



Intrafamilial conflict and emotional well-being: A population based study among Icelandic adolescents[☆]

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ABSTRACT

Objectives: During intrafamilial conflicts children are often innocent bystanders, caught in the crossfire. In such situations, they are at increased risk to become directly involved in abusive verbal behavior of the perpetrator, and exposed to being shouted or yelled at, threatened, rejected and even physically abused. The present study has two main objectives: (1) ascertain a national base rate of intrafamilial conflicts and physical violence at home among Icelandic adolescents; and (2) to investigate the association of witnessing and/or having been a part of intrafamilial conflict or physical violence at home with variables that relate to mental health and well-being.

Methods: The participants were 3,515 students, 14- and 15-year-old, in the national compulsory school system in Iceland. As a part of the 2003 ESPAD survey, each pupil was asked about experiences of severe verbal arguments and physical violence at home as well as their background, behaviors, and mental health assessed with the use of tested measurement scales such as the Symptom Distress Checklist 90 (SCL-90) and the Rosenberg Self-Esteem Scale.

Results: About 22% of the participants stated that they had witnessed a severe verbal argument between parents and 34% stated that they had been involved in a severe verbal argument with parents. This rate was slightly higher for girls compared to boys. All together 7% of adolescents had witnessed physical violence at home where an adult was involved and 6% of the participants stated that they had experiences of being involved in physical violence at home where an adult was involved. Witnessing or being involved in severe verbal arguments at home and/or witnessing or being involved in physical violence with an adult was significantly associated with greater levels of depression, anger, and anxiety, and negatively related with self-esteem ($p < 0.01$).

Conclusions: Many adolescents in Iceland witness severe parental verbal arguments or physical violence between adults in their homes and some are directly involved in such acts. It affects their long-term emotional and behavioral development and well-being.

Practice implications: Preventive measures have to be implemented at an early age and should include, but not be limited to, information on disciplining and upbringing of children and the negative impact of intrafamilial conflicts on the long-term health of their children. Due attention should be given to the health and well-being of children where such violence is known to occur.

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Introduction

Attitudes and definitions about violence in the lives of children have changed considerably over time, in particular during last few decades (Herrenkohl, 2005). Violence against children has for too long been at the periphery in the public mind, but increasingly scholars consider children to be the most criminally victimized in society (Finkelhor, 2008). Not only are they exposed to diverse forms of violence by adults and peers outside their homes but also within their homes by siblings, parents or other caregivers.

The nature of child abuse or maltreatment has been defined in four distinct groups; physical, psychological (or emotional), sexual abuse, and neglect (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008; Runyan, Wattam, Ikeda, Hassan, & Ramiro, 2002). Compared to the improved understanding and recognition of the effects of physical and sexual abuse, emotional abuse has not received the same attention as a social problem (Egeland, 2009). It includes verbal hostility, taunting, belittling, and rejection and gives the impression to the child that it is unwanted and/or unloved and valued only to meet another's needs (Gilbert et al., 2009; Leeb et al., 2008). In violent homes, children may become directly involved in abusive verbal behavior of the perpetrator, being shouted or yelled at, threatened, rejected, and at times even physically abused (Schaefer, 1997). Verbal abuse is a term that is more difficult to define than physical battering since it does not leave physical evidence such as bruises (Evans, 1996).

Verbal hostility is closely linked to other forms of violence, such as intimate partner violence (IPV) (Butchart, Harvey, Mian, & Furriss, 2006). Irrespective of the perpetrator, be it male or female, children are often caught in the crossfire as innocent bystanders, and being exposed to such acts is increasingly recognized as a specific type of child maltreatment (Gilbert et al., 2009). IPV occurs alongside other forms of violence within families and has been associated with children's internalizing and externalizing behaviors (MacDonald, Jouriles, Tart, & Minze, 2009).

It is difficult to estimate the number of children who are witnesses to domestic violence or experience psychological aggression. By using the parent-to-child version of the Conflict Tactics Scales (CTSPC) in the last year before the study a little more than 4/5 of American parents had shouted, yelled, or screamed at their children, about half had threatened to spank or hit them, and about 1/4 had swore or cursed at them (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998). Children with such experiences may demonstrate good physical health but studies indicate greater levels of emotional and behavioral problems among those exposed to such acts compared to children who are not (Heise & Garcia-Moreno, 2002). Such experiences also adversely influence their social competence, social adjustment and school achievement (MacDonald et al., 2009).

Exposure to verbal abuse can leave scars that last. In a community-based longitudinal study of mothers and their children at the age of 5, 14, 15, and 22 years, maternal verbal abuse in childhood was positively associated with development of personality disorders, independent of the effects of other types of childhood maltreatment (Johnson et al., 2001). Childhood exposure to parental verbal aggression has also been associated, by itself, with moderate to large effects of measures of dissociation, limbic irritability (symptoms often encountered as phenomena of ictal temporal lobe epilepsy), depression, and anger-hostility (Teicher, Samson, Polcari, & McGreenery, 2006).

The impact of being exposed to IPV on physical health is still not well understood. In a recent systematic review, exposure to IPV was found to increase the likelihood for risk-taking behaviors during adolescence and adulthood (Bair-Meritt, Blackstone, & Feudtner, 2006). Insufficient evidence was found to conclude that IPV had an impact on breastfeeding rates, and the infant's likelihood of failure-to-thrive. In another study, Onyskiw (2002) found that Canadian children who had witnessed violent behavior in their families were less likely to report excellent health compared to non-witnesses and they were also less likely to use the health services (see Onyskiw, 2002).

Prior studies on Icelandic adolescents indicate that being exposed to family conflict can result in depression and anger, and increase the likelihood of delinquent acts (Sigfusdottir, Farkas, & Silver, 2004; Sigfusdottir & Silver, 2009). The present study has two main objectives: (1) ascertain a national base rate of intrafamilial conflicts and physical violence at home among Icelandic adolescents; and (2) to investigate the association of witnessing and/or having been a part of intrafamilial conflict or physical violence at home with variables relating to mental health and well-being, for example, anxiety, depression, anger, and self-esteem.

Methods

Participants

The participants in the study are part of the international European School Project on Alcohol and other Drugs (ESPAD) survey conducted in March 2003. In Iceland, 14- and 15-year-old students who attended the 9th and 10th grades in all compulsory schools in the country were invited to participate; in Iceland, compulsory education ends at the age of 15 (10th grade). The total number of respondents was 7,099 (52% males) or about 81% of the population in the 1987 and 1988 birth cohorts in Iceland; out of this group of participants, 3,515 (49.5%) adolescents (48.8% females) took part in the B-part of the study that included questions on their experience of intrafamilial conflicts, utilized in this analysis. All attending students responded to the questionnaire. Non-participants include those who were away from school on the day of the survey for whatever reason, for example sick or hospitalized. A background check on the missing values revealed no particular

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