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Psychological and physical intimate partner violence and young children's mental health: The role of maternal posttraumatic stress symptoms and parenting behaviors



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ABSTRACT

Young children are at significant risk of exposure to intimate partner violence (IPV), and vulnerable to exposure-related psychopathology, yet few studies investigate the effects of exposure to IPV on children under the age of 5 years. The current study investigated the role of maternal PTSD symptoms and parenting strategies in the relationship between mothers' IPV experiences and psychopathology in their young children, ages 3–6 years in a community-based cohort of 308 mother-child dyads at high risk for family violence. Data were collected from 2011 to 2014. IPV history and maternal PTSD symptoms were assessed by self-report questionnaires. Children's symptoms were assessed with a developmentally-sensitive psychiatric interview administered to mothers. Punitive/restrictive parenting was independently-coded from in-depth interviews with mothers about their disciplinary practices. Hypothesized direct and indirect pathways between physical and psychological IPV, maternal PTSD, maternal parenting style, and children's internalizing and externalizing symptoms were examined with mediation models. Results indicated that neither physical nor psychological IPV experienced by mothers was directly associated with children's symptoms. However, both types of victimization were associated with maternal PTSD symptoms. Examination of indirect pathways suggested that maternal PTSD symptoms mediated the relationship between mothers' psychological and physical IPV experiences and children's internalizing and externalizing symptoms and mothers' restrictive/punitive parenting mediated the relationship between mothers' psychological IPV and children's externalizing symptoms. In addition, there was a path from maternal physical IPV to child externalizing symptoms through both maternal PTSD symptoms and restrictive/punitive parenting. Findings highlight the importance of supporting parents in recovering from the sequelae of their own traumatic experiences, as their ensuing mental health symptoms and parenting behaviors may have a significant impact on their children's emotional health.

1. Introduction

It's estimated that 29% of children and adolescents in the U.S. live in homes where physical intimate partner violence (IPV) has occurred, and an estimated 12% of young children (up to age 5 years) have directly witnessed physical violence between adults in

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their home (Hamby, Finkelhor, Turner, & Ormrod, 2011; McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). Rates are even higher when IPV is broadly defined to include families experiencing verbal or psychological aggression (McDonald, Jouriles, Briggs-Gowan, Rosenfield, & Carter, 2007).

That IPV has adverse effects on children is well-recognized. However, the specificity of IPV's effects on children's exposure-related psychopathology is not clear. Numerous studies have found associations between IPV exposure and externalizing behavior, traumatic stress, internalizing problems, and social problems in children. However, there is substantial variation in findings across studies with respect to the types of symptoms that are associated with IPV and the types of IPV that appear to be most predictive (Evans, Davies, & DiLillo, 2008; Graham-Bermann & Levendosky, 1998; Grasso et al., 2016; Gustafsson, Coffman, & Cox, 2015; Kitzmann, Gaylord, Holt, & Kenny, 2003; Olaya, Expeleta, de la Osa, Granero, & Domenech, 2010). This is perhaps due, in part, to a number of methodological issues. First, there is little consistency among studies on how IPV is defined, with many studies assessing solely physical violence, and others utilizing a broader, composite definition that includes psychological aggression. Associations of IPV exposure with internalizing and externalizing symptoms in children are stronger when IPV is defined broadly to include multiple facets of exposure (Vu, Jouriles, McDonald, & Rosenfield, 2016), suggesting that the impact of other types of violence may be important factors to consider. In particular, psychological IPV has been demonstrated to have effects that are independent of physical IPV on maternal mental health (Coker et al., 2002; Lawrence, Yoon, Langer, & Ro, 2009; Nathanson, Shorey, Tirone, & Rhatigan, 2012; Pico-Alfonso, 2005), yet psychological IPV exposure's unique contribution to children's adjustment has rarely been examined. The current study will investigate the impact of physical and psychological IPV, offering novel insight into their contributions to women's mental health, parenting, and children's symptoms.

Further, while much of the extant research examines the effects of exposure to IPV in school age and adolescent youth, few studies have investigated these processes in young children. The small body of studies that exist suggests that young children are at greater risk of exposure to IPV due to their disproportionate representation in households experiencing physical aggression (Fantuzzo, Boruch, Beriama, Atkins, & Marcus, 1997), and that they may be equally or more vulnerable to IPV's impact, compared to older children (Evans et al., 2008; Kitzmann et al., 2003; Yates, Dodds, Sroufe, & Egeland, 2003). The limited amount of young child research in this area is likely in part due to challenges distinguishing clinically-significant mental health problems from normative variation in this developmental period (Wakschlag et al., 2007). Consideration of severity, developmental timing, and social context are critical to differentiating among normative patterns, transient problems, and behaviors of clinical concern in young children (Campbell, 2015; Wakschlag et al., 2007). In this study, preschool psychopathology will be assessed with a developmentally-sensitive semi-structured interview.

In addition to these gaps, little is known about the mechanisms by which exposure to IPV affects young children's development. Understanding and identifying young children's exposure-related psychopathology at an early age, before problems become entrenched, is critical. While the fear and distress elicited by witnessing violence may directly affect young children's sense of safety and emotional well-being, e.g. via hypervigilance or dysregulation (Davies & Cummings, 1994), it is also likely that there are substantial indirect effects that exacerbate, and/or buffer the effect of IPV exposure on mental health problems in young children in violent homes. In particular, IPV experiences may negatively impact maternal mental health (e.g., PTSD) and parenting behaviors, which are well-established influences on children's health and developmental outcomes (Levendosky & Graham-Bermann, 2001).

PTSD is one of the most common mental health diagnoses among women who are victims of IPV (Becker, Stuewig, & McCloskey, 2010; Nathanson et al., 2012), with rates among women who have experienced IPV ranging from 16.3 to 57.4% (Ahlf-Dunn & Huth-Bocks, 2014). Both physical and psychological forms of IPV have been linked with PTSD (Becker et al., 2010; Pico-Alfonso, 2005), with some studies suggesting that psychological aggression may have a stronger effect on PTSD symptoms than physical aggression (Pico-Alfonso, 2005; Street & Arias, 2001). Further, children with parents who are experiencing PTSD symptoms are at greater risk for emotion regulation difficulties, anxiety, depression, and disruptive behavior, even when the children have not been exposed to the traumatic event (for a review, see Leen-Feldner et al., 2013). When children of adults with PTSD are exposed to trauma, they are more likely to develop posttraumatic stress reactions themselves (Leen-Feldner et al., 2013). Although most of this research has been conducted with school aged and adolescent children, studies with young children have found consistent results (Chemtob et al., 2010; Enlow et al., 2011).

Despite the significant effect that parental PTSD has on children, few studies have examined its moderating or mediating role on emotional and behavioral outcomes for young children in the context of IPV. In one such study of mothers and their preschool aged children, severity of maternal posttraumatic stress symptoms partially mediated the relationship between paternal physical violence toward the mother and preschool children's posttraumatic stress and externalizing symptoms (Schechter et al., 2011). Psychological IPV was not assessed in this study, and children's internalizing symptoms were not associated with paternal violence, but were moderately predicted by maternal posttraumatic stress symptoms.

One potential pathway through which parental PTSD may affect children's wellbeing is parenting. The presence of posttraumatic stress symptoms can interfere with positive parenting behaviors, modelling of regulated emotions and responding effectively to their children, and reactivity to stress resulting from traumatic experiences may lead to increased use of harsh, maladaptive or physically aggressive parenting strategies (Ammerman, Putnam, Chard, Stevens, & Van Ginkel, 2012; Chemtob & Carlson, 2004; Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010; Katz & Gurtovenko, 2015; Lauterbach et al., 2007; Leen-Feldner, Feldner, Bunaciu, & Blumenthal, 2011; Sherman, Smith, Straits-Troster, Larsen, & Gewirtz, 2016). Although only two of these studies focused on parents of young children, the results are consistent with those of the larger literature in linking PTSD symptoms with harsh/reactive parenting (Ammerman et al., 2012; Chemtob & Carlson, 2004) as well as insensitivity to infant cues (Ammerman et al., 2012).

The research examining the relationship between maternal IPV experiences and parenting behaviors is inconsistent, and largely focuses on the effects of physical IPV. A number of studies have reported a substantially increased risk for physically abusive

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