



Providing Research Insights On Mental Illness And Child Maltreatment Risk Among Adult Female Population

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Abstract

The term "child maltreatment" encompasses both emotional, sexual and physical abuse as well as physical and emotional negligence. Even after controlling for confounding variables, there is substantial evidence in the general population linking childhood abuse to adult abuse and trauma. Those who experienced abuse as children are more vulnerable to all types of violent victimization. People who have experienced child maltreatment are more likely to become victims of domestic and sexual violence, and victims of violence exhibit higher rates of psychological morbidity after the incident than the general population. Females are generally considered to be a more susceptible demographic due to their higher risk of premature mortality in this situation, as well as their spectrum of physical and mental morbidities and social disadvantages. Therefore, in the selected female population, it is especially vital to increase our understanding of early risk factors for subsequent issues, as this could help pave the way for preventative interventions from serious mental illness. Motivated by the above discussed facts, the present study investigated a group of 100 female population to reveal the research insights on mental illness and child maltreatment risk among adult female population.

Keywords : Childhood maltreatment, mental illness, abuse, victimization, psychological impact

1. Introduction

The prevalence of mental diseases has grown to be a significant global public health concern. Similar to how mental illness affects parenting styles, it also affects kid safety. Child maltreatment (CM) is one of the childhood traumas that has the most harmful consequences on mental health beginning in adolescence[1]. Nonetheless, the majority of studies and standard clinical practice concentrates on the effects of maltreatment with manifestations like mental and physical impacts[2, 3]. It can be difficult to recognize, diagnose, and operationalize child maltreatment also known as psychological abuse and mental cruelty in both clinical practice and research[4]. As a result, severe depression raises the risk of harsh or forceful parenting methods as well as physical punishment.

Furthermore, mothers under stress tend to be less affectionate, more controlling, and critical of their children[5]. There is a connection between mental illness and a higher likelihood of CM. Previous studies indicates that mothers who are depressed are more likely to witness child maltreatment[6, 7]. Women who experienced childhood abuse have been linked to a variety of aging-related psychological and physical health issues[8, 9]. The degree of psychological health issues can vary, ranging from moderate anxiety disorders and phobias to serious mental health illnesses like depression, schizophrenia, and affective disorders[10]. Negative psychological health conditions like PTSD, depression, and drug addiction are

often associated with childhood abuse in female population members, according to reports. Some factors that increase the risk of child abuse in populations of adult female mental health patients are as follows

- Inadequate care: Untreated mental health disorders increase the likelihood of parents neglecting their children.
- Drug and alcohol abuse: Mental illnesses, personality disorders, and learning disabilities are associated with the elevated risk of CM and negligence.
- Personality disorders: These increase the risk of child abuse and are more difficult to treat than other psychiatric issues[11]. This study addressed the gaps in literature by analysing the impact of CM and diagnostic results among the female population.

2. Review of Literature

Significant differences were seen in safety and stability between children of mothers with and without mental illnesses, with some heterogeneity within diagnoses. Our data suggest that access is not enough, as these moms had received care in the past. It's possible that the parenting help they are receiving or have received isn't the safest approach to support them.

Validated age-appropriate clinical interviews and fine-grained multi-source dimensional maltreatment assessments were performed on a sample of 778 people by [4]. In addition to verifying known patterns of clinical consequences after maltreatment, the study included structural equation modeling to examine the CM effects in children. Not only was there the confirmation of established links between exposure to abuse and psychiatric illnesses. The results highlight how toxic relationships have a negative impact from a young age and call on academics and professionals to prioritize study on emotional abuse in the future.

Women are more likely than men to have experienced childhood maltreatment and to suffer from mental health issues in both violent and nonviolent crimes. These findings from [12] indicate that, although previous studies have concentrated on the importance of childhood sexual abuse in female aggressiveness, different types of maltreatment (physical and/or neglect) throughout childhood may place females at risk for violent crimes in the future. These latest results further underscore the importance of research on female violent offending. Given the increase in the percentage of violent crimes committed by women, further research on these and other facets of female offending is required[13].

[14, 15] examined the specific connections between childhood emotional, physical, and sexual abuse and markers of the presence, trajectory, and degree of anxiety and trauma-related psychopathology in depression. A sample of 575 adults and adolescents was obtained by combining six previous investigations into one. At the time, each individual was experiencing a unipolar depressive episode. In a thorough contextual interview, independent, standardized assessments were utilized to assess past reports of child abuse.

Higher degrees of emotional and/or sexual abuse were found to be substantially more strongly connected with increased depression severity, the number of past incidents, and the chance of developing posttraumatic stress disorder (PTSD) than physical abuse. Additionally, a significant association was discovered between emotional abuse committed by fathers and a higher risk of post-traumatic stress disorder (PTSD), and a strong correlation was established between emotional abuse committed by mothers and depression severity and history. The latter findings suggest that prevention and intervention efforts should focus on the unique contributions that fathers and mothers make to the development of psychopathology associated with depression and threat, respectively.

Researchers studied the frequency of five CM kinds in 604 population with mental illness separating them into two groups: people with chronic and non chronic depression [16]. The authors [17] conducted a meta-

analysis and a thorough assessment of quasi-experimental studies examining the relationship between mental health problems and childhood abuse in order to support the causal inference. These findings bolster a tenuous causal relationship between maltreatment as a child and mental health problems. Furthermore, the findings suggest that more extensive hereditary and environmental risk factors raise the probability of mental health problems in those who have been abused generally. Therefore, it is possible to prevent psychopathology by treating individuals who have experienced maltreatment for other mental risk factors and by not mistreating children.

A growing body of research indicates that being a victim of oneself has a negative impact on one's mental and physical health. The fact that significant differences were found between the abused/neglected group and the controls on several measures suggests that these disparities exist, even though these discrepancies were carefully studied in this sample.

[18] examined the impact of each type of childhood abuse, both independently and in combination, on revictimization and the severity of PTSD symptoms using a nonclinical sample of college students. These results add to the corpus of data showing the damaging effects of childhood abuse and its long-term effects on individuals' mental health.

3. Research Gap

Many forms of maltreatment are thought to have a generalized, non-specific impact on mental health. However, few comprehensive studies have used mental disorders that initially manifest in early childhood and adolescence to assess the impact of exposure to emotional and other types of abuse. The reporting rates of childhood maltreatment among mentally ill women vary depending on the incidence study and methodology used [19]. Most of these differences are observed in the following areas: study measurements; cross-sectional versus retrospective studies; sample size and selection; use of comparable group; and participant clinical characteristics.

The data used in this analysis are based on the diagnostic standards for mental diseases, which were created in the late 1980s. Uncertainty regarding whether unreported child maltreatment or neglect also had an impact on the control group is another disadvantage. The negative effects of relying exclusively on official records of child maltreatment may be the cause of the association between the risk of violent crimes and child abuse and neglect. Third, because the current sample is significantly biased toward mothers from lower socioeconomic backgrounds, these findings might not apply to children whose abuse or neglect occurred in the setting of wealthier households.

4. Objectives

Gaining insight into the degree and type of child abuse exposure among women participating in the study immediately impacts the possibilities and accessibility of therapy for individuals with mental health issues.

The original goal of this study project was to look into the connections between mental illness in important subjects and early trauma.

Lastly, a closer examination of the factors influencing mental disease brought on by abuse in childhood was conducted in this study. Drawing on both theoretical and empirical data, we formulated three theories:

Hypothesis

The risk of mental illness and mistreatment as children does not change significantly.

The risk of childhood maltreatment and the mediation role of maltreatment on mental illness are not related. H1 Mental illness suffers from the effects of childhood trauma. H2 The rate of mental illness among females will decrease if the causes of childhood trauma are better understood and studied.

5. Theroretical and Conceptual background of the study

Despite the overwhelming evidence linking childhood maltreatment to mental health issues, there are still a lot of unanswered questions in the American Indian community about this connection. Firstly, how much may maltreatment of children have specific consequences? [20]. Is there a specific set of consequences associated with each group of research subjects, or does abuse generally act as a generalized risk factor that increases the possibility of mental health problems? Secondly, what is the extent to which mistreatment of children influences the development of mental illnesses?.

Theoretically, studies agree that maladaptive family and child-parent dynamics are frequently the bigger contexts in which maltreatment of children occurs[21]. It is important to include additional characteristics including the number of children living in the house, low educational attainment, parental substance misuse, poverty, early behavioral difficulties, and marital instability because these findings may have detrimental impacts. Negative characteristics of one's own family are not the only things that can be included in an adverse childhood experience; inappropriate educational and child welfare policies, such as required boarding school attendance and discriminatory actions by child protection organizations, can also be included. This is a cross sectional study conducted in ----- with 100 female population. This study followed convenient sampling strategy and has inclusion criteria with proper consent, female with >18 years of age, and reported with mental illness. Exclusion criteria are male, those who are not supposed to childhood maltreatment and those who are not willing to participate. Accordingly SPSS version 20 has een implemented for analysing the statistical data.

6. Results and Discussion

Hypothesis 1

There is no significant difference between childhood maltreatment risk and mental illness.

Chi-square analysis

	Mental Illness					
Maltreatment risk	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Strongly Disagree	16	11	0	0	0	27
Disagree	5	6	0	0	0	11
Neutral	0	0	15	0	0	15
Agree	0	0	0	42	11	53
Strongly Agree	0	0	0	10	5	15
Total	21	17	15	52	16	121
Chi-Square Tests	Value	df	P value			
Pearson Chi-Square	245.748a	16	0.00			
Likelihood Ratio	230.603	16	0.00			
Linear-by-Linear Association	101.076	1				

The table presents data on the relationship between mental illness and the risk of maltreatment, showing respondents' levels of agreement or disagreement across different categories. The rows represent the degree of agreement that mental illness correlates with maltreatment risk, ranging from "Strongly Disagree" to "Strongly Agree." The columns represent the respondents' positions on maltreatment risk, also categorized from "Strongly Disagree" to "Strongly Agree."

In the "Strongly Disagree" category for maltreatment risk, 16 respondents strongly disagreed with the correlation to mental illness, while 11 disagreed. No respondents were neutral, agreed, or strongly agreed. In total, this category included 27 respondents. In the "Disagree" category for maltreatment risk, 5 respondents strongly disagreed with the correlation to mental illness, while 6 disagreed. Similarly, no respondents were neutral, agreed, or strongly agreed, leading to a total of 11 respondents.

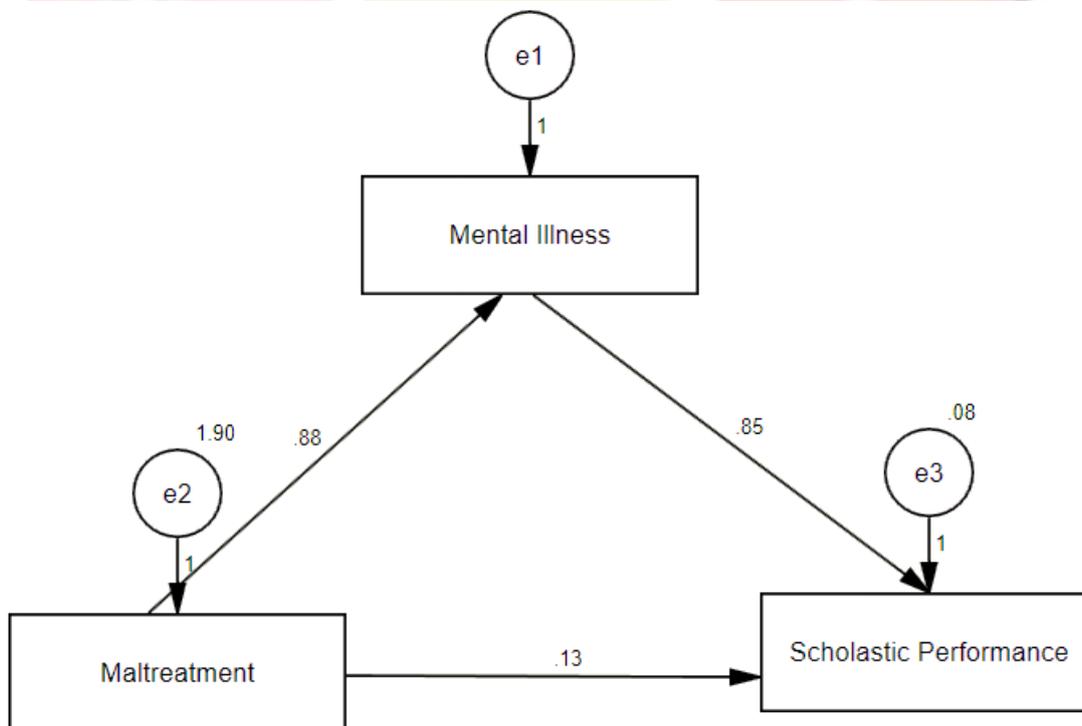
For the "Neutral" category on maltreatment risk, 15 respondents maintained neutrality on the correlation to mental illness, with no respondents falling into any other categories of agreement or disagreement. This category totaled 15 respondents. In the "Agree" category for maltreatment risk, 42 respondents agreed with the correlation to mental illness, while 11 strongly agreed. No respondents strongly disagreed, disagreed, or remained neutral, making the total number of respondents in this category 53.

Lastly, in the "Strongly Agree" category for maltreatment risk, 10 respondents agreed with the correlation to mental illness, while 5 strongly agreed. No respondents fell into any other categories, resulting in a total of 15 respondents for this category. Overall, the total number of respondents across all categories summed to 121.

The Chi-Square Tests provide statistical insight into the relationship between mental illness and maltreatment risk. The Pearson Chi-Square value is 245.748 with 16 degrees of freedom and a P value of 0.00, indicating a highly significant relationship. The Likelihood Ratio also supports this finding, with a value of 230.603 and the same degrees of freedom and P value. The Linear-by-Linear Association has a value of 101.076, further suggesting a strong correlation. These statistical measures underscore the significant association between mental illness and perceived risk of maltreatment. Hence based on the overall analysis it is noted that there is no significant difference between childhood maltreatment risk and mental illness.

Hypothesis 2

There is no Impact of childhood maltreatment risk and scholastic performance with mediating effect of maltreatment on mental illness.



The diagram depicts a structural equation model (SEM) illustrating the relationships between maltreatment, mental illness, and scholastic performance. The model includes three main variables: Maltreatment, Mental Illness, and Scholastic Performance, along with their respective error terms (e1, e2, e3).

Maltreatment and Mental Illness: There is a direct path from maltreatment to mental illness with a path coefficient of 0.88. This indicates a strong positive relationship, suggesting that higher levels of

maltreatment are associated with higher levels of mental illness. The error term (e_2) for maltreatment has a value of 1.90, indicating the amount of unexplained variance in maltreatment.

Mental Illness and Scholastic Performance: Mental illness has a direct path to scholastic performance with a path coefficient of 0.85. This signifies a strong positive relationship, implying that higher levels of mental illness are associated with better scholastic performance. The error term (e_3) for scholastic performance has a value of 0.08, representing the unexplained variance in scholastic performance.

Maltreatment and Scholastic Performance: There is a direct path from maltreatment to scholastic performance with a path coefficient of 0.13. This indicates a weaker positive relationship, suggesting that higher levels of maltreatment are associated with slightly better scholastic performance.

Error Terms: The model includes three error terms (e_1 , e_2 , e_3) corresponding to mental illness, maltreatment, and scholastic performance, respectively. The value of the error term for mental illness (e_1) is 1, indicating that all the variance in mental illness not explained by maltreatment is captured by this error term.

Overall, the model suggests that maltreatment has a significant positive effect on mental illness, which in turn has a substantial positive effect on scholastic performance. The direct effect of maltreatment on scholastic performance is relatively weak. The model captures the complex interrelationships between these variables, highlighting the importance of mental illness as a mediator between maltreatment and scholastic performance.

Table 2: Mediation analysis

Variables		Estimate	S.E.	C.R.	P
Mental Illness	Maltreatment risk	0.882	0.035	25.317	0.00
Scholastic performance	Mental Illness	0.85	0.048	17.7	0.00
Scholastic performance	Maltreatment risk	0.132	0.046	2.859	0.00

The table provides estimates of the relationships between maltreatment risk, mental illness, and scholastic performance, accompanied by standard errors (S.E.), critical ratios (C.R.), and p-values (P). These statistical measures offer insights into the strength and significance of the associations among these variables within the structural equation model.

Mental Illness and Maltreatment Risk: The estimate for the relationship between maltreatment risk and mental illness is 0.882, with a standard error of 0.035. This high estimate indicates a strong positive relationship, suggesting that as maltreatment risk increases, the likelihood or severity of mental illness also increases significantly. The critical ratio (C.R.) for this relationship is 25.317, which is substantially high, indicating that the relationship is statistically significant. The p-value for this estimate is 0.00, reinforcing the significance of this relationship, as it is well below the common significance threshold of 0.05. Therefore, we can conclude that maltreatment risk is a significant predictor of mental illness.

Scholastic Performance and Mental Illness: The estimate for the effect of mental illness on scholastic performance is 0.85, with a standard error of 0.048. This indicates a strong positive relationship, implying that higher levels of mental illness are associated with better scholastic performance. The critical ratio for this relationship is 17.7, demonstrating a highly significant relationship. The p-value is again 0.00, confirming the statistical significance of this association. This result suggests that mental illness significantly influences scholastic performance, although the direction of this relationship might be counterintuitive and warrants further investigation into potential mediating factors or underlying mechanisms.

Scholastic Performance and Maltreatment Risk: The estimate for the relationship between maltreatment risk and scholastic performance is 0.132, with a standard error of 0.046. This suggests a positive but weaker relationship compared to the previous two associations. The critical ratio is 2.859, which is above the threshold of 1.96 typically used to determine statistical significance. The p-value for this estimate is also

0.00, indicating that this relationship is statistically significant. Despite the weaker magnitude of the estimate, maltreatment risk appears to have a significant direct effect on scholastic performance.

In summary, the statistical analysis reveals significant relationships among maltreatment risk, mental illness, and scholastic performance. Maltreatment risk strongly predicts mental illness, which in turn has a substantial effect on scholastic performance. Additionally, maltreatment risk directly affects scholastic performance, although to a lesser extent. These findings highlight the complex interplay between adverse experiences, mental health, and academic outcomes, suggesting areas for further research and potential intervention strategies. Hence it can be stated that there is a significant Impact of childhood maltreatment risk and scholastic performance with mediating effect of maltreatment on mental illness.

7. Conclusion

This study aims to ascertain the frequency and intensity of child maltreatment as well as investigate the effects of maltreatment on the outcomes of mental disorders in a family population. Comprehending the degree and type of exposure to child abuse among women who present is crucial, as it immediately impacts the therapy alternatives and accessibility for individuals with mental health issues. These results demonstrate the intricate relationship that exists between negative events, mental health, and academic performance, pointing to possible topics for further investigation and intervention. Therefore, it can be concluded that the risk of childhood maltreatment has a major impact on academic achievement, and that maltreatment has a mediating influence on mental illness.

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