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Exploring the Relationship Between Maternal Mental Health and Verbal Abuse Toward Children

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Abstract

Verbal abuse toward children remains a significant issue, often justified by parents as a form of discipline. Maternal mental health plays a crucial role in influencing parenting behavior, including the tendency to engage in verbal abuse. This study aims to analyze the influence of maternal factors such as knowledge, employment status, parenting experience, living environment, economic conditions, education, marital status, and single parenthood on maternal mental health and its relationship to verbal abuse behavior. This quantitative analytic study used a cross-sectional design and Structural Equation Modeling (SEM) with SPSS and Confirmatory Factor Analysis (CFA). A total of 249 mothers from five sub-districts and ten elementary schools in Surabaya were selected using multistage random sampling. Data were collected over three months using a validated questionnaire and interviews. The study found that maternal knowledge and employment status significantly influenced maternal verbal abuse behavior. Meanwhile, other maternal factors such as education, income, marital status, single parenthood, parenting experience, and living environment showed no direct influence. Although maternal mental health had no direct effect on verbal abuse behavior, good emotional regulation and coping strategies may explain this finding.

Keywords: Emotional regulation, Maternal factors, Mental health, Parenting, PPK, Verbal abuse.

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1. Introduction

Child abuse refers to any act committed against a child that results in suffering or distress. This suffering may be physical, psychological, sexual, or result from neglect, including threats to commit such acts, coercion, or deprivation of liberty through unlawful means. According to Law No. 23 of 2004, types of child abuse include physical abuse, emotional abuse, sexual abuse, neglect, and abandonment, as well as economic abuse [1]. Many adults still treat children as objects of abuse, which contradicts the principles of child protection.

Parental knowledge regarding child protection is generally high. This suggests that society, particularly parents, understands the principles of child protection. However, many parents continue to engage in abusive behavior under the assumption that it is part of child discipline. It is common for parents to believe that punishing a child as long as it does not cause excessive harm or visible physical injury is acceptable in child-rearing. This mindset contributes to the continued and repeated occurrence of child abuse cases [2].

Mothers who engage in verbal abuse during parenting can contribute to behavioral and emotional problems in children. Children raised in environments where verbal abuse is present are more likely to experience difficulties in social adjustment, develop self-blaming tendencies, and exhibit emotional instability [3]. Parents play a crucial role in the development of school-aged children. Verbal abuse directed at children can negatively impact their developmental processes.

Many parents perceive verbal punishment as a normal part of disciplining children, often failing to recognize its harmful psychological effects. Verbal abuse inflicted by parents can severely affect a child's mental health. In school-aged children, the psychological impact of parental verbal abuse may lead to learning difficulties and emotional disorders [4].

Figure 1 presents data on verbal (psychological) abuse among different child age groups, as reported by SIMFONI PPA (Sistem Informasi Online Perlindungan Perempuan dan Anak / Online Information System for the Protection of Women and Children).

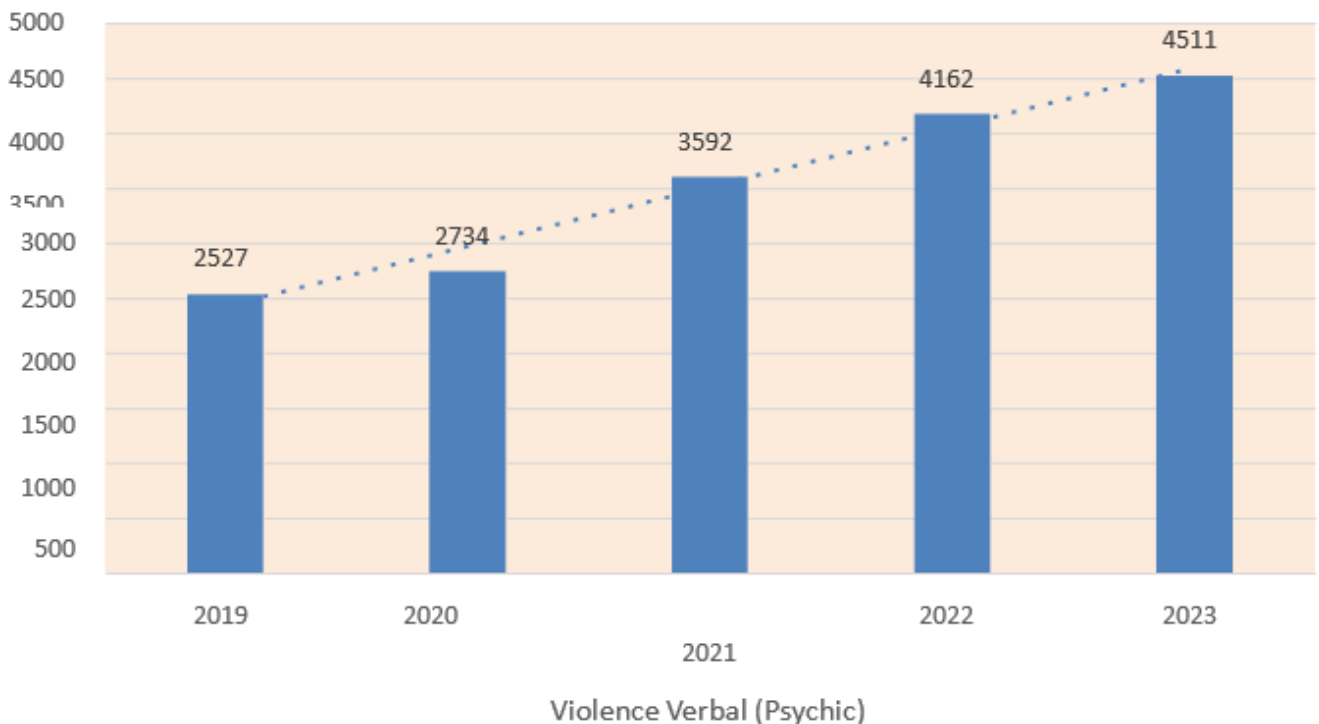


Figure 1.
Data on Verbal Abuse (Psychological) against Children from 2019 to 2023.
Source: (SIMFONI-PPA, 2023).

It is estimated that 50% or more of the 1 billion children worldwide aged 2 to 17 years, particularly in regions such as Africa, Asia, and North America have experienced physical, sexual, and verbal abuse, or neglect [5]. According to UNICEF [6], approximately 80% of children aged 2 to 14 have been subjected to either physical or psychological abuse. In terms of location, 62% of these acts of abuse occur within the family and school environments, while the remaining 38% take place in public settings [7]. Verbal abuse can lead to emotional distress, developmental problems, impaired social relationships, increased aggression, and the perception of adults as adversaries [8].

Child abuse can be prevented through health education efforts. Community health education operates across various dimensions, with the family being one of the most essential settings. The family serves as a vital social system that plays a crucial role in both the education and health of its members, especially children. As a social unit, the family provides comfort, safety, economic and material welfare, as well as psychological, physical, emotional, and spiritual support [9].

Maternal mental health is not only defined by the absence of mental illness, but also includes a mother's ability to think, regulate emotions, socialize, and manage stressors related to mental well-being. Good mental health is associated with inner peace, happiness, and an individual's capacity to respond appropriately to problems and adapt to various situations. A mentally healthy individual possesses positive characteristics, can adjust to challenges, cope with stress, maintain healthy

relationships, and recover from adversity. In contrast, poor mental health in parents may lead to behavioral disturbances, emotional imbalance, and impaired social functioning [10].

Therefore, the research question posed is whether maternal factors such as knowledge, employment status, parenting experience, living environment, economic status, education level, marital status, and whether or not the mother is a single parent have an influence on maternal mental health. This study aims to analyze the influence of those maternal factors on mothers' mental health. This study aims to examine the enhancement of exploring the relationship between maternal mental health and verbal abuse toward children.

2. Method

This study employed a quantitative analytical approach using a cross-sectional design to investigate maternal and child factors influencing maternal mental health and verbal abuse behavior. Maternal factors included education, employment, family income, marital status, parenting responsibility, parenting experience, living environment, and maternal knowledge. Child-related variables included the number of children, the child's gender, age, status, behavior, health condition, and whether the child was expected or not.

Data collection was conducted using multistage random sampling, where the larger population area (in this case, Surabaya City) was divided into smaller, clearly defined areas. The research was conducted in Surabaya, East Java Province, covering five districts and ten elementary schools. Data were collected over a period of three months (July, August, and September 2024), following the issuance of a research permit and ethical clearance from the ethics committee.

The analysis was conducted using Structural Equation Modeling (SEM), with two statistical methods: SPSS and Confirmatory Factor Analysis (CFA). Maternal factors measured included Education, Employment, Family income, Marital status, Single parenthood status, Parenting experience, Poor family environment and discomfort in the living area, and Knowledge, which was assessed using a parenting questionnaire developed by Nofriyati [11] along with in-depth interviews [11]. All measurements were based on validated research instruments [12].

3. Result

3.1. Distribution of Respondents Based on Maternal Factors

This study measured six variables, which included maternal factors, maternal mental health, and verbal abuse behavior. The following are the results of the measurement for each research variable based on respondent characteristics.

3.1.1. Maternal Factors

Table 1.
Frequency Distribution of Respondents Based on Maternal Factors.

No	Variable	Frequency (n)	Percentage (%)	Minimum, Maximum, Mean, SD
1.	Education			
	Elementary School	22	8.8	
	Junior High School	24	9.6	
	Senior High School	149	59.8	
	Higher Education	54	21.7	
2.	Maternal Occupation			
	Employed	93	37.3	
	Unemployed	156	62.7	
3.	Income			
	≥ Regional Minimum Wage	34	13.7	
	= Regional Minimum Wage Rp. 4,725,479	76	30.5	
	< Regional Minimum Wage	139	55.8	
4.	Marital Status			
	Unmarried	10	4.0	
	Married	239	96.0	
5.	Single Parent / Not (Parenting Responsibility)			
	Not Single = No	38	15.3	
	Single = Yes	211	84.7	
6.	Parenting Experience Category			
	Experienced	9	3.6	
	Inexperienced	240	96.4	
7.	Mother's Living Environment Category			
	Comfortable	13	5.2	
	Uncomfortable	236	94.8	
8.	Maternal Knowledge Category			0.00–40.00, 26.17±8.89
	Good	122	49.0	
	Fair	97	39.0	
	Poor	30	12.0	

Based on Table 1 shows that the majority of respondents' education level is Senior High School, with 149 people (59.8%), which is the compulsory education level in Indonesia (12 years), thereby motivating school participation and increasing the community's education level. Regarding occupation, the majority of respondents were unemployed (156 people or 62.7%). This may be due to the dual roles of mothers in the household, especially when they already have children and focus on parenting.

In terms of marital status, the majority of mothers were married (239 people or 96%), which is an administrative requirement for civil affairs. Regarding parenting responsibility, the majority of mothers took full responsibility (211 people or 84.7%), which is a challenging process. Childcare is a shared responsibility, particularly for parents or guardians who play the primary role in guiding, educating, and nurturing children. This includes physical, emotional, social, and educational aspects that all contribute to child development and well-being. Parents must provide adequate attention and affection, as well as create a safe and supportive environment for children's growth and development. In addition, society and educational institutions also play roles in supporting good parenting.

Regarding parenting experience, most mothers (240 or 96.4%) were inexperienced, possibly due to never having cared for children before, lacking family or role models, limited knowledge and education on parenting, or being raised in unsupportive environments. Other contributing factors may include lifestyle changes, new challenges in parenting roles, lack of support systems, high expectations, emotional insecurity, and fatigue all of which hinder adaptive learning.

The majority of mothers (236 or 94.8%) reported having uncomfortable living environments. The quality of the residential environment can affect health and quality of life. Regarding knowledge about verbal abuse, 122 mothers (49.0%) were in the "good" category, indicating curiosity and rational thinking that prompted them to seek information relevant to knowledge development.

3.1.2. Maternal Mental Health

Table 2.
Frequency Distribution of Respondents Based on Maternal Mental Health.

Variable	Frequency (n)	Percentage (%)	Minimum, Maximum, Mean, SD
Maternal Mental Health Measurement			0.00–118.00, 17.80 ± 17.71
Normal	205	82.3	
Mild	37	15.1	
Moderate	4	1.6	
Severe	3	1.0	

Based on Table 2, out of 249 respondents, 219 mothers (88%) were found to have normal mental health. Mental health conditions relate to emotional, psychological, and mental states. In addition to maintaining physical health, mothers are also expected to have optimal mental health. This allows them to be aware of their abilities, cope with them. Table 2 shows that the majority of mothers in this study exhibited normal mental health, with a frequency of 205 respondents (82.3%). Only a small proportion experienced mild (15.1%), moderate (1.6%), and severe (1.0%) mental health problems. The results indicate that while most mothers in the sample had normal mental health, a small subset showed signs of mild to severe mental health issues. The variation within the "normal" category suggests considerable differences in the mothers' mental health conditions, which warrant further analysis to understand the underlying influencing factors. Mental health conditions are closely related to emotional, psychological, and psychiatric states. In addition to maintaining physical health, a mother plays a crucial role in the family by being required to maintain optimal mental health. This enables her to be aware of her own abilities, manage normal life stressors, work productively, and contribute to her environment. A mother's mental health condition can significantly affect both the overall family environment and parenting patterns.

3.2. Distribution of Respondents Based on Maternal Verbal Abuse Behavior

Table 3.
Respondents based on Maternal Verbal Abuse Behavior.

Variable	Frequency (n)	Percentage (%)	Minimum, Maximum, Mean, SD
Maternal Verbal Abuse Behavior			0.00–27.00, 3.83 ± 3.96
Never	38	15.3	
Mild	193	77.5	
Moderate	14	5.6	
Severe	4	1.6	

Based on the data in Table 3, from 249 respondents, 193 mothers (77.5%) exhibited mild verbal abuse behavior. Verbal abuse often does not involve physical contact but rather speech, such as yelling, cursing, mocking, bullying, or insulting, which affects the mental or psychological condition of the victim. Maternal verbal abuse behavior tends to be lower when supported by certain factors such as education, awareness, social support, stable economic conditions, and emotional well-being. These findings suggest that while the majority of mothers may demonstrate relatively mild forms of verbal aggression, there remains a subset of individuals who exhibit more severe or intense verbal violent behavior.

3.3. Description of Research Variable Relationships

In this study, the relationships of six variables were measured, consisting of maternal factors.

3.3.1. Maternal Factor

The maternal factor variable is constructed from eight indicators: maternal education, occupation, income, marital status, single parent or not, parenting experience, environment, and knowledge. Table 4 below presents the measurement results of the maternal factor variable.

3.3.2. Maternal Mental Health

Table 4.
Maternal Mental Health and Verbal Abuse Behavior of Mothers (n = 294).

Maternal Mental Health	Never (n=38)	Mild (n=193)	Moderate (n=14)	Severe (n=4)
Normal	33 (86.8%)	160 (82.9%)	8 (57.1%)	4 (100%)
Mild	4 (10.5%)	27 (14.0%)	6 (42.9%)	0 (0.0%)
Moderate	1 (2.6%)	3 (1.6%)	0 (0.0%)	0 (0.0%)
Severe	0 (0.0%)	3 (1.6%)	0 (0.0%)	0 (0.0%)

At this stage, reliability testing was also conducted. Reliability testing of the research instrument was performed using composite reliability testing. Table 5 presents the results, showing composite reliability values > 0.7, indicating that the constructs in the study are reliable.

Based on this table, mothers with normal mental health were not involved in verbal violence, with a percentage of 86.8%. The majority also did not exhibit even mild verbal aggression, with only 10.5% falling into the mild category and 2.6% into the moderate category. Notably, all mothers with normal mental health in the severe category (100%) did not engage in severe verbal violence. Among mothers with mild mental health issues, 14% were involved in mild verbal aggression. Approximately 1.6% of those with mild mental health issues were involved in more severe forms of verbal aggression, and another 1.6% reported engaging in verbal violence of a lower intensity. Furthermore, 2.6% of mothers with moderate mental health issues were involved in mild verbal aggression.

There is a clear tendency for mothers with normal mental health to be less involved in verbal violent behavior. In contrast, mothers with mild mental health problems were more frequently involved in verbal aggression, although generally at a mild intensity. Mothers with moderate mental health issues tended to engage in verbal aggression at a lower intensity as well. Additionally, no mothers with severe mental health problems were found to engage in verbal violent behavior, regardless of the severity level (mild, moderate, or severe).

These findings suggest that a decline in maternal mental health, particularly within the mild category, may increase the tendency toward verbal aggression. However, more severe mental health deterioration does not appear to be associated with an increase in violent verbal behavior. Mental health interventions aimed at improving maternal well-being could help prevent or reduce instances of verbal aggression among mothers.

Table 5.
Composite Reliability Test of Each Latent Construct.

Construct	Composite Reliability	Note
Social Support	1.000	Reliable
Child Factors	1.000	Reliable
Maternal Factors	0.769	Reliable
Mental Health	1.000	Reliable
Socio-Cultural Norms	1.000	Reliable
Verbal Abuse Behavior	1.000	Reliable

From the outer model analysis results, it can be concluded that all values of convergent validity (outer loading), Average Variance Extracted (AVE), and composite reliability meet the required criteria, meaning that items and indicators fulfill validity and reliability standards, and no multicollinearity exists between indicators. Therefore, the structural model (Inner Model) testing can proceed.

Structural model testing was performed by examining the path coefficients and T-statistics. An exogenous factor is considered to influence an endogenous factor if the T-statistic value is greater than the T-table value, with an error tolerance of $\alpha = 0.05$. The T-table value used in this study is 1.96.

Maternal occupation and maternal knowledge were found to increase verbal abuse behavior by mothers. These two indicators have a direct effect on maternal verbal abuse behavior of 0.177, meaning that if maternal occupation and knowledge increase by one unit, maternal verbal abuse behavior increases by 17.7% this effect is positive.

Maternal mental health has a positive effect on verbal abuse behavior of 30.3%. Subsequently, the F-squared value was analyzed to assess the magnitude of influence among variables. F-square values are classified as follows: 0.005 (low), 0.01 (moderate), 0.025 (high). Table 5.16 presents the final model's F-squared values.

4. Discussion

4.1. Maternal Knowledge

Maternal factors consist of indicators such as education, occupation, family income, marital status, single parenthood, parenting experience, poor environment and discomfort in residence, and maternal knowledge [13]. Based on the results, there is an influence of the knowledge and occupation indicators on the verbal abuse behavior of mothers. Specifically, maternal employment and knowledge have a direct influence on verbal abuse behavior. This means that if maternal occupation and knowledge increase, maternal verbal abuse behavior may also increase. The explanation is as follows:

Knowledge is an understanding or skill possessed by an individual. It may be theoretical, such as facts and concepts, or practical, such as skills gained through experience. According to Notoatmodjo [14], knowledge is the result of sensing an object. Knowing (know) can be interpreted as recalling material that has been learned. Knowledge of the cognitive domain is important in shaping a person's actions (overt behavior) [14].

There are two factors that influence a person's knowledge: internal and external. Internal factors include health status, intelligence, attention, interest, and talent. External factors include family, society, and learning methods [15].

Knowledge can be a determinant of an individual's behavior, whether good or bad. However, not all individuals with good knowledge demonstrate good behavior. This is because, in addition to knowledge and internal factors, behavior is also influenced by external factors such as environment, family, socio-cultural, economy, and others [14].

Behavior is a response, simple or complex, and is an expression of one's attitude. This attitude is formed internally but may be influenced by external or internal pressures. Thus, the potential and reactions that have been formed within oneself will emerge as actual behavior reflecting attitudes. Therefore, behavior is influenced by both internal and environmental factors. Behavior includes all human activities or actions, whether directly observable or inferred by others [16].

Based on the model of maternal mental health in preventing verbal abuse against children based on social support, 122 mothers (49%) had good knowledge, but 193 respondents (77.5%) still exhibited mild verbal abuse behavior. This shows that having good knowledge does not guarantee good behavior or actions. Behavior is influenced by a complex interaction between internal and external factors, such as environment, family, culture, economy, etc.

Self-control is crucial defined as the regulation of one's physical, psychological, and behavioral processes. The individual can manage their behavior and suppress impulsive actions that may result in negative outcomes while promoting more beneficial or positive consequences [17].

This aligns with a study by Fitriyani [18] on the relationship between knowledge, attitudes, and behavior of students in using plastic and Styrofoam for food packaging. It was found that even students with good knowledge showed poor behavior (44.4% of respondents) at SMA Negeri 5 Yogyakarta. Self-control as behavior regulation includes regulated administration (ability to manage oneself or external aspects) and stimulus modifiability (ability to know how and when to resist unwanted stimuli) [19].

4.2. Maternal Occupation

Working mothers are more prone to fatigue and stress due to work demands and household responsibilities. Physical and mental fatigue can trigger frustration and stress, potentially leading to verbal abuse toward children. This can result in trauma, hindering child development [20].

Preventing trauma in children can be done by spending quality time with children and their families. Family time provides numerous positive benefits, strengthening emotional bonds weakened by daily busyness. Working mothers may have limited time for family, which can result in irritability and impatience when faced with challenging child behavior [21].

Lack of emotional regulation skills may lead mothers to express anger or frustration through verbal abuse. These skills are influenced by workplace experiences and external stressors. Expressing dissatisfaction through negative communication yelling, scolding, or criticizing may harm the child's mental well-being. However, dedicating time, energy, and love through positive two-way interaction fosters emotional closeness between mother and child, providing security and resilience [22].

4.2.1. Maternal Education

The study found that the majority of respondents had a Senior High School education (59.8%). Statistical tests showed no significant relationship between education level and maternal mental health. A potential factor is that most mothers had a good level of knowledge.

This finding aligns with other research that found no relationship between maternal education and mental health [23]. Other influencing factors may include: higher education levels are associated with better mental health, while lower education levels are linked to a lack of psychosocial resources, such as emotional regulation, resilience, delayed gratification, access to cultural activities, and exposure to stressors [3, 24].

The lack of a significant relationship between education and mental health may be due to other factors in this study such as mothers' good knowledge enabling them to make better life choices and maintain control over their circumstances.

4.2.2. Maternal Family Income

The study found that 55.8% of respondents had a family income below the regional minimum wage. Statistical analysis showed no significant effect of family income on maternal mental health. This may be because mothers had good knowledge that enabled them to manage contributing factors to mental health.

This is consistent with other studies showing no relationship between parental income and maternal mental health [25] as well as no significant association between income and stress levels [26]. The lack of impact from family income may be

explained by the fact that many mothers still had jobs and the ability to manage their income even if below minimum wage thanks to their good knowledge and generally normal mental health conditions.

4.2.3. Marital Status

The study found that 96% of mothers were married, and 82.3% had normal mental health. There was no significant relationship between marital status and maternal mental health. Marital status is not a direct indicator of happiness or mental health stability.

Marriage is not the sole key to happiness or life satisfaction. Emotional maturity, past experiences, problem-solving abilities, understanding of marriage, and shared life goals are more critical in determining marital success and mental health. This is in line with studies on marital conflict, coping mechanisms, societal reactions, and domestic dynamics [27].

The absence of a significant relationship may be because most married mothers in this study had normal mental health. It can be concluded that emotional maturity and other factors contribute more to happiness than marital status alone. Some unmarried individuals may lack emotional support, depending on their social network.

4.2.4. Single Parenthood

Findings showed that 84.7% of mothers bore sole responsibility for childcare. However, no significant relationship was found between single parenthood and maternal mental health.

This aligns with other research indicating that structured parental responsibility can reduce depression symptoms and improve parent-child relationships. Mothers are encouraged to teach children analytical skills to enhance critical thinking. Mothers need to learn, reflect, and practice parenting with empathy and assertiveness without emotional or violent behavior.

Parental mental illness has diverse effects on children, including biological, psychosocial, and environmental risks but not all children are negatively affected. Not all mentally ill parents negatively impact their children. However, mental health conditions can influence parenting and family dynamics, potentially posing risks to children.

4.2.5. Parenting Experience

The study found that 96.4% of respondents had no parenting experience. Statistical analysis showed no significant relationship between parenting experience and maternal mental health. This could be due to mothers' good knowledge and normal mental health.

This aligns with other findings suggesting that caregiving under psychological pressure is less effective and may worsen the mental health of the children or individuals being cared for. Parenting refers to how parents treat their children and is considered crucial in preparing them to be responsible members of society.

The lack of significant impact may also relate to the mother's ability to perceive, process, and express emotions, and build strong interpersonal relationships in the context of family, community, and culture. Parenting is a comprehensive approach to raising children, involving interaction, basic needs (food, protection), and socialization to encourage socially acceptable behavior.

4.2.6. Maternal Living Environment

The study revealed that 94.8% of mothers lived in uncomfortable environments. However, statistical tests showed no significant relationship between environment and maternal mental health. This may be because the mothers had good knowledge, enabling them to maintain good mental health.

Understanding how to cope with environmental stressors is essential for mental health. Mental health is shaped by a complex interaction of genetic, psychological, lifestyle, and environmental factors. Poor mental health can lead to externalizing symptoms, increased anxiety, and depressive episodes.

Good knowledge promotes coping skills, a vital step in addressing mental health challenges. Coping strategies include emotional regulation, time management, communication, and reframing negative thoughts. These help individuals face life's challenges more effectively and reduce the negative impacts on mental health.

5. Conclusion

This model focuses on maternal verbal abuse behavior toward children, maternal mental health, and social support. Based on the results of this study, the conclusions are as follows: (a) Maternal factors, consisting of occupation and knowledge, influence verbal abuse behavior by mothers. Mothers with better knowledge regarding parenting and child development tend to have better mental health, which helps them manage stress while raising children, thereby reducing the risk of verbal abuse. A mother's employment may affect her mental health through economic factors, workload, and work-life balance. Working mothers may experience stress due to work demands; (b) Maternal mental health and verbal abuse behavior showed no significant direct influence in this study. This could be due to other influencing factors such as cultural norms, inherited parenting styles, education, or socioeconomic status, which play a larger role in shaping maternal behavior. Effective emotion regulation and coping strategies may also enable mothers with mental health disorders to control their emotions and avoid engaging in verbal abuse toward their children.

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