Crossing boundaries
Child maltreatment in Greece

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Abstract

Little is known about perception of child maltreatment in Greece. Although maltreatment in European countries is well documented, knowledge concerning this phenomenon remains sparse in Greece. This study examined mothers' and teacher's evaluation of severity of four types of maltreatment: physical abuse, physical neglect, emotional abuse and emotional neglect. It was also examined whether mothers and teachers differ in their evaluation of maltreatment and if their perceptions are influenced by demographics and previous maltreatment experience. 41 Greek mothers of children 2 to 6 years old, 20 Greek teachers and 2 professionals working in Youth Care centers in Greece distributed Maltreatment Q-sort (MQS) and filled in Children Trauma Questionnaire (CTQ) and Background information Questionnaire. Within subjects contrast showed that mothers evaluated significantly more harmful physical abuse than the other types of maltreatment and physical neglect than emotional neglect and emotional abuse. Teachers also showed significant differences on subscales of MQS apart from physical neglect and emotional abuse. Mothers and teachers did not strongly differ in how they evaluated maltreatment and mothers showed higher convergence with the professionals' view of maltreatment. Identity, number of children and maltreatment experiences are related to participants' perception of maltreatment. Understanding perception of maltreatment is vital, as its perception has implications for reporting maltreatment and identifying intervention needs of vulnerable children. Furthermore, understanding maltreatment's perception may help social service agencies to practice successful intervention programs. The current study is the first that directly studies the perception of four types of maltreatment and can be the basis for further research.

Keywords: perception, maltreatment, Greece, mothers, teachers, MQS

Introduction

Every child's desire is to live in a loving, comforting, happy family. Children expect that they can depend on their parents, trust them and have with them a healthy relationship. Bowlby (1969) describes the importance of child's secure attachment to parents/caregivers. Individuals in childhood, a vulnerable period, need an attachment figure who will protect and take care of them (Bowlby, 1969). A secure infant-caregiver attachment relationship is related to the development of emotion regulation on a psychological level (Cassidy, 1994) and a neurobiological level (Meaney & Szyf, 2005). In our modern society the warmth that parents show to the children might be considered given. The image of a warm, trusting, reliable, sensitive parent sounds like common and everyday occurrence, but reality contradicts our expectations and beliefs. Nonetheless, we know that for various social and cultural reasons, children and adolescents suffer violence in the home, at school, in the community. Child maltreatment is a painful reality that gains not only professionals' but also public's interest. This thesis focuses on child maltreatment in Greece and specifically how Greek mothers and teachers interpret child maltreatment.

Child's maltreatment's History

In early history, children were viewed as the property of their parents. Children were dependent on their parents for their existence. Parents could kill their children, sell them into slavery, or abandon them (Levine & Levine, 1992). Historically, fathers had unlimited rights concerning their children and the way they would choose to raise or discipline them (Stephen, 1998). In many cultures, such as ancient Greece and Rome it was legally allowed to kill deformed and unwanted children. Unfortunately, child maltreatment is an old story and this is proved by the fact that some of the most ancient cases of maltreatment are found in the mythology of different nations (Buxton, 1998). According to Stavrianos (2007) mythology

includes stories of maltreatment from gods to gods, from gods to humans and from humans to humans.

In modern times, Ambroise Tardieu researched 32 cases and made a connection between subdural hematoma and abuse, while in 1874, Mary-Ellen Wilson was removed from her home, in which she was abused, to foster care. She is considered the first officially recorded case of child maltreatment in the United States (Stavrianos, Stavrianou & Kafas, 2007). The recognition of child maltreatment as a medical problem took place during the 1960s when Henry Kempe described the 'battered child syndrome' and proposed the report of any observed case of child maltreatment. According to Kempe (1962) the term battered child syndrome characterizes a clinical condition in young children who have been abused from a parent or a foster parent. Kempe and colleague's work is important because it stimulated the medical community's and scientific attention on child maltreatment. The majority of the countries nowadays research child maltreatment, focuses on the causes and the prevention of this phenomenon and undertake initiatives to deal with child abuse and neglect (Eisenberg et al., 1995).

Child maltreatment: A modern reality that hurts

Children, as it is defined by nature, depend on their parents or caregivers in order to fulfill their basic needs. Despite the common belief that human nature necessitates parents to love their children and raise them with concern, incidents of parents who deliberately injure children in their care are common in many societies (Fakunmoju et al., 2013). Inappropriate care can have profound effects on biological, physical and social development of the child (Alink, Cicchetti, Kim, & Rogosch, 2012). As not all caregivers are equally able to provide the needed care, some of them are at risk for harsh parenting that leads to child maltreatment and abuse.Furthermore child maltreatment has been associated with short and long term negative effects, such as health and physical disorders (Mils et al., 2013).

According to UNICEF (2008) every year, child protective services in different countries receive reports of child abuse and neglect that often take place in family's environment, not to mention the unreported cases. The National Incidence Study (NIS), a major source of US maltreatment data suggests that from 2.3% to 4.2% of US children are maltreated each year (Hussey, Chang & Kotch, 2006). The first NIS study reported a prevalence of 9.8 cases of maltreatment per 1,000 children and the third NIS study showed a significant rise in the prevalence of maltreatment (Sedlak & Broadhurst, 1996). The

Netherlands' prevalence study of maltreatment (NPM-2005), was a Dutch replication study of NIS and showed that 3% of all Dutch children between 0 and 18 years old were maltreated in 2005 (Euser et al., 2009).The secondDutch Prevalence Study of Maltreatment of youth (Alink et al.,2011: NPM-2010) showed that on the basis of sentinel reports2,796 children or 0.8 per 1,000 childrenbetween 0 and 17 years of age had experienced child sexual abuse in theNetherlands in 2010 (NPM-2010). Furthermore, stories of child maltreatment are reported every day in various national newspapers breaking the generally accepted view that family is a safe place of nourishment and care.

From a legal, social and psychological perspective, child maltreatment is a very complicated issue (National Association of Social Workers, 2004). Studies consistently show the negative outcomes of maltreatment on children's psychological and social development. Child maltreatment is related to short-term and long-term negative outcomes (Mils et al., 2013) that vary according to differences in duration, severity, frequency and child characteristics, such as resilience, temperament and developmental stage (Hecht & Hansen, 2001). Research indicates that different types of child maltreatment can lead to maladjustment (Higgins & McCabe, 2001), insecure attachments (Streek-Fischer & van der Kolk, 2000), physical health problems (Flaherty et al., 2006), learning, behavioral and developmental problems (Mills, 2004) antisociality, depression, anxiety and posttraumatic stress disorder (Cicchetti & Valentino, 2006).Research concerning this social and worldwide problem is needed, in order to learn more about the complex interplay of the factors that contribute to maltreatment (Cyr et al., 2013).

Child maltreatment: A complex issue

One of the problems in the field of maltreatment is that individuals in different countries express different behaviors towards children as they consider childrearing and the value of children differently. Research on parental beliefs in different cultures has found that prominent cultural ideologies appear to influence the way parents think about their child's development. Individualistic cultures value independent behavior while collectivistic cultures value compliant behavior that leads to social harmony (Shanalingigwa, 2009).

Different childrearing practices and beliefs create cultural conflict in the interpretation of child maltreatment. What is abusive in one country might be considered normal and acceptable in other countries (Reisig & Miller, 2009). Western cultures may consider for example the harsh initiation rites that occur in other parts of the world abusive. At the same

time, many of our Western childrearing practices would be viewed equally abusive by other cultures (Korbin, 1980). Empirical studies provide comparisons of maltreatment rates for countries across the world and for minority groups within Western countries, document the fact that child maltreatment is a global phenomenon affecting the lives of millions of children around the world, regardless of the countries' socio-economic status and explore the relationship between culture and child maltreatment (Alink et al., 2013: Stoltenborgh et al., 2011).

According to Lansford (2005) countries differ in the use of physical discipline and to the way in which discipline practices relate to children's development and adjustment and therefore a cross-cultural study of child maltreatment is necessary. A cross-cultural perspective of child maltreatment allows the consideration of cultural variations regarding attitudes to children and view child maltreatment within a much broader range of social and environmental conditions (Agathonos-Geargopoulou, 1992). How child maltreatment is defined, critically influences how and when professionals working in the field of child protection interpret and respond to cases they encounter. Despite the common understanding that child maltreatment occurs everywhere, there is considerable variation over time and between cultures about what is considered to be abusive (Raman & Hodes, 2011).

It is obvious that a universally accepted interpretation of child maltreatment is difficult as perceptions of what is considered abuse and neglect vary over world. Researchers in Western countries have found that the interpretation of child maltreatment is difficult as it is influenced by various factors (Hughes, 2006). Not only culture (values, norms and attitudes shared by a group or community) but also parents' interpretation of maltreatment and of what is minimally required to be a good caregiver, low socioeconomical status (SES), family structure (Belsky,1984) previous experiences, personal characteristics, parenting values (Luster & Kain,1987), stressors, like having many children, unemployment (Myers & King, 1983) and religion (Ben-Arieh & Haj-Yahia, 2006) might influence an individual's cognition of what is considered to be maltreatment. Hence, the study of maltreatment raises the need of understanding the interplay between culture and personal or social recourses (Cyr, Michel & Dumais, 2013).

According to Sedlak et al (2010) families with specific socio-demographic characteristics like poverty, low educational level, and minority status are at high risk of experiencing child maltreatment. Furthermore cultural differences that might depend on the

political, social, economic milieu of each country lead to different levels of awareness of child maltreatment (Elliott & Urquiza, 2006). Moreover, SES also influences how people perceive child maltreatment. According to Baumrind (1994) an act may be legally considered as abuse but people of low SES might view it differently, as a form of discipline. Stress is also a potential disruptor of parents' perceptions and family interactions (Webster-Stratton, 1990), while family structure is related to parental use of punishments that might be considered as normal by parents but as a type of maltreatment by law (Smith & Brooks, 1997). For example parents are more likely to approve of behaviors like corporal punishment (CP) that are conceptualized as maltreatment, because the cultural norms and beliefs about the necessity of using CP are supported and reinforced by network of families and friends (Straus, 2000). One of the most widely applied model in child maltreatment is the socio-cultural model. This model emphasizes on the norms, values, social structures, personal characteristics (educational level, income, beliefs) and views child maltreatment as an outcome of social disorganization, change and cultural attitudes (Gelles & Cornell, 1983).

Definition of Child maltreatment

Even if public awareness of child maltreatment and its negative outcomes increases over time (Parker, 1995) there is no single universally applied definition of child maltreatment. Different definitions are adopted by governments, institutions or researchers as they are either based on clinical or social and psychological criteria. It is difficult to determine what child maltreatment is as many factors must be taken into consideration. In order to define maltreatment the children's, parents' and authorities' rights and autonomy must be included (Gelles & Cornell, 1983). This problem becomes more complicated when the notion of culture is introduced. Rubin (1992) argues that community's acceptable child – rearing practices, legal definition of maltreatment and individual's beliefs might affect maltreatment's definition.

The U.S National Center for Child abuse and neglect (2008) defines an abused or neglected child as one whose physical or mental health or welfare is harmed or is in danger by acts of his/her parents or persons who are responsible for his/her welfare. Similar is the definition given by the Dutch Youth Care Act (2012) which defines child maltreatment as any form of physical, psychological, sexual, violent or threatening interaction towards a minor, which may be imposed upon the minor by the parent or other person with whom the minor has a dependent relationship. Moreover five types of child maltreatment can be

distinguished: sexual abuse, physical maltreatment, emotional maltreatment, physical neglect, emotional neglect (Drake & Padey, 1996). Physical abuse is the on purpose use of force on any part of child's body (kicking, biting, burning etc). Sexual abuse can be defined as any sexual contact between the child and the adolescent or exploitation of the child. Neglect takes place when caregivers don't provide what is necessary for the child's healthy development. Finally emotional maltreatment includesverbal attacks, threats and actions that could harm child's emotional, behavioral and cognitive development.

Caregivers' and professionals' role

One of the most crucial issues in the study of child maltreatment is to determine parents', caregivers', teachers' perceptions and every professional's view of child maltreatment (Collier et al., 1999). As Atta and Youssef (1998) mention mothers perceive many behaviors towards children, such as corporal punishment, as non-abusive due to their cultural beliefs. Atta and Youssef asked mothers in Egypt to fill in questionnaires about their behaviors and their perceptions of maltreatment. It was found that beating and burning a child were considered to be justified ways of punishment due to the fact that in Egyptian culture child's obedience and discipline is highly expected. Therefore, we understand why nowadays research poses the big question whether we can universally define some behaviors as abusive. Furthermore, Korbin recognizes the role of mothers' perceptions in how they view their parenting styles. According to Korbin (1987) maternal perceptions and interpretations of their children's characteristics and behaviors contribute substantially to a continued pattern of abuse.

Moreover schools and teachers play an important role in the identification of maltreatment. According to Mclntyre's findings (1990), teachers can be a precious source of guidance and help as they are characterized by a willingness to provide safety and welfare to their children. Children usually develop close relationships with teachers and therefore they feel more comfortable to reveal to them anything unusual or abusive that takes place in their lives. Furthermore many reported cases of child maltreatment include children in early care and education settings and usually teachers report an essential number of these cases (Smith, 2009).

In most of the cases of child maltreatment, the abusers are among family members and the event remains a secret (Sebre et al., 2004). The maltreatment continues through years and leads to negative outcomes in childhood and later in adulthood. As it is difficult to be

revealed by family members the incident of maltreatment, teachers play an important role (Garrusi et al., 2007). Teachers spend a lot of hours with children and they have close contact with them, so they can be an important source for diagnosis of maltreatment (Toole et al., 1999). Furthermore as Blohm & Itzhaky (2004) report, teachers can better recognize the different signs of maltreatment in comparison to other professional groups.

Child maltreatment in Greece

Despite the fact that European countries have a tradition in researching child maltreatment, Greece is poorly represented in the literature of child maltreatment. Around this social problem in Greece there is a recent concern but it is not sufficient and more studies are necessary (Agathonos et al., 1982).The above reasons led me to deal with child maltreatment in Greece in my thesis. Diareme, Tsantis and Tsitoura (1997) mention that most findings from Greek studies concerning abusive parents, seem to be consistent with the findings in U.S. That statement implies that Greek parents who maltreat their children are usually isolated, with troubled childhood, they have problems in their social and personal life and are of low socioeconomic status (Diareme, Tsantis and Tsitoura, 1997). The deeply rooted image of family in Greek community as a corner of protection and assistance, leads us to the expectation that in Greek society the reported incidences of child maltreatment would be minimal. The truth is that the lack of mandatory reporting of child maltreatment in Greece and the inadequate awareness of professionals of the field exclude the recognition of the problem in real dimensions (Trogan et al., 2014). The problem is also present in Greece as in other cultures but in order to prevent it or deal with it, it is first necessary to measure it and understand what is considered to be maltreatment according to the norms and beliefs of Greek society (Agathonos & Georgopoulou, 1997).

This thesis is part of the research project 'Crossing boundaries' that aims to chart culture-specific ideas about different types of maltreatment of children aged 2-6 years old. The project is based at the Centre for Child and Family studies at Leiden University and examines whether there are cross-cultural differences in child maltreatment and if these differences can be explained by individual characteristics such as past experiences and religion. This research will help us to broaden our knowledge of perceptions of child maltreatment. Furthermore this knowledge is in turn important for sufficient recognition of signs of child maltreatment. Participants from various countries like Netherlands, Portugal, Kenya, Turkey, and China will take part in the project. The study for this thesis took place in

Greece and examines how Greek mothers of children 2 to 6 years old and Greek teachers in primary schools perceive child maltreatment and if individual characteristics influence their perceptions. The following research questions are addressed:

1. How do mothers and teachers in Greece evaluate the relative severity of emotional neglect, emotional abuse, physical neglect, and physical abuse?
2. Do mothers and teachers differ in their perceptions of child maltreatment?
3. Is the perception of child maltreatment by Greek mothers and teachers influenced by mothers' and teachers' demographic and maltreatment experiences?

Methods

Sample

The sample consists of 41 Greek mothers, and 20 Greek teachers and two professionals working in youth care. Almost all mothers (95%) were born in Greece. Most of them are self-employed or in paid work while 32.5% are unemployed, looking for a job. The majority of the mothers (75%) have an income ranges from 0-1200 per month. Half of the mothers are middle-educated while 20% of them are high-educated. More than half (55%) stated that they don't believe in any religion while 45% of them are Christian Orthodox. The mean age of mothers was 33.9 ($SD = 3.68$). More than half of the mothers (76.9%) have one children and only 2.6% have 3 children. Concerning the teachers all of them were born in Greece. A high percentage of them (89.5%) have 15 or more years of education. More than half of the teachers (65%) earn 0-1200 euro per month. Half of them stated that they do not believe in any religion while the other half stated that they are Christian Orthodox. The mean age of teachers was 34.82 ($SD = 7.56$). Most of the teachers (85%) have no children. Both of the professionals were born in Greece, are highly educated with more than 15 years of education and their income ranges from 0-1200 euro per month. The mean age was 32.83 ($SD = 1.91$).One of the professionals has one child and the other has no children.

Procedure

Most of the sample for the project in Greece was recruited before going to Greece and the home visits were mostly arranged before my arrival in Greece. Teachers were recruited with the help of the schools where they worked. Initially I contacted the directors of

30 primary schools via e-mail, informing them about my research and they in turn forwarded my informative e-mail to their staff. I relied on my social network (family and friends) who forwarded my informative e-mail concerning the project to their friends and colleagues and so I managed to find 41 mothers willing to participate. All the participants gave written informed consent.

Measures

TheMaltreatment Q-Sort(MQS)consists of 90 cards with descriptions of specific parental behaviors, representing four different types of child maltreatment: physical abuse, physical neglect, emotional abuse, and emotional neglect. The descriptions are based on definitions used in the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4; Sedlak et al., 2010), items of the Childhood Trauma Questionnaire (Thombs, Bernstein, Lobbestael, & Arntz, 2009), and items of the Conflict Tactics Scale – Parent Child (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). The participants were askedto distribute the cards into 9 stacks with each 10 cards, with the 9 stacks ranging from least to most necessary to intervene. Finally they were asked to indicate from which category onwards they thought it was definitely necessary that someone intervenes. The Q-sort methodology requires a criterion sort that can serve as the basis for computing the scores for the sorts of each participant. In this case the criterion sort was constructed based on the sorts made by two Greek youth care professionals who have ample experience with assessing child maltreatment and making decisions about the severity of maltreatment and its consequences. These two sorts were averaged and formed the criterion sort. In order to determine mothers' and teachers' MQS scores, their individual sorts were correlated with the criterion sort. Higher correlations reflect higher agreement between the mother or teacher with the professionals. For the descriptive analyses we also used the item averages for the four subscales (physical abuse, physical neglect, emotional abuse, and emotional neglect).

The Childhood Trauma Questionnaire (CTQ) was administered to the mothers and teachers who participated in the study. The reliability and validity of the questionnaire has been strongly proved by Bernstein et al (1994). A reliable and valid assessment of various maltreatment experiences was necessary and therefore Bernstein and colleagues developed a 70 item self-administered inventory, the Childhood Trauma Questionnaire (Bernstein et al., 1994). The CTQ uses five- point Likert scale items ranging from 1=never to 5= very often. In

the initial studies of adult substance abusers showed excellent test-retest reliability over to 2-6 month interval. In our study we used the English version of CTQ translated into Greek, a 28 item retrospective self- report questionnaire which was designed to assess five dimensions of maltreatment: physical abuse, emotional abuse, sexual abuse, physical neglect and emotional neglect and demonstrates adequate internal consistency reliability (Thombs et al., 2009). Item response categories in the questionnaire are scored from 1 to 5 and reflect the frequency of the events (never true, seldom true, sometimes true, often true, quite often true). In the current study the Cronbach's alpha coefficient was .76

Mothers and teachers also filled in respectively questionnaires that included items concerning personal information. Such information was participant's place of birth, age, family situation, marital and economic status, level of education, profession, physical activity. Mothers only were also asked to give information about their husband's age, education, profession and information about their child (age, breastfeeding, sleeping patterns, physical activity). Finally before the project took place in Greece, a pilot study was conducted in Netherlands with four Greek families who live there. In the pilot study the above mentioned measurements were used. The aim of the study was to check if during the home visits, any practical problems would result.

Statistical Analyses

The data analysis was performed using IBM SPSS (version 21), a software package used for statistical analyses. The basic steps that I followed were: a) Firstly, we wanted to check how mothers and teachers in Greece evaluate different types of child maltreatment. We compared the relative perceived harmfulness of the four types of maltreatment within groups (using item averages for the subscales) by conducting repeated measures Anova. b) In order to answer our second research question, whether mothers and teachers differ in their perception of child maltreatment, we compared the mean scores of mothers and teachers on the four types of child maltreatment by conducting independent samples *t*-tests. Additionally we examined agreement between groups regarding their perception of maltreatment by computing correlations between the Q-sorts of each of the members of one group with each of the members of the other group and then showing the range and average of these correlations. c) We also wanted to research whether mothers' and teachers' perception of child maltreatment were related to their demographic characteristics and their own childhood maltreatment experiences. For these analyses we only used the total MQS score (i.e.,

reflecting agreement with professional criterion sort), consistent with standardQ-sort methodology. We first computed Pearson correlations, after which a regression analysis was conducted to investigate the independent contribution of participants' characteristicsinpredicting their perceptions of child maltreatment.

Results

Preliminary analyses

In this section data were inspected and research questions were tested with different analysis methods. Univariate data analysis was first conducted. For numerical data we used Descriptives in SPSS. Firstly we detected outliers by standardizing our numeric variables. Outliers were the cases associated with large standard z-scores values, smaller than -3.29 or larger than 3.29. We winsorized outliers, by assigning them the next highest or lowest value found in the sample. A z-test was applied for normality test using skewness and kurtosis. A z-score was obtained by dividing the skew values or excess kurtosis by their standard errors. Normal Q-Q plots, and skewness and kurtosis Z-values indicated that our data are approximately normally distributed for both mothers and teachers for most variables. However, because the distributions of all the CTQ subscales were highly skewed, we used dichotomous scores (0 = no maltreatment experiences; 1 = one or more maltreatment experiences).Table 1 and Table 2 summarize the basic results of descriptive analyses for mothers and teachers respectively. In both tables the MQS total score represents agreement with the professionals' view of maltreatment.

Table 1.

Descriptive Statistics for mothers

	N	Mean	Standard deviation	Minimum	Maximum
Age	41	33.9	3.68	25.5	44.5
CTQ sexual abuse	41	1.00	0.03	1.00	1.25
CTQ emotional abuse	41	1.22	0.31	1.00	2.17
CTQ physical abuse	41	1.06	0.21	1.00	2.00
CTQ physical neglect	41	1.15	0.20	1.00	2.00
MQS emotional neglect	41	4.60	0.38	3.32	5.36
MQS emotional abuse	41	4.53	0.21	4.09	5.14
MQS physical neglect	41	4.83	0.25	4.08	5.29
MQS physical abuse	41	6.19	0.28	5.77	7.27
MQS total score	41	.81	0.10	0.37	0.94

MQS total score represents agreement with professionals

Table 2.

Descriptive Statistics for teachers

	N	Mean	Standard deviation	Minimum	Maximum
Age	20	34.82	7.56	25.58	59.57
CTQ sexual abuse	20	1.02	0.07	1.00	1.25
CTQ emotional abuse	20	1.28	0.42	1.00	2.17
CTQ physical abuse	20	1.13	0.30	1.00	2.00
CTQ physical neglect	20	1.34	0.45	1.00	2.20
MQS emotional neglect	20	4.32	0.42	3.32	5.23
MQS emotional abuse	20	4.72	0.39	3.64	5.32
MQS physical neglect	20	4.65	0.62	3.58	6.13
MQS physical abuse	20	6.40	0.50	1.50	3.57
MQS total score	20	0.66	0.14	5.41	7.41

MQS total score represents agreement with professionals

How do participants evaluate the relative severity of different types of maltreatment?

A repeated measures Anova was conducted to compare scores on the different subscales of MQS. There was a significant multivariate effect for the MQS subscales for mothers, $F(3, 38)$ = 522.01, $p<$ .01, partial eta^2 = .97 (see Figure 1). Within-subjects contrasts showed that mothers evaluated physical abuse $(M=6.19, p<.01)$ as significantly more harmful than physical neglect, emotional abuse and emotional neglect and physical neglect as more harmful than emotional abuse $(M=4.53, p<$ .01). The difference between emotional abuse and neglect was not statistically significant ($p = .49$). There was also a significant effect for the MQS subscales for the teachers, $F(3, 17) = 147.16, p<$ .01, partial eta^2 = .96. Within-subjects contrasts showed that teachers evaluated physical abuse as more harmful ($M=6.40$) than physical neglect, emotional abuse and neglect and emotional abuse as more harmful than emotional neglect ($p<.01$). The difference between physical neglect and emotional abuse wasnot significant ($p=.58$). Table 3 shows the items of the MQS that were evaluated as most and least harmful to child development by mothers and teachers.
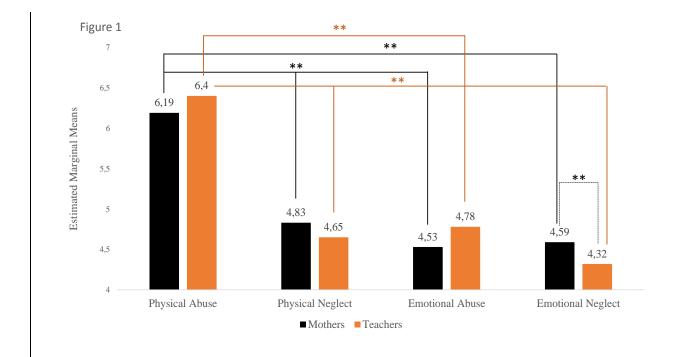

Figure 1

Table 3.

5 top and bottom items for Mothers and Teachers

Top 5 Items			Bottom 5 Items		
Item Description	Mothers' Ranking	Teachers' Ranking	Item Description	Mothers' Ranking	Teachers' Ranking
Burns or scalds the child on purpose.	1	1	Does not keep the child's clothes clean.	1	4
Grabs the child from the neck and chokes him/her.	2	2	Punishes the child.	2	2
Hits the child so hard that it eventually has to see a doctor.	3	3	Does not keep the child clean.	3	3
Beats the child up.	4	4	Teases the child.	4	1
Uses a weapon to hit the child.	5	5	Threatens to hit the child or spank it, without actually doing so.	5	6
			Shakes the child.	8	5

Do mothers and teachers differ in their view of child maltreatment?

Independent samples *t*–tests were conducted to compare mothers' and teachers' scores on MQS scales. There was significant difference in scores on emotional neglect for mothers and teachers (see Figure 1), with mothers evaluating emotional neglect as more harmful than teachers.The magnitude of the differences in the means was large (eta squared=0.74). No differences between teachers and mothers were found in their evaluation of emotional abuse, physical neglect, or physical abuse.The bar graph (see Figure 1) suggests that teachers evaluate physical abuse as being the most harmful type of child maltreatment while mothers and teachers do not strongly differ in how they evaluate the other types of child maltreatment.We also examined agreement between groups regarding their perception of

maltreatment by computing correlations between the Q-sorts of each of the members of one group with each of the members of the other group and then showing the range and average of these correlations.The mean of the agreement between mothers and teachers was .62 with a standard deviation of 0.15. Mothers and teachers highly agreed with professionals but mothers showed higher convergence with professionals' view of maltreatment (see Table 1 and Table 2). Finally teachers who had children, scored similar to mothers (*M*=0.68 and *SD*=0.12).

Is the perception of child maltreatment by Greek mothers and teachers related to their demographic and maltreatment experiences?

Correlation analyses were conducted to test the strength and direction of the relations between views on maltreatment (MQS scores) and maltreatment experiences (CTQ scales) and demographic characteristics of the participants. Consistent with Q-sort methodology, wefocus on the total score of the MQS reflecting participants' agreement with the professionals on the harmfulness of maltreatment behaviors. Correlation coefficients are represented in Table 4. Mothers and teachers were combined due to the small sample size. There was a medium negative correlation between convergence with professionals' view of maltreatment and years of education. Furthermore, a small negative correlation was found between years of education and number of children. Hierarchical multiple regression was conducted to assess if beliefs about child maltreatment are predicted by participants' demographics and previous maltreatment experiences. When we used as predictor the identity of the participant (being a mother, teacher or professional), the model explained 28.5% of the variance in maltreatment beliefs. This is consistent with the result discussed earlier that teachers show lower convergence with professionals than mothers. When demographics were included as predictors the model as a whole explained 40.6% of the variance and when we included CTQ scales in the model, 47% of the variance was explained. The Anova table indicates that the model as a whole, including all blocks of variables, is significant F (7,50) =6.34, p<.01. Identity, number of children you have and experiences of physical abuse are negatively correlated with participants' view of child maltreatment and make a statistically significant contribution. Being a mother, teacher or professional makes the strongest unique contribution to explain convergence with professionals' view, when the variance explained by all other variables in the model is controlled for. Beta value was lower for number of children and experiences of physical abuse, indicating that these two variables made less of a

contribution. Age, household's total income and previous experiences of physical neglect, emotional abuse and emotional neglect do not make statistically significant contribution.

Table 4.

Correlations

Predictors	1	2	3	4	5
1.Convergence with professionals' view	-				
2.Number Of Children	.15	-			
3.Years Of Education	-.36**	-.31**	-		
4.Household Income	.10	.14	.18	-	
5.Age	-.11	.13	-.04	-.13	-

Table 5.

Coefficients

Model	Standard Coefficients		Correlations
	Beta	t	Sig.
Identity	-.71	-4.09	.00
Number of children	.-.39	-2.55	.01
Years of education	-.06	-.53	.59
Household's total income	.13	1.21	.23
Age	.05	0.34	.72
CTQ phys.abuse	-.24	-1.85	.01
CTQ phys.neglect	-.16	-1.21	.23
CTQ emot.abuse	-.14	1.03	.30
CTQ sex.abuse	-.07	-.68	.49

Discussion

This study aimed to chart culture-specific ideas about different types of maltreatment of children aged 2-6 years old based on how Greek mothers of 2- to 6-year- old children and Greek teachers in primary schools perceive child maltreatment. Furthermore it was examined if individual characteristics influence their perceptions. Three research questions were addressed: (1) How do mothers and teachers in Greece evaluate the relative severity of emotional neglect, emotional abuse, physical neglect, and physical abuse?(2) Do parents and teachers differ in their perceptions of child maltreatment, and (3) Is this perception influenced by participants' characteristics and previous experiences of child maltreatment.

The current study showed that both mothers and teachers evaluated physical abuse as clearly more harmful than the other forms of maltreatment. Indisputably, this categorization doesn't imply actually that one type of maltreatment has more negative effects and is more severe than the other types, but just shows the participants' evaluation of relative severity of different types of maltreatment. The results are consistent with those of Fakunmoju (2013) where participants recognized especially sexual and physical abuseas signs of maltreatment rather than neglecting behaviors. Furthermore, physical abuse is often the most recognizable type of maltreatment, as visible physical indications may be evident and can signal escalating interpersonal violence (Kaczor et al., 2006).It has been also argued that child physical abuse can be evaluated as more severe, because it damages children both physically and emotionally. Apart from the initial effects of child physical abuse (immediate pain, bruises, brokenbones, medical problems), which are painful, physical abuse can also be emotionally traumatic for the child (Rummell, 1993).

Statistical analyses showed that both mothers and teachers showed quite high convergence with professionals, with mothers showing higher agreement with professionals on which forms of maltreatment are worse than others. This is contrary to what was expected as professionals and teachers are more educated, work with children and may also have arole in recognizing maltreated children or children at risk and reporting cases of maltreated children to Child Care Services. On the other hand, research has shown that teachers in Greece have not been trained on the identification and management of child maltreatment (Agathonos-Georgopoulou & Browne, 1997) and their perceptions might be influenced by cultural values and not individual determinants of the problem. We also have to take into consideration that most of the teachers who participated in the study did not have children. It can be hypothesized that if the sample consisted of teachers who were also mothers the

difference between teachers and mothers in convergence with the professionals would be even smaller, as teachers' view and perception would be also influenced by their role as a mother. In our sample, teachers who had children (13%) scored similar to the mothers. At that point it is important to mention that between the two professionals only one had children.

Compared to teachers, Youth Care professionals of course have more experience evaluating and reporting children for suspected abuse and neglect and are competent in rendering a definite opinion concerning child maltreatment. They also have in-depth knowledge of child's development and of the way development interacts with maltreatment and they are trained to recognize, respond to child maltreatment and work for child's welfare (Sidebotham & Heron, 2003).A child's welfare and protection is also a mother's aim. Between mothers and children an attachment bond is formed in the early years of life (Bowlby, 1969), which is likely to makethem sensitive and more critical towards parental behaviors that may harm the child. During interactions with their children, mothers learn to interpret signals for care and attention communicated by the child. Therefore, for mothers it might also be more natural to evaluate maltreatment from the child's perspective, in a similar way as done byprofessionals.

Finally it was found that in addition to 'teacher versus parent', number of childrenand previous maltreatment experiences (especially experiences of physical abuse) were related to participants' perception of child maltreatment. Mothers and teachers with more children and those who experienced maltreatment were less likely to agree with the professionals' evaluation of child maltreatment than others. Previous research has shown that maltreatment experiences (Agathonos & Browne, 1997) are associated with the presence of current child maltreatment. Parents who have been physically abused and maltreated are more likely to evaluate harsh punishments and discipline strategies as acceptable, as their previous experiences result in justifying inappropriate behavior. Furthermore, large family size (Brown et al., 1998) is also related to child maltreatment. As the number of children in families increases, the amount of parental attention that can be given to each child decreases. Poor supervision, neglect, conflict between spouses characterizes large families. These familial features urge parents to use harsh and punitive discipline methods and view them as acceptable (Farrington, 2002). Being a mother, teacher or professional is also associated with the perception of maltreatment. Apart from the fact that each individual is influenced by a variety of factors (religion, family status, economic status, educational level) on how he or she evaluates maltreatment,each person's identity plays a different role. Professionals' knowledge of maltreatment's effects and experience with maltreated children is related to

their perception of maltreatment. Being a mother makes you more sensitive to any behavior that may harm a child, while teachers' level of training and ability to recognize signals of maltreatment influence teachers' view of maltreatment.

In Greece, for historical and cultural reasons, the incidence of child maltreatment has been approached indirectly through a number of studies and attempts to assess it through official statistics have met serious obstacles. These studies targeted not the issue of child maltreatment per se but they focused mostly on child-rearing practices, methods of discipline and expectations of their children (Agathonos & Browne, 1997). To our knowledge this is the first study that directly compares mothers' and teacher's evaluation of child maltreatment. Greece is in the early stages of awareness of child maltreatment so the study can be viewed as the starting point of further research and guidance for future researchers. The first step in treating and preventing child maltreatment is to understand and recognize how people evaluate maltreatment and which factors influence their perceptions. Hence, it is more effective to first understand how key individuals in children's lives perceive the problem and based on this perception to engage in preventive efforts with young children (Wodarski, 1998). Perception is of particular interest to understanding maltreatment because of its relevance to perpetration or propensity to perpetrate maltreatment (Madu et al., 1996), and willingness and ability to change.

Consequently, the current study represents a first small step for policy makers and child protection systems in Greece to understand how thepopulation perceives maltreatment and based on this to develop primary prevention programs and organize multidisciplinary teams to deal with diagnosis and monitoring of maltreatment. Furthermore as Greece is rarely represented in literature of maltreatment the study can be the beginning for participation of Greece in cross-cultural studies. There are indications that perception of maltreatment differs across racial, cultural, ethnic backgrounds (Ashton, 2010) and cross-cultural studies are now important as all societies are characterized by ethnic heterogeneity. Understanding cultural variation can ensure universal optimal care and protectionofchildren. Our study is also unique as it examines the perception of four types of child maltreatment. Most of the studies in Greece have provided data for child maltreatment in general and not for specific types of maltreatment. One of the study's strength was also that the sample was recruited from different parts of Greece and that the researcher recruited low-, middle- and high-educated mothers, so the sample is representative of the socio-demographic backgrounds of the population.

However, limitations of the study need to be kept in mind when evaluating the present findings. The sample size is small and generalization of the results needs to be done with caution. It would be suggested further researchers to recruit larger sample, as it is more representative of the population. Furthermore the criterion sort was based on only two youth care professionals. Collecting the scores of more professionals in future studies is necessary, in order to produce more reliable results. Some information was based on questionnaires which made it difficult to determine if respondents' answers actually reflect how they think. The answers might be biased because mothers and teachers who report on maltreatment behaviors might be driven by social desirability (Fisher, 1993). This problem can be minimized by the use of interviews which help researchers to observe and record participant's experience or perspective of a subject. Future studies may consider also the role of other attributes, like mother-environment relationship through community involvement, religion, and cultural values. These considerations might reveal other underlying factors related to child maltreatment and can help professionals and families to identify maltreatment and intervene appropriately.

To conclude the current study is important as it illustrates the perception of Greek mothers and teachers (people in close contact with children) of child maltreatment and can add to a cross-cultural understanding of child maltreatment. Examining people's judgment of acceptability of behaviors towards children and perceptions of severity in different parts of the world is important. Ethnic diversity characterizes most of the countries and child welfare professionals need to know how culture is involved in child maltreatment and how it can be used as prevention and intervention in the same time.

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