

Physical and sexual intimate partner violence negatively affects women's mental health and their children's behaviour

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Megan R Holmes

Case Western Reserve University, Jack, Joseph and Morton Mandel School of Applied Social Sciences, Cleveland, Ohio, USA

Correspondence to: Dr Megan R Holmes, Case Western Reserve University, Jack, Joseph and Morton Mandel School of Applied Social Sciences, 11235 Bellflower Road, Cleveland, OH 44106-7164, USA; mholmes@case.edu

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Implications for practice and research

- Screening for intimate partner violence (IPV) may help connect women to support services, which may in turn reduce the risk of death related to IPV.
- Research should continue to explore the effect of physical and sexual IPV on women and children's health outcomes.

Context

Seven million women each year experience physical, sexual or psychological abuse by an intimate partner and approximately 16% of children are exposed to IPV (also known as domestic violence) during their lifetime.^{1 2} Women who experience IPV report more mental health symptoms (eg, depression, anxiety, post-traumatic stress) and physical health conditions (eg, chronic pain). Children who have been exposed to IPV are more likely to experience internalising and externalising behavioural problems.

The purpose of this study was to examine whether physical and sexual abuse were related to maternal mental health, risk of lethality, chronic pain and children's behavioural functioning.

Methods

Researchers used baseline data from a 7-year prospective study examining treatment efficacy of domestic violence shelters and justice services. Three hundred women were recruited from either the district attorney's office or from domestic violence shelters. The age range of the women was 18–52 years old and they were primarily of ethnic minority background. Children's ages ranged from 1.5 to 16.5 years. Women reported frequency of physical and sexual intimate partner abuse, danger for lethality, mental health functioning (post-traumatic stress, depression,

anxiety, somatisation), chronic pain and their child's behavioural problems (internalising, externalising). Pearson's product-moment correlation and multiple linear regression analyses were conducted.

Findings

Physical abuse was positively correlated ($r=0.36$) to sexual abuse, meaning that those women who reported more physical abuse also tend to report more sexual abuse. Sexual abuse was related to mother's higher risk of lethality, somatisation, post-traumatic stress disorder symptoms, and children's internalising and total behavioural problems. Physical abuse was related to mother's higher risk of lethality and anxiety.

Commentary

This study identifies important effects of intimate partner physical abuse and sexual abuse on mother's mental health and corresponding children's behavioural problems. Interestingly, the type of violence experienced by the mother influenced different domains of mental health functioning, with sexual abuse being related to increased somatisation and post-traumatic stress disorder symptoms and physical abuse being related to increased anxiety. Both types of abuse significantly predicted risk of lethality, which is important to consider when women present for health-care. Screening for such abuse may connect women to support services, which may in turn reduce the risk of death related to IPV.

This study also offers preliminary evidence that sexual abuse experienced by the mother may affect the child's behavioural functioning, including internalising behavioural problems. These problems include somatic symptoms, being anxious/depressed and withdrawn behaviour. Although the researchers suggested child behavioural interventions based on maternal mental health modification, such conclusions are beyond the scope of their research. Moderation analyses are needed to support whether the effect of IPV on child behavioural functioning varies as a function of maternal mental health.

Caution must be taken when considering the generalisability of this research. The sample included only those mothers who were residing in domestic violence shelters or receiving justice services. It is possible that these women had experienced more severe forms of violence that prompted utilisation of such services. More research is needed in this area. It is also important to consider the variation that is explained by each of the models. With the exception of risk of lethality, all other models accounted for less than 4% of the variability, meaning 96% or more of the differences in participant outcomes can be accounted for by other factors. Although some of the variation may have been explained by demographic variables, the researchers did not include such variables in the models.

Competing interests None.



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