



Spouse Abuse and Children's Mental Health

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Abstract. There are many papers that focus on domestic violence and children's mental health, much less about children's exposure of domestic violence and their mental health, and lesser about the effect of spouse abuse on children's mental health, so is there a correlation between spouse abuse and children's mental health? In the second section, it was found that spouse abuse can increase the risks of the women getting depression, anxiety, and phobias. In the third section, it was found that maternal mental illnesses can increase the risks of their children getting depression, insomnia, other mental health issues and developmental setbacks. In the fourth section, direct relationships were found between exposure of domestic violence and child development issues, but not spouse abuse and children's mental health. Because of the lack of research between spouse abuse and children's mental health when there are connected to each other, we need more papers that focuses on researching this topic to provide clear data to support it.

Keywords: Mental Health · Domestic Violence · Intimate Partner Violence · Maternal Mental Illnesses · Child development

1 Introduction

“At least 1 in 7 children have experienced child abuse or neglect in the past year in the United States” [1]. “In 2020, 1,750 children died of abuse and neglect in the United States” [1]. These are quantitative data regarding children who directly experienced child abuse, along with about 2,750,000 other articles and papers on google scholar. But what about children's exposure to domestic violence? As of now, there are only about 74,600 papers about children's exposure to domestic violence on google scholar, which is only about 2.71% of 2,750,000. This shows that there are far less studies and research about children's exposure to domestic violence compared to child abuse. So can a child's exposure to domestic violence also cause equally severe consequences such as depression, anxiety, PTSD, and developmental issues? Out of the 74,600 papers currently on google scholar, most of them directly discuss the connections between domestic violence and child development, there are rarely any papers that focus on the mother experiencing intimate partner violence (IPV). Because of this, I want to research the connections between spouse abuse and children's mental health, and there will be three sections discussing this: the relationships between spouse abuse and mental illnesses of women, which will be section two of this paper; the relationship between maternal mental illnesses and children's mental health, which will be section three; the

relationship between spouse abuse and children's mental health, which will be section four.

2 Spouse Abuse and Maternal Mental Health

In the five papers investigating the correlation between spouse abuse and mental illnesses, two are studies that involve women between ages 18 and 49 while the other three studies are literature reviews. Both studies collected data by analyzing the answers women gave to self-registering questionnaires [2, 3]. The questions focused on physical symptoms and psychological/emotional well beings [2, 3]. The first study, performed by Ana Bernarda Ludermir et al., found that 71% of those who reported intimate partner violence (IPV) had common mental illnesses, 37.2% more than those who did not experience IPV². The second study, performed by Marcela Franklin Salvador de Mendonça and Ana Bernarda Ludermir, found common mental disorders in 44.6% of women who reported partner violence in the past 12 months, 43.4% of women who reported partner violence in the past 7 years³. These results show that IPV has an impact on mental illnesses in women [3]. Also, study 2 showed that not only IPV can cause mental illnesses in women in a period as short as 12 months, but it can also cause lasting effects and goes for as long as 7 years [3].

The other three papers were all literature reviews. Out of the three, two papers stated clear connections between spouse abuse and mental illnesses while one stated that the relationship could be assumed, but there is no clear or direct evidence provided. Paper 1, written by Miguel Esteves Pereira et al., found that out of all the health problems IPV could lead to, psychological health problems in women take up 32%, which is the most common out of all the health problems [4]. This shows a direct relationship because 32% is the possibility of a woman getting mentally unhealthy given that she is being abused by her partner [4]. The second paper, written by Jacquelyn Campbell et al., directly stated that women who experienced or are experiencing intimate partner abuse have a higher level of mental illnesses such as depression, anxiety, and phobias than women who have/do not experience(ed) intimate partner abuse [5]. Also, they experience a higher level of emotional distress, thoughts/attempts of suicide as well [5]. The third paper, written by Zlatka Rakovec-Felser, which got results different from the previous two, stated that none of the sources and studies they investigated found a direct correlation between spouse abuse and mental illnesses, but they could see indirect relationships in the data and claims that were not backed with specific evidence [6].

Now that we learned that spouse abuse has direct influences on women's mental health and increases the possibility of them having a mental illness, we can move onto the bridge in researching the relationship between spouse abuse and child development, which is the effect of marital mental disorders on child development.

3 Maternal Mental Illnesses and Child Development

In this section there were five papers studied in total. Four of which are studies, and one is a literature review. The data of all four studies were collected differently. Study 1, performed by T Deave et al., collected data through multiple questionnaires. Women

who were pregnant in Avon, England, were invited to take questionnaires at 18 and 32 weeks antenatally, at 8 weeks and 8 months postnatally, and by the time their child was 18 months old [7]. Maternal depression was determined using the Edinburgh Postnatal Depression Test (EPDS) while child outcomes were determined with scores of a modified version of the Denver Developmental Screening Test (DDST) to measure their cognitive and behavioral problems [7]. The data from study 2, performed by Kyoung-EunKim et al., was collected from surveys in the 2009 Data of Index Studies for Korean Children and Adolescents Development [8]. Topics in the survey consisted of infant health status and infant physical illness scale, depression scale, marital relationship scale, and child abuse scale [8]. Data were mostly determined through scales and tests such as the Korean-Beck Depression Inventory (K-BDI) and the EPDS [8]. The third study, performed by Daphna Oyserman et al., is based on interviews. The conductors first did maternal interviews and then youth interviews on an average of two years after maternal interviews [9]. All the mothers interviewed in this experiment have or have a record of mental illness. Maternal interviews consisted of questions related to adjusted family income (created as percent of the federal poverty line), stress and social support (hassles and # of people), maternal parenting style (answer scenarios), Maternal mental health symptoms and functioning (DIS) [9]. On the other hand, youth interviews involved only 3 topics: Depression, anxiety, and school efficacy, all of which were determined through rated scales [9]. The method, sample size, and measurement of the fourth study, which was performed by Tiffany Field, were not stated [10]. Lastly, the literature review written by Veena A. Satyanarayana et al. researched the direct impact of maternal stress and mental illnesses during pregnancy on child development [11].

The results of the five papers were almost identical. All acknowledged clear relationships between maternal mental illnesses and its negative effect on child development and child mental health problems. Study 1 pointed out that persistent depression during pregnancy ultimately causes developmental delays in their children's childhood [7]. Study 2 stated that maternal depression not only negatively affects their child's development, but also cause a higher chance of occurring child abuse [8]. Study 3 showed that youth depression was directly related to maternal parenting style, that higher maternal permissive parenting can increase the risk of youth getting depression [9]. Higher maternal permissive parenting can be a symptom from maternal depression and other mental disorders. Study 4 specifically stated the effects a child could experience when their mother was depressed or mentally unhealthy during pregnancy or after birth [10]. The effects include sleep problems, less sensitivity towards facial expressions of people around them, neurological delays, less social referencing, and less curiosity and exploratory behaviors [10]. The literature review found that maternal depression and stress during pregnancy could lead to child health problems such as difficult temperament, increased risk of hyperactivity, and delayed anxiety and language [11].

In this section, maternal mental health problems and its effects on children's mental health was studied. Multiple negative effects on children's mental health have been found, so there is a clear relationship between maternal health problems (during pregnancy and after birth) and child development. Next, we can tie the ends together, the relationship between spouse abuse and children's mental health.

4 Spouse Abuse and Child Development

This section also consists of five papers, four studies and one literature review. Study 1, conducted by Jackie L. Adamson and Ross A. Thompson, interviewed children ages between 5½ and 12 about their observations of how the child in four different scenarios between their parents [12]. The children were split into two groups, one consists of children born in a family that has domestic violence; one is the control group, which consists of children born in a peaceful family [12]. Each child's response was recorded and later compared with other children's responses to come up with a conclusion [12]. Study 2, performed by Alytia A. Levendosky et al., involved questionnaires taken by 62 preschool students and their mothers on the topics of domestic violence, children's behavioral functioning, and children's trauma symptoms [13]. Domestic violence was measured with the 46-item Severity of Violence Against Women Scales (SVAWS); children's behavioral functioning was measured with the Child Behavior Checklists (CBCL) and later the children's scores were grouped together; children's trauma symptoms were measured with the PTSD scale in the CBCL and a 18-item measure of PTSD symptoms in preschool children (PTSD-PAC) specifically designed for this experiment [13]. In study 3, which was conducted by Megan R. Holmes, data was taken from the National Survey of Child and Adolescent Well-Being (NSCAW) dataset [14]. There were 1161 children between ages 3 and 8 in the dataset and topics assessed included child aggressive behavior, exposure to IPV, poor maternal mental health, maternal warmth, and child maltreatment [14]. Study 4, performed by Mary A. Kernic et al., collected data by having participants take the Child Behavior Checklist [15]. This experiment included 167 children aged 2–17 in households that have been reported of having an IPV history and the scores were put together to form data and later analyzed [15]. The literature review, written by John W. Fantuzzo and Wanda K. Mohr, researched children's behavioral problems, internalizing behavioral problems, and cognitive and academic differences between children who were and were not in IPV-occurring households [16].

The results were that three of the studies concluded a direct relationship between a child's exposure to IPV and their development while one experiment concluded an indirect relationship. Study 1 found that children exposed to spouse abuse in the past responded to the scenarios with higher emotional intensities [12]. The results of this study indicated that children exposed to domestic violence become more sensitive to conflicts and respond with a higher emotional intensity [12]. Study 2 found that 39% of the preschool students have at least two of the symptoms listed after being traumatized: increased aggressiveness, development of new fears, and separation anxiety [13]. This study showed that preschool students who witnessed domestic violence or live in a household that has domestic violence but never directly witnessed it can all suffer from PTSD [13]. The results from study 4 showed that children exposed to long-term maternal IPV were more likely to experience behavioral subscale and social competence subscale than those who are exposed to short-term maternal IPV [15]. This means that the more the mother experiences IPV, the more it will negatively affect a child's behavioral and psychological development [15]. Study 3 was the most suitable for this paper. It found an indirect relationship between maternal IPV and child development but found direct relationships between maternal IPV and maternal mental health problems and between maternal mental health problems and child development [14]. It stated that the higher the

frequency of spouse abuse, the more obvious the symptoms of depression and substance abuse within the mother, which is then related to the child's increase of aggressive behavior [14]. The literature review in this section found many physical symptoms of a child after exposure to domestic violence [16]. These symptoms includes: temper tantrums and fights within the community and school, depression, suicidal behaviors, low self-esteem, insomnia, impaired ability of concentration, difficulty in completing schoolwork, and lower scores on verbal, motor, and cognitive skills [16].

All of the studies in this section either directly or indirectly stated that spouse abuse affects child development, which means they all found connections between spouse abuse and its effect on their child's development. Maternal IPV could lead to children's mental health problems such as depression and school inefficacy, delayed developmental skills, and emotional problems such as higher emotional intensity in response to conflicts.

5 Conclusion

Based on the above 15 papers, we can see that maternal mental illnesses are negatively affected by spouse abuse, and child development is negatively affected by maternal mental illnesses. However, there is very little research and studies directly stating the connections between spouse abuse and maternal mental illnesses, and then linking that to child development. Only study 3 in Sect. 4 reached a similar conclusion, that the frequency of spouse abuse is related to maternal depression and substance abuse, and that caused an increase in the child's aggressive behaviors [14]. However, this is not clear enough because aggressive behaviors are part of children's developmental issues, it has not yet reached mental health, which is a limitation of this study. All the other studies in this paper either only stated a direct relationship between spouse abuse and maternal mental health, a direct relationship between maternal mental health and children's mental health, or direct relationships to children's exposure of domestic violence and children's mental health. This means that spouse abuse can affect children's mental health because spouse abuse can affect maternal mental health, maternal mental health can affect children's mental health, therefore spouse abuse can affect children's mental health. But there were very few studies that did experiments on finding the relationship between spouse abuse and children's mental health, there is no actual data to backup this claim. Spouse abuse can clearly affect children's mental illnesses, but barely any people pay attention to this topic and neglect the consequences spouse abuse could have on children. I strongly suggest that in the future, we need more studies that focus directly on spouse abuse and children's mental health, so we can bring more attention to the children suffering in households where IPV takes place.

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