Review Title: Psychological Maltreatment in Children Exposed to Intimate Partner Violence

Reviewer: David Chadwick, MD


Article Summary: Brief overview
The authors point out that psychological maltreatment (PM) may be the most frequent and important maltreatment form and that it is further classified to spurning, terrorizing, exploiting or corrupting, denying emotional responsiveness, isolation and (mental health, medical, and educational) neglect. Its effects vary with the subtype. It is recognized that exposure to intimate partner violence (IPV) in the family often causes PM, but the subtypes of PM related to IPV have not been studied.

Aims/goal of the article and methods
They state:

“In this framework the goal was to study the different adverse outcomes in mental health and functioning of different types of PM in children of mothers suffering IPV. Our hypothesis is that different types of PM will lead to different outcomes in children living in a home where IPV exists. This information could enable us to identify the particular effects of each PM experience in this population and to develop more specific interventions and treatments.”

They recruited 116 consenting mothers and 168 children aged 4-17 from 131 mothers attending a Gender Violence Center for women in the area.
of Barcelona. The children provided an oral assent to participate.

The different types of PM suffered by the children were assessed using the Schedule for the Assessment of Intimate Partner Violence Exposure in Children (SAIPVEC). This instrument allows definition of PM in great detail.

Child psychopathology was assessed using standard instruments including the Child and Adolescent Functioning Assessment Scale (CAFAS/PECFAS), and the Child Behavior Checklists (CBCL).

The authors describe the statistical analysis plan as follows:

The authors describe the use of general estimating equations (GEE) models in order to obtain the adjusted contribution of each abuse subtype. They entered all PMs simultaneously into these models. Regressions were adjusted according to: child age and gender, number of comorbid disorders, duration of exposure to IPV, presence of other forms of maltreatment (i.e. physical abuse, sexual abuse or physical neglect), and type and severity of IPV. They also used the Bonferroni–Finner’s correction to control type-I error, due to the multiple comparisons in the study, “in order to avoid spurious results.”

**Relevant findings**

In this sample of 168 children whose mothers had been abused, 64 (38%) had been terrorized, 46 (27%) spurned and 60 (36%) denied emotional responsiveness.

The authors comment that there results demonstrated some differences in the influence of different types of PM on children’s psychopathology and functioning. They report that spurning was the most notable subtype having the greatest negative outcomes, since spurning was associated with both internalizing and externalizing psychopathology in their child subjects.

In contrast, the authors report that the PM subtype with least effect in this sample seems to be terrorizing, as it is the only one not related to a significantly greater number of negative outcomes compared to those who do not suffer from terrorizing. These results are different from those found in another study which the authors reference (Allen, B. An analysis of the impact of diverse forms of childhood psychological maltreatment on emotional adjustment in early adulthood. Child Maltreatment. 2008;13: 307–312.).

The finding also seems counterintuitive and in need of an explanation.

**Authors’ conclusions**

The authors describe the limitations of their study. First, they describe that these results can only be generalized to a similar population of children of mothers who are actively seeking help due to having been exposed to IPV.

Second, the size of the sample of some PM subtypes such as isolation rendered it impossible to include them in the analysis. Along that same issue of sample size, models for some disorders could not be considered due to the low prevalence of response in the sample. In specific, the authors point out the low prevalence for Eating Disorders or some preschool-age disorders. Third, although analyses adjusted for age, there was a wide age range (4–17 years) in the children exposed and the outcomes of PM may differ across age ranges.

The authors further discuss the future directions of this type of research such as studying the differential impact of PM at different ages. Also, the authors point out that the perpetrator in their study was always the father (vs. paramour), and further, it
would be advantageous to explore the outcomes when mothers are also engaged in the PM. The authors also discussed the issue that the variable corruption was used as a constant, this type of PM being applied to all IPV-environment participants, but the possibility cannot be ruled out that they have differentially experienced some of the non-IPV components of corruption (such as parents’ substance abuse and others negative models). Finally, the authors recognize the need to conduct analyses between experiencing PM in IPV environments compared to experiencing PM in non-IPV environments.

The authors finally state that, “despite these limitations, this research has important clinical applications as regards the process of assessing children living in circumstances of IPV. The use of this instrument constitutes one of the first systematic approaches to the assessment of PM types in IPV.” They go on to state that this research provides evidence to support the importance of considering different PM types when assessing children exposed to IPV and the need for further efforts to replicate these findings in other study populations as well as to study risk factors which may contribute to the child’s outcome of PM, as well as the cumulative risk exposure impact of each of the PM subtypes.

**Reviewer’s Comment:**
This article is written by and for mental health specialists and workers from other disciplines may find it tough sledding. Still it makes it clear that exposure to intimate partner violence causes a variety of psychological maltreatment forms in children.