



- Instructions
- Search
- IPS
- My preferences
- Join us
- What's new

- **Editorial Board**

About Us

The Indian Journal of Psychiatry (ISSN 0019-5545), is an official publication of the Indian Psychiatric Society. It is published Bimonthly with one additional supplement (total 5 issues). The IJP publishes original work in all the fields of psychiatry. All papers are peer-reviewed before publication.

The issues are published Bimonthly. An additional supplement is also published annually. Articles can be submitted online from www.journalonweb.com. The journal provides immediate free access to all the published articles. The journal does not charge the authors for submission, processing or publication of the articles.

Abstracting and Indexing Information

This website uses cookies. By continuing to use this website you are giving consent to cookies being used. For information on cookies and how you can disable them visit our [Privacy and Cookie Policy](#).

DOAJ, EMBASE/ Excerpta Medica, Indian Science Abstracts, IndMed, PubMed Central, Scimago Journal Ranking, SCOPUS, Science Citation Index Expanded, Web of Science

Impact Factor[®] as reported in the 2020 Journal Citation Reports[®] (Clarivate Analytics, 2021): **1.759**

Journal Ethics

Wolters Kluwer and Journal/Association are committed to meeting and upholding standards of ethical behavior at all stages of the publication process. We follow closely the industry associations, such as the Committee on Publication Ethics (COPE), International Committee of Medical Journal Editors (ICMJE) and World Association of Medical Editors (WAME), that set standards and provide guidelines for best practices in order to meet these requirements. For a summary of our specific policies regarding duplicate publication, conflicts of interest, patient consent, etc., please visit www.Medknow.com/EthicalGuidelines.asp

Open Access Publication and Creative Commons Licensing

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Digital Archiving

Wolters Kluwer Medknow provides for long-term digital preservation through two primary partnerships, Portico and CLOCKSS.

Portico is a leading digital preservation service worldwide. The content is preserved as an archival version and is not publically accessible via Portico, but is provided when required under specific conditions, such as discontinuation of the collection or catastrophic failure of the website.

CLOCKSS will enable any library to maintain their own archive of content from Wolters Kluwer Medknow and other publishers, with minimal technical effort and using cheaply available hardware.

Ahead of Print policy

Articles published online under the Ahead of Print model are considered published and can be cited and quoted using the DOI as the reference source. Wolters Kluwer Medknow has a policy that changes will not be made after publication of an article without following accepted procedures for making corrections to the scientific record.



Editorial Board

- Instructions
- Search
- IPS
- My preferences
- Join us
- What's new
- Editorial Board Advisor

Indian Journal of Psychiatry
Dr. Om Prakash Singh
 Editor, Indian Journal of Psychiatry
 AA 304, Ashabari Apartments,
 O/31, Baishnabghata, Patuli Township,
 Kolkata, West Bengal-700094,
 INDIA

This website uses cookies. By continuing to use this website you are giving consent to cookies being used. For information on cookies and how you can disable them visit our [Privacy and Cookie Policy](#).

AGREE & PROCEED

Dr. Chittaranjan Andrade, MD
 Dean; Professor and Head, Department of Psychopharmacology, National Institute of Mental Health and Neurosciences, Bangalore 560 029, India
 andradec@gmail.com, 9880150971

Dr. Sandeep Grover
 Professor, Department of Psychiatry, PGIMER, Chandigarh 160012, India
 0091- 9316138997, 7087009807 (mobile) 0091- 1722756807 (office), drsandeepg2002@yahoo.com

Dr. Sujit Sarkhel
 Assistant Professor, Institute of Psychiatry, Kolkata, West Bengal, India
 sujitsarkhel@gmail.com, 9836074700

HONORARY DEPUTY EDITORS

Dr. Alka Subramaniam
 alka.subramanyam@gmail.com, 9820143245

Dr. Adarsh Tripathi
 dradarshtripathi@gmail.com, 9651970700

Dr. Rajshekhar Bipeta
 Professor of Psychiatry, Institute of Mental Health, Osmania Medical College and Hospital, Hyderabad, Telangana, India
 braj111@yahoo.co.in, +91 9391045080

HONORARY ASSISTANT EDITORS

Dr. Avinash Desouza

Dr. Darpan Kaur

Dr. Neelanjana Paul

Dr. Nitin Gupta

Dr. Shyamanta Das

Dr. Siddharath Sarkar

HONORARY STATISTICAL EDITORS

Dr. Debasish Sanyal

Dr. Hitesh Khurana

OMBUDSMAN

Dr. Suresh Bada Math

SPECIALITY FIELD EDITORS

Dr. Ajai Singh

Dr. Anil Kakunje

Dr. Ashish Srivastava

Dr. Basudeb Das

Dr. Bhaveshkumar Lakdawala

Dr. Debasish Basu

Dr. Devasish Roy

Dr. Dinesh Narayanan

Dr. G. Swaminathan

Dr. Himanshu Sharma

Dr. Ivan Netto

Dr. Kamala Deka

Dr. Kangkan Pathak

Dr. M. S. Bhatia

Dr. M. Suresh Kumar

Dr. Mushtaq A. Margoob

Dr. Nilesh Shah

Dr. Nishant Goyal

Dr. Om Prakash

Dr. Parmod Kumar

Dr. Prathap Tharyan,

Dr. R. Thara

Dr. Rajni Chatterjee

Dr. Ram Kumar Solanki

Dr. Sanjay Gupta

Dr. Santosh Kumar Tandon

Dr. Sonia Parial

Dr. Sujata Sethi

Dr. Vivek Kirpekar

EDITORIAL BOARD MEMBERS

Dr. (Brig.) M.S.K.V. Raju

Dr. Ashok MV

Dr. B. N. Gangadhar

Dr. Gautam Saha

Dr. Indira Sharma

Dr. K. S. Jacob

Dr. L. Sam S. Manickam

Dr. Malay Ghosal

Dr. Prakash B Behere

Dr. R. C. Jiloha

Dr. S. Haque Nizamie

Dr. Shahul Ameen

Dr. V. D. Krishnaram

Dr. Venu Gopal Jhanwar

Dr. Vinod Sinha

Dr. VSSR Ryali VSM

JOURNAL COMMITTEE MEMBERS

Dr. Om Prakash Singh (Chairman)

Dr. Rajesh Sagar (Co-Chairman)

Dr. Samir Kumar Praharaaj (Convenor)

Dr. Amrit Pattojoshi



The power of the Web of Science™ on your mobile device, wherever inspiration strikes.

Dismiss

Learn More

Already have a manuscript?

Use our Manuscript Matcher to find the best relevant journals!

Find a Match

Refine Your Search Results

indian journal of psychiatry

Search

Sort By: Relevancy

Search Results

Found 403 results (Page 1)

Share These Results

Exact Match Found

INDIAN JOURNAL OF PSYCHIATRY

OPEN ACCESS

Publisher: WOLTERS KLUWER MEDKNOW PUBLICATIONS , WOLTERS KLUWER INDIA PVT LTD , A-202, 2ND FLR, QUBE, C T S NO 1498A-2 VILLAGE MAROL, ANDHERI EAST, MUMBAI, India, Maharashtra, 400059

ISSN / eISSN: 0019-5545 / 1998-3794

Web of Science Core Collection: Science Citation Index Expanded | Social Sciences Citation Index

Additional Web of Science Indexes: Current Contents Social And Behavioral Sciences | Essential Science Indicators

Share This Journal

View profile page

Feedback

5



Can positive parenting program (Triple P) be useful to prevent child maltreatment?

Gonca Özyurt, Çağla Dinsever¹, Zehra Çaliskan², Derya Evgin²

Department of Child and Adolescent Psychiatry, Medical School, Katip Çelebi University, Izmir, ¹Child and Adolescent Psychiatry Department, Child Psychology Nevşehir State Hospital, Child Development Polyclinic, ²Child Development Unit, Semra and Vefa Küçük Health College, Nevşehir Hacı Bektaş Veli University, Nevşehir, Turkey

ABSTRACT

Objective: This study aimed to determine the effect of the positive parenting program (Triple P) on child maltreatment, children's behaviors, and coping strategies of mothers.

Materials and Methods: This study was the pretest-posttest quasiexperimental design. Secondary care state hospital located in the Cappadocia region between January and February 2016. This study was conducted with mothers ($n = 138$) of children aged between 4 and 12 years, 126 mothers were available to finish the study. Triple P was provided to the mothers in totally three sessions as once per a week. Mothers filled the scales and parent-child information form before the intervention and just after the intervention. Parent-child information form, child behavior checklist, and ways of coping inventory were administered to the mothers.

Results: It was determined that after the training, mean scores obtained by the children from the subscales of anxiety, social problems, somatic complaints, attention problems, rule-breaking, and aggressive behaviors decreased ($P < 0.05$) and desperate approach and submissive approach mean scores of the mothers decreased ($P < 0.001$) whereas their social support mean scores increased ($P < 0.05$). In addition, the mothers, who stated that they were frequently looking angry (17.4%), yelling (24.6%), sometimes humiliating (27.7%) to their children, and injured their faces (6.3%) in the past 1 month, said that they did these behaviors to their children at lower rate at the end of the training (3.9%, 17.4%, 19.8%, and 0.0%, respectively).

Conclusions: It was determined that Triple P was effective in reducing children's behavioral problems and improving mothers' strategies of coping with stress and contributed the reduction of emotional and physical abuse applied to children. It is recommended to ensure the continuity of these training programs.

Key words: Behavior problems, child maltreatment, maternal coping strategies, positive parenting program

INTRODUCTION

Child maltreatment (CM) is one of the significant public health problems. Due to the description of the World

Health Organization, CM is defined as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation of children that results in actual or potential harm to a child's health, survival, development, or dignity in the context of a relationship of responsibility, trust, or power.^[1] Child

Address for correspondence: Dr. Gonca Özyurt, Department of Child and Adolescent Psychiatry, Medical School, Katip Çelebi University, Izmir, Turkey. E-mail: goncaenginozyurt@gmail.com

Access this article online	
Website: www.indianjpsychiatry.org	Quick Response Code 
DOI: 10.4103/psychiatry.IndianJPsychiatry_92_17	

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Özyurt G, Dinsever Ç, Çaliskan Z, Evgin D. Can positive parenting program (Triple P) be useful to prevent child maltreatment?. *Indian J Psychiatry* 2018;60:286-91.

neglect and abuse show effects at different levels and for different periods on children depending on its type and severity.

CM is a type of trauma that has social, psychological, medical, and legal dimensions; it has long-term psychological effects on the child's life; and it is often difficult to identify and treat.^[2] In a study conducted in the United States of America, it was reported that about 1% of children were abused, 1.5% were neglected; however, its frequency in the community is not exactly known because many cases have not been reported.^[3] In the study conducted by Sofuoğlu *et al.*, with 7540 students in Turkey which is a developing country similarly India, the frequency of negative childhood experiences related to child abuse and neglect was determined between 42% and 70%.^[4] Depression, posttraumatic stress disorder, suicide attempts, behavioral problems, cognitive difficulties, and chronic illnesses can be seen after the child abuse and neglect, and the productivity of a person may reduce.^[5] Brain imaging and epigenetic studies have proven that CM has effects on the child's brain and deoxyribonucleic acid.^[6]

Parent-child relationship has a great impact on the child's psychosocial well-being.^[7] Many familial risk factors, such as inadequate parenting, family conflicts, and divorces, affect the child's development.^[7] Especially not having a warm, positive relationship, insecure attachment, strict and inconsistent discipline, inadequate supervision, family conflicts, and parental psychopathology (especially maternal depression) increase children's emotional and behavioral problems.^[8] At this point, the importance of positive parenting in raising children is increasing even further. Social neglect and abuse prevention studies targeting the entire community can be achieved through parenting programs. Targeting the entire community can be more advantageous and useful than targeting a high-risk or selected community.

Parenting programs can be described as programs for improving or modifying the parent's role performance for the child's well-being with education, work, and support. Several studies have shown the positive effects of parenting programs on parents' and the children's mental health.^[9] Furthermore, parenting programs also were found to have positive effects on maternal depression, reducing parental stress, and increasing parental adequacy, and even on the quality of relationship between couples.^[10]

What is positive parenting program (Triple P)?

The positive parenting program (Triple P) is a multilevel parenting-training program that is developed by Matt Sanders in 1977 at the University of Queensland in Australia, is organized as preventive, contains family support strategies, and has the target group of the children aged between 0 and 16 years. The program aims to build a positive

relationship between the child and the parent, to develop positive parenting skills, to support the child's abilities and development, and to bring skills for the parents to manage problematic behaviors. In addition, the program also aims to teach effective communication skills to parents and to reduce parental stress. Positive-parenting characteristics in the program are defined as parents, who can create safe and positive-learning environments, implement effective discipline methods, and target realistic goals.^[11]

Content of the program

Five different levels of service delivery types (group-self-directed-individual-telephone assisted) adapted according to the families' changing need levels and preferences (universal selective-primary care-standard-enhanced) are used. These cover providing universal parenting information through television and the targeted initiatives performed with the help of booklets.

Level 2 (selective): provides guidance containing basic healthcare services and moderate behavioral problems. The second level is short, primary prevention interventions aiming to provide behavioral guidance for early diagnosis of the parents of children with mild behavioral and emotional problems. The purpose is to eliminate important behavioral problems in the beginning. The Triple P seminar series are three seminars taking approximately 90 min described to the parents in a large group. Seminar subjects are the power of positive parenting, raising confident, competent children, and raising resilient children. Three seminars are independent of each other, and the parents can participate in any one they want or in all of them. Seminars are informative short sessions aimed at raising awareness of parents. Each seminar includes presentations, questions, and answers; and at the end of the seminar, parents are directed for further assistance and support.

The aim of this study was to determine the effect of Triple P on the behaviors of children, mothers' coping strategies, and prevention of emotional and physical abuse applied to children.

MATERIALS AND METHODS

The design of the study

This study was conducted using pretest-posttest quasi-experimental design.

Setting

This study was conducted in a state hospital in the Cappadocia region.

Inclusion criteria of the study

Before the study, the trainings to be given were announced on the internet page of the related state hospital, and public health center and the public was informed with the

brochures in the hospital and public health center. Mothers, who came to the training after the informing process had 4–12-year-old children and were voluntary to participate in the study, were included in the study.

Sample of the study

Calculation of the sample was not performed in the study, and the study was completed with 138 mothers, who met the inclusion criteria, agreed to participate in the study, and 126 mothers completed the training sessions.

Data collection tool

Parent-child information form

It was created to collect information about the sociodemographic characteristics of children and parents. In addition, there were also questions in this form about how the parents had behaved when their children did inappropriate behaviors and how often they have applied these behaviors for the last month. This form was formed by reviewing the related literature.

Child behavior checklists for children and adolescents, child behavior checklist

Its validity and reliability study in Turkey was conducted by Erol and Şimşek.^[12] The information obtained from parents assesses the competence and adjustment functions and problem behaviors of children and adolescents aged between 4 and 18 years on the scale. The items are grouped into various subscales as follows: “anxiety,” “depression,” “somatic complaints,” “social problems,” “thought problems,” “attention problems,” “rule-breaking,” and “aggressive behavior.”^[13]

Ways of coping inventory

This scale is a 30-item self-assessment scale developed by Folkman and Lazarus under the name ways of coping inventory in 1980, to identify the ways which are used by individuals to cope with general or specific stress situations.^[14,15] The scale has two subscales that can be called as effective approaches to the problem and ineffective approaches to emotions. While effective approaches to the problem are evaluated as “self-confident,” “optimistic,” and “searching social support,” and ineffective approaches to emotions are evaluated as “desperate” and “submissive” approaches.

The ethical dimension of the Study

This study was conducted by the Helsinki Declaration principles. Before the questionnaire and the scales were applied, the mothers were informed about the purpose of the study, and volunteerism was based on the participation of the study. Ethical Committee approval (Nevşehir Hacı Bektas Veli University Ethics Committee) and Institutional approval from the relevant State Hospital were obtained. Verbal and written consent from the mothers were received to conduct the study.

Statistical evaluation

The data analysis was evaluated by using the IBM SPSS Statistics18.0 (Statistical Package for the Social Sciences) (Chicago, IL, USA) software packaged and $P < 0.05$ was accepted as statistically significant. Data obtained from the measurements were shown as the arithmetic mean, and the standard deviation and the data obtained by counting were shown in percentage. In addition, the significance test between two-paired mean scores was assessed by the paired *t*-test.

RESULTS

It was determined that while 54% of the mothers participating in the study were 33 years old and older, 26.2% were primary school graduates, 54.0% were homemakers and 15.1% were separated from their husbands, 64.3% of the children were male, and 67.5% were in the age group of 7–9 years [Table 1].

After the training, it was found that mean scores of the children from the subscales of anxiety, social problems, somatic complaints, attention problems, rule-breaking, and aggressive behaviors decreased; whereas the difference between the mean scores before and after the training was statistically significant ($P < 0.05$) [Table 2]. It was also determined that the mean scores of the mothers in desperate approach and submissive approach decreased ($P < 0.001$), their social support mean scores increased ($P < 0.05$) after the training [Table 3].

Table 1: Sociodemographic features of mothers and children

	n (%)
Children's age (years)	
4-6	21 (16.7)
7-9	85 (67.5)
10-12	20 (15.9)
Children's gender	
Female	45 (35.7)
Male	81 (64.3)
Maternal age (years)	
24-32	58 (46.0)
>33	68 (54.0)
Mothers' education	
Reading-writing	19 (15.1)
Primary school	33 (26.2)
High school	39 (31.0)
University	35 (27.8)
Working status	
Housewife	68 (54)
Working	58 (46)
Marital status	
Married	107 (84.9)
Divorced	19 (15.1)
Socioeconomic status (due to maternal informations)	
Low income	6 (4.8)
Middle income	52 (41.3)
High income	68 (53.9)

Furthermore, the mothers, who stated that they looked angry to their children (17.4%), yell at them (24.6%), sometimes humiliated them (27.7%), and injured their faces (6.3%) in the last month, expressed that they did these behaviors in the much less to their children (3.9%, 17.4%, 19.8%, and 0.0%, respectively) [Table 4].

DISCUSSION

It was found in this study that the Triple P contributed to the reduction of CM and reduced children's behavioral and

emotional problems, strengthened the coping styles of the mothers.

Improving parenting skills are very effective in preventing CM.^[16] Strengthening parenting skills and parents' coping strategies are crucial in reducing child behavioral problems and preventing child abuse. Giving more importance to the parent-child relationship in children's well-being can be the cornerstone of family psychology as well as preventing child neglect and abuse. The stress and skills of coping with stress are attracting more attention in family studies. Daily stress not only has an important role in understanding the domestic relationships but also creates toxic effects for quality and stability of the domestic relationship.^[17]

Parental coping strategies play an important role in the development of parents' behavior and attitudes toward children. In the study conducted by Boyd and Gillham (2009), the coping skills were investigated; and after parenting training, it was found that parents' coping skills improved and they showed more positive parenting. Facilitating the parents' skills to cope with stress contribute to the psychosocial development of children and recent studies have shown that the psychosocial reactions of the parent and the child are correlated with one another, and the stress experienced by parents affects the child's health negatively.^[18] As a result of improper coping strategies, the stressed parent cannot provide sufficient emotional accessibility for his or her child. Stressful life events and inappropriate coping strategies can impair the relationship between the child and the parent, and they may cause child neglect and abuse.

The goal of Triple P is examining the role of parents in the development and continuance of children's behavior problems, identifying their possible causes, and helping parents to determine the purposes for behavioral changes.^[11]

Table 2: The scores of subscales of child behavior checklist before and after intervention

	Preintervention (mean±SD)	Postintervention (mean±SD)	Test	P
Anxiety	4.19±3.18	3.40±2.87	2.202*	0.029
Depression	2.83±2.26	2.40±1.99	1.584*	0.116
Social functioning	2.96±1.47	2.39±1.58	3.642*	0.000
Somatic complaints	2.26±1.52	1.85±1.48	2.236*	0.027
Thought problems	1.35±1.79	1.07±1.49	1.529*	0.129
Attention problems	4.93±3.88	3.84±3.76	2.585*	0.011
Rule-breaking	2.88±2.09	2.36±1.87	2.285*	0.024
Aggression	4.09±4.23	3.00±3.59	2.317*	0.022

*Paired t-test. SD – Standard deviation

Table 3: The scores of ways of coping stress inventory before and after intervention

	Preintervention (mean±SD)	Postintervention (mean±SD)	Test	P
Secure approach to oneself	12.07±2.55	12.13±2.54	-0.299	0.765
Seeking social help	6.80±1.95	7.26±2.12	-2.274	0.025
Submissive approach	9.76±2.23	8.73±2.72	4.076	0.000
Powerless/self-accusatory approach	12.02±3.14	8.69±3.24	8.268	0.000
Optimistic approach	7.16±1.58	7.18±1.57	-0.104	0.918

*Paired t-test. SD – Standard deviation

Table 4: Maternal behavior of last month before and after intervention

Behavior	Preintervention			Postintervention		
	Never, n (%)	Sometimes, n (%)	Frequently, n (%)	Never, n (%)	Sometimes, n (%)	Frequently, n (%)
Looking angry	10 (7.9)	94 (74.7)	22 (17.4)	58 (46.0)	63 (50.1)	5 (3.9)
Verbal warning	-	69 (54.8)	57 (45.2)	47 (37.3)	49 (38.9)	30 (23.8)
Shouting the child	7 (5.5)	88 (69.9)	31 (24.6)	26 (20.7)	78 (61.9)	22 (17.4)
Frightening the child	62 (49.2)	64 (50.8)	-	64 (50.8)	62 (49.2)	-
Pull child's ear	93 (73.8)	33 (26.2)	-	86 (68.2)	40 (31.7)	-
Hit with a ruler	111 (88.1)	15 (11.9)	-	108 (85.7)	18 (14.3)	-
Throw something	104 (82.5)	22 (17.5)	-	104 (82.5)	22 (17.5)	-
Closet	107 (84.9)	19 (15.1)	-	106 (84.1)	20 (15.9)	-
Beating the child	95 (75.4)	31 (24.6)	-	96 (76.2)	30 (23.8)	-
Humiliating the child	91 (72.3)	35 (27.7)	-	101 (80.2)	25 (19.8)	-
Nicknaming the child with the names which he/she does not want	116 (92.1)	10 (7.9)	-	118 (93.7)	8 (6.3)	-
Comparing the child with peers	98 (77.8)	28 (22.2)	-	120 (95.2)	6 (4.8)	-
Injury in face	118 (93.7)	8 (6.3)	-	126 (100)	-	-
Injury in body	123 (97.6)	3 (2.4)	-	125 (99.2)	1 (0.8)	-
Bleeding	119 (94.4)	7 (5.5)	-	124 (98.4)	2 (1.6)	-
Fracture	126 (100)	-	-	126 (100)	-	-

Instead of didactic presentations in education, activities such as individual or small group activities, assignments, communication skills, and examples of advanced planning of the activities are used in Triple P.^[19] Triple P aims at developing positive parenting strategies by strengthening parents' self-efficacy perception and helping them to gain self-regulatory skills. Self-regulation is the ability of individuals to control their own behavior.^[19] Triple P was shown not only to be effective on children's behavioral and emotional problems but also it has positive effects on fields of negative parental attitudes, parental stress, parental self-efficacy, and marital adjustment.^[11] In this study, it was also determined that the mothers' positive coping skills increased [Table 3] and the behaviors (angry looking, yelling, and humiliation.) which they applied to the child decreased after Triple P training [Table 4]. The trainings may have led to an increase in "self-efficacy" of the mothers for coping with the difficult behaviors of the children. At the same time, the increased self-efficacy of the mothers can also contribute to reduce their submissive and desperate approaches.

It was shown in the studies that abused and/or neglected children, who apply to child protection centers, have many behavioral problems. One of the main reasons for child abuse and neglect is the difficult behaviors of the children or the improper and ineffective coping skills of their parents. About 42% of the children, who applied to child protection centers, need clinical assistance.^[20] In the study conducted by Lau *et al.*, behavioral problems of children who experienced physical abuse were compared by their parents and independent observers. It was found that the parents perceived the children's behavior problems more negatively than the observers. The same difference was not observed in children who were not physically abused.^[21] According to Hurlburt *et al.*, "the tendency to overreact to the wrong behaviors of children or overcoming the behavioral problems may play a predictive key role in childhood physical abuse."^[22] Overreaction is also one of the inappropriate coping styles that parents can perform, and it is a point that should be evaluated while working on children's behavior problems. Many benefits of Triple P have shown in numerous societies regarding the behaviors of children and the mental health of parents. It was shown in Dodge *et al.* study, which aimed to prevent the child abuse based on population, that positive effects on the child abuse were achieved after the program and the rates of the admission to the emergency room decreased.^[23] In Smith's study (2015), it was found that applying Triple P to the parents during the preschool period of their children reduced the admissions to the emergency room about the child abuse in childhood and adolescence periods. In addition, the population-based study was conducted.^[24] Fives *et al.*, in Ireland, which is also an important study, it was also showed that CM and the children's behavioral and emotional problems decreased after Triple P.^[25] The basic

elements of the intervention program applied by Dodge *et al.* were used in numerous studies, and the positive effects were also repeated in the studies.^[11,23] Similar to the studies in the literature, in this study, it was determined that after Triple P training, behaviors which considered CM were decreased, the children's behavior problems reduced. All these studies show that population-based parenting practices have positive effects on preventing CM. These results may be related to the positive effects of programs on parents' inadequate coping skills and compelling parental attitudes.

CONCLUSION

Community-based practices can reduce the child's behavioral problems and child abuse and make the community breathable and refinable.

Financial support and sponsorship

Nil.

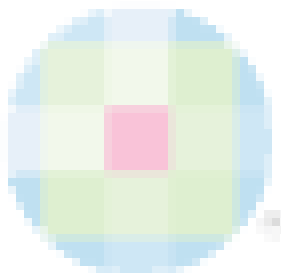
Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Krug EG, Dahlberg LL, Mercy JA, Zwi A, Lozano R. World Report on Violence and Health. Geneva: World Health Organization; 2002.
2. Al-Mahroos F, Nazer D, Palusci VJ, Clingenpeel R. Child Abuse and Neglect. In: Elzouki AY, Harfi HA, Nazer HM, Stapleton FB, Oh W, Whitley RJ, editors. Textbook of Clinical Pediatrics. Springer, Berlin, Heidelberg; 2012. p. 665-79.
3. Available from: <http://www.cdc.gov/ViolencePrevention/childmaltreatment/index.html>. [Last accessed on 2016 Nov 24].
4. Sofuoğlu Z, Oral R, Aydın F, Cankardeş S, Kandemirci B, Koç F, *et al.* Epidemiological study of negative childhood experiences in three provinces of turkey. *Turk Pediatri Ars* 2014;49:47-56.
5. Dunn EC, McLaughlin KA, Slopen N, Rosand J, Smoller JW. Developmental timing of child maltreatment and symptoms of depression and suicidal ideation in young adulthood: Results from the national longitudinal study of adolescent health. *Depress Anxiety* 2013;30:955-64.
6. Shalev I, Moffitt TE, Sugden K, Williams B, Houts RM, Danese A, *et al.* Exposure to violence during childhood is associated with telomere erosion from 5 to 10 years of age: A longitudinal study. *Mol Psychiatry* 2013;18:576-81.
7. Cummings EM, Goeke-Morey MC, Papp LM. Children's responses to everyday marital conflict tactics in the home. *Child Dev* 2003;74:1918-29.
8. Loeber R, Farrington DP. Never too early, never too late: Risk factors and successful interventions for serious and violent juvenile offenders. *Stud Crime Crime Prev* 1998;7:7-30.
9. Sanders MR, Kirby JN, Tellegen CL, Day JJ. The triple P-positive parenting program: A systematic review and meta-analysis of a multi-level system of parenting support. *Clin Psychol Rev* 2014;34:337-57.
10. Cowan CP, Cowan PA, Barry J. Couples' groups for parents of preschoolers: Ten-year outcomes of a randomized trial. *J Fam Psychol* 2011;25:240-50.
11. Sanders MR, Markie-Dadds C, Turner KM. Theoretical, Scientific and Clinical Foundations of the Triple P-Positive Parenting Program: A Population Approach to the Promotion of Parenting Competence. Vol. 1. Queensland: Parenting and Family Support Centre, The University of Queensland; 2003.
12. Erol N, Şimşek Z. Handbook of child behavior check list Metis Press, 2010.
13. Achenbach TM, Dumenci L. Advances in empirically based assessment: Revised cross-informant syndromes and new DSM-oriented scales for the CBCL, YSR, and TRF: Comment on Lengua, Sadowski, Friedrich, and Fisher; 2001.
14. Folkman S, Lazarus RS. If it changes it must be a process: Study of

- emotion and coping during three stages of a college examination. *J Pers Soc Psychol* 1985;48:150-70.
15. Şahin NH, Durak. A ways of coping with stress: Adaptation for university students. *Turk J Psychol* 1995;10:56-73.
 16. Barth RP. Preventing child abuse and neglect with parent training: Evidence and opportunities. *Future Child* 2009;19:95-118.
 17. Randall AK, Bodenmann G. The role of stress on close relationships and marital satisfaction. *Clin Psychol Rev* 2009;29:105-15.
 18. Moola FJ. "This is the best fatal illness that you can have": Contrasting and comparing the experiences of parenting youth with cystic fibrosis and congenital heart disease. *Qual Health Res* 2012;22:212-25.
 19. Turner KM, Sanders MR. Help when it's needed first: A controlled evaluation of brief, preventive behavioral family intervention in a primary care setting. *Behav Ther* 2006;37:131-42.
 20. Horwitz SM, Chamberlain P, Landsverk J, Mullican C. Improving the mental health of children in child welfare through the implementation of evidence-based parenting interventions. *Adm Policy Ment Health* 2010;37:27-39.
 21. Lau AS, Valeri SM, McCarty CA, Weisz JR. Abusive parents' reports of child behavior problems: Relationship to observed parent-child interactions. *Child Abuse Negl* 2006;30:639-55.
 22. Hurlburt MS, Barth RP, Leslie L, Landsverk J, McCrae J. Building on strengths: Current status and opportunities for improvement of parent training for families in child welfare. In: Haskins R, Wulczyn F, Webb M, editors. *Child Protection: Using Research to Improve Policy and Practice*. Washington, D.C: Brookings Institution Press; p. 81-106.
 23. Dodge KA, Goodman WB, Murphy RA, O'Donnell K, Sato J, Guptill S, *et al.* Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. *Am J Public Health* 2014;104 Suppl 1:S136-43.
 24. Smith G. 15-year follow-up of WA Triple P Trial, Collaboration for Applied Research and Evaluation. Western Australia: Telethon Institute for Child Health Research Under Contract with the Department of Health; 2015.
 25. Fives A, Purcell L, Heary C, Nic Gabhainn S, Canavan J. *Parenting Support for Every Parent: A Population-Level Evaluation of Triple P in Longford Westmeath*. Final Report. Athlone: Longford Westmeath Parenting Partnership; 2014.



Staying in touch with the journal

1) Table of Contents (TOC) email alert

Receive an email alert containing the TOC when a new complete issue of the journal is made available online. To register for TOC alerts go to www.indianjpsychiatry.org/signup.asp.

2) RSS feeds

Really Simple Syndication (RSS) helps you to get alerts on new publication right on your desktop without going to the journal's website. You need a software (e.g. RSSReader, Feed Demon, FeedReader, My Yahoo!, NewsGator and NewzCrawler) to get advantage of this tool. RSS feeds can also be read through FireFox or Microsoft Outlook 2007. Once any of these small (and mostly free) software is installed, add www.indianjpsychiatry.org/rssfeed.asp as one of the feeds.