



## Research article

# Parent-child aggression, adult-partner violence, and child outcomes: A prospective, population-based study



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## ABSTRACT

Parent-child physical aggression (PCPA) and adult intimate partner violence (IPV) are common forms of family violence that often co-occur. Their deleterious effects on children and adolescents have been well documented. However, important questions remain regarding whether the type of violence exposure, the experience of one or both forms, the chronicity of violent experiences, and the age, gender, and SES of the child, differentially influence developmental outcomes. Data on 2810 children from the Project on Human Development in Chicago Neighborhoods were analyzed. Children aged 3–9 at the outset were assessed three times, at 3-year intervals. Primary caregivers reported on IPV, PCPA, and children's externalizing and internalizing symptoms. Children's externalizing and internalizing symptoms were examined as a function of time, age, gender, socioeconomic status (SES), and the time-varying effects of cumulative IPV and PCPA exposure. Cumulative experiences of IPV and PCPA each adversely affected the developmental trajectories of both externalizing and internalizing symptoms, but in different ways; and they did so independently of participants' age, gender, or SES, which all functioned as significant, independent predictors of child outcomes. PCPA was by far the more potent of the two forms of violence; and when both forms occurred, they worked additively to affect outcomes. Important questions remain regarding the reasons for the differential potency of these two forms of family violence on childhood symptoms, and related implications for interventions, as well as for later adult behavior.

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## 1. Introduction

Childhood exposure to violence occurs in multiple settings – from neighborhoods and schools, to within the home and the child's family itself. The ecological-transactional model (Lynch & Cicchetti, 1998) has been adopted to describe relationships between violence that is experienced in these different contexts, and childhood outcomes. While exposure to violence in any setting can have adverse effects on child development, there is strong evidence to suggest that violence experienced within the family appears to be the most detrimental (Litrownik, Newton, Hunter, English, & Everson, 2003; Muller, Goebel-Fabrizi, Diamond, & Dinklage, 2000; Osofsky, Wewers, Hann, & Fick, 1993), and therefore warrants special attention.

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Childhood exposure to family violence is in fact a major public health concern. According to the U.S. Department of Health and Human Services, approximately 702,000 children were victims of some form of domestic maltreatment in 2014 alone, and an estimated 1580 children died from abuse or neglect in that same year (U.S. Department of Health and Human Services, 2016). Litrownik et al. (2003) noted that childhood exposure to family violence has reached 'epidemic' proportions; with potentially devastating downstream effects, including perpetuation of the circle of violence itself (Maneta, Cohen, Schulz, & Waldinger, 2012).

From the perspective of children and adolescents, family violence encompasses the direct victimization of children through parent-child physical aggression (PCPA), and witnessing of adult intimate partner violence (IPV). These two forms of family violence frequently co-occur (Appel & Holden, 1998; Dong et al., 2004; Hamby et al., 2010; Sousa et al., 2011) and can lead to a range of adverse cognitive, emotional, and behavioral outcomes in exposed children (Jaffee & Maikovich-Fong, 2011; McCabe, Lucchini, Hough, Yeh, & Hazen, 2005; Villodas et al., 2012). These adverse outcomes are apparent even after controlling for relevant covariates such as socioeconomic status (SES) (Herrenkohl & Herrenkohl, 2007).

Despite the plethora of studies regarding the deleterious effects of family violence on child development, many conflicting or inconclusive findings mean that questions remain concerning relations between the type of family violence experienced, whether one or both forms of violence occurred (additive vs. multiplicative effects), whether chronicity of exposure (cumulative effects), and the gender or the age of the child, differentially influence outcomes (English et al., 2009; Jaffee & Maikovich-Fong, 2011; Maschi, Morgen, Bradley, & Hatcher, 2008; Moylan et al., 2010; Sousa et al., 2011; Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006). We frame these key questions, and summarize what is reported regarding each.

Does exposure to different types of family violence lead to differential symptomatic outcomes in children? While some studies report that experiences of IPV and PCPA have similar effects on internalizing and externalizing problems in children (Moylan et al., 2010; Sternberg et al., 2006), Maikovich, Jaffee, Odgers, and Gallop (2008) found differential effects, such that PCPA was more strongly predictive of externalizing problems, whereas IPV was more strongly associated with internalizing problems. Margolin, Vickerman, Oliver, and Gordis (2010) found that PCPA was uniquely linked with somatic complaints and aggressive behaviors, IPV was uniquely linked with anxiety and over-arousal; but both PCPA and IPV were linked with delinquent behaviors.

A related question concerns whether one or the other form of family violence is a more potent predictor of adverse outcomes in children and adolescents. This question has received less explicit attention. In a study of caregivers in homes at high risk for child maltreatment and adult partner violence, English et al. (2009) found that PCPA had stronger adverse effects on children's externalizing and internalizing symptom outcomes when compared to the effects of IPV.

Does the co-occurrence of IPV and PCPA predict poorer outcomes than exposure to one or the other form of family violence alone? A related question concerns whether these co-occurring effects are additive or multiplicative in nature. Accounts concerning the effects of co-occurring IPV and PCPA in terms of the severity of symptomatic outcomes in children and adolescents are conflicting. Some studies report poorer outcomes (Sousa et al., 2011; Sternberg et al., 2006) and other studies find no differences between dually exposed and single exposure groups (Kitzmann, Gaylord, Holt, & Kenny, 2003; Moylan et al., 2010). While Finkelhor, Ormrod, and Turner (2007a), Finkelhor, Ormrod, and Turner (2007b), Finkelhor, Ormrod, and Turner (2009) demonstrated that 'poly-victimization' (the co-occurrence of various forms of victimization, such as school violence, family violence, and community violence) in nationally representative samples of youth, had more detrimental effects on child outcomes than any single type of victimization, they also found that PCPA stood out in its adverse effects (Finkelhor et al., 2007b). It remains unclear whether the co-occurrence of IPV and PCPA leads to worse outcomes than exposure to only one or the other form of IPV or PCPA, and where reports do indicate worse outcomes in dually exposed children, it remains unclear whether the interplay between IPV and PCPA is additive or multiplicative.

Does chronicity of exposure (cumulative effects) generate evidence for a gradient of negative outcomes on children and adolescents? Experiences of IPV and PCPA are often ongoing, rather than singular events (Finkelhor, Ormrod, & Turner, 2007c). Margolin et al. (2009) stressed the importance of examining exposure to violence over time when they introduced the notion of "the changeable topography of violence exposure." Finkelhor et al. (2009) retrospectively examined the effects of 'lifetime poly-victimization', defined as poly-victimization within the past year and at any prior point in the lifetime, in a nationally representative sample of youths aged 2–17, and found that lifetime poly-victimization, and particularly cumulative PCPA exposure, had strong associations with negative outcomes. However, given the study's cross-sectional, retrospective design, it is not clear whether more recent victimization influenced recall of past victimization, and therefore exerted a stronger influence on associations with negative outcomes. Jaffee and Maikovich-Fong (2011) found that cumulative exposure to maltreatment (PCPA, sexual abuse, emotional abuse and neglect) resulted in higher levels of both externalizing and internalizing behaviors compared to the situationally exposed groups. Exposure to IPV was not assessed in this study.

Do the age and gender of the child moderate the impact of family violence exposure in children and adolescents? The roles of age and gender in moderating outcomes of exposure to IPV or PCPA both remain points of debate. While some studies indicate that behavioral outcomes vary by gender (Herrera & McCloskey, 2001; Maschi et al., 2008; Yates, Dodds, Sroufe, & Egeland, 2003), with females and males differing in how adversely impacted they are based on the type of violence experienced, a mega-analysis by Sternberg et al. (2006) did not find evidence to support gender effects in moderating these relationships. These authors also examined whether age at onset of exposure to maltreatment differentially impacted child outcomes, and found that 7–14 year olds were at the highest risk for externalizing behaviors, whereas internalizing

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