



## Violence against pregnant women can increase the risk of child abuse: A longitudinal study<sup>☆</sup>

Ko Ling Chan<sup>a,\*</sup>, Douglas A. Brownridge<sup>b</sup>, Daniel Y.T. Fong<sup>c</sup>, Agnes Tiwari<sup>c</sup>,  
Wing Cheong Leung<sup>d</sup>, Pak Chung Ho<sup>e</sup>

<sup>a</sup> Department of Social Work & Social Administration, The University of Hong Kong, Hong Kong

<sup>b</sup> Department of Family Social Sciences, University of Manitoba, Winnipeg, Canada

<sup>c</sup> Department of Nursing Studies, LKS Faculty of Medicine, The University of Hong Kong, Hong Kong

<sup>d</sup> Department of Obstetrics & Gynaecology, Kwong Wah Hospital, Hong Kong

<sup>e</sup> Department of Obstetrics & Gynaecology, LKS Faculty of Medicine, The University of Hong Kong, Hong Kong

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### ABSTRACT

**Objective:** To assess the impact of intimate partner violence (IPV) against pregnant women on subsequent perpetration of child abuse and neglect (CAN) by parents; and to test the mediation effect of recent IPV on the link between IPV during pregnancy and subsequent CAN.

**Methods:** This study was a longitudinal follow-up of a population-based study on pregnancy IPV conducted in antenatal clinics in 7 public hospitals in Hong Kong in 2005. Of all participants in the 2005 study, we recruited 487 women (with 184 having reported pregnancy IPV in the 2005 study) with newborn babies for a follow-up telephone interview in 2008. Participants responded to the Abuse Assessment Screen (AAS), the Parent-Child Conflict Tactics Scale, and some questions assessing demographic information.

**Results:** The most common form of physical violence was corporal punishment, with a prevalence rate of 75.1% in the preceding year and 75.4% over their lifetime. Physical maltreatment was less likely to be reported, accounting for 4.7% in the preceding year and 4.9% over their lifetime. The preceding-year and lifetime prevalence rates of neglect were 11.3% and 11.5%, respectively. Findings from logistic regression analyses showed that IPV experienced by participants during pregnancy was associated with greater odds of both lifetime (aOR = 1.74) and preceding-year child physical maltreatment (aOR = 1.78). Results of the regression analyses also provided supportive evidence for the mediation effect of recent IPV victimization on the relationship between IPV during pregnancy and recent CAN against children.

**Conclusion:** IPV against women during pregnancy predicted subsequent CAN on newborns in Chinese populations. This underscores the importance of screening pregnant women for IPV in order to prevent CAN at an early stage. Home visitations are suggested to break the cycle of violence within a nuclear family.

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\* Corresponding author at: Department of Social Work & Social Administration, The University of Hong Kong, Pokfulam, Hong Kong, China.

## Introduction

Existing studies on the relationship between child abuse and intimate partner violence (IPV) usually focus on child abuse and neglect (CAN) in childhood as a predictor of IPV in adulthood (Bank & Burraston, 2001; Heyman & Slep, 2002). Several longitudinal studies have established the causal relationship between childhood maltreatment and adulthood IPV in nationally representative samples (English, Marshall, & Stewart, 2003; Fang & Corso, 2008; White & Smith, 2009). More recent research has examined the co-existence of CAN and IPV within the same nuclear family and found that rates range from 19% to 60% (Casanueva, Kotch, & Zolotor, 2007; Edleson, 1999), depending on the definition of child abuse and sampling methods (Appel & Holden, 1998). Children living in families characterized by IPV are at risk for a variety of adjustment difficulties (Bourassa, 2007; Finkelhor, Ornarod, & Turner, 2007; Jouriles, Norwood, McDonald, & Peters, 2001; Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003) and are more likely to be abused by parents physically or psychologically (Appel & Holden, 1998; Edleson, 1999; Tajima, 2000). Other studies have found that IPV correlates with all forms of CAN, including physical abuse, psychological aggression and neglect (Berger, 2005; Kerker, Horwitz, Leventhal, Plichta, & Leaf, 2000; Parkinson, Adams, & Emerling, 2001).

Despite the fact that IPV and CAN have been found to co-exist in the same families, these studies were mainly cross-sectional, so they could not determine whether or not IPV is a causal factor for CAN. The studies did not differentiate the temporal order of IPV and CAN episodes, so they could not determine whether IPV causes CAN. Two longitudinal studies have confirmed that IPV is a causal factor for child physical and sexual abuse, but not child neglect (Lee, Kotch, & Cox, 2004; Rumm, Cummings, Krauss, Bell, & Rivara, 2000). And one longitudinal study showed that IPV could predict later child physical abuse, psychological abuse and neglect (McGuigan & Pratt, 2001).

Pregnant women are a vulnerable population for whom the connection between IPV victimization and subsequent CAN perpetration may be particularly salient. IPV against pregnant women greatly affects the quality of care newborn children receive. Studies have shown that IPV victims are more likely than non-victims to abuse their children (Casanueva & Martin, 2007; Milner, 1986).

There have been a growing number of studies attempting to derive possible mechanisms of how IPV influences CAN. Existing evidence has demonstrated that IPV during pregnancy is associated with poor maternal health (Huth-Bocks, Levendosky, & Bogat, 2002), negative prenatal representations of infants, insecure attachment of mothers to their infants and more negative affects expressed by mothers when talking about their infants (Huth-Bocks, Levendosky, & Bogat, 2004), which might be associated with more negative parenting behaviors on infants (McElwain & Volling, 1999). In addition, Huth-Bocks et al. (2004) has found that abused pregnant women are more likely than their non-abused counterparts to have negative prenatal maternal representations of infants, and these negative representations have recently been shown to be associated with more controlling and hostile parenting behaviors towards children (Dayton, Levendosky, Davidson, & Bogat, 2010).

IPV during pregnancy may also be related CAN in other ways. IPV victims may be preoccupied with their abusive situation and thus less able than non-IPV victims to attend to their children's needs, leading to possible child neglect (McKay, 1994). For example, research has shown that women abused during pregnancy are less likely to bring their newborn children for regular health checks; hence, their children are less likely to be fully immunized (Bair-Merritt et al., 2008).

Even though a few longitudinal studies have examined the causal relationship between IPV and CAN, research to date has mainly been conducted in Western societies. It is unclear if the existing findings can be generalized to the Chinese populations, whose culture and traditions are very different with their Western counterparts. For example, the emphasis on the filial piety and absolute parental authority in the Chinese populations may lay the ground for child abuse to take place (Tang, 1998). Indeed, Chinese people have been found to be more tolerant to CAN, more likely to underreport CAN cases, more reluctant to regard neglect as "abuse," and less likely to ask for investigation by protective agencies than Westerners (Elliott, Thomas, Chan, & Chow, 2000; Hong & Hong, 1991).

In addition, Chinese parents tend to view beating and slapping on children as non-abusive acts (Chan, Chun, & Chung, 2008), and to endorse aversive parenting styles like physical punishment or controlling behaviors (Lau, 2010; Wu et al., 2002). A traditional belief of Chinese parents is that strict disciplinary strategies and even physical aggression help build a competent child (Tang, 2006), in particular, a boy who is expected to be the inheritor of the family clan (Lam, 1992). Physical or corporal punishment, which refers to the use of physical force to inflict pain (but not injury) on children (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998), is therefore a very common practice in the Chinese societies in disciplining and controlling children. As in Western countries, the distinction between corporal punishment and physical abuse is not always clear in Chinese societies; yet, Chinese parents tend to distinguish the two by perpetrators' intent (good versus bad) unless severe injuries are involved (Kwok & Tam, 2005).

The present study used a representative sample of pregnant Chinese women in Hong Kong for a longitudinal examination of IPV and CAN. With regard to the findings of previous studies that IPV may cause CAN, we hypothesized that IPV against a woman during her pregnancy is a risk factor for subsequent CAN. In addition, based on the literature which suggests the recurrence of IPV (e.g., McFarlane, Parker, Soeken, & Bullock, 1992; Sonis & Langer, 2008), we hypothesized that IPV during pregnancy would be related to subsequent IPV, and the former would mediate the association between the former and subsequent CAN.

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