



Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Typologies of intimate partner violence-maternal parenting and children's externalizing problems: The moderating effect of the exposure to other forms of family violence[☆]

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ARTICLE INFO

Keywords:

Externalizing problems
Family violence
Intimate partner violence
Parenting

ABSTRACT

Typologies of IPV and parenting practices in mothers who experienced police-reported IPV remain surprisingly unexplored, in addition to how those typologies are linked with children's externalizing problems. Using data from 162 Portuguese mother-child dyads with a police or child protection services referral of IPV, this study aimed to: (a) identify IPV-parenting typologies; (b) test the associations between typologies and children's externalizing problems, and (c) examine the moderating effect of children's exposure to other forms of family violence in those associations. Using a person-centered approach, two IPV-parenting typologies were found: a spillover typology, with high levels of physical, psychological, and sexual violence and high levels of harsh and inconsistent parenting practices; and a compartmentalized typology, with high levels of physical, psychological, and sexual violence and lower ineffective parenting practices. Results also showed that externalizing symptoms (reported by mothers and teachers) were significantly lower in children of mothers in the compartmentalized typology compared to those in the spillover typology. Children's direct exposure to other forms of family violence moderated this association. Findings suggested that children with a high exposure to other forms of family violence showed the highest levels of externalizing problems when their mothers were classified into the spillover typology, and they exhibited the lowest levels of externalizing problems when their mothers were classified in the compartmentalized typology.

Children who are exposed to intimate partner violence (IPV) are at higher risk for not achieving age-appropriate emotional self-regulation skills and may instead exhibit problems in self-regulation, as exemplified by high levels of externalizing behavior (Gilbert et al., 2013; Vu et al., 2016). Multiple studies have documented that the experience of being raised in families with IPV contributes to children's higher risk of externalizing problems (Jouriles, Rosenfield et al., 2016; McFarlane et al., 2003), including oppositional behavior, aggression, impulsivity, cheating, hyperactivity, and inattention (Bauer et al., 2013; McFarlane et al., 2003).

Under the family systems framework, maternal parenting practices have been thought of as a major explanatory mechanism of the association between IPV and externalizing problems. The spillover hypothesis suggests that severe forms of marital conflict instigate mothers' negative emotional arousal and emotional dysregulation that in turn will be transferred to mother-child interactions (Kerig & Swanson, 2010; Krishnakumar & Buehler, 2000). In particular, marital conflict characterized by physical assault, psychological violence, and sexual coercion is thought to impair maternal self-regulation processes that ultimately disrupt parenting behaviors,

[☆] This research was supported by the Fundação para a Ciência e Tecnologia (EXPL/MHC-PED/1977/2013) awarded to Inês Jongenelen.

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<https://doi.org/10.1016/j.chiabu.2018.04.020>

Received 26 June 2017; Received in revised form 22 April 2018; Accepted 24 April 2018

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increasing the odds of harsh or inconsistent parenting practices to manage children's behaviors and caregiving needs (Krishnakumar & Buehler, 2000). As a result, offspring would exhibit higher levels of self-regulation problems. Consistent with the spillover hypothesis, several studies have shown longitudinal and mediating associations between IPV, ineffective parenting, and children's externalizing problems (Easterbrooks et al., 2018; Grasso et al., 2016; Levendosky et al., 2006; Manning et al., 2014; Vu et al., 2016).

However, a growing body of research has also revealed no significant associations between IPV victimization and maternal ineffective parenting practices, and, in some cases, IPV is linked with more effective parenting practices and subsequent lower levels of externalizing problems (Casanueva et al., 2008; Graham-Bermann et al., 2009; Levendosky et al., 2003; Sturge-Apple et al., 2014). Consistent with these studies, the compartmentalization hypothesis posits that mothers exposed to high levels of marital conflict are able to separate marital and parenting roles (Krishnakumar & Buehler, 2000). In contrast with the spillover hypothesis, the compartmentalization hypothesis asserts that mothers are competent in containing hostility, anger, and negative affectivity inside the boundaries of the marital subsystem by isolating the negativity of marital relationship from child-mother interactions. Thus, regardless of exposure to IPV, mothers are able to engage in effective parenting practices, buffering the detrimental impact of marital conflict on children's psychological adjustment (Erel & Burman, 1995).

Both models have been compared empirically, and stronger evidence for the spillover hypothesis in families with high interparental conflict has been found across different samples (Ehrensaft et al., 2017; Grasso et al., 2016; Krishnakumar & Buehler, 2000). However, the spillover and compartmentalizing processes may not be competing models to predict children's mental health, but instead are concurrent processes that may co-occur naturally in population. This co-occurrence may be underestimated in the literature due to methodological reasons. With few exceptions, previous research has been conducted using variable-centered approaches that might prevent the detection of multiple configurations of co-occurrence between IPV and parenting practices in the prediction of children's externalizing problems. By assuming population homogeneity in the associations between variables, variable-based research only provides information for an average person in the sample (Bergman & Andersson, 2010; Masyn, 2013). This information can be translated for a particular person into a probability based only on average information about all individuals in the sample (Masyn, 2013; Rupp, 2013). As such analyses are largely grounded on the examination of mean level differences between individuals, the inspection of the differential strength and direction of the associations between IPV and parenting practices is potentially compromised. For example, if in a hypothetical sample a large group of participants exhibited a weak and positive association between IPV exposure and parenting problems and a small group a strong negative association, mean-based statistical approaches would likely fail to detect any association between those variables. In addition, this implied assumption of population homogeneity with the respect of the relationship between variables precludes the capture of the complex and dynamic configuration of factors within individuals. As a result, this approach prevents the existence of subpopulations with distinct patterns of ratings and thus the detection of less prevalent groups in the population.

Alternatively, person-centered approaches describe similarities and differences among individuals instead of relations among variables (Bergman & Andersson, 2010; von Eye & Bergman, 2003). This approach focuses on classifying individuals into homogeneous subgroups characterized by a similar pattern of associations among variables (Rupp, 2013). By assuming population heterogeneity in the relationships between variables, multiple configurations of IPV-parenting practices may be potentially extracted from the data (Masyn, 2013). As a result, extraction of relatively homogeneous subgroups based on individuals' characteristics is potentially more sensitive for the detection of less prevalent groups. Thus, these person-centered procedures may have clinical utility for the understanding of how the interplay between IPV and parenting practices are associated with higher risk of externalizing problems in children. In particular, identifying how multiple IPV-parenting typologies can be differentially associated with children's externalizing problems is essential to the development of selective preventive interventions for specific subgroups of mothers whose children reported a higher risk of externalizing difficulties.

Although empirical work has demonstrated the value of these pattern-centered approaches to filter typologies of family functioning (Belsky & Fearon, 2004; Lamela et al., 2016), the identification of IPV-parenting typologies in families with police-identified IPV is yet to be explored. One exception was a study conducted with an American community sample of mothers of toddlers that found three typologies of IPV-parenting practices (Sturge-Apple et al., 2014): a group with high levels of physical and psychological IPV coupled with high levels of maternal harsh and insensitive parenting and low warmth, described as spillover families; a group with moderate-to-high levels of physical and psychological IPV, low levels of maternal harsh and insensitive parenting, and high warmth, labelled as compartmentalized families; and a group that displayed low levels of physical and psychological IPV, low levels of maternal harsh parenting, and average levels of maternal warmth, classified as adequate families. This study reported inconclusive findings regarding the association between IPV-parenting typologies and children's externalizing problems. Specifically, although children of mothers in the spillover group exhibited the highest levels of externalizing symptoms at the baseline assessment, no significant differences between spillover and compartmentalized typologies were found one year later (Sturge-Apple et al., 2014).

Regardless of the contribution of the seminal study of Sturge-Apple et al. (2014) in the understanding of the associations between IPV-parenting typologies and externalizing problems, questions remain about how those typologies may be generalizable to at high-risk mothers exposed to multiple forms of IPV and also their replicability in other cultures. Specifically, it is unclear whether those typologies of IPV-parenting would be generalized to women who experienced police-reported male-perpetrated IPV. Differences in these associations may emerge between self-reported IPV and police-reported IPV (Capaldi et al., 2012). In particular, past studies have shown that the police reporting behavior is influenced by women's social risk status, the presence of a child during the incident, and the severity of the IPV event (Akers & Kaukinen, 2009; Campbell et al., 2017; Sanz-Barbero et al., 2016). For example, Akers and Kaukinen (2009), using data from a Canadian representative survey, found that only 33% of women who self-reported being exposed to IPV in the survey have reported the IPV incident to the police. When compared to those women with no IPV police report, this study showed that women who reported the IPV to the police were more likely to have a children involved in the IPV incident and to

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