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Research

Attitudes About Child Maltreatment Among Immigrant Mothers from São Tomé and Príncipe

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Abstract

Child maltreatment is a pervasive global public health concern with profound societal implications, affecting millions of children and adolescents worldwide. This study aimed to explore attitudes towards child maltreatment among immigrant mothers from São Tomé and Príncipe in Portugal, as well as the associations between these attitudes, parental toxic stress, and sociodemographic variables. The sample included 50 immigrant mothers from São Tomé and Príncipe in Portugal, with children from 2 to 6 years of age. The participants completed the Maltreatment Q-Sort (MQS) (Woudstra et al., Data in Brief 30, 2020), aiming to assess maternal attitudes towards child maltreatment, and completed the Functional Impact of Toxic Stress for Parents (FITS-P) (Moreno et al., Children and Youth Services Review 131, 2021) and a sociodemographic questionnaire. Physical abuse was considered the most harmful form of maltreatment, while emotional neglect was seen as the least harmful. Attitudes towards maltreatment were found to be associated with toxic stress. Significant associations were also observed between the perceived harmfulness of maltreatment and sociodemographic factors (e.g., length of time in Portugal, being a single mother). These findings highlight the specific needs of immigrant families and suggest best practices for promoting and protecting the rights of children and adolescents.

Keywords

Child maltreatment
Attitudes
Mothers
Immigrants
Toxic stress

Supplementary Information

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Child maltreatment is a pervasive global public health concern with profound societal implications, affecting millions of children and adolescents worldwide (Prevoo et al., 2017; Stoltenborgh et al., 2015). The World Health Organization (WHO, 2022) estimates that in 2022 alone, approximately 300 million children aged 2 to 4 experienced abuse or neglect by their caregivers. An expanding body of research highlights the link between child maltreatment and adverse developmental outcomes, with long-term consequences across multiple domains, including cognitive, emotional, and behavioural functioning (Cui et al., 2020; Gershoff & Grogan-Kaylor, 2016; Kavanaugh et al., 2017). These effects often persist into adulthood, contributing to enduring psychological and social challenges (Angelakis et al., 2020; Norman et al., 2012; Xiao et al., 2023).

Given these lasting consequences, a deeper understanding of the factors associated with increased risk of neglectful and abusive parenting is critical for informing effective prevention strategies, including targeted policies and interventions. One such factor is parental attitudes towards maltreatment. These attitudes refer to the beliefs caregivers hold about discipline and child-rearing, including whether they support or reject practices that could harm the child (Camilo et al., 2022; Mesman et al., 2020). Research has shown that these attitudes strongly predict parental behaviour, influencing the likelihood of using harsh discipline or neglecting a child's needs, and ultimately affecting child well-being (Chiocci, 2017). For example, Wamser-Nanney and Campbell (2020), using data from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), demonstrated that parents with more positive attitudes towards supportive parenting practices are more likely to employ non-violent discipline and exhibit lower levels of psychological aggression towards their children. Similarly, Camilo et al. (2022) found that mothers with inadequate parental attitudes were more likely to be reported to Child Protection Services (CPS) for neglect. A systematic review by Younas and Gutman (2024) further reinforced these findings, identifying parental attitudes as a significant risk factor for both child abuse and neglect.

Parental attitudes towards child maltreatment are shaped by a complex interplay of psychological, socioeconomic, and cultural factors. Research indicates that caregivers with higher education levels and fewer depressive symptoms are more likely to endorse non-physical discipline methods, suggesting a reduced likelihood of engaging in abusive behaviours (Wamser-Nanney & Campbell, 2020). Similarly, parental age has been associated with disciplinary practices, with younger parents being more likely to use physical punishment (McLeod et al., 2021). Additionally, caregiver's own childhood experiences seem to play a crucial role in shaping parenting attitudes. While some studies suggest that individuals who experienced physical punishment as children are more likely to adopt positive parenting strategies in adulthood (Wamser-Nanney & Campbell, 2020), other findings indicate that adverse childhood experiences may increase the acceptance of harmful parenting practices (Clemens et al., 2020). Socioeconomic vulnerabilities also play a significant role, as low income levels and perceived low social support—likely through their impact on caregiver stress and mental health—have been identified as key determinants of parenting attitudes and behaviours related to maltreatment (Doidge et al., 2017; Fuentes-Balderrama et al., 2023). Additionally, a larger family size has been linked to an increased risk of neglect, potentially due to increased caregiving demands and fewer resources available for each child (Mulder et al., 2018; Stith et al., 2009).

Despite the well-established influence of these factors, the role of cultural norms in shaping parental attitudes towards maltreatment remains relatively underexplored. The perception of what constitutes maltreatment varies considerably across cultural contexts, reflecting differences in social norms, values, and parenting traditions (Lee et al., 2014; Mesman et al., 2020; Woudstra et al., 2021). For example, some disciplinary strategies, such as harsh emotional control, may be classified as emotional abuse in Western societies, while being socially acceptable in other cultural settings (Woudstra et al., 2021). A study of Korean immigrant mothers' attitudes towards physical punishment illustrated this complexity, as participants distinguished between discipline for educational purposes and physical aggression during parent-child conflicts, expressing beliefs in the necessity of physical punishment in specific situations (Park, 2001). Similarly, in some African cultures, corporal punishment remains a widely accepted disciplinary practice, often reinforced by prevailing social beliefs (Akmatov, 2011).

A cross-cultural study encompassing nine countries (Chile, China, Greece, Iran, the Netherlands, Portugal, South Africa, Turkey, and Uruguay) across four continents further illuminated these differences, revealing significant variation in maternal perceptions of child maltreatment (Mesman et al., 2020). In this study, 466 mothers assessed 90 parenting behaviours linked to subtypes of maltreatment—emotional neglect, emotional abuse, physical neglect, and physical abuse—ranking them from least to most harmful to child development. The results showed moderate agreement across countries regarding the harmfulness of these behaviours; however, notable differences emerged in how the subtypes of maltreatment were assessed. Specifically, the South African sample had the lowest thresholds for labelling parental behaviours as child maltreatment, meaning South African participants were more likely to identify certain parenting actions as abusive or neglectful compared to participants from other countries. Furthermore, mothers from the Netherlands and Portugal displayed the lowest thresholds for recognising when specific parental behaviours warranted professional intervention, suggesting that they were more inclined to view certain actions as requiring external support than mothers from other nations (Mesman et al., 2020). In a related study, participants assessed the same 90 parenting behaviours linked to the four types of maltreatment. Both Chinese and Dutch mothers considered physical abuse the most harmful and emotional neglect the least harmful. However, while Chinese mothers classified fewer behaviours as maltreatment, Dutch mothers identified a broader range of actions requiring intervention (Woudstra et al., 2021).

Those findings underscore the need for a culturally informed understanding of parental attitudes towards child maltreatment, particularly in multicultural societies. Research on immigrant families is especially valuable, as migration introduces unique stressors that can influence parenting attitudes and behaviours (Yoo, 2019). Additionally,

the acculturation process may present significant challenges, further shaping their parenting experiences. According to Berry's two-dimensional model of acculturation, the stress associated with balancing cultural retention and integration into a new society can negatively affect family functioning (Berry, 1997). Immigrant parents frequently experience elevated levels of parental stress (Lozano et al., 2024), defined as the perception that the demands of parenting exceed one's coping abilities (Abidin, 1990). This stress tends to be prolonged and intense in these families due to multiple socio-economic vulnerabilities and migration-related challenges, which can lead to the development of toxic stress—a harmful form of stress that gradually depletes emotional and psychological resources and may compromise the exercise of parenting (Moreno et al., 2021), increasing the risk of child maltreatment (Geprägs et al., 2023). A study of 366 Korean immigrant parents examined whether immigrant parental stress predicts the risk of child maltreatment, even after controlling for established risk factors such as unemployment and a history of childhood maltreatment. The findings indicated that immigrant parental stress was the strongest predictor of psychological aggression and neglect (Yoo, 2019). Furthermore, it has been found that sustained parenting stress among immigrant families can diminish parenting self-efficacy, increase social isolation, and contribute to psychological distress, all of which may influence attitudes towards harsh discipline and practices (e.g., Boruszak-Kiziukiewicz & Kmita, 2020; Fuentes-Balderrama et al., 2023).

Given these findings, it is crucial to understand how immigrant parents perceive parenting practices—including what they define as maltreatment—so that culturally sensitive child protection policies and support systems can be developed. It is important to note that many immigrant parents may encounter difficulties in reconciling their cultural beliefs with the expectations of child welfare systems in their host country (Salami et al., 2020; Tembo et al., 2020). For instance, Soller (2011) found that African mothers in Portugal held significantly different views on physical and emotional abuse compared to local authorities. Such discrepancies can contribute to conflicts with child welfare services and may even result in disproportionate surveillance of immigrant families (Salami et al., 2020; Tembo et al., 2020). Nevertheless, it is possible that these difficulties may diminish over time, as some studies suggest that a longer residence in the host country is associated with immigrants adapting (Albert, 2021). Further research is required to explore this in more detail.

The Current Study

Building on these insights, the current study aims to increase knowledge about perceptions of child maltreatment, particularly among populations originating from countries where awareness and understanding of child protection laws and definitions of maltreatment remain limited (Jud et al., 2024). In 2023, children and young people from African countries accounted for 23.94% of all foreign children supported by child protection services in Portugal—the country in which this study was conducted (CNPDPJ, 2024). Among these countries, São Tomé and Príncipe stands out with one of the highest representations within the African group. This highlights the significant presence of this community within the Portuguese child protection system. However, despite this presence, São Toméan families remain an invisible minority whose experiences have scarcely been examined, hindering the development of effective interventions and policies. Understanding the attitudes of mothers in this community towards child maltreatment is therefore crucial, especially given the potential for cultural tensions. For instance, research conducted in São Tomé and Príncipe indicated that, despite the widespread disapproval of child maltreatment, physical punishment is still commonly practised in the country, often due to a lack of awareness of its developmental consequences (Costa, 2019). According to UNICEF (2022) reports, 84% of children in São Tomé and Príncipe aged 1–14 have experienced violent discipline, with 14% subjected to severe corporal punishment. With a population of approximately 219,000, 41% of whom are children and adolescents, violence against children is widespread and reinforced by deeply rooted social norms (UNICEF, 2022). When such norms are transplanted into the Portuguese legal and cultural context—where corporal punishment is legally prohibited and socially discouraged—they may give rise to misunderstandings or tensions in interactions with child protection professionals. Previous cross-national studies comparing maternal attitudes towards child maltreatment, including those in Portugal, have highlighted both universal features and significant cultural differences in perceptions of maltreatment and intervention thresholds (Mesman et al., 2020). These findings emphasise the critical role of cultural background in shaping such perceptions (Mesman et al., 2020; Woudstra et al., 2021).

This study aims to deepen our understanding of child maltreatment by examining the attitudes of São Toméan mothers who have immigrated to Portugal—one of the primary destinations for emigration from São Tomé and Príncipe, as previously mentioned—toward parenting behaviours that may constitute maltreatment, including physical abuse, emotional abuse, physical neglect, and emotional neglect (Mesman et al., 2020). Specifically, this study seeks to: (1) assess the extent to which mothers perceive certain behaviours as harmful to children; (2) examine their agreement in classifying specific behaviours as maltreatment; (3) analyse their perceptions of the need for intervention in cases of maltreatment; and (4) explore associations between maternal attitudes towards maltreatment, parental toxic stress, and socio-demographic factors. Based on previous findings (Mesman et al., 2020; Woudstra et al., 2021), we expect that mothers will perceive physical abuse as the most harmful form of child maltreatment and emotional neglect as the least harmful. Extending this research, we further hypothesize that sociodemographic variables—such as younger maternal age, higher number of children, shorter length of residence in Portugal, lower educational attainment, unemployment, or single parenthood—as well as parental toxic stress, will be associated with perceiving maltreatment behaviours as less harmful and less in need of intervention. The findings from this study may inform best practices and contribute to the development of culturally appropriate interventions aimed at promoting and protecting the rights of children and adolescents.

Method

Participants

This study included a sample of 50 immigrant mothers from São Tomé and Príncipe residing in Portugal, aged between 20 and 47 years ($M = 33.42$, $SD = 6.26$). Regarding educational attainment, 17 participants (34%) had either attended or completed 9 years of education, 22 (44%) had either attended or completed high school, and 11 (22%) held a college degree. Concerning marital status, 29 participants (58%) were married or living in a cohabiting relationship, 19 (38%) were single, one (2%) was separated or divorced, and one (2%) was widowed. In terms of employment status, 33 participants (66%) were employed, 12 (24%) were unemployed, and five (10%) were homemakers. Notably, 22 participants (44%) were not living with their husband or partner, and five (10%) were not living with their children at the time of data collection. Participants reported having an average of two children ($M = 2.14$, $SD = 1.13$), with ages ranging from 3 months to 25 years. On average, participants had been in Portugal for approximately 9 years ($M = 9.80$, $SD = 8.37$). Table 1 summarizes socio-demographic characteristics of the sample.

Table 1
Demographic characteristics of the sample

Variable	Min–Max	<i>M</i>	<i>SD</i>	<i>n</i>	%
Age	20–47	33.42	6.26	50	
Number of children	1–6	2.14	1.13	50	
Time in Portugal	0–37	9.80	8.37	50	
Educational level					
≤ 9 years of education				17	34
High school				22	44
College degree				11	22
Marital status					
Married/cohabiting				29	58
Single				19	38
Separated/divorced				1	2
Widowed				1	2
Employment status					
Employed				33	66
Unemployed				12	24
Homemakers				5	10
Cohabitation status					
Living with partner				28	56
Not living with partner				22	44
<i>M</i> mean, <i>SD</i> standard deviation, <i>Min</i> minimum, <i>Max</i> maximum					

Measures

The Maltreatment Q-Sort (MQS) (Woudstra et al., 2020)

The MQS is designed to assess attitudes toward child maltreatment among caregivers of children aged 2 to 6 years. It consists of 90 cards, each describing a specific parental behaviour that can be considered a form of child maltreatment. The 90 items are divided as follows: 22 items reflect physical abuse (e.g., “Hits the child so hard that it leaves bruises”), 22 items reflect emotional abuse (e.g., “Humiliates the child in front of others”), 22 items reflect physical neglect (e.g., “Allows the child to play in an unsafe environment”), 22 items reflect emotional neglect (e.g., “Does not make the child feel loved”), and two items are supplementary (serving as “filler items”). Participants are asked to categorize the 90 cards into 9 piles of 10 cards each, based on how harmful the behaviours are to a child’s development, with the piles ranging from least harmful (1) to most harmful (9) to the child. The mean score for each composite variable was then calculated. Participants are also asked to indicate from which pile they think someone, themselves or a professional should intervene, and from which pile the behaviours should be considered child maltreatment. The way in which participants classify the 90 cards is used to calculate the mean agreement on the severity of the parental behaviour, the mean agreement on labelling the behaviour as child maltreatment (i.e., maltreatment threshold) and the mean agreement on the perceived need for intervention (i.e., intervention thresholds). The higher the threshold, the fewer behaviours are considered to require intervention or to reflect child maltreatment. In the present study, cognitive debriefing on the Portuguese version of the MQS was first conducted with three immigrants from São Tomé and Príncipe residing in Portugal to assess the comprehensibility of the items for this population. No modifications to the items were necessary.

The MQS was developed from multiple well-established sources, including the Dutch Second National Incidence Study of Child Abuse and Neglect, the Childhood Trauma Questionnaire, and other recognised scales. To ensure cross-cultural clarity and relevance, it was piloted internationally with researchers from diverse cultural backgrounds. Although there is no universal “gold standard” due to the lack of consensus on the relative severity of different behaviours, previous applications in multicultural samples have demonstrated its capacity to capture differences in maternal attitudes, distinguish maltreatment subtypes, and provide valuable data for cross-cultural comparisons (e.g., Mesman et al., [2020](#)). While traditional internal consistency coefficients are not applicable to the Q-sort method, its structured format, balanced item distribution, and standardised administration procedures ensure methodological consistency, minimise error, and enable reliable analyses of agreement between participants and groups.

Functional Impact of Toxic Stress for Parents (FITS-P) (Moreno et al., [2021](#))

The FITS-P is a low burden, four-item questionnaire measuring current parental toxic stress. The four items are as follows: 1) In the last month, has it been hard to manage your thinking, such as: can't think straight, constantly distracted, replaying over and over in your mind something that makes you sad or mad? (hereafter: thinking); 2) In the last month, has it been hard to manage your behaviour, such as: angering too quickly at people, saying things you quickly regret, can't bring yourself to do your daily tasks? (hereafter: behaviour); 3) In the last month, has it been difficult to manage your schedule, such as: if you work, are you able to get there, are able to take care of your baby, and keep up with appointments? (hereafter: schedule); 4) In the last month, has it been difficult to manage your relationship with your baby, such as: feeling like you don't enjoy your baby, getting angry at them, finding it very hard to feed them or change their diaper? (hereafter: baby). All items are answered on a dichotomous yes/no scale. Previous research (Moreno et al., [2021](#)) has demonstrated the scale's appropriate psychometric properties, including construct validity and acceptable inter-item correlations. Despite this, the scale's internal consistency coefficients were modest ($\alpha = .65$ in a pilot sample and $\alpha = .57$ in a clinical sample). These lower alpha values likely reflect the scale's intentional multidimensionality, with each item assessing a different major life domain. Accordingly, we analysed the FITS-P items separately in order to better represent these distinct dimensions of toxic stress. This approach is consistent with the instrument's conceptualisation that the endorsement of even a single item may indicate substantial functional impairment due to toxic stress (Moreno et al., [2021](#)).

Sociodemographic Questionnaire

A self-report questionnaire was developed for the present study to collect various socio-demographic information, including details for describing the sample (e.g., age, educational level, employment status, household composition, time in Portugal).

Procedure

Participants were recruited through various associations targeting the Santomean community in Portugal and the researchers' personal networks, followed by snowball sampling. Mothers who expressed interest in participating were scheduled for a face-to-face, individual data collection session. Eligibility criteria included being over 18 years old, being able to read and write in Portuguese, residing in Portugal, and having at least one child between the ages of 2 and 6 years. Before data collection began, participants signed an informed consent form, which provided information about the purpose of the study, procedure, and the voluntary and confidential nature of the study. Participants first complete a set of questionnaires, to gather socio-demographic data and to assess parental toxic stress. Attitudes toward child maltreatment were then assessed using the Maltreatment Q-Sort (Woudstra et al., [2020](#)). This study was approved by the Ethics Committee of [University, for blind review] (reference 138/2023).

Analytical Strategy

IBM SPSS Statistics 29 software was used for the statistical analyses. Firstly, descriptive statistics were computed for the study, and the least and most harmful behaviours to the child, as reported by mothers, were identified. A composite variable reflecting the harmfulness of each of the four types of child maltreatment (i.e., physical abuse, emotional abuse, physical neglect, and emotional neglect) was then created by summing the respective items. The mean score for each composite variable, maltreatment threshold and the interventions threshold was then calculated. The associations between the harmfulness for each category of child maltreatment, the maltreatment threshold and the interventions threshold and maternal toxic stress were analysed. The associations between these variables and socio-demographic variables (i.e., age, number of children, time in Portugal, educational level, employment status and cohabitation status with husband/partner) were examined. For this purpose, both parametric (Pearson's correlation coefficients, two independent samples t-test) and non-parametric tests (Spearman's correlation coefficients, Mann-Whitney) were performed.

Results

Preliminary Analysis: Descriptive Statistics

Supplementary material presents the ratings of all 90 items of the MQS. The 10 items that mothers considered most harmful to children belong to the categories of physical abuse (6/10 items), emotional abuse (2/10 items), and emotional neglect (2/10 items). Conversely, the 10 items with the lowest scores belong to the same categories as the most harmful items, namely physical abuse (2/10 items), emotional abuse (4/10 items) and emotional neglect (3/10

items), with 1 item being a filler item (i.e., a neutral item that does not represent any subcategory of the four types of maltreatment). Regarding the composite variables of harmfulness, participants' mean scores were highest for physical abuse ($M = 6.14$, $SD = .66$), followed by emotional abuse ($M = 4.83$, $SD = .59$) and physical neglect ($M = 4.78$, $SD = .69$). The lowest mean score was for emotional neglect ($M = 4.40$, $SD = .54$).

On average, mothers considered behaviours from approximately pile 4 onwards ($M = 3.68$, $SD = 2.49$)—i.e., representing six of the nine piles—as constituting child maltreatment. Mothers' agreement on the need for intervention—whether by themselves, someone else, or a professional—was analysed. On average, mothers reported a lower threshold for intervention by someone else ($M = 2.90$, $SD = 2.03$), indicating that behaviours approximately in pile 3—i.e., seven of the nine piles—required intervention by another person. The mean threshold for intervention by themselves was 3.06 ($SD = 2.38$), and the mean threshold for intervention by a professional was also 3.06 ($SD = 2.39$).

Main Analysis: Associations between Study Variables

As presented in Table 2, concerning the harmfulness of the MQS items to children, negative and significant associations were found between physical abuse and physical neglect ($r = -.470$, $p < .001$), between physical abuse and emotional neglect ($r = -.590$, $p < .001$), between emotional abuse and physical neglect ($r = -.628$, $p < .001$), and between emotional abuse and emotional neglect ($r = -.287$, $p = .043$). These findings suggest that the more mothers perceived physical and emotional abuse as harmful, the less they perceived physical and emotional neglect as harmful.

Table 2

Correlations between the study variables

	1	2	3	4	5	6	7	8	9	10	11	12
1. Physical abuse	-											
2. Emotional abuse	-.017	-										
3. Physical neglect	-.470**	-.628**	-									
4. Emotional neglect	-.590**	-.287*	.021	-								
5. Maltreatment threshold	-.224	-.213	.250	.152	-							
6. Intervention by someone else	-.069	-.266	.229	.061	.405**	-						
7. Intervention by themselves	-.136	-.359*	.366**	.060	.366**	.488**	-					
8. Intervention by a professional	-.062	-.229	.125	.133	.502**	.457**	.508**	-				
9. Age	-.124	-.035	.052	.142	-.089	-.187	-.122	-.081	-			
10. Educational level	.313*	.040	-.057	-.253	-.091	-.086	-.023	-.153	-.261	-		
11. Number of children	-.289*	.075	-.051	.333*	.163	-.157	-.086	.009	.435**	-.396**	-	
12. Time in Portugal	.004	-.030	.152	-.127	-.248	-.239	-.343*	-.295*	.482**	.117	.096	-

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Associations were examined between the harmfulness of the MQS items to children, as well as the maltreatment and intervention threshold. No significant correlations were found between the maltreatment threshold and the harmfulness composites for each type of maltreatment. However, a negative and significant correlation was observed between emotional abuse and the threshold for intervention by themselves ($p = -.359$, $p = .011$), suggesting that mothers who rated emotional abuse as more harmful had lower intervention thresholds, meaning they were more likely to intervene earlier. Conversely, a positive and significant association was found between physical neglect and the threshold for intervention by themselves ($p = .366$, $p = .009$), indicating that mothers who rated physical neglect as more harmful had higher intervention thresholds, meaning they were more likely to intervene later. Of note, all intervention thresholds (i.e., by someone else, by themselves, and by a professional) were significantly associated (all $p < .001$), suggesting that mothers who valued intervention by one party also tended to value intervention by the others.

In addition, positive and significant correlations were found between the maltreatment threshold and the threshold for intervention by someone else ($p = .405$, $p = .004$), the maltreatment threshold and the threshold for intervention by themselves ($p = .366$, $p = .009$), and the maltreatment threshold and the threshold for intervention by a professional ($p = .502$, $p < .001$). These results suggest that the more mothers classified behaviours as child maltreatment, the more they valued intervention by someone else, by themselves, and by a professional.

Attitudes Toward Child Maltreatment and Toxic Stress

Concerning the perceived harmfulness of the MQS items to children, a negative and significant association was found between the “Baby” item of the FITS-P and physical neglect ($r = -.346$, $p = .014$). This finding suggests that mothers who perceived stress in relation to caring for their children, the less harmful they considered physical neglect. Furthermore, a significant difference was found for the threshold by themselves intervention between mothers who reported difficulties in managing their relationship with their child and those who did not ($U = 68.000$, $p = .016$), based on the “Baby” item of the FITS-P. This suggests that mothers who perceived stress in relation to caring for their children have a lower threshold for intervention, meaning they were more likely to intervene earlier. No other

significant associations were observed between maternal toxic stress and the perceived harmfulness of the MQS items to children, nor with the maltreatment or intervention thresholds.

Attitudes Toward Child Maltreatment and Sociodemographic Variables

Concerning the perceived harmfulness of the MQS items to children, a negative and significant association was found between physical abuse and the number of children ($r = -.289, p = .042$), indicating that mothers with more children rated physical abuse as less harmful. Additionally, a positive and significant correlation was observed between physical abuse and the level of education ($p = .313, p = .027$), suggesting that mothers with higher levels of education rated physical abuse as more harmful. Furthermore, mothers living with their husband/partner reported physical abuse as less harmful ($M = 5.97, SD = 0.69$) than those not living with their husband/partner ($M = 6.35, SD = 0.58$) ($t(48) = 2.046; p = 0.046$). A positive and significant correlation was also found between emotional neglect and the number of children ($r = .333, p = .018$), suggesting that mothers with more children rated emotional neglect as more harmful. No other significant associations were found between the perceived harmfulness of the MQS items and the sociodemographic data.

The maltreatment threshold and the intervention thresholds were not significantly associated with sociodemographic variables (all $p > .05$), except for the time residing in Portugal and living with their husband/partner. Specifically, negative and significant associations were found between time in Portugal and the threshold for intervention by themselves ($p = -.343, p = .015$), and between time in Portugal and the threshold for professional intervention ($p = -.295, p = .037$). These results suggest that the longer mothers have been living in Portugal, the lower their intervention threshold, meaning that behaviours they define as less harmful require intervention. Additionally, there were trend-level significant differences in the threshold for professional intervention between mothers living with their husband/partner and those not living with their husband/partner ($U = 213.000, p = .054$), with the threshold being higher for mothers not living with their husband/partner ($M = 3.64, SD = 2.30$).

Discussion

The present study aimed to explore the attitudes of immigrant mothers from São Tomé and Príncipe in Portugal towards the degree of harmfulness of behaviours that constitute child maltreatment, the number and type of behaviours labelled as maltreatment, the perceived need for intervention in cases of maltreatment, as well as the associations between maternal attitudes towards maltreatment, parental toxic stress and socio-demographic variables.

Following the study by Mesman et al. (2020), which compared nine countries using the Maltreatment Q-Sort (Woudstra et al., 2020), physical abuse was identified as the most harmful form of child maltreatment, while emotional neglect was considered the least harmful in all nine countries. The same pattern was observed in the present study with immigrant mothers from São Tomé and Príncipe, which is in line with our hypothesis, reinforcing the idea that certain perceptions of harm in child maltreatment may transcend cultural boundaries. The mean scores for the physical abuse subscale were higher than those for other types of maltreatment, suggesting that participants perceive physical abuse as notably the most severe form of maltreatment. Furthermore, when examining the individual items, the results confirmed that participants rated physical abuse as having the greatest impact on a child's development, with six of the ten highest-scoring items belonging to this category. A possible explanation for these findings may lie in the nature of the behaviours involved in physical abuse, as their immediate and visible consequences on a child's behaviour and well-being make them more easily recognized and perceived as more severe (Toros & Tiirik, 2016). However, the ratings for the remaining three subtypes of maltreatment were much closer to each other. This pattern observed in the present study with immigrant mothers from São Tomé and Príncipe is similar to that seen in the South African sample in the study by Mesman and colleagues (2020), where the ratings of harmfulness of the subtypes of maltreatment were closely clustered. This similarity may reflect shared cultural perceptions of the relative severity of different forms of child maltreatment among African populations, despite differences in migration status and context. Interestingly, while participants also recognized the negative effects of emotional abuse, they perceived it as less severe than physical abuse. This could be because, although emotional abuse is considered harmful to a child's development, its consequences are less visible and immediate compared to physical abuse, creating uncertainty about the severity of the problem and making it harder to identify (Toros & Tiirik, 2016).

In this study, physical neglect was perceived by mothers as moderately severe, but still less severe than physical and emotional abuse. One possible interpretation is that physical neglect may be perceived as something related to external circumstances (e.g., poverty) rather than as an intentional act of harm (Mesman et al., 2020). This interpretation may be particularly relevant for immigrant mothers from São Tomé and Príncipe, whose parenting beliefs are shaped both by cultural norms from their country of origin and by the challenges of adapting to a new sociocultural and economic context (Soller, 2011). The results of the original nine-country study (Mesman et al., 2020) showed that physical neglect was considered more harmful than emotional abuse in Portugal. By contrast, immigrant mothers from São Tomé and Príncipe in the present study rated emotional abuse as more harmful than physical neglect. This may reflect different cultural perceptions of harm linked to their African origins and migration experiences. On the other hand, the absence of items related to physical neglect among the 10 most and least severe items may be due to cultural beliefs that influence perceptions of the severity of neglect, making it more difficult to identify or categorise as harmful behaviour (Friedman & Billick, 2015). Indeed, if certain parenting behaviours are highly prevalent in a given society, they are less likely to be seen as negative because they reflect locally normative parenting practices (Mesman et al., 2020). This is particularly relevant given that violence against children remains

widespread in São Tomé and Príncipe and is reinforced by deeply rooted social norms (UNICEF, [2022](#)). These patterns are consistent with global evidence showing that the highest prevalence of all forms of child maltreatment is found in African and developing countries (Akmatov, [2011](#)).

Moreover, the lower score given to emotional neglect suggests that participants in this study consider this form of maltreatment to be less harmful to a child's development than others, suggesting an underestimation of the lack of emotional support and affection in child development. It can be argued that a lower score for emotional neglect may be influenced by the invisibility of its consequences, as its effects often become apparent later in a child's development (Friedman & Billick, [2015](#)). This form of neglect can be especially insidious due to its less visible physical consequences, which may lead to it going undetected (King et al., [2019](#)).

The average threshold for classifying behaviours as child maltreatment was set at pile 4, indicating that mothers believed all behaviours in piles four through nine should be considered maltreatment. However, there was significant variation in mothers' perceptions of what behaviours constituted child maltreatment, with some mothers considering even one behaviour as maltreatment, while others only classified behaviours starting from nine onwards. This variation could be influenced by factors such as personal experiences, including childhood parenting practices (e.g., Clemens et al., [2020](#)), which were not examined in the present study. These differences highlight the need for clearer guidelines and greater awareness of what constitutes maltreatment, to ensure that harmful behaviours are not underestimated within this population. It is also important to note the wide range of time participants had lived in Portugal, from less than one year to 37 years. A longer duration of stay in the country may be associated with a greater awareness of child maltreatment, related to acculturation processes in parenting (Berry, [1997](#); Bornstein, [2017](#)), as Portugal has a child welfare system with dedicated protection agencies, unlike São Tomé and Príncipe.

In terms of the need for intervention, the mothers in this study, on average, reported lower thresholds for all types of intervention, indicating a tendency to support early intervention. This pattern of early intervention is in line with findings from the original nine-country study (Mesman et al., [2020](#)), in which Portuguese mothers — the host-country reference group for the present sample — also showed lower thresholds for intervention compared to mothers from most other countries, with the exception of the Netherlands. This similarity may once again reflect acculturation processes that influence parenting attitudes (Berry, [1997](#); Bornstein, [2017](#)). Interestingly, the mothers exhibited identical thresholds for intervention, whether by themselves or by a professional. These findings do not fully align with the results of Mesman and colleagues' ([2020](#)) study, which found that in four countries (the Netherlands, China, South Africa, Iran, and Portugal), the threshold for intervention by a professional was higher than for intervention by a non-professional (i.e., someone else or themselves). However, this pattern was not observed among South African mothers, as in the present study, suggesting that it may reflect shared cultural perceptions among African populations once again. In addition, the different intervention thresholds were very close to each other, suggesting that there is no difference between when a behaviour should be dealt with personally or by a non-professional and when it should be dealt with by a professional. It was also found that although mothers reported relatively low thresholds (and therefore earlier intervention), whether by someone else, by themselves or by a professional, there was a great deal of variability in the responses, with thresholds ranging from the least severe pile to the most severe pile. This suggests a high degree of variability in participants' perceptions about which behaviours require intervention. Interestingly, there were significant positive correlations between the different intervention thresholds defined by the mothers. This finding has practical implications, as it may suggest that if mothers are made aware of the need to intervene in child maltreatment behaviours themselves, they may also be more open to external intervention, whether professional or nonprofessional.

Associations Between the Harmfulness of Behaviours and Thresholds for Maltreatment and Intervention

The negative correlations between physical abuse and physical neglect, physical abuse and emotional neglect, as well as between emotional abuse and physical neglect, and emotional abuse and emotional neglect, observed in the present study, suggest that as the perceived severity of physical abuse and emotional abuse increases, the perceived severity of physical neglect and emotional neglect decreases. One possible explanation is that the participants in the present study may have perceived behaviours associated with physical and emotional abuse as deliberate and intentional acts against the child (Leeb et al., [2008](#)), whereas behaviours related to physical and emotional neglect were viewed as unintentional, often influenced by external circumstances (Friedman & Billick, [2015](#); Mesman et al., [2020](#)). On the other hand, previous research suggests that neglect is associated with distortions in pre-existing inaccurate and biased cognitive schemas about child development and education (which include attitudes), which are known to influence the way parents perceive and subsequently act towards their children (Camilo et al., [2022](#)). This finding may indicate a need for greater awareness of the harmfulness and lasting consequences of these subtypes of maltreatment, particularly emotional neglect. Further scientific research is needed to shed more light on this possibility.

Associations between the harmfulness of the MQS items for children and the threshold for maltreatment and intervention show that the threshold for classifying behaviour as child maltreatment is not influenced by the perceived severity of the subtypes of maltreatment. However, there was a negative association between emotional abuse and the threshold for intervention by themselves, suggesting that the more mothers perceived emotional abuse as harmful, the earlier they felt intervention should take place. Mothers who perceive emotional abuse to be more harmful may be more aware of its impact on their child's development and well-being and therefore recognise the urgency of intervention. On the other hand, a positive correlation was found between physical neglect and the threshold for intervention by themselves, suggesting that the more harmful mothers perceive physical neglect to be,

the later they feel intervention should take place. These data are consistent with other findings of this study, which indicate a devaluation of this subtype of maltreatment, which is considered less urgent than other forms of maltreatment, aligning with other studies (Mesman et al., [2020](#); Woudstra et al., [2020](#)). These results also indicate the need to pay special attention to this subtype of maltreatment in the Santomé population.

This study also found positive correlations between the maltreatment threshold and the different intervention thresholds, indicating that the higher the number of behaviours that mothers classified as child maltreatment, the higher the number of behaviours that were seen as requiring intervention by someone, themselves or a professional. These findings suggest that perceptions of the need for intervention are closely related to perceptions of child maltreatment. Intervening with mothers and giving them information about what constitutes maltreatment could help them to seek help more quickly (Younas & Gutman, [2024](#)). In addition, the thresholds for needing intervention were lower than the thresholds for labelling behaviours as child maltreatment, suggesting that some of the parental behaviours that mothers did not classify as child maltreatment were seen as needing intervention. This finding is very encouraging and promising, as it could play a key role in efforts to raise awareness of the importance of intervention in cases of child maltreatment.

Associations Between Maternal Attitudes Towards Maltreatment and Toxic Stress

The negative association between the “Baby” item on the FITS-P and physical neglect suggests that the more stress mothers perceive in caring for their children, the less harmful they perceive physical neglect to be. The literature has shown that toxic parental stress can influence parental attitudes and contribute to an increased likelihood of child maltreatment (e.g., Crouch et al., [2019](#); Yoo, [2019](#)). Indeed, high levels of stress may contribute to an increased risk of child maltreatment as caregivers become more preoccupied with issues other than meeting their children’s needs (Cox et al., [2003](#); Geprägs et al., [2023](#)). Furthermore, as suggested by Mesman et al. ([2020](#)), when caregivers face socio-economic difficulties and a lack of resources—factors that contribute to parental toxic stress—they are less likely to recognise some of their behaviours as representing child maltreatment. In this sense, the presence of stress may lead parents to perceive physical neglect as less harmful, as their priority shifts to dealing with external challenges. The results also suggest that mothers who perceive stress in caring for their children (i.e., “Baby” item on the FITS-P) have a lower threshold for intervention by themselves (i.e., intervention occurs earlier/less harmful items) than mothers who do not perceive stress. A possible explanation for this finding could be that these mothers are potentially more demanding in relation to their child’s behaviour and may make more negative attributions about this behaviour and therefore consider earlier intervention necessary. Beckerman et al ([2020](#)) state that “the combination of high risk and experiencing situational stress led to more negative parental attributions”. These more negative attributions may lead them to believe that earlier intervention is needed to control the situation and the child’s behaviour. These results support our hypothesis that parental toxic stress is associated with mothers’ perceptions of child maltreatment. The specificity of the ‘Baby’ item, which captures stress directly related to childcare, may explain why only this item was associated with maternal attitudes towards maltreatment.

Associations Between Maternal Attitudes Towards Maltreatment and Sociodemographic Variables

The positive association between physical abuse and educational attainment, observed in the present study, suggests that mothers with higher levels of education are more likely to rate physical abuse as harmful or damaging than mothers with lower levels of education. This finding is consistent with the literature showing that caregivers with higher levels of education are more likely to value non-physical discipline methods in parenting and are more likely to have negative attitudes towards abusive behaviour towards children (Wamser-Nanney & Campbell, [2020](#)). In fact, mothers with higher levels of education may have greater access to information about the negative effects of physical punishment on a child’s development, leading to a more critical view of such behaviour. It was also found that mothers who did not live with their husband/partner were more likely to perceive physical abuse as harmful than mothers who did live with their husband/partner. This finding is not consistent with the literature, which suggests an association between single motherhood and a higher risk of child maltreatment (Schneider, [2017](#)). Future studies should examine additional factors that may influence the relationship between single motherhood and child maltreatment to shed more light on this association.

Furthermore, the negative association between physical abuse and number of children, also found in the present study, suggests that mothers with more children may perceive physical abuse as less serious than mothers with fewer children. This negative association can be explained by the Family Stress Model, which suggests that in contexts of greater economic pressure and limited resources, there may be potential emotional and behavioural problems in caregivers that spill over into parent–child relationships (Potochnick et al., [2024](#)). For example, a larger number of children may reflect a greater scarcity of financial and emotional resources, which may influence perceptions of the seriousness of certain parental behaviours, including those involving physical abuse (Mesman et al., [2020](#); Potochnick et al., [2024](#)). This may indicate the need for additional support for larger families where resources are more limited. Moreover, a positive association was also found between emotional neglect and the number of children. This suggests that mothers with more children tend to rate emotional neglect as more harmful or serious than mothers with fewer children. This result is rather curious, as previous studies have shown that a larger number of family members is a risk factor for neglect (Mulder et al., [2018](#); Stith et al., [2009](#)).

Other findings from the present study are worth mentioning. The negative correlations between time in Portugal and the threshold for intervention by themselves and time in Portugal and the threshold for professional intervention

suggest that the longer mothers live in Portugal, the lower the threshold, i.e. the greater their willingness to intervene themselves and to accept professional intervention, even for behaviours they define as less harmful. Some explanations can be given for these results, such as the process of acculturation. By spending more time in Portugal, these mothers may be more likely to adopt local norms and practices that place greater emphasis on the need to intervene in situations of abuse (Berry, [1997](#); Bornstein, [2017](#)). Indeed, the study by Mesman et al ([2020](#)) found that Portuguese mothers reported a lower threshold for intervention than mothers in all other countries except the Netherlands. These data are extremely relevant, not only because they show that a longer stay in Portugal can lead to a greater awareness of the need for intervention, leading mothers to intervene in situations previously considered less urgent (such as physical neglect), but also because they underline the need for greater attention and support for mothers who have been in the country for less time. Finally, there was a tendency for mothers who do not live with their husband/partner to have a higher threshold for intervention by a professional (i.e., intervention occurs later/more harmful items) than mothers who live with their husband/partner. This finding suggests that there may be a greater sense of vulnerability/helplessness in single-parent families (Van Gasse & Mortelmans, [2020](#)), which in turn may make mothers more resistant to professional support or less trusting of the system. In other words, the presence of a partner may be a source of support that makes mothers more willing to accept external support (Racine et al., [2019](#)).

The associations between maternal attitudes towards child maltreatment and sociodemographic variables (number of children, length of time in Portugal, educational level and cohabitation status with a husband/partner) support our hypothesis that these factors influence mothers' perceptions of child maltreatment. However, this hypothesis was not supported for the variables age and employment status. These results highlight the multifaceted ways in which sociodemographic characteristics may shape maternal perceptions, underscoring the importance of considering these factors in prevention and intervention programs.

Limitations and Suggestions for Future Research

As mentioned above, there is a lack of scientific research on child maltreatment among São Toméan mothers and fathers. In this way, the results of this study are a valuable contribution to the existing literature on child maltreatment, as they provide important data on the needs and specificities of this group, which can contribute to the definition of good practices and appropriate interventions for the promotion and protection of the rights of children and young people. However, it should be borne in mind that the study also has its limitations.

Firstly, most of the participants were recruited through the researchers' personal networks and by snowball sampling, which may limit the generalisability of the results to the whole population. Second, the Q-sort methodology requires a certain level of literacy, including the ability to read and write in Portuguese, which means that the mothers who participated in this study do not represent the lower socioeconomic classes, where illiteracy is higher, and the prevalence of maltreatment tends to be higher as well (Friedman & Billick, [2015](#)). As educational attainment has an impact on mothers' attitudes towards child maltreatment (Wamser-Nanney & Campbell, [2020](#)), future research needs to find alternative methods that allow for the inclusion of mothers with lower levels of education, or even those who are illiterate. Thirdly, this study focused only on mothers and future studies need to include other primary caregivers such as fathers and grandparents. Fourth, the FITS-P was used in this study to assess parental toxic stress; however, this questionnaire does not capture stress specifically related to immigration. Exploring immigrant-specific stress might offer more relevant insights into its associations with attitudes toward child maltreatment in this population (Yoo, [2019](#)). On the other hand, this study found that length of residence in Portugal influenced mothers' perception of the need for intervention. Based on these results, it would be interesting to replicate this study with São Toméan mothers living in São Tomé and Príncipe to check for possible differences. Finally, it would also be interesting to explore associations between maternal attitudes and adverse past experiences, as the literature suggests an association between a history of childhood maltreatment and different types of child maltreatment (Mulder et al., [2018](#); Stith et al., [2009](#)).

Implications

The findings of this study have important implications for policy, practice and future research. Firstly, the results underscore the need for targeted awareness-raising initiatives within the São Toméan immigrant community in Portugal, particularly regarding the harmfulness and urgency of addressing less visible forms of maltreatment, such as emotional and physical neglect. As these forms of maltreatment are generally perceived as less severe and urgent than physical abuse, education campaigns that are sensitive to cultural issues could help caregivers recognise their long-term developmental consequences. Secondly, the variability in thresholds among mothers for classifying behaviours as child maltreatment and for initiating intervention underscores the importance of clear, accessible guidelines on what constitutes child maltreatment. Training programmes for parents, community leaders and service providers should incorporate practical examples and address parenting norms embedded in culture that may normalise harmful behaviours. Given the potential influence of acculturation processes on maternal perceptions, such initiatives may be particularly effective when delivered through trusted community channels.

Thirdly, the link between parental toxic stress and underestimating certain forms of maltreatment highlights the need for integrated support services that address child protection and parental wellbeing. Interventions should focus not only on raising awareness of maltreatment, but also on reducing the childcare burdens that contribute to stress. Support tailored to larger families, single mothers and newly arrived immigrants may be particularly beneficial, given the observed associations between these factors and perceptions of maltreatment severity. Finally, the influence of

educational attainment and length of residence in Portugal on maternal attitudes suggests that prevention and intervention strategies should be adapted according to the educational level and **AQ1** degree of acculturation of mothers. Engaging with recently arrived families early on and offering them information on child protection norms and services in Portugal could help to close perception gaps and promote earlier intervention.

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Supplementary Information

Below is the link to the electronic supplementary material.

Supplementary file1 (DOCX 338 kb)

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