

Intimate partner violence: resiliency and conduct disorder symptoms



**ASSIGN
BUSTER**

Abstract

This paper explores Bowen's (2017) article on conduct disorder symptoms present in preschool children in relation to exposure to intimate partner violence (IPV). The article discusses in depth the possible factors that influence the onset of conduct disorder symptoms. This paper examines the strengths and weaknesses of Bowen's (2017) research and also extends the findings to resiliency and a possible intervention style. Lastly, this paper analyzes the possible clinical applications in regard to early intervention in reducing the conduct disorder symptoms before they meet the threshold to become a diagnosis. After diagnosis, the child is more likely to become criminogenic in adulthood.

Intimate Partner Violence: Resiliency and Conduct Disorder Symptoms

Intimate partner violence (IPV) is defined as three different forms of abuse between current or former intimate partners: physical, sexual, and non-physical (Bowen, 2017). Empirical research indicates that IPV-exposed children are predominantly more likely to manifest conduct disorder symptoms. Pre-school children who exhibit conduct disorder are at risk of these behavioral problems continuing into adolescence. Additionally, conduct disorder has been speculated as a factor for the early-onset of criminal activity. There is an increasing need to understand the protective factors that may reduce the impact of IPV vulnerability on the development of conduct disorder symptoms in pre-school children.

Study Summary

<https://assignbuster.com/intimate-partner-violence-resiliency-and-conduct-disorder-symptoms/>

The present longitudinal study explored resilience to conduct disorder in preschool children amidst intimate partner violence (IPV) (Bowen, 2017). On the basis of complete data, 7743 cases (51.6% boys) were analyzed. The data and sample were gathered by the Avon Longitudinal Study of Parents and Children (ALSPAC). The ALSPAC was a cohort study aimed to recruit all pregnant women in Avon county in Bristol, United Kingdom. The women were followed throughout their pregnancies by answering questionnaires through the post.

For the current study, questionnaires were sent to the mothers between 6 and 48 months after the birth of their child (Bowen, 2017). The questionnaires included preestablished measures and examined maternal depression and life events, parenting, social development, attachment, and temperament. The questionnaires were used as predictors of group membership. The four groups the children were cross-categorized into included: Resilient, Non-Resilient, Vulnerable, and Competent. Resilient and Non-Resilient children were exposed to IPV, but Non-Resilient children were the only ones that displayed clinical levels of conduct disorder symptoms. Vulnerable and Competent children were never exposed to IPV, but the Vulnerable children still displayed clinical levels of conduct disorder symptoms. The results showed exposure to IPV was found to double the likelihood that preschool children would have conduct disorder symptoms. The effect of IPV on children's conduct disorder symptoms was heterogeneous given that a group of resilient children were identified. The majority (82.3%) of children exposed to IPV were resilient.

Strengths

<https://assignbuster.com/intimate-partner-violence-resiliency-and-conduct-disorder-symptoms/>

Bowen (2017) incorporated numerous strengths that were notable in this study. This study was the largest longitudinal study of conduct disorder symptom resilience in preschool children that have been exposed to IPV. This could be due to the ease of gaining participants through the ALSPAC. The ALSPAC already had the number of participants Bowen (2017) intended using for this study and all the demographic information was available for a more controlled selection process. This study also used many established measures for their questionnaires. The established measures included increased the reliability and validity of the study.

In addition, the focus of conduct disorder symptoms makes this study unique. Previous studies did not factor in conduct disorder symptoms when considering preschoolers observing IPV, most considered only gender differences. Another strength in this study was the improvement in research by suggesting uniformity between factors that promote resilience and behavioral problems. Most of the previous research looks at only factors that promote resilience and do not compare those factors to conduct disorder symptoms. By comparing resilience and conduct disorder symptoms, Bowen (2017) was able to establish a relationship with resilience and the possible advancement of conduct disorder symptoms in children advancing into criminal activity in adulthood.

Weaknesses

Even though there were strengths, there were also some weaknesses that were notable in this study. First, the population attained from the ALSPAC lacked generalizability. Although the ALSPAC presented a unique sample, the

sample was not comparable to the United Kingdom's 1991 Census. The Census stated that 7.9% of the UK population was Non-White while the ALSPAC had only a representation of 4.1% as Non-White in their study. The ALSPAC did include fewer low-income households when compared to the national data (6.2% vs. 12.49%). Completing a study that does not have a comparable distribution of demographics can create some speculation over the complete generalizability of the results.

Even though the questionnaires were established measures, they were all completed by the mother and only the mother's perspective of IPV was interpreted (Bowen, 2017). The mothers could have biased results when considering their child's temperament. Bowen (2017) failed to discuss temperament and IPV with the children, even though they were the focus of the study. Talking to the children may have allowed Bowen to have a deeper perspective of the impact of IPV and if the children who were resilient to the IPV had an inflation in coping mechanisms.

Lastly, the protocol for administering the questionnaires was noticed as a weakness when reading this study. The questionnaires were administered through postal, eliminating the availability for the mothers to ask questions if they did not understand a section of the questionnaires. The questionnaires could have also been lost in the mail, causing the mothers to be excluded and their data not being interpreted by this study. The administration protocol for this study may have influenced the amount of participation in this study as a little less than half (43.4%) of the original sample was dropped due to incomplete data retrieval. Instead of mailing the questionnaires,

Bowen (2017) could have administered them in a laboratory setting with an examiner present to answer any possible questions.

Connection to Literature

Resilience is a crucial factor when considering conduct disorder symptoms. There are individual differences in resilience. According to Masten (2014), there are key differences associated with positive adaptation such as child individual differences and parenting. As the child advances through development, their resilience may also change. The resilience of the child depends on the on the adaptive systems that are in place. When there is a risk of IPV, positive adaptations become more difficult to achieve. The most efficient way for the child to develop resilience is to have positive parenting from both partners in the context of risk (Bowen, 2017). Both Masten (2014) and Bowen (2017) believe that early intervention increases parenting qualities.

Interventions studies focused on families and children involved in IPV are limited (Jouriles et al., 2009). However, there is evidence to believe that conduct disorder symptoms in children can be reduced after their mother enters a domestic violence shelter. The domestic violence shelter taught the mothers healthier parenting skills and allotted emotional support to the mothers. As the inconsistent or harsh punishment in the parting decreased, the child's conduct disorder symptoms positively correlated. According to Jouriles et al. (2009), mothers who participated in the domestic shelter program reduced conduct disorder symptoms in their children and their children came out of the program more resilient.

<https://assignbuster.com/intimate-partner-violence-resiliency-and-conduct-disorder-symptoms/>

Clinical Applications and Conclusions

The results of this study suggested similarities between resilience and conduct disorder symptoms (Bowen, 2017). Children experiencing conduct disorder symptoms may need support from the community mental health centers to create positive coping skills. Early intervention is another effective way to address children exposed to IPV. Working with IPV-exposed children could increase their emotional awareness and regulate their emotional responses. Early interventions may reduce the symptoms of conduct disorder becoming more severe and leading to a potential diagnosis.

Preschool children who are exposed to intimate partner violence are twice as likely to develop conduct disorder symptoms (Bowen, 2017). Resiliency allows for the children who were exposed to IPV to develop positive coping skills and lower the likelihood of them developing conduct disorder symptoms. Failure to evolve positive coping skills or an early intervention could cause the symptoms to be severe enough to lead to a potential diagnosis. A clinician could use a similar approach to the domestic shelter program mentioned by Jouriles et al. (2009), such as working to create positive communication skills between the child and parents or medication to possibly ease the symptoms. Furthermore, a conduct disorder diagnosis can lead to numerous outcomes, such as future criminogenic activity and future IPV. It is crucial to take the initiative to address the conduct disorder symptoms as soon as they present in order to effectively be reduced.

References

- Bowen, E. (2017). Conduct disorder symptoms in pre-school children exposed to intimate partner violence: Gender differences in risk and resilience. *Journal of Child & Adolescent Trauma* , 10 (2), 97–107. <https://doi-org.libproxy.edmc.edu/10.1007/s40653-017-0148-x>
- Jouriles, E. N., McDonald, R., Rosenfield, D., Stephens, N., Corbitt-Shindler, D., & Miller, P. C. (2009). Reducing conduct problems among children exposed to intimate partner violence: A randomized clinical trial examining effects of project support. *Journal of Consulting and Clinical Psychology* , 77 (4), 705–717.
- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development* , 85 (1), 6–20. Retrieved from <http://search.ebscohost.com.libproxy.edmc.edu/login.aspx?direct=true&db=eric&AN=EJ1027471&site=eds-live>