



Parents' physical victimization in childhood and current risk of child maltreatment: The mediator role of psychosomatic symptoms



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ABSTRACT

Objective: To test the potential mediation effect of psychosomatic symptoms on the relationship between parents' history of childhood physical victimization and current risk for child physical maltreatment.

Methods: Data from the Portuguese National Representative Study of Psychosocial Context of Child Abuse and Neglect were used. Nine-hundred and twenty-four parents completed the Childhood History Questionnaire, the Psychosomatic Scale of the Brief Symptom Inventory, and the Child Abuse Potential Inventory.

Results: Mediation analysis revealed that the total effect of the childhood physical victimization on child maltreatment risk was significant. The results showed that the direct effect from the parents' history of childhood physical victimization to their current maltreatment risk was still significant once parents' psychosomatic symptoms were added to the model, indicating that the increase in psychosomatic symptomatology mediated in part the increase of parents' current child maltreatment risk.

Discussion: The mediation analysis showed parents' psychosomatic symptomatology as a causal pathway through which parents' childhood history of physical victimization exerts its effect on increased of child maltreatment risk. Somatization-related alterations in stress and emotional regulation are discussed as potential theoretical explanation of our findings. A cumulative risk perspective is also discussed in order to elucidate about the mechanisms that contribute for the intergenerational continuity of child physical maltreatment.

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Introduction

Past empirical research has demonstrated that child physical maltreatment is a major risk factor for negative developmental and health outcomes during the life-span. Besides the physical injuries, physically maltreated children exhibit a heightened risk of cognitive and academic functioning problems [1], more prevalence of internalizing and externalizing disorders [2], more difficulties in social functioning [3] and a higher incidence of substance abuse [4], high-risk sexual behaviors, and delinquency [5] during adolescence and youth. In addition, adults with history of physical maltreatment in childhood report higher risk of mental health disorders [6,7], chronic physical health problems [8,9], alcohol abuse [10], suffering and perpetrating intimate partner violence [11] and also greater likelihood of physically maltreating their offspring [12].

Some scholars have theoretically outlined that parents with experiences of exposure to physical maltreatment and harsh parenting practices are more likely to engage in the use of physical punishment strategies as parents [13]. Despite the fact that previous literature reviews highlighted that the intergenerational research of child maltreatment should be interpreted with some caution [14], a consistent growing body of recent

literature has supported, however, that parents' childhood history of physical victimization is one of the most robust parent-related predictors of actual child physical maltreatment [15–18]. Similar findings were found in the investigations that examined the offspring physical maltreatment risk [19–22]. However, these previous findings that measured physical maltreatment risk rather than effective maltreatment were drawn from studies conducted with small or at-risk, and/or non-representative samples [14]. These sampling limitations should therefore be considered as a caveat of existing literature.

Additionally, some empirical research has focused on the risk mechanisms that contribute to the intergenerational continuity of child physical maltreatment. Depression [23], dissociation [24], mental health problems [25], trauma symptoms [19], and social information processing bias [16] have been identified as psychological mechanisms through which parents' experience of physical victimization in childhood exerts effect on current risk of perpetrating physical abusive behaviors in their offspring. Surprisingly, despite the high prevalence of history of childhood maltreatment among the adults with somatization disorders [26–28], to our knowledge, no previous empirical study explored parents' psychosomatic symptoms as a mediator mechanism between these two variables. Moreover, only one investigation has examined the relationship between parents' psychosomatic symptoms and their risk of physical maltreatment of offspring [29], which can be considered as a limitation of the existing literature. Therefore, in light of the consistent body of research associating the experience of maltreatment in childhood

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with psychosomatic symptoms/disorders in adulthood [28,30–33], as well as linking parents' psychosomatic symptoms with their risk of child physical maltreatment [29], it is plausible to hypothesize that parents' psychosomatic symptoms may function as a mediator link in the association between parents' history of physical victimization and parents' risk of physical maltreatment.

In summary, taking into account these previous findings, it can be assumed that parents' psychosomatic symptoms are one potential risk mechanism in the intergenerational transmission of child maltreatment, since parents with a history of physical victimization in childhood are more likely to experience psychosomatic symptoms and they also might report a heightened risk of physical maltreatment. More concretely, current psychosomatic symptoms might increase the risk of perpetration of physical maltreatment of the offspring in parents that reported physical victimization in childhood.

Therefore, using data from a community survey with Portuguese parents, the aims of the current investigation are twofold. First, we investigated intergenerational transmission of physical maltreatment risk, by examining the direct association between parents' history of physical maltreatment victimization in childhood and current risk of physical maltreatment. We expected parent's history of maltreatment to be positively related with their current risk of physically maltreating their children. Additionally, this study extends previous research by also testing the potential mediation effect of psychosomatic symptoms on the relationship between parents' history of childhood physical victimization and a current risk for child physical maltreatment. We expected, firstly, that parents' current psychosomatic symptoms were predicted by parents' history of physical maltreatment as well as a predicted parents' risk of physical maltreatment of their offspring; additionally, we expected that high levels of psychosomatic symptoms might partially explain the intergenerational continuity of risk of physical maltreatment. In the current study, sociodemographic covariates that theoretically and empirically have been associated with physical maltreatment victimization and/or perpetration risk were included in the testing of direct and indirect effects.

Method

Participants

Participants were 924 parents or primary caregivers that participated in the National Representative Study of Psychosocial Context of Child Abuse and Neglect in Portugal. Parents ranged in age from 22 to 66 and had on average 1.92 children ($SD = .91$, range = 1 to 9). Parents' socio-demographic characteristics are summarized in Table 1. A comparison to the national population statistics for marital status, education level, income and number of children in the year that participants' data were collected revealed that the current sample is representative of the Portuguese population.

Measures

Parents' history of physical victimization in childhood

Parents' childhood experience of physical maltreatment was assessed through the Childhood History Questionnaire [34]. The CHQ presented nine physically maltreatment events (e.g., whipping, slapping/kicking, bruises/welts, bone fractures) and participants were asked to rate the frequency of occurrence of each one of them, prior to age 13. The responses to the frequency of occurrence of each physically abusive event were made on a 5-point scale (0, *never* to 4, *very often*). Responses to the items were summed to compute a frequency of physically maltreatment events index (possible total scores range from 0 to 36). Higher scores reflect more frequent physical maltreatment victimization in childhood perpetrated by the participant's parent or primary caregiver. The Portuguese version of CHQ exhibited adequate psychometric

Table 1

Description of sample ($N = 924$), n (%) for categorical variables and M (SD) for continuous variables

	Value		M (SD)
	n	%	
Age			37.12 (6.26)
Gender			
Female	507	54.9	
Male	417	45.1	
Marital status			
Married/cohabiting	850	92.0	
Divorced/widow/single	74	8.0	
Education			
≤ 12 years	710	76.8	
College degrees	214	23.2	
Employment status ^a			
Employed	738	82.8	
Unemployed	65	7.3	
Retired/other	88	9.9	
Family income			
≤ 3.5 national minimum wage	522	56.5	
≥ 3.6 national minimum wage	402	43.5	
Parents' household composition			
With spouse and with child(ren)	836	90.4	
Alone with children	57	6.2	
Other	31	3.4	
CHQ			2.13 (2.58)
CAPI			22.85 (12.61)
SomBSI			3.55 (3.99)

Note. CHQ = Childhood History Questionnaire; CAPI = Child Abuse Potential Inventory; SomBSI = Somatization Scale of the Brief Symptom Inventory.

^a $N = 891$.

properties [35]. In the current sample, internal consistency was very good (Cronbach's $\alpha = .81$).

Child physical maltreatment risk

The abuse scale of the Child Abuse Potential Inventory (CAPI) [36] was used to assess parents' attitudes and practices regarding physical forms of discipline and abuse. The CAPI abuse scale examines distress, rigidity, unhappiness, problems with the child and the self, problems with the family and with others, and problems of others (e.g., 'Children should never disobey', 'A good child keeps his toys and clothes neat and orderly'). The items are answered in a forced-choice format (0, *no* or 1, *yes*). The Portuguese version of CAPI abuse scale, which is comprised by 74 items, showed excellent psychometric properties and also revealed high discriminant power between abusive parents and community parents [37]. Total scores on CAPI abuse scale range from 0 to 74 (unit scoring procedure was applied), with higher scores reflecting more risk of child physical abuse. The internal consistency (Cronbach's α) of the CAPI for the current sample was .88.

Psychosomatic symptoms

The somatization scale of the Brief Symptom Inventory (SomBSI) [38] was administered to assess parents' psychosomatic symptoms. Based on BSI theoretical rationale, this scale assesses the psychological distress arising from a perception of bodily dysfunction, focusing mainly in complaints on respiratory, cardiovascular and gastrointestinal systems with strong autonomic mediation (e.g., 'Trouble in getting your breath', 'Faintness or dizziness'). Parents answered to the 7 items of BSI somatization scale based on their level of distress associated with each symptom over the previous week. The items are answered on a 5-point Likert-scale (0, *not at all* to 4, *extremely*). Total scores on BSI somatization scale range from 0 to 28. Higher scores correspond to more psychosomatic symptomatology. Scale's reliability to screening psychosomatic symptomatology is consistently demonstrated in previous research [39]. The Portuguese version of the BSI somatization subscale

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