

## Effect of family violence on mental health: A Study of Adolescents

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### Abstract

*Like our physical health, mental health is also important at every stage of life, it influences the daily life as well as the future. The purpose of the present investigation was to study the effect of family violence on mental health of adolescents. The sample comprised 120 adolescents. The subjects were divided into three groups on the basis of family violence i.e. high family violence (40), average family violence (40) and low family violence (40). In each cell there were equal numbers of boys and girls, aged 16 to 19. Family Violence Inventory and Mental Health Inventory were administered. 3x2 factorial design was employed. The data were analyzed through Mean and ANOVA. Findings show that family violence significantly affects mental health whereas gender does not significantly affect the level of mental health.*

**Keywords:** Family Violence, Mental health, Gender, adolescents.

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### Introduction

Mental health is an essential component of young peoples' overall health and wellbeing. It affects how young people think, feel and act; their ability to learn and engage in relationships; their self-esteem and ability to evaluate situations, options and make choices. A person's mental health influences their ability to handle stress, relate to other people, and make decisions. The word 'mental' means of the mind. It describes our thoughts, feelings and understanding of our self and the world around us. The word 'health' generally describes the working order of our body and mind. So when we talk about 'mental health' we are referring to the working order of our mind. Since, the turn of the twentieth century, adolescents' mental health has become a great issue of concern for psychologists, personologists, counselors and health professionals. In the present scenario, adolescents are adopting social roles rapidly in their early twenties. They want to be independent and seek freedom. On the other hand, they want conformity and dependence

also. So, this conflicting demand of teenagers needs to focus upon the mental health and adjustment problems.

Like our physical health, mental health is also important at every stage of life, it influences the *daily* life as well as the future. So, caring and protecting a child/adolescent's mental health has become a major area of research for present researchers and psychologists. Mental health is a state of well being in which the individual realizes his or her own abilities can cope with the normal *stress* of life, can work productively, fruitfully and is able to make a contribution to his or her community (The world Health Report, 2001). Frandsen (1961) stated that mental health is the *ability* to cope with ones environment in such a way that one's institutional drives are gratified. Mental health is a condition of psychological maturity, a relatively constant and enduring function of personality. It is a condition of personal and social functioning with maximum effectiveness and satisfaction. Mental health involves the positive feeling and attitudes of self and other

**(Chauhan, 1986).** Family is the most important agent of the socialization for the children. So constant conflict and quarrelling between the family members directly or indirectly affects the development of the child's personality and even affect every member of the family. So violence is not a normal part of a family life and is unacceptable.

Family violence also known as domestic abuse, spousal abuse or intimate partner violence occurs when a family member, partner or ex-partner attempts physically or psychologically dominate another. Domestic violence (family violence) often refers to violence between spouses (spousal abuse) but can also include cohabitants and non-married intimate partners. Result from witnessing domestic violence in a home where one of their parents are abusing the other parent, plays a tremendous role on the well-being and developmental growth of children witnessing the violence. In 2009 in the Philippines it was estimated that as many as 7 to 14 million children were exposed to domestic violence with about 3.3 million children exposed to domestic violence in their homes every year. Children who witness domestic violence in the home often believe that they are to blame, live in a constant state of fear and are 15 times more likely to be victims of child abuse.

Domestic violence occurs in all cultures; people of all races, ethnicities, religions, sexes and classes can be perpetrators of domestic violence. Domestic violence is perpetrated by both men and women. Family violence covers a wide range of situation and includes physical, emotional psychological, sexual, and economic abuse. Jaffe, Wolfe, and Wilson (1990) found that Children of woman assault victims also suffer harmful psychological consequences, such as low self-esteem, a lack of self confidence, insecurity, fears and anxiety. Adolescent violence exposure

and victimization, in the community and home, are a major public health concern in all over the world. Among youth aged 14–17 years, 70% reported lifetime victimization of physical assault and almost 40% reported being victims of assault within the past year (Finkelhor et.al. 2013). During 2010, approximately 1.2 million children aged 12–17 years lived in a household in which a violent crime against a youth occurred during that year (Smith et.al. 2012, Finkelhor et.al. 2009).

The psychobiology of children exposed to marital violence studied by Saltzman et.al. (2005). The results indicate that children exposed to marital violence have a different physiological presentation than control Ss and may be physiologically traumatized by virtue of marital violence exposure. Johnson et.al. (2005) examined the relations among early and recent experiences with abuse, depression and adolescent's auto-biographical memory in a longitudinal study of family violence. Result shows that memory problems were more consistently related to current circumstances than childhood abuse history. Depressive symptoms were associated with increased rates of "over general" childhood memories. Recent exposure to family violence predicted more over general memories, shorter memories and lower rates of negative memories. Children who have witnessed marital violence expect more conflict escalation and endorse more parent and child blaming responses than do children who have not witnessed marital violence (Weber et.al. 1999). Alytia,et.al. (2003) examined the impact of domestic violence on the maternal child relationship and pre-school age children's functioning. Finding revealed that domestic violence negatively impacted children's behaviour with their mothers in interactions but did not influence maternal report of problem behaviour.

Christine et al., (2003) found a significant overlap between domestic violence and maltreatment. Young maternal age, low education, low income and lack of involvement in a religious community added to the risk for maltreatment associated with domestic violence. Peter (1997) examines the relationship between the development of Post Traumatic Stress Disorder (PTSD) and number of coping variables in child witnesses to mother assault. Finding shows that the PTSD group differed significantly from the non PTSD group on the basis of assault, anxiety, depression, dissociation, anger and negative attributions. Fagan (2003) studied the short-and-long-term effects of adolescent violent victimization experienced within the family and community. The results demonstrate that both types of violence have an immediate and sustained impact on criminal involvement. In addition, those experiencing both types of victimization report a higher frequency of offending compared to those experiencing only one type. The study of the reaction of children and adolescents to physical and/or sexual abuse indicate that most of the clinical population developed symptoms of Post Traumatic Stress Disorder (PTSD) whereas abused subjects who did not develop associated PTSD exhibited more anxiety, depression and externalizing behaviours, as well as more problem overall (Kiser, et.al 1991). Donaldson et al (1996) have described that adolescents who were sexually abused, particularly those who experienced the most severe sexual abuse, used negative coping strategies more often than those who were not sexually abused.

Feelings of guilt and responsibility for their parent's situation are also common. Turner, David, and Richard (2006) examined the cumulative prevalence of victimization and its impact on mental health in a nationally representative sample of 2,030 children aged 2

-17 in USA. Telephone interviews conducted with both caregivers and youth revealed socio-demographic variations in lifetime exposure to most forms of victimization, with ethnic minorities, those lower in socio-economic status, and those living in single parent and stepfamilies experiencing greater victimization. Sexual assault, child maltreatment, witnessing family violence, and other major violence exposure each made independent contributions to levels of both depression and anger/aggression. Other non-victimization adversities also showed substantial independent effects, while in most cases each victimization domain remained a significant predictor of mental health. Results suggest that cumulative exposure to multiple forms of victimization over a child's life-course represents a substantial source of mental health risk.

Levendosky, Huth-Bocks, and Semel (2002) examine adolescent peer relationships and mental health functioning in families with domestic violence. Results indicate that both attachment and family violence experiences negatively impact on mental health. Pelovitz et al. (2000) examined psychiatric disorders in adolescents exposed to domestic violence and physical abuse. The relationship between abuse and psychiatric diagnoses was investigated in two groups of physically abused adolescents, 57 living in homes with inter-parental violence and 32 in homes without such violence, and in 96 non abused adolescents living in nonviolent homes. Adolescents in the first group were found to be at greater risk for depression, separation anxiety disorder, post-traumatic stress disorder, and oppositional defiant disorder than were those in the second group.

### **Objectives**

The purpose of the study was to examine the effect of family violence (High, Middle, and Low) and gender (Boys and Girls) on mental health of adolescents.

**Hypotheses**

1. There will be no significant effect of family violence (High, Middle, and Low) on mental health of adolescents.
2. There will be no significant effect of gender on mental health of adolescents.

**Methods****Experimental Design**

The experimental design for this study was 3×2 factorial design. There were two independent variables and one dependent variable. The first independent variable was family violence that was varied at three levels i.e. high family violence, middle family violence and low family violence. The second independent variable was gender that was varied at two levels i.e. males and females. The dependent variable was mental health.

**Participants**

The sample of the study consisted of 120 subjects. Selecting for the sample, family violence inventory was applied on 500 adolescents. Further 120 subjects were selected (40 subjects in each group) on the basis of high, middle and low family violence. There were equal number of girls and boys in each group.

**Tool Used**

Mental health inventory constructed by Jagdish and Srivastava was employed to assess the mental health of the subjects. This scale consists of 56 items. The reliability of the scale was determined by split-half method using odd-even procedure. Over all reliability of the test was found to be 0.73. In order to find out the validity, construct validity of the inventory was determined by finding co-efficient of Correlation between scores on Mental Health Inventory and General Health Questionnaire. It was found to be 0.54. Family violence scale (FVS) has two parts that are FVS for wife and FVS for children. In this research FVS for children has been used. The scale consisted of 30

items. The reliability of the scale for children was determined by using the test- retest method (N-100). Spearman Rank Difference Correlation between the test - retest was, + 0.85. The validity co-efficient of the FVS for children determined by Lowshe's Content Validity Ratio (CVR) Method, was +0.79

**Results**

The purpose of the present investigation was to examine the effect of family violence and gender on mental health of adolescents. For this purpose 3x2 factorial design was used. ANOVA and Mean scores were calculated. ANOVA is shown in table no. 1. Mean scores are shown in table no. 2 and 3. To test the significance of mean differences, Newman-Keuls test is also used. The summary of results of Newman-Keuls is shown in table no.4. Analysis of variance table indicates that F value for factor A (2,114) =43.23,  $P < .01$ , which is significant. It means that family violence is an influencing factor for mental health. The computed F value for factor B is (1,114) =2.39,  $P > .05$ , which is not significant. It means that gender is not an influencing factor for mental health. The inspection of table no-4 indicates that among all the three comparisons, only two comparisons are found significant at 01 level. This significant comparison is found between  $A_1$  and  $A_3$ ,  $A_2$  and  $A_3$ . It means that these factors are associated to each other. The other comparisons have failed to touch any significant level.

**Table no. -1**  
**Summary of Analysis of Variance for mental health**

Source of Variance	SS	Df	MS	F
A (Family Violence)	12561.52	2	6280.76	43.23**
B (Gender)	346.800	1	346.800	2.39
A×B	150.350	2	75.18	0.517
Within treatment (error)	16564.800	114	145.31	
<b>Total</b>	<b>29623.47</b>	<b>119</b>		

\*\*F.99 (2,114) = 4.78

\*\*F.99 (1,114) = 6.84

\*\*F.99 (2,114) = 4.78

**Table no-2**  
**Mean scores of mental health for factor A (family violence) and factor B (gender)**

Factor-A (Family Violence)			Factor-B (Gender)		
Mean Scores	A <sub>1</sub>	A <sub>2</sub>	A <sub>3</sub>	B <sub>1</sub>	B <sub>2</sub>
	<b>141.63</b>	<b>147.9</b>	<b>164.15</b>	<b>152.38</b>	<b>150.07</b>

**Table-3**  
**Mean scores of mental health for the interaction of AxB**  
**(Family violence x Gender)**

Factor-(A)	(A <sub>1</sub> )	(A <sub>2</sub> )	(A <sub>3</sub> )
Family Violence?	High	Middle	Low
Factor-(B)	family violence	family violence	family violence
Gender ?			
(B <sub>1</sub> ) Male	<b>143.15</b>	<b>151.05</b>	<b>162.95</b>
(B <sub>2</sub> ) Female	<b>140.1</b>	<b>144.75</b>	<b>165.35</b>

**Table- 4**  
**Summary table of Newman-Keuls test for mean comparisons for factor A**  
**(Family Violence) on Mental Health**

Ordered Means	Ordered Means		
	(A <sub>1</sub> )	(A <sub>2</sub> )	(A <sub>3</sub> )
	141.63	147.9	164.15
(A <sub>1</sub> ) 141.63		6.27	22.52**
(A <sub>2</sub> ) 147.9			16.25**

\*\*Denotes significant at .01 level of confidence.

**Discussion**

In the present research, it is found that family violence is an influencing factor for affecting the level of confidence. Mean scores also shows that the adolescents of low family violence have better mental health than the adolescents of high and middle family violence. Hence Hypothesis 1 is rejected. Mental health is the person's ability to make positive self

evaluation to perceive the reality, to integrate the personality, autonomy, group oriented attitudes and environmental mastery. These all qualities grow and develop smoothly in non violent and low violent family children. But in case of high violent families, all these attributes are interrupted and children feel insecure in their own house. They failed to share their problems with their parents and suffered many



psychological disorders i.e. stress, anxiety, depression etc. because of their parents. These findings are also supported by the research conducted by **Waddell et al. (2005)**. They found that 14 percent of children aged 4 to 17 years (over 8,00,000 in Canada) suffer from mental disorders due to significant distress and impairment at home, at school and in the community. **HaiYahia, et al. (2008)** studied on mental health consequences of Palestinian adolescent's exposure to family violence. The results revealed that significant amounts of the variance in participant's withdrawal, summarization anxiety and depression, social problems, thought problems, attention problems, delinquent behavior, and aggressive behavior could be attributed to their exposure to both abuse and violence in childhood as well as adolescence. Over and above the variance in each of these psychological states, attributable to socio demographic characteristics, parents psychological adjustment problems and family exposure of political stressors. These findings provide the support for the role of family violence on mental health.

F-ratio is **not found significant** for factor 'B' so it can be said that there is no significant difference between boys and girls on account of mental health. So the hypothesis 2 is accepted. The reason may be behind this that the family environment and parents behavior affects the mental health and personality of boys and girls similarly. In violent families boys and girls have to face same problems in their home. Healthy and positive home environment gives chance to both to enhance their real perception for the surroundings, to develop self confidence, self concept and positive mental health. These findings are also supported by the research conducted by **Johansson et al. (2007)** they studied on adolescent girls and boys perceptions of mental health. The result shows that the adolescents perceived mental health as one's

emotional experience, where positive as well as negative health is part of the concept. Family is the most important determinant for young people's mental health. Age difference seemed to be more important than gender in the perception of mental health by children. Thus it could be said that there is no significant effect of gender on mental health.

Thus, it can be concluded that family violence affects not only women who are abused but also their children. Children and adolescents in families that experience domestic violence are at high risk for being abused. They also suffer harmful psychological consequences, such as low self-esteem, a lack of self confidence, insecurity, fears and anxiety. Children may exhibit other behaviors such as sleep disturbances, bed-wetting, eating problems, rigid gender-role and poor impulse control. As children grow older, they may demonstrate extremes of behavior- withdrawal, depression, or either passive or aggressive delinquent acts. Adolescents may attempt suicide, run away or abuse drugs or alcohol. Some adolescents, particularly boys, but some girls, may continue the cycle of violence by emulating aggressive behavior. So, it can be said that family violence works as poison not only for the growth and development of the personality of the children but also it affects their carrier and future.

### Conclusion

It may be concluded that the family violence is an influential factor of mental health. The results also show that there is no significant effect of gender on mental health. Empirical evidences also support the research that the adolescents of low family violence have good mental health than middle and high family violence adolescents. The parents should be advised to think about the bright future of their children. They should be provided a peaceful and healthy environment for them because the

children and adolescents needs the care and love of their parents like other anything and facilities of this world to grow and improve their personality. Not only this but also for the establishment and adjustment in the society. Government also should be made some strict rules and apply them against family violence.

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