

EXPOSURE OF DOMESTIC VIOLENCE ON MENTAL HEALTH AND COGNITIVE STYLE OF CHILDREN

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ABSTRACT

Background: Domestic violence has profound effects on adolescents' mental health and cognitive styles. This study explores the impact of domestic violence on these variables, considering various demographic factors.

Objective: To investigate the relationship between domestic violence exposure and its effects on mental health and cognitive style among adolescents, and to assess how demographic variables influence these outcomes.

Methods: A comparative research design was used with a convenience sample of 200 adolescents aged 13-16 years from universities in Haripur, Pakistan. Participants, including 100 victims and 100 non-victims of domestic violence, completed self-administered questionnaires: the Mental Health Inventory, the Child Exposure to Domestic Violence Scale, and the Cognitive Style Inventory. Data were analyzed using SPSS 21, employing t-tests to assess differences, regression analysis to evaluate the effects on socioeconomic status and mental health, and Pearson correlation to explore relationships between variables.

Results: Significant differences were found in domestic violence exposure based on gender (males reported higher exposure), age (older adolescents experienced more violence), and family system (joint families reported more exposure). Victimized adolescents reported significantly higher mean violence exposure across gender, age, parental education, sibling count, family system, and residential area, with no significant differences in birth order or socioeconomic status. A strong negative correlation was found between domestic violence exposure and mental health ($r = -0.597$), while the correlation with cognitive style was weaker ($r = -0.233$). The relationship between mental health and cognitive style was minimal ($r = -0.131$).

Conclusion: Domestic violence significantly impacts adolescents' mental health, with notable differences across demographic factors. The study highlights the need for targeted interventions addressing the specific needs of affected groups. Future research should focus on longitudinal designs and objective measures to further understand these dynamics and improve intervention strategies.

Keywords: Domestic violence, mental health, cognitive style, adolescents, demographic factors, Pakistan, comparative research, mental health inventory, cognitive style inventory.

INTRODUCTION

Domestic violence involves aggressive or violent behavior in personal relationships, marriages, or family settings, significantly affecting the mental health and cognitive development of children who witness or experience it. Children exposed to domestic violence are at a higher risk of developing mental health issues, including anxiety, depression, and behavioral problems. (1, 2). These mental health challenges can hinder their academic performance and social interactions, creating a cycle of disadvantage and difficulty that can persist into adulthood (3).

Domestic violence disrupts the normal development of cognitive functions in children. Cognitive styles, which encompass the ways individuals perceive, think, and solve problems, can be significantly altered in children exposed to such traumatic environments. Studies have shown that these children often exhibit maladaptive cognitive patterns, including negative self-perception, decreased cognitive flexibility, and impaired executive functioning (4). These cognitive deficits

can affect various aspects of a child's life, including their learning abilities, problem-solving skills, and overall academic achievement (5).

Children who witness their parents arguing are more likely to engage in violence within their own future relationships. The long-term effects of childhood adversity are well-documented, particularly regarding its impact on a child's development and increased susceptibility to mental health disorders later in life. Research suggests that trauma experienced within the first five years of life can have lasting consequences on brain development. Both positive and negative experiences can influence a child's socio-emotional and cognitive development, as well as the maturation of related brain regions. (6) Sensitive co-regulation by the caregiver during stressful situations to help the child develop and enhance their capacity for self-regulation of emotions (7). The adverse effects of domestic violence on children's mental health and cognitive development underscore the importance of early intervention and support. Effective strategies are needed to mitigate these negative impacts and promote resilience in affected children (8, 9). In Pakistan, domestic violence is a widespread social and health problem. Many kids who are exposed to domestic violence also face physical abuse. Children who suffer from or witness domestic abuse run a serious risk of developing long-term physical and mental health issues. Children who see their parents arguing may also be more likely to resort to violence within their own relationships in the future (10). Domestic violence remains a pervasive issue with far-reaching consequences, particularly for children who witness or experience such environments. This study is grounded in the recognition that domestic violence not only disrupts the immediate safety and well-being of children but also significantly impairs their mental health and cognitive development. The exposure to violent and aggressive behavior within family settings places children at a heightened risk of developing psychological issues such as anxiety, depression, and behavioral problems. These mental health challenges can severely impact their academic performance, social interactions, and overall quality of life, potentially leading to long-term disadvantages that persist into adulthood.

This study seeks to improve long-term outcomes for children by highlighting the importance of early, comprehensive interventions, thereby contributing to their overall well-being and future prospects. Furthermore, this research will provide a foundation for future studies to explore additional variables and refine intervention strategies.

This research aims to explore the relationship between exposure to domestic violence and its effects on the mental health and cognitive styles of children.

Methodology

The research employed a comparative design, gathering data from 200 adolescent students, both victims and non-victims of domestic violence, aged 13–16 years, enrolled in various universities in Haripur, Pakistan. A convenience sampling method was used to ensure equal representation of male and female participants. After obtaining informed consent, participants were instructed to self-administer the Mental Health Inventory, the Child Exposure to Domestic Violence Scale, and the Cognitive Style Inventory, under the supervision of the author.

The Child Exposure to Domestic Violence Scale, a self-report instrument, assessed the extent of exposure to domestic violence across multiple dimensions, specifically designed for children aged 10 to 16.

The Cognitive Style Inventory, composed of 30 statements, evaluated individual cognitive styles, emphasizing that responses were personal and subjective rather than right or wrong.

The Mental Health Inventory measured the mental health status of both victimized and non-victimized adolescents.

The primary goal of this study was to investigate the impact of domestic violence on children's mental health and cognitive styles. T-tests were utilized to assess differences in domestic violence exposure across various demographic variables. Regression analysis was employed to evaluate the effects of domestic violence on socioeconomic status and mental health, while Pearson correlation was conducted to examine the relationships between the study variables.

Results; Distribution of sample on the basis of demographic (age, gender, education, birth order, socioeconomic status, family system, residential area, violence status and siblings,

Table-I; Demographic characteristics of the participants (n=200).

Demographic Variable	Category	f(n)	f(%)
Age	13-16	200	100.0
Gender	Male	100	50.0
	Female	100	50.0
Parental Education	Educated	172	86.0
	Uneducated	28	14.0
Birth Order	1st	51	25.0
	2nd	98	49.0
	3rd	51	25.0
Sibling Count	1-6	100	50.0
	7-12	100	50.0
Socioeconomic Status (SES)	Upper	8	4.0
	Middle	113	56.0
	Lower	79	39.5
Family System	Joint	82	41.0
	Nuclear	118	59.0
Residential Area	Rural	131	65.5
	Urban	69	34.5
Violence Status	Victimized	100	50.0
	Non-Victimized	100	50.0

The study's sample of 200 adolescents, aged 13 to 16, is evenly split by gender and includes equal proportions of victims and non-victims of domestic violence.

Most participants come from educated families (86%) and are evenly distributed in terms of birth order and sibling count. Socioeconomically, the majority are from middle-class families (56%) and reside in rural areas (65.5%), with fewer from upper-class backgrounds (4%) and urban settings (34.5%).

Most participants are from nuclear families (59%), providing a diverse demographic base for examining the effects of domestic violence on mental health and cognitive styles.

Table-II; Comparing domestic violence exposure across several demographic factors between exposure victimized and exposure non-victimized participants (n=200).

Demographic Variable	Group Comparison	Mean Violence Exposure (Victimized)	Mean Violence Exposure (Non-Victimized)	t-value	p-value
Gender	Male vs. Female	4.50	3.20	2.76	0.006
Age	13-14 vs. 15-16	4.60	3.10	3.12	0.002
Education	Educated vs. Uneducated	4.40	3.50	2.15	0.032
Birth Order	1st vs. 2nd vs. 3rd	4.30	3.80	1.92	0.057
Sibling Count	1-6 vs. 7-12	4.25	3.75	2.01	0.047
Socioeconomic Status (SES)	Upper vs. Middle vs. Lower	4.10	4.00	0.68	0.494
Family System	Joint vs. Nuclear	4.55	3.15	3.45	0.001
Residential Area	Rural vs. Urban	4.45	3.30	3.03	0.003

The t-test results reveal significant differences in domestic violence exposure across several demographic factors. Males report higher exposure (mean 4.50) than females (mean 3.20, $t=2.76$, $p=0.006$). Older adolescents (15-16 years, mean 4.60) have higher exposure than younger ones (13-14 years, mean 3.10, $t=3.12$, $p=0.002$).

Educated families report more exposure (mean 4.40) compared to uneducated families (mean 3.50, $t=2.15$, $p=0.032$). Children with 7-12 siblings show higher exposure (mean 3.75) than those with 1-6 siblings (mean 4.25, $t=2.01$, $p=0.047$). Family system type significantly affects exposure, with joint families reporting higher exposure (mean 4.55) than nuclear families (mean 3.15, $t=3.45$, $p=0.001$). Rural residents experience more exposure (mean 4.45) than urban residents (mean 3.30, $t=3.03$, $p=0.003$). Socioeconomic status shows no significant effect.

Table-III; Relationship among Children Exposure to Domestic Violence, Metal Health and Cognitive Style of Participants (n=200).

Variables	1	2	3
1. Children Exposure to Domestic Violence	-	-0.597	-0.233
2. Mental Health	-		-0.131
3. Cognitive Style			-

The correlation table shows that children's exposure to domestic violence has a strong negative relationship with mental health ($r = -0.597$), indicating that higher exposure is associated with poorer mental health. The relationship between domestic violence exposure and cognitive style is weakly negative ($r = -0.233$), suggesting a minor inverse association. Mental health and cognitive style have a very weak negative relationship ($r = -0.131$), indicating that changes in cognitive style have little effect on mental health.

DISCUSSION

The results of this study underscore the complex interplay between domestic violence exposure, demographic factors, and the mental health and cognitive styles of adolescents. The even gender distribution and balanced violence status in the sample provide a comprehensive view of how domestic violence impacts various groups within the adolescent population.

Significant differences in domestic violence exposure based on gender, age, and family system are consistent with existing literature. Males report higher exposure to domestic violence than females ($t=2.76$, $p=0.006$), aligning with findings from previous studies indicating that boys are often more exposed to and affected by domestic violence compared to girls (11, 12). Older adolescents (ages 15-16) report higher exposure compared to their younger peers (ages 13-14, $t=3.12$, $p=0.002$), which is in line with research suggesting that as children age, they may become more aware of and affected by domestic violence in their households (13).

Interestingly, the finding that educated families report more exposure (educated mean=4.40, uneducated mean=3.50, $t=2.15$, $p=0.032$) deviates from common assumptions that lower socioeconomic status correlates with higher domestic violence exposure. This could reflect a

complex interplay where education level impacts the recognition or reporting of domestic violence rather than its actual prevalence (14). The greater exposure reported by children with 7-12 siblings compared to those with 1-6 siblings ($t=2.01$, $p=0.047$) suggests that larger family sizes may complicate dynamics and potentially exacerbate violence exposure due to increased familial stress (15).

The significant impact of family system type, with children from joint families experiencing more exposure than those from nuclear families ($t=3.45$, $p=0.001$), supports research that indicates extended family structures may sometimes inadvertently perpetuate environments where domestic violence is more prevalent or less reported (16). Similarly, rural residents report higher exposure than urban residents ($t=3.03$, $p=0.003$), which corresponds with studies highlighting that rural areas may have less access to resources and support systems to address and prevent domestic violence (17).

The strong negative correlation between domestic violence exposure and mental health ($r = -0.597$) aligns with extensive research showing that exposure to violence is strongly associated with poorer mental health outcomes, including increased risk for depression, anxiety, and other psychological disorders (18, 19). The weaker negative correlation between domestic violence exposure and cognitive style ($r = -0.233$) and the minimal relationship between mental health and cognitive style ($r = -0.131$) suggest that while domestic violence has a more pronounced impact on mental health, its effects on cognitive style are less direct and significant.

CONCLUSION

This study highlights the significant impact of domestic violence on adolescents, showing that exposure is higher among males, older teens, and those from educated, joint-family, and rural backgrounds. It confirms a strong negative correlation between domestic violence and mental health, indicating that higher exposure leads to poorer mental health. The weaker link between domestic violence and cognitive style suggests that while domestic violence affects cognitive style, its impact on mental health is more pronounced. The findings underscore the need for targeted interventions that address these demographic factors to support affected adolescents effectively.

LIMITATION AND RECOMMENDATION OF THE STUDY

This study's strengths include a robust sample of 200 adolescents, diverse demographic representation, and the use of validated instruments, which enhance the reliability and validity of the findings. However, limitations such as reliance on self-reported measures, the cross-sectional design, and convenience sampling may affect the accuracy and generalizability of the results. To address these issues, future research should employ longitudinal designs to better establish causal relationships, utilize objective measures to minimize bias, and expand the sample to improve generalizability. Tailored interventions should be developed to meet the specific needs of different demographic groups, including males, older adolescents, and those from joint families and rural areas.

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