and Cairns (1997) asked mothers about their experiences of motherhood. They identified one category, "expansion of self," along with two subcategories: engagement and immersion. The engagement subtheme was considered the first stage of self-expansion, primarily describing the first years of motherhood. This subtheme includes the factors influencing a woman's decision to be a mother (e.g., existing cultural norms; adverse childhood experiences and need for corrective experience; assessment of the man's ability to be a father), facing their past experiences with their received parenthood, adapting to new life circumstances (e.g., dedication to child's needs, increased responsibilities along with increased self-efficacy, trying to do the right thing especially following societal expectations from mothers), and engagement with self-socialization (e.g., expanding skills for effective parenting, looking after for positive parental role models). The immersion subcategory mainly included descriptions of mothers' experiences from their children's first years to their present age (12 years old). This subtheme included a renegotiation of relationships (e.g., with their workplace, their partners concerning the share of child-rearing responsibilities), preserving the child's life while at the same time preserving one's sense of self (e.g., hardships of finding a balance between their own needs and the needs of their child), and replenishment (e.g., acceptance of personal limitations or imperfections as a mother). To sum up, the researchers indicated that motherhood is a complex process that requires women to examine their life aspirations (e.g., work) and their marital relationships, as well as the traditional values associated with motherhood, and thus constitutes a challenging personal crisis that needs to be resolved.

Similarly, Barclay et al. (1997) interviewed 55 first-time mothers and found that motherhood is a complex process. Mothers in their study reported that motherhood is overwhelming, presents itself with increased demands, and that something is learned, rather than something that comes naturally. The common sentiment associated with

motherhood was feeling drained, often due to the physical (e.g., lack of sleep, fatigue), emotional (e.g., lack of social support), or cognitive (e.g., uncertainties) demands of learning a new role, which were overwhelming. Feelings of loneliness, isolation, incompetence, and loss (e.g., loss of personal time and self-confidence) were predominant in mothers' reports.

These cultural ideals of motherhood are not unique to Western societies. In Türkiye, a similar framework of gendered mothering ideologies can be observed, as womanhood was evaluated as equal to motherhood (e.g., Aracı-İyiaydın & Ergun, 2025). For instance, in their study with 206 undergraduate students, Sakallı-Uğurlu et al. (2021) assessed stereotypes for married women. They found that the most common stereotypes for married women included being a mother (e.g., a good mother, fond of children, a nurturer), a housewife, and a self-sacrificing individual. Therefore, as Hays (1996) implied, intensive motherhood represents a gendered model that promotes cultural child-rearing standards in Türkiye as well. For instance, in their research involving thirty-three married employed women with children under the age of six, Akyol and Arslan (2020) found that the meanings associated with motherhood are diverse, encompassing aspects such as emotional fulfillment, heightened responsibility, ambiguity, anxiety and difficulty, joy, love, self-sacrifice, personal growth, complexity, and uniqueness. While some mothers (19 out of 33) reported being able to manage their maternal responsibilities, others (14 out of 33) reported being unable to do so. As for the role of culture, most mothers (24 out of 33) reported that Turkish culture supports mothering as the primary responsibility of women, rather than being working women.

Similarly, in Türkiye, recent studies have highlighted the prevalence and impact of intensive motherhood (Sahlar & Üstündağ-Budak, 2020). For instance, Tunçdemir (2024) conducted qualitative interviews with mothers (their children's ages were not specified) to gain deeper insight into their motherhood experiences. The results showed that mothers evaluated their motherhood experiences as being protective and watchful for their children, a great sense of love and devotion, being sure about the baby or the child is well (e.g., well fed, heathy), thinking their children before themselves, spending most of their time and energy to their development, trying to do

what is best for them, having increased responsibilities and difficulties in coping while accomplishing them, and shouldering the responsibility of raising a good person. Accordingly, the researcher concluded that evaluating almost all participants within the definition of "intensive motherhood" was possible. A similar study by Özgen and Ekşi (2023) with mothers of middle childhood children found that one of the most commonly described characteristics was “self-sacrifice” (e.g., one’s time, energy, career aspirations, social life).

In their qualitative study with 313 mothers whose children’s ages ranged from 0 to 3 years, Öğüt and Güvenç (2022) asked mothers several questions, including the definition of a good mother and a bad mother. The results revealed the nuances of intense mothering, including participants' support for the idea that perfection is required in mothering and that mothers should self-sacrifice (e.g., prioritizing their own needs), overprotect their children, and constantly seek expert knowledge on child-rearing. Researchers also found that mothers who associate good motherhood with an intensive one also suffer from exhaustion and face hardships, and as a result, feel guilt or anxiety for not fulfilling these ideals.

2.12. Summary of Literature Review

Emotion regulation (ER) is a fundamental aspect of one’s functioning, and the conceptualizations of ER encompass both intrapersonal aspects while also emphasizing the role of others and environmental factors that can affect it (Thompson, 2011, 2014). Although ER is a significant aspect of human functioning, regardless of developmental stage, family factors and overall family climate are also important, especially when children are younger and spend most of their time with their family and parental figures. As indicated in Family System Theory (FST) and Emotional Security Theory (EST), one’s developmental outcomes can be profoundly influenced by the family environment and the subsystems (e.g., spousal subsystem, parent-child subsystem) that comprise the family. As indicated in FST, these subsystems never operate in isolation; instead, there is a triad where subsystems influence each other (Cox & Paley, 1997, 2003). Similarly, EST emphasized that parental conflict could affect children’s developmental outcomes, not just directly, but also indirectly, posing

a threat to parent-child relationships (Davies & Cummings, 1994; Davies et al., 2006). Intimate partner violence (IPV), therefore, is defined and proven to be one of the significant risk factors for children's ER (Bender et al., 2021; Zhang et al., 2025).

The mother's willingness to serve as a secure base can be endangered in the case of IPV, as previous literature emphasized that when the caregiver of the child perpetrates or is a victim of the violence, both the caregiving system in the parent and the attachment system in the child could be affected negatively (e.g. Noonan & Pilkington, 2020). Many previous studies have shown a link between IPV (perpetration or victimization) and decreased positive qualities of mothering (e.g., Chiesa et al., 2018; Low et al., 2022). On the other hand, IPV (perpetration or victimization) could increase negative parenting practices, which are often referred to as spillover, where the feelings or behaviors related to interparental conflicts spill into the parent-child relationship as being hostile, harsh, or withdrawn. All these parenting qualities were shown to be critical in terms of children's ER, as the willingness to serve as a secure base helps children to express their emotions and therefore learn how to regulate them (Brumariu & Kerns, 2010). Negative parenting practices, on the other hand, could pose a risk for learning effective ER (e.g., Goagoses et al., 2022).

Depressive symptomology of mothers is a well-known risk factor for their children's ER (e.g., Shutherland et al., 2022). One of the critical aspects of depressive symptomology is being a risk factor for effective parenting, as these symptoms might cause less affection or warmth for the child; on the other hand, they increase the risk for negative parenting and thus could affect children's regulatory abilities (e.g., Goodman et al., 2020). Depressive symptomology is also a significant mental health correlate of IPV (perpetration or victimization) (Spencer et al., 2019; 2024). As a significant mental health correlate of IPV and being a risk factor for effective parenting, depressive symptomology has also been shown to be one of the significant mediators of the relationship between IPV, parenting, and children's ER.

On the other hand, children's reactions to conflicts have been shown to be related to their adjustment (Davies & Martin, 2014). Children exhibit various reactions to conflicts, and although the literature does not specify how each of these reactions

relates to children's adjustment, several studies (e.g., Rhoades, 2008) have indicated their associations with externalizing or internalizing disorders. Similarly, qualitative assessments of mothering practices following interparental conflicts have failed to clearly demonstrate how such conflicts affect specific aspects of mothering (e.g., Levendosky et al., 2000). Several hypotheses (e.g., spillover, compensatory, or compartmentalization) have been proposed to explain the complex associations between interparental conflicts and mothering during these times (e.g., Krishnakumar & Buehler, 2000). Based on earlier scientific findings, it can be inferred that these areas require further investigation.

A thorough examination of the literature generally concentrated on mother or mothering-related factors, while it did not focus on fathers or their parenting. To the researcher's knowledge, only a recent study by Low et al. (2022) considered fathers' involvement with the child and their warmth between the IPV and children's outcomes. This heavy inclination of mothering on children's ER within the context of IPV could necessitate further examination of mothering or motherhood, which is a gendered concept that has been culturally assigned to women (Hays, 1996). The intensive motherhood concept that highlights the mother's dedication of vast emotional, temporal, and material resources to their children is common both globally and in Türkiye (e.g., Sahlar & Üstündağ-Budak, 2020). The cultural reflection of motherhood myths (Constantinou et al., 2021) is a significant factor that can affect intensive motherhood and, consequently, one's mental health and mothering. Studies in Türkiye also revealed the significant hardships faced by mothers during motherhood, resulting in emotional, cognitive, and physical difficulties, as their internal representations of being a good mother are shaped by intensive motherhood, which is closely tied to existing cultural norms (motherhood myths).

CHAPTER 3

METHOD

This chapter provides details of the procedures and steps carried out during the implementation of the study. This chapter first presented the research design. The participants' characteristics and data collection instruments were explained next, starting with the quantitative and then the qualitative parts. After introducing participants and data collection instruments, the data collection procedure was expanded, and a description of the study variables was presented. Next, the data analyses of the study were covered. The quantitative part was presented first in the data analysis part, and qualitative analyses were given following the quantitative part. Lastly, the limitations of the current study were discussed.

3.1. Research Design

The present study employs a multi-method research design. Multi-method research involves the employment of various methodologies within a research framework, where a series of interconnected projects are undertaken under a broad thematic area to address a comprehensive research problem (Brewer & Hunter, 2006). Multi-method research provides not only a diverse array of methods but also a more persuasive, inclusive, and flexible means of communicating scientific ideas. By acknowledging the significance of rhetoric and social context in knowledge production, this approach emerges as a robust framework that can accommodate various perspectives, audiences, and conceptualizations of the world (Hunter & Brewer, 2016).

A key difference between multi-method and mixed methods research designs relates to how their individual parts are organized and connected. In a multi-method design, each study functions independently and is thorough in its own right, while all studies collectively focus on a shared research problem or question. These studies, whether

qualitative or quantitative, can be conducted either simultaneously or sequentially, depending on whether the goal is exploratory (inductive) or confirmatory (deductive). Importantly, in multi-method research, data from separate studies are typically not combined, whereas in mixed-methods designs, data integration is a core component (Hankivsky & Grace, 2016). Therefore, the current study used a multi-method research design aligned with its objectives.

3.2. Participants

3.2.1. Participants in Quantitative Study

The data were collected from mothers with the inclusion criteria of having children between the ages of 8 and 12. A convenience sampling method was employed to collect the data. Participants with multiple children were instructed to consider their child aged between 8 and 12 when answering the questions. A total of 358 mothers participated in the quantitative part of the study. The participants' ages ranged from 31 to 52, with a mean age of 40.47 years (*SD* = 3.79). In total, 312 (87.2%) participants reported their current relationship status as married or living together, and 46 (12.8%) participants reported their current relationship status as divorced or single. A total of 316 participants indicated their partners' ages, ranging from 29 to 64, with a mean age of 43.24 (*SD* = 4.81). The participants indicated that their children's gender was 183 girls (51.1%) and 175 boys (48.9%). Ninety-eight (27.4%) of participants indicated their children were 8 years old, 75 (20.9%) of participants indicated their children were 9 years old, 69 (19.3%) of participants indicated their children were 10 years old, 62 (17.3%) of participants indicated their children were 11 years old, and 54 (15.1%) of participants indicated their children were 12 years old.

In total, 181 (50.6%) of participants indicated that they have one child, 156 (43.6%) indicated that they have two children, and 20 (5.8%) indicated that they have three children or more. A total of 13 participants (3.6%) indicated their education as a high school degree, 22 participants (6.1%) as associate degree, 190 participants (53.1%) indicated a bachelor's degree, 101 participants (28.2%) indicated their education as master's degree, and 32 participants (8.9%) indicated their education as a doctoral degree. A total of 258 participants (72.1%) indicated their working status as currently

working, 92 (25.7%) indicated not working right now, and 8 participants (2.2%) indicated their working status as "other" (e.g., retired). Seventeen participants (4.7%) reported a low socioeconomic status, 264 participants (73.7%) indicated a middle socioeconomic status, and 77 participants (21.5%) reported a high socioeconomic status. Demographic information for the participants of the quantitative study is also given in Table 3.1.

Table 3.1: *Demographic Characteristics of Participants (N = 358)*

Variables	*f*	*%*
Gender of children		
Female	183	51.1
Male	175	48.9
Age of children		
8 years	98	27.4
9 years	75	20.9
10 years	69	19.3
11 years	62	17.3
12 years	54	15.1
Number of children		
1	181	50.6
2	156	43.6
3 or more	21	5.8
Marital status		
Married/Living together	312	87.2
Single/Divorced	46	12.8
Education status		
High school	13	3.6
Associate degree	22	6.1
Bachelor's degree	190	53.1
Master's degree	101	28.2
Doctoral degree	32	8.9
Socio-economic status		
Low	17	4.7
Middle	264	73.7
High	77	21.5
Working status		
Currently working	258	72.1
Currently not working	92	25.7
Other (e.g., retired)	8	2.2

3.2.2. Participants in Qualitative Study

The participants of the qualitative part were chosen from those who were also involved in the quantitative part. One hundred thirty-six participants left contact information to volunteer for the semi-structured interviews. A blend of purposeful and convenience sampling methods was used in participant selection. First, the participants who left contact information to volunteer for the second part were selected purposefully based on a criterion, which was experiencing at least one act of psychological IPV (either being victimized or perpetrated) within the last year. Among those who left contact information, 98 (72%) participants reported at least one psychological IPV (either victimization or perpetration) within the last year. The objective was to choose participants who could provide insightful opinions and a range of viewpoints regarding the connections between the variables under investigation. Accordingly, the aim was to ensure that the sample was aligned with the study objectives by focusing on participants who reported experiencing psychological IPV within the last year, and it was thought to contribute meaningfully to the analysis. All in all, this sampling strategy provided a more realistic component, ensuring data collection efficiency and viability while maintaining the primary objectives of the study. As a result, the sampling technique combined purposeful and convenient sampling, enabling both targeted selections based on important attributes and pragmatic accessibility concerns.

The qualitative part of the study consisted of 13 participants. The mean age of the participants was 40.09 (*SD* = 1.87). Six participants reported their child's age as 8, two participants reported it as 9, one participant reported it as 10, two participants reported it as 11, and two participants reported it as 12. The gender of the children was six boys and seven girls. All participants reported their current relationship status as married, except for one who was divorced. Six participants reported having a bachelor's degree, and the others reported a master's degree. Almost all participants reported their working status as 'currently working,' except for one participant who was working part-time, and two were not currently working. Demographic information for the participants of the qualitative study is also given in Table 3.2.

Table 3.2: *Demographic Characteristics of Participants in Qualitative Part (n=13)*

ID	Age	Education	Marital Status	Working Status	Child's Age	Child's Gender	Number of Children
1	43	Master's Degree	Married	Full-time	8	Girl	1
2	41	Bachelor's degree	Divorced	Part-time	12	Girl	1
3	39	Master's degree	Married	Full-time	8	Girl	1
4	40	Bachelor's degree	Married	Full-time	8	Boy	2
5	40	Bachelor's degree	Married	Full-time	9	Girl	1
6	43	Bachelor's degree	Married	Not working	8	Boy	1
7	41	Master's degree	Married	Full-time	11	Boy	2
8	39	Master's degree	Married	Full-time	12	Girl	2
9	37	Bachelor's degree	Married	Full-time	10	Girl	2
10	38	Master's degree	Married	Full-time	9	Girl	3
11	40	Bachelor's degree	Married	Full-time	8	Boy	1
12	44	Bachelor's degree	Married	Not working	11	Boy	2
13	38	Bachelor's degree	Married	Full-time	8	Boy	1

3.2.2.1 Characteristics of the Participants in the Qualitative Study

Participant 1 is 43 years old. She holds a master's degree, has been married for 12 years, works full-time, and has one daughter. She gave a total psychological IPV perpetration score (which indicates the number of psychological IPV incidents that occurred within the last year at the time of the data collection) of 10 (the possible range was 0 to 200) and a total psychological IPV victimization score of 5 (the possible range was 0 to 200) in the quantitative part of the study. She identified herself as the most involved person in childcare at home.

Participant 2 is 41 years old. She holds a bachelor's degree, is divorced, works part-time, and has one daughter. She gave a total psychological IPV perpetration score of

67 and a total psychological IPV victimization score of 77 in the quantitative part of the study. She divorced her husband within the previous year at the time of the interview. She is working part-time and currently lives with her child. She identified herself as the most involved person in childcare at home.

Participant 3 is 39 years old. She holds a master's degree, has been married for 12 years, works full-time, and has one daughter. She gave a total psychological IPV perpetration score of 54 and a total psychological IPV victimization score of 50 in the quantitative part of the study. She identified herself and her husband as the most involved people in childcare at home.

Participant 4 is 40 years old. She holds a bachelor's degree, has been married for 17 years, works full-time, and has two children (two sons). She gave a total psychological IPV perpetration score of 18 and a total psychological IPV victimization score of 20 in the quantitative part of the study. She identified herself as the most involved person in childcare at home.

Participant 5 is 40 years old. She holds a bachelor's degree, has been married for 18 years, works full-time, and has one daughter. She gave a total psychological IPV perpetration score of 3 and a total psychological IPV victimization score of 3 in the quantitative part of the study. She identified herself as the most involved person in childcare at home.

Participant 6 is 43 years old. She holds a bachelor's degree, has been married for nine years, is not currently working, and has one son. She gave a total psychological IPV perpetration score of 22 and a total psychological IPV victimization score of 25 in the quantitative part of the study. She identified herself as the most involved person in childcare at home.

Participant 7 is 44 years old. She holds a master's degree, has been married for 16 years, works full-time, and has two children (two sons). She gave a total psychological IPV perpetration score of 12 and a total psychological IPV victimization score of 41

in the quantitative part of the study. She identified herself and their helper as the most involved people in childcare at home.

Participant 8 is 39 years old. She holds a master's degree, has been married for 16 years, works full-time, and has two children (a daughter and a son). She gave a total psychological IPV perpetration score of 24 and a total psychological IPV victimization score of 25 in the quantitative part of the study. She identified herself as the most involved person in childcare at home.

Participant 9 is 37 years old. She holds a bachelor's degree, has been married for 14 years, works full-time, and has two children (a son and a daughter). She gave a total psychological IPV perpetration score of 6 and a total psychological IPV victimization score of 14 in the quantitative part of the study. She identified herself and her husband as the most involved people in childcare at home.

Participant 10 is 38 years old. She holds a master's degree, has been married for 17 years, works full-time, and has three children (two daughters and a son). She gave a total psychological IPV perpetration score of 10 and a total psychological IPV victimization score of 9 in the quantitative part of the study. She identified herself as the most involved person in childcare at home.

Participant 11 is 42 years old. She holds a bachelor's degree, has been married for 10 years, works full-time, and has one son. She gave a total psychological IPV perpetration score of 9 and a total psychological IPV victimization score of 3 in the quantitative part of the study. She identified herself and her husband as the most involved people in childcare at home.

Participant 12 is 47 years old. She holds a bachelor's degree, has been married for 16 years, does not work, and has two children (a son and a daughter). She gave a total psychological IPV perpetration score of 4 and a total psychological IPV victimization score of 0 in the quantitative part of the study. She identified herself and her husband as the most involved people in childcare at home.

Participant 13 is 38 years old. She holds a bachelor's degree, has been married for 14 years, works full-time, and has one son. She gave a total psychological IPV perpetration score of 8 and a total psychological IPV victimization score of 10 in the quantitative part of the study. She identified herself and her husband as the most involved people in childcare at home.

3.3. Data Collection Instruments

3.3.1 Data Collection Instruments in Quantitative Study

An informed consent form (see Appendix B), a demographic information form (see Appendix C), and five self-report questionnaires were utilized: (1) psychological and physical aggression subscales of Conflict Tactics Scale-Revised (CTS-R; Strauss et al., 1996; Turhan et al., 2006) (see Appendix D) which assessed physical and psychological victimization and perpetration, (2) depression subscale of the Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983; Sahin & Durak, 1994) (see Appendix E), (3) the Multidimensional Assessment of Parenting Scale (MAPS: Karababa, 2019; Parent & Forehand, 2017) (see Appendix F), (4) the Mother's Willingness to Serve as a Secure Base Scale (MWSSBS; Kerns et al., 2001; 2007) (see Appendix G) and (5) the Emotion Regulation Checklist (ERC; Batum & Yağmurlu, 2007; Shields & Cicchetti, 1995) (see Appendix H). The psychometric properties and features of each scale are described below.

3.3.1.1 Demographic Information Form

The researcher developed a demographic information form to assess the demographic variables of participants. The form included age, education level, occupation, family income, relationship status, relationship duration, the number of children in the family, and the age of the target child that the mother reported.

3.3.1.2 Conflict Tactics Scale-Revised (CTS-R)

The scale was developed by Strauss et al. (1996) to assess intimate partner violence. CTS-R consists of five subscales: (1) negotiation, (2) psychological aggression, (3) physical assault, (4) sexual coercion, and (5) injury. In the current study, only the

psychological aggression and physical assault subscales were utilized. The psychological aggression subscale was used in the main analysis, while the physical assault subscale was used for validity purposes. The psychological aggression subscale comprises eight items, and the physiological assault subscale consists of 12 items. Sample items in the psychological aggression subscale included “I called my partner fat or ugly”, “I stomped out of the room or house or yard during a disagreement.” Sample items in the physical aggression subscale included “I threw something at my partner that could hurt”, “I pushed or shoved my partner.” The items can be formed to be asked in both ways, whether the participants inflicted (perpetration) the violence (I did this to my partner) or were exposed to (victimization) the violence (My partner did this to me) by their partners. Therefore, there are two questions for each item for a total of 40 items for psychological violence and physical assault subscales (20 items assessing psychological and physical violence victimization, 20 items assessing psychological and physical violence perpetration).

Each item on the scale assesses the frequency of the violence that occurred within the last 12 months. The items are rated on eight different categories, and the first seven categories ask participants to indicate how often each act of psychological or physical aggression had occurred (0=never, 1=once, 2=twice, 3=3-5 times, 4=6-10 times, 5=11-20 times, 6=more than 20 times) within the last year. The participants can also report in the eighth category that the aggression has not happened within the previous year, but happened before. In the scoring process, responses to categories 0, 1, or 2 are scored according to the corresponding number of times the relevant occurrence occurred (none, once, or twice within the last year). Categories from 3 to 5 are coded by the midpoint of the category. For instance, category 3 (3-5 times) is scored as 4, category 4 (6-10 times) as 8, and category 5 (11-20 times) as 15. Category 6 (more than 20 times) is scored as 25. Category 7 receives a score of 0 if the prior year's scores do not reveal abuse or disagreement. The overall score of the scale is obtained by summing up the subscale scores (ranging from 0 to 200), and the higher scores indicate higher levels of partner violence (victimization and perpetration scores were calculated separately). Cronbach’s alpha for the psychological aggression subscale was reported as .79 and for physical assault as .86 in the original study.

To test the scale's construct validity, Strauss et al. (1996) suggested that the subscales should be theoretically correlated. For instance, men tend to use more sexual coercion to have sex; therefore, for men, the sexual coercion, psychological aggression, and physical assault subscales should be higher in correlation than for women. Similarly, psychological violence tends to co-occur with or follow physical violence. Thus, physical assault and psychological aggression subscales should be correlated. The discriminant validity of the scale was assessed through the correlation between the negotiation and sexual assault scales, which should not be theoretically correlated. The original study reported a non-significant or low correlation between these subscales.

Turhan et al. (2006) conducted a Turkish adaptation of the scale with 300 married women, and the Cronbach's alpha was reported as .90 (.82 for perpetration and .85 for victimization). Aba and Kulakaç (2016) also conducted a reliability and validity study of the scale with college-aged participants, and internal consistency was reported as .85 for psychological violence and .89 for physical violence. The test and re-test reliability coefficients ranged from .97 to 1.00. To ensure the validity of the scale, the ratings from six different specialists were assessed through Kendall's W non-parametric test, and no significant difference was observed among the scores. They also reported the correlation between psychological aggression and physical assault as .57 for women and .61 for men. In the current study, to assess construct validity, the correlation coefficient between the physical assault and psychological aggression subscales was examined, yielding a medium correlation (r = .34). Internal reliability was found to be .78 for the psychological aggression subscale and .87 for the physical assault subscale. Also, the McDonald's ω was found to be .79 for psychological aggression.

3.3.1.3 Brief Symptom Inventory (BSI)

The Brief Symptom Inventory (BSI) was developed by Derogatis (1982). The scale is a self-report measure that aims to assess psychological symptoms covering nine symptom dimensions, including (1) somatization, (2) obsessive-compulsive, (3) interpersonal irritability, (4) depression, (5) anxiety, (6) hostility, (7) phobic anxiety, (8) paranoid thoughts, and (9) psychoticism regarding their existence of symptoms and

their intensity within the last week. The BSI is described by Derogatis and Melisaratos (1983) as a shorter form of the SCL-90-R, a self-report inventory used to report psychological symptoms. The scale consists of 53 items, and overall scores obtained from each subscale indicate higher levels of symptomology in that dimension. The scale is rated on a 5-point Likert-type format, from 0 (absence of symptoms) to 4 (full manifestation of symptoms). The internal reliability of the scale was assessed with 1002 outpatients, and Cronbach's coefficient alphas ranged from .71 to .85 (the lowest score for the psychoticism subscale and the highest score for the depression subscale) (Derogatis & Melisaratos, 1983). The test-retest reliability results showed consistency between measures over time. The scale was administered to a sample of 60 outpatients with a two-week interval, and the reliability values ranged from .68 to .90. Regarding validity, high correlations were obtained between the nine dimensions of the BSI and the corresponding dimensions of SCL-90-R. Also, convergent validity was assessed through similar dimensions of MMPI (Minnesota Multiphasic Personality Inventory; Schiele et al., 1943), and good evidence of convergent validity was reported. In terms of construct validity, factor analytic studies of the scale revealed an appropriate internal structure. In total, nine dimensions were derived from the factor analysis using the varimax rotation of the principal components analysis, and the 9-factor structure explained 44% of the variance (Derogatis & Melisaratos, 1983).

The Turkish validity and reliability study of the scale was carried out by Şahin and Durak (1994). They conducted an exploratory factor analysis utilizing Principal Component Analysis (PCA) with varimax rotation, and they found that items loaded on five factors (anxiety, depression, negative self, somatization, and hostility). In their study, the internal reliability of the depression subscale was reported as .88, for anxiety as .87, for negative self as .87, for somatization as .75, and for hostility as .76. Their study also reported that the scores obtained from BSI were significantly correlated with Beck Depression Scale, UCLA Loneliness Scale, and Offer Loneliness Scale. The authors concluded that the BSI was a reliable and valid tool for the Turkish sample.

In this study, only the depression subscale, comprising 12 items, was used. Sample items included “Thoughts of ending one’s life” and “Feeling lonely even when around other people.” The subscale has no reverse items, and the total score ranges from 0 to

48. The higher scores obtained from the scale indicate higher depressive symptomology levels.

3.3.1.3.1 CFA of the Depression Subscale of the Brief Symptom Inventory (BSI)

A confirmatory factor analysis (CFA) was used to test the scale's one-factor structure. Psychometric evaluation and construct validation are two key applications of CFA. CFA also confirms the structure of item-factor correlations and the number of underlying dimensions of the instrument (Brown, 2015). Before conducting CFA, the following assumptions were checked: sample size, missing data, outliers, normality, linearity, and multicollinearity (Tabachnick & Fidell, 2018).

3.3.1.3.2 Assumptions of CFA for the Depression Subscale of the Brief Symptom Inventory (BSI)

First, the analysis was conducted with 358 participants, and no missing or mis-entry of the data was detected. Several criteria were considered for sampling adequacy. As Hoelter (1983) suggested, the sample size was larger than the suggested minimum of 200 observations. The sample size for this study was also within the acceptable limits, based on a ratio of at least 10:1 (the minimum number of observations per variable is 10), as proposed by Hair et al. (2010). The sample size was within acceptable limits (358 observations for 12 items). Thus, the sampling adequacy met with 358 participants.

Univariate outliers were checked through z-scores. According to Tabachnick and Fidell (2018), outliers fall outside the -3.29 and +3.29 intervals. However, according to Stevens (2002), the cut-off criteria can be specified as -4.00 and +4.00 in large samples (over 100). Considering a large amount of data, the -4.00 and +4.00 criteria were adopted, as suggested by Stevens (2002). Based on Stevens's (2002) criteria, only item 1 had six outliers. No outliers were detected for other items. To detect multivariate outliers, the Mahalanobis distance was checked, which is the separation between a case and the centroid of the remaining cases, where the centroid is the point formed by the intersection of all the variable means (Tabachnick & Fidell, 2018). In total, nineteen multivariate outliers were detected. The analysis was run with and without those

outliers, and the results did not reveal any significant differences. Therefore, these outliers were decided to be kept due to the generalizability of the results. Univariate normality was checked through Skewness and Kurtosis values, and only item 1 was found to exceed the accepted Skewness and Kurtosis values (±3.29) due to its low variance. Multivariate normality was checked through Mardia's test. The test indicated a violation of the multivariate normality assumption ($p < .001$).

Browne (1984) suggested that in cases of violation of multivariate normality, asymptotic distribution-free (ADF) estimation can be used to address this issue. Bryn (2016) claims that most data do not meet the assumption of multivariate normality. Therefore, this estimation works poorly unless the sample size is very large. West et al. (1995) recommended a range of 1,000 to 5,000 cases; any number lower than this could lead to poor results. Alternatively, Kline (2011) suggested using bootstrapping, a resampling approach for analyzing nonnormal data with a sufficient sample size in AMOS, to address those problems. In the current study, the model was tested by Bollen-Stine (Bollen & Stine, 1992) bootstrapping rather than utilizing the Maximum Likelihood p-value. A total of 1,000 bootstrap samples were used (Cheung & Leu, 2008).

The linearity assumption was checked through the investigation of scatterplots, and no curvilinear relationships were observed; therefore, the linearity assumption was accepted to be satisfied. Lastly, the multicollinearity assumption was checked through the correlation matrix, tolerance, and variance influence factor (VIF). The correlation matrix showed that the correlations among items ranged from .24 to .76, which was not larger than the acceptable maximum of .90 (Field, 2018). The VIF value ranged from 1.3 to 3.14, again not exceeding the acceptable maximum of 10, as suggested by Field (2018). The tolerance values ranged from .32 to .77, higher than the acceptable minimum of .20 (Field, 2018).

3.3.1.3.3 Model Estimation for the Depression Subscale of the Brief Symptom Inventory (BSI)

The assessment of the model fit was evaluated considering several suggestions on valid model fit indices and the cut-off criteria for those indices. The summary of model fit indices and proposed cut-off values is given in Table 3.3.

Table 3.3: *Fit Indices and Acceptable Cutoff Values for CFA*

Model fit indices	Proposed cut-off values
$\chi 2/df$	< 3 (Kline, 2011) < 5 (Schumacker & Lomax, 2004)
RMSEA	.08 < RMSEA < .10 Mediocre fit (MacCallum et al., 1996) < .06 Good fit (Hu & Bentler, 1999) < .05 Close fit .05 < RMSEA < .10 Mediocre fit > .10 Poor fit (Browne & Cudeck, 1993)
SRMR	0 < SRMR < 1.0 Perfect fit (Brown, 2015) < .08 Acceptable fit (Hu & Bentler, 1999)
CFI	> .90 Acceptable fit (Schumacker & Lomax, 1996) > .95 Acceptable fit (Hu & Bentler, 1999)
TLI	> .90 Acceptable fit (Schumacker & Lomax, 1996) > .95 Acceptable fit (Hu & Bentler, 1999)

For the depression subscale of the BSI, the results revealed that $\chi 2/df = 5.40$ was higher than the cut-off value of 3 (Kline, 2011) but slightly higher than the accepted maximum of 5, according to Schumacker and Lomax (2004). Other fit indices were also examined, and RMSEA = .111 indicated poor fit (Browne & Cudeck, 1993; Hu & Bentler, 1999; MacCallum et al., 1996). The standardized RMR (SRMR) value =

.061 indicated an acceptable fit (Brown, 2015; Hu & Bentler, 1991). CFI = .88 and TLI = .86 were lower than .95 (Hu & Bentler, 1999) and .90 (Schumacker & Lomax, 1996) cutoff points.

To improve the model, the researcher examined modification indices (e.g., error covariances) and identified those with high values. Since some items had similar wording or were reverse-coded, leading to shared variance, error terms with high modification indices (e1-e12, e2-e3) were allowed to covary to improve model fit (Brown, 2015). The analysis was then re-run. Following this change, $\chi 2/df$ decreased to 3.61, which was lower than the accepted maximum of 5, according to Schumacker and Lomax (2004). RMSEA decreased to .09, which shows a mediocre fit (MacCallum et al., 1996). The standardized RMR (SRMR) value decreased to .048, indicating a perfect fit (Brown, 2015). CFI was .93, and TLI was .92, indicating an acceptable fit (Schumacker & Lomax, 1996).

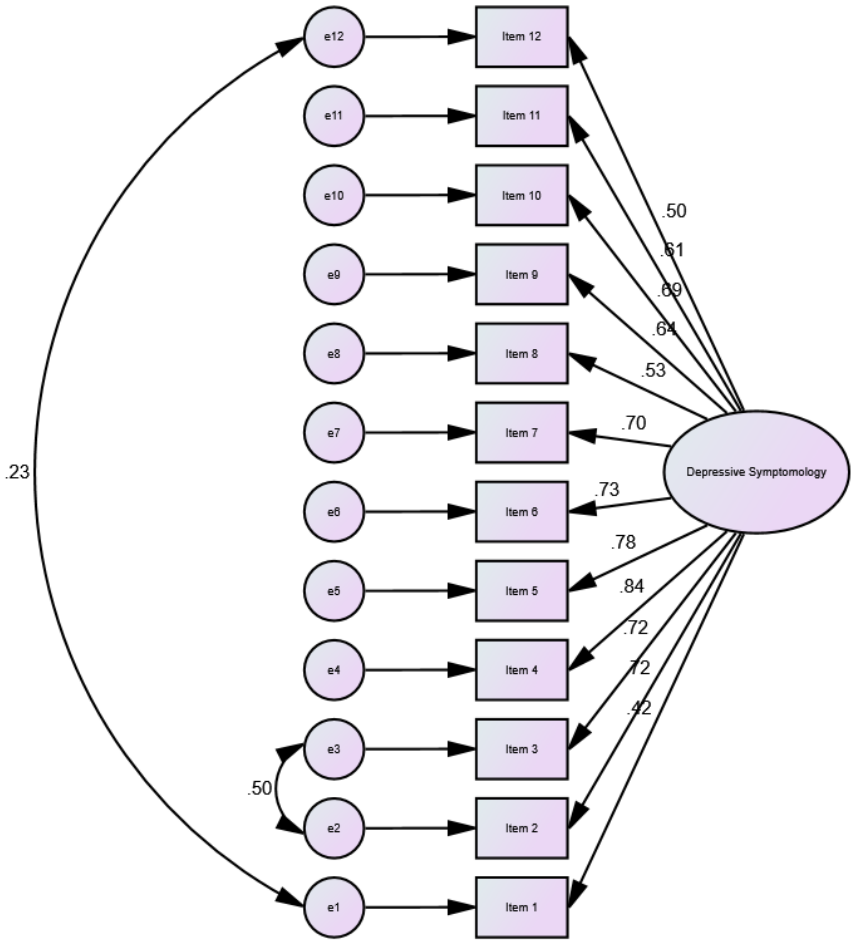


Figure 3.1: Item-factor loadings for the depression subscale of the Brief Symptom Inventory

Standardized factor loadings were found in the range of .42 to .84 (see Figure 3.1). The internal reliability (Cronbach's alpha value) for the depression subscale was found to be .90. Also, the McDonald's ω was found to be .90. Overall, the depression subscale of the Brief Symptom Inventory was considered a valid and reliable tool for the current study. The total score obtained from the scale was used in the analysis.

3.3.1.4 The Multidimensional Assessment of Parenting Scale (MAPS)

The Multidimensional Assessment of Parenting Scale (MAPS) was developed by Parent and Forehand (2017). MAPS is a self-report measure of parenting practices, consisting of 34 items each rated on a 5-point Likert-type scale (1 = *never*, 5 = *always*). The scale includes seven dimensions, including (1) proactive parenting (e.g., "I warn my child before any activity changes"), (2) positive reinforcement (e.g., "If my child fulfills his/her daily duties, I somehow show that I notice this"), (3) warmth (e.g., "I show my love/affection for my child by kissing and hugging him/her"), (4) supportiveness (e.g., "I respect my child's opinions by encouraging him/her to express his opinions"), (5) hostility (e.g., "I argue with my child"), (6) physical control (e.g., "When my child does something wrong, I hit her with my hand"), and (7) lax control (e.g., If my child whines or complains when I take away a right, I give her back what she/he wants"). Higher subscale scores imply that people have more of those qualities. Proactive parenting, positive reinforcement, warmth, and supportiveness were categorized under the broad positive parenting, while hostility, physical control, and lax control were categorized under the broad negative parenting. The CFA model was tested, and the results showed an acceptable fit ($\chi 2$ (506, N=564) =1066, p<.01, RMSEA=.044, CFI=.92, SRMR=.06). Cronbach's reliability coefficients ranged from .77 to .91 among subscales. The internal reliability was reported as .90 for broad positive parenting and .88 for broad negative parenting. The test-retest reliability results showed strong correlations between the baseline and 2-week time points.

The Turkish validity and reliability study of the scale was conducted by Karababa (2019) with parents of children aged 4 to 17. He conducted an exploratory factor analysis using varimax rotation and found that items loaded onto seven factors, explaining 62.10% of the variance. The first factor named as hostility (seven items),

second factor named as lax control (seven items), third factor named as proactive parenting (six items), fourth factor named as physical control (four items), fifth factor named as positive reinforcement (four items), sixth factor named as supportiveness (three items), and seventh factor named as warmth (three items). The hostility, lax control, and physical control were categorized under the broad category of negative parenting, while proactive parenting, positive reinforcement, supportiveness, and warmth were categorized under the broad category of positive parenting. Cronbach's alpha values of subscales ranged from .77 to .86. The broad positive parenting subscale was reported as .87 and the broad negative parenting subscale was reported as .85. The CFA results showed acceptable results ($\chi 2/df$= 2.05; GFI= .92; AGFI= .91; CFI= .91; NFI= .91; NNFI= .90; IFI= .91; RMSEA= .051).

3.3.1.4.1 CFA of the Multidimensional Assessment of Parenting Scale (MAPS)

A seven-factor model of the scale was tested through a confirmatory factor analysis (CFA). Before conducting the CFA, the assumptions, including sample size, missing data, outliers, normality, linearity, and multicollinearity, were checked (Tabachnick & Fidell, 2018).

3.3.1.4.2 Assumptions of CFA for the Multidimensional Assessment of Parenting Scale (MAPS)

The minimum sample size was determined based on commonly accepted criteria for adequacy. The sample size exceeded Hoelter's (1983) recommended minimum of 200 observations and met the 10:1 observation-to-variable ratio proposed by Hair et al. (2010). Thus, the sampling adequacy was met with 358 participants. Univariate outliers were checked through z-scores and based on Stevens's (2002) criteria (-/+ 4.00), considering a large sample size (over 100), and there were twenty-four univariate outliers detected. Therefore, the analysis was run with and without outliers. To detect multivariate outliers, the Mahalanobis distance, which is the separation between a case and the centroid of the remaining cases, where the centroid is the point formed by the intersection of all the variable means, was checked (Tabachnick & Fidell, 2018). In total, twenty-one multivariate outliers were detected. The analysis was run with and without those outliers, and the results did not reveal a significant

difference. Therefore, these outliers were decided to be kept due to the generalizability of the results. Univariate normality was checked through Skewness and Kurtosis values, and items 11, 14, 21, 24, 25, 30, 31, and 32 exceeded the accepted Skewness and Kurtosis values (-/+ 3.29). Multivariate normality was checked through Mardia's test. The test indicated a violation of the multivariate normality assumption ($p < .001$). Due to the violation of multivariate normality, the model was tested by Bollen-Stine (Bollen & Stine, 1992) bootstrapping rather than utilizing the Maximum Likelihood p-value. A total of 1,000 bootstrap samples were used (Cheung & Leu, 2008).

The linearity assumption was checked through the investigation of scatterplots, and no curvilinear relationships were observed; therefore, the linearity assumption was accepted to be satisfied. Lastly, the multicollinearity assumption was checked through the correlation matrix, tolerance, and variance influence factor (VIF). The correlation matrix showed that the correlations among predictor variables ranged from .00 to .65, which was not larger than the acceptable maximum of .90 (Field, 2018). The VIF value ranged from 1.25 to 3.69, which was not larger than the acceptable maximum of 10, as suggested by Field (2018). The tolerance values ranged from .27 to .79, higher than the acceptable minimum of .20 (Field, 2018).

3.3.1.4.3 Model Estimation for the Multidimensional Assessment of Parenting Scale (MAPS)

The assessment of the model fit was evaluated considering the cut-off values described previously and illustrated in Table 3.3. The results revealed that $\chi 2/df = 1.94$ was lower than the cut-off values of 3 (Kline, 2011) and 5 (Schumacker & Lomax, 2004). Other fit indices were examined, and RMSEA = .05 indicated close fit (Browne & Cudeck, 1993). The standardized RMR (SRMR) value = .047 indicated an acceptable fit (Hu & Bentler, 1999). CFI = .89 was lower than .95 (Hu & Bentler, 1999) and .90 (Schumacker & Lomax, 1996), and TLI = .88 was lower than .95 (Hu & Bentler, 1999) and .90 (Schumacker & Lomax, 1996) cutoff points.

To improve the model, the researcher examined modification indices (e.g., error covariances) and identified those with high values. Since some items had similar

wording or were reverse-coded, leading to shared variance, error terms with high modification indices (e16-e15) were allowed to covary to improve model fit (Brown, 2015). The analysis was then re-run. Following this change, $\chi 2/df$ decreased to 1.73, lower than the accepted maximum of 3 (Kline, 2011) and the maximum of 5, according to Schumacker and Lomax (2004). RMSEA decreased to .045, which shows a close fit (Brown & Cudeck, 1993). The standardized RMR (SRMR) value decreased to .045, indicating a perfect fit (Brown, 2015). CFI and TLI were both .91, indicating an acceptable fit (Schumacker & Lomax, 1996).

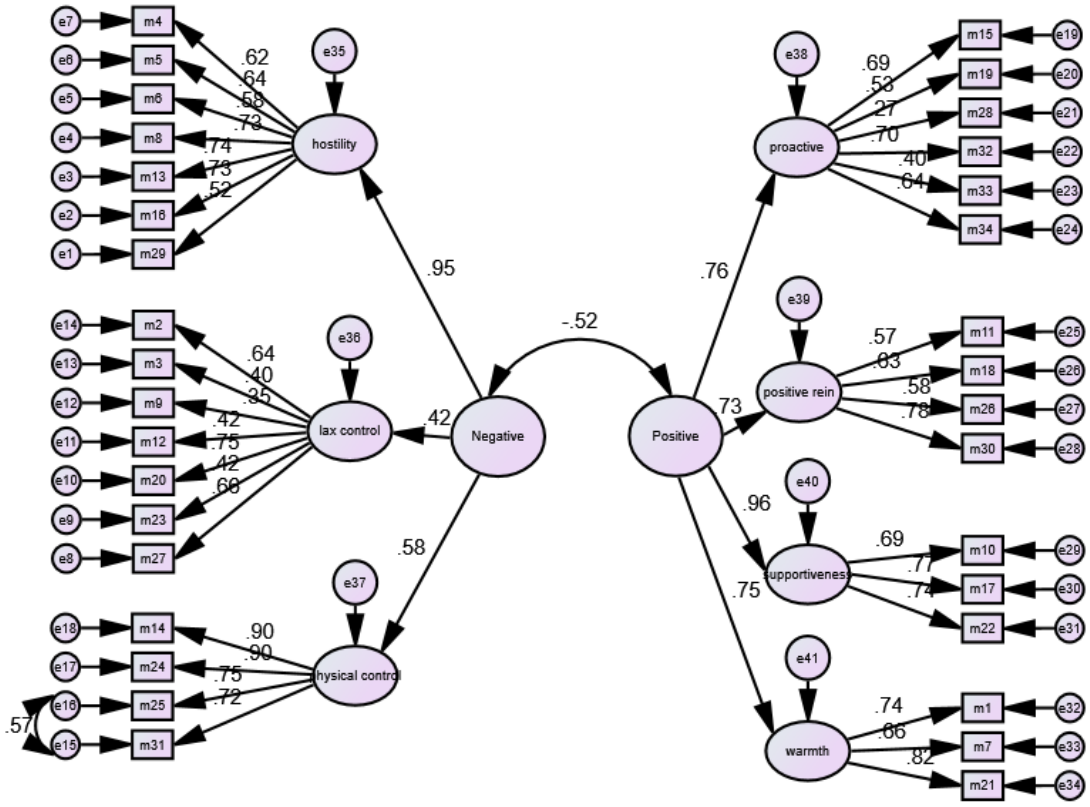


Figure 3.2*:* Item-factor loadings for the Multidimensional Assessment of Parenting Scale

Standardized factor loadings were found in the range of .27 to .82 (see Figure 3.2). Factor loadings below .30 were considered problematic. One item in the proactive parenting subscale was found to be problematic, as it showed a factor loading below .30. However, the current study aimed to obtain positive parenting levels of mothers rather than focusing solely on subscales. Also, only the broad negative parenting was

used in the main analyses. Cronbach's alpha was .85 for broad positive parenting and .84 for the broad negative parenting subscale. Additionally, McDonald's ω was found to be .79 for broad negative parenting and .85 for broad positive parenting practices. Overall, the scale was considered a valid and reliable tool for the current study. As stated before, the total scores obtained for broad negative parenting were used in the analyses.

3.3.1.5 Mother's Willingness to Serve as a Secure Base Scale (MWSSBS)

Mother's Willingness to Serve as a Secure Base scale was developed by Kerns et al. (2000, 2007). The scale is a parent-report measure of attachment and aims to assess mothers' willingness to serve as a secure base for children. The scale includes 10 items from the Child Rearing Practices Report (CRPR; Block, 1965), and CRPR was initially developed as a Q-sort tool to assess mothers' child-rearing practices. Kerns et al. (2007) utilized 10 items from the report and named those items as Mother's Serving as a Safe Base Scale. Each item is rated on a 6-point Likert-type format: 1 (not at all descriptive of me) to 6 (highly descriptive of me). Specifically, the scale aims to assess how mothers provide a secure haven for their children by encouraging their children to share their thoughts and feelings, providing them comfort when the child needs it, creating trust, recognizing the child's triumphs, and preventing confrontations (i.e., "I respect my child's opinions and encourage her/him to express them.", "I make sure my child knows that I appreciate what he/she tries to accomplish.", "I feel my child is a bit of a disappointment to me.")

Kerns et al. (2000, 2007) showed that the scale is valid and reliable in measuring the mother's willingness to serve as a secure base for the child and, thus, the secure attachment between the mother and the child during middle childhood. The Cronbach alpha value of the scale was reported as .79. The measure also demonstrated substantial associations with the Kerns Security Scale (Kerns et al.,1996), which is a self-report measure of children's perceptions of security in parent-child interactions during middle childhood and early adolescence. Therefore, Kerns et al. (2000, 2007) concluded that the mothers' reports on the scale and the children's reports of security are closely related.

There was no Turkish adaptation study of the scale. Necessary permissions were obtained through e-mail from Kathryn Kerns, Ph.D., to carry out the Turkish validity and reliability study. In the process of adapting the scale to Turkish, firstly, the forward translation-backward translation method was used in the 10-item scale. Then, the items were translated into Turkish by three academicians who were proficient in both English and Turkish in the field of psychological counseling and guidance. These three translations were compared with the researcher and the thesis supervisor, and the items that met the original meaning were selected. Then, an academician from the field of psychological counseling and guidance was asked to translate the items back into English. The researcher and thesis supervisor evaluated how closely the translated items matched the original in terms of style and meaning. After the back translation process, feedback was received from two academics from the English Language Teaching, English Language, and Literature departments in terms of grammar, coherence, and clarity of the translated items. The scale was first asked to read and answer the items from a small sample (20 people) that met the inclusion criteria but were not included in the current study. Cognitive processes about the expression and meaning of the scale were evaluated (Collins, 2003), and necessary adjustments (e.g., changes to improve clarity and accuracy) were made.

3.3.1.5.1 CFA of the Mother's Willingness to Serve as a Secure Base Scale

A one-factor model of the scale was tested through confirmatory factor analysis (CFA). Before conducting CFA, the assumptions were checked: sample size, missing data, outliers, normality, linearity, and multicollinearity (Tabachnick & Fidell, 2018).

3.3.1.5.2 Assumptions of CFA for Mother's Willingness to Serve as a Secure Base Scale

The minimum sample size was determined based on commonly accepted criteria for adequacy. The sample size exceeded Hoelter's (1983) recommended minimum of 200 observations and met the 10:1 observation-to-variable ratio proposed by Hair et al. (2010). Thus, the sampling adequacy was met with 358 participants. Univariate outliers were identified using z-scores, in accordance with Stevens's (2002) criteria (±4.00), given a large sample size (over 100). As a result, thirty univariate outliers

were detected. The analyses were run with and without outliers. To detect multivariate outliers, the Mahalanobis distance was checked, which is the separation between a case and the centroid of the remaining cases, where the centroid is the point formed by the intersection of all the variable means (Tabachnick & Fidell, 2018). In total, twenty-four multivariate outliers were detected. The analysis was run with and without those outliers, and the results did not reveal any significant differences. Therefore, these outliers were decided to be kept due to the generalizability of the results. Univariate normality was checked through Skewness and Kurtosis values, and items 1, 3, 4, 7, 8, and 9 were found to exceed the accepted level of Skewness and Kurtosis values (± 3.29) due to low variance on these items. Multivariate normality was checked through Mardia's test. The test indicated a violation of the multivariate normality assumption ($p < .001$). Due to the violation of multivariate normality, the model was tested by Bollen-Stine (Bollen & Stine, 1992) bootstrapping rather than utilizing the Maximum Likelihood p-value. A total of 1,000 bootstrap samples were used (Cheung & Leu, 2008).

The linearity assumption was checked by investigating scatterplots, and no curvilinear relationships were observed; therefore, the linearity assumption was accepted to be satisfied. Lastly, the multicollinearity assumption was checked through the correlation matrix, tolerance, and variance influence factor (VIF). The correlation matrix showed that the correlations among predictor variables ranged from .01 to .63, which was not larger than the acceptable maximum of .90 (Field, 2018). The VIF value ranged from 1.11 to 2.04, which again was not larger than the acceptable maximum of 10, as Field (2018) suggested. The tolerance values ranged from .51 to .90, higher than the acceptable minimum of .20 (Field, 2018).

The assessment of the model fit was evaluated considering the cut-off values described previously and illustrated in Table 3.3. The results revealed that $\chi 2/df = 8.69$ was higher than the cut-off values of 3 (Kline, 2011) and 5 (Schumacker & Lomax, 2004). Other fit indices were also examined, and RMSEA = .15 indicated poor fit (Browne & Cudeck, 1993). The standardized RMR (SRMR) value = .093 indicated an acceptable fit (Brown, 2015). CFI = .75 was lower than the .95 cutoff point (Hu & Bentler, 1999) and the .90 cutoff point (Schumacker & Lomax, 1996), and TLI = .68 was lower than

the .95 cutoff point (Hu & Bentler, 1999) and the .90 cutoff point (Schumacker & Lomax, 1996), indicating a poor fit.

To improve the model, the researcher examined modification indices (e.g., error covariances) and identified those with high values. Since some items had similar wording or were reverse-coded, leading to shared variance, error terms with high modification indices (e1-e9, e1-e6, e6-e9) were allowed to covary to improve model fit (Brown, 2015). The analysis was then re-run. Following this change, $\chi 2/df$ decreased to 3.90, lower than the accepted maximum of 5, according to Schumacker and Lomax (2004). RMSEA decreased to .09, which shows a mediocre fit (MacCallum et al., 1996). The standardized RMR (SRMR) value decreased to .08, indicating a perfect fit (Brown, 2015). CFI was .91, which indicates an acceptable fit (Schumacker & Lomax, 1996), and TLI was .88, indicating a poor fit (Schumacker & Lomax, 1996).

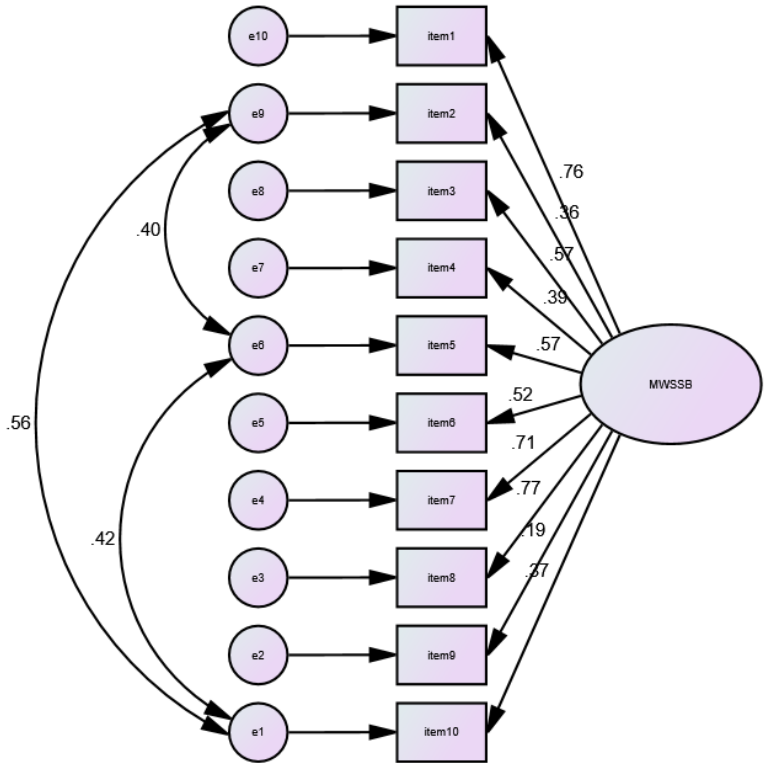


Figure 3.3*:* Item-factor loadings for The Mother's Willingness to Serve as a Secure Base Scale

Standardized factor loadings were found in the range of .19 to .77 (see Figure 3.3). Item nine was found problematic, showing a factor loading below .30. However, the

overall evaluation of the items indicates the level of the mother's willingness to serve as a secure base. The internal reliability (Cronbach's alpha coefficient) of the scale in the current study was found to be .80. To test the convergent validity of the scale, the relationship of the scale to the positive parenting subscale of MAPS was calculated. The relationship between the two scales was found to be highly correlated (r = .55) (the correlation coefficient with the supportiveness subscale was .61, and with the warmth subscale was .56). The McDonald's ω was found to be .75. Moreover, 40 participants were asked to rate the scale again after six weeks. The test-retest reliability of the scale was found to be .83. Overall, the scale was considered a valid and reliable tool for the current study. The total score obtained from the scale was used in the analysis.

3.3.1.6. Emotion Regulation Checklist (ERC)

The Emotion Regulation Checklist (ERC) was developed by Shields and Cicchetti (1995) to assess children's ER through mother reports. ERC consists of 24 items, each rated on a 4-point Likert-type scale (1 = *rarely/never*, 4 = *almost always*). ERC aims to assess children's ER in terms of flexibility, mood lability, regulation of affect, displaying situationally appropriate emotions, intensity, and valence, and emotional self-awareness. In the evaluation of the factor structure of the scale, the researchers conducted principal components factor analysis with varimax rotation. The results showed two factors: lability/negativity and emotion regulation. Items 2, 4, 5, 6, 8, 9, 10, 11, 13, 14, 17, 19, 20, 22, and 24 measured lability/negativity, and items 1, 3, 4, 7, 15, 16, 18, 21, and 23 measured emotional regulation. Sample items include "Exhibits wide mood swings" and "Is prone to angry outbursts." The authors also stated that the total score obtained from the scale can be used as a measure of emotion regulation. In the original study, the scale's Cronbach's alpha was .89.

The scale was first used by Batum and Yağmurlu (2007) with a sample of 105 non-clinical school-aged children (second graders). Like the original study, the researchers utilized the total score to measure children's emotion regulation. Kapçı et al. (2009) conducted a Turkish adaptation study with 284 children aged 6 to 13. Similar to the original study, they reported a two-factor scale structure. Sample items included "Is a

cheerful child" and "Is easily frustrated." Internal reliability of the scale was reported as .73 for the mother-report form by Batum and Yağmur (2007) and as .84 by Kapçı et al. (2009), and test-retest reliability was reported as .90 by Kapçı et al. (2009). The scores obtained from the scale range from 24 to 96, with higher scores on the scale indicating greater regulation of emotions.

3.3.1.6.1 CFA of the Emotion Regulation Checklist (ERC)

A two-factor model of the scale was tested through a confirmatory factor analysis (CFA). Before conducting CFA, the assumptions were checked: sample size, missing data, outliers, normality, linearity, and multicollinearity (Tabachnick & Fidell, 2018).

3.3.1.6.2 Assumptions of CFA for Emotion Regulation Checklist (ERC)

The minimum sample size was determined based on commonly accepted criteria for adequacy. The sample size exceeded Hoelter's (1983) recommended minimum of 200 observations and met the 10:1 observation-to-variable ratio proposed by Hair et al. (2010). Thus, the sampling adequacy was met with 358 participants. Univariate outliers were checked through z-scores and based on Stevens's (2002) criteria (-/+ 4.00), considering a large sample size (over 100), and there were twenty-two univariate outliers detected. The analyses were run with and without outliers. To detect multivariate outliers, the Mahalanobis distance, which is the separation between a case and the centroid of the remaining cases, where the centroid is the point formed by the intersection of all the variable means, was checked (Tabachnick & Fidell, 2018). In total, twelve multivariate outliers were detected. The analysis was run with and without those outliers, and the results did not reveal any significant differences. Therefore, these outliers were decided to be kept due to the generalizability of the results. Univariate normality was checked through Skewness and Kurtosis values, and items 10, 18, 22, and 24 exceeded the accepted Skewness and Kurtosis values (-/+ 3.29). Multivariate normality was checked through Mardia's test. The test indicated a violation of the multivariate normality assumption ($p < .001$). Due to the violation of multivariate normality, the model was tested by Bollen-Stine (Bollen & Stine, 1992) bootstrapping rather than utilizing the Maximum Likelihood p-value. A total of 1,000 bootstrap samples were used (Cheung & Leu, 2008).

The linearity assumption was checked through the investigation of scatterplots, and no curvilinear relationships were observed; therefore, the linearity assumption was accepted to be satisfied. Lastly, the multicollinearity assumption was checked through the correlation matrix, tolerance, and variance influence factor (VIF). The correlation matrix showed that the correlations among predictor variables ranged from .00 to .68, which was not larger than the acceptable maximum of .90 (Field, 2018). The VIF value ranged from 1.18 to 2.37, which again was not larger than the acceptable maximum of 10, as Field (2018) suggested. The tolerance values ranged from .40 to .75, higher than the acceptable minimum of .20 (Field, 2018).

3.3.1.6.3 Model Estimation for the Emotion Regulation Checklist (ERC)

The assessment of the model fit was evaluated considering the cut-off values described previously and illustrated in Table 3.3. The results revealed that $\chi 2/df = 3.84$ was higher than the cut-off value of 3 (Kline, 2011) and lower than 5 (Schumacker & Lomax, 2004). Other fit indices were examined, and RMSEA = .09 indicated mediocre fit (MacCallum et al., 1996). The standardized RMR (SRMR) value = .05 indicated an acceptable fit (Hu & Bentler, 1991). CFI = .71 was lower than .95 (Hu & Bentler, 1999) and .90 (Schumacker & Lomax, 1996), and TLI = .68 was lower than .95 (Hu & Bentler, 1999) and .90 (Schumacker & Lomax, 1996) cutoff points.

To improve the model, the researcher examined modification indices (e.g., error covariances) and identified those with high values. Since some items had similar wording or were reverse-coded, leading to shared variance, error terms with high modification indices (e3-e4, e9-e14) were allowed to covary to improve model fit (Brown, 2015). The analysis was then re-run. Following this change, $\chi 2/df$ decreased to 3.29, which was lower than the accepted maximum of 5, according to Schumacker and Lomax (2004). RMSEA decreased to .08, indicating a mediocre fit (MacCallum et al., 1996). The standardized RMR (SRMR) value decreased to .049, indicating a perfect fit (Brown, 2015). CFI was .77 and TLI was .74, indicating poor fit (Schumacker & Lomax, 1996).

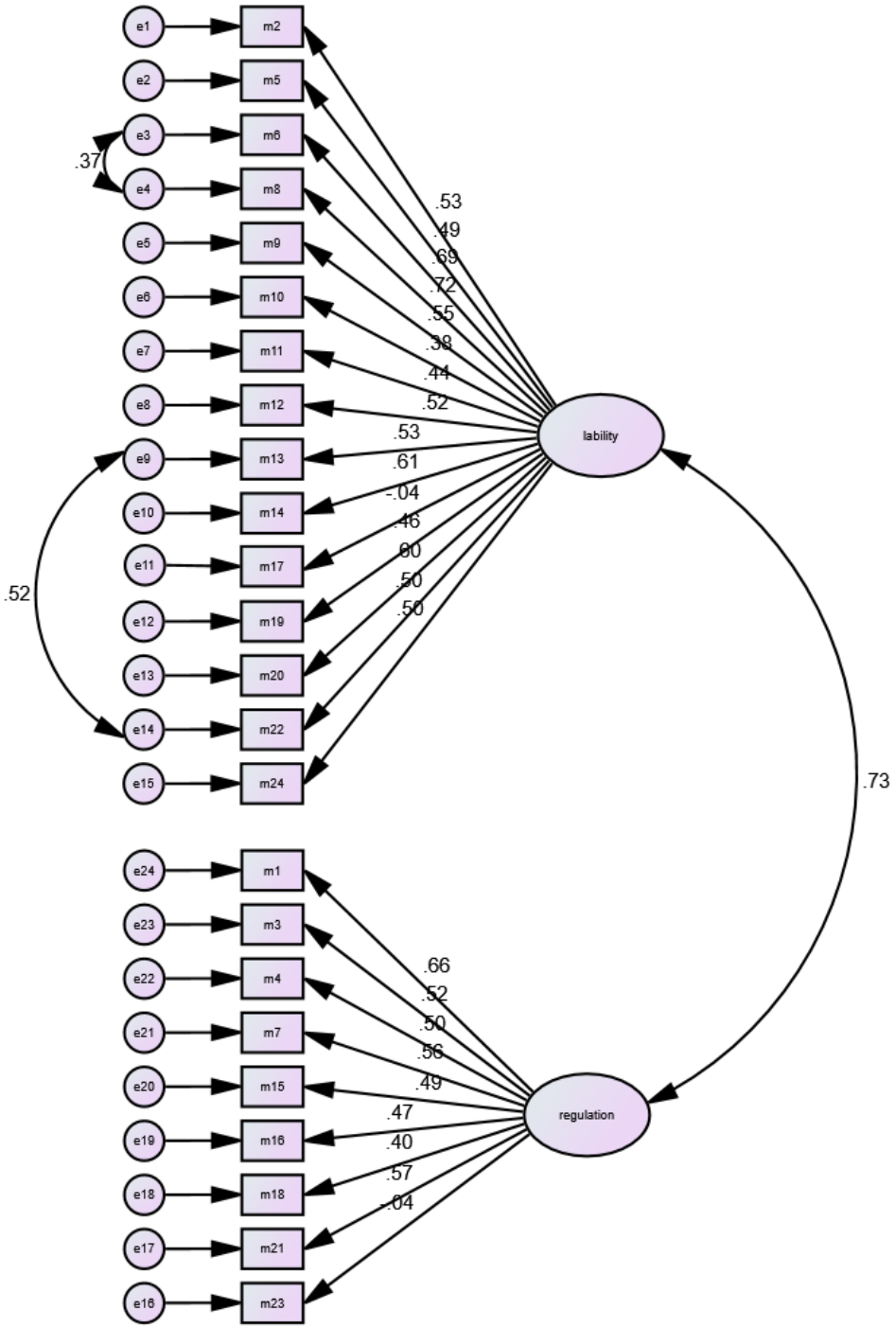


Figure 3.4*:* Item-factor loadings for the Emotional Regulation Checklist

Standardized factor loadings were found in the range of .00 to .66 for the emotional regulation subscale and -.04 to .72 for the emotional lability/negativity subscale (see Figure 3.4). The factor loading below .30 was evaluated as problematic. One item in each subscale was found problematic, showing factor loading below .30. Item 23,

similarly, was reported as loading weakly to the factor in Kapçı et al. (2009) study. The overall evaluation of the items indicates the emotional regulation level of children. The current study aimed to obtain the emotion regulation levels of children rather than focusing solely on subscales. The total score obtained from the scale was used in the analysis to measure children's emotion regulation. As the scores obtained from the scale increase, emotion regulation increases. In the current study, the internal validity (Cronbach's alpha) was found to be .84. Also, the McDonald's ω was found to be .85.

3.3.2. Data Collection Instruments in Qualitative Study

In the qualitative part, a semi-structured interview was used to gain a deeper understanding of participants' motherhood experiences. Participants who had already participated in the quantitative part of the study were asked to provide their contact information if they were willing to participate in the qualitative study. Levendosky et al. (2000) conducted interviews to grasp the experiences of battered women. Therefore, the researcher prepared the interview questions based on both previous studies and the aims of the current study. The total of seven questions included items that asked participants about their perceived changes in their lives after becoming a mother, the ways they handle/manage their conflicts with their partners in their marriages, the effects of these conflicts on their mothering, difficult times of being a mother, and their perceptions of motherhood in Turkish society. Before conducting the initial interviews, several mothers were contacted to assess the openness and inclusiveness of the questions, and a pilot study was conducted with one mother. Sample questions in semi-structured interviews are presented in Appendix I.

3.4. Data Collection Procedure

3.4.1. Data Collection Procedure in the Quantitative Study

Before the data collection process, ethical permissions were obtained from the Middle East Technical University Human Research Ethics Committee (see Appendix A). In the quantitative part, all the data collection instruments were transferred into Google Forms, and the data were gathered online by releasing the form on social media platforms (e.g., Facebook, Instagram). The completion of the form was expected to

last 20 to 25 minutes. Quantitative data was collected from July 2023 to December 2023.

3.4.2. Data Collection Procedure in the Qualitative Study

In this study, qualitative data were collected through semi-structured interviews. At the end of the quantitative data collection phase, conducted through Google Forms, participants were presented with information on whether they were willing to participate in semi-structured interviews that would further assess their motherhood experiences, and their contact information was requested from those who agreed to participate voluntarily. Those who did not volunteer submitted their responses on the quantitative part of the study without any contact information.

Participants who were volunteers and met the criterion (those who reported any psychological IPV perpetration or victimization occurred within the last year) were contacted. From this pool, the researcher sent invitations to remind them of the purpose of the study and assess their availability to participate in semi-structured interviews, between June 2024 and December 2024. Those who approached the invitations positively replied and asked to find an appropriate time to conduct interviews. Based on the researcher's and the participant's availability, the semi-structured interviews were conducted at a mutually agreed-upon time. A total of 14 mothers participated in the interviews. One participant's data was excluded from the analyses because this participant is currently living abroad and, therefore, in a different cultural context. Since we are also concerned about the effects of the broader social context on mothers' experiences, we only included participants sharing the same cultural context, Türkiye.

Data were collected from June 2024 to December 2024. Among the participants, 11 were interviewed online and face-to-face via Google Meet, and only two were interviewed via phone due to their preference and availability at the time of the interview. Mothers were asked to find a quiet and suitable place to conduct the interview, allowing them to concentrate without interruptions. The interviews lasted approximately 25 to 80 minutes. All interviews were audio-recorded with participants'

verbal consent before commencing, and the recordings were transcribed verbatim for analysis.

3.5. Description of the Variables in the Quantitative Study

This section presents the operational definitions of the study variables in the quantitative part of the study. The purpose of the quantitative study was to investigate the associations among psychological IPV (perpetration and victimization), depressive symptomology levels of mothers, the mother's willingness to serve as a secure base, negative parenting practices, and children's emotion regulation.

3.5.1. Exogenous Variables

Psychological IPV Perpetration: Psychological IPV perpetration was measured by the total score obtained from the psychological aggression subscale of the Conflict Tactics Scale-Revised (CTS-R). Higher scores obtained from this subscale indicate higher levels of psychological IPV perpetration towards the partner within the last year. The minimum and maximum scores that can be obtained from this subscale are 0 and 200, respectively.

Psychological IPV Victimization: Psychological IPV victimization was measured by the total score obtained from the psychological aggression subscale of the Conflict Tactics Scale-Revised (CTS-R). Higher scores obtained from this subscale indicate higher levels of psychological IPV victimization received from the partner within the last year. The minimum and maximum scores that can be obtained from this subscale are 0 and 200, respectively.

3.5.2. Mediator Variables

Depressive Symptomology: Depressive symptomology was measured by the total score obtained from the depression subscale of the Brief Symptom Inventory (BSI). Higher scores obtained from this subscale indicate greater levels of depressive symptomology. The minimum and maximum scores that can be obtained from this subscale are 12 and 48, respectively.

The Mother's Willingness to Serve as a Secure Base: The mother's willingness to serve as a secure base was measured by the total score obtained from the Mother's Willingness to Serve as a Secure Base Scale (MWSSBS). Higher scores point to higher levels of the mother's willingness to serve as a secure base. The minimum and maximum scores that can be obtained from this scale are 10 to 60, respectively.

Negative Parenting Practices: Negative parenting practices were measured by the total score obtained from the hostility, lax control, and physical control subscales of the Multidimensional Assessment of Parenting Scale (MAPS). Higher scores reflect greater levels of negative parenting practices. The minimum and maximum scores obtained from this scale are 18 and 90, respectively.

3.5.3. Endogenous Variable

Children's Emotion Regulation: Children's emotion regulation was measured by the total score obtained from the emotional regulation and lability/negativity subscales of the Emotion Regulation Checklist (ERC). Higher scores indicate greater flexibility, mood lability, regulation of affect, the ability to display situationally appropriate emotions, intensity, and valence, as well as emotional self-awareness. The minimum and maximum scores that can be obtained from this scale are 24 and 96, respectively.

3.6. Data Analysis

3.6.1. Quantitative Data Analysis

In the quantitative part of the study, correlational research, also known as associational research, is a methodology that examines potential relationships and the possible strength of these relationships between two or more variables without attempting to manipulate them (Fraenkel et al., 2023). The current study aims to test a model about the correlations between psychological IPV (perpetration and victimization) between partners/parents and their children's ER through the mediating roles of depressive symptomology, negative parenting practices, and the mother's willingness to serve as a secure base. Path analysis, a more potent analysis than determining simple causality to test the possibility of a causal relationship among three or more variables, was used

to test the underlying mechanism between dependent and independent variables using mediator variables (Fraenkel et al., 2023). According to Streiner (2005), path analysis allows researchers to assess more complex models where the chain of influences exists. The path analysis was carried out using IBM SPSS AMOS 26 (IBM Corp., 2019).

3.6.2. Qualitative Data Analysis

Qualitative data were analyzed using thematic analysis, and MAXQDA (version 24.8) (VERBI Software, 2024), a qualitative data analysis software, was employed. Braun and Clarke (2006) identified one of the benefits of thematic analysis as its flexibility. This flexibility is particularly important when researchers work with a large qualitative data set. One of the benefits of thematic analysis is that it can determine whether a theme conveyed something crucial in connection with the issue under study was ultimately critical, instead of its frequency or prevalence. Furthermore, a thorough thematic description of the complete data set was included to give the reader a feeling of the key themes as the research topic of the current study was somewhat broad. Lastly, a semantic approach was adopted, meaning that it did not examine the participants' words for a deeper meaning.

The thematic analysis acknowledges how people interpret their experiences and how the broader social environment shapes those interpretations while remaining focused on the material and physical boundaries of "reality." Therefore, it can be a method that reflects and analyzes the surface of "reality." It helps researchers identify, analyze, and report patterns or themes within the qualitative data. As such, it is the best method for summarizing the qualitative data gathered for this research (Braun & Clarke, 2006).

In the data analysis process, several steps were taken, as Braun and Clarke (2006) recommended. First, the researchers are advised to familiarize themselves with the data to gain deep insight and understanding of the content. Accordingly, transcriptions were read multiple times to achieve that goal. While reading the transcripts several times, notes were taken to start finding initial ideas and potential themes. The next stage involved generating initial codes, in which segments from the participants'

responses relevant to the present study were assigned a code. Following the generation of initial codes, the codes were categorized into overarching themes, which is a stage called searching for themes. Once the initial codes and themes were generated, the data were reviewed once again to check whether the data was presented adequately by the themes. The themes were also checked in terms of their distinctiveness and coherence in presenting data. After revising the themes, each theme was assigned a precise definition and name following examination and refinement. The primary goal was to ensure that each topic reflected a significant aspect of the data and aligned with the study question. Therefore, direct excerpts from the transcripts were used to demonstrate the type of data categorized by each theme. As suggested by Braun and Clarke (2006), we allowed the data to provide names for the themes by adopting an inductive approach. In the final step, as can be seen later, the results were reported by carefully explaining the themes in detail, and direct quotes from the participants were given to support them.

3.6.2.1. Trustworthiness/Transferability

Lincoln and Guba (1985) established four criteria to enhance the trustworthiness of qualitative research, which are credibility, transferability, dependability, and confirmability. Credibility criteria refer to the accuracy of the data, in other words, its validity. To ensure credibility, several ways are suggested, including triangulation, member checking, prolonged engagement, and negative case analysis. Triangulation was employed during the analysis of qualitative data to ensure the credibility of the findings. Specifically, methodological triangulation was employed by collecting both quantitative and qualitative data to ensure the credibility of the findings.

Transferability refers to the extent to which the findings of a study can be applied across different situations, populations, or locations. To ensure transferability, several methods are suggested, including using rich and detailed descriptions (of participants, setting, and context) to enable others to relate the relevance of the findings to their own situations. Similarly, using a purposeful sampling method ensures that diverse perspectives are captured. Participant characteristics, detailed information regarding

the selection of participants (purposeful sampling), and direct and rich quotations were presented in the method and results sections to establish the transferability of the study. Dependability refers to the consistency or reliability of the research process, indicating that repeated investigations under similar conditions will yield comparable results. Dependability was ensured through the use of open-ended questions, voice recordings, and transcriptions of the recordings. Additionally, an audit trail was maintained to document research decisions, ensuring transparency and consistency. This approach aims to meet dependability criteria, which require that research is systematic and well-documented, allowing future researchers to replicate or build upon the findings.

Confirmability is related to the neutrality and objectivity of the research. This implies that the data shape the study's findings and are not influenced by the researcher's bias or preconceptions. It primarily aims to ensure that conclusions drawn are based on the data rather than personal biases or influences, which is critical in increasing the trustworthiness of the results. To establish confirmability, a reflexivity journal was kept during the research, where the researcher noted biases, assumptions, and reflections. Data-driven coding was employed, and the interpretations of the findings were supported by direct participant quotes. Additionally, an external audit was conducted by a Ph.D.-holding expert in Guidance and Counseling with experience in qualitative research, who reviewed the coding and interpretation to enhance confirmability.

3.6.2.2. The Role of the Researcher

The role of the researcher in qualitative research is undeniably important, as self-reflectivity is critical for the trustworthiness of the study (Yoon & Uliassi, 2022). Therefore, this reflective statement includes the background of the researchers and the potential biases that could occur. The researcher has completed her bachelor's and master's degrees in the guidance and psychological counseling program. She has theoretical knowledge of conducting qualitative research as part of her training in guidance and psychological counseling. However, she also has practical experience, having previously been involved in various stages of conducting a qualitative study (i.e., conducting interviews, transcription, and data coding). Such a theoretical

background and previous experiences with qualitative research were helpful during the qualitative part of the study.

Besides, she worked as a school counselor for an entire year with second graders. While working as a school counselor, she frequently held meetings with parents as part of her job. Such an experience was crucial for the entire study process, as it helped the researcher pay attention to the personal experiences of mothers, remain natural without judgment, and actively listen to their stories. Additionally, she worked as a psychological counselor with adults, utilizing the counseling skills she acquired during her education and training. These skills primarily include a genuine interest in others, self-reflection, and active listening.

In addition, the researcher's academic journey has been shaped by an interest in understanding cognitive and emotional development during childhood years, gender dynamics, and interpersonal relationships. Her master's thesis focused on cognitive and emotion-related regulation in preschoolers. This thesis provided a strong foundation in child development and the psychological processes involved. Later, she worked on topics such as gender stereotypes and norms, psychological violence in romantic relationships, and sexism, exploring how societal structures shape individual experiences and relationships. The researcher possesses a background in the topics of the current study, although with certain limitations inherent to the scope of prior studies.

3.7. Limitations of the Study

This study has several limitations that must be recognized. Firstly, the convenience sampling method used in this study may restrict the generalizability of the findings, as the sample may not adequately represent the broader population. This study relies on self-reported data, which carries the risk of response bias, such as social desirability (e.g., Sugarman & Hotaling, 1997; van de Mortel, 2008). Additionally, confirmatory factor analyses (CFAs) were performed on the same sample for the scales used in this study. While it is advisable to validate the factor structure with a distinct sample, practical limitations, such as the length of the measurement instruments and the

restricted access to the target population (mothers of children aged 8 to 12), made it impractical to gather data from an independent validation sample. This also presents a limitation regarding the generalizability of the findings.

Specifically, the self-reported nature of data to assess intimate partner violence (IPV) introduces significant limitations (e.g., Bell & Naugle, 2007). Participants might underreport or omit IPV experiences due to concerns about social desirability, fear of consequences (i.e., the fear that their responses will be revealed to their partner), or their awareness and emotional readiness to face such events. Moreover, recall bias is likely to occur, compromising the accuracy of participants' responses, as they may struggle to recall or accurately express past incidents. This is especially critical since IPV was measured by calculating the incidence rate of a specific violent act within the last year. Also, confirmatory factor analysis could not be performed due to the highly skewed distribution and low variance of item responses in the psychological IPV scale. This limitation suggests challenges in validating the scale's factor structure within this sample, potentially due to the heterogeneity and low base rates of certain IPV behaviors. Also, both victimization and perpetration of IPV were reported by women. The reliance on self-reported data from women introduces a limitation in understanding IPV as a dyadic or bidirectional phenomenon. Collecting data solely from women provides valuable insights into their experiences, and, as previous studies have mentioned (see Chan, 2011), they may be more accurate sources of information for assessing IPV. Nevertheless, this situation excludes the perspectives of male partners, potentially leading to an incomplete understanding of the dynamics and reciprocity of IPV.

Similarly, the data regarding children's ER were collected through the mothers' reports. Therefore, it limits the study's findings, as children's ER can vary from one context to another, and mothers' reports may generalize observations that primarily reflect children's ER in the home environment. Additionally, although the Emotion Regulation Checklist (ERC) is a widely used assessment tool, some fit indices, such as CFI and TLI, yielded poor results in the current study. However, other fit indices and reliability analyses showed that the tool is acceptable in terms of validity and reliability. Still, it requires readers to exercise caution when considering the results.

The study is confined to mothers of children in middle childhood (aged 8 to 12 years), resulting in a moderate sample size and limiting the applicability of the findings to this particular demographic. Furthermore, the quantitative analysis used a cross-sectional and correlational design, which prevents researchers from establishing causation. Like all correlational studies, this methodology has inherited limitations compared to longitudinal studies, offering more profound insights into causality and developmental patterns.

Another limitation pertains to the characteristics of the participants. The majority of mothers who participated in the study were highly educated (with at least a bachelor's degree). This homogeneity in educational background may limit the generalizability of the results to populations with different educational levels. Additionally, the sample consisted mostly of middle- or high-income individuals who were currently working. Participants with higher education levels, particularly those holding a bachelor's degree or higher, are more likely to employ different coping strategies, have greater access to resources, and exhibit a higher awareness of IPV than their less educated counterparts. As a result, their experiences and perceptions regarding IPV can differ, potentially leading to underreporting or varied expressions of abuse. Additionally, those with higher educational attainment might be more open to discussing IPV experiences and better understand the complexities of violence in relationships (Zhao et al., 2025). This limitation suggests that the findings may not accurately reflect the perspectives of individuals from diverse educational and socioeconomic backgrounds, or those lacking access to resources and support.

Finally, in the qualitative part, semi-structured interviews were conducted mainly online and face-to-face (video chat), while some were still conducted over the phone. This approach may have influenced the depth of responses, as participants might not have felt comfortable sharing openly during phone interviews, as in-person or online interactions. Another consideration in the qualitative part involves the researcher's dual role, being both familiar with the research questions and conducting the interviews. While familiarity with the research questions is inherent and often necessary in qualitative research, this dual role could lead to potential researcher bias. For example, being familiar with the research questions might influence the

researcher’s expectations or how questions are phrased during interviews, which could, in turn, impact the participants' responses. Moreover, social desirability bias could occur during the qualitative interviews because participants could be influenced by the presence of the researcher or her perceived authority. Although precautions were taken to minimize these biases, such as using semi-structured interview protocols and open-ended questions to lead participants to express themselves as much as possible, this limitation should still be acknowledged.

CHAPTER 4

RESULTS

This chapter presents the results of the main study, consisting of two sections. The first section presents the results of the quantitative study, including assumption checks for path analysis, which encompass univariate and multivariate normality, linearity, homoscedasticity, independence of errors, multicollinearity, and influential observations (outliers). After completing the assumption checks, descriptive statistical analyses were performed, including means, standard deviations, and bivariate correlations among the study variables and the results of the path analysis. In the second section, the results of the qualitative study were provided. Finally, the overview of the key findings derived from quantitative and qualitative analyses was presented.

4.1. Results of the Quantitative Data Analysis

4.1.1. Preliminary Analyses for the Study Model

Preliminary analyses were conducted to test several assumptions, including the adequacy of the sample size, normality, linearity, homoscedasticity, independence of errors, multicollinearity, and the presence of influential observations (outliers). IBM Statistical Package for Social Sciences (SPSS) Version 27 (IBM Corp., 2020) was used to check these assumptions. Since the data was collected through Google Forms' requirement option, there were no missing values in the study's main variables.

4.1.1.1. Sample Size Adequacy

Kline (2011) suggested that 200 cases be used as a minimum sample size when testing a model. Tabachnick and Fidell (2018) suggested that the minimum sample size should be higher than 50+8*m*, where *m* indicates the number of predictors. The sample size of

358 in this study was adequate, as it met the minimum criteria according to both suggestions.

4.1.1.2. Univariate and Multivariate Outliers

Univariate outliers were checked through z-scores, 5% trimmed mean values, histograms, and box plots. According to Tabachnick and Fidell (2018), outliers fall outside the -3.29 and +3.29 intervals. However, according to Stevens (2002), the cut-off criteria can be specified as -4.00 and +4.00 in large samples (over 100). Considering the large amount of data, the ±4.00 criteria were adopted as suggested by Stevens (2002). In total, four univariate outliers were detected.

Mahalanobis distance, Cook's distance, Centered Leverage Value, and standardized DFBeta scores for each predictor were checked to detect multivariate outliers. To check the Mahalanobis distance, the chi-square table was examined for five predictors using a p-value criterion of .001 (Tabachnick & Fidell, 2018), and values larger than 20.51 were considered outliers. Eight multivariate outliers were detected among the cases. Cook's distance refers to the overall effect of a case on the model checked, and any value higher than 1 may indicate an influential value (Cook & Weisberg, 1982). The larger value was found to be .08, which was below the accepted maximum. Standardized DFBeta statistics provide information on the impact of each case on the model parameters, and absolute values greater than 1 indicate outliers (Field, 2018). The largest DFBeta value for all predictors was found to be .34, which was lower than the maximum acceptable value of 1. Lastly, the Centered Leverage Value was checked through the $3(k+1)/n$ formula, where k indicates the number of predictors and n indicates the sample size (Field, 2018). With the five predictors and a sample size of 358, ten values exceeded the expected maximum value of 0.05. The analysis was re-run with and without those outliers, and the results did not yield a significant difference in the proposed model's fit indices. Therefore, the researcher decided to keep them in the analysis.

4.1.1.3. Univariate and Multivariate Normality

Univariate normality was assessed by checking skewness and kurtosis values for each variable. To provide a univariate normality assumption, skewness and kurtosis values, histograms, and normal Q-Q plots were checked to ensure univariate normality. According to Kline (2011), the values between +3 and -3 intervals satisfy univariate normality. All variables, except psychological IPV victimization and psychological IPV perpetration, were accepted to satisfy univariate normality since the highest and lowest kurtosis values were between -32 and 2.93, and the highest and lowest skewness values were between .94 and -1.45. Tabachnick and Fidell (2018) suggested a square root transformation in moderately non-normal distributions; therefore, to normalize data on psychological IPV variables, the scores on these variables were transformed using a square root transformation. Multivariate normality was checked through Mardia's coefficient, which was 19.49. Therefore, it shows a significant deviation from normality. Due to the violation of the multivariate normality assumption, bootstrapping rather than Maximum Likelihood was used (Kline, 2011).

4.1.1.4. Linearity

As Tabachnick and Fidell (2018) suggested, bivariate scatterplots of the variable sets were inspected to ensure the linearity assumption. Bivariate scatterplots were randomly detected, and the linearity assumption for the current study was accepted to be satisfied.

4.1.1.5. Multicollinearity

Variables must be correlated with one another to be deemed appropriate; however, excessive correlation might lead to issues with path analysis. The multicollinearity assumption was checked through the correlation matrix, tolerance, and variance influence factor (VIF). The correlation matrix showed that the correlations among predictor variables ranged from .14 to .83, which was not larger than the acceptable maximum of .90 (Field, 2018). The VIF value ranged from 1.19 to 3.36, which was not larger than the acceptable maximum of 10, as suggested by Field (2018). The

tolerance values ranged from .30 to .84, higher than the acceptable minimum of .20 (Field, 2018).

4.1.1.6. Independence of Errors

To ensure the independence of errors, the Durbin-Watson value was checked. The Durbin-Watson value was 1.95, which was within the acceptable range of 1 to 3 (Durbin & Watson, 1951).

4.1.2. Descriptive Statistics

In this part, descriptive statistics regarding the main study variables were presented. First, means, standard deviations, skewness, and kurtosis of the variables were presented. Second, bivariate correlations among the variables were given.

4.1.2.1. Means and Standard Deviations

The score obtained from depressive symptomology ranged from 0 to 41, with a mean score of 12.81 (*SD* = 8.55). The score obtained from negative parenting practices ranged from 20 to 60, with a mean score of 34.72 (*SD* = 7.84). The mother's willingness to serve as a secure base score obtained from mothers ranged from 27 to 60, with a mean score of 53.23. (*SD* = 5.43). Psychological IPV victimization scores ranged from 00 to 11.83, with a mean score of 2.69 (*SD* = 2.28). Psychological IPV perpetration scores ranged from 0 to 11.18, with a mean score of 2.62 (*SD* = 2.18). Lastly, the emotion regulation (ER) score for the children, as reported by the mothers, ranged from 27 to 75, with a mean score of 42.03 (*SD* = 8.27). The means and standard deviations of the study variables are summarized in Table 4.1.

Table 4.1: *Descriptive Statistics of the Study Variables (N = 358)*

Variable	*M*	*SD*	*Min.*	*Max*	*S*	*K*
Depressive symptomology	12.81	8.55	.00	41	.94	.26
Negative parenting practices	34.72	7.84	20	60	.66	.09
Mother's willingness to serve as a secure base	53.23	5.43	27	60	-1.45	2.93
Psychological IPV victimization	2.69	2.28	.00	11.83	.99	1.00

Table 4.1 (cont'd)

Variable	*M*	*SD*	*Min.*	*Max*	*S*	*K*
Psychological IPV perpetration	2.62	2.18	.00	11.18	.92	.73
Children's emotion regulation	77.97	8.27	45	93	-.79	.69

Note. S = skewness, *K* = kurtosis

4.1.2.2. Bivariate Correlations

The relationships among all the variables were examined using Pearson's product-moment correlation. Pearson's r examines the linear relationships between two quantitative variables (Hayes, 2018). Regarding the strength of the correlation between variables, Field (2005) suggests that a correlation coefficient of ±0.10 indicates a low correlation, ±0.30 indicates a moderate correlation, and ±0.50 indicates a high correlation.

A glance at the relationship between the variables in Table 4.2 showed that there was a positive and statistically significant relationship between psychological IPV victimization and perpetration ($r = .83$, $p < .01$). Psychological IPV victimization and perpetration were positively and significantly correlated with depressive symptomology ($r = .30$ and $r = .31$, $p < .01$, respectively) of participants. Similarly, psychological IPV victimization and perpetration were positively correlated with negative parenting practices ($r = .22$ and $r = .29$, $p < .01$, respectively). Psychological IPV victimization and perpetration showed negative and statistically significant relationships with the mother's willingness to serve as a secure base ($r = -.14$ and $r = -.20$, $p < .01$, respectively). Psychological IPV victimization and perpetration showed negative and statistically significant relationships with children's ER ($r = -.22$ and $r = -.23$, $p < .01$, respectively) as reported by their mothers.

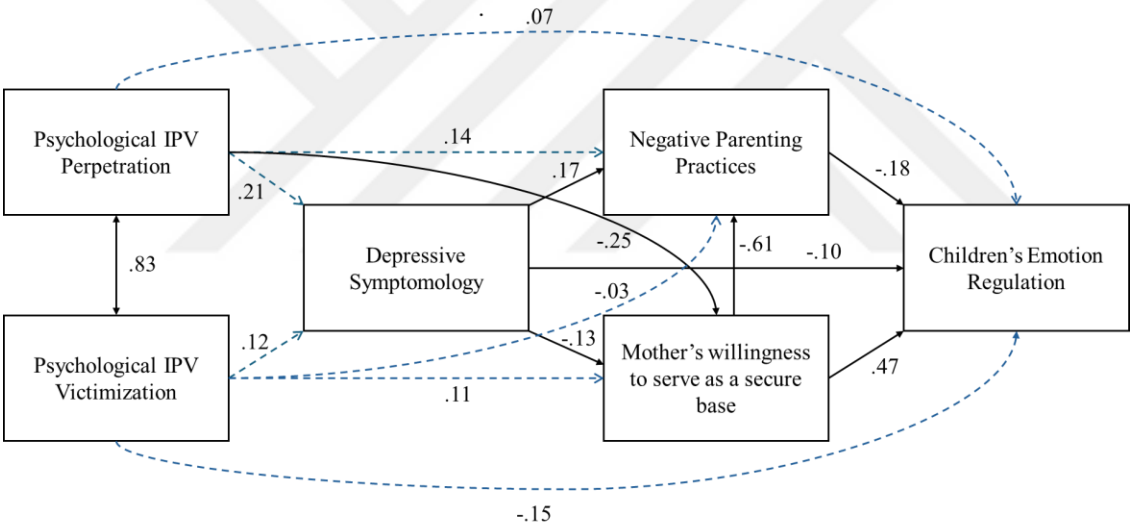
Table 4.2: *Intercorrelations among Study Variables (N = 358)*

Variable	1	2	3	4	5	6
1. Psychological IPV victimization	1					
2. Psychological IPV perpetration	.83**	1				
3. Depressive symptomology	.30**	.31**	1			
4. Negative parenting practices	.22**	.29**	.31**	1		
5. Mother's willingness to serve as a secure base	-.14**	-.20**	-.18**	-.66**	1	
6. Children's emotion regulation	-.22**	-.23**	-.26**	-.53**	.61**	1

Note. $^{**}p < .01$

4.1.3. Results of Path Analysis

The current study aims to assess the mediating roles of depressive symptomology, negative parenting practices, and the mother's willingness to serve as a secure base between psychological intimate partner violence (IPV) victimization and perpetration and children's ER. A path analysis model was tested through AMOS 24. Before performing the path analysis, descriptive statistics regarding the variables and correlations were presented above. The path analysis yielded a saturated model, indicating $\chi 2 = 0$ with zero *df*. Due to the violation of multivariate normality, the analysis was conducted using a bootstrap with a 95% confidence interval.



Note. Black lines represent significant paths, and dotted blue lines represent non-significant paths.
Figure 4.1: Hypothesized path model with significant and non-significant paths.

In terms of direct paths, 7 out of 14 paths were statistically significant. Specifically, only one path from exogenous variables (psychological IPV perpetration and psychological IPV victimization) to mediators was significant. There was a total of 3 paths from mediators (depressive symptomology, the mother's willingness to serve as a secure base, and negative parenting practices) to the outcome variable (children's ER), and all were

significant. Finally, there were two paths from exogenous variables (psychological IPV perpetration and psychological IPV victimization) to the endogenous variable (children's ER), and all were non-significant. The visual depiction of paths with their standardized regression weights is given in Figure 4.1.

Squared multiple correlations were calculated to determine the amount of variance explained by the current model (Hayes, 2018). The results indicated that the predictors of depressive symptomology explained 10% of the variance in the variable. The predictors of the mother's willingness to serve as a secure base explained 6% of the variance. The predictors of negative parenting practices explained 48% of the variance. The model explained 43% of the variance in children's ER.

4.1.3.1. Direct Effects for the Path Model

Direct effects in the structural model were examined beginning with the direct effects from exogenous variables (psychological IPV perpetration and victimization) to mediator variables (depressive symptomology, the mother's willingness to serve as a secure base, and negative parenting practices), the direct effects from mediator variables (depressive symptomology, the mother's willingness to serve as a secure base, and negative parenting practices) to the endogenous variable (children's ER), and the direct effects from exogenous variables (psychological IPV perpetration and psychological IPV victimization) to endogenous variable (children's ER) were presented. The bootstrapping method (95% CI) was utilized to evaluate the significance of the direct effects (Bollen & Stine, 1992).

The direct effects of exogenous variables (psychological IPV perpetration and psychological IPV victimization) on mediator variables were as follows: The direct effect from psychological IPV perpetration to depressive symptomology ($\beta = .21$, $p = .09$, 95% CI [-.033, .440]) and negative parenting practices ($\beta = .14$, $p = .054$, 95% CI [-.002, .307]) were close to significance, yet did not reach significance level at .05. The direct effect from psychological IPV perpetration to the mother's willingness to serve as a secure base

was significant (β = -.25, p < .01, 95% CI [-.414, -.076]). The direct effects from psychological IPV victimization to depressive symptomology (β = .12, p > .05, 95% CI [-.098, .343]), negative parenting practices (β = -.03, p > .05, 95% CI [-.196, .107]), and the mother's willingness to serve as a secure base (β = .11, p > .05, 95% CI [-.062, .107]) were not significant.

The direct effects from mediator variables to outcome variable (children's ER) were as follows: The direct effects of depressive symptomology (β = -.10, p < .05, 95% CI [-.193, -.016]), the mother's willingness to serve as a secure base (β = .47, p < .01, 95% CI [.373, .584]), and negative parenting practices (β = -.18, p < .01, 95% CI [-.294, -.056]) were significant. The direct effects of psychological IPV perpetration (β = .07, p > .05, 95% CI [-.100, -.236) and psychological IPV victimization (β = -.15, p > .05, 95% CI [-.329, .030]) on children's ER were not significant.

4.1.3.2. Total and Specific Indirect Effects for the Path Model

The evaluation of the specific indirect effects revealed that the indirect effect of psychological IPV perpetration on children's ER via depressive symptomology (γ = -.08, p > .05, 95% CI [-.244, .002]) was not significant, but via negative parenting practices (γ = -.10, p < .05, 95% CI [-.303, -.015]) and via the mother's willingness to serve as a secure base (γ = -.45, p < .01, 95% CI [-.814, -.139]) were significant. The indirect effect of psychological IPV perpetration on children's ER via depressive symptomology and the mother's willingness to serve as a secure base (γ = -.05, p > .05, 95% CI [-.175, .001]) and via depressive symptomology and negative parenting practices (γ = -.02, p = .047, 95% CI [-.070, .000]) were not significant, but via the mother's willingness to serve as a secure base and negative parenting practices (γ = .06, p < .05, 95% CI [.007, .264]) was significant. The indirect effect of psychological IPV perpetration on children's ER via depressive symptomology, the mother's willingness to serve as a secure base, and negative parenting practices (γ = -.01, p = .04, 95% CI [-.047, .000]) was not significant. The indirect effect of psychological IPV victimization on children's ER through depressive symptomology (γ = -.04, p > .05, 95% CI [-.203, .029]), the mother's willingness to serve

as a secure base (γ = .19, $p > .05$, 95% CI [-.100, .497]), and negative parenting practices (γ = .02, $p > .05$, 95% CI [-.063, .175]) were not significant. The indirect effect of psychological IPV victimization on children's ER via depressive symptomology and the mother's willingness to serve as a secure base (γ = -.03, $p > .05$, 95% CI [-.124, .016]), via depressive symptomology and negative parenting practices (γ = -.01, $p > .05$, 95% CI [-.052, .005]), and via the mother's willingness to serve as a secure base and negative parenting practices (γ = -.03, $p > .05$, 95% CI [-.129, .004]) were not significant. The indirect effect of psychological IPV victimization on children's ER via depressive symptomology, the mother's willingness to serve as a secure base, and negative parenting practices (γ = -.01, $p > .05$, 95% CI [-.031, .002]) was also not significant. The direct, specific indirect, and total indirect effects were presented in Table 4.3.

Table 4.3: *Direct, Specific Indirect, and Total Indirect Effects*

Direct Effects	γ/ß
Psychological IPV perpetration → Depressive symptomology	.21
Psychological IPV victimization → Depressive symptomology	.12
Psychological IPV perpetration → Mother's willingness to serve as a secure base	-.25**
Psychological IPV victimization → Mother's willingness to serve as a secure base	.11
Psychological IPV perpetration → Negative parenting practices	.14
Psychological IPV victimization → Negative parenting practices	-.03
Psychological IPV perpetration → Children's emotion regulation	.07
Psychological IPV victimization → Children's emotion regulation	-.15
Depressive symptomology → Mother's willingness to serve as a secure base	-.13**
Depressive symptomology → Negative parenting practices	.17**
Depressive symptomology → Children's emotion regulation	-.10*
Mother's willingness to serve as a secure base → Negative parenting practices	-.61**
Mother's willingness to serve as a secure base → Children's emotion regulation	.47**
Negative parenting practices → Children's emotion regulation	-.18**
Indirect Effects (Specific)	
Psychological IPV perpetration → Depressive symptomology → Children's emotion regulation	-.08
Psychological IPV victimization → Depressive symptomology → Children's emotion regulation	-.04
Psychological IPV perpetration → Negative parenting → Children's emotion regulation	-10*

Table 4.3 (cont'd)

Indirect Effects (Specific)	γ/ß
Psychological IPV victimization → Negative parenting → Children's emotion regulation	.02
Psychological IPV perpetration → The mother's willingness to serve as a secure base → Children's emotion regulation	-.45**
Psychological IPV victimization → The mother's willingness to serve as a secure base → Children's emotion regulation	.19
Psychological IPV perpetration → Depressive symptomology → The mother's willingness to serve as a secure base -> Children's emotion regulation	-.05
Psychological IPV victimization → Depressive symptomology → The mother's willingness to serve as a secure base → Children's emotion regulation	-.03
Psychological IPV perpetration → Depressive symptomology → Negative parenting practices → Children's emotion regulation	-.03
Psychological IPV victimization → Depressive symptomology → Negative parenting practices → Children's emotion regulation	-.01
Psychological IPV perpetration → The mother's willingness to serve as a secure base → Negative parenting practices → Children's emotion regulation	.06*
Psychological IPV victimization → The mother's willingness to serve as a secure base → Negative parenting practices → Children's emotion regulation	-.03
Psychological IPV perpetration → Depressive symptomology → The mother's willingness to serve as a secure base → Negative parenting practices → Children's emotion regulation	-.01
Psychological IPV victimization→ Depressive symptomology → The mother's willingness to serve as a secure base → Negative parenting practices → Children's emotion regulation	-.01
Indirect Effects (Total)	
Psychological IPV perpetration → Children's emotion regulation	-.21**
Psychological IPV victimization → Children's emotion regulation	.05

Note. *$p < .05$, **$p < .01$

4.2. Results of the Qualitative Study

The qualitative part of the study aimed to understand the significant positive and negative changes women encounter after becoming mothers. By gaining in-depth insight into how they effectively resolve conflicts of mothers who experienced or perpetrated psychological IPV within the last 12 months in their partner relationships, the study explored the profound impact that interparental conflicts have on both their parenting

experiences and their children. Actively listening to mothers' perspectives on societal perceptions of motherhood illustrated how commonly held beliefs about motherhood shape the lives of mothers and helped identify pathways for meaningful support and improvement for mothers. This analysis identified three key themes: (1) the personal dynamics of motherhood, (2) the relational dynamics of motherhood, and (3) the broader social and cultural dynamics of motherhood. Furthermore, this section effectively incorporates specific themes, subthemes, codes, and compelling quotations from the interviews, significantly enhancing the overall transferability and credibility of the study's findings. The overarching themes, themes, and subthemes identified in the qualitative part were depicted in Figure 4.2.

4.2.1. Personal Dynamics of Motherhood

A woman's life undergoes a significant transformation in multiple areas after she becomes a mother. The overarching theme, personal dynamics of being a mother, provided four themes: (1) physical challenges and health, (2) reallocation of resources, (3) reformation of the self and identity, and (4) emotional factors.

4.2.1.1. Physical and Health Factors

Becoming a mother can have a significant transformative effect on an individual's physical well-being. The consensus of participants centered on the initial years, which were often mentioned as involving physical challenges, including physical exhaustion, tiredness, and sleep deprivation, as the dominant experiences.

> *Lack of sleep, definitely lack of sleep, and tiredness. It was quite difficult.* Participant 8

> *Physiological exhaustion was especially more intense during the early infancy period. I mean, there were so many moments where I would think, 'I will do anything for my child, as long as she/he sleeps, as long as this or that happens.' I remember saying to myself, "I just want him/her to eat and sleep right now, so he/she does not say she/he is hungry." I was so tired that I did not even want to*

prepare food, and the person I did not want to do it for was my child. Participant 11

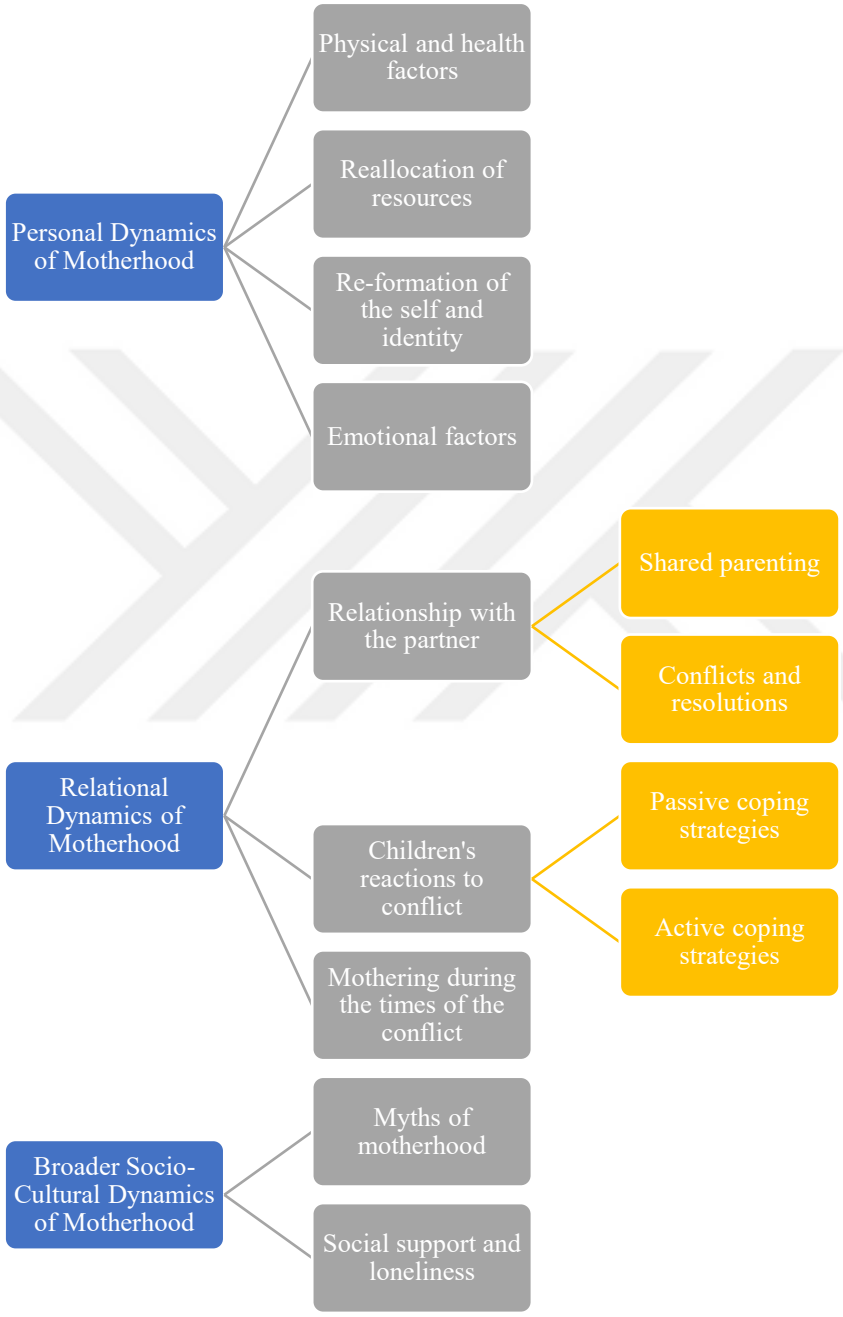


Figure 4.2: Overarching themes, themes, and subthemes of qualitative data

> *Honestly, until my child was about two and a half years old, I did not really feel like I existed in this world. Because my child had sleep issues, during that period, I do not know, maybe I would not do it the same way now, but I was working, coming home to take care of my child, and also going to work during the day. That was really hard for me. On top of that, with breastfeeding -again, maybe I would not be as sensitive about it now- I was obsessively determined to breastfeed, putting in a crazy amount of effort, which physically exhausted me. Sleep and breastfeeding were the two major issues I struggled with for two and a half years*. Participant 13

Participants also mentioned the causes of physical exhaustion, such as increased responsibilities including work, cooking, cleaning, and transportation (i.e., for school).

> *Every morning, it is about getting their breakfast ready, packing their bags, and organizing their clothes. Leaving the house meant dressing them up and taking them out. When I came back, I could barely recognize the house. I would wonder, "Could I really have left the house in this state?" Sometimes, we would leave the house so overwhelmed that I could not even bear to step back inside. Moreover, as soon as I got home, it was straight to changing clothes, rushing into the kitchen, preparing dinner, and setting everything up for the evening. Being a working mother, stuck in this routine of endless rituals while taking care of two children, was truly hard for me.* Participant 9

Some participants (Participants 1, 10, and 12) also mentioned health issues related to childbirth and breastfeeding.

> *Physically, it was very exhausting. My child wanted to nurse constantly, always needed to be held, and would only fall asleep while being rocked in my arms. So, you had to keep walking around while they slept like that. It was such a physically demanding and challenging process for me. Breastfeeding, the constant nursing, caused wounds. My nipples would get sore and wounded. I could not sleep at all, constantly standing and rocking. It was physically very draining.* Participant 12

> *These challenges, like physical exhaustion, sleep deprivation, and so on, make the first two years a particularly demanding period physically. For example, I experienced health problems during that time. I breastfed for two years, and after that, I developed a thyroid issue, even though I had no prior history of it. Of course, your body's performance changes significantly. There is constant fatigue, constant sleep deprivation, and so on.* Participant 1

However, these challenges were also viewed as worthwhile experiences, with mothers acknowledging the positive outcomes as indicated by Participant 5 and Participant 1:

> *When I decided to get pregnant, I began doing regular exercise well before I became pregnant. I immediately prepared myself and changed my eating habits. In that sense, my child became a reason for me to get my life back on track physically. During my pregnancy, I was very careful about my nutrition and exercise. Although it became less consistent over time, I never completely abandoned that routine… Handling the child, keeping up with everything, and doing the cleaning was overwhelming. Physically, those were the most challenging times for me. Apart from that, though, having my child brought a positive change to my life and health overall.* Participant 5

> *It was tough, but I am glad I went through it. I was fortunate, perhaps, to see good outcomes from all the effort I put in. Breastfeeding, for instance, was difficult for two years, but in some ways, it also made life much easier, for example, in terms of practicality.* Participant 1

4.2.1.2. Reallocation of Resources

Becoming a mother was considered particularly concerning in terms of allocating and redistributing resources such as time, energy, and money. Participants describe how parenthood requires extensive planning, organization, and adjustments to accommodate the child(ren)'s needs, such as coordinating childcare and making financial considerations concerning children's needs (i.e., education) that were not as pressing before, as well as the spontaneity of parenthood. The loss of personal time and the inability to prioritize self-care were seen as significant downsides of parenting experiences.

> *You get the impression that you need to put yourself second, even when it comes to self-care or even your basic physical needs.* Participant 10

> *It completely changed everything, my relationships with my family, the time I dedicate to self-care, some aspects of my work, maybe my efficiency, or the time I allocate to it, and basically all my daily planning.* Participant 1

> *It takes a lot from you, in every sense. It takes away the time you set aside for yourself. For example, going to the hairdresser. Maybe it sounds like a luxury, but you cannot even go to the hairdresser. You cannot even brush your hair. You*

cannot even go to the bathroom. There is always someone at the door, knocking, crying. At some point, my son used to cry on my lap. Things like this happen. Moreover, they all affect you negatively. Participant 12

You think you will welcome your child with immense happiness and joy. You believe they will change your life for the better. However, after giving birth, you find yourself thinking, "Oh God, what have I done?" Everything changes completely. Your responsibilities increase drastically. Suddenly, there is another person you constantly think about before yourself. When making decisions, their health, well-being, and comfort come first. Participant 8

Participants mainly describe the arrangement of child(ren)'s needs as limiting their lives due to increased responsibilities. These were prominent in their personal time and social lives.

There are many things I did not do when I was on my own, but now I have to. For example, I am not someone who enjoys cooking or preparing meals, but now I do it because I have to. I am also forced to dedicate time to those kinds of tasks. I have to organize my life around this. And, of course, I am compelled to spend more time on housework as well. Participant 3

For instance, let us say I am sitting with my friends, having coffee. I have to come home and cook. I feel obligated to do so because the kids are at home waiting for mealtime. They are hungry. So, you have no other choice but to leave that pleasant conversation and come back home. Or, if you are going out in the evening, you need to ensure that your child's homework is done or that they are prepared for tomorrow's exam. You have to take care of these things before you go out. Participant 4

I can no longer make plans as I wish, freely. I always have to consider someone else. I am not as free as I used to be, both socially and financially. In a way, I have become restricted in both aspects. Participant 7

4.2.1.3. Reformation of Self and Identity

Becoming a parent undeniably transforms a person's identity and drives personal growth. It instigates a powerful shift in perspective, enhances patience, and fosters emotional resilience. Motherhood actively cultivates empathy, self-awareness, and a stronger sense of purpose. While it may sometimes delay personal development in specific areas, the

overall impact of parenthood is profound, reshaping an individual's character, relationships, and outlook on life.

> *It is like looking at a completely different life. So, it is an entirely new life, a step into something completely different, as they say, a transformation. Your perspective also changes. Besides that, as you experience it and stay in it, you learn how to cope, your patience evolves, and many of your human qualities undergo significant transformation.* Participant 1

Participants generally viewed these changes in their self and personal identity as positive and desirable, although they also found them challenging.

> *In terms of positive effects, I can say that my connection to life has strengthened, psychologically speaking. Because now I have a child who depends on me, who needs my support and help, and whose well-being is tied to my mental state. For that reason, I try to stay more connected to life and stand stronger, at least so as not to affect them negatively.* Participant 3

> *For me, it has been a process of understanding myself better. While raising my child, I felt the need to check myself constantly, and this turned out to be a positive thing. In trying to be a good parent to them, I began to notice areas where I was lacking, falling short, or not taking care of myself as I should. It all started with me. This sense of strength has also made my life easier, changed my life, and led to a healthier relationship with myself. Perhaps the initial catalyst was becoming a parent, but along with that, my relationship with life and with myself has also changed… I do not know, parenting is truly something incredibly transformative and life-changing, both in positive and challenging ways.* Participant 5

Participants also considered their child(ren) as mirrors that reflect them, and through this, they mentioned increased awareness about themselves and their identity.

> *The negative side might be that it delayed some of the self-discoveries I could have made about myself. However, I should also say that I believe having a child and being a parent always serve as a powerful mirror for oneself. You can see your own mistakes and the things you did not want to acknowledge about yourself reflected in your children. It is like realizing, "Oh, I am doing this, I have been doing it wrong, and I do not want them to repeat it." I feel like these reflections come back to me much more quickly through my children.* Participant 10

You can truly get to know yourself through another person; that is what we understand. When the person in front of us is an adult, it is easier to be critical of them, to say, "Oh, that is just the kind of person they are." However, in this mirroring process, egos can often get involved. However, when you are experiencing life alongside a child, things change significantly. In those moments, you start to see what makes you angry, what excites you, and who you really are. What is being triggered by your childhood? Who do you resemble? What traits have you inherited from your mother, father, or the people around you? Through the way I interact with my child, I have had moments of enlightenment. I can say that I have truly discovered who I am through my children. Participant 11

4.2.1.4. Emotional Consequences

In this subtheme, mothers often mentioned experiencing a range of emotions, including feelings of inadequacy, guilt, and a constant need to reevaluate their parenting approaches. The emotional strain of being a mother appears to intensify alongside the uncertainties and increased sense of responsibility that comes with motherhood.

Becoming a parent has affected my life because, in a way, my fears about life have increased. Also, what challenges me is having to make decisions on behalf of someone else after becoming a parent. Because I already have difficulty making decisions for myself, having to make decisions for someone else and taking on that responsibility is particularly challenging for me. Participant 13

Emotionally, what challenges me the most is the feeling of not being enough, as well as the constant worry that I have missed something…it has been very exhausting for me to accept myself when I make mistakes, to forgive myself when I am tired, to accept myself, and to be aware of my own emotions and needs, or rather, not being able to be aware of them back then. This was what wore me out the most emotionally. Participant 11

They face emotional strain from adjusting to changes in routine, dealing with behavioral challenges, and navigating the complexities of child development (i.e., the transition from childhood to adolescence).

During their growth process, as children reach a certain age, their expectations and upbringing undergo significant changes. When they approach you with questions, curiosity, or a sense of desire, feeling inadequate, leading them in the wrong direction, or not being able to meet their needs, being unable to answer

their questions, can sometimes make parenting in this era genuinely challenging. You fear that they might take incorrect information and use it somewhere. Or, after a while, you start to see it as your deficiency. Because, honestly, at this age, raising children in a metropolitan city feels much more difficult to me. Participant 9

So, this is my biggest concern about my child in life, let me put it that way. At some point in life, I worry that they might stop communicating with us or no longer find joy in it…I want them to trust me and know that they can talk to me about anything and come to me anytime. I want them to know this. And I wonder how I can make them feel this as much as possible. That is my worry. Participant 1

However, their accounts on this theme also highlight the profound joy, fulfillment, and sense of purpose that motherhood can provide.

You experience a completely different kind of love. It is like transitioning to a whole new dimension of love. It is a very unique feeling. And you no longer think only about yourself. No matter how much you love your partner, your mother, or your father, the love for a child is entirely different. When your parents get sick, you do what you can to be there for them. But when your child gets sick, you do not even blink. That is what it is like when you are a mother. It is different. Motherhood is both challenging and incredibly beautiful. Participant 4

I experience positive emotions. Well, other positive feelings too, of course. And love, of course, is like the love every parent has. You know how they say, "But that smile..." Participant 13

4.2.2. Relational Dynamics of Motherhood

Motherhood brings not only individual changes but also relational transformations. Throughout the journey from being a partner to becoming a parent, the dynamics between the partners regarding conflict resolution and the effects of conflicts within these dynamics on children and mothers were profound. Three themes emerged within this overarching theme: (1) relationship with the partner, (2) children's reactions to conflicts, and (3) mothering during periods of conflict.

4.2.2.1. Relationship with the Partner

4.2.2.1.1. Shared Parenting

Most mothers believe that sharing childcare responsibilities equally is crucial after becoming parents. They emphasize the importance of both partners actively participating in childcare tasks, which makes the transition smoother when fathers are more involved.

> *I do not mean to say that my spouse was just willing and helpful regarding childcare. We shared the responsibilities quite equally. He might have bathed the baby more than I did and changed diapers more often during those times. So, there were also such positive aspects.* Participant 1

> *There were times when we were physically exhausted, worn out during the children's illness periods, and when illnesses increased after they started school. At the same time, we had to work, manage household chores, and take care of the things that needed to be done. Of course, these were periods that tired us out a lot. This also affected our mental state, but passing the baton to each other when we had the chance actually saved us. Because we are both working and share the same schedule. I can say that working the same hours contributed to allowing each other to rest.* Participant 11

Another participant (Participant 9) also expressed the need for an equal share in children's responsibilities.

> *I always say this to my husband when it comes to responsibilities regarding the children: I did not bring these children from my father's house. We made this happen together.' So, in that sense, the responsibilities or everything done are not solely mine. Just as my mother was not the only reason for the negative experiences in my life, my father also had a share in them, more or less. That is why my perspective is not solely centered on the mother. Yes, the mother plays a very significant role, but for me, it is also about the school and the father being involved. My spouse should also take the children to social activities, and he did. So, we shared the roles here. We did not attribute parenting solely to one person, such as 'the mother is the parent' or 'the father is the parent.'* Participant 9

One mother emphasized the importance of feeling supported and valued by one's partner, which allowed her to manage both physical and psychological demands of mothering more effectively.

When you know that you are supported, loved, and valued by your husband, nothing feels difficult. You do everything, and you do not even feel tired. I know this very well. You do not get tired. Nothing seems hard. You can do everything. I take the kids, go to the market, take them to practice when my husband has work, pick them up from practice, and come back home. I handle all the doctor appointments completely on my own. I take them, bring them back, and go back and forth. We are so busy during the day that sometimes I say, 'I have turned into a taxi driver.' But still, when I come home in the evening, I do not feel tired. Because I know that somehow, when my husband is available, he supports me, if he does not have work, he will step in…Being supported is very important, of course. However, without that support, it would be very difficult for me. It would have been negative and hard. Participant 12

One mother also indicated the need for both parents' involvement in caregiving in terms of the child's perspective, such as learning gender roles.

Right now, I am struggling more with my son. I told my husband, "Look, it is time for you to step in. He is a boy. I do not know if he sees me as a role model or not, but you need to spend time with him." Participant 6

4.2.2.1.2. Conflicts and resolutions

This subtheme explores how mothers navigate interpersonal tensions within their intimate relationships through varying strategies (i.e., conflict engagement, positive problem solving, withdrawal).

Of course, this sometimes results in shouting. Arguments with raised voices, without staying calm. And unfortunately, sometimes this happens in front of our child. That's why staying calm and not getting angry, especially because of what my father was like, has been really important to me. I even went to a psychiatrist for two years because of this. Participant 6

So, like shouting... There were times when both of us shouted. I learned how to argue much later in life. Because usually, I would sulk or shut down communication. I was not very good at staying in an argument or continuing to talk while angry, step by step, explaining things with reasons, how do I say it?, I still might not be able to do that. We have moved on to a different phase now. So, when I started trying to stay in communication more, naturally, there were times when I shouted out of anger, and he did too. We had those shouting phases. But

after having our child, we were really careful not to argue in front of them, not to expose them to anything intense like that. I am sure there have been moments, like in traffic or other situations, when we got angry and shouted at each other. Or maybe when the baby was very young, we got frustrated or shouted over safety concerns or other issues. But we have not had long, intense arguments like that, at least not recently. Participant 1

We talk. We really do talk things through... we do not really shout at each other. I know it might sound a bit utopian, but we really do not. We are very careful, especially with the kids around. We never insult each other, ever. There is no bad language or any kind of physical acts like that. But of course, we have disagreements. Sometimes voices rise a bit. But that is it. Then we just go to the kitchen, make some tea, drink it together, or come in here and say, "Would you like some tea? Should I pour you a cup?" Participant 12

Sure, some of our arguments have become more intense at times, we have both gotten angry and raised our voices. But we have never crossed certain lines. We never said or did anything that would make it impossible to heal afterward. Things have never turned into verbal or psychological abuse. And there has never been any kind of violence in our relationship, not in any form…Sometimes everything feels much easier, especially when we each have access to our own calming resources or when we are in a place where we are more open to hearing each other. In those moments, things resolve quickly. But of course, there are times when we both reach our limits, and that is when things get more tense again. Participant 5

We try to avoid having conflicts in front of the child. Even when we argue or something happens, sometimes our voices get louder, and the child notices; we see that it affects them. That is why we calm down. We try to resolve things more through talking. Participant 3

When I think about it, I believe we are a couple who can communicate relatively well. We are usually able to talk things through and reach some kind of resolution. We do not have big fights, nothing loud or that escalates too much. Most of the time, things are resolved verbally. But we do argue and talk; there is always some kind of exchange. Participant 10

My husband is especially self-reflective and a really good listener. He listens calmly, and when something happens, he knows how to apologize. To prevent arguments from escalating, he usually stays calm and leaves the room if necessary, just to avoid things getting worse… If he senses that the argument is escalating, he quietly leaves the room, and when that happens, I also calm down a bit. Once I have cooled off, we always talk things through…We always talk. I never go to

bed without resolving it. It has to be talked through first, that is usually how it goes. Participant 8

There are some issues I just do not talk about, I usually stay silent. But sometimes I reach a point where I explode and say things like, "That is enough!" My husband is the talkative type. He really likes to communicate openly; he talks and talks and talks for hours. But sometimes I just do not want to hear it. I say, "That is enough," because when I start talking too, it just gets longer and drags on even more. So, I tend to cut things short; I do not prolong them. And if something still bothers me but I do not feel like talking in the moment, I write him a message on WhatsApp. I have realized I express myself better in writing than by speaking. I write to him, he writes back, and then I respond again—we sometimes resolve things that way. So it varies. Sometimes it is through writing, sometimes it is through shouting. Our ways of resolving things are very different. We do not always rely on the same method. Participant 4

4.2.2.2. Children's reactions to conflict

Children are highly perceptive of their parents' conflicts and arguments, even when the parents try to keep them away. Two subthemes emerged concerning this subtheme: (1) active (direct) coping strategies and (2) passive (indirect) coping strategies. As seen in the following mothers' reports, sometimes both active and passive strategies also co-occur.

4.2.2.2.1. Active (direct) coping strategies

Some mothers' accounts on this theme showed that their child mostly shows active strategies such as intervening, asking questions regarding their discussions, and expressing their emotions (i.e., getting scared, blaming themselves, feeling anxious) about the conflicts.

Becoming quiet, like becoming withdrawn, or when it is just the two of us, saying things like, "You are not going to get divorced, right? Why are you arguing? Please stop fighting," and trying to stop it, for example. Then, in moments when the child catches me alone, she would come up and say, "Mom, you are not going to get divorced..." I mean, there were a few situations related to divorce happening around her consecutively. And that, for example, was very clear, and like... after every argument, she would kind of... if she wanted to do something herself, she would immediately give it up, like, not wanting to draw attention, like, "I should not do anything right now, not give them something to talk about; they are already

tense," and you could see how they went into a kind of defense mode. I mean, she became very quiet and withdrawn, as if retreating into herself. This also occurred in separate, independent situations. Participant 1

For example, when our voices are raised in any way, my daughter, who is now 9 years old, immediately intervenes. She says, "Do not fight, do not raise your voices, be careful," and gets into that mode. She also expresses herself verbally. Participant 3

For instance, there were times when our voices got very loud, and she said things like, "Please do not argue, I am scared." Participant 5

I just feel this: my eldest daughter is 16, my son is 13, and my youngest daughter is 10. The two younger ones are a bit more sensitive, and lately, they have been hearing about divorces happening more frequently among their friends' families. They sometimes ask me or their father questions like, 'This will not escalate, right?' with a sense of worry. In that sense, I am aware, but I have not noticed anything specific in their interactions with others or within themselves. Participant 10

4.2.2.2.2. Passive (indirect) coping strategies

Some mothers' accounts on this theme showed that their child employs passive (indirect) coping strategies following their conflicts with their husbands, which include changes in their child's routine behaviors, avoidance, straining oneself, tics, acting maturely, worrying, and taking sides.

The tension and reduced tolerance in me would really affect her, you know, like she would not sleep when she is supposed to, or eat what she is supposed to. She would step out of her routine more often. Participant 2

Once, we had a really serious fight. After that, I cried, we were in the car. It was a big fight with my husband, and it happened in front of the kids. Later, my younger son seemed really tense, like he was holding himself back a lot. And now, when I observe him, for example, in any setting, like let us say, two kids are arguing or wrestling outside, he immediately walks away. Or if we are sitting in the living room and we start arguing, he leaves right away. I notice this avoidance behavior in him. I mean, whenever there is a stressful moment, he does not stay in that environment at all. He just quietly leaves without saying a word. That is what I observe in him. Participant 4

His hand started cracking his knuckles immediately. In fact, divorce even came up as a possibility. I never let it escalate to that point, we did not get to that stage. But from that first moment, he developed what we would call a tic in his hand. Participant 6

For example, when things are bad between us, when my husband and I are not talking or arguing, the kids suddenly act very mature. I mean, there is already a tense atmosphere at home, you know, like mom and dad are not talking, they are distant, cold toward each other. And the kids, as if to prevent any trouble, suddenly become very mature. I don't know if it's just my kids. For instance, my son, who never makes his bed, quietly goes and makes it. Then my daughter, who struggles a lot with studying, suddenly starts reading a book in her bed. Maybe it is like, 'Let us do what we are supposed to do so they do not get mad at us.' They seem to think, 'Let us get through this period calmly; let us not provoke them.' Instead of getting angry or acting out, they try to calm things down at home... Especially my daughter, who is very emotional, might come to me and say, 'Look, mom, this time you were right,' or 'This time you were wrong.' Even if it does not happen in front of them, they seem to understand the gist of the situation. Participant 8

4.2.2.3. Mothering during the times of the conflict

Many mothers observed that conflicts can influence their parenting by creating emotional stress and requiring considerable energy.

For example, what I personally experienced... I had argued with my husband, and we did not speak for a week. You feel so upset, you know? You do not enjoy life. And when you are not enjoying life, how much can you really be helpful to your child? At that moment, you do not even see the child. I am a mother, yes. I should, mother, yes. I need to do this and that. But you cannot make any sort of plan. Your mind becomes so cluttered. The only thing you are focused on is that problem and wanting to solve it… During a moment of crisis like that, I could not focus on the children. I could not. I cannot. It is very hard. Because it eats away at you, it bothers you so much, grief, anger. You just cannot. Participant 4

I think it does happen. Here is how it happens: when I argue with my husband, I think I become a bit more aggressive. I think I am also more aggressive toward the children. Participant 7

Of course, my face falls. Of course, I get angry. I have run out of patience. Participant 6

Another mother stated that even if she does certain physical tasks, similar to previous reports, these conflicts affect her emotionally.

> *I do not mean it in a physical sense. Physically, I am still here. I do not go anywhere. I still cook or do my tasks. But because I am not emotionally or spiritually present, they feel it in a negative way. Sometimes, in certain situations, I lock myself in a room. By "lock myself in," I mean I go to read a book. That is my excuse; it makes it seem a bit more valid and necessary. It is not like I lock the door and stay in there for days. It is just that I want to read. For instance, after the evening meal, I go straight to the bedroom and spend time there. If they need something, they can always come to me. But during that time, instead of ignoring or pretending that I am not feeling anything, playing Pollyanna, I acknowledged it. I say, "Yes, I am unhappy, I do not feel good, I am angry at or upset with your father," or "I am hurt." I make it clear that this is why I want to do what I am doing. I even voice it now, which I did not use to do before. Now I can say, "I do not feel like myself right now. That is why I want to sit or lie down in the bedroom," or "I want to listen to some music." Physically, I am not leaving or going anywhere. But, as I said, emotionally, I am not really present in that moment.* Participant 9

One mother also stated that even if she tries to act otherwise, hiding one's emotional state from their child(ren) is impossible, even if the issue is a conflict with a partner or any other event that could cause negative emotions (i.e., sadness).

> *Anyone who says otherwise, in my opinion, is not giving an objective answer. Because here is the thing: we are so connected to our children, not just with gestures, expressions, and facial cues, but with our whole being. They stand right in front of us. We cannot hide our eyes, our hair, our hands, or our facial expressions. Even if our lips are smiling, we cannot hide the look in our eyes. For example, even when I am simply deep in thought, not even arguing or fighting, just focused on something, the kids immediately say, "What is wrong, mom? Why are you upset?" At that moment, I am actually thinking about something completely unrelated, but my facial expression reflects my thoughts. We cannot hide anything from children. As for how mine is affected, I try to explain it. I say things like, "I am angry right now, I cannot play the game right now, I am feeling down." Or, "I got a message from a friend, and I just do not feel like doing anything." I try to articulate these emotions. The way my emotions, or arguments with my husband, reflect on my child is through me explaining it to them. If I am upset, I express it. If I do not feel like doing something, I try to let them know.* Participant 11

Similar to Participant 11, Participant 10 reported a similar experience, where she did not react to her child differently than usual, but the effects of conflicts could be transferred to the child unintentionally (e.g., through one's gestures).

> *So, let me clarify, speaking specifically about my husband. After an argument with my husband, I do not react to the children any differently than I would when I am upset about something else. What could the negative effects be? I might talk less, my face might be more stern, or I might act more tense. But here is the thing, it is not like what I mentioned in the previous example. I do not direct blame or behave as if the issue is their fault or caused by them. In the same way that I behave when I am upset for some other reason, I act the same way when I have had a disagreement with their father. At least, that is how I think I handle it.* Participant 10

Some of the critical factors were found to be related to mothers' mothering during the times of the conflict. One of these factors was the mothers' self-awareness and open communication with their child(ren). Their open communication during these times included requiring some time from their children to process their emotions resulting from the conflict.

> *In our case, in our house, nothing like this has ever developed from his father's side; it has never happened. We have never experienced anything like this, to be honest. But maybe something has made me very angry. I mean, things like this might happen: I might not feel good because of an argument. Or, let us say, in that moment, I might need something to occupy her. Maybe I am angry and need some time, and so on. I have started expressing these things to her now. I say, "I am angry right now. Please give me some time. I need to do something, I need to rest, I need to calm down. I need to do something that makes me feel better." I let her know that I need something else at that moment. I have been explaining my feelings to her for a long time so that she can understand my emotions. Like, "This is how I am feeling right now, and that is how I am feeling," and so on. That is why we have developed this habit of talking about these things. If I have a special need, I express it so that she can also feel comfortable expressing her own needs.* Participant 1

One participant, unlike previous reports, explained how she tries to compensate for the effects of the conflicts that may have on her.

I consciously change my behavior. For example, when I am really angry, I immediately go to the child's room. My expression changes, my tone softens, and my face changes. And if I am going to say something, I say it in that way. I pay extra attention, especially in those moments. And, in fact, I became even more careful than usual. I make a special effort because I do not want them to think, "This happened, and now it is affecting mom too; she is taking it out on us," or "Dad came and took it out on us after they fought." I do not want that. Participant 12

4.2.3. Broader Socio-Cultural Dynamics of Motherhood

Broader social and cultural dynamics also affect mothers' mothering experiences. Social systems, including close family members, school, societal expectations, and social media, were found to influence mothers' mothering experiences in either supportive or unsupportive ways. Next, the exploration of the societal expectations placed on mothers in Turkish society highlighted that there is an unequal burden on mothers compared to fathers.

4.2.3.1. Social Support and Loneliness

Some mothers' accounts on this theme showed that the support they get from close family members is important as they provide both practical and emotional support during child-rearing, and the absence of this support leads to feelings of loneliness and exhaustion.

In our case, we do not have a maternal grandmother, paternal grandmother, or another grandfather figure around. They took care of the kids until they were two years old, but after that, no one was there. So, my husband and I have always had to take turns. "The older one is out. Are you picking them up, or should I? The little one needs to be picked up from daycare. I am on the way. I am going." It was too much, way too much. We were really exhausted during that time. My husband was also working in the private sector. One week I would go to work, and the next week I would be home with the kids all the time. The little one was at home then, and the older one had school, after-school activities, and so on. We were constantly running around together. Some people choose to live close to their parents or in-laws after having children, and I completely understand why. But here is the thing: it is great if the grandparents are truly willing to help. But if they just live nearby without actually lending a hand, that does not work either. Because we were really exhausted during those years, I see my friends, for example, saying, 'Oh, grandpa is picking them up today,' or 'They will stay at

their grandmother's tonight.' Since we did not have that kind of support, we got extremely tired, truly exhausted. Participant 4

Of course. From the outside, people say, 'Oh, but you have sisters,' or 'Oh, but you have your mother.' But you cannot explain it to them. You cannot make them understand. That is not how it actually is. Later on, I started noticing how some people go on vacations with their families, and their mothers are always around, or whenever something happens, their mom is there to help. Sometimes, I think, maybe it is actually good that my mother is not too involved in our home life. But at the same time, it is also not good that she is completely uninvolved because I really needed a break. Participant 6

I struggle even more because I do not have relatives nearby who can help me during those times. Sometimes, I just want to leave the kids at home and go somewhere with my husband. We do have a helper, but leaving them with her is not something we really want to do, at least not psychologically. I mean, we already spend the whole day at work, and the only time we get with the kids is in the evenings during the weekdays and on the weekends. So we tell ourselves, 'At least let us not leave them with the nanny on weekday evenings.' But if our relatives were nearby, then we could. There are times when I feel like I just need a break from the kids for a while, both my husband and I, especially when they go through stubborn phases. Then I see my friends saying, 'Oh, we left the kids with my mom and went out,' or 'We dropped them off at my mother-in-law's.' Unfortunately, we do not have that option. We do have a group of friends, but it is not the same. The thing that exhausts me the most is not having close family, parents or relatives, whom we can trust and leave the kids with without worry. Because we live in different cities. Participant 7

Mothers often expressed that they were raising their children with little to no support. Although they sometimes needed help or time for themselves, the involvement of extended family members was not always perceived as beneficial. Instead, it could feel overwhelming or critical, which led some mothers to prefer managing things on their own.

We are raising our children with very little support. Neither my family nor my husband's family are here. Would it have been better if they were? I have no idea. Maybe it would not have been any better. However, raising children with so little support is fundamentally challenging. Sometimes, even though we only have one child, I just want to take a breath, to get away for a moment. Or I want to have a conversation in a space where my kid is not around—where there are no interruptions, where I am not being watched. Participant 5

Everyone has something to say. It is such a strange thing. Beliefs are so different. I was hearing things I had never heard before. From using salt to swaddling techniques, all sorts of things. It was exhausting. That is why, for me, it felt better to just be on my own rather than dealing with all of that constant advice. But at the same time, the person taking care of the child also needs care. That was definitely missing. But honestly, even if my family had been around, they would not have been able to adapt. Since the child is always the main focus, I would have still been left out. Participant 2

There were a lot of comparisons. For example, there was someone who gave birth around the same time as I. And, well, it is just how our Turkish society is. My sister-in-law would come over and say, 'Oh, look, my kid is talking so well, but your kid still is not talking.' Then my mother-in-law would say, 'You should take this child to the doctor, he is not talking at all.' Then my mom would visit and say, 'Has he lost weight recently?' It was like everyone around us was constantly pointing out flaws. Participant 8

Other closer social mechanisms, including teachers or friends, were generally viewed as positive support mechanisms during the child-rearing process in terms of helping with boundary setting, offering practical solutions, and dealing with loneliness.

Schools take care of these things now. In one way or another, they provide structure, discipline, and routine. I mean, what kind of discipline or boundaries would we even need to enforce at home? The routine is pretty simple, there is a set bedtime, a few basic rules. Of course, things become more flexible at certain ages….And when I am really struggling, we meet up with other families with kids the same age. It is relaxing, we talk about the same things. Everyone is going through the same stuff. There's nothing to be afraid of. Not knowing can be really scary. Now, we know. When we do not know something, I ask and consult. If nothing else, as I said, we talk with our friends. We are like, 'Ugh, this is just how it is for now, there is nothing we can do.' Then we move on. Participant 2

With the help of their teachers, I try to manage things like screen habits by referring to the rules set by their teachers. Participant 3

One participant also shared their experience with psychological support from an expert while challenging the setting boundaries with their child, which was described as helpful.

Our therapist also told us that these boundaries were an issue between my husband and me. It was not about whose boundaries were more "right" or who was

enforcing them better. I think, more than with my child, we experienced the most conflict with each other over these boundary issues. At those moments, the therapist asked us to reflect: "Are you setting this boundary for yourself or your child?" That was an important distinction for me in understanding boundaries. There were times when I realized that many of these boundaries were actually for us, not just for my child. That awareness was helpful. Or, for example, I noticed that I was being stricter and that I could be more flexible at times. Participant 5

Broader systems such as the economy, society, and social media are generally viewed as unsupportive during the motherhood process.

And in the conditions of Türkiye, it is really hard to access resources that would support and make this easier. For example, this year, my husband and I had to take turns taking the kid to work because hiring a helper for the house has become a financial burden. Participant 5

Social media has a huge impact as well. I can definitely feel its effect. If you are at an age where your character has not developed yet, or it is not just about age, if you are in that stage where your character has not fully settled, and you have not fully gotten to know yourself, you are much more influenced by what is around you. Social media is full of these 'perfect mothers,' in quotation marks. Especially if you are not a mother yet and you are constantly exposed to them, it is very hard to see a positive impact. Because every mother wants to be good. Every mother wants their child to be good. They all want healthy children. Our goal is the same. And when someone, the person we see on social media, says, 'I will do this for you,' or 'When you do this, this will happen,' you try to do it, pushing yourself, and in the process, try to wear sweaters that do not fit your body. I experienced this a lot with my first son. That is probably why I could not fully focus on my child's happiness. I was busy with work and all the things I had to do. Yes, I learned a lot from social media, but I noticed that I was also being negatively affected. Participant 11

Maybe the feeling of not being able to hold on to that security provided by geography or the world makes it even harder. Participant 5

4.2.3.2. Myths of Motherhood

Participants emphasized that mothers are often seen as solely responsible for their children's well-being, behavior, and success, while fathers tend to occupy a more passive role.

> *From the point of marriage onward, there is always this kind of expectation. For instance, both the mother and the father might be working. However, if the children are not eating properly, everyone is like, 'Oh, did your mother not prepare anything for you?' Why do we always turn to the mother in such cases, every single time, even if she is not working? Okay, in that case, maybe there is a different division of labor within the household, but still, the entire responsibility for the children's successes or failures is placed on the mother, and that is obviously a huge injustice. For instance, if the children are very successful, the father would also feel proud, and maybe some credit would go to him too. But no one says, 'What did the mother manage to do on her own? What did the father contribute here?' Unfortunately, that perspective does not exist. From the moment a child is born, perhaps even before that, starting with questions like whether the birth was natural, a constant performance expectation is placed on the mother. But of course, there is no such expectation for fathers. There is no scorekeeping like that for them. However, from the moment pregnancy begins, or perhaps even before, everyone has something to say about the mother's performance.* Participant 1

> *If I were producing something, like making stuffed grape leaves by hand and selling them, people would talk about the quality of the stuffed grape leaves, right? Or if I were a taxi driver, they would talk about the kilometers I have driven. But this is my profession. It does not matter whether it is about being a working mother or just a mother, because once you become a mother, everything else gets erased. Motherhood becomes this all-consuming thing that obliterates everything else. Nothing outside of being a mother is seen. It is very hard, very hurtful, and this is exactly why we feel so much pressure. And we feel so suffocated. As I said, there are so many factors at play. It spans from completely losing our minds trying to make everything organic, to waking up at five in the morning to prepare something Montessori-inspired. It never ends. Going to work feels like torture, and not going feels like torture. This is a massive issue.* Participant 2

Participants 4 and 9 reported how this imbalance manifests in various settings, such as parent-teacher meetings, where mothers are expected to be the primary point of contact. This situation was described as experiences that increase mothers' responsibility and could lead to blaming mothers for their deficiencies.

> *The mother runs after everything. We hold parent-teacher meetings, and there is one father and 29 mothers. I can see this even in parent-teacher meetings. This year, my husband retired, and the kids were going to school. Yet, I was still the one attending the meetings. Even though my husband was at home and was not working, I was the parent representative again... The mother makes plans; the*

> *mother sees the finer details, while the father does not… Sadly, even something as important as education gets loaded onto the mother.* Participant 4

> *It is so funny, even teachers use phrases like, 'Tell your mother.' Why 'tell your mother'? Do not these kids have fathers? Are they parentless, or are they only being raised by their mothers? They even say, 'Let us call the parents,' but they mean the mothers. There is no such thing as a class father, for instance, but a class mother. It is unnecessary when you think about it. Society has already placed this burden on mothers. The word 'parents' does not really exist outside of this context. Parents simply mean mothers. But I cannot fight this alone. Because when things are going well, we can praise the child's good genes from the father, or give the father credit. But when things go wrong, the blame cannot solely fall on the mother.* Participant 9

The reports also touch on the societal pressure and idealization of motherhood, which can lead to unrealistic expectations. Participant 13 stated that:

> *Well, mothers do not do that. Mothers do not go out like this. 'You have a child; you are a woman with a child, at this hour?' Once, we were out with our friends like that. All of us had kids, and we were outside somehow. Someone said, 'Oh, you are out but you have kids, wandering around, even you have kids.* Participant 13

These societal expectations were also likely to cause feelings of inadequacy among women, as expressed by the verb "crushed under these expectations" in the following reports.

> *Yes, motherhood seems to be the focus here. It is as if the father is merely seen as someone who earns money or provides financial support, nothing more. Beyond that, the responsibility for every unmet or unfulfilled need of the child is placed on us. If the child's clothes are dirty, un-ironed, if their behavior is poor, if their grades are not good, or even if they do not turn out to be good adults in the future, it is assumed the mother did not instill proper values. I think modern medicine or similar perspectives also push this idea onto us. It is as if only the mother traumatizes the child, only the mother has an influence on raising them. This notion is being reinforced from every direction. It is not just societal dynamics, belief systems, or whatever else; it is all of them. Even those systems see fathers as responsible in minimal areas, which are often quite small and tend to be positive things attributed to them. Feeding, raising, and caring for the child is seen as our job, while any little thing the father does is met with great applause. For instance,*

> *a father who attends a parent-teacher meeting or plays with their child is treated as if they have done something extraordinary. I do not believe there is any actual shared parenting or shared responsibility anywhere. Yes, our bodies are biologically tied to some of these processes, like breastfeeding, but the fact that everything related to children is dumped entirely on us is simply unacceptable. I do not want to speak on behalf of everyone, but we are crushed under this. This state of 'us' is truly unfair.* Participant 5

Another participant also highlighted that this situation is not only specific to Türkiye but that the responsibilities assigned to mothers are heavy worldwide.

> *So, here is the thing. For instance, the other day I saw something on Twitter. There was a kid out on the street at 11:30 p.m. Everyone in the comments was asking, 'Where is this child's mother? What kind of mother is this?' No one asked, 'Where is this child's father?' He is a parent too, right? If that child is out at that hour, the father is just as responsible as the mother. But when I look at it, this is not just the case here. Believe me, it is the same in European societies, in America, in the most developed countries, and in the least developed ones. Sure, the percentages may vary, but the burden on mothers doesn't. It is always heavier than on the father's. There is this street interview they did in Brazil, for example. They ask fathers, 'What grade is your child in?' and they cannot answer. Meanwhile, mothers know the name of their child's dentist, their best friend, and even their teacher's full name. Fathers, on the other hand, are completely clueless. What can you do? Yes, there are very good fathers; not just backup parents, but fathers who truly act like real parents. But even then, no matter how good they are, the mother's burden is always heavier. To be a mother, you have to accept this reality. It is the mother who spends much more time with the child. It is the mother, I believe, who forms the deeper emotional bond. Fathers, no matter how hard they try or how good they are, remain somewhat on the outside.* Participant 8

4.3. Summary of Results

The results of the quantitative data analysis showed that psychological IPV perpetration and victimization were not directly associated with children's ER in the model. The mediator variables, which were depressive symptomology, the mother's willingness to serve as a secure base, and negative parenting practices, were significant predictors of children's ER. Maternal depressive symptomology did not mediate the pathway from either psychological IPV perpetration to children's ER, nor the pathway from psychological IPV victimization to children's ER. None of the paths from psychological

IPV victimization to children's ER were found to be significant. Three paths were found to be significant from psychological IPV perpetration to children's ER. First, the path from psychological IPV perpetration to children's ER was through the mother's willingness to serve as a secure base. Second, the path from psychological IPV perpetration to children's ER was through negative parenting practices. Third, the path from psychological IPV perpetration to children's ER was through the mother's willingness to serve as a secure base and negative parenting practices.

The qualitative data analysis revealed four subthemes: the personal dynamics of motherhood, encompassing physical and health-related factors, the reallocation of one's resources, the reformation of self and identity, and emotional factors. These subthemes, which highlight the personal dynamics of motherhood, underscore that motherhood encompasses changes (whether positive or negative) in multiple areas of women's lives, including physical, emotional, social, and self-development domains. The relational dynamics of motherhood include three subthemes: the relationship with the partner (shared parenting, conflicts and resolutions), children's reactions to conflicts (active or passive coping strategies), and mothering during times of conflict. These subthemes within the relational dynamics of motherhood highlight how motherhood is positively or negatively related to other relational domains of life (e.g., with partners, children). Lastly, the broader dynamics of motherhood encompassed two main subthemes: social support and loneliness, and myths of motherhood. These subthemes, under the broader dynamics of motherhood, showed that the social context, whether positive or negative, plays a role in motherhood, concerning its process and practice.

CHAPTER 5

DISCUSSION

This section is divided into three main parts to comprehensively evaluate the current study's findings in relation to existing literature. The first part presents the quantitative and qualitative findings, along with an examination of existing literature. It begins with a discussion of the quantitative results, followed by the qualitative findings, and concludes with an integrated discussion of both sets of results. The second part outlines the study's implications, while the third part offers recommendations for future research.

5.1. Discussion of the Quantitative Findings

Parents can influence their children's emotion regulation (ER) directly or indirectly. According to Family Systems Theory (FST), an individual should be evaluated by focusing on context, as they are never truly independent. Accordingly, in a family context, family members exert a constant and reciprocal influence on one another (Cox & Paley, 2003). More specifically, Emotional Security Theory (EST) proposed that marital conflicts that include destructive tactics (e.g., hostility, anger) can influence children's ER by escalating their stress levels and thus are more likely to lead to dysregulation. However, they can also indirectly affect children's ER through their impact on parenting quality. Accordingly, studies examining the impact of IPV on children's ER have also often considered the mental health correlates of IPV (e.g., Goodman et al., 2011; Sutherland et al., 2022), the secure relationship between parent and child (e.g., Bogat et al., 2011; Levendovsky et al., 2012; Noonan & Pilkington, 2020), and parenting practices (e.g., Clark et al., 2022; Rousson et al., 2023). Therefore, the emotional, relational, and

behavioral consequences of IPV are critical for children's ER and are considered in the current study.

5.1.1. Discussion of the Direct Effects for the Path Model

It was hypothesized (Hypothesis 1) that the psychological IPV victimization and perpetration of mothers would be directly related to children's ER. The direct effects of psychological IPV victimization and perpetration on the children's ER were not significant. In their study, Harding et al. (2013) found that a single entry into the regression of maternal and paternal-perpetrated IPV (reported by mothers) predicted children's ER (children's externalizing symptoms) during middle childhood. In their study, when both maternal perpetration of IPV and paternal perpetration of IPV simultaneously entered the regression, both explained a significant amount of variance in children's ER. However, neither maternal nor paternal-perpetrated IPV emerged as unique predictors. The researchers discussed that the linear combination of IPV factors might influence children's emotional difficulties rather than individual effects due to the expected relationship between these IPV variables. Similarly, in this study, both psychological IPV perpetration and victimization were tested as separate predictor variables in explaining children's ER, and there was a high correlation between them. Therefore, the collective influence of both psychological IPV perpetration and victimization might influence children's emotional outcomes. Nevertheless, when these factors entered into the path model as separate variables, it might have made it difficult to see the individual effects of each.

Another possible reason might be the sole use of psychological IPV in the current study. For instance, Vu et al. (2016) discussed that including a broader range of IPV types (i.e., physical, sexual, psychological) tends to yield stronger associations with children's adjustment than focusing on a single form. While Machado et al. (2024) highlighted that psychological IPV is the most bi-directional type, this very characteristic may sometimes involve lower observable conflict intensity or be more normalized in relationships, possibly reducing its detectable impact on child outcomes when not accompanied by more overt forms, such as physical IPV.

Another factor could be the existence of several mediators, as these mediators are likely to complicate the determination of the direct effect of exogenous variables (psychological IPV perpetration and victimization) on the outcome variable (children's ER). As highlighted by Baron and Kenny (1986), when numerous mediators are considered in the model, a significant percentage of the variance in the outcome variable can be explained by these mediators, thereby reducing the direct effects of exogenous variables on the outcome variable in terms of both strength and statistical significance.

Consistent with prior research, the mediator variables in the model showed significant direct effects on children's ER. The mother's willingness to serve as a secure base was positively, directly, and significantly associated with children's ER in the model. This result was in line with previous findings, which indicate the significance of mothers' security-providing behaviors to their children's ER (Kerns et al., 2007). In line with the attachment theory (Ainsworth, 1989; Bowlby, 1969), when parents engage in encouraging actions to let their children share their emotions, or when they validate their children's feelings, children might assume that their parents will be there for them when they need it (Brumariu, 2015; Kerns et al., 2007). Otherwise, to please their parents, they may suppress, deny, or act out their emotions (Hazan & Shaver, 1987), which could pave the way to ER difficulties.

Negative parenting practices were also significantly, directly, and negatively associated with children's ER, which was in line with the previous findings (e.g., Chang et al., 2003; Goagoses et al., 2023; Gülseven et al., 2018). Huang (2024) stated that parenting behaviors, such as harshness, lax control, or over-controlling, might signal to children to conform to their parents' own emotions. Consequently, children, in that case, can learn to suppress these emotions rather than express them appropriately.

Maternal depressive symptomology was significantly, directly, and negatively associated with the children's ER in the path model. This result was consistent with previous findings (Goodman et al., 2011; Raeymacker & Dhar, 2022; Sarıtaş et al., 2013; Sutherland et al.,

2022), which showed that depressive symptomology was significantly and negatively associated with the children's ER. In their meta-analysis, Sutherland et al. (2022) reported that as the severity of the depressive symptoms increased, there were greater adverse outcomes for their children's adjustment. The researchers discussed that depressive symptomology in mothers might be related to greater negative modeling for their children concerning how negative affect, cognitions, or behaviors were regulated, which in turn children's exposure to these maladaptive thought or behavior patterns could make children more susceptible to greater tendency to maladjustment, such as increased depressive symptomology in children or other emotional or behavioral problems.

Maternal depressive symptomology was also significantly, positively, and directly related to negative parenting practices, while significantly, negatively, and directly related to the mother's willingness to serve as a secure base, which were in line with the previous findings (Lovejoy et al., 2000; Trussell et al., 2018; Turney, 2011). Trussell et al. (2018) highlighted that depressive symptomology, characterized by withdrawal, irritability, or sadness, may pose challenges for mothers by diminishing their interactions with children, expressing less positive emotion, or displaying greater neglect towards them.

5.1.2. Discussion of Indirect Effects for the Path Model

It was hypothesized (Hypothesis 2) that the depressive symptomology of mothers would mediate the relationship between psychological IPV and children's ER. The mediator role of depressive symptomology between psychological IPV (perpetration and victimization) and children's ER was not supported. This finding is inconsistent with the existing literature, which suggests the mediator role of maternal depression on the link between IPV exposure and children's ER (Levendosky et al., 2006; Zarling et al., 2013). One explanation might be utilizing only psychological IPV and depressive symptomology in the current study. For instance, Levendosky et al. (2006) assessed physical and sexual IPV victimization of mothers. They found that the depressive symptomology of mothers (together with other mental health problems such as trauma symptoms, anxiety) mediated the link between IPV exposure and infants' externalizing symptoms. Similarly, Zarling et

al. (2013) utilized the composite score of physical and psychological IPV perpetration and victimization, and depressive symptomology (together with other mental health problems such as anxiety, distress) mediated the link between IPV and children's internalizing problems (i.e., depression). As a result, concentrating solely on psychological IPV and depressive symptoms in this study may have limited the ability to detect a significant mediation effect, as observed in previous research that examined multiple types of IPV (e.g., psychological, physical, sexual) alongside a broader range of mental health indicators. In other words, the co-occurrence of different forms of IPV is more likely to lead to severe mental health consequences (e.g., Dillon et al., 2013; Pate & Simonič, 2021; Yastıbaş-Kaçar et al., 2023), and both psychological IPV victimization and perpetration have been associated with various mental health difficulties, such as anxiety and post-traumatic stress symptoms (e.g., Spencer et al., 2024).

Another explanation could be related to sample characteristics in the current study. The data of this study included participants from a community sample rather than a clinical one (i.e., mothers residing in shelters, etc.). Additionally, all mothers participating in this study were highly educated, holding at least a bachelor's degree. Previous studies (Barrett & Pierre, 2011; Durfee & Messing, 2012) reported that as the education level increases, people utilize different sources to help them cope with their difficulties. Therefore, mothers in our study, due to their high educational level, were more likely to engage in help-seeking behaviors and identify and utilize social resources.

Similarly, Ehrensaft and Cohen (2012) demonstrated that depression did not mediate the relationship between physical IPV experienced by mothers and their children's externalizing behaviors during middle childhood, as their research found no predictive role of IPV on major depressive disorder in women (in their 30s). The researchers discussed how IPV can significantly predict depression, particularly among individuals in their early twenties, as its detrimental effects on emotional well-being become more pronounced during this developmental stage (also see Ehrensaft et al., 2006). However, they noted that as individuals progress into later life stages, the risks associated with IPV

may diminish, suggesting that the relationship between IPV and depression may change. In summary, they indicated that IPV might be a risk factor for depression, especially in the twenties, but it may no longer pose a risk in later developmental stages. Considering the age range of the present study, which included mothers mostly in their 40s, the predictive role of psychological IPV on depressive symptomology might not manifest during this developmental period.

The findings presented might also suggest that alternative factors, such as negative parenting practices or the mother's willingness to serve as a secure base, could play a more incremental role in shaping a child's ER. Recent studies (e.g., Austin et al., 2019) have focused more on relational and behavioral factors that can affect children's ER at homes where IPV occurs. While maternal depressive symptomology was associated negatively with children's ER, it did not serve as a mediating factor, and this brings into question the presence of other influential behavioral or relational dynamics of mothering that might have a more significant impact on children's ER.

It was hypothesized that both the mother's willingness to serve as a secure base (Hypothesis 3) and negative parenting practices (Hypothesis 4) would separately mediate the relationship between psychological IPV (perpetration and victimization) and children's ER. This was accepted only for psychological IPV perpetration because there was a significant indirect effect of psychological IPV perpetration on children's ER through mothers' willingness to serve as a secure base and negative parenting practices, independently. Similarly, *this study also found that psychological IPV perpetration affected children's ER through the mother's willingness to serve as a secure base and negative parenting practices (Hypothesis 5).*

One possible explanation for psychological IPV perpetration (rather than victimization) could be related to different emotions behind the two directions. Spencer et al. (2024) reported that compared to psychological IPV victimization, psychological IPV perpetration has a stronger association with anger and emotional dysregulation. Also, their

meta-analysis reported a gender difference where psychological IPV perpetration of women has a stronger association with anger compared to IPV perpetration of men. Therefore, a plausible explanation might relate to the direction of IPV and the specific emotional factors (e.g., anger) that could influence associated parenting behaviors.

Another explanation for psychological IPV perpetration, rather than victimization, was significant on children's ER through the mother's willingness to serve as a secure base and negative parenting practices could also be a spillover hypothesis. Engfer (1988) asserted that stress in one family subsystem, such as the parental relationship, can adversely affect other subsystems, including the relationship between parents and children. This hypothesis, referred to as spillover, maintains that stress within a family subsystem, such as the relationship between the mother and father, can significantly influence other family dynamics, especially those involving interactions with their children (Erel & Burman, 1995). Consistent with the spillover hypothesis, psychological IPV perpetration behaviors employed between partners might spill over to the relationship between the mother and the child through less warmth and sensitivity to the child's needs, while more hostile, physically controlling, and less sensitive behaviors.

Another possible explanation concerns the fact that the model focuses exclusively on maternal variables, namely their willingness to serve as a secure base and their negative parenting practices, as mechanisms linking psychological IPV to children's ER. For example, Moretti et al. (2006) examined adolescents' perceptions of both mother- and father-perpetrated IPV. They found that only mother-perpetrated IPV predicted adolescents' use of aggression toward their romantic partners. They suggested that mothers tend to be primary attachment figures in children's lives and, therefore, may significantly influence the development of their conflict resolution strategies and emotional responses. In line with this, it is possible that maternal IPV perpetration, rather than victimization, exerts a more substantial influence on children's ER, particularly through maternal caregiving behaviors such as providing a secure base and engaging in negative parenting.

The hypotheses regarding the pathway from psychological IPV to children's ER through depressive symptomology and negative parenting practices (*Hypothesis 6*), depressive symptomology and the mother's willingness to serve as a secure base (*Hypothesis 7*), and depressive symptomology, the mother's willingness to serve as a secure base, and negative parenting practices (*Hypothesis 8*) were all found to be nonsignificant. In line with the results of the present research, Ehrensaft and Cohen (2012) found that although depression had no significant impact on children's externalizing behaviors, they reported that physical IPV (composite score of perpetration and victimization) was associated with decreased satisfaction of the parent with their child (i.e., the level of satisfaction with the child's emotional or social conduct) and inconsistent parenting behaviors (i.e., altering restrictions on the child based on one's mood). These low satisfaction and higher inconsistency in parenting behaviors were also related to decreased behavioral regulation in their children during middle childhood.

In their longitudinal study with mothers and their children, Clark et al. (2022) examined the associations between maternal IPV victimization, depression levels, and negative parenting strategies. Regarding child outcomes, only children's cognitive-related regulation (executive functioning) was assessed, and this measurement was conducted solely in late childhood. In contrast, data on IPV, maternal depression, and negative parenting were collected at two time points: when the children were in preschool and again in late childhood. The results indicated that while maternal depression significantly decreased over the eight years, no comparable reduction was observed in negative parenting behaviors. This suggests that parenting practices may reflect more stable interaction patterns, potentially exerting a more consistent influence on children's emotional outcomes than transient mood states such as depression. Furthermore, the study found that IPV, depression, and negative parenting measured during the preschool period were associated with children's later executive functioning, whereas more recent IPV was not. These findings imply that the cross-sectional nature of the current study may limit its

capacity to capture the temporal dynamics between psychological IPV, maternal depression, parenting, and children's ER.

In the whole model, although being indirectly through the mother's willingness to serve as a secure base and negative parenting practices, only psychological IPV perpetration was shown to be related to children's ER, while victimization of psychological IPV was not related either to the outcome or to the mediator variables. Similarly, in their dyadic study, Low et al. (2022) collected data from both mothers and fathers regarding their perpetration of physical and psychological IPV, and their involvement with their child and parental warmth were assessed. The simple mediation models for each parent showed that mothers' psychological and physical IPV perpetration predicted their less involvement with their child and decreased warmth of their own. Also, mothers' involvement mediated the link between mothers' psychological and physical IPV perpetration and their children's adjustment (cognitive and social competence). In the results of dyadic mediation, researchers showed that cross-lagged paths were not significant, indicating that only each parent's own perpetration of IPV (physical and psychological) was significant. As for mothers, their IPV perpetration was related to their own warmth towards their child. The researchers discussed the possibility that the more 'active' components of parenting (e.g., providing warmth, involvement with the child) may tend to be more consistently negatively impacted by IPV perpetration than victimization. By emphasizing this distinction, researchers suggested the importance of examining IPV not only from the perspective of victimization but also from the perspective of perpetration, as the latter may more directly disrupt parenting practices.

Another potential explanation could be that, as mentioned by Vu et al. (2016), common method variance could have played a role in the stronger correlations identified with maternal IPV perpetration, but not with victimization. Since mothers reported their own aggressive behaviors (perpetration) alongside their parenting, the shared method and self-reporting may have exaggerated the observed links. Conversely, IPV victimization pertains to the partner's actions, which could lessen the method overlap with parenting-

related factors. Therefore, the lack of significant results for victimization might be partially attributed to reduced shared method variance with maternal parenting practices.

5.2. Discussion of the Qualitative Findings

5.2.1. Overarching Theme: Personal Dynamics of Motherhood

This overarching theme identified in the current study revealed that motherhood is a significant and transformative journey that affects many aspects of a woman's personal life. It has physical impacts, typically resulting from the earlier periods when the child needs more intensive care (i.e., breastfeeding). This event has a significant impact on mothers' sense of identity as they navigate their roles as nurturers, caregivers, and individuals. Motherhood can evoke a wide range of emotions, from love and joy to anxiety and uncertainty. The demands of motherhood significantly impact how mothers allocate their resources, including their time and energy. Upon thorough examination, the experiences of motherhood encompass a complex tapestry of challenges, including sleepless nights and struggles for personal time, alongside numerous joys and areas for growth, such as the love for her child and the profound personal growth that comes with being a mother. As a result, this study found four subthemes under the overarching theme of personal dynamics of motherhood: physical challenges and health, reallocation of resources, reformation of the self and identity, and emotional factors.

In the existing literature, McVeigh (1997) examined women's experiences after becoming mothers. In line with the current study's findings, she found that while mothers carry feelings such as happiness and love for their child, they also reported the hardships of being a mother, including increased responsibilities with childcare, extreme tiredness and fatigue, and a lack of personal time. Similarly, Özgen and Ekşi (2022) discovered in their qualitative examination of mothers' experiences with children in middle childhood that participants mentioned self-sacrifice the most. This self-sacrifice encompassed the giving up of mothers' careers, social lives, future aspirations, time, finances, and increased physical and mental energy.

Barclay and colleagues (1997) also qualitatively assessed women's experiences of motherhood and found that the mothers felt drained as a result of the physical (i.e., lack of sleep), mental (i.e., uncertainties related to process), and emotional demands (i.e., feelings of inadequacy, lack of support) of motherhood. Also, similar to the current study, participants in Barclay et al.'s (1997) study reported the loss of personal and social time with others (i.e., with friends, partner). Despite the challenges of motherhood, many mothers reported finding joy in the love of their child. Brown (2010) discussed the complex emotional landscape of motherhood, which was often conventionally idealized as a source of joy and fulfillment. However, she highlighted that the reality of being a mother was frequently filled with conflict, anxiety, and a profound sense of ambivalence. This ambivalence encompasses the co-existence of deep love for one's child and feelings of frustration or resentment, illuminating the multifaceted nature of the maternal experience. The current study also discovered that the journey of motherhood evokes a complex tapestry of emotions. It encompasses the feelings of love and joy, often accompanied by moments of doubt, anxiety, and frustration, highlighting the multifaceted nature of this profound experience.

In the current study, one of the significant findings is that women's sense of self and identity are considerably transformed after becoming a mother. In a similar vein, in a qualitative study conducted by Laney et al. (2015), mothers reported a noteworthy transformation in their self and identity. The mothers reported profound changes characterized by heightened self-awareness and introspection, largely attributed to the reflective nature of the mother-child relationship. This reflective function not only deepened mothers' understanding of themselves but also fostered greater empathy towards others and intensified their emotional experiences. The study highlighted how the intricate interplay of motherhood can lead to significant personal growth and emotional development, ultimately reshaping one's identity. In a similar vein, Shelton and Johnson (2006) conducted interviews with older mothers, discovering that the loss of freedom, spontaneity, identity, and connection with their partners was evident in the mothers' accounts. However, they also recognized new and positive elements associated with their

identity and personal growth. Sethi (1995) conducted interviews with women in the postpartum period, describing their experiences as a "dialectic" process that involves constant change and transformation. Although the current study's sample did not include mothers during the postpartum period, the findings from Sethi's (1995) research revealed similar and various complex personal dynamics associated with motherhood. These dynamics ranged from feelings of joy and love for the child, increased patience, and the development of a new identity to challenges such as loss of independence, diminished autonomy, and feelings of frustration and uncertainty.

Moreover, in line with the findings of Tunçdemir (2024), who conducted interviews with mothers, participants reflected on their experiences of motherhood as characterized by protectiveness and vigilance over their children. They expressed deep love and devotion, a firm assurance regarding their child's well-being (e.g., being well-fed and healthy), putting their children's needs before their own, dedicating significant time and energy to their development, striving to do what is best for them, facing increased responsibilities, and struggling to manage them while also shouldering the duty of raising a good person. Thus, the researcher determined that it was feasible to categorize nearly all participants within the framework of "intensive motherhood." The current study's findings under this overarching theme can also be assumed to carry the nuances of intensive motherhood.

5.2.2. Overarching Theme: Relational Dynamics of Motherhood

Becoming a mother led to personal transformation and notable changes in the relational area, particularly concerning the relationship with the partner, as relationships and roles shift from being partners to taking on the role of parents. Mothers emphasized the value of co-parenting, noting that when fathers are more involved, it brings both emotional and physical benefits during motherhood. Also, this theme showed that parents often work to resolve conflicts by utilizing different strategies (e.g., conflict engagement, positive problem solving, withdrawal), rather than relying on a particular strategy. Analyzing conflicts between parents regarding their impact on the mother-child relationship reveals that these conflicts can affect the motherhood experience in both beneficial and

detrimental ways. Although some conflicts may be viewed as an emotional burden, no different from other events that can cause negative feelings, they can still carry emotional and behavioral consequences for both the mother on a personal level and their relationship with the child. Effectively managing disagreements or conflicts becomes a key focus once parents have children, especially as the child gets older and becomes more aware of such conflicts. Furthermore, mothers' accounts indicated that their children were highly perceptive of the interparental conflicts (e.g., arguments, disagreements) as evidenced by their children's behavioral changes, including both active and passive coping mechanisms, highlighting the indirect impact of these conflicts. As a result, this study found three subthemes under the overarching theme of relational dynamics of motherhood: the relationship with the partner, children's reactions to conflicts, and mothering during times of conflict.

As for the finding of a relationship with the partner, Özgen and Ekşi (2022) found that one of the key factors enhancing the experience of motherhood was the support mothers receive from their husbands while coping with the stress associated with motherhood. Consistent with their findings, this study also indicated that the more engaged and supportive the father is, the easier the motherhood experience becomes. Additionally, mothers expressed that their husbands should participate in childcare responsibilities, emphasizing the importance of this involvement for the child's well-being. Thus, one of the essential aspects for mothers to manage the transition to parenthood could be a more balanced distribution of responsibilities between partners after welcoming the child.

Being stressed in the current study as co-parenting, Nelson (2003) also found that the roles were likely to shift between partners as a wife and husband after becoming parents, which sometimes leads to frustration and conflicts between the partners. Kluwer (2010) highlighted that the transition from partners to parents can significantly impact individuals' ability to self-regulate, driven by various stressors such as relentless time pressures and overwhelming fatigue. This self-regulation depletion often leads parents to exhibit more conflict behaviors and struggle with constructive responses during

challenging situations. In this context, mothers participating in the current study described a range of emotional challenges that not only affect their overall well-being but also influence how they respond to their children amid conflict. Kluwer (2010) further noted that conflicts between partners after entering parenthood often stem from the unequal distribution of household responsibilities. In many families, domestic labor continues to fall on women, placing them under significant strain. The resulting negative impacts of stress, limited time for personal endeavors, and deep-rooted exhaustion tend to disproportionately burden women. This unequal distribution of challenges can diminish their capacity to self-regulate, compounding the difficulties they face in navigating both conflicts with their partners and their roles as mothers.

Similarly, in their qualitative research examining mothers with children aged 2 to 12, Barlow and Cairns (1997) found that all mothers involved in the study reported a significant change in their relationship dynamics with their partners after having children. The study indicated that a significant source of conflict and resentment in their marital relationships stemmed from an uneven distribution of parental responsibilities. This discrepancy not only created frustration but also undermined the very foundation of their partnership, as mothers frequently felt swamped by the pressures of parenting while their partners seemed less involved in sharing these essential responsibilities. This was found to hold true even when couples established a more equal partnership prior to having a child; however, as the mother took on the role of staying home to care for the newborn, traditional gender role separation was likely to surface, resulting in women predominantly becoming the primary caregivers for the child. Thus, the participants recognized two key factors contributing to this situation: the influence of tradition and the reduced motivation for fathers to engage in child-rearing responsibilities. Similarly, in their study, Choi et al. (2005) found that mothers reported a more profound transformation in their lives after having children. In contrast, this profound change was not experienced equally by their partners. This situation was also found to be related to feelings of resentment, stemming from the fact that while their lives had changed completely, their partner’s life had not changed at all.

The findings concerning children's reactions to conflicts closely mirror established research in the field (Holden, 2003; Van Baak & Eichelsheim, 2025), emphasizing that children are highly perceptive of their parents' conflicts and react to them in various ways (De-Board & Grych, 2011; Garcia O'Hearn et al., 1997; Rhoades, 2008). Mothers have reported behavioral changes in their children during or following these conflicts, indicating that the emotional undercurrents, such as tension, anxiety, or distress, profoundly impact children. This heightened awareness often finds expression through various coping strategies categorized as active (direct) or passive (indirect).

In line with the findings of previous research (De-Board & Grych, 2011; Garcia O'Hearn et al., 1997; Rhoades, 2008), the children's responses in current study varied among children such as expressing their feelings openly when they were scared during the conflict, withdrawal from the situation, or seeking assurance that the conflict would not escalate to divorce. Although some responses were shown to be related to children's maladjustment (Rhoades, 2008), the current study, like that indicated by Garcia O'Hearn et al. (1997), cannot conclude that these behaviors are linked to children's ER due to the exploratory nature of the study. However, these behaviors still carry significance as they could help the understanding of how IPV affects children's ER.

5.2.3. Overarching Theme: Social Dynamics of Motherhood

The journey of motherhood brings about changes in both personal and relational aspects of life. Nevertheless, when examining the wider societal impacts on motherhood, several broader social systems (such as family, peers with similar experiences, professionals, and educators) can support women throughout the motherhood journey, whereas some (like social media and society at large) can negatively impact it. Furthermore, the societal expectations placed on mothers can increase the burden and the responsibility of women on the child's well-being by positioning them as the primary caregivers for the child, while diminishing the role fathers might play in their children's lives. As a result, this study

found two subthemes under the overarching theme of social dynamics of motherhood: social support and loneliness, and myths of motherhood.

As for the social support and loneliness subtheme, in line with the current study's findings, Barlow and Cairns (1997) found that throughout the motherhood process, mothers follow a process of self-socialization, which refers to a proactive mothering stance that helps them decide on the behaviors required to change or needs to be developed through consultation with the experts or establishing support from others (i.e., other mothers). Also, during this process, positive role models are more likely to be adopted and shape their parenting, and negative role models are acknowledged as barriers to effective parenting if they are incompatible with their own value system. Similarly, the mothers in this study reported that some broader social mechanisms help them during the motherhood process, such as family, school, teachers, and psychotherapists. Similarly, Choi et al. (2005) also found that mothers acknowledged the help that they got from family members (i.e., sisters) or friends with experience in motherhood. However, some mothers in their study also reported that if others behaved in a way that the mother should have known, it was also found to be related to negative feelings such as inadequacy. The findings from the current study similarly revealed that mothers experience conflicting beliefs regarding the necessity of support from those around them, particularly family members. Although this support can be vital in positively influencing mothers' well-being and overall experience, such as providing practical solutions to day-to-day problems, how family members offer this support is equally important.

Similarly, some social mechanisms, such as social media, could impact motherhood experiences negatively, as found in the reports of mothers in the current study. The effects of social media on mothers have more recently been discussed in the current literature. Some people on social media share only the positive sides of parenting, while others share both the positives and the struggles that come with it (San Cornelio, 2021). Kirkpatrick and Lee (2022) also found that idealized versions of motherhood in social media posts were more likely to create envy and anxiety in mothers. Kirkpatrick and Lee (2024) also

discovered that the influence of idealized portrayals of motherhood was particularly pronounced among individuals with a strong tendency for social comparison. This heightened awareness and evaluation of oneself with others can significantly decrease their sense of parental competence. Egmose et al. (2022) also found that individuals who frequently engage in social comparisons (i.e., assessing their parenting against the seemingly perfect portrayals of others online) were especially more vulnerable to negative effects from parenting-related content on social media. Those negative effects were found to occur through diminishing their sense of parental competence.

As for the myths of motherhood, in line with the current study, Constantinou et al. (2021) found that societal expectations from mothers, referred to as motherhood myths, could create a sense of incongruence in women between their authentic selves and the idealized version of motherhood. This can create a disconnect between who they truly are and who they feel they should be as mothers, and while it could help mothers in practical terms and increase the mothers' investment in mother-child relationship, it can also endanger their self-confidence and risk their well-being by creating feelings of guilt that might lead to detrimental relational and behavioral results such as withdrawal. A commonly held belief is that motherhood is a natural or instinctual process, which often leads to the perception that women are primarily responsible for child-rearing. This concept reflects cultural norms surrounding parental roles and responsibilities. However, in their interviews with first-time mothers, Miller (2007) found that most women reported that mothering did not naturally or instinctively occur to them as they believed. This situation caused confusion and feelings of inadequacy (i.e., something is missing) because their pre-existing expectations did not match their current reality.

As discussed by Öğüt and Güvenç (2022), cultural and social norms surrounding motherhood idealize it as a virtuous role imbued with purity, profound goodness, and an almost sacred quality. These perceptions, therefore, could shape expectations and pressures on mothers to embody an unattainable standard of selflessness and devotion, often elevating their experiences to a mythic status within society. The expected standards

for women regarding motherhood can significantly impact their experiences, creating feelings of exhaustion and pressure. This, in turn, transforms parenting into a draining experience that diminishes enjoyment. In their qualitative study with a large number of Turkish mothers, the researchers also found that the participants' reports indicated that motherhood was perceived as an instinctual, biologically given, and inherently positive process for women. Another theme in their study was related to the norms supporting self-sacrifice (i.e., prioritizing the child's needs over one's own) and perfection (i.e., being flawless, entirely devoted to the child, and shielding the child from all negative experiences). The participating mothers who viewed good mothering as an intensive one characterized by self-sacrifice and perfectionism also reported that they perceived idealized motherhood as an unattainable goal. This view has led to feelings of exhaustion, anxiety, fear, guilt, and even burnout. In this study, mothers similarly expressed that the societal standards imposed on them were unrealistic, and they felt overwhelmed by these expectations.

5.3. General Discussion of the Study Findings

This study aimed to investigate the effects of psychological IPV (both perpetration and victimization), mothers' depressive symptomology, willingness to serve as a secure base, and negative parenting practices on their children's ER. While assessing the possible links quantitatively, it was essential to consider mothers' experiences of motherhood in households where psychological IPV occurs, to gain a deeper insight into their motherhood experiences and contextualize the findings in the quantitative part of this study. Therefore, motherhood experiences were also examined at both personal and cultural levels to gain a deeper understanding of both personal and broader systems that operate within motherhood.

Research on the impact of IPV on children's outcomes primarily relies on self-reported data from mothers (Greeson et al., 2014). This dependence on mothers as the primary information source not only affects how findings are understood but also highlights society's view of mothers as the main caregivers accountable for their children's well-

being. From a feminist standpoint, this situation reinforces conventional gender roles and places a greater burden of responsibility on mothers. As a result, it increases their susceptibility to criticism when their children's outcomes are suboptimal. Such a perspective may overlook the complexities of parenting amid IPV, failing to consider the roles that other caregivers and external factors can play in significantly shaping child development (Lapierre, 2008, 2021). By primarily concentrating on mothers' accounts, this method risks perpetuating stereotypes that could further marginalize and isolate these women in their challenges.

Accordingly, when analyzing the link between psychological IPV and children's ER, the quantitative data revealed a non-significant mediator role of depressive symptomology but significant mediator and serial mediator roles of the mother's willingness to serve as a secure base and negative parenting practices. These results can be interpreted as suggesting that the path from psychological IPV to children's ER during middle childhood may be drawn through more relational and behavioral aspects of parenting rather than emotional factors resulting from the psychological IPV. More specifically, psychological IPV victimization did not yield significant associations with either mediator variables or the outcome variable. However, psychological IPV perpetration, which could propose a more active role in IPV (Low et al., 2022), was related to children's ER through parenting variables. However, it is still important to acknowledge that psychological IPV is highly bidirectional and rarely occurs in isolation among couples, as found in the current study. Therefore, both psychological IPV perpetration (as being indirectly affecting children's ER) and psychological IPV victimization could be targeted to provide a safe and warm home environment for children to express, understand, and learn to manage their emotions. Also, as highlighted by previous research (e.g., Spencer et al., 2024), psychological IPV (compared to other types) could present equal concern for both genders; therefore, both victimization and perpetration require attention.

The qualitative data similarly showed that interparental conflicts could affect mothering, and children are not only passive recipients of these conflicts but also react to them in

various ways. Although it may not be possible to link the data from qualitative results to quantitative findings directly, they still carry importance as they partially provide the question "how" IPV affects parenting and thus their children. Based on the findings of the qualitative data, these conflicts could evoke negative emotions (e.g., sadness, anger) and may interfere with mothering, as mothers need to process these negative emotions. On the other hand, children's reactions to conflict, whether they involve active or passive coping strategies, carry meaning for their ER, as suggested by EST (Davies & Cummings, 1994; Davies et al., 2006), which considers these reactions of the child as a means to regain emotional security. Although this study is limited to assessing or determining which behaviors are linked to adjustment or maladjustment, some responses of children (i.e., tics, running away from any conflict situation, asking parents to stop arguing because she/he scared) might show that it could be difficult for children to regulate their emotions amid conflicts.

The qualitative findings also showed that motherhood has a profound impact on mothers on a personal level, contributing to their personal and identity development. The reports showed increased self-awareness, greater empathy, and increased patience. However, along with the positive transformations that accompany motherhood, there were also increased responsibilities, limitations, and lack of support from broader social systems, which could impact mothers negatively, such as limiting their presence for the child when she/he needs them or decreasing their self-regulation resulting from the burdensome responsibilities with less external emotional or practical support (see Kluwer, 2010). As Bronfenbrenner (1977) pointed out, larger social systems significantly influence individuals; in this context, societal expectations surrounding motherhood impose additional pressure and responsibility on mothers. Although motherhood is frequently portrayed as a natural and instinctual experience, societal beliefs establish emotional and behavioral expectations that could deeply affect mothers, potentially impacting their self-efficacy beliefs (e.g., Özgen & Ekşi, 2022).

In the realm of psychological IPV, marriage can be viewed as a contract that needs to be renegotiated after becoming parents (Barlow & Cairns, 1997). Although it cannot be the sole factor, the allocation of responsibilities and the uneven distribution of responsibilities in caregiving can become significant sources of conflict between partners after they become parents (Kluwer, 2010), as the need for joint decision-making increases and different values or perspectives towards child-rearing become more apparent. According to Sprecher (1986), couples often exchange resources, responsibilities, love, and affection in their romantic relationships. However, if this share is unbalanced or unequal, couples may feel negative emotions in their marriages (Waddell et al., 2021). Carlson (2020, 2022) similarly found that couples become more satisfied with their relationship when they share tasks equally. These studies demonstrate that an equal distribution of household tasks is beneficial for both partners, resulting in higher relationship quality for both men and women. Carlson et al. (2016) also discovered that their relationship satisfaction improves when couples equally share childcare duties. Similarly, Wilson and Prior (2010) reported that father involvement was related to greater benefits for the child's and family's well-being. Additionally, it could be important for couples to share equally not only the instrumental tasks (i.e., housework, childcare) but also the emotional work. Emotional work involves being empathetic and actively trying to understand each other (England & Farkas, 1986). This balance is equally found to be essential for a healthy relationship (Pedersen et al., 2011; Strazdins & Broom, 2004). Although the current research focused on the psychological IPV between partners, rather than their satisfaction with the relationship, these results could be interpreted to suggest that an equal share and even distribution of both instrumental and emotional tasks may be important or preventive for conflicts that could arise between partners.

5.4. Implications for Practice and Theory

The present study examined the relationships among psychological IPV, mothers' depressive symptomology, their willingness to serve as a secure base, negative parenting practices, and children's ER during middle childhood. Additionally, a qualitative assessment of motherhood experiences aimed to explore the potential individual, social,

and cultural impacts of motherhood that could provide context for interpreting the associations among the variables in the quantitative part. All in all, by employing the quantitative and qualitative investigation methods, the current study aimed to evaluate the possible mechanisms that could impact children's ER within the context of psychological IPV. The current heading aims to highlight the implications of the results for both practical applications and theoretical understanding.

The factors that impact children's ER within the context of IPV have important implications for the theory. The present study provided that children during middle childhood might be more susceptible to the support and availability of the parents to regulate their emotions (Kerns et al., 2007; McDowell et al., 2002), and their regulation of emotions might be shaped by how their parents behave toward them in homes where there are increased rates of conflict between parents. As the mother's availability during times of conflict is compromised or the aggression between partners spills over into the relationship between the mother and the child, through being less willing to serve as a secure base and negative parenting practices, it could negatively affect children's ER. Therefore, while addressing children's ER during middle childhood in the homes where the psychological IPV occurs, it could be critical to address or bring the perspective into the mother's availability to the child and their behaviors.

When exploring the ER of children, it is also crucial to incorporate a comprehensive understanding of the multifaceted personal, relational, and societal dynamics that underpin motherhood. While motherhood is undeniably one of the most significant experiences for women, it is also accompanied by an overwhelming array of responsibilities that shape their daily lives. These challenges manifest on an individual level, as mothers often find themselves engaged in extensive planning and scheduling to manage family needs, which can significantly limit their social interactions with others and personal time; therefore, their resources available to the child when they need it.

Moreover, the early stages of motherhood, such as the demands of breastfeeding, amplify physical exhaustion and emotional strain. This burdensome experience is further compounded by societal expectations and structures, such as educational institutions, extended family, social media, and prevailing cultural myths concerning motherhood within Turkish society that position mothers as the primary caregivers responsible for their children's overall well-being. Such dynamics could contribute to an environment where mothers may feel isolated and pressured to meet unrealistic standards. Therefore, when addressing motherhood, these pre-existing social expectations and myths surrounding motherhood should also be considered in order to elevate their impact on mothers' experiences of motherhood.

Examining these broader societal systems and their impact on mothers can help better understand how a more equitable distribution of parenting responsibilities can foster healthier personal and relational dynamics. Unequal burdens often lead to increased conflict between partners, as discrepancies in responsibilities could create feelings of resentment and inadequacy. Additionally, this imbalance can hinder mothers' ability to self-regulate behaviorally, further affecting their parenting experiences. Recognizing and addressing these issues could be essential for promoting a more balanced and supportive environment for families, ultimately benefiting not only mothers but also their partner relationships and their children.

In light of the aforementioned factors, engaging with the entire family system in the counseling process is essential, rather than focusing exclusively on its individual members, such as the children or the mother and children separately. In line with the suggestions of Bacchuss et al. (2024), one important step in the counseling field could be the recognition of IPV as a critical factor not only for couples but also for their children. Especially for psychological IPV, this can be highly critical, as it is often normalized in relationships since it does not leave physical marks, unlike physical IPV (e.g., Arriaga & Schkeryantz, 2015). Other counseling interventions could focus on enhancing positive conflict management strategies, as well as improving communication between couples

and their children. Similarly, counselors could also be aware of and target interventions by adopting equitable views on gender norms and in relationships, as well as shared responsibilities of both mother and father in child-rearing, since it is believed that (as well as found in the current study) shared or co-parenting is critical after becoming parents. Bacchuss et al. (2024) similarly indicated that shared parenting could also reduce conflict between partners. In summary, for counseling interventions that aim to enhance children's ER, it is essential to adopt a holistic approach that encompasses not only the mother-child dynamic but also the intricate relationships between all family members, particularly the interactions between the mother and father. Counselors should be attuned to the prevailing gender norms and societal roles within Turkish culture, as these factors significantly influence mothers, overall family dynamics, and thus their children. By understanding and addressing these cultural contexts, counselors can provide more nuanced support that fosters healthier relationships and promotes the overall emotional well-being of the children they serve.

5.5. Recommendation for Future Research

The current study added a valuable perspective to the existing studies in children's ER within the context of IPV by employing different variables that were mostly found in the current literature while assessing the relationships between IPV and the child's outcomes regarding their ER during middle childhood. Furthermore, utilizing both qualitative and quantitative methods to gain deeper insight into the relationships among the possible mechanisms added significant value. It provided context for interpreting quantitative findings through a qualitative assessment of motherhood experiences.

Although the current study included variables that are mostly mentioned in the current literature, providing a more comprehensive understanding, several other factors could also be considered in future studies. For example, only psychological IPV was considered in the present research with a community sample. Therefore, future studies are recommended to explore the effects of different types of IPV (i.e., physical, financial, or sexual) on children's ER. Additionally, participants from the clinical samples (i.e., women residing

in shelters) could also be recruited for future studies. Psychological IPV was shown to be related to different mental health outcomes of those who perpetrate or are victims of it (i.e., Spencer et al., 2024). Hence, future studies are recommended to include different mental health variables (i.e., anxiety, psychopathy, post-traumatic stress) in the association between IPV and children's ER.

One area that warrants further exploration in future studies is the incorporation of multiple sources of information regarding IPV and other relevant variables analyzed in the current research, such as input from fathers or children directly affected by these dynamics. Research indicates that fathers are significantly underrepresented in studies focusing on IPV and its implications for children's outcomes when compared to mothers. This gap suggests a need for a more inclusive approach that considers the experiences and perspectives of male parents. Notably, the current study highlights that psychological IPV often occurs bidirectionally (Lawrence et al., 2009; Panuzio & DiLillo, 2010), meaning it is often resorted by both partners, and it is intricately linked to various factors examined within the research (mothers' depressive symptomology, willingness to serve as a secure base, and negative parenting practices). Addressing this disparity could lead to a more comprehensive understanding of the impact of IPV on families, ultimately informing more effective interventions and support systems for all affected parties.

The current study examines children in middle childhood, a critical developmental stage where ER becomes essential. During this period, children are required to manage their emotions effectively to achieve social acceptance among peers and minimize the risk of rejection. Although children become more self-reliant in their ability to regulate emotions and utilize various resources to help them (Skinner & Zimmer-Gembeck, 2007), parental support still serves as the primary mechanism for children in their ER (Zamen & Garber, 1996). Future studies should also consider employing children from different developmental stages, such as during infancy or the preschool period, which could be critical ages for the development of ER (Clark et al., 2022).

In a similar vein, the qualitative data has focused on the motherhood experiences of women. However, recent studies conducted with fathers within the Turkish context also showed that fathers experience paternal stress that results from increased responsibility and care burden (Zencir & Haskan Avcı, 2023). Therefore, future studies should employ fathers and should consider how their mental health (i.e., stress, anxiety, depressive symptomology) or relational and behavioral outcomes resulting from the IPV on fatherhood could influence the children's outcomes, particularly for their ER.

The methodology of the current study presents several limitations that should be acknowledged. Firstly, the findings rely on self-reports from mothers, which raises concerns about social desirability bias potentially affecting the validity of the results. To enhance the reliability of future research, it is advisable to incorporate a variety of data-gathering methods (e.g., observation). For instance, recently, Holmes et al. (2022) raised concerns regarding the reliance on parent-report data of children's ER, primarily on the Emotion Regulation Checklist, and concerns about underreporting of IPV through self-report measures. Therefore, future studies are advised to diversify and measure these variables through different methodologies to reach a deeper understanding. Although this study reported several behavioral and emotional consequences of conflicts on children's emotional and behavioral outcomes, future studies are recommended to assess whether these reactions are adaptive or maladaptive for children's ER.

Additionally, this study utilizes cross-sectional and correlational data in the quantitative part, which restricts the ability to draw causal inferences. Future research could benefit from adopting longitudinal designs to explore the relationships between the examined variables more effectively. Moreover, the sample consisted exclusively of mothers with at least a bachelor's degree, which limited the ecological generalizability of the findings. Future studies should include participants from diverse educational backgrounds, as educational attainment may significantly influence the outcomes of interest (Barrett & Pierre, 2011; Durfee & Messing, 2012).

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APPENDICES

A: APPROVAL OF THE METU HUMAN SUBJECTS ETHICS COMMITTEE

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

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ORTA DOĞU TEKNİK ÜNİVERSİTESİ
MIDDLE EAST TECHNICAL UNIVERSITY

15 MAYIS 2023

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Prof. Dr. Zeynep Hatipoğlu SÜMER

Danışmanlığını yürüttüğünüz Gizem Öztemür'ün ***"Ebeveynler Arası Şiddete Maruz Kalma ve Çocuklarda Duygusal Öz Düzenleme: Risk ve Koruyucu Faktörlerin İncelenmesi"*** başlıklı araştırmanız İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek **0249-ODTUİAEK-2023** protokol numarası ile onaylanmıştır.

Bilgilerinize saygılarımla sunarım.

Prof. Dr. Ş. Halil TURAN
Başkan

Prof.Dr. İ. Semih AKÇOMAK
Üye

Doç. Dr. Ali Emre Turgut
Üye

Doç. Dr. Şerife SEVİNÇ
Üye

Dr. Öğretim Üyesi Murat Perit ÇAKIR
Üye

Dr. Öğretim Üyesi Süreyya ÖZCAN KABASAKAL
Üye

Dr. Öğretim Üyesi Müge GÜNDÜZ
Üye

B. INFORMED CONSENT FORM

Değerli Katılımcımız,

Bu araştırmanın konusu eşler arasında yaşanan çeşitli çatışma durumlarının, annenin ruh sağlığına, çocuğuna yönelik tutumuna ve çocuğun duygu düzenleme becerilerine olan etkilerini incelemektir. Çalışmanın gerçekleşmesi için 8-12 yaş aralığında çocuk sahibi yaklaşık 300 anneye ihtiyaç duyulmaktadır. Bu çalışma için Orta Doğu Teknik Üniversitesi İnsan Araştırmaları Etik Kurulu'ndan gerekli izinler alınmıştır.

Araştırmaya katılmayı kabul ettiğiniz takdirde, en fazla 20-25 dakikanızı alacağını düşündüğümüz anketimizi doldurmanızı rica edeceğiz. Bu anketteki sorular eşinizin ve sizin birbirinize yönelik davranışlarına ve bu davranışların sıklığına, son dönemlerde deneyimlemiş olduğunuz çeşitli duygu durumlarına, çocuğunuza göstermiş olduğunuz tutum ve davranışlara ve çocuğunuzun duygu içeren durumlara ne şekilde tepkiler/yanıtlar verdiği üzerine sorulardan oluşmaktadır. Eğer 8-12 yaş aralığında birden fazla çocuğunuz var ise, sadece demografik formda belirttiğiniz çocuğunuzu aklınızda tutarak ölçekleri doldurmanız önemlidir. Anketlerde sorulan soruları samimiyetle yanıtlamanız, size en doğru gelen şıkkı işaretlemeniz bizler için önemlidir. Anketteki soruların doğru veya yanlış bir yanıtı yoktur, sizlerin ne düşündüğü bizler için önemlidir.

Bu çalışmanın ikinci aşaması 30-45 dakika alacağını düşündüğümüz yarı yapılandırılmış görüşmeden oluşmaktadır. Çalışmanın ikinci aşamasına katılmak tamamen isteğe bağlıdır. Çalışmanın sadece ilk aşamasına katılabilir, ikinci aşamasına katılmamayı tercih edebilirsiniz. İkinci aşamaya katılmayı kabul ettiğiniz takdirde, sizden annelik deneyiminize yönelik sorularımızı yanıtlamanızı rica edeceğiz. Eğer katılmayı isterseniz, formun en sonunda bulunan iletişim kutucuğuna size ulaşabileceğimiz bir telefon numarası veya e-posta adresi bırakabilirsiniz. Bu mülakattaki sorular eşler arasında yaşanan çatışma deneyimlerin, annelerin annelik deneyimleri üzerine olan etkilerini incelemeyi amaçlamaktadır. Mülakatta sorulan soruları samimiyetle yanıtlamanız bizler için önemlidir. Mülakatta soruların doğru veya yanlış bir yanıtı yoktur, sizlerin ne düşündüğü bizler için önemlidir. Mülakat süresince verdiğiniz yanıtlar bir ses kayıt cihazı ile kayıt altına alınacak, sadece bu araştırma kapsamında kullanılacak ve çalışma kapsamı dışındaki üçüncü şahıslarla paylaşılmayacaktır.

Araştırmaya katılmak tamamen isteğe bağlıdır. Sizden doldurmanızı rica ettiğimiz anketimizde, herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakıp çıkmakta serbestsiniz. Doldurulan anketlerde, sizin kimliğinizi açığa çıkaracak herhangi bir soru bulunmamaktadır. Bu çalışma tamamen bilimsel bir amaçla yapılmaktadır ve katılımcı bilgilerinin gizliliği esas tutulmaktadır. Bu çalışmada

toplanacak veriler, çalışma tamamlandıktan sonra en az beş sene süresince saklanacak ve sonrasında yok edilecektir.

Bu çalışma, Orta Doğu Teknik Üniversitesi Eğitim Bilimleri Bölümü Rehberlik ve Psikolojik Danışmanlık programı doktora öğrencisi Gizem Öztemür tarafından Prof. Dr. Zeynep Hatipoğlu Sümer gözetiminde yürütülmektedir. Araştırma hakkında ek bilgi almak istediğiniz takdirde, [redacted] adresi üzerinden Gizem Öztemür ile iletişime geçebilirsiniz.

Yukarıdaki metni okudum ve katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları anladım. Bu çalışmayı istediğim zaman ve herhangi bir neden belirtmeden bıraktığım durumda, herhangi bir olumsuzluk ile karşılaşmayacağımı anladım.
Bu çalışmaya katılmayı kendi isteğimle (lütfen uygun seçeneği işaretleyiniz):

Kabul ediyorum ☐

Kabul etmiyorum ☐

C. DEMOGRAPHIC INFORMATION FORM

DEMOGRAFİK BİLGİ FORMU

Sizinle beraber bu araştırmaya katılan çocuğunuzun;

Doğum tarihi: _____
Cinsiyeti: _____

Toplam kaç çocuğunuz var? ____

Çocuklarınızın doğum tarihi:
1. _____
2. _____
3._____
4._____
5. _____

Çocuklarınızın cinsiyeti;
1. Kız ____ Erkek ____
2. Kız ____ Erkek ____
3. Kız ____ Erkek ____
4. Kız ____ Erkek ____
5. Kız ____ Erkek ____

Araştırmaya katılan çocuğunuzun doğum sırası: ____

Şu anki medeni durumunuz: Evli ____ Evli değil ____

Sizin doğum yılınız: _____ Eşinizin doğum yılı: _____

En son mezun olduğunuz okul:
1 ____ İlkokul
2 ____ Ortaokul
3 ____ Lise
4 ____ Meslek Yüksek Okulu (2 yıllık)
5 ____ Üniversite (4 yıllık)
6 ____ Yüksek Lisans
7 ____ Doktora
8 ____ Başka (belirtiniz_____)

Eşinizin Eğitimi (en son mezun olduğu okul)
1____ İlkokul
2 ____ Ortaokul
3 ____ Lise
4 ____ Meslek Yüksek Okulu (2 yıllık)
5 ____ Üniversite (4 yıllık)
6 ____ Yüksek Lisans
7 ____ Doktora
8 ____ Başka (belirtiniz_____)

Şu an çalışıyor musunuz?
1____ Evet
2 ____ Hayır

Eğer daha önce çalıştıysanız, hangi yıllar arasında çalıştınız? _____

Cevabınız evet ise:
Mesleğiniz: _____

Hangi yıldan beri çalışıyorsunuz? ____

Haftada kaç saat çalışıyorsunuz? ____

Eşiniz şu an çalışıyor mu?
1____ Evet ise
2 ____ Hayır ise

Eğer daha önce çalıştıysa, hangi yıllar arasında çalıştı? _____

Cevabınız evet ise:
Eşinizin Mesleği:
_____

Haftada kaç saat çalışıyor? ____

Sizce verilen seçeneklerden hangisi sizin ekonomik düzeyinizi ifade eder?

____ Çok düşük
____ Düşük
____ Orta
____ Yüksek
____ Çok yüksek

Evinizde çocuğunuzun bakımıyla en çok kim ilgilenir? (Birden fazla seçenek işaretleyebilirsiniz.)
____ Anne
____ Baba
____ Diğer akrabalar (Ör. anneanne, babaanne, dede, teyze, hala vb.)
____ Bakıcı
____ Diğer (belirtiniz _____)

D. SAMPLE ITEMS OF THE CONFLICT TACTICS SCALE-REVISED/PSYCHOLOGICAL AGGRESSION SUBSCALE

Revize Edilmiş Çatışma Taktikleri Ölçeği – Psikolojik Agresyon Alt Boyutu Örnek Soruları

1. Eşime hakaret ya da küfür ettim.
2. Eşim bana hakaret ya da küfür etti.
3. Eşimi şişko ya da çirkin diye çağırdım.
4. Eşim beni şişko ya da çirkin diye çağırdı.
5. Eşime karşı sesimi yükselttim/bağırdım.
6. Eşim bana sesini yükseltti/bağırdı.

E. SAMPLE ITEMS OF THE BRIEF SYMPTOM INVENTORY/DEPRESSION SUBSCALE

Kısa Semptom Envanteri/Depresyon Alt Boyutu Örnek Soruları

1. Yaşamınıza son verme düşünceleri
2. Başka insanlarla beraberken bile yalnızlık hissetme
3. Hüzünlü ve kederli hissetme

F. SAMPLE ITEMS OF THE MULTIDIMENSIONAL ASSESSMENT OF PARENTING SCALE

Çok Boyutlu Ebeveynlik Stillerini Değerlendirme Ölçeği Örnek Soruları

1. Çocuğuma olan sevgimi ona sarılarak, onu öperek ve kucaklayarak belli ederim.
2. Eğer çocuğumun elinden bir hakkını aldığımda mızmızlanır veya şikâyet ederse istediğini ona geri veririm.
3. Çocuğumu yanlış davranışı için cezalandırmamın beni sevmemesine sebep olmasından korkarım.
4. Çocuğuma verdiğim ceza o anki ruh halime bağlıdır.

G. SAMPLE ITEMS OF THE MOTHER'S WILLINGNESS TO SERVE AS A SECURE BASE SCALE

Güvenli Üs Olarak Hizmet Etmeye Yönelik Anne İstekliliği Ölçeği Örnek Soruları

1. Çocuğumun fikirlerine saygı duyarım ve fikirlerini ifade etmesi için teşvik ederim.
2. Bir çocuk korktuğunda ya da üzüldüğünde rahatlatılması ve anlayışla karşılanması gerektiğini düşünürüm.
3. Çocuğumun benim için bir nebze hayal kırıklığı olduğunu düşünüyorum.

H. SAMPLE ITEMS OF THE EMOTION REGULATION CHECKLIST

Duygu Ayarlama Ölçeği Örnek Soruları

1. Neşeli bir çocuktur.
2. Heyecanını kontrol edebilir (örneğin, çok hareketli oyunlarda kontrolünü kaybetmez veya uygun olmayan ortamlarda aşırı derecede heyecanlanmaz).
3. Öfke patlamalarına, huysuzluk nöbetlerine eğilimlidir.

I. SAMPLE ITEMS OF THE SEMI-STRUCTURED INTERVIEW QUESTIONS

1. Bir ebeveyn olmak yaşamınızda değişikliklere neden oldu mu/yaşamınızı etkiledi mi?
2. Eşiniz ile aranızdaki çatışma/sorun/problemlerin yaşandığı durumlarda çocuğunuzun size, kardeşlerine ya da arkadaşlarına yönelik olan tutum ve davranışlarında değişiklik fark ettiğiniz oldu mu?
3. Eşiniz ile aranızdaki çatışma/sorun/problem durumlarının çocuğunuza annelik/ebeveynlik yapmanızı etkilediğini düşünüyor musunuz?
4. Çocukla ilgili herhangi bir durum söz konusu olduğunda aklımıza ilk anne ya da annelikle ilgili bir durum gelebiliyor. Siz bu konuda ne düşünürsünüz?

J: TURKISH SUMMARY/TÜRKÇE ÖZET

ANNENİN DEPRESİF SEMPTOMLARI, EBEVEYNLİK PRATİKLERİ, ANNELİK DENEYİMLERİ VE ANNE BİLDİRİMİNE DAYALI ÇOCUĞUN DUYGU DÜZENLEMESİ: PSİKOLOJİK YAKIN PARTNER ŞİDDETİ BAĞLAMINDA ÇOK YÖNTEMLİ BİR ÇALIŞMA

1. GİRİŞ

Duygular, çevresel ve biyolojik etkileşimlerle oluşan karmaşık olgular olup, bireyin içsel ve dışsal durumları hızlı değerlendirmesi için önemlidir (Cole vd., 2004; Lewis ve Saarni, 1985). Bu çalışmada, çevreyle optimal etkileşim için uyarılmayı esnek ve bağlama duyarlı ayarlama yeteneği olarak tanımlanan duygu düzenleme (DD) incelenmiştir (Shields ve Cichetti, 1997). DD, yaşam boyu önemli olmakla birlikte, orta çocukluk döneminde artan çevresel etkileşimler ve benlik gelişimi nedeniyle özel bir öneme sahiptir (Markus ve Nurius, 1984). Bu dönemde iyi DD'nin gelecekte uyumu olumlu etkilediği gösterilmiştir (Compas vd., 2017; Robson vd., 2020). Bu nedenle çalışmada 8–12 yaş aralığı hedeflenmiştir.

Orta çocukluk döneminde DD'nin kritik rolü göz önüne alındığında, onu etkileyen faktörlerin incelenmesi önemlidir. Bu dönemde çocuklar ev dışında daha fazla zaman geçirmeye başlasalar da aile ortamı ve ebeveyn figürlerinin DD üzerinde güçlü etkileri olduğu gösterilmiştir (Morris vd., 2007; Raeymaecker ve Dhar, 2022). Bu nedenle, çalışmada çocuğun merkezi sosyal bağlamı olarak aileye odaklanılmıştır.

Bu çalışma, Aile Sistemleri Teorisi (AST) ve Duygusal Güvenlik Teorisi (DGT) çerçevesinde şekillendirilmiştir. AST, bireyi anlamada bağlamsal etkenlerin önemine vurgu yapar (Cox ve Paley, 2003). DGT ise çocukların duygusal uyumunda aile içi

ilişkiler ve ebeveyn işlevselliğinin belirleyici olduğunu savunur (Cummings ve Kouros, 2008; Davies ve Cummings, 1994; Davies vd., 2006, 2016). Güvenli ve öngörülebilir bir aile ortamının çocukların iyi oluşu için kritik olduğunu vurgulayan bu teori, yıkıcı eş çatışmalarının çocukların duygusal güvenliğini doğrudan ve dolaylı yollarla tehdit edebileceğini öne sürer.

Yakın partner şiddeti (YPŞ), bireyin yakın partneri tarafından uygulanan fiziksel, cinsel veya psikolojik zarar veren davranışları ifade eder ve dünya çapında önemli bir halk sağlığı sorunudur (Dünya Sağlık Örgütü [DSÖ], 2024). YPŞ hem yaygınlığı hem de bireyin psikolojik ve fiziksel sağlığı bakımından oluşturduğu risk bakımından önemlidir (Clemente-Teixeira vd., 2022). Önceki çalışmalar YPŞ'ye maruz kalan çocuklarda, maruz kalmayan akranlarına göre daha düşük DD düzeyleri rapor etmiştir (Bender vd., 2022; Zhang vd., 2025).

DGT'ye göre eşler arası çatışmalar, etkili ebeveynliği zayıflatarak çocuk üzerinde dolaylı olumsuz etkiler yaratabilir (Davies ve Cummings, 1994; Davies vd., 2006). Mevcut literatür, YPŞ'nin etkili ebeveynliği etkileyebileceğini ortaya koymaktadır (Chiesa vd., 2018; Nepple vd., 2019). Bu bağlamda, çalışmada YPŞ ile çocukların DD'si arasındaki olası ilişkilerde, ebeveynin güvenli üs olma istekliliği (örneğin, çocuğun duygularını ifade etmesini teşvik etme, güven sağlama, çatışmadan kaçınma gibi davranışlar; Kerns vd., 2007) ve olumsuz ebeveynlik pratikleri (örneğin, sertlik, fiziksel ceza ya da kontrolsüzlük; Parent ve Forehand, 2017) potansiyel aracı değişkenler olarak ele alınmıştır.

Bakım verenin güvenli üs sağlama davranışları, ebeveyn-çocuk ilişkisi açısından kritik olup, çocukluk ve ergenlik dönemlerinde DD ile olumlu ilişkilidir (Kerns vd., 2007; Brumariu ve Kerns, 2010). Ancak YPŞ durumunda, şiddetin hangi taraftan geldiğine bakılmaksızın bu davranışlar sekteye uğrayabilir; bakım veren daha az sıcaklık, daha fazla tutarsızlık ve düşük katılım sergileyebilir (Levandovsky vd., 2012; Chiesa vd., 2018; Low vd., 2022). Ayrıca YPŞ'nin olumsuz ebeveynlik davranışlarını artırdığı (Chiesa vd., 2018;

Coll vd., 2023) ve bu pratiklerin çocuğun DD'si üzerinde olumsuz etkiler yarattığı gösterilmiştir (Grasso vd., 2016).

DGT çerçevesinde, ebeveynlik faktörlerinin yanı sıra, eşler arası çatışmaların yol açabileceği ek risklerin de incelenmesi gerektiği vurgulanmıştır (Davies vd., 2006). Literatür, YPŞ ile ilişkili ruh sağlığı sorunlarından biri olarak depresyona işaret etmektedir (Spencer vd., 2019, 2024) ve bakım verenin depresif semptomları, çocuğun DD'si açısından önemli bir risk faktörü olarak görülmektedir (Goodman vd., 2011, 2020; Sutherland vd., 2022). Ayrıca depresyon, azalmış etkili ebeveynlik becerileriyle de bağlantılıdır (Holmes, 2013; Lovejoy vd., 2000). Bu nedenle, depresif semptomların YPŞ ile çocukların DD'si arasında hem doğrudan hem de ebeveynlik aracılığıyla dolaylı bir aracı değişken olarak rol oynayabileceği öngörülmektedir.

YPŞ'ye dair çalışmalar çoğunlukla kadınları mağdur olarak ele almaktadır (Laskey vd., 2019). Bunun başlıca nedeni, yüksek cinsiyet eşitsizliği olan toplumlarda kadınların daha fazla YPŞ'ye maruz kalması (Kunnen, 2025; Umubyeyi vd., 2014) ve kadınların erkeklere kıyasla fiziksel ve psikolojik sorun riskinin daha yüksek olmasıdır (Coker vd., 2002). Küresel yaygınlık %24,2 iken, psikolojik şiddet %27 ile en yaygın YPŞ türüdür. Türkiye'de YPŞ yaygınlığı %1,6-89 arasında değişmekte olup, psikolojik şiddet tutarlı şekilde en yaygındır (DSÖ, 2022; Gül vd., 2020; Yüksel-Kaptanoğlu vd., 2015; Özcan vd., 2016). Psikolojik YPŞ, bireyin iyi oluşu için ciddi bir risk faktörüdür (Dokkedahl vd., 2022; Clemente-Teixeira vd., 2022). Bu nedenle çalışma yalnızca psikolojik YPŞ'ye odaklanmış ve sadece anneler dahil edilmiştir. Annelerin tercih edilmesinin diğer nedeni Türkiye'de çocuk bakımında babalara kıyasla daha aktif rol almaları (Çiftçi, 2014) ve YPŞ'yi daha doğru raporlamalarıdır (Chen, 2011). Yakın tarihli çalışmalar, psikolojik YPŞ'nin hem dünyada (Langhinrichsen-Rohling vd., 2012; Lawrence vd., 2009; Machado vd., 2024) hem de Türkiye'de (Kahya, 2021) genellikle karşılıklı gerçekleştiğini göstermektedir. Bu nedenle, çalışmada mağduriyet ve failliğin çocuğun DD'si üzerindeki etkileri ayrı değişkenler olarak incelenmiştir. Her ne kadar aralarında yüksek ortak varyans beklense de bu iki yönün ebeveynlikte farklı sonuçlara yol açabileceği (Chiesa

vd., 2018) ve ekolojik açıdan daha geçerli bulgular sağlayabileceği (Low vd., 2022) düşünülmüştür.

DGT'ye göre, ebeveynler arası çatışmalarda çocuğun tepkileri uyumunu etkileyen önemli bir faktördür. Bu tepkiler, diğer ortamlara genellenerek uyumsuz davranışlara ve psikolojik uyum riskine yol açabilir (Davies ve Martin, 2014). Çocuğun DD'si üzerindeki etkileri (içselleştirme ya da dışsallaştırma sorunları) de önemlidir (Rhoades, 2008). Bu nedenle, çalışmada ebeveynler arası çatışmalara çocukların verdiği tepkilerin nitel olarak incelenmesinin, psikolojik YPŞ ile çocukların DD'si arasındaki ilişkiyi anlamada katkı sağlayacağı düşünülmüştür. Ayrıca, nicel bölümde ebeveynlik değişkenlerine odaklanıldığından, annelik deneyimlerinin çatışma bağlamında nitel olarak değerlendirilmesi, nicel sonuçların yorumlanmasına destek olacaktır.

YPŞ ve ebeveynlik çalışmalarında "ebeveynlik" genellikle annelik üzerinden tartışılmakta ve bu durum "yetersizlik annelik modeli" olarak adlandırılan, anneyi çocuğun olumsuz sonuçları nedeniyle suçlayan yaklaşıma yol açabilmektedir (Lapierre, 2008, 2021). "Yoğun annelik" kavramı, annenin çocuğuna önemli duygusal, zamansal ve maddi kaynak ayırmasını ve kendi ihtiyaçlarını ikinci plana atmasını vurgular; bu da annelerde stres, suçluluk ve yetersizlik duygularını artırabilir (Hays, 1996; Öğüt ve Güvenç, 2022; Tunçdemir, 2023). Bu beklentiler genellikle ulaşılamayan "annelik mitleri" olarak bilinir (Constantinou vd., 2021). Çalışma, anneliği bireysel yetersizlik açıklamalarının ötesinde, ilişkisel ve kültürel bağlamlarda ele almayı amaçlamaktadır. Bu doğrultuda, annelerin annelik deneyimleri ve Türk kültüründeki toplumsal beklentilere dair algıları nitel olarak değerlendirilmiştir. Bulguların, psikolojik YPŞ'nin çocukların DD'si üzerindeki etkisini annelikle ilgili değişkenler aracılığıyla inceleyen nicel sonuçların yorumlanmasına katkı sağlaması beklenmektedir.

1.1. Araştırmanın Amacı

Bu çalışmanın ilk amacı psikolojik YPŞ failliği ve mağduriyetinin orta çocukluk dönemindeki çocukların DD'sine etkisini anlamada annenin depresif semptomları, güvenli bir üs olma isteklilikleri ve olumsuz ebeveynlik pratiklerinin aracı rollerini

değerlendirmektedir. İkinci amaç ise, nicel modelin yorumlanmasına bağlam sağlamak üzere annelerin partnerleriyle yaşadıkları ilişki çatışmaları, bu çatışmalardan sonraki annelik deneyimleri ve çocuklarının bu çatışmalara verdikleri tepkilerini nitel olarak anlamaktır. Yine, bu çalışma annelik deneyimlerini bireysel düzeyde ve Türk kültürü bağlamında anne rolüne yönelik dair algılar bakımından niteliksel olarak da ele almakta; böylece nicel bulguların yorumlanmasına anlamlı bir çerçeve sağlamaktadır.

1.2. Araştırmanın Hipotezleri ve Araştırma Soruları

Bu çalışmanın amaçları doğrultusunda aşağıdaki dört araştırma sorusu ele alınmıştır:
Araştırma Sorusu 1. Psikolojik YPŞ (failliği ve mağduriyeti) ile orta çocukluk dönemindeki çocukların DD'si arasındaki ilişkide, annelerin depresif semptom düzeyi, güvenli bir üs olma istekliliği ve olumsuz ebeveynlik pratikleri ne ölçüde aracılık etmektedir?

Bu araştırma sorusuna göre aşağıdaki hipotezler geliştirilmiş ve test edilmiştir:

Hipotez 1: Psikolojik YPŞ (failliği ve mağduriyeti) ile çocukların DD'si arasında anlamlı bir negatif ilişki olacaktır.
Hipotez 2: Psikolojik YPŞ (failliği ve mağduriyeti) ile çocukların DD'si arasındaki ilişkiye, annelerin depresif semptom düzeyleri aracılık edecektir.
Hipotez 3: Psikolojik YPŞ (failliği ve mağduriyeti) ile çocukların DD'si arasındaki ilişkiye, annenin güvenli bir üs olma istekliliği aracılık edecektir.
Hipotez 4: Psikolojik YPŞ (failliği ve mağduriyeti) ile çocukların DD'si arasındaki ilişkiye, olumsuz ebeveynlik pratikleri aracılık edecektir.
Hipotez 5: Psikolojik YPŞ (failliği ve mağduriyeti) ile çocukların DD'si arasındaki ilişkiye, annenin güvenli bir üs olma istekliliği ve olumsuz ebeveynlik pratikleri sırasıyla (seri şekilde) aracılık edecektir.
Hipotez 6: Psikolojik YPŞ (failliği ve mağduriyeti) ile çocukların DD'si arasındaki ilişkiye, annelerin depresif semptom düzeyleri ve olumsuz ebeveynlik pratikleri sırasıyla (seri şekilde) aracılık edecektir.

Hipotez 7: Psikolojik YPŞ (failliği ve mağduriyeti) ile çocukların DD'si arasındaki ilişkiye, annelerin depresif semptom düzeyleri ve güvenli bir üs olma istekliliği sırasıyla aracılık edecektir.
Hipotez 8: Psikolojik YPŞ (failliği ve mağduriyeti) ile çocukların DD'si arasındaki ilişkiye, annelerin depresif semptom düzeyleri, güvenli bir üs olma istekliliği ve olumsuz ebeveynlik pratikleri sırasıyla aracılık edecektir.

Araştırma Sorusu 2. Annelerin, eşleriyle yaşadıkları ilişki çatışmalarını yönetme deneyimleri, bu çatışmalardan sonraki annelik deneyimleri ve çocuklarının bu çatışmalara verdiklerini düşündükleri tepkileri nasıldır?
Araştırma Sorusu 3. Bireysel annelik deneyimleri ve Türk kültürü bağlamı içinde anneliğe dair algılar nasıldır?
Araştırma Sorusu 4. Annelik deneyiminin kişisel, ilişkisel ve kültürel yönleri; psikolojik YPŞ (failliği ve mağduriyeti), annenin depresif semptomları, güvenli bir üs olma isteği, olumsuz ebeveynlik pratikleri ve çocukların DD'si arasındaki olası ilişkileri yorumlamak için nasıl bir bağlam sunar ve bu bağlam danışmanlık müdahalelerini nasıl bilgilendirebilir?

1.3. Çalışmanın Önemi

Gelişim dönemi fark etmeksizin DD her birey için kritik bir beceridir; ancak orta çocuklukta hala şekillenmekte olan DD hem mevcut işlevsellik hem de gelecekteki uyum açısından özel bir önem taşır. Bu dönem, genellikle "unutulmuş yıllar" olarak anılmakta (Mah ve Ford-Jones, 2012), buna karşın DD'nin gelişimi açısından kritik bir dönem olup daha fazla araştırmaya ihtiyaç duyulmaktadır (Mary-Ann Antony vd., 2025).

Mevcut literatür Amerika'da yaklaşık 15,5 milyon çocuğun en az bir YPŞ'nin gerçekleştiği evlerde yaşadığını göstermektedir (McDonald vd., 2006). Yine YPŞ'nin gerçekleştiği evlerde çocuklar için en doğru tanımın "maruz kalma" olarak nitelendirilmesi gerektiğini belirten Holden (2003), çocukların evde gerçekleşen şiddete mutlaka tanık olması veya şiddet olayını gözlemlemiş olmasının gerekmediğini belirtir.

Van Baak ve Eichelmsheim (2025) de yakın tarihli çalışmalarında çocukların ebeveynleri arasındaki şiddete dokuz farklı yolla (örneğin, doğrudan tanıklık etme, işitme, ebeveynlerden birinden duyma, şiddet sonrası etkilerine maruz kalma, uzun vadeli sonuçlarına maruz kalma gibi) maruz kalabileceğini göstermiştir. Dolayısıyla çocuklar bu çatışmalara doğrudan tanıklık etmemiş olsalar bile etkilenmediklerini varsaymak mümkün değildir. Bu nedenle, çocukların DD'lerinin YPŞ bağlamında değerlendirilmesi önem taşımaktadır.

Öte yandan çocukların DD'si bakımından ebeveyn değişkenlerinin YPŞ ile ilişkisini değerlendirmek önemlidir çünkü literatürde YPŞ'nin sadece partneri değil, aynı zamanda çocuğu da hedef alabildiği ve çocuklar için de mağduriyet yaratabilecek bir risk faktörü oluşturabileceği savunulmaktadır (Rousson vd., 2023; Younas ve Gutman, 2022). Örneğin, Hamby vd. (2010) çalışmalarında 0-17 yaş aralığındaki çocuklarda YPŞ ve çocuk istismarının yaygınlığını değerlendirmiş ve YPŞ'ye maruz kalan çocuklarda istismara uğrama yaygınlığını %56,8 olarak rapor etmiştir. Yine benzer bir çalışmada Pearson vd. (2023) Türkiye'yi de kapsayan düşük ve orta gelirli ülkelerde YPŞ ve çocuğa yönelik şiddetin birlikte değerlendirildiği meta-analiz çalışmalarında iki değişken arasında anlamlı ve pozitif ilişkiler rapor etmiştir. Dolayısıyla, YPŞ bağlamında çocukların DD'lerini özellikle ebeveyn faktörleriyle birlikte ele almak önem arz etmektedir.

Bu çalışmanın bir diğer önemli yönü, psikolojik YPŞ'nin hem mağduriyet hem de faillik boyutlarını ayrı değişkenler olarak ele almasıdır. Psikolojik YPŞ'nin karşılıklı yaşandığını gösteren bulgular, kadınların hem faili hem de mağduru olabileceğini ortaya koymaktadır. Bu nedenle geleneksel mağduriyet odaklı yaklaşımların ötesine geçilerek, YPŞ'nin çift yönlü doğası tanınmıştır. Her iki yön arasında yüksek ortak varyans beklenebilse de mağduriyet ve failliğin ayrı incelenmesinin ekolojik geçerliliği artırabileceği düşünülmektedir (Low vd., 2022).

Çoklu yöntem araştırması benimsenen bu çalışmada hem bireysel annelik deneyimlerinin ele alınmasının hem de Türk kültürü bağlamında anneliğe dair algıların değerlendirilmesinin, nicel kısımdaki sonuçların yorumlanması için uygun bir zemin hazırlayabileceği düşünülmektedir. Lapierre'nin (2008, 2021) de bahsettiği gibi, annelik deneyimlerinin bireysel ve kültürel bağlamda ele alınması, ebeveynlik olarak yalnızca annelik değişkenlerinin değerlendirildiği bu çalışmada "yetersiz annelik modeli" gibi bir duruma sebep olmasını önlemek bakımından önemli görülmüştür. Ayrıca, çalışmanın bulguları YPŞ bağlamında etkili ebeveynliği desteklemeye yönelik müdahale programlarının tasarımında da kullanılabilecek potansiyeller sunabilir. Bu doğrultuda, bu çalışma hem akademik bilgi birikimine katkı sağlayabilir hem de psikolojik YPŞ'nin yaşandığı aile ortamlarında çocukların duygusal dayanıklılığını güçlendirmeye yönelik pratik öneriler sunma potansiyeli taşımaktadır.

2. YÖNTEM

2.1. Araştırmanın Deseni

Bu çalışmada, çok yöntemli bir araştırma tasarımı kullanılmıştır. Çok yöntemli araştırma, araştırma çerçevesi içinde çeşitli metodolojilerin kullanılmasını ifade eder; bu yaklaşımda, geniş bir tematik alan altında birbirine bağlı bir dizi proje yürütülerek kapsamlı bir araştırma sorunu ele alınır (Brewer ve Hunter, 2005). Çok yöntemli araştırma, sadece çeşitli yöntemler sunmakla kalmaz, aynı zamanda bilimsel fikirlerin daha ikna edici, kapsayıcı ve esnek bir biçimde iletilmesini sağlar. Bilgi üretiminde retorik ve sosyal bağlamın önemini kabul ederek, bu yaklaşım farklı bakış açılarına, hedef kitlelere ve dünyanın çeşitli kavramsallaştırmalarına uyum sağlayabilen güçlü bir çerçeve olarak ortaya çıkar (Hunter ve Brewer, 2016).

2.2. Katılımcılar

2.2.1. Nicel Çalışmanın Katılımcıları

Bu araştırmanın nicel kısımdaki katılımcılarını, 8-12 yaş aralığında çocuk sahibi 358 anne oluşturmuştur. Veriler çevrimiçi anket yoluyla toplanmış ve katılımcıların belirtilen yaş

aralığında çocuk sahibi olmak kriteri konulmuştur. Katılımcılardan birden fazla çocuğu olanlar için yalnızca 8-12 yaş aralığındaki çocuklarını düşünerek nicel verileri doldurmaları istenmiştir. Veri toplamada uygun örnekleme yöntemi kullanılmıştır. Araştırmaya katılan katılımcıların yaş ortalaması 40,47 ve standart sapması 3,79'dur. Nicel kısımdaki katılımcıların çoğunluğu (%87,2) medeni durumunu evli olarak belirtmiştir. Katılımcıların çocuklarının cinsiyetini 183 kız çocukları (%51,1) ve 175 (%48,9) erkek çocukları oluşturmuştur. Katılımcıların 98'i (%27,4) çocuğunun yaşını 8 olarak, 75'i (%20,9) 9 olarak, 69'u (%19,3) 10 olarak, 62'si (%17,3) 11 olarak ve 54'ü (%15,1) 12 olarak belirtmiştir. Katılımcıların çoğunluğu (%50,6) tek çocuk sahibi olduklarını belirtmiş, bunu iki çocuk sahibi olmak (%43,6) ve üç veya daha fazla çocuk sahibi olmak (%5,8) izlemiştir. Katılımcıların eğitim durumlarına bakıldığında çoğunluğu 4 yıllık üniversite mezunudur (%53,1) ve bunu sırasıyla yüksek lisans (%28,1) ve doktora derecesi (%8,9), iki yıllık üniversite derecesi (%6,1) ve lise mezunu olmak (%3,6) izlemiştir. Yine katılımcıların çoğunluğu güncel çalışma durumlarını (%71,1) çalışıyor olarak belirtmiş ve yine çoğunluğu (%73,7) güncel ekonomik durumunu orta olarak rapor etmiştir.

2.2.2. Nitel Çalışmanın Katılımcıları

Çalışmanın nicel kısmına katılan toplam 136 katılımcı nitel çalışmada gerçekleştirilecek yarı yapılandırılmış görüşmelere dahil olmak üzere gönüllü olmuştur. Veriler çevrimiçi görüşmeler aracılığıyla toplanmış ve katılımcıların son bir yılda en az bir psikolojik yakın partner şiddeti failliği veya mağduriyeti rapor etme kriteri konulmuştur. Veri toplamada amaçlı ve uygun örnekleme yöntemi birlikte kullanılmıştır. Gönüllü olan katılımcıların 98'i (%72) son bir yılda en az bir psikolojik YPŞ failliği veya mağduriyeti rapor etmiştir. Çalışmanın nitel kısmında toplam 13 katılımcı dahil olmuştur. Katılımcıların ortalama yaşı 40,09 ve standart sapması 1,87'dir. Katılımcılardan altısı çalışmaya birlikte katıldığı çocuğunun yaşını 8 olarak, ikisi 9 olarak, biri 10 olarak ve ikisi 11 olarak ve ikisi 12 olarak belirtmiştir. Katılımcılardan yedisi araştırmaya birlikte katıldığı çocuğunun cinsiyetini kız çocuğu olarak, altısı ise erkek çocuğu olarak raporlamıştır. Katılımcıların çoğunluğu (bir katılımcı haricinde) medeni durumunu evli olarak belirtmiş ve yine katılımcıların

çoğunluğu (üç katılımcı haricinde) güncel çalışma durumlarını çalışıyor olarak belirtmiştir. Tüm katılımcılar eğitim durumunu en az 4 yıllık üniversite mezunu olarak belirtmiştir.

2.3. Veri Toplama Araçları

2.3.1. Nicel Çalışmada Kullanılan Veri Toplama Araçları

Bu çalışmada, Demografik Bilgi Formu, Revize Edilmiş Çatışma Taktikleri Ölçeği/Fiziksel Saldırı ve Psikolojik Agresyon alt boyutları, Kısa Semptom Envanteri/Depresyon alt boyutu, Çok Boyutlu Ebeveynlik Stillerini Değerlendirme Ölçeği, Güvenli Üs Olarak Hizmet Etmeye Yönelik Anne İstekliliği Ölçeği, Duygu Ayarlama Ölçeği ve yarı yapılandırılmış görüşme soruları kullanılmıştır.

Demografik Bilgi Formu

Bu çalışma kapsamında kullanılan demografik bilgi formu, katılımcıların ve çocuklarının demografik özelliklerini daha iyi anlamak amacıyla geliştirmiştir. Çalışmada kullanılan demografik bilgi formu annenin çalışmaya birlikte katıldığı çocuğunun yaşı, cinsiyeti, toplam sahip olunan çocuk sayısı (yaşları ve cinsiyetleri), annenin yaşı, çalışma durumu, medeni durumu, eğitim durumu, sosyoekonomik durum ve evde çocuk bakımıyla kimlerin ilgilendiğine dair sorulardan oluşmaktadır.

Revize Edilmiş Çatışma Taktikleri Ölçeği

Ölçek Strauss vd. (1996) tarafından yakın partner şiddetini ölçmek amacıyla geliştirilmiştir ve toplamda uzlaşma, psikolojik agresyon, fiziksel saldırı, cinsel zorlama ve yaralama dahil olmak üzere beş alt boyuttan oluşmaktadır. Bu çalışmada psikolojik agresyon ve fiziksel saldırı alt boyutları kullanılmış, yalnızca psikolojik agresyon alt boyutu analizlere dahil edilirken fiziksel saldırı alt boyutu ise güvenirlik sağlama amacıyla kullanılmıştır. Ölçeğin psikolojik agresyon alt boyutu toplam 16 maddeden oluşmakta, 8'i failliği 8'i ise mağduriyeti ölçmektedir. Ölçek maddeleri toplam 8 farklı kategori üzerinden puanlanmakta ve ilk 7 kategori bahsedilen agresyonun son bir yılda kaç kez

gerçekleştiğini sormakta ve 8. kategoride ise geçen yıl olmasa da ilgili maddedeki agresyonun daha önce yaşandığı rapor edilmektedir. Ölçeğin faillik ve mağduriyet bölümlerinden alınabilecek en düşük ve en yüksek puanlar sırasıyla 0 ve 200'dür. Ölçekten alınan yüksek puanlar psikolojik agresyonun yüksekliğine işaret etmektedir.

Ölçeğin Türkçe adaptasyonu Turhan vd. (2006) tarafından 300 evli kadın ile gerçekleştirilmiş ve tüm ölçek için Cronbach alfa iç tutarlılık katsayısı .90 (faillik için .82, mağduriyet için .85) olarak rapor edilmiştir. Ölçeğin Aba ve Kulakaç (2016) tarafından üniversite öğrencileriyle gerçekleştirilen geçerlilik ve güvenirlik çalışmasında psikolojik agresyon alt boyutunun Cronbach alfa iç tutarlılık katsayısı .85 olarak rapor edilmiştir. Mevcut çalışmada Strauss vd. (1996)'nin önerdiği şekilde ölçeğin yapı geçerliliğini sağlamak amacıyla birbiri ile ilişkili olması beklenen psikolojik agresyon ve fiziksel saldırı alt boyutlarının ilişkisine bakılmış ve iki alt boyut arasında pozitif ve anlamlı bir ilişki bulunmuştur (r = .34). Psikolojik agresyon için bu çalışmadaki Cronbach alfa iç tutarlılık katsayısı .78, McDonald's ω değeri .79 olarak bulunmuştur.

Kısa Semptom Envanteri

Derogatis (1982) tarafından geliştirilen ölçek toplam 9 semptom alanı ve toplam 53 maddeden oluşur ve psikolojik semptomları ölçmek amacıyla kullanılmaktadır. Bu çalışma kapsamında toplam 12 maddeden oluşan depresyon alt boyutu kullanılmıştır. Ölçek 5'li Likert tipinde puanlanmaktadır. Ölçeğin depresyon alt boyutundan alınabilecek en düşük ve en yüksek puan sırasıyla 0 ve 48'dir. Ölçekten alınan yüksek puanlar, yüksek depresif semptom düzeyini belirtmektedir. Ölçeğin alt boyutlarının Cronbach alfa iç tutarlılık katsayısı .71 ile .85 arasında değişmiş, en yüksek iç tutarlılık depresyon alt boyutu için rapor edilmiştir. Ölçeğin test-tekrar test güvenirliği çalışmasında ölçeğin iki hafta aralıkla uygulanması arasındaki korelasyonlar .68 ve .90 arasında değişmiştir. Ölçeğin geçerlilik kanıtı olarak da MMPI'ın ilgili boyutları arasındaki korelasyonlar anlamlılık göstermiş, yapılan açımlayıcı faktör analizi (AFA) ölçeğin yapısını doğrulamıştır. Yapılan temel bileşenler analizinde (TBA) ise ölçeğin 9 faktörlü yapısı doğrulanmış ve toplam varyansın %44'ünü açıklamıştır (Derogatis ve Melisaratos, 1983).

Ölçeğin Türkçe geçerlilik ve güvenirlik çalışması Şahin ve Durak (1994) tarafından gerçekleştirilmiştir ve ölçeğin 5 faktörlü yapısına ulaşılmıştır. Ölçeğin depresyon alt boyutu için Cronbach alfa iç tutarlılık katsayısı .88 olarak bulunmuştur. Geçerlilik kanıtı için ise ölçekten alınan puanlar ile Beck Depresyon Ölçeği, UCLA Yalnızlık Ölçeği ve Offer Yalnızlık Ölçeği kullanılmıştır. Mevcut çalışmada ölçeğin depresyon alt boyutu için Cronbach alfa iç tutarlılık katsayısı .90, McDonald's ω değeri .90 olarak bulunmuştur.

Çok Boyutlu Ebeveynlik Stillerini Değerlendirme Ölçeği

Parent ve Forehand (2017) tarafından ebeveynlik pratiklerini ölçmek üzere geliştirilen ölçek, toplam 34 madde ve 7 alt boyuttan oluşmakta ve her bir madde 5'li Likert tipinde puanlanmaktadır. Ölçeğin 7 alt boyutu sırasıyla düşük kontrol (7 madde), destekleyici yaklaşım (4 madde), samimi ilişki (3 madde), proaktif ebeveynlik (6 madde), olumlu pekiştirme (4 madde), düşmanlık (7 madde) ve fiziksel kontroldür (4 madde). Ölçeğin destekleyici yaklaşım, samimi ilişki, proaktif ebeveynlik ve olumlu pekiştirme alt boyutları kapsamlı olumlu ebeveynlik; düşmanlık, fiziksel kontrol ve düşük kontrol alt boyutları kapsamlı olumsuz ebeveynlik olarak iki genel alt boyutu oluşturmaktadır. Ölçekten alınan yüksek puanlar o alt boyuttaki pratiklerin yüksek düzeyini ifade eder. Ölçeğin yapısı AFA ile doğrulanmıştır. Ölçeğin alt boyutlarının Cronbach alfa iç tutarlılık katsayısı .77 ile .91 arasında değişmiş, kapsamlı olumlu ebeveynlik için Cronbach alfa iç tutarlılık katsayısı .90, kapsamlı olumsuz ebeveynlik alt boyutu için ise .88 olarak bulunmuştur.

Ölçeğin Türkçe geçerlilik ve güvenirlik çalışması Karababa (2019) tarafından 4-17 yaş aralığında çocuk sahibi ebeveynlerle gerçekleştirilmiş ve gerçekleştirilen AFA ile ölçeğin yedi faktörlü yapısı doğrulanmıştır, toplam varyansın %62,1'ini açıklamıştır. Güvenirlik kanıtı için hesaplanan Cronbach alfa iç tutarlık katsayıları .77 ile .86 arasında değişmiş, kapsamlı olumlu ebeveynlik için .87, kapsamlı olumsuz ebeveynlik için ise .85 olarak bulunmuştur. Bu çalışmadaki Cronbach alfa iç tutarlılık kapsamlı olumlu ebeveynlik için .85, kapsamlı olumsuz ebeveynlik için ise .84 bulunmuştur. McDonald's ω değeri kapsamlı olumlu ebeveynlik için .85, kapsamlı olumsuz ebeveynlik için .79 olarak

bulunmuştur. Mevcut çalışmada analizlerde sadece kapsamlı olumsuz ebeveynlik alt boyutu kullanılmıştır.

Güvenli Üs Olarak Hizmet Etmeye Yönelik Anne İstekliliği Ölçeği

Kerns vd. (2000, 2007) çalışmalarında Block (1985) tarafından geliştirilen Çocuk Yetiştirme Pratikleri Raporu'nun 10 maddesi kullanılarak ebeveyn tarafından rapor edilen annenin güvenli bir üs olarak hizmet etmeye yönelik istekliliğini ölçmek amaçlamıştır. Kerns vd. (2007) çalışmalarında bu 10 maddeyi kullanmış ve bu maddelerin ölçtüğü kavramı "Annenin Güvenli Bir Üs Olma Ölçeği" (Mother's Serving as a Safe Base Scale) olarak adlandırmıştır. Ölçek 6'lı Likert tipinde puanlanmakta ve ölçekten alınan yüksek puanlar yüksek düzeyde annenin güvenli bir üs olarak hizmet etmeye istekliliğini belirtmektedir. Kerns vd. (2000, 2007) tarafından ölçeğin Cronbach alfa iç tutarlılık katsayısı .79 olarak rapor edilmiştir. Yine ölçeğin geçerlilik kanıtı olarak Kerns Güvenli Bağlanma Ölçeği ile korelasyonu hesaplanmış ve iki ölçek arasındaki korelasyonlar anlamlılık göstermiştir.

Ölçeğin 10 maddeden oluşan Türkçeye uyarlaması bu çalışma kapsamında gerçekleştirilmiştir. Uyarlama çalışması sonucunda ölçeğin tek faktörlü yapısı doğrulayıcı faktör analizi (DFA) kullanılarak doğrulanmıştır. Ölçeğin geçerlilik kanıtı için Çok Boyutlu Ebeveynlik Stilleri Değerlendirme Ölçeği'nin kapsamlı olumlu ebeveynlik alt boyutu ile korelasyonu hesaplanmış ve iki ölçek arasında anlamlı ilişkiler bulunmuştur. Yine test-tekrar test güvenirlik yöntemi kullanılarak ölçek 40 katılımcıya 6 hafta aralıkla tekrar uygulanmış ve iki uygulama arasındaki korelasyon .83 olarak bulunmuştur. Mevcut çalışmada Cronbach alfa iç tutarlılık katsayısı .80, McDonald's ω değeri .75 bulunmuştur.

Duygu Ayarlama Ölçeği

Shields ve Cichetti (1995) tarafından geliştirilen ölçek ebeveyn raporuyla çocuğun duygu düzenlemesini ölçmeyi amaçlamaktadır. Ölçek toplam 24 maddeden oluşmakta, duygu ayarlama ve değişkenlik/olumsuzluk olmak üzere iki alt boyutu içermektedir. Ölçek 4'lü

Likert tipinde puanlanmaktadır. Ölçeğin iki faktörlü yapısı TBA kullanılarak gerçekleştirilmiştir. Tüm ölçek için Cronbach alfa iç tutarlılık katsayısı .89 olarak bulunmuştur.

Ölçek Türkiye'de ilk kez Batum ve Yağmurlu (2007) tarafından klinik olmayan okul çağı çocuğu (ikinci sınıf öğrencisi) ile kullanılmış ve ölçeğin ebeveyn raporunun Cronbach alfa iç tutarlılık katsayısı .73 olarak bulunmuştur. Kapçı vd. (2009) tarafından 6-13 yaş aralığındaki çocuklarda gerçekleştirilen Türkçe adaptasyon çalışmasında ölçeğin iki faktörlü yapısı AFA kullanılarak doğrulanmıştır. Test-tekrar test güvenirlik yöntemi kullanılarak iki hafta aralıkla yapılan ölçümler arasındaki korelasyon .90 olarak bulunmuştur ve Cronbach alfa iç tutarlılık katsayısı .84 olarak rapor edilmiştir. Bu çalışmada ölçeğin iki faktörlü yapısı DFA kullanılarak doğrulanmış, Cronbach alfa iç tutarlılık katsayısı .84 ve McDonald's ω değeri .85 bulunmuştur.

2.3.2. Nitel Çalışmada Kullanılan Veri Toplama Araçları

Yarı Yapılandırılmış Görüşme Soruları

Yarı yapılandırılmış görüşme soruları, Levendosky vd. (2000)'nin şiddet gören kadınlarla yürüttüğü çalışmadan uyarlanarak ve mevcut araştırmanın amaçları doğrultusunda geliştirilmiştir. Yedi sorudan oluşan görüşmede, katılımcılara anne olduktan sonraki olumlu/olumsuz değişimler, eşle çatışmaları yönetme biçimleri, bu çatışmaların annelik deneyimine etkisi, anneliğin zorlukları ve Türk toplumunda anneliğe dair algılar sorulmuştur. Veri toplama sürecinden önce, bazı annelerle görüşülerek soruların açıklığı ve kapsayıcılığı hakkında geri bildirim alınmış ve bir anneyle pilot çalışma gerçekleştirilmiştir.

2.4. Veri Toplama Süreci

2.4.1. Nicel Veri Toplama Süreci

Bu çalışmanın nicel verileri Haziran–Aralık 2023 tarihleri arasında, gönüllü katılım esasına dayalı olarak çevrimiçi anket formlarıyla toplanmıştır. Katılımcılara onam

formunda çalışmanın amacı, gizlilik ilkeleri ve istedikleri zaman çalışmadan çekilebilecekleri açıklanmıştır. Veri toplama öncesinde Orta Doğu Teknik Üniversitesi Uygulamalı Etik Araştırma Merkezi'nden gerekli izinler alınmıştır.

2.4.2. Nitel Veri Toplama Süreci

Nicel veri toplanırken katılımcılara, çalışmanın ikinci aşaması olan yarı yapılandırılmış görüşmelere katılmak isteyip istemedikleri sorulmuş ve iletişim bilgisi bırakabilecekleri bir alan sunulmuştur. Katılmak isteyenlere e-posta yoluyla ulaşılarak olumlu yanıt verenlerle çevrimiçi görüşmeler yapılmıştır. Katılımcılara, hem e-postalarda hem de görüşmelerin başında gizlilik, anonimlik ve görüşmeyi istedikleri zaman sonlandırma hakları açıklanmıştır. Görüşmelerin çoğu Google Meet üzerinden sesli ve görüntülü olarak gerçekleştirilmiş, yalnızca iki katılımcıyla telefonla sesli görüşme yapılmıştır. Veriler Haziran–Aralık 2024 tarihleri arasında toplanmıştır.

2.5. Veri Analizi

2.5.1. Nicel Verilerin Analizi

Bu çalışmada psikolojik YPŞ failliği ve mağduriyetinin çocuğun duygu düzenlemesine etkisinde annenin depresif semptom düzeyi, güvenli bir üs olma istekliliği ve olumsuz ebeveynlik pratiklerinin aracı rolünü belirlemek amacıyla tasarlanan modelin varsayımlarını test etmek üzere SPSS 27 (IBM Corp., 2020), Yol Analizi için ise AMOS 26 (IBM Corp., 2019) kullanılmıştır.

2.5.2. Nitel Verilerin Analizi

Bu çalışmada nitel verilerin analizinde tematik analiz yöntemi kullanılmıştır. Braun ve Clarke (2006), tematik analiz yönteminin esnekliği bakımından araştırmacılara önemli bir avantaj sağladığını belirtmiştir. Tematik analiz bir temanın ne kadar sık tekrarlandığından ziyade, temanın araştırılan konuyla ne derece anlamlı bir bağlantı kurduğunun önemi üzerinde durur. Bu çalışmada araştırma konusu geniş olduğundan ve okuyucuya temel temalar hakkında genel bir fikir sunabilmek amacıyla tüm nitel verinin kapsamlı bir

tematik betimlemesi sunulmuştur. Son olarak, çalışmada anlamları derinlemesine incelemeyi amaçlamayan, katılımcıların söylediklerini yüzeydeki anlamlarıyla ele alan anlamsal (semantik) bir yaklaşım benimsenmiştir. Nitel verinin analizinde MAXQDA (24.8) (VERBI Sorfware, 2024) kullanılmıştır.

2.6. Çalışmanın Sınırlılıkları

Bu çalışmanın bazı sınırlılıkları bulunmaktadır. Öncelikle, uygun örnekleme yönteminin kullanılmaması ve örneklemin büyük kısmının en az lisans mezunu olması sonuçların genellenebilirliğini sınırlamaktadır. Ayrıca pilot çalışma yapılmamış ve ölçeklerin DFA'sı aynı örneklem üzerinde gerçekleştirilmiştir. Verilerin öz bildirimle toplanması da sosyal beğenirlik ve hatırlama hatası gibi sorunlara yol açabilir. Psikolojik YPŞ'ye dair hem faillik hem mağduriyet verileri yalnızca annelerden alınmıştır. Benzer şekilde, çocuğun DD'sine dair sadece anne raporu kullanılmış olması, farklı ortamlardaki davranışları yansıtmakta yetersiz kalabilir. Nitel veriler çoğunlukla çevrim içi görüntülü görüşmelerle toplanmış olsa da bazı katılımcılarla sadece sesli görüşmeler yapılmıştır. Görüşmeleri aynı araştırmacının yürütmesi araştırmacı önyargısı riskini artırabilir; ayrıca sosyal beğenirlik veya araştırmacının algılanan otoritesi katılımcı yanıtlarını etkileyebilir.

3. BULGULAR

3.1. Nicel Çalışmanın Bulguları

Psikolojik yakın partner şiddeti failliği ve mağduriyeti ile çocukların duygu düzenlemesi arasında annenin depresif semptom düzeyi, güvenli bir üs olma istekliliği ve olumsuz ebeveynlik pratiklerinin aracı rolünün incelendiği bu çalışmada, çalışmadaki değişkenler arasındaki ikili korelasyonların tümü istatistiksel açıdan anlamlı bulunmuştur. Bununla birlikte hem psikolojik YPŞ değişkenleri hem de aracı değişkenlerin tamamının çocuğun DD'si ile beklenen yönde ve anlamlı düzeyde korelasyona sahiptir.

Test edilmesi amaçlanan modeldeki doğrudan ve dolaylı etkilerin belirlenmesi amacıyla uygulanan yol analizinde modelin doymuş (saturated) olduğu görülmüştür ($\chi 2$/df ratio=0). Araştırmanın bağımsız değişkenleri bağımlı değişkendeki (çocuğun DD'si) varyansın %43'ünü açıklamıştır. Önerilen modelde yer alan 14 doğrudan yoldan 7'si anlamlı bulunmuştur. Psikolojik YPŞ mağduriyetinden çocuğun DD'sine giden tüm yolların anlamlılık göstermediği görülmüş, psikolojik YPŞ failliğinden güvenli bir üs olma istekliliğine giden (β =-.25, p <.01, 95% CI [-.414,-.076]) yolun anlamlı olduğu görülmüştür.

Aracı değişkenlerden çocuğun DD'sine giden tüm yolların anlamlı olduğu görülmüştür. Annenin depresif semptom düzeyi (β =-.10, p <.05, 95% CI [-.193,-.016]), güvenli bir üs olarak hizmet etme istekliliği (β = .47, p <.01, 95% CI [.373, .584]) ve olumsuz ebeveynlik pratikleri (β =-.18, p <.01, 95% CI [-.294,-.056]) istatistiksel olarak anlamlı ve beklenir yöndedir.

Dolaylı etkiler incelendiğinde ise psikolojik YPŞ failliğinden çocuğun DD'sine annenin güvenli bir üs olma istekliliği (γ =-.45, p <.01, 95% CI [-.814,-.139]) ve olumsuz ebeveynlik pratikleri (γ =-.10, p <.05, 95% CI [-.303,-.015]) ve annenin güvenli bir üs olma istekliliği ve olumsuz ebeveynlik pratikleri (γ = .06, p <.05, 95% CI [.007, .264]) aracılığıyla giden yolların istatistiksel olarak anlamlı olduğu bulunmuştur.

3.2. Nitel Çalışmanın Bulguları

Nitel analiz sonucunda üç ana tema ortaya çıkmıştır: (1) anneliğin bireysel dinamikleri, (2) anneliğin ilişkisel dinamikleri ve (3) anneliğin geniş sosyal ve kültürel dinamikleri.

Anneliğin Bireysel Dinamikleri

Anneliğin bireysel dinamikleri temasında bireyin anne olduktan sonra yaşamının birçok alanında değişimler olduğunu ortaya koyan 4 alt tema ortaya çıkmıştır. Bunlardan ilki fiziksel ve sağlık faktörleridir ve bu alt tema genel anlamda çocuk sahibi olmanın özellikle ilk yıllarda annelerin karşılaştığı fiziksel ve sağlık faktörlerindeki değişimlerle ilgilidir.

> *Yani iki buçuk yaşına kadar ben bu dünya üzerinde olup olmadığımı çok anlamadım açıkçası. Çünkü uyku sorunu olan bir çocuktu. Ben de o dönemlerde hem bilmiyorum belki şimdi olsa yapmazdım ama hem çalışıyordum hem de işte eve gelip çocuğa bakıp hem de gündüzleri de işe gidiyordum. O beni biraz çok zorladı. Bir de emzirme konusunda yine belki şimdi olsa bu kadar hassas davranmazdım. Emzireceğim, emzireceğim diye çok böyle çılgınlar gibi efor sarfettim ve bu da beni biraz fiziksel olarak çok yordu. Uyku ve emzirme iki buçuk yıl bu sorunlarla baş etmeye çalıştım.* Katılımcı 13

İkinci alt tema ise kaynakların yeniden dağılımıdır ve bu alt tema genel anlamda çocuk sahibi olduktan sonra bireyin zaman, enerji ve para gibi kaynaklarının yeniden dağılımı ile ilgilidir.

> *Yani ailemle ilişkilerimi, kendime verdiğim bakıma ayırdığım zamanı, işimdeki bazı bilmiyorum belki etkinliğimi ya da ayırdığım zamanı vesaire, bütün günlük planlamaları her şeyi tamamen değiştirdi.* Katılımcı 1

Üçüncü alt tema ise benliğin ve kimliğin yeniden yapılandırılmasıdır ve bu alt tema genel anlamda çocuk sahibi olduktan sonra bireyin bakış açısı, kişilik özellikleri (örneğin, sabır, farkındalık, dayanıklılık) gibi konulardaki yaşadıkları değişimlerle ilgilidir.

> *Bir insan kendini bir insanla tanıyabilir. Onu anlıyoruz. Karşımızdaki yetişkinse, şey durumu olabiliyor. Ha işte o öyle bir insan, ona eleştirel bakabiliyoruz. Bu aynalamada biraz daha egolar işin içine girebiliyor. Ama çocukla beraber aynı yaşantıda olduğumuzda durum çok fazla değişiyor. O anda beni neler öfkelendiriyor? Neye heyecanlanıyorum? Ben aslında kimim? Benim çocukluğumdan neler hatırlatıyor bana? Kime benziyorum? Annemden, babamdan ya da çevremden neler taşıyorum? Çocuğa davranışımla aslında böyle bir aydınlanma oluyor. Nasıl bir insan olduğumu çocuklarımla gördüm diyebilirim ben.* Katılımcı 11

Son ve dördüncü alt tema ise duygusal faktörlerdir ve bu alt tema genel anlamda anne olduktan sonra bireyin duygusal alanda (örneğin, deneyimlenen suçluluk, mutluluk gibi duyguların artışı) yaşadığı değişimlerle ilgilidir.

> *Ya sevginin çok farklı bir türünü tadıyorsunuz yani. Yani o sevginin çok farklı bir boyutuna geçiş yapıyorsunuz. O çok değişik bir duygu. Ve artık hayatta tek kendinizi düşünmüyorsunuz. Ne kadar eşinizi sevseniz de annenizi, babanızı sevseniz de çocuk boyutu çok farklı. Anneniz, babanız hasta oluyor. Bir şekilde yanlarında oluyorsunuz. Ama çocuğunuz hasta olunca gözünüzü kırpmıyorsunuz. Yani anne olunca. Durum daha farklı. Annelik hem zor hem çok güzel.* Katılımcı 4

Anneliğin İlişkisel Dinamikleri

Anneliğin ilişkisel dinamikleri temasında ise bir anne olduktan sonra sadece bireysel anlamda meydana gelen değişimlerden ziyade anneliğin ilişkisel dinamikler ortaya çıkmıştır. Bu temada partnerle ilişkiler, çocukların çatışmalara verdikleri tepkiler ve çatışma durumlarında annelik olmak üzere üç alt tema ortaya çıkmıştır.

Partnerle ilişkiler alt temasında ise iki alt tema ortaya çıkmıştır. Bunlardan ilki paylaşılan ebeveynliktir. Bu alt temada bir ebeveyn olduktan sonra partnerler arasındaki çocuk yetiştirme ile ilgili sorumlulukların eşit dağılımının önemli olduğu görülmektedir.

> *Eşiniz tarafından desteklendiğinizi, sevildiğinizi, değer verildiğinizi bildiğiniz zaman hiçbir şey zor gelmiyor. Her şeyi yapıyorsunuz ve yorulmuyorsunuz da. Onu çok biliyorum ben. Yorulmuyorsunuz da. Hiçbir şey zor gelmiyor. Her şeyi yapabiliyorsunuz. Çocukları alıyorum markete gidiyorum, antrenmana ben götürüyorum eşimin işi olduğu zaman, antrenmandan alıyorum, geliyorum. Doktorlarını hep tamamen ben hallediyorum. Geliyorum, götürüyorum. Gel git falan. Gün içinde o kadar hareketliyiz ki ben şey diyorum bazen taksi şoförüne döndüm diyorum bazen. Ama yine de akşama eve geldiğimde yorulmuyorum. Çünkü bir şekilde biliyorum ki eşim de müsait olduğunda beni destekliyor. Eğer işi yoksa o da gelecek. O işi olduğu için gelemez. Ama şu anda işi var. O yüzden yorulmuyorum. Desteklenmek çok önemli tabii. Ama destek görmeseydim çok zordu benim için. O zaman olumsuz olurdu ve zor olurdu.* Katılımcı 12

Partnerle ilişkiler alt temasında ortaya çıkan ikinci alt tema ise çatışmalar ve çözümleridir. Bu alt temada ise annelerin partneriyle olan ilişkilerinde çeşitli çatışma yöntemleri/stratejilerini kullanarak (örneğin, çatışma ile meşgul olma, pozitif problem çözme) gibi başa çıktıkları görülmüştür.

> *Çocuğun önünde olmadan yaşamaya çalışıyoruz. Tartışıyorsak da şey yapıyorsak da bazen sesimiz yükseldiğinde çocuk da fark ettiğinde onun etkilendiğini*

> *görüyoruz. O yüzden sakinleşiyoruz. Daha çok konuşarak çözmeye çalışıyoruz.* Katılımcı 3

Çocukların çatışmalara verdikleri tepkiler alt temasında aktif (direkt) ve pasif (direkt olmayan) stratejiler olmak üzere iki alt tema bulunmuştur. Aktif stratejiler alt teması çocukların çatışmayı bölmeye çalışma, çatışma hakkında sorular sorma, çatışma hakkında duygularını ifade etme gibi yöntemleri/stratejileri içermektedir.

> *Sesimiz yükseldiğinde mesela aramızda herhangi bir şekilde sesimizin yükseldiğini duyunca artık mesela şu anda 9 yaşında benim kızım hemen müdahale ediyor. Hiç kavga etmeyin diyor. Sesiniz yükseldi dikkat edin falan moduna giriyor. O da sözlü olarak ifade ediyor.* Katılımcı 3

Pasif stratejiler alt temasında ise çocukların çatışma durumlarından kaçınma, olgun davranışlar sergileme, endişelenme, tik geliştirme gibi tepkilerini ortaya koymaktadır.

> *El, elini çıtlatmaya başladı direkt. Hatta boşanma konusu söz konusu oldu. Hiçbir zaman bunu şeye taşımadım. O raddeye gelmedik. Ama o ilk o konuda elinde tik dediğimiz.* Katılımcı 6

Son olarak çatışma durumlarında annelik alt temasında partnerler arasındaki çatışmaların annelerde duygusal stres yaratabileceği ve bu tür çatışmaların enerjilerini azaltabileceği ve anneliği etkileyebileceği görülmüştür.

> *Bence oluyor. Şöyle oluyor. Eşimle tartıştığım zamanlarda bence biraz daha agresif oluyorum. Bence çocuklara karşı da.* Katılımcı 7

Anneliğin Geniş Sosyal ve Kültürel Dinamikleri

Anneliğin geniş sosyal ve kültürel dinamikleri temasında ise anneliği etkileyebilecek geniş sosyal (örneğin, yakın aile üyeleri, okul) ve kültürel etmenler ortaya çıkmış ve sosyal destek ve yalnızlık ve annelik mitleri olmak üzere iki alt tema bulunmuştur.

Sosyal destek ve yalnızlık temasında çeşitli sosyal mekanizmaların (örneğin yakın aile üyeleri, sosyal medya, okul gibi) destekleyici ve yalnızlaştırıcı olabilecek etkileri ortaya çıkmıştır.

> *Bir de dönemsel olarak çok desteksiz büyütüyoruz. Ben de, eşimin de, ailesi burada değil. Ha olsalardı daha iyi olurlar mıydı, daha iyi olur muydu hiçbir fikrim yok. Yani daha iyi olmayadabilirdi. Ama temel olarak çok desteksiz büyütmek çok zormuş. Hani çok bazen işte ve tek çocuk olmasına rağmen bir parça nefes almak istiyorum ya da uzaklaşmak istiyorum. Ya da hani çocuğumun olmadığı, kesilmeyen, görülmeyen bir yerde sohbet etmek istiyorum gibi.* Katılımcı 5

Son olarak annelik mitleri alt temasında genellikle Türk toplumunda çocukla ilgili konularda (örneğin, çocuğun iyi oluşu, davranışları, başarısı) genellikle anneye daha fazla sorumluluk yüklendiği, annenin potansiyel eksiklikleri için suçlanabildikleri ve bu gibi beklentilerin annelerde baskı yaratabileceği görülmüştür.

> *Çok komik bir şey yani öğretmenler bile söylerken annenize söyleyin diye cümle kullanıyor. Yani neden annenize söyleyin? Bu çocukların babası mı yok? Yani sahipsiz mi bunlar ya da sadece anneyle mi büyüyorlar? Annelerine işte velileri arayalım diye de annelere haber verelim. Sınıf anne, sınıf babası diye bir şey yok. Mesela sınıf annesi var. Gereksiz bir şey düşününce. Gibi yani ve toplum bunu zaten anneye bir yüklemiş. Anne dışında hiçbir şekilde ebeveynler kelimesi yok. Ebeveyn tek anne. Ama ben bu işin içinde tek başıma mücadele edemem. Çünkü iyisi olunca evet babasından gelen genleri de övebiliyoruz. Ya da babasını da övebiliyoruz. Ama kötüsü olunca anneye kalamaz bu ihale tek başına.* Katılımcı 9

4. TARTIŞMA

4.1. Nicel Çalışma Sonuçlarının Tartışılması

4.1.1. Doğrudan Etkilerin Tartışılması

Test edilen modelde psikolojik YPŞ failliği ve mağduriyetinin çocuğun duygu düzenlemesine (DD) doğrudan etkisi bulunmamıştır. Harding vd. (2013), bu değişkenlerin ayrı regresyon analizlerinde DD'ye etkisini bulurken, birlikte analiz edildiğinde eşsiz etkiler gözlenmemiştir. Mevcut çalışmada da iki değişkenin korelasyonu ve aynı modelde test edilmesi nedeniyle anlamlı ilişki ortaya çıkmamış olabilir. Ayrıca, sadece psikolojik YPŞ'nin kullanılması çocuğun DD'si üzerindeki etkilerin gözlenememesine yol açmış

olabilir; Vu vd. (2016) farklı YPŞ türlerinin dahil edilmesinin etkileri daha iyi ortaya koyduğunu belirtmiştir. Baron ve Kenny (1986) ise modelde çok sayıda aracı değişkenin sonuçla ilişkiyi gizleyebileceğini vurgulamaktadır.

Aracı değişkenlerin sonuç değişkenine doğrudan etkisi anlamlı ve beklenen yöndedir. Annenin güvenli üs olma istekliliği mevcut çalışmalarla uyumludur (Kerns vd., 2007). Olumsuz ebeveynlik pratikleri çocuğun DD'siyle negatif ilişkilidir (Goagoses vd., 2023; Gülseven vd., 2018). Huang (2024) bu davranışların çocuğun duygularını bastırmasına ve duygusal keşif ve düzenlemeyi olumsuz etkilemesine neden olabileceğini belirtmiştir. Annenin depresif semptomları da çocuğun DD'sini negatif yönde yordamıştır (Goodman vd., 2011; Sutherland vd., 2022); Sutherland vd. (2022) depresif semptomların çocuk için olumsuz rol model olabileceğini vurgulamıştır. Depresyon olumsuz ebeveynlikle pozitif, güvenli üs olma istekliliğiyle ise negatif ilişkilidir (Trussell vd., 2018).

4.1.2. Dolaylı Etkilerin Tartışılması

Test edilen modelde psikolojik YPŞ (failliği ve mağduriyeti) ile çocuğun DD'si arasında annenin depresif semptom düzeyinin aracı etkisi bulunamamıştır. Bu sonuç mevcut literatür ile uyumlu bulunmamıştır (Levandovsky vd., 2006; Zarling vd., 2013). Bunun birkaç nedeni olabilir. Örneğin Levendovsky vd. (2006) ve Zarling vd. (2013) çalışmalarında YPŞ'nin farklı türlerini (örneğin, fiziksel, cinsel şiddet) birlikte kullanmış ve çocuğun DD'sine etkisinde annenin ruh sağlığı aracı etkisini göstermiştir. Diğer yandan ise bu çalışmada sadece psikolojik YPŞ'nin kullanılması ve sadece annenin depresif semptom düzeyinin ele alınması benzer bir sonucun bulunamamasına etki etmiş olabilir. Farklı türdeki YPŞ'nin bir arada olması (Dillon vd., 2013; Pate ve Simonič, 2021; Yastıbaş-Kaçar vd, 2023) ve YPŞ'nin birçok farklı ruh sağlığı ile ilişkinin olması (Spencer vd., 2024) bu çalışmada yalnızca psikolojik YPŞ'nin ve depresif semptom düzeyinin dikkate alınması bakımından düşünüldüğünde beklenen ilişkinin görülememesi ile ilişkili olabilir. Yine bu çalışmadaki örneklemin klinik bir örneklem olmaması, katılımcıların yaşı ve yüksek eğitim düzeyine sahip olmaları, özellikle eğitim düzeyinin yardım alma ile ilişkisi göz önünde bulundurulduğunda (Barrett ve Pierre, 2011; Durfee ve Messing, 2012) depresif semptom düzeyin aracı etkisinin görülememesine neden olmuş olabilir.

Mevcut çalışmada yalnızca psikolojik YPŞ failliğinin çocuğun DD'sine etkisinde annenin güvenli üs olma istekliliği ve olumsuz ebeveynlik pratiklerinin aracı etkileri gözlenmiştir. Bu, failliğin mağduriyete göre farklı duygusal süreçlerle (örneğin öfke, duygu düzenleme güçlüğü) ilişkili olmasından kaynaklanabilir (Spencer vd., 2024). Engfer'in (1988) "taşma hipotezi"ne göre, ebeveynler arası olumsuzluklar ebeveyn-çocuk ilişkisine taşarak annenin daha az sıcak ve hassas, daha fazla düşmanca davranışlar sergilemesine yol açabilir. Ayrıca, Low vd. (2022) failliğin YPŞ'de aktif rolü olduğunu ve annenin failliğinin çocuğun DD'si üzerinde mağduriyetten daha belirgin etkisi olduğunu göstermiştir. Mevcut çalışma da bu bulguları desteklemektedir.

4.2. Nitel Çalışma Sonuçlarının Tartışılması

Çalışmanın "anneliğin bireysel dinamikleri" temasında elde edilen bulgular literatürle uyumludur. McVeigh (1997), anneliğin bireyde duygusal dönüşüm, yorgunluk ve kişisel zaman eksikliği gibi etkilerini vurgulamıştır. Özgen ve Ekşi (2022) ise orta çocukluk dönemindeki annelerin en çok "kendini feda" teması üzerinde durduklarını göstermiştir. Benzer şekilde, Laney vd. (2015) ve Tunçdemir (2024), anneliğin benlik dönüşümünü, artan sorumluluk hissini ve çocuğa yoğun kaynak ayırma eğilimini ortaya koymuş; bu deneyimlerin "yoğun annelik" kavramı ile ilişkili olabileceğini belirtmişlerdir. Mevcut çalışmada da bu kavrama dair benzer nüanslar gözlenmiştir.

Çalışmanın ikinci temasında ise anneliğin ilişkisel dinamikleri ortaya konmuştur. Özgen ve Ekşi (2022)'nin de belirttiği şekilde çocuk sahibi olduktan sonra partnerle paylaşılan çocuk yetişme sorumluluğun önemli bulunduğu mevcut çalışmada da gösterilmiştir. Diğer yandan ise çocukların çatışmalara verdiği tepkiler de mevcut literatürle uyumludur (Van Baak ve Eichelsheim, 2025; Rhoades, 2008). Mevcut literatürde de gösterildiği üzere çocuklar çatışmaların yalnız pasif alıcıları değil, aynı zamanda bu tür çatışmalardan etkilendiklerini davranışlarıyla ortaya koyan durumdadır. Bu çalışmada pasif ve aktif stratejiler olarak alt temalarla ortaya konan tepkiler her ne kadar çocukların ebeveyn çatışmalarına yönelik etkilenebileceklerini ortaya koysa da çatışmaların çocuğun DD'si

bakımından olumlu veya olumsuz yönde etkisine dair net yanıtlar verememektedir. Yine de YPŞ'nin çocuğun DD'sine etkisini anlamada yardımcı olabileceği düşünülmektedir (Rhoades, 2008).

Çalışmanın üçüncü temasında anneliğin geniş sosyal ve kültürel dinamikleri ele alınmıştır. Barlow ve Cairns (1997) ile Choi vd. (2005), sosyal çevrenin annelik sürecindeki etkisini vurgulamıştır. Bu çalışmada sosyal medya gibi bazı sosyal sistemlerin anneliği zorlaştırdığı görülmüştür. Kirkpatrick ve Lee (2022) de sosyal medyadaki ideal annelik paylaşımlarının anneler üzerinde kıyaslama ve yetersizlik hissi yarattığını belirtmiştir. Anneliğe yönelik mitler ise (Constantinou vd., 2021) Türk toplumunda da var olup, anneleri birincil bakım veren olarak konumlandırmaktadır. Öğüt ve Güvenç (2022) Türk toplumundaki kutsallaştırılmış annelik anlayışının ve annelerin kaynaklarını çocukları için feda etme beklentisinin annelerde yorgunluk ve baskı yarattığını göstermiştir. Bu bulgular, mevcut çalışmadaki annelik mitleri temasını desteklemektedir.

4.3. Nicel ve Nicel Çalışmanın Sonuçlarının Birlikte Tartışılması

Bu araştırma, psikolojik YPŞ'nin (mağduriyet ve failliği) annenin depresif semptom düzeyi, güvenli bir üs olma istekliliği ve olumsuz ebeveynlik pratiklerinin aracılığıyla çocukların DD'sine etkisini incelemeyi amaçlamıştır. Nicel veriler üzerinden bu ilişkiler test edilirken, psikolojik şiddetin yaşandığı evlerde anneliğin nasıl deneyimlendiğine dair nitel veriler de toplanmış; böylece sadece istatistiksel sonuçlara değil, deneyimsel ve kültürel bağlama da odaklanılmıştır. Annelik deneyimleri hem kişisel hem de toplumsal düzeyde ele alınarak, annelikle ilgili bireysel ve sistemsel etkiler anlaşılmaya çalışılmıştır.

YPŞ ve çocuk için sonuçları üzerine yapılan araştırmalar sıklıkla yalnızca annelerden alınan öz-bildirimlere dayanmaktadır (Greeson vd., 2014) Bu durum, hem elde edilen bilgilerin yorumunu etkiler hem de annelerin çocuklarının refahından birincil derecede sorumlu olduğuna dair toplumsal beklentiyi yeniden üretir. Bu bakış açısı, feminist bir perspektifle değerlendirildiğinde, geleneksel cinsiyet rollerini pekiştirerek anneler

üzerindeki yükü artırmakta ve onları çocuklarının zorlukları karşısında daha kırılgan hâle getirebilmektedir. Bu yaklaşım, çatışmalı ilişkilerde ebeveynliğin karmaşıklığını ve diğer bakım verenlerin ya da dışsal faktörlerin çocuk gelişimindeki rollerini göz ardı edebilir (Lapierre, 2008, 2021).

Nicel sonuçlar, depresif semptom düzeyinin çocukların DD'sinde anlamlı bir aracı rol oynamadığını; ancak annenin güvenli üs olma istekliliği ve olumsuz ebeveynlik davranışlarının anlamlı (seri) aracı roller üstlendiğini göstermiştir. Bu durum, psikolojik YPŞ'nin çocukların DD'sini duygusal değil daha çok ilişkisel ve davranışsal yollarla etkileyebileceğini düşündürmektedir. Özellikle psikolojik YPŞ mağduriyetinin anlamlı bir etki göstermediği, ancak daha annenin daha aktif bir rol aldığı failliğin ebeveynlik pratikleri üzerinden çocukların DD'siyle ilişkili olduğu bulunmuştur (Low vd., 2022). Yine de mevcut çalışmada hem faillik hem de mağduriyet arasındaki korelasyon hem failliğin hem de mağduriyetin önemli olduğu ve psikolojik YPŞ'nin çift yönlü doğasına ve tek başına nadiren ortaya çıktığına işaret etmektedir (Spencer vd., 2024). Bu bağlamda hem mağduriyet hem de faillik durumlarının çocukların duygularını güvenli şekilde ifade edebileceği bir ev ortamı yaratmak için dikkate alınması gerekmektedir.

Nitel bulgular, ebeveynler arası çatışmaların annelik üzerinde etkili olabildiğini ve çocukların bu çatışmalara pasif değil, aktif tepkiler verdiğini göstermektedir (Davies ve Cummings, 1994). Anneler, çatışma sırasında yaşadıkları duygu durumlarının ebeveynliklerini zorlaştırabildiğini belirtmiştir. Annelik deneyimi kişisel dönüşüm yaratarak empati, sabır ve farkındalık kazandırırken; artan sorumluluk, kısıtlanmışlık ve sosyal destek eksikliği ebeveynlik öz-yeterliğini olumsuz etkileyebilir (Özgen ve Ekşi, 2022). Bu bulgular, psikolojik YPŞ'nin annelikle ilgili faktörler aracılığıyla çocuğun DD'sine etkisini inceleyen nicel sonuçların yorumlanmasına katkı sağlayabilir.

Son olarak, evlilik ilişkisi bağlamında düşünüldüğünde, ebeveynliğe geçişle birlikte sorumlulukların adil paylaşılmaması çiftler arasında önemli bir çatışma kaynağı hâline gelebilir. Araştırmalar hem ev işlerinin hem de çocuk bakımının eşit paylaşımının çiftlerin

ilişkisel doyumlarını artırdığını ve çocukların refahına katkı sağladığını göstermektedir (Carlson vd., 2016). Aynı şekilde, sadece fiziksel işler değil, duygusal emek de (örneğin empati kurma, destek olma) eşit biçimde paylaşılmalıdır (England ve Farkas, 1986). Bu bağlamda, eşit sorumluluk paylaşımı psikolojik YPŞ'nin ortaya çıkmasını önleyici bir faktör olarak değerlendirilebilir.

4.4. Kuram ve Uygulamaya Yönelik Çıkarımlar

Çalışmanın bulguları, orta çocukluk dönemindeki çocukların DD'sinin, ebeveynlerin özellikle de annenin çocuğa yönelik erişilebilirliği ve ebeveynlik davranışları ile şekillendiğini göstermektedir. Ebeveynler arasındaki çatışmaların veya psikolojik şiddetin anne-çocuk ilişkisine olumsuz yansıması, çocuğun DD'sini sekteye uğratabilir. Bu nedenle, özellikle psikolojik YPŞ'nin yaşandığı ailelerde çocukların DD'sini ele alırken anne-çocuk ilişkisi ve bu ilişkinin niteliği kritik öneme sahiptir.

Nitel bulgular, anneliğin kadınların hayatında hem olumlu hem zorlayıcı etkileri olduğunu göstermektedir. Türkiye'de annelikle ilgili toplumsal mitler ve beklentiler, anneler üzerinde baskı oluşturarak ebeveynlik deneyimlerini zorlaştırabilir. Bu nedenle, bireysel müdahaleler yerine tüm aile sistemini kapsayan bütüncül danışmanlık yaklaşımları önerilmektedir. Psikolojik YPŞ genellikle fiziksel iz bırakmadığı için normalleşmekte ve danışmanlıkta göz ardı edilebilmektedir (Arriaga ve Schkeryantz, 2015). Bu yüzden psikolojik danışmanlıkta bu şiddet türünün tanımlanması önemlidir. Müdahalelerde çatışma çözme, iletişimi güçlendirme ve ebeveynlik sorumluluklarının eşit paylaşımı öncelik kazanmalıdır (Bacchuss vd., 2024). Ayrıca, Türk toplumundaki toplumsal cinsiyet rolleri dikkate alınmalı ve kültürel dinamiklerin aile üyelerine etkisi anlaşılmalıdır. Sonuç olarak, çocukların duygusal gelişimini destekleyen programlar, anne-çocuk ilişkisi yerine tüm aile sistemine, özellikle anne-baba ilişkisine odaklanmalıdır; bu tür yaklaşımlar çocukların duygusal güvenliğini artırabilir (Bacchuss vd., 2024).

4.5. Gelecek Çalışmalar için Öneriler

Bu çalışmada yalnızca psikolojik YPŞ incelenmiş ve klinik olmayan bir örneklemden veri toplanmıştır. Gelecek çalışmalarda farklı YPŞ türleri (ör. fiziksel, ekonomik, cinsel), klinik örneklemler (ör., kadın sığınma evlerindeki anneler) ve farklı kaynaklardan (ör., baba, çocuk) veri alınması önerilmektedir. Ayrıca, babaların ebeveynlikle ilgili stres yaşadığı Türkiye bağlamında (Zencir ve Haskan Avcı, 2023), babaların ebeveynlik değişkenlerinin/deneyimlerinin de araştırılması önemlidir. Çalışma yalnızca orta çocukluk dönemine odaklandığından, farklı yaş gruplarının incelenmesi önerilmektedir (Clark vd., 2022; Skinner ve Zimmer-Gembeck, 2007; Zamen ve Garber, 1996). Metodolojik olarak, yalnızca annelerden öz-bildirim alınması sosyal beğenirlik yanlılığı riski taşıdığından, gözlem gibi yöntemlerin kullanılması ve boylamsal tasarımların tercih edilmesi tavsiye edilmektedir (Holmes vd., 2022). Ayrıca, katılımcıların yüksek eğitim düzeyi genellenebilirliği sınırlandırdığından, daha çeşitli sosyoekonomik grupların dahil edilmesi önerilmektedir (Barrett ve Pierre, 2011; Durfee ve Messing, 2012). Psikolojik YPŞ'nin ruh sağlığı üzerindeki etkileri göz önüne alınarak, farklı ruh sağlığı değişkenlerinin de eklenmesi önerilmektedir (Spencer vd., 2024).

K: CURRICULUM VITAE

CURRICULUM VITAE

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EDUCATION

September 2019 – current	*Ph.D., Guidance and Psychological Counseling,* Middle East Technical University Ankara, Turkey
September 2015 – February 2019	*M.A., Guidance and Psychological Counseling*, Boğaziçi University İstanbul, Turkey Thesis Title: "Relationships between executive functioning, private speech, and emotion regulation in preschoolers" Thesis Advisor: Dr. Nihal Yeniad
September 2010 – June 2015	*B.A., Guidance and Psychological Counseling*, Boğaziçi University, İstanbul, Turkey
January 2014 – June 2014	*Erasmus Student, Psychology*, Copenhagen University, Copenhagen, Denmark

PROFESSIONAL EXPERIENCE

October 2023-current	*Research Scholar,* UNIPDES- An Internet-Based Transdiagnostic Intervention for College Students' Psychological Symptoms: Development, Usability, and Effectiveness (TUBITAK Project No: 123K895). Project Managers: Dr. Ömer Özer (Eskişehir Anadolu University, & Prof. A. Ercan Altınöz (Eskişehir Osmangazi University)
September 2023-June 2024	*Part-time Lecturer,* MEF University, Department of Education Offered courses: PDR502 Theories of Counseling (Graduate Level)

EDS304 Guidance (Undergraduate Level)

August 2023-March 2025	*Psychological Counselor,* Heltia
August 2022-August 2023	*School Counselor,* Private Çakabey Schools İzmir, Turkey
November 2021-October 2022	*Research Scholar,* Examining the Effects of a Parent Intervention Program Based on Dialogic Book Reading with Children on Parent–Child Interaction and Child Development (TUBITAK Project No: 220K350) Project Managers: Dr. Nihal Yeniad (Boğaziçi University) & Prof. Feyza Çorapçı (Boğaziçi University)
September 2015 – August 2022	*Research Assistant*, Department of Guidance and Psychological Counselling MEF University, İstanbul, Turkey

PROFESSIONAL PRESENTATIONS

Öztemür, G. & Özgülük, S. B. (2016). *The Relationship of Resilience and Parental Acceptance-Rejection Levels to Cyber Victimization.* ABC: Bullies, Bullied and Bystanders Conference, Dublin, 9- 10th of June

Özgülük, S. B. & Öztemür, G. (2016). *Investigation of the role self-compassion and basic psychological needs play in adolescents' cyberbullying behaviors*. ABC: Bullies, Bullied and Bystanders Conference, Dublin, 9- 10th of June

Öztemür, G. & Yeniad, N. (2019). *Relationships Between Executive Functioning, Private Speech, and Emotion Regulation in Preschoolers.* 19th European Conference on Developmental Psychology, Poster Presentation, Athens, Greece, August 29-September 1

Öztemür, G. (2022). *Executive Functioning in Children: What are they and how can we support them?* 4th MEF University International Educational Sciences Student Conference. Invited Speaker, 26-27 March.

AWARDS

High Honors Degree, Faculty of Education, Boğaziçi University, Graduation Ceremony, 2015

PUBLISHED ARTICLES

Börkan, B., Öztemür, G., Yılmaz, O., Çetintaş, Ş., Gülcan, B., & Özcan, M. (2017). Rehberlik ve araştırma merkezlerinde psikolojik test uygulama süreçleri. *Türk Psikolojik Danışma ve Rehberlik Dergisi, 7*(48), 1302-1370.

Toplu-Demirtaş, E., Öztemür, G., & Fincham, F.D. (2020). Perceptions of dating violence: Assessment and antecedents. *Journal of Interpersonal Violence*, *37*(1-2), 1-28. https://doi.org/10.1177/0886260520914558

Oflaz Ç., Toplu-Demirtaş, E., Öztemür, G., & Fincham, F. D. (2022). Feeling guilt and shame upon psychological dating violence victimization in college women: The further role of sexism. *Journal of Interpersonal Violence, 38*(1-2), NP1990–NP2016. https://doi.org/10.1177/08862605221097443

Öztemür, G., Toplu-Demirtaş, E. (2023). Are the paths to victim-blaming paved with hostile sexism, honor system justification, and fragile masculinity? Evidence from men in Turkey. *Sexuality & Culture*, *28*, 168-186. https://doi.org/10.1007/s12119-023-10109-8

Özkan, H., Öztemür, G., Toplu-Demirtaş, E., & Fincham, F. D. (2023). Unraveling the links among witnessing interparental conflict, hopelessness, psychological dating violence victimization, and adult depressive symptoms. *Journal of Interpersonal Violence*, *38*(23-24), 12161-12184. https://doi.org/10.1177/08862605231191215

Özer, Ö., Öztemür, G., Altinöz, A. E., Köksal, B., Doğan, U., Batmaz, S., Gür, R., & Altinok, A. (2025). UNIPDES - An internet-based transdiagnostic intervention for college students' psychological symptoms: Evaluation of its development, usability and effectiveness: Study protocol. *Contemporary Clinical Trials Communications*, *44*, Article: 101443. https://doi.org/10.1016/j.conctc.2025.101443

BOOK CHAPTERS

Özgülük, B. & Öztemür, G. (2017). Psikanalitik kuram: S. Freud. In D. Gençtanırım-Kurt & E. Çetinkaya-Yıldız (Eds.) *Kişilik kuramları: Gerçek yaşamdan kişilik analizi örnekleriyle*. Pegem Yayıncılık, Ankara

Özen, E. & Öztemür, G. (2022). Grupla psikolojik danışma. B. Serim-Yıldız & S. B. Özgülük-Üçok (Eds.) *Çocuklarla ve ergenlerle psikolojik danışma teknikleri*. Nobel Yayıncılık, Ankara.

TRANSLATED BOOK CHAPTERS

Öztemür, G. (2020). Stresle Başa Çıkma. *Kişilik Psikolojisi: Öğrenci Merkezli Bir Yaklaşım.* D. Gençtanırım-Kurt & S. Demirtaş-Zorbaz (Trns. Eds.). Nobel Akademik Yayıncılık, Ankara.

ATTENDED WORKSHOPS/ TRAININGS FOR PROFESSIONAL DEVELOPMENT

November 23-25, 2024	Prof. Ali Ercan Altınöz & Prof. Sedat Batmaz, Suicide Assessment and Intervention Workshop Program, 8-hour workshop, Cognitive Behavioral Psychotherapies Association.
March 20, 2024 – March 25, 2024	Asena Yurtsever, EMDR (Eye Movement Desensitization and Reprocessing) Level I, 40 hours, Institute Ay.
October 7– November 19, 2023	Zeliha Babayigit, Ph.D., Internal Family Systems (IAS) Introductory Training, 48 hours, Psychotherapy Turkey
March 1, 2023	Prof. Aslıhan Dönmez, Workshop on Intolerance of Uncertainty from the Framework of Cognitive Behavioral Therapy, 3-hour workshop. Cognitive Behavioral Psychotherapies Association, Turkey
December 13, 2022	Prof. Aslıhan Dönmez, Perfectionism from the Cognitive Behavioral Therapy Framework, 3-hour workshop. Cognitive Behavioral Psychotherapies Association, Turkey
September 1, 2022	İrem Polat, "Childhood Fears", 2-hour workshop, Mita Psychology, Istanbul, Turkey
August 21, 2022	Marmara School Readiness Test Practitioner Training Certificate Program, Prof. Özgül Polat
April 2022 – May 2022	"Cognitive Behavioral Therapy (CBT) Skills Training", 30 hours, Cognitive Behavioral Psychotherapies Association, Turkey
March 2022 – June 2022	"Cognitive Behavioral Therapy (CBT) Basic Theory Training for Children and Adolescents", 80 hours, Cognitive Behavioral Psychotherapies Association, Turkey
January 2022 – March 2022	"Cognitive and Behavioral Therapy- Basic Diagnostic Training", 50 hours, Cognitive Behavioral Psychotherapies Association, Turkey
January 24-27, 2022	"Assessment and Structured Interview Training in Cognitive and Behavioral Therapy", 16 hours, Cognitive Behavioral Psychotherapies Association, Turkey

April 18, 2021	Maggie Klein, "Social Emotional Development in Children: A Roadmap to Resilience", 3-hour workshop. Somatic Experiencing Turkey
April 4, 2021	Didem Çaylak van Zuijlen "SE Basics: Basic Concepts of Somatic Experiencing", Somatic Experiencing Turkey, 3-hour seminar
March 27, 2021	Mark Williams, Ph.D. "The Art of Feeling Good: Overcoming Depression with Mindfulness-Based Cognitive Therapy", Walk of Life, Online 5-hour workshop
January 21, 2021	İrem Polat, "Trauma, Children and Play", 2-hour workshop, Mita Psychology, Istanbul, Turkey
March 2015, May 2015	Creative Drama, 8 weeks, Foundation for the Promotion of Guidance in Higher Education and Training of Guides (YÖRET), Istanbul, Turkey
March 2016 – May 2017	Filiz Çetin, M.A., "Child-Centered Play Therapy", Nisan Psychological Counseling Centre, İstanbul, Turkey Jan. 17, 2017
January 17, 2017	Megan McClelland, Ph.D., "Head-Toes-Knees-Shoulders", Online Training Certificate
January 5, 2016 – February 16 2016	Zümra Atalay, Ph.D., "8 Weeks Mindfulness-Based Stress Reduction (MBSR)", MEF University
November 3, 2016	Ayşe Gül Güven, Ph.D., "Turkish Expressive and Receptive Language Test" (in ages from 3-12), Turkish Psychological Association, Ankara, Turkey
February 2015 – May 2015	Soley Sezgin Akten, B.A., "Transactional Analysis", Boğaziçi University, İstanbul, Turkey

LANGUAGE SKILLS

English (Advanced Level):

IELTS test score (20.11.2020): 7.0/10
YDS test score (03.11.2024): 87,5/100

L. THESIS PERMISSION FORM / TEZ İZİN FORMU

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TEZİN ADI / TITLE OF THE THESIS (**İngilizce** / English): MATERNAL DEPRESSIVE SYMPTOMOLOGY, PARENTING PRACTICES, MOTHERHOOD EXPERIENCES, AND MOTHER-REPORTED CHILDEN'S EMOTION REGULATION: A MULTI-METHOD STUDY IN THE CONTEXT OF PSYCHOLOGICAL INTIMATE PARTNER VIOLENCE

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