



POTENTIAL MEDIATORS OF POST-TRAUMATIC STRESS DISORDER IN CHILD WITNESSES TO DOMESTIC VIOLENCE

KYM L. KILPATRICK AND L. M. WILLIAMS

Department of Psychology, University of New England, Armidale, NSW, Australia

ABSTRACT

Objective: The aim was to examine variables that might mediate the incidence of Post-Traumatic Stress Disorder (PTSD) in child witnesses to domestic violence. These variables included age, gender, locus of control, self-blame, perception of threat, active versus palliative coping style, maternal emotional health plus aspects of the violence witnessed (intensity, frequency, age of child when first witnessing violence, and time since the last violent episode).

Method: Following screening for other PTSD inducing experiences, a sample of 20 child witnesses to domestic violence, 15 matched control children, and their mothers were assessed using the following tools: The Straus Conflict Tactics Scale; the Child Post-Traumatic Stress Reaction Index; the Nowicki-Strickland Locus of Control Scale; the General Health Questionnaire, and a Screening Questionnaire designed to elicit qualitative information from both children and mothers including data about any other potential PTSD inducing stressor the subject child may have been exposed to.

Results: None of the factors under examination were found to contribute significantly to the severity levels of Post-Traumatic Stress Disorder in relation to witness status.

Conclusion: The small sample size of the study necessitates that the results be interpreted with caution. Nevertheless the findings indicate that the impact of witnessing domestic violence, in terms of PTSD, is not mediated by factors such as maternal emotional well-being, age and gender of the child, or the child's style of coping with parental conflict. Evidence that variables specifically related to the violence witnessed did not mediate the impact suggests that all domestic violence may have severe and long-term impact on child witnesses. © 1998 Elsevier Science Ltd

Key Words—Child-witnesses, Domestic violence, PTSD, Mediators.

INTRODUCTION

BY DEFINITION PTSD is an anxiety disorder caused by overwhelming traumatic stress (American Psychiatric Association, 1995). Symptom criteria for PTSD is grouped into three broad categories; re-experiencing the trauma, persistent avoidance of trauma-related stimuli or psychological numbing, and symptoms of increased arousal not present before the trauma. Duration of symptoms must be of at least 1 month. Frequently found patterns of symptoms of PTSD in children include regression to earlier developmental stages, nightmares that may generalize into less specific monster nightmares, post-traumatic play in which children re-enact the trauma, daydreaming and difficulties concentrating frequently associated with academic under-achievement (American Psychiatric Association, 1995; Kinzie, Sack, Angell, & Clarke, 1989). Separation anxieties, anxious attachment behaviors, and physical symptoms such as stomachaches and headaches are also commonly reported symptoms of PTSD in children (Eth & Pynoos, 1985a). Childhood PTSD has

Received for publication March 17, 1997; final revision received October 6, 1997; accepted October 9, 1997.

Reprint requests should be addressed to Kym L. Kilpatrick, Department of Psychology, University of New England, Armidale, NSW, 2351, Australia.

been linked to traumatic stressors such as sexual abuse (Goodwin, 1985; McLeer, Deblinger, Atkins, Foa, & Ralphe, 1988), physical abuse (Doyle & Bauer, 1989; Saigh, 1987), and man-made and natural catastrophes (Galante & Foa, 1987; Martini, Ryan, Nakayama, & Ramenofsky, 1990; Sugar, 1989).

In the first phase of the present study, PTSD was examined in children as a function of the stress inherent in witnessing Domestic Violence (DV). Child witnesses were found to have a substantially higher incidence of PTSD than matched nonwitness controls (Kilpatrick & Williams, 1997).

While not qualifying for a diagnosis of PTSD, some nonwitness control children in the earlier phase were found to hold symptoms suggestive of significant stress reactions to parental conflict (Kilpatrick & Williams, 1997). In addition, the fact that not all children exposed to extreme stressors such as witnessing DV develop PTSD suggests that other factors may, in some cases, play a critical role in enhancing resistance or minimizing vulnerability to stress-related psychopathology (Kilpatrick & Williams, 1997; Lyons, 1987). Previous research has stressed the need for identification of variables which may mediate the impact of stressors (Fantuzzo & Lindquist, 1989; Foy, Osato, Houskamp, & Neumann, 1992). Identification of such mediating variables is likely to have significant prognostic as well as preventative relevance. Thus the primary aim of this study was the examination of variables which may mediate the relationship between witnessing DV and PTSD in children.

A number of variables have been identified as potential mediating factors in children's stress responses. These include the child's age and gender, locus of control, coping style (active versus palliative), presence or absence of self-blame, the child's perception of the threat, and the mother's level of emotional well-being (Gibbs, 1989).

Research into both PTSD and DV has revealed conflicting evidence as to whether older or younger children demonstrate the greatest vulnerability to stress-related psychopathology in childhood. Some researchers suggest that the older the child is, the more severe the impact of trauma may be (Gleser, Green, & Winget, 1981; Wolfe, Jaffe, Wilson, & Zak, 1985), while others suggest the reverse (Eth & Pynoos, 1985a; Hughes & Barad, 1983). Regardless, it is indicated that children's symptoms of distress differ in relation to their age and developmental level. Whether these differences in symptom patterns truly reflect differences in vulnerability to stress is, however, less clear.

A number of researchers have suggested that gender is an important factor in stress reactions for both child witnesses to DV and child sufferers of PTSD (e.g., Hughes & Barad, 1983; Lyons, 1987; O'Grady & Metz, 1987; Wolfe et al., 1985). For example, it has been reported that girls are more at risk for psychological disturbance when witnessing DV (Christopoulos et al., 1987; Forsstrom-Cohen & Rosenbaum, 1985; Hughes & Barad, 1983). In contrast, Jaffe, Wolfe, Wislon, and Zak (1986) and Wolfe, Zak, Wilson, and Jaffe (1986) state that boys are the more vulnerable group. An alternative explanation might be that the conflicting results reflect different expressions of disturbance between girls and boys as opposed to true differences in vulnerability or resilience to stress.

Research into childhood PTSD indicates that the child's level of disturbance is dependent upon parental levels of fearfulness and anxiety (Eth & Pynoos, 1985a; Lyons, 1987; McFarlane, 1987; Sugar, 1989). Similarly, researchers in the DV literature have hypothesized that a primary cause of psychopathology in children from violent families is the fall-out of this violence in increased maternal stress levels (Butterworth & Fulmer, 1990; Hughes, 1988; Jaffe, Wolfe, & Wilson, 1990; Wolfe et al., 1985). However, only one previous study has examined the impact of maternal stress levels on child witnesses to DV and this study did not assess the children directly but rather relied on maternal reports on the Achenbach Child Behaviour Checklist (Wolfe et al., 1985).

An increased vulnerability to psychopathology in children has been linked to an external locus of control in a number of studies (Allen & Tarnowski, 1989; Romi & Itskowitz, 1990; Work, Parker, & Cowan, 1990). An external locus of control is defined as the individual's generalized belief that he or she has little, if any, power to exercise control over life. An internal locus of

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات