The Relationship between Family Function, Marital Function and Perceived Social Support of Mothers with their Child Abuse Mediated by Anxiety

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ABSTRACT: The aim of this study was to investigate the relationship between family functioning, marital functioning and perceived social support of mothers with their child abuse mediated by anxiety in order to provide a model. The method of the present study was correlation with the structural equation modeling method. The statistical population of the study was the parents of students in Kerman, Iran, in 2019 (N = 8950). Sampling in the present study was performed in two parts: psychometric properties of instruments (n = 160) and model test (n = 280). The sampling method was multi-stage clustering. Data collection tools were Spielberger Anxiety Questionnaire (2002), Epstein et al.'s Family Assessment Device (1997), Enrich Marital Satisfaction Questionnaire, Sherbourne & Stewart Social Support Questionnaire (1991) and MohammadKhani child abuse questionnaire (2013). The results indicated that the initial model did not fit well with the data, but the modified model showed a good fit with the data. Examination of mediation hypotheses also revealed that anxiety has a significant mediating role in the relationship between social support, family functioning and marital function with the rate of child abuse.

Keywords: Social support, Family function, Anxiety, Child abuse.

Introduction

Child abuse and neglect of children are among the most common and complex psychosocial issues in society. Shocking recent reports of child abuse and child neglect in the press and mass media have prompted social welfare and mental health organizations, as well as non-governmental organizations, to take the issue of child abuse seriously. What is certain is that child abuse is the result of various psychological and sociological factors. Therefore, its prevention requires comprehensive and societal efforts (Khaleghi et al., 2017). Family performance is one of the variables that evaluate the situation of the family in different areas and shows the family's ability to coordinate with changes made during life, observed boundaries, and enforcing regulations. Family functioning is defined in seven dimensions: problem solving, communication, role, emotional companionship, emotional association, behavior control, and overall performance. If this pattern is not psychologically healthy, the child considers the same unhealthy pattern to be correct and sets an example (Lewandowski, Palermo, Stinson, Handley, & Chambers, 2010).

Abusive parents had often been victims of sexual and physical abuse themselves. Stressful living conditions such as overcrowding and poverty, social isolation, lack of support system and substance abuse by parents increase stress levels in vulnerable families and the violent and careless behavior towards children. Meanwhile, the dimensions of social support act as the strongest coping forces for the successful and easy confrontation of people in times of conflict with stressful situations. One of the

social determinants of health that shows the importance of the human social dimension and has gained increasing attention in recent years is social support (Lewandowski et al., 2010). The results of studies indicated that marital performance affects the severity of depressive and anxiety symptoms in women and can reduce or aggravate symptoms. Anxiety has been suggested as one of the causes affecting marital performance (Lewandowski et al., 2010). In general, people with better mental health feel more responsible for their spouse and family, and they can control their individual desires when problems raise, and use more effective strategies to deal with stress and family problems. On the other hand, lack of adequate mental health, and disorders such as anxiety and depression have a negative impact on the quality of marital life. Also, according to the statistical estimates of reputable international organizations, anxiety disorders had the highest frequency in the general population, and anxiety states were the primary cause of 6 to 27% of all psychological problems that needed treatment. It seemed that if the family and marital function are disrupted, it will affect emotional regulation of couples. Emotional regulation refers to a set of automated and controlled processes that include the initiation, maintenance, and change of emotions, which affect the occurrence, severity, and duration of emotional states. Studies by Makondo & Davison (2017) showed that increasing social support affects women as a protective factor in reducing the consequences of domestic violence and confirmed child abuse behaviors.

Material and Methods

The present study was non-experimental correlational in design, using structural equation modeling. The statistical population of the present study was the parents of all students in Kerman who were studying in the academic year 2018-2019, whose size in public schools was 8950 people. The sample size of this study was 280 people who were selected through random clustering. More particularly, using the list received from Kerman education, four primary schools (from each district, one male primary school and one female primary school, and a total of two male primary schools and two female primary schools) were selected and then, 70 people were randomly selected from each primary school. Then, the questionnaires were completed by their parents.

Data collection tools

STAI Anxiety Inventory: STAI Anxiety Inventory was originally developed by Spielberger (1970) and revised in 1983. It measures the trait of pervasive anxiety. This questionnaire consists of twenty items in a four-point Likert format in a range from (1) =very low to (4)= very high. The score of each subject in each form was between twenty and eighty. The overt and covert anxiety questionnaire STAI includes separate self-assessment scales to measure overt and covert anxiety. The Form Stress Anxiety Scale (y-1 from STAI) consists of twenty sentences that assess a person's feelings at "this moment and time of response." The Hidden Anxiety Scale (y-2 from STAI) also includes twenty sentences which measure a person's general and normal emotions. The reliability coefficients of this scale have been calculated as 0.93 and 0.90, for the state and the attribute scales, respectively.

Family Performance Questionnaire: Family Performance Test, developed by Nathan B. Epstein, Lawrence M. Baldino Dovan S. Bishab (Endler & Kocovski, 2001), measures family performance based on the McMaster model in six dimensions of family performance. It also measures the family's ability to adapt to the realm of family duties in a four-point Killert scale from strongly agree (1) to strongly disagree (9). The total scale and subscales (problem solving, communication, roles, emotional companionship, emotional mixing, behavior control and overall performance) alpha coefficients were reported 0.61, 0.38, 0.72, and 64, respectively. 0, 0.65, and 0.81 were reported.

Enrich Marital Satisfaction Questionnaire: Enrich Marital Satisfaction Questionnaire (short form) was used to measure marital satisfaction. It consists of 47 questions, as developed by Soleimanian. The reliability coefficient of the original scale was reported 0.95. Olson et al. reported the Cronbach's alpha coefficient of the short form of the questionnaire 0.92.

Sherbourne and Stewart Social Support Questionnaire (MOS-SSS): The Sherbourne and Stewart Social Support Questionnaire was developed in 1991 by Sherbourne and Stewart. The scale, which measures the amount of social support a person receives, includes 19 functional support items in five dimensions of social support: tangible support, emotional support / information support, kindness, and positive social interaction. The scale is scored in a 5-point scale from never (0) to always (4). The minimum and maximum scores were 19 and 95, respectively. The higher the score, the higher the perceived social support. The alpha coefficient of the questionnaire was reported 0.74 by Sherbourne and Stewart (Agger et al., 2014) for the whole questionnaire, and between 0.74 to 0.93, and for its sub-scales.

Mohammad Khani's Child Abuse Questionnaire: The child abuse questionnaire was designed by Mohammad Khani et al. This scale consists of 26 items and four components: 1) negligence (questions 1 to 7), 2) emotional harassment (questions 8 to 14), 3) physical harassment (questions 15 to 21), and 4) sexual harassment (questions 22 to 26). The items are scored in a three-point Likert range from 1=never to 3=forever. The content validity of the child abuse questionnaire in Iran has been confirmed through expert judgment. More, the Cronbach's alpha reliability of the scale has been reported above 0.70.

Data analysis: In order to analyze the collected data, descriptive statistics including mean, standard deviation and correlation matrix were run using SPSS-19 software. To test the research hypotheses and model fit with the maximum likelihood estimation method, AMOS software was used. Indirect and mediating effects in the proposed model were also investigated by the proposed statistical method of Preacher-Hayes.

Results

According to the results of Table 1 and Figure 4, out of 280 people studied, 39 (13.9%) had undergraduate degree, 68 (24.3%) had diplomas, 63 (22.5%) had postgraduate degree, 94 (33.6%) had a bachelor's degree, and 16 (5.7%) had a master's degree or higher. In order to check the assumption of normality of the studied variables, the degree of skewness and kurtosis of the scales was investigated.

Table 1. Descriptive results and normality status f variables

Dimension	Mean	SD	Skewness	Kurtosis	Total
Family function	3.60	.47	.43	-.67	normal
Emotional sate	3.63	.74	.13	-.89	normal
Relationship	3.80	.80	-.30	-.67	normal
Surveillance	3.52	.65	.54	-.15	normal
Support	3.69	.70	-.007	-.21	normal
Child abuse	1.65	.22	-.07	-.97	normal
Ignorance	1.62	.39	-.23	-.87	normal
Emotional	1.43	.35	.36	-1.03	normal
Physical	1.50	.45	.43	-.94	normal
Sexual	1.42	.59	-.27	.46	normal
Total anxiety	2.44	.76	-.29	-.25	normal
Marital satisfaction	3.69	.49	.28	-.79	normal
Communication	3.77	.63	.32	-.59	normal
Sexual relationship	3.43	.67	-.08	-.17	normal
Conflict resolution	3.93	.57	-.11	-.49	normal
Social support	3.39	.43	.33	-.30	normal
Excitement	3.54	.68	.36	.37	normal
Clarity	3.33	.77	-.10	-.63	normal
Kindness	3.17	.66	-.33	.15	normal
Contemplation	3.47	.69	.36	-.36	normal

As it can be seen in Table 1, all the research variables were normally distributed. Before examining the structural coefficients, the pattern fit was examined. The values of the fit indices of the initial model showed that the developed model needed to be modified and improved. The family was added to the model with the kindness component of the social support variable and also between the neglect component and the emotional component. After applying these changes, another analysis was performed on the data, whose results of fit indices are shown in Table 2.

Table 2. Indicators the model fit

Index	df/x²	GFI	AGFI	NFI	IFI	TLI	CFI	RMSEA
Calculated amount	2.84	.95	.92	.95	.97	.92	.97	.05
Accepted level	< 3	> .90	> .90	> .90	> .90	> .90	> .90	< .08
Conclusion	fit	fit	fit	fit	fit	fit	fit	fit

As expected, fit indices showed an improvement in the fit of the modified model, and they were acceptable. In the following, the final modified model, the fit indices of the modified model, the analysis of the final model, the direct and indirect effects and examination of the research hypotheses will be given. Table 2 showed the values of each of the indices to evaluate the goodness of fit. According to the obtained results, the model had a good validity.
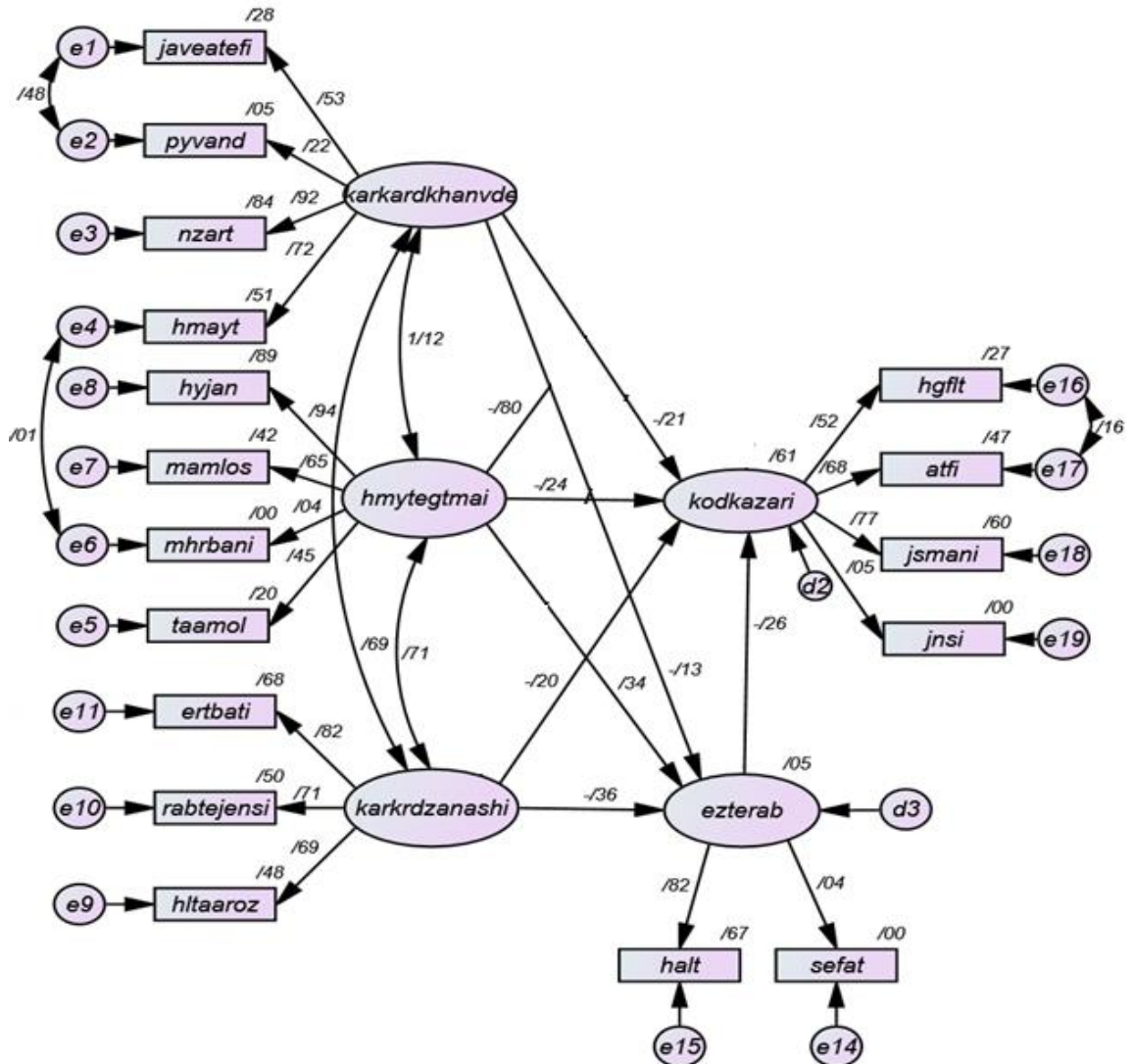
Figure 1. Final research model

Table 3 showed the test of hypotheses regarding the indirect effects of variables. In this table, indirect coefficients, significance level, standard estimation error and total effect for the analyzed paths were reported. The results of the model test are given in Table 3. According to the results, the indirect effects of marital function, social support and family function through anxiety on child abuse were significant.

Table 3. Indirect effect of research variables

Dependent / independent	Indirect effect	Standard estimation error	P	Total effect
marital function on child abuse mediated anxiety	.05	.24	.74	-.77
Social support on child abuse mediated by anxiety	-.06	.34	.38	-.22
Family functioning on child abuse mediating anxiety	-.06	.34	.36	-.66

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Discussion

According to the obtained fit indices, the proposed model showed good fit and compatibility with the collected data. Moreover, the research model was able to explain the relationship between the variables. The relationships between predictor and child abuse variables showed that the family function variable with path coefficient (-0.21), the social support variable with path coefficient (-0.24) and the marital function variable with path coefficient (-0.20) had the power to predict child abuse variables.

Additionally, the relationships showed that anxiety with a coefficient path of -0.26 had the power to predict the variable of child abuse. These results were in line with the research of Sylvia and Macondo. According to the results of the present study, the lack of self-control and the role of the family in its underdevelopment did not mean that the individual would inevitably deviate, but rather, it created conditions such as reduced social and emotional development that paved the way for deviant behavior. In families that were often not committed to dialogue and placed little value on communication or the maintenance and support of the family unit, the amount of interaction between family members was low and unlike pluralistic families, parents were not interested in their children's decisions and communication with them. Numerous studies showed that behavioral problems and deviations of individuals were mostly rooted in their families and led to the poor family performance of adolescents to participate in high-risk behaviors (Coohey & Braun, 1997). On the other hand, family members who had identified dialogue and harmony in family communication patterns and interacted spontaneously with each other, had assimilated attitudes, values, and beliefs. Parents and other adults were steadfast. It has been reported that the relationship between parents and adolescents created a healthy environment for children to develop when they were closer (Coohey & Braun, 1997).

The structural equation model test showed that due to the significance level of 95% of the anxiety variable, there was no significant relationship between marital function and child abuse. However, in the literature, research between marital functions and child abuse has sometimes been confirmed. In the present study, the direct relationship between the two variables was significant. But it seems that in addition to anxiety, other mediators must be present in the relationship between the two variables. On the other hand, the existence of the emotional regulation variable methodologically suggests that the marital function has had a major impact on child abuse through this variable and therefore the role of anxiety along with emotional regulation has not been significant. Also, the structural equation model test showed that due to the significance level of 95% anxiety, the relationship between social support and child abuse was not significant. Social support was generated for a person through different people, and the person experienced the support of others when he or she experienced less or at least optimal anxiety in various challenging and stressful situations of daily life and performed best in responding to the obstacles and problems of daily life. Thus, perceived social support could also reduce the level of anxiety by increasing the likelihood of child abuse behavior by parents who felt

more social support. Some of the causes of child abuse should also be sought from parents and adults. Parents might also have physical, mental and cognitive disabilities, in terms of level of education, information about parenting, etc., or psychologically suffered from anxiety problems or depression. Researches showed that one-third of abused child parents were low in intelligence. Naturally, when a parent was involved in many issues and problems, he had less tolerance, and when his tolerance threshold went down, he would show strong and violent reactions to the behaviors.

References

Agger, W. A., Siddiqui, D., Lovrich, S. D., Callister, S. M., Borgert, A. J., Merkitch, K. W., . . . Shukla, S. K. (2014). Epidemiologic factors and urogenital infections associated with preterm birth in a midwestern US population. *Obstetrics and gynecology, 124*(5), 969.

Al-Husseini, K. A., Mirghafoorian, F., & Razian, S. (2020). Structural Model of Explaining Social Problem Solving Skills in Teachers Based on Organizational Culture and Religious Orientation: The Mediating Role of Intellectual Property. *International Journal of Multicultural and Multireligious Understanding, 7*(10), 192-212.

Arab Alidousti, A., Nakhaee, N., & Khanjani, N. (2015). Reliability and validity of the Persian versions of the ENRICH marital satisfaction (brief version) and Kansas Marital Satisfaction Scales. *Health and Development Journal, 4*(2), 158-167.

Chan, Y. C. (1994). Parenting stress and social support of mothers who physically abuse their children in Hong Kong. *Child abuse & neglect, 18*(3), 261-269.

Coohey, C., & Braun, N. (1997). Toward an integrated framework for understanding child physical abuse. *Child abuse & neglect, 21*(11), 1081-1094.

Endler, N. S., & Kocovski, N. L. (2001). State and trait anxiety revisited. *Journal of anxiety disorders, 15*(3), 231-245.

Khaleghi, M., Leahy, R. L., Akbari, E., Mohammadkhani, S., Hasani, J., & Tayyebi, A. (2017). Emotional schema therapy for generalized anxiety disorder: a single-subject design. *International Journal of Cognitive Therapy, 10*(4), 269-282.

Lewandowski, A. S., Palermo, T. M., Stinson, J., Handley, S., & Chambers, C. T. (2010). Systematic review of family functioning in families of children and adolescents with chronic pain. *The Journal of Pain, 11*(11), 1027-1038.

Makondo, S. L. D., & Davison. (2017). Effects of child abuse on the academic performance of primary school learners in the Manzini Region, Swaziland. *World Journal of Education, 7*(5).

Serna, M. (2017). LA PRESENCIA DE BORGES EN EL OTOÑO DEL PATRIARCA, DE GABRIEL GARCÍA MÁRQUEZ. *Avatares del Hacedor.: Jorge Luis Borges (1986-2016)*, 161.

Sherbourne, C. D., & Stewart, A. L. (1991). The MOS social support survey. *Social science & medicine, 32*(6), 705-714.