

Modeling the intergenerational impact of partner abuse on maternal and child function at 24 months post outreach: Implications for practice and policy

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ABSTRACT

Objective: Many women are exposed to partner violence during their lifetime which affects mental health and child development. This study revalidates an intergenerational model connecting partner violence to poor functioning for mothers and children using structural equation techniques.

Method: A longitudinal design collected data on 300 mother–child pairs. Comparisons between the model, tested at study entry and again at 24 months, are reported. Maternal measures included childhood experiences of abuse, partner abuse, chronic pain, and mental health. The Child Behavior Checklist measured child function.

Results: Comparison of both models revealed that maternal chronic pain, maternal mental health, and child witnessing of mother's abuse remain strong predictors of child dysfunction. Maternal social support and self-efficacy are significant predictors of more positive maternal mental health with a conduit effect on child behavior.

Conclusion: Intimate partner violence directly impacts the victim and also has a secondary impact on the children of abuse victims.

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Millions of women are survivors of intimate partner violence (IPV; World Health Organization [WHO], 2012). Nationwide, one in four women reports a lifetime prevalence of violence victimization by a boyfriend or spouse (Black et al., 2011). The association between violent experiences, stress, and poor health conditions, such as chronic pain, chronic fatigue, and somatic health conditions has been established (Crofford, 2007; Lesserman & Drossman, 2007). Survivors of partner

violence also have an increased risk for negative mental health outcomes including post-traumatic stress disorder (PTSD), depression, anxiety, and maternal dysfunction (Howard, Trevillion, & Agnew-Davies, 2010; Straus et al., 2009). Mothers who are survivors of partner violence are more likely to provide less effective parenting than women who have not suffered partner violence because their mental health state may not be optimal. Their children are more

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likely to experience violence in their homes, both against their mothers and themselves. Mothers with PTSD are at greater risk for being victims of partner violence and are also more likely to be aggressive than mothers without PTSD (Kirby et al., 2012). Mothers with PTSD are also less likely to demonstrate maternal warmth (Holmes, 2013). Within the study, maternal PTSD symptoms partially mediate the relationship between inconsistent discipline and child behaviors and fully mediate the relationship between poor supervision and child behaviors (Symes, McFarlane, Fredland, Maddoux, & Zhou, 2015).

Children whose mothers experience partner violence are at increased risk for behavior problems, childhood abuse, and adult partner violence. Behavior problems include internalizing behavior such as withdrawing and anxiety, as well as externalizing behaviors of violence and aggression (Binder, McFarlane, Nava, Gilroy, & Maddoux, 2013; Hazen, Connelly, Kelleher, Barth, & Landsverk, 2006; Yates, Dodds, Sroufe, & Egeland, 2003). There is ample evidence that girls who experience childhood maltreatment are at greater risk for experiencing adult partner violence (Cannon, Bonomi, Anderson, Rivara, & Thompson, 2010; Jaffe, Cranston, & Shadlow, 2012; Mair, Cunradi, & Todd, 2012; McKinney, Caetano, Ramisetty-Mikler, & Nelson, 2008). Furthermore, the greater risk for poor health and behavior dysfunction is extended to children who are cared for by mothers who were maltreated as children or who were victims of IPV at some point in their lives (Felitti et al., 1998; Whitfield, Anda, Dube, & Felitti, 2003). When maternal functioning is impaired which results in child behavioral dysfunction, the impact is intergenerational.

The mental health and behavioral processes that lead to an intergenerational cycle of violence and poor health outcomes need to be studied and understood, so they can be interrupted. The overarching goal for this

study was to contribute to that understanding. To meet that goal, we first developed and tested an intergenerational model based on the literature. It is composed of constructs that include maternal childhood history of abuse, maternal intimate partner abuse, maternal mental health symptoms, maternal chronic pain, and severity of IPV, with exogenous outcome variables of maternal and child function. The intergenerational model also includes variables of maternal self-efficacy, financial stability, and social support. The intergenerational model was tested to determine the predictive strength of maternal variables on child behavioral function on entry into a 7-year study of 300 mother–child pairs (McFarlane, Nava, Gilroy, Paulson, & Maddoux, 2012). The study described in this article validates the baseline model findings and reports outcomes of the identical full intergenerational model at 24 months, and model comparisons are examined. The theoretical model for this analysis is outlined in Figure 1. The model constructs are discussed in the context of the literature to elucidate the scope of the problem.

Maternal History of Childhood Abuse

Abused mothers who experience IPV may have been victimized in their own childhood, either physically or sexually, or have been neglected by parents/guardians, who themselves may have been exposed to IPV in their childhood homes (Abramsky et al., 2011; Cannon et al., 2010; Felitti et al., 1998). Considering that 8.2 million children in the United States were reported to have been exposed to IPV in the last year and 18.8 million youth have had a lifetime exposure to IVP (Hamby,

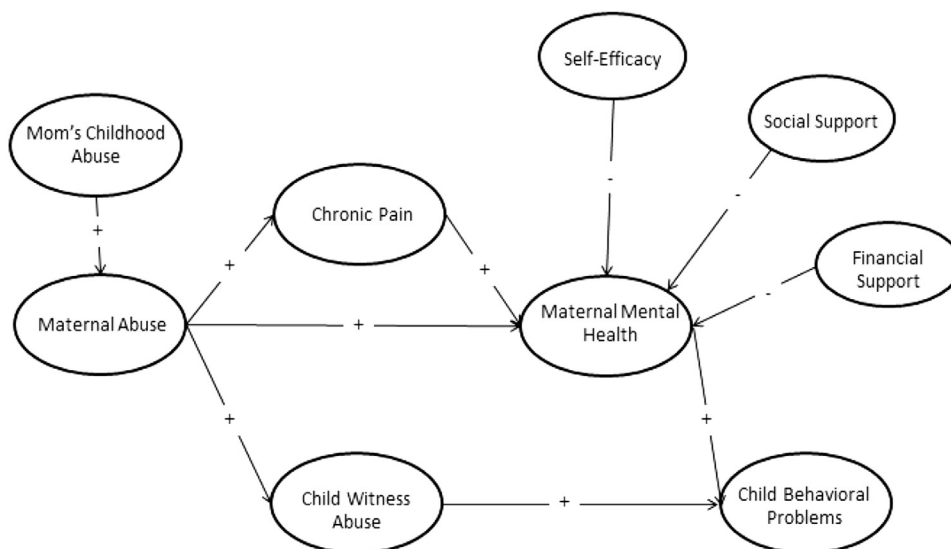


Figure 1 – Intergenerational impacts of violence theoretical model.

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