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Does adolescent's exposure to parental intimate partner conflict and violence predict psychological distress and substance use in young adulthood? A longitudinal study

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ABSTRACT

Little is known about the extent to which parental conflict and violence differentially impact on offspring mental health and substance use. Using data from a longitudinal birth cohort study this paper examines: whether offspring exposure to parental intimate partner violence (involving physical violence which may include conflicts and/or disagreements) or parental intimate partner conflict (conflicting interactions and disagreements only) are associated with offspring depression, anxiety and substance use in early adulthood (at age 21); and whether these associations are independent of maternal background, depression and anxiety and substance use. Data ($n = 2,126$ women and children) were taken from a large-scale Australian birth-cohort study, the Mater University of Queensland Study of Pregnancy (MUSP). IPC and IPV were measured at the 14-year follow-up. Offspring mental health outcomes – depression, anxiety and substance use were assessed at the 21-year follow-up using the Composite International Diagnostic Interview (CIDI). Offspring of women experiencing IPV at the 14-year follow-up were more likely to manifest anxiety, nicotine, alcohol and cannabis disorders by the 21-year follow-up. These associations remained after adjustment for maternal anxiety, depression, and other potential confounders. Unlike males who experience anxiety disorders after exposure to IPV, females experience depressive and alcohol use disorders. IPV predicts offspring increased levels of substance abuse and dependence in young adulthood. Gender differences suggest differential impact.

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Introduction

Does adolescent's exposure to parental intimate partner conflict and violence predict psychological distress and substance use in young adulthood? A longitudinal study on parental intimate partner conflict (IPC) and violence (IPV) is not uncommon. UNICEF has estimated that between 133 million and 275 million children around the world witness frequent parental intimate partner conflict and or violence each year (Pinheiro, 2006). IPC generally involves arguments and/or disagreements

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with verbal expressions which contribute visible evidence of these disagreements to offspring. Routine communications and interactions are generally affected, for example one partner may leave the home for a period of time. IPV, by contrast, involves observable physical violence such as one partner striking the other. Such violence is often accompanied by interactions which include conflict and disagreements. A study from a nationally representative sample in the United States estimated that about 1 in 4 women and 1 in 7 men had experienced IPV in their lifetime (Breiding, Black, & Ryan, 2008). An earlier Australian population study found that 23% of women had ever experienced IPV (Mulroney, 2003), with perhaps 60% of these women having children in their care, and that some 66% of these children had witnessed the violence (Linacre, 2007). Although a recent study conducted among convenience samples of university students in 15 nations found that males and females were almost equally likely to perpetrate intimate partner violence, especially in North America (Straus & Michel-Smith, 2013), other studies suggest that the prevalence of male perpetrated IPV is much higher and more severe than the prevalence and severity of female perpetrated violence (Feder & MacMillan, 2012; Halford, Farrugia, Lizzio, & Wilson, 2010; MacMillan & Wathen, 2014; Tjaden & Thoennes, 2000). Our study focuses on the consequences for offspring of parental IPV against the mother using maternal reports of male-partner violence toward them.

In the context of increasing concern about the consequences of parental IPV on offspring (Paterson, Taylor, Schluter, & Lusitini, 2013), a number of questions remain to be resolved. Firstly do IPV and non-violent Inter-partner Conflict (IPC) have similar consequences for offspring outcomes? Secondly, to what extent is the association between IPV, IPC and offspring mental health a result of confounding? A variety of social and demographic factors may confound the association between IPV, IPC and offspring mental health and behavior, including teenage pregnancy, poverty/socioeconomic disadvantage, maternal mental health and alcohol use by caregivers (Fergusson, Horwood, & Ridder, 2005; Gilbert, El-Bassel, Chang, Wu, & Roy, 2012). Finally, relatively few previous studies have been able to resolve alternative cause-effect sequences. Thus, it is plausible that early onset of child mental health and behavior problems may lead to IPV or IPC rather than the reverse being the case. There is a need to test a causal sequence using a prospective cohort design (Kitzmann, Gaylord, Holt, & Kenny, 2003).

Life Course Stage and Witnessing IPC

It is not known whether there are critical or sensitive periods for the child's exposure to IPV. Child behavior manifests marked changes particularly around the period of pubertal development (Najman et al., 2008) and post pubertal offspring health may be affected by the witnessing of marital conflict and/or violence during this stage of development. Focusing on young adult mental health and behavior outcomes in a causal model is also likely to provide a better prediction of adult life course trajectories than assessing pre-pubertal outcomes. In addition, large-scale population-based prospective studies using diagnostic measures of outcome are rare (Fergusson, Boden, & Horwood, 2008) and no previous such studies have addressed the question of whether adolescent exposure to IPV predicts young adult outcomes. The current study will compare the impact of offspring exposure to parental non-violent intimate partner conflict (IPC) and intimate partner violence (IPV) in adolescence (child age 14 years); as these predict offspring mental health and substance use at 21 years of age using DSM-IV measures of outcome.

Consequences of IPC Versus IPV

Growing-up in a home characterized by ongoing non-violent conflict, whether or not it is accompanied by divorce, is associated with greater psychological distress and lower levels of well-being in young adulthood (Amato & Sobolewski, 2001; Turner & Kopiec, 2006). These outcomes have been largely reported in cross sectional designs (Kim, Jackson, Conrad, & Hunter, 2008). We have been unable to find specific studies assessing the possibility of differential outcomes when the child is exposed to IPV compared to children experiencing IPC.

Exposure to IPV in Adolescence

IPV is arguably a severe form of IPC (Martinez-Torteya, Bogat, von Eye, & Levendosky, 2009). There is some evidence to suggest that IPV impacts on offspring may be manifested in aggression, substance use, emotional withdrawal, attention problems, and psychiatric symptoms (Harris, Lieberman, & Marans, 2007; Nayak, Lown, Bond, & Greenfield, 2012; Turner & Kopiec, 2006; van der Kolk, 2005). Moreover, these negative consequences may be carried into offspring adulthood and affect the offspring's broader social environment (Harris et al., 2007; Lieberman, Chu, Van Horn, & Harris, 2011).

There is a dearth of longitudinal studies of the effects of IPV on adolescent offspring. Among longitudinal studies that were conducted on adolescents – one longitudinal U.S. national survey among adolescents ages 12–17 ($N=3,614$ at wave 1) examined whether exposure to IPV at wave 1 was associated with posttraumatic symptoms, delinquency, depression and binge drinking in wave 2 and 3 conducted about 1 and 2 years later respectively. Exposure to IPV at wave 1 was associated with offspring depression, delinquent acts and binge drinking at wave 3 (Cisler et al., 2012). Similarly, another study conducted by the same research group using the latter dataset found associations between children experiencing physical abuse, sexual assault, witnessing inter-parental conflict or community violence at wave 1 and substance use at wave 2 some 15 months later (Begle et al., 2011). However, the analyses aggregated all types of victimization together. Despite these findings it is generally the case that there are few studies using longitudinal design assessing the impact of IPV on adolescents, and to our best knowledge, none that have followed adolescents into young adulthood. In addition, while most studies which have

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