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Child Abuse in the Context of Intimate Partner Violence Against Women: The Impact of Women's Depressive and Posttraumatic Stress Symptoms on Maternal Behavior

Mariana G. Boeckel, Concepción Blasco-Ros, Rodrigo Grassi-Oliveira and
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Child Abuse in the Context of Intimate Partner Violence Against Women: The Impact of Women's Depressive and Posttraumatic Stress Symptoms on Maternal Behavior

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Abstract

Intimate male partner violence against women has been recognized as an important public health problem, with a high impact on women's mental health, including depressive and posttraumatic stress disorder (PTSD) symptoms. However, fathers who have been involved in intimate partner violence (IPV) have an increased probability of being violent toward their children. The aim of this study was to assess the relation between the mental health status of abused women, their partner's violence toward the children, and their maternal behavior.

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Keywords

domestic violence, battered women, children exposed to domestic violence, child abuse, mental health and violence

Introduction

Intimate partner violence (IPV) is one of the most frequent forms of violence against women that has been recognized as a serious human rights violation and as an important global public health problem. It occurs in nearly all societies regardless of their economic, cultural, religious, or racial aspects. A World Health Organization (WHO) multi-country study has shown that between 10% and 69% of women report having been victims of IPV at least once in their lifetimes (Garcia-Moreno et al., 2006). The comparison of the studies carried out in Europe informs that, besides all the differences between studies, there is a general agreement in the fact that physical, sexual, and psychological male violence against women is very high in all contexts and in all European countries (Martinez et al., 2006). The data from the Spanish Women's Institute report that 10% of women above the age of 18 have been exposed to IPV (Ministerio de Sanidad, Política Social e Igualdad, 2011). Because of the severity of this problem, scientific research has attempted to increase our understanding of the variables involved in IPV.

Studies have demonstrated that living with a violent intimate male partner is harmful to the psychological conditions of the victimized women. The mental health consequences of exposure to IPV commonly include depression, posttraumatic stress disorder (PTSD), anxiety, suicidal behavior, abuse of alcohol and/or other substances, and personality disorders (J. G. Beck et al., 2011; Devries et al., 2011; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Golier et al., 2003; Heru, Stuart, Rainey, Eyre, & Recupero, 2006; La Flair, Bradshaw, & Campbell, 2012; Pico-Alfonso, Echeburúa, & Martinez, 2008; Pico-Alfonso et al., 2006; Stuart, Moore, Gordon, Ramsey, & Kahler, 2006).

Children who reside in homes in which IPV occurs have an elevated risk of being victims of child abuse compared with children in families without violence. Oftentimes, in families in which violence occurs between the parents, one or both of them are also violent toward the children (Jouriles, McDonald, Slep, Heyman, & Garrido, 2008; Lee, Bellamy, & Guterman, 2009). Hutchison and Hirschel (2001) reported that 66.8% of women victims of IPV had at least one child living in their home at the time the violence occurred, and 59.2% of these women reported that the children had observed at least one fight between the parents. Moreover, children whose mothers were victims of IPV were twice as likely to be reported to Child

Protective Services (CPS) compared with children whose mothers had not experienced such violence. These children were mainly reported to CPS for lack of supervision (39%), physical neglect (31%), and physical abuse (29%; Casanueva, Martin, & Runyan, 2009). These findings reveal the relevance of scientific attention to this population because IPV is commonly accompanied by parental violence (Knutson, Lawrence, Taber, Bank, & DeGarmo, 2009).

Parental violence toward children has also been associated with dysfunctional parenting styles, the most common being overreactive, authoritarian, and permissive styles (Rodriguez, 2010). High levels of IPV have also been associated with elevated levels of harsh-intrusive parenting and diminished levels of sensitive-supportive parenting (Gustafsson, Cox, & Blair, 2012). After a heated discussion, both fathers and mothers tend to be less supportive of their children and to employ a less democratic parenting style (Kitzmann, 2000). In this context, parents may be emotionally confused, less open to dialogue, and, consequently, less available to their children. Although parental warmth is an important factor in modulating the developmental adjustment of children who have been exposed to IPV (McDonald, Jouriles, Rosenfield, & Corbitt-Shindler, 2011), male perpetrators of IPV who are involved in the criminal justice system appear to be unaware of the effects of IPV on their children (Salisbury, Henning, & Holdford, 2009).

Studies of parental behavior in situations in which IPV occurs have frequently focused on the violence expressed by abusive fathers toward their children and on educational strategies. However, little is known about women's behavior when faced with their partners' violence toward their children. As previously noted, IPV has a significant impact on women's mental health that can affect the quality of their parental care. Furthermore, family experiences of mental disorders (depression, anxiety, and suicidality) and of IPV have been associated with unfavorable parenting styles demonstrating a lack of parental care toward offspring (Bandelow et al., 2004). Therefore, it is important to understand the potential ramifications of IPV, such as the mental health consequences for women victims, the violence perpetrated by the intimate male partners toward children, and the mothers' child care behaviors. This information is relevant for understanding the implications of IPV and implementing early psychosocial and psychiatric interventions in families involved with IPV.

The main objective of the present study was to assess the relationship between the mental health status of women who have been victims of IPV and their child care behavior, especially their protective behavioral responses to their intimate male partners' violence toward their children and their parenting styles.

Materials and Method

Subjects

The present study is part of a larger research project that focuses on the impact of IPV on women's health (García-Linares et al., 2005; García-Linares, Sánchez-Lorente, Coe, & Martínez, 2004; Pico-Alfonso et al., 2008; Pico-Alfonso et al., 2006; Pico-Alfonso, Garcia-Linares, Celda-Navarro, Herbert, & Martinez, 2004). This study was performed with a sample of 155 women from the Valencian community of Spain. Women victims of IPV ($n = 118$) were recruited through the Centers for Helping Women. A control group of women who had not been exposed to IPV ($n = 37$) was recruited through women's clubs (civic organizations located in each city and town that only women can join and that develop a wide range of activities, such as providing information, courses, trips, etc.). The University of Valencia Research Ethics Committee approved this study, and written informed consent was obtained after the study was described to the participants. All participants were from Spain. The subjects did not receive monetary or other inducements for their participation.

Assessment Interviews

The study consisted of a structured interview in which trained female psychologists asked women questions about their lives and health. In general, each woman was generally interviewed 4 to 6 times owing to the length of the questionnaires, and each session lasted 1.5 hr. A comprehensive questionnaire was designed for a face-to-face interview. The majority of questions were devised to yield objective factual reports. The results presented in this article correspond with the women's sociodemographic characteristics and mental health status, the incidence of the male partner's violence toward the children, the behavior of each woman during occasions on which her partner was violent toward her children, and her parenting styles. The questionnaires are described below.

Sociodemographic Profile

Information was obtained about each participant's age, education level, employment, household members, and number and age of children (see Table 1).

Characteristics of Women's Relationships With the Aggressor/ Partner

Information regarding women's relationships included age of the women when the relationship started, marital status, cohabitation with the aggressor/

Table 1. Sociodemographic characteristics of non-abused women and women victims of intimate male partner violence (IPV) (% of women).

| Variable | IPV | | IPV | | Statistics χ^2 ANOVA |
|---------------------------------------|----------------------------|-----------------------------|--------------------------------|---|------------------------------|
| | Non-abused women (n=37) | No symptoms women (n=35) | IPV Depressive women (n=49) | IPV Depressive/ PTSD women (n=34) | |
| Age (mean \pm SD) | 46.86 (\pm 10.91) | 44.83 (\pm 10.32) | 44.12 (\pm 11.46) | 42.44 (\pm 10.45) | n.s. |
| Education level | | | | | n.s. |
| Illiterate | 0 | 0 | 2 | 2.9 | |
| Able to read and write | 2.7 | 8.6 | 14.3 | 5.9 | |
| Incomplete Primary School | 13.5 | 25.7 | 20.4 | 29.4 | |
| Primary School | 40.5 | 31.4 | 34.7 | 38.2 | |
| Secondary School | 37.8 | 25.7 | 20.4 | 23.5 | |
| 3–4 years of University studies | 5.4 | 8.6 | 2.0 | 0.0 | |
| 5–6 years of University studies | 0 | 0 | 6.1 | 0 | |
| Employment | | | | | n.s. |
| Self-employed | 2.7 | 5.7 | 2 | 0 | |
| Steady work | 16.2 | 22.9 | 13.9 | 8.8 | |
| Temporary work | 5.4 | 17.1 | 10.2 | 23.5 | |
| Unemployed with payment | 5.4 | 5.7 | 4.1 | 2.9 | |
| Unemployed | 5.4 | 8.6 | 8.2 | 11.8 | |
| Undeclared work | 2.7 | 11.4 | 16.3 | 11.8 | |
| Pensioner | 2.7 | 5.7 | 0 | 14.7 | |
| Housewife | 59.9 | 22.9 | 42.9 | 26.5 | |

(continued)

Table 1. (continued)

| Variable | Non-abused women | IPV No symptoms women | IPV Depressive women | IPV Depressive/PTSD women | Statistics χ^2 ANOVA |
|---|----------------------|-----------------------|----------------------|---------------------------|---------------------------|
| | (n=37) | (n=35) | (n=49) | (n=34) | Welch |
| Household members (mean \pm SD) | 3.41 (\pm 1.01) | 3.29 (\pm 1.53) | 3.57 (\pm 1.67) | 3.56 (\pm 1.33) | n.s. |
| Children (total number, mean \pm SD) | 2.03 (\pm 0.86) | 2.37 (\pm 1.03) | 2.28 (\pm 1.41) | 2.18 (\pm 0.90) | n.s. |
| Age of children (mean \pm SD) | 18.27 (\pm 11.52) | 18.59 (\pm 10.34) | 16.93 (\pm 10.44) | 16.70 (\pm 9.36) | n.s. |
| Children under 18 | 7.85 (\pm 5.52) | 9.84 (\pm 4.7) | 6.16 (\pm 4.06) | 8.58 (\pm 5.32) | |
| Children over 18 | 28.13 (\pm 5.2) | 26.4 (\pm 7.59) | 25 (\pm 4.87) | 23.91 (\pm 5.28) | |

PTSD: Posttraumatic stress disorder

partner at the time of interviews and during the last year, length of cohabitation with the aggressor/partner, and women's economic dependence of the partner (see Table 2).

Characteristics of Intimate Male Partner Violence

A questionnaire was constructed to obtain detailed information about the different types of violence (psychological, physical, and sexual) perpetrated by an intimate male partner toward the women (see Figure 1). Each type of violence consisted of one or more of the acts described below (see García-Linares et al., 2005, for more detailed information). Women were asked to answer "yes" or "no" to the incidence of each act. *Psychological violence* included verbal attacks (e.g., insults and humiliation), control and power (e.g., isolation from family and friends, impeded decision making, and economic abandonment), pursuit and harassment, verbal threats (e.g., threats to the life of the woman or her family or regarding custody of children as well as intimidating phone calls), and blackmail (e.g., economic or emotional blackmail). *Physical violence* included actions such as punches, slaps, kicks, pushes, bites, and strangling. *Sexual violence* included items regarding forced sex (i.e., vaginal/anal penetration, oral sex from her to him or from him to her, or objects inserted into the vagina or anus), and forced or coerced use of pornographic films, photos, or both. The acknowledgment of any of the aforementioned acts of psychological, physical, or sexual violence (or the lack thereof) was used as a criterion for designating women as either abused (victims of IPV) or non-abused.

Mental Health Assessment

Symptoms of depression, PTSD, and anxiety as well as the incidence of thoughts and attempts of suicide were assessed for the women who participated in this study.

Depressive symptoms. The presence and severity of depressive symptoms were measured with the Beck Depression Inventory (BDI; A. T. Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Total scores of the BDI range from 0 to 63. Women with BDI scores ranging from 0 to 8 were considered as having no symptoms of depression, from 9 to 18 as "mild," from 19 to 29 as "moderate," and from 30 to 63 as having "severe" depressive symptoms. The Spanish version of BDI used in this study was validated by Conde and Useros (1975); the coefficient of internal consistency was .88. Several studies support the internal consistency and the construct validity of this Spanish version. The Cronbach's alpha coefficient of the BDI scale was .90.

Table 2. Information about the relationships of non-abused women and women victims of intimate male partner violence (IPV) (% of women).

| Variable | Non-abused women (n=37) | IPV No symptoms women (n=35) | IPV Depressive women (n=49) | IPV Depressive/PTSD women (n=34) | Statistics χ^2 ANOVA |
|--|-------------------------|------------------------------|-----------------------------|----------------------------------|---------------------------|
| Age of women when relationship started (mean \pm SD) | 21.31 (\pm 5.02) | 21.20 (\pm 8.68) | 21.16 (\pm 7.92) | 22.93 (\pm 9.63) | n.s. |
| Marital status | | | | | |
| Widow | 2.7 | 8.6 | 0 | 5.9 | p<0.05 |
| Single and not living with partner | 0 | 8.6 | 4.1 | 5.9 | |
| Separated/Divorced from husband | 0 | 17.1 | 2 | 8.8 | |
| Single and living with partner | 5.4 | 2.9 | 0 | 2.9 | |
| Married | 91.9 | 62.9 | 93.9 | 76.5 | |
| Cohabitation with aggressor/partner | | | | | |
| At time of interviews | 97.3 | 42.9 | 59.2 | 55.9 | p<0.001 |
| During the last year | 97.3 | 80 | 93.9 | 91.2 | p=0.059 |
| Length of cohabitation with aggressor/partner | | | | | n.s. |
| Less than a year | 0 | 0 | 33.3 | 66.7 | |
| 1–3 years | 10 | 10 | 40 | 40 | |
| 3–5 years | 25 | 12.5 | 37.5 | 25 | |
| 5–10 | 21.7 | 26.1 | 39.1 | 13 | |
| More than 10 years | 25.5 | 24.5 | 29.1 | 20.9 | |
| Women's Economic Dependence on the aggressor/partner | 67.6 | 34.3 | 55.1 | 44.1 | p<0.05 |

PTSD: Posttraumatic stress disorder

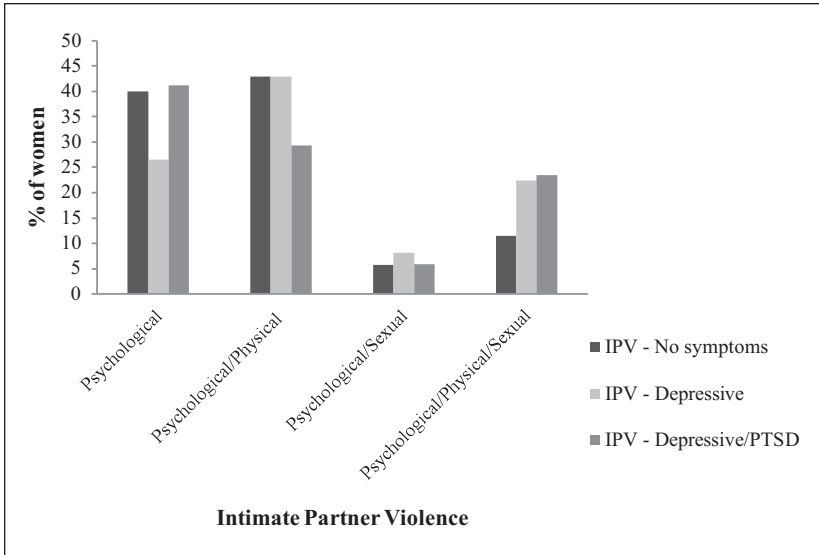


Figure 1. Different types of violence perpetrated by the intimate male partner against the women.

Note. Whereas all women victims of IPV had been exposed to psychological violence (100%), some were also exposed to the concomitance of physical and sexual violence. There were no associations between the mental health status of women victims (no symptoms, depressive symptoms, or concomitance of depressive and PTSD symptoms) and the type of violence they were exposed to. IPV = intimate partner violence; PTSD = posttraumatic stress disorder.

PTSD. The incidence and severity of symptoms of current PTSD were assessed with Echeburúa’s Severity of Symptom Scale of PTSD (Echeburúa, Corral, Amor, Zubizarreta, & Sarasúa, 1997). This study employed a structured interview based on *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; *DSM-IV*; American Psychiatric Association, 1994) criteria. The instrument has a high internal consistency with a Cronbach’s alpha coefficient of .92 and high test–retest reliability, as well as good discriminant, concurrent, and construct validity. In the present study, the Cronbach’s alpha coefficient for internal consistency was .93. A stressor was assessed by asking the woman whether she had experienced an unusual, extremely distressful event (irrespective of whether it was IPV related or not). Either type of event was considered a qualifying trauma when it met the *DSM-IV* criteria for PTSD and when the distressing symptoms persisted for at least 4 weeks.

State anxiety. Spielberger's State-Trait Anxiety Inventory (STAI; Spielberger, Gorsuch, & Lushene, 1970) was used to measure current levels of state anxiety symptoms. In this study, the Spanish version of the STAI, validated and adapted by TEA Editions (Spielberger, Gorsuch, & Lushene, 1988), was used.

Thoughts and attempts of suicide. Women were asked about the lifetime incidence of thoughts and attempts of suicide (see Table 3).

Violence Perpetrated by the Intimate Male Partners Toward the Children

A questionnaire was constructed to obtain detailed information about the different types of violence (psychological, physical, and sexual) that were perpetrated by the women's intimate male partners toward their children. The items that were included in this instrument incorporated the same types of psychological, physical, and sexual acts of violence described above in reference to the IPV questionnaire. Women were asked to answer "yes" or "no" to questions regarding the occurrence of each violent act when they were present. When the woman answered positively, she was asked about the duration and frequency of each type of violence (see Table 4).

Women's Behavior When Facing the Partner's Violence Toward Their Children

Women were asked about their own behavior during occasions on which they were present while their partners were violent toward their children. The questionnaire included the following behaviors: ignoring the violence, doing nothing out of fear, defending the children verbally, and physically attacking the partner. The respondents indicated which behaviors were most frequent (see Table 5).

Women's Parenting Styles

Women were asked about their perceptions of their general parenting styles, which were specifically tailored to suit the needs of the present study based on the work of Baumrind (1985, 1996) and Buri (1991). There were four different parenting styles: overprotective, authoritarian, authoritative, and neglectful (see Table 6).

Statistical Analysis

One-way ANOVAs were used to make comparisons among the four groups of women (non-abused, IPV-no symptoms, IPV-depressive, and IPV-depressive/

Table 3. Mental health status of non-abused women and women victims of intimate male partner violence (IPV) (% of women).

| | Non-abused women (n=37) | IPV No symptoms women (n=35) | IPV Depressive women (n=49) | IPV Depressive/PTSD women (n=34) | Statistics ANOVA; Welch |
|--|----------------------------|---------------------------------|-------------------------------------|--|-------------------------|
| BDI (mean ± SD) | 3.67 (± 2.9) | 4.57 (± 2.5) | 17.63 (±7.25) ^{***#} /aaa | 25.97 (± 10.18) ^{***#} /aaa/bbb | p<0.001 |
| Clinical cut-off | 0 | 0 | 32.7 | 73.5 | p<0.001 |
| Severity of depressive symptoms | | | | | p<0.001 |
| No depression | 100 | 100 | 0 | 0 | |
| Mild | 0 | 0 | 67.3 | 26.5 | |
| Moderate | 0 | 0 | 26.5 | 38.2 | |
| Severe | 0 | 0 | 6.1 | 35.3 | |
| PTSD | | | | | |
| Incidence | 0 | 0 | 0 | 100 | p<0.001 |
| Total score (mean ± SD) | 1.62 (± 2.65) | 4.40 (± 4.08) ^{##} | 10.57 (±5.61) ^{***#} /aaa | 29.20 (± 7.38) ^{***#} /aaa/bbb | p<0.001 |
| STAI | | | | | |
| Trait Anxiety (mean ± SD) | 12.73 (± 8.20) | 14.97 (± 7.41) | 30.56 (± 9.11) ^{***#} /aaa | 36.55 (± 10.34) ^{***#} /aaa/b | p<0.001 |
| Clinical cut-off | 0 | 2.9 | 47.9 | 73.5 | p<0.001 |

(continued)

Table 3. (continued)

| | Non-abused women (n=37) | IPV No symptoms women (n=35) | IPV Depressive women (n=49) | IPV Depressive/PTSD women (n=34) | Statistics ANOVA; Welch |
|-------------------------------|----------------------------|---------------------------------|-------------------------------------|--|-------------------------|
| State Anxiety (mean \pm SD) | 10.22 (\pm 7.75) | 12.88 (\pm 7.52) | 26.67 (\pm 14.06) ^{###} | 35.18 (\pm 13.38) ^{###/aaab} | p<0.001 |
| Clinical cut-off | 0 | 0 | 40.8 | 64.7 | p<0.001 |
| Suicidal thoughts | 0 | 40 | 51 | 64.7 | p<0.001 |
| Suicidal attempts | 0 | 17.1 | 28.6 | 35.3 | p<0.001 |

BDI: Beck's Depression Inventory

PTSD: Posttraumatic Stress Disorder

STAI: Spielberger's State-Trait Anxiety Inventor.

^{*}Differs from Non-abused group p<0.05; ^{**}p<0.01; ^{***}p<0.001^aDiffers from IPV-no symptoms group p<0.05; ^{aa}p<0.01; ^{aaa}p<0.001^bDiffers from IPV-depressive group p<0.05; ^{bb}p<0.01; ^{bbb}p<0.001

Table 4. Violence perpetrated by the intimate male partners toward the children of non-abused women and women victims of intimate male partner violence (IPV) (% of women).

| Variable | Non-abused women (n=37) | | IPV No symptoms women (n=35) | | IPV Depressive women (n=49) | | IPV Depressive/PTSD women (n=34) | | Statistics ANOVA; Welch χ^2 |
|----------------------------|---|------------|---------------------------------|--------------|--------------------------------|--------------|-------------------------------------|--------------|----------------------------------|
| | | | | | | | | | |
| Physical Violence | Acts (% given is out of 100% of the n for each group) | | | | | | | | |
| Punches | - | 2.7% (n=1) | 11.4 | 28.6% (n=10) | 12.2 | 30.6% (n=15) | 20.6 | 47.1% (n=16) | n.s. |
| Kicks | - | | 11.4 | | 4.1 | | 11.8 | | n.s. |
| Slaps | - | | 25.7 | | 24.5 | | 44.1 | | n.s. |
| Bites | - | | 0 | | 0 | | 2.9 | | n.s. |
| Strangling attempts | - | | 8.6 | | 8.2 | | 2.9 | | n.s. |
| Pushes | - | | 22.9 | | 24.5 | | 23.5 | | n.s. |
| Frequency | | | | | | | | | n.s. |
| Less than once per month | - | | 11.4 | | 22.9 | | 29.4 | | |
| Once per month | - | | 5.7 | | 2.1 | | 8.8 | | |
| 2 or 3 times per month | - | | 8.6 | | 2.1 | | 2.9 | | |
| More than once per week | - | | 2.9 | | 2.1 | | 5.9 | | |
| Duration | | | | | | | | | n.s. |
| Less than 1 year | - | | 0 | | 4.1 | | 3.1 | | |
| Between 1 year and 2 years | - | | 11.4 | | 4.1 | | 18.8 | | |
| Between 3 and 5 years | - | | 14.3 | | 12.2 | | 0 | | |

(continued)

Table 4. (continued)

| Variable | Non-abused women | | IPV No symptoms women | | IPV Depressive women | | IPV Depressive/PTSD women | | Statistics ANOVA; Welch | χ^2 |
|---|------------------|--|-----------------------|--|----------------------|--|---------------------------|--|-------------------------|----------|
| | (n=37) | | (n=35) | | (n=49) | | (n=34) | | | |
| Between 5 and 10 years | - | | 14.3 | | 6.1 | | 15.6 | | | |
| More than 10 years | - | | 25.7 | | 32.7 | | 31.3 | | | |
| Psychological Violence | 0% | | 65.71% (n=23) | | 59.18 (n=29) | | 64.70% (n=22) | | | |
| Acts (% given is out of 100% of the n for each group) | | | | | | | | | | |
| Insults | - | | 48.6 | | 49.9 | | 53.1 | | | n.s. |
| Humiliations | - | | 60 | | 46.9 | | 62.5 | | | n.s. |
| Isolation from family and friends | - | | 22.9 | | 18.4 | | 21.9 | | | n.s. |
| Death threats | - | | 8.6 | | 4.1 | | 12.5 | | | n.s. |
| Intimidating phone calls | - | | 5.7 | | 4.1 | | 0 | | | n.s. |
| Economic abandonment | - | | 31.4 | | 16.3 | | 18.8 | | | n.s. |
| Pursuit and harassment | - | | 5.7 | | 8.2 | | 6.3 | | | n.s. |
| Economic blackmail | - | | 20 | | 12.2 | | 15.6 | | | n.s. |
| Emotional blackmail | - | | 37.1 | | 40.8 | | 37.5 | | | n.s. |
| Impeding decision-making | - | | 34.3 | | 16.3 | | 18.8 | | | n.s. |
| Frequency | | | | | | | | | | |
| Less than once per month | - | | 14.3 | | 12.2 | | 18.8 | | | |
| Once per month | - | | 2.9 | | 4.1 | | 9.4 | | | |

(continued)

Table 4. (continued)

| Variable | Non-abused women (n=37) | | IPV No symptoms women (n=35) | | IPV Depressive women (n=49) | | IPV Depressive/PTSD women (n=34) | | Statistics ANOVA; Welch χ^2 |
|----------------------------|-------------------------|--|------------------------------|--|-----------------------------|--|----------------------------------|--|----------------------------------|
| | | | | | | | | | |
| 2 or 3 times per month | - | | 17.1 | | 10.2 | | 9.4 | | |
| More than once per week | - | | 31.4 | | 32.7 | | 31.3 | | |
| Duration | | | | | | | | | |
| Less than 1 year | - | | 5.7 | | 10.2 | | 9.1 | | n.s. |
| Between 1 year and 2 years | - | | 0 | | 4.1 | | 6.1 | | |
| Between 3 and 5 years | - | | 8.6 | | 4.1 | | 3.0 | | |
| Between 5 and 10 years | - | | 5.7 | | 6.1 | | 15.2 | | |
| More than 10 years | - | | 8.6 | | 6.1 | | 12.1 | | |

PTSD: Posttraumatic stress disorder

Table 5. The behavior of women victims of intimate male partner violence (IPV) when facing the physical and psychological violence perpetrated by their male partners toward their children (% of women).

| | IPV No symptoms women n=35 | IPV Depressive women n=49 | IPV Depressive/PTSD Women n=34 | Statistics χ^2 |
|--|-------------------------------------|------------------------------------|---|------------------------|
| Physical Violence | | | | |
| Ignoring the violence | 0 | 0 | 3.1 | n.s. |
| Doing nothing out of fear | 0 | 26.7 | 23.1 | n.s. |
| Defending the children verbally | 20 | 30.6 | 18.8 | p<0.05 |
| Physically attacking their partners | 5.7 | 4.1 | 6.3 | n.s. |
| Psychological Violence | | | | |
| Ignoring the violence | 2.9 | 2.1 | 3.3 | n.s. |
| Doing nothing out of fear | 8.8 | 10.4 | 16.7 | n.s. |
| Defending their children verbally | 55.9 | 50 | 50 | n.s. |
| Physically attacking their partners | 0 | 0 | 0 | |

PTSD: Posttraumatic stress disorder

PTSD symptoms) regarding their ages, the number and ages of the children, and the women's BDI, PTSD, and STAI scores. Post hoc comparisons were conducted using Tukey's test. Pearson's chi-square tests were used to assess the associations between the rest of the variables and the groups. The analyses regarding the "types of IPV," the "types of violence perpetrated by the partners of women victims of IPV toward the children," and the "behavior of women victims of IPV when facing the physical and psychological violence perpetrated by their male partners toward their children" were conducted exclusively with IPV groups, because these circumstances occurred among IPV groups and not with the non-abused group. A significance level of .05 was established for all analyses. All statistical analyses were conducted using SPSS version 19.

Results

Participants

A total of 155 women participated in this study, and they were distributed into four groups depending on the incidence or absence of IPV and the incidence

Table 6. The self-perceptions of women victims of intimate male partner violence (IPV) of their parenting styles (% of women).

| | Non-abused women | IPV No symptoms women | IPV Depressive women | IPV Depressive/PTSD women | Statistics |
|-------------------------|------------------|-----------------------|----------------------|---------------------------|-------------|
| | n=37 | n=35 | n=49 | n=34 | χ^2 |
| Parenting Styles | | | | | |
| Overprotective | 19.4 | 26.5 | 42.6 | 56.3 | $p < 0.01$ |
| Authoritarian | 0 | 11.8 | 21.3 | 12.5 | $p < 0.05$ |
| Authoritative | 88.9 | 76.5 | 51.1 | 34.4 | $p < 0.001$ |
| Neglectful | 2.8 | 5.9 | 10.6 | 12.5 | n.s. |

PTSD: Posttraumatic stress disorder

of symptoms of depression and PTSD: (a) non-abused women with no symptoms of depression or PTSD (non-abused group, $n = 37$), (b) women victims of IPV with no symptoms of depression or PTSD (IPV-no-symptoms group, $n = 35$), (c) women victims of IPV with symptoms of depression (IPV-depressive group, $n = 49$), and (d) women victims of IPV with symptoms of depression and PTSD (IPV-depressive/PTSD group, $n = 34$). The sociodemographic profiles of the four groups of women are presented in Table 1. There were no significant differences between groups in age, $F_w(2, 87.51) = 1.17, p = .315$; education level, $\chi^2(18, N = 155) = 21.46, p = .257$; employment, $\chi^2(21, N = 155) = 31.186, p = .071$; household members, $F_w(3, 81.03) = 0.316, p = .814$; number of children per woman, $F_w(2, 96.03) = 1.15, p = .322$; and ages of children, $F_w(3, 39.80) = 2.33, p = .090$.

Contrarily, marital status was associated with the group, $\chi^2(12, N = 155) = 23.23, p < .05$, with the category “separated/divorced” being higher than expected by chance in the IPV-no-symptoms group, whereas “married” was lower in this group but higher in the IPV-depressive group (see Table 2). Cohabitation with the aggressor/partner at the time of the interviews was also associated with the group, $\chi^2(3, N = 155) = 26.02, p < .001$, being higher than expected in the non-abused group and lower in the IPV-no-symptoms group. Cohabitation during the last year almost reached statistical significance, $\chi^2(3, N = 155) = 7.43, p = .059$, being lower than expected in the IPV-no-symptoms group.

The women’s economic dependence of the aggressor/partner was also associated with the group, $\chi^2(3, N = 155) = 8.95, p < .05$, being higher than expected in the non-abused group and lower in the IPV-no-symptoms group.

No significant associations were found either between the age at which women started the relationship or the length of cohabitation with the aggressor/partner and the group.

Violence Perpetrated by Intimate Male Partner

All women in the IPV groups (100%) had been exposed to psychological IPV. The incidence of only psychological violence and its concomitancy with physical and sexual IPV are shown in Figure 1. There was no association between the type of IPV to which women had been exposed to and the IPV group.

Current Mental Health Status of Women

Although the distribution of the women into four groups was based on the incidence or not of IPV and the incidence of symptoms of depression and PTSD, differences regarding mental health specificities were analyzed to provide more detailed information about the women's mental health status. As shown in Table 3, there were significant differences between groups in the severity of depressive, PTSD, and trait and state anxiety symptoms: depressive symptoms, $V_w(3, 78.33) = 95.73, p < .001$; PTSD symptoms, $V_w(3, 77.45) = 154.72, p < .001$; trait anxiety, $F(3, 153) = 63.91, p < .001$; and state anxiety, $V_w(3, 80.67) = 40.51, p < .001$. More detailed information regarding the comparisons between groups is given in Table 3. In general, post hoc comparisons showed that the severity of symptoms was higher in the IPV-depressive and the IPV-depressive/PTSD groups than in both the non-abused and the IPV-no-symptoms groups. Furthermore, the IPV-depressive/PTSD group had higher severity levels than the IPV-depressive group.

Finally, the incidence of lifetime thoughts and attempts of suicide were associated with the group: thoughts, $\chi^2(3, N = 155) = 35.96, p < .001$; attempts, $\chi^2(3, N = 155) = 16.22, p < .001$. Both of the incidences were higher than expected in the IPV-depressive/PTSD group and were lower in the non-abused group, whereas the incidence of attempts was also higher in the IPV-depressive group.

Violence Perpetrated by the Intimate Male Partners of Women Victims Toward the Children

According to the women's reports, the intimate partners of women victims of IPV perpetrated psychological and physical violence toward the children but no sexual violence. With regard to the non-abused women, only a case of physical violence was reported. Thus, there was a high incidence of physical

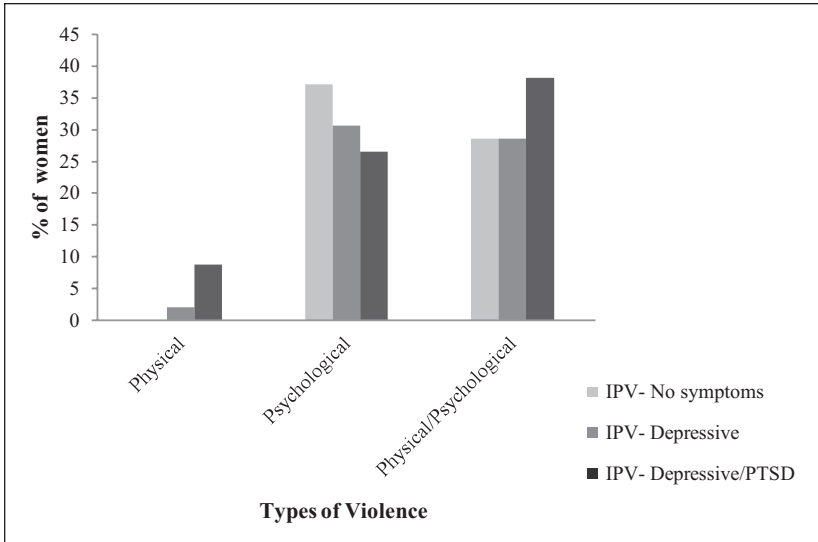


Figure 2. Violence perpetrated by the partners of women victims of intimate male partner violence (IPV) toward the children.
Note. There was no association between the incidence of the different types of violence toward the children and the IPV group. IPV = intimate partner violence; PTSD = posttraumatic stress disorder.

and psychological violence toward children perpetrated by the partners of women victims in comparison with the partners of non-abused women (physical violence: 2.7% in non-abused women vs. 28.6-47.1 in abused women; psychological violence: 0% in non-abused women vs. 59.18-65.17 in abused women; see Table 4 and Figure 2).

Detailed statistical analyses were performed only with the IPV groups. The incidences of psychological, physical, and psychological/physical violence toward the children are shown in Figure 2. There was no association between the incidence of the types of violence toward the children and the IPV group. Neither was any association found between the specific acts of psychological and physical violence, the frequency and the duration of these types of violence, and the IPV group (see Table 4).

Women’s Behavior When Facing the Violence Perpetrated by the Intimate Male Partner Toward the Children

As shown in Table 5, there was a significant association between women’s behavior of “defending children verbally” when the partner was being physically

violent toward the children and the IPV group, $\chi^2(4, N = 116) = 12.65, p < .05$. This behavior was higher than expected in the IPV-depressive group and lower in the IPV-depressive/PTSD group. On the contrary, no associations were found between women's behaviors "ignoring the violence" and "doing nothing out of fear" and the IPV group, although the incidence was zero in both behaviors of women of the IPV-no-symptoms group. However, no associations were found when the partner displayed psychological violence toward the children.

Women's Parenting Styles

Three of the women's parenting styles were associated with the group: overprotective style, $\chi^2(3, N = 149) = 12.15, p < .01$; authoritarian style, $\chi^2(3, N = 149) = 8.70, p < .05$; and authoritative style, $\chi^2(3, N = 149) = 26.93, p < .001$. Although the overprotective style was higher than expected in the IPV-depressive/PTSD group and the authoritarian style was higher in the IPV-depressive group, both parenting styles were lower in the non-abused group. In contrast, the authoritative parenting style was higher than expected in the non-abused group and lower in the IPV-depressive/PTSD group.

Discussion

The present study aimed to assess the intersection between the mental health status of women who have been victims of IPV and their child care behavior, particularly their behavioral protective responses to their partners' violence toward their children as well as their parenting styles. As shown in our results and previously reported in the literature, IPV has a significant impact on women's mental health (Basile, Arias, Desai, & Thompson, 2004; J. G. Beck et al., 2011; Devries et al., 2011; Ellsberg et al., 2008; La Flair et al., 2012; Pico-Alfonso et al., 2006; Stuart et al., 2006). Notably, however, our study found individual differences between women exposed to IPV concerning their mental health deterioration. These differences were used to differentiate these women into three groups: those with neither depressive nor PTSD symptoms (IPV-no symptoms), those with depressive symptoms (IPV-depressive), and those with comorbidity of depressive and PTSD symptoms (IPV-depressive/PTSD). We also found that women in the IPV-depressive and IPV-depressive/PTSD groups had higher levels of state and trait anxiety than did the IPV-no-symptoms group and that these women presented higher incidences of suicidal behavior, which reflects a greater deterioration in their mental health status (Basile et al., 2004; La Flair et al., 2012). In other words, additional adverse symptoms were observed in women victims of IPV as their mental health deteriorated. Thus, we were interested in assessing

whether there was a relationship between these differences in the mental health status of women and the violence perpetrated by the intimate partners toward the children as well as the women's maternal behaviors. The factors that contributed to the individual differences in the women's mental health status require additional analysis. One hypothesis about these differences concerns to the resilience's processes and the social support that might buffer the IPV impacts on mental health (Escribà-Aguir et al., 2010; Ford-Gilboe et al., 2009).

The results that we obtained regarding the violence perpetrated by the women's partners against their children clearly indicate that there was a high incidence of various types of violence toward the children of women who were victims of IPV, whereas non-abused women did not report any incidents of partner violence (with the exception of one woman who reported physical violence). Similarly, Cox, Kotch, and Everson (2003) showed that the maltreatment of children occurs more than twice as often in households in which domestic violence occurs than in those without it. Several studies have provided evidence that IPV and child abuse frequently co-occur (Cox et al., 2003; Jouriles et al., 2008; Lee et al., 2009) and that domestic violence precedes child maltreatment in 78% of these cases (McGuigan & Pratt, 2001).

Children of families in which domestic violence occurs are less likely to report the presence of a supportive caregiver (Cox et al., 2003). Our results concur with this observation by showing that the incidence of "defending children verbally" as a woman's response to her partner's physical violence against her children was higher than expected in the IPV-depressive group but lower in the IPV-depressive/PTSD group. This result can be explained in terms of the deterioration of the mental health of the mother, considering that the co-occurrence of depression and PTSD most likely affects the way in which a mother reacts to her partner's violence against her children. In this respect, Zink, Elder, and Jacobson (2003) highlighted that women who are victims of IPV often have little insight into the impact of domestic violence on their children and do not seem to be aware of the damage. As shown in the present study, women who are victims of IPV are at risk of mental deterioration, which may cause them to be less available for their children's demands. This may be one explanation for the mothers' behavior when confronted with their partner's violence against their children.

Parental practices can be measured in terms of parenting styles (Baumrind, 1985, 1996; Buri, 1991). In our study, women who were not exposed to IPV (non-abused group) showed lower incidences of "overprotective" and "authoritarian" parenting styles but a higher incidence of the "authoritative" style, the latter being considered the most appropriate style (Baumrind, 1985, 1996). On the contrary, our results show that those women who were victims

of IPV and who had concomitant depressive and PTSD symptoms exhibited an “overprotective” parenting style more often than might otherwise be expected, whereas the frequency with which they exhibited an “authoritative” parenting style was lower. These results concur with the findings of Morrel, Dubowitz, Kerr, and Black (2003), who reported that IPV affects the mental health and emotional states of female abuse victims, which, in turn, affect their perceptions regarding their children’s behavior. Similarly, the present results indicate that mothers with depressive symptoms but not PTSD symptoms were more “authoritarian.” Morrel et al. (2003) also found that victimized depressive mothers were more likely to use verbal violence when disciplining their children, which is an educational practice consistent with the “authoritarian” style. In addition, Rodriguez (2010) found evidence of an association between physical violence against children and dysfunctional parenting styles, with reports of overreactive, authoritarian, and permissive styles. Even though we did not investigate the children’s behaviors in the current article, some studies have suggested that, as the mothers’ mental health deteriorates, the accuracy of their children’s perceptions also deteriorates (Morrel et al., 2003; Rodriguez, 2010), and the mothers tend to observe more adjustment problems in their children (Knutson et al., 2009; Lamers-Winkelmann, Willems, & Visser, 2012; Morrel et al., 2003).

Finally, it seems important to consider that, even though violence occurs in nearly all societies regardless of their economic, cultural, religious, or racial aspects (García-Linares et al., 2005), the Spanish Women’s Institute reported that 10% of women above the age of 18 have been exposed to IPV (Ministerio de Sanidad, Política Social e Igualdad, 2011), data that denounce the seriousness of this issue in this context.

In summary, based on our results, it seems particularly important to consider the mother’s mental health status when addressing children in families where IPV has occurred, especially when women display comorbidities of depressive and PTSD symptoms.

Strengths and Limitations

Some strengths and limitations of the present study should be taken into account when considering the results. One of this study’s strengths is that it used a broad assessment of the impact of IPV on women’s mental health status and examined the associations between this status and the violence perpetrated by their partners toward their children, protective maternal behaviors, and maternal parenting styles, all of which are important aspects of the impact of domestic violence. However, the small sample size, the fact that the sample came from one community in exclusively one country, and

the point that the children were not accessed directly (the impact of IPV on the children was considered only in terms of the women's reports) are limitations of the present study. Further studies that include both mothers who are IPV victims and their children are needed.

Conclusion

The findings of the present study indicate that the incidence of IPV increased the likelihood of child abuse by the violent partner and that the mental health status of victimized mothers is related to their protective behaviors when faced with the partners' violence toward their children and to the women's parenting styles. Women with more severe symptoms of depression and PTSD were less protective toward their children and presented higher levels of dysfunctional parenting styles. Thus, it is important to consider the mental health of women victims of IPV when planning research and interventions with families in which both IPV and child abuse have occurred. Interventions that focus on facilitating the mental health recovery of women who have been victims of IPV are a good investment in the development and health of children.

Authors' Note

All of the authors read and approved the final manuscript. C.B.R. was involved in data acquisition; M.G.B. and C.B.R. were involved in the statistical analysis of the data and critically reviewed the manuscript. M.M. and R.G.O. conceived the study, coordinated it, and drafted the manuscript.

Declaration of Conflicting Interests

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