



Research article

Child physical abuse – High school students' mental health and parental relations depending on who perpetrated the abuse



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ABSTRACT

The aim of this study was to contribute to the research of child physical abuse (CPA) by examining if there were any differences in high school students' mental health (in this study symptoms of depression and anxiety, self-esteem and sense of coherence) and/or, in how they perceive their parents, depending on whether or not they had been subjected to CPA during childhood. In addition, if high school students reported different mental health and/or, relationships with their parents, depending on if their mother, father or both parents were the perpetrators of CPA.

A representative national sample of high school students ($N = 3288$, data collected 2009) participated in the study. Participants completed the following: questions about CPA and alleged perpetrators, the Hopkins Symptom Checklist, Rosenberg Self-Esteem Scale, the Sense of Coherence Scale and Parental Bonding Instrument.

The results showed students who reported experiences of CPA were more likely to report symptoms of mental illness and negative perceptions of their parents' parenting. However, there were no mental health differences depending on whether their mother, father or both parents were the perpetrators of CPA. Still, there were differences in perceived parenting indicating that mothers' parenting was perceived as more negative when mothers only or both parents were perpetrators of the abuse than when only fathers were perpetrators.

1. Introduction

Child physical abuse (CPA) is a public health challenge (WHO, 1999). In Sweden corporal punishment or spanking became illegal in 1979 (SFS 1949:348 6 chapter 1§), and since then 52 countries have introduced similar legislation as a way to reduce the incidence of corporal punishment of children (Save the Children, 2016). The prevalence of CPA differs between and within countries but a meta-analysis based on self-reports showed a worldwide prevalence of CPA to be 22.6% (85% CI: 20.3–25.1) (Stoltenborgh, Bakermans-Kranenburg, Alink, & IJzendoorn, 2015). Swedish studies have shown that, 14–15% of children between 13 and 17 years old self-report CPA (Annerbäck, Wingren, Svedin, & Gustafsson, 2010; Janson, Jernbro, & Långberg, 2011). Children and adolescents who have experienced CPA have in several studies shown to have weaker attachment to their parents, and more insecure attachment (Cole-Detke & Kobak, 1998; Morton & Browne, 1998). Children with insecure attachment because of CPA find it sometimes harder to form relationships with peers, partners and their own children later in life (Morton & Browne, 1998). Insecure

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attachment has been found to be a risk factor for the development of psychopathology, mainly depression and behavioral disorders (Deklyen & Greenberg, 2008). Research suggests that secure attachment in turn can serve a protective role against maladaptive emotional and behavioral outcomes later in life, even when maltreatment is reported (Lowell, Renk, & Adgate, 2014). Although attachment in theory is considered as a time-consistent factor (Lewis, 1997), studies have indicated that favorable interactions between caregivers and children may improve attachment security (Lewis, Feiring, & Rosenthal, 2000). Given the important role of parents in attachment theory, and the importance of parenting in child development (Shonkoff & Phillips, 2000) the adolescents perception of the parenting when exposed to CPA is an important topic.

2. Consequences of child physical abuse

Child abuse and neglect including CPA has repeatedly been associated with physical and mental illness later in life (Blakely Harris & Sargent, 2010; Briere & Jordan, 2009; Silverman, Reinherz, & Giaconia, 1996; Springer, Sheridan, Kuo, & Carnes, 2007). Significant associations have been found between maltreatment (including CPA), and symptoms of depression, and anxiety (Al-Fayez, Ohaeri, & Gado, 2012; Allen, 2008; Lindert et al., 2014; Nanni, Uher, & Danese, 2012; Silverman et al., 1996; Springer et al., 2007), low self-esteem (Al-Fayez et al., 2012; Chang, Jurecska, Lee-Zorn, & Merrick, 2012; Kim and Cicchetti, 2006), and a lower sense of coherence (Svedin et al., 2015). In a meta-analysis, depression was investigated as a consequence of only physical abuse. It was found that the mean effect size between physical abuse and depression was large, $d = 0.810$ (95% CI = 0.690–0.930) (Infurna et al., 2016). Heim, Shugart, Craighead, and Nemeroff (2010) found support for the suggestion that depression and anxiety may be the neurobiological consequences of childhood abuse. Consequences of childhood abuse seem not occur at any specific age (Lindert et al., 2014), and Infurna et al. (2016) showed in a meta-analysis that the consequences of CPA were similar in teenage and adult samples. It has been found that CPA and health problems are independently associated with a stronger association when individuals reported repeated CPA (Annerback, Sahlqvist, Svedin, Wingren, & Gustafsson, 2012). Gender differences have been found in that more females (36.3%) than male (22.6%) reported physical and emotional abuse (Stoltenborgh et al., 2015), however not many studies have actually looked upon gender differences and consequences of physical abuse (Thompson, Kringee, & Desai, 2004), and no study with focus on gender differences in adolescents. Thompson et al. (2004) found in large representative sample with adults ($N = 16,000$) half men and half women, that men reported more types of CPA during childhood than women but women were more affected by the abuse.

3. Perceived family environment and child physical abuse

Even if many and profound consequences of CPA alone have been reported in the research (e.g. Blakely Harris & Sargent, 2010), it has also been found that the family context in which the CPA occurred has been most strongly associated with mental health problems later in life (Fergusson, Boden, & Horwood, 2008; Fergusson & Lynskey, 1997). Fergusson and colleagues (2008) argues that later adverse outcomes of CPA are in some way a product of the family, social and personal background in the child's environment. The influence of family environment and later outcomes of CPA has been looked upon in some studies and Meyerson, Long, Miranda, and Marx (2002) found that adolescent girls who had been physically abused perceived their families more negatively than abused boys did, however they did not look up each parent separately. The relationships between physically abused children and adolescents and their perceived perceptions of their parents have been examined in few studies (Sternberg, Lamb, Guterman, Abott, & Dawud-Noursi, 2005; Sunday et al., 2008). Sternberg et al. (2005) found that adolescent victims of CPA reported weaker attachments to their parents than did non-abused adolescents and that attachment to mothers was weaker whether or not mothers were perpetrators of the abuse. Sunday et al. (2008) also found that adolescents who had experienced even mild CPA reported dysfunctional family relationships. However, Sternberg et al. (2005) concluded that changes in the exposure to violence were associated with changes in relationships with parents suggesting that intervention could have positive effects on parent–child relationships despite former violent histories.

Care and control have been found to be important in terms of how young people perceive the bond with their parents (Parker et al., 1979). The two factors of control and care in low or high level allow four different combinations that can be measured in both mothers' and fathers' parenting styles (Parker, Tupling, & Brown, 1979). Several empirical studies have examined how parenting styles and parents' ability to create bonds with the child can be associated with mental illness (e.g. Enns, Cox, & Clara, 2002; Turgeon, O'Connor, Marchand, & Freeston, 2002). Experiences of negative parenting during childhood have been associated with various symptoms of psychopathology in adulthood in studies (e.g. Enns et al., 2002). Several studies have found that low care and high control is the combination of parental dimensions (affectionless control) that has been most strongly associated with mental illness (Wilhelm, Niven, Parker, & Hadzi-Pavlovic, 2005).

Adolescents who reported physical abuse also reported their parents' parenting as more negative than a non-abused group (Sunday et al., 2008). Young people who reported physical abuse generally thought that their families had poorer cohesion, were less balanced and were less adaptable, and that both their parents showed lower levels of care than the comparison group (Pelcovitz et al., 2000). The non-abused adolescents felt that both parents were controlling in a similar way. On the other hand, abused adolescents reported fathers as being more controlling than mothers were ($p = 0.005$; Sunday et al., 2008). Rikhye et al. (2008) showed that abused subjects reported significantly more paternal and maternal affectionless control parenting than a non-abused group.

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