Violence Exposure
Perspectives, Gender Differences and Outcomes
VIOLENCE EXPOSURE

PERSPECTIVES, GENDER DIFFERENCES AND OUTCOMES
SAFETY AND RISK IN SOCIETY

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CONTENTS

Preface vii

Chapter 1 Exposure to Violence in the Community: Differential Vulnerability, Diagnoses and Interventions 1
Ana Sani, Laura M. Nunes and Sónia Caridade

Chapter 2 Same-Sex Intimate Partner Violence: Prevalence and Characteristics 19
Ana Sani, Lúcia Filipa Osório, Maria Alzira Pimenta Dinis and Cristina Soeiro

Chapter 3 Childhood Maltreatment and Adult Dispositional Mindfulness 55
Alan R. King, Amanda J. Auen and Tiffany D. Russell

Chapter 4 Children’s Multiple Violence Exposure: Risk, Impacts and Intervention 79
Ana Sani and Ana Isabel Lopes

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Preface

Perceptions of vulnerability to violence and crime may be affected by differential exposure to risk and by individual, social and contextual factors. As such, this compilation begins by discussing the structural vulnerability associated with young students and analyzing studies that examine the perceptions of this specific population with respect to crime and victimization.

Following this, a systematic review of the literature on the prevalence of violence in couples with homosexual orientation is provided, and the risk factors present in these relationships are addressed. The authors maintain that accurate scientific studies regarding the characteristics and risk factors for IPV in same-sex relationships are necessary in order to reduce prevalence and work on prevention.

In one study, the potential impact of six different forms of childhood maltreatment on dispositional mindfulness development is analyzed. A number of parental relationship and resiliency protective factors were also added to the analysis. Survey respondents in this college sample completed indices of dispositional mindfulness, childhood maltreatment, parental relationship qualities, and resiliency factors.

Conceptual frameworks are systemised and supported by empirical data related to the impact of child’s exposure to different harmful situations in order to highlight the co-occurrence of multiple forms of violence.
throughout the life cycle. The authors intend to discuss the importance of interventions based on risk analysis and management, as well as on protective factors that contribute to the child’s well-being.

Next, based on empirical research conducted with children victims of domestic violence, the authors examine their experiences and perspectives of domestic violence and the role played by shelters. Implications for intervention and public policies are discussed.

The concluding paper presents and discusses the results of an investigation into the depression indicators in Brazilian children and youths, victims of physical violence and/or intrafamilial sexual abuse. The sample was comprised of 1,253 participants, aged 6 to 16 years, 55.2% of which females and 48.2% males.

Chapter 1 - Perceptions of vulnerability to violence and crime may be affected by differential exposure to risk and by individual, social and contextual factors that may influence this risk as well as the societal and political responses to the problem. Indeed, research on exposure to violence in the context of the community reveals that young people and women are more vulnerable to crime and victimization. However, the most disadvantaged urban communities are also at a higher risk of being subjects of crime and violence. In this chapter, the authors discuss the structural vulnerability associated with young students and analyze studies that examine the perceptions of this specific population with respect to crime and victimization. This chapter also discusses the differential exposure of women to certain forms of violence and crime and how such exposure influences their personal perceptions about insecurity/security in public and private contexts. At the same time, it is important to reflect on how groups living in communities that exhibit the phenomenon of social exclusion are more vulnerable to crime and victimization and how the exclusion processes and policies reinforce this condition of vulnerability. The purpose of this review is to provide a rationale for discussing the importance of the local security diagnosis studies conducted among these populations with the aim to understand their daily experiences. The authors also want to develop focused strategic actions for crime prevention and the protection of those groups most vulnerable to violence and crime.
Chapter 2 - Both in the international context and in the Portuguese context, there is growing scientific recognition regarding the existence of violence in intimate relationships between partners of the same sex. As in heterosexual relationships, there are predictive factors, related to violence in same-sex relationships, which are specific to the relationship dynamics of this population. Being a constantly evolving problem, it is becoming increasingly urgent to create specific methodologies able to evaluate the prevalence of this phenomenon, as well as methodologies having a preventive and interventional character. In the present article, a systematic review of the literature on the prevalence of violence in couples with homosexual orientation, namely gay and lesbian, is carried out, and the theme of the risk factors present in these relationships, more specifically in the individuals that constitute the couple, is addressed. According to the results of this literature review study there are different types of abuse and psychological aggression is assuming greater prominence. There are a number of risk factors for same-sex intimate partner violence (IPV), but literature reviews focusing exclusively on the study of risk factors are confusing and scarce, being necessary to develop further accurate scientific studies about the characteristics and risk factors for IPV in same-sex relationships for better understanding of the phenomenon, in order to reduce prevalence and work on prevention.

Chapter 3 - Dispositional mindfulness has been conceptualized as both a trait and skill set for managing life stress. Levels of dispositional mindfulness appear to provide a meaningful barometer of emotional well-being and behavioral functioning. This chapter reviews selected literature regarding the potential effects of early life experience on the development of this important trait and coping skill. Empirical data regarding the developmental sources of this important psychological attribute has been surprisingly limited. Some prior research has implicated childhood maltreatment as disruptive to the development of this important coping skill. The present study examined the potential impact of six different forms of childhood maltreatment on dispositional mindfulness development. A number of parental relationship and resiliency protective factors were also added to the analysis. Survey respondents in this college sample (N = 978)
completed indices of dispositional mindfulness, childhood maltreatment, parental relationship qualities, and resiliency factors. Respondents who described histories of sexual abuse, peer abuse, or sibling maltreatment showed lower levels of dispositional mindfulness. Parental temper was inversely related to dispositional mindfulness. Spirituality and larger childhood friendship circles provided favorable indicators. These results should encourage continued efforts to examine childhood maltreatment, early parent-child relationship qualities, and resiliency factors as potential sources of dispositional mindfulness development.

Chapter 4 - Civil society still perceives violence exposure as a non-violent phenomenon due to the absence of a direct victim and consequently its apparent lack of severity. Children face various risks during their development and most of which are caused by people from their inner circle. In general, children suffer negative consequences from the exposure to these adult behaviors, and not from community violence. Family violence is far more likely to compromise their well-being and development. Some of the examples of harmful situations to the child’s adjustment concern litigation in parents’ separation or divorce, domestic violence between caregivers or children exposure to psychoactive substance abuse (alcohol, drugs). In this chapter, conceptual frameworks will be systemised and supported by empirical data related to the impact of child’s exposure to different harmful situations in order to highlight the co-occurrence of multiple forms of violence throughout the life cycle. To conclude, this work intends to discuss the importance of interventions based on risk analysis and management as well as on protective factors that contribute to the child’s well-being.

Chapter 5 - Traditionally public policies on domestic violence rely on the idea that this is primarily a gendered and adult problem to which children may be secondarily exposed and, as such, be indirectly victimized. These policies, especially focused on the protection of women victims of violence, often involve their children, since they accompany them. Thus, the services originally intended for adult victims frequently face the challenges of addressing the needs of these children. More recently, the growing evidence of the harmful and traumatic impact on children of witnessing domestic violence led to the abandonment of the idea of indirect victimization and to
the redefinition of the notion of exposure to domestic violence. Hereinafter, children living in violent households will be considered direct victims subjected to violence as their mothers are. The recent understanding of children as victims in their own right of the violence that occurs in their households, with specific needs to address, is still consolidating itself and does not have yet a systematic and consistent formal expression into domestic violence policies. Given the disruptive character of the experience of domestic violence and of the experience of sheltering in a nonnormative context, it is worthwhile to study to what extent these services meet the needs of these children, particularly from their own perspective, how they perceive these events and their impact on their lives. In this chapter, based on empirical research conducted with children victims of domestic violence, the authors will examine their experience and perspective of domestic violence and of the role played by shelters and the services they provide. Implications for intervention and public policies are discussed.
Chapter 1

EXPOSURE TO VIOLENCE IN THE COMMUNITY: DIFFERENTIAL VULNERABILITY, DIAGNOSES AND INTERVENTIONS

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ABSTRACT

Perceptions of vulnerability to violence and crime may be affected by differential exposure to risk and by individual, social and contextual factors that may influence this risk as well as the societal and political responses to the problem. Indeed, research on exposure to violence in the context of the community reveals that young people and women are more vulnerable to crime and victimization. However, the most disadvantaged urban communities are also at a higher risk of being subjects of crime and violence. In this chapter, we discuss the structural vulnerability associated with young students and analyze studies that examine the perceptions of this specific population with respect to crime and victimization. This chapter also discusses the differential exposure of women to certain forms of violence and crime and how such exposure influences their personal perceptions about insecurity/security in public and private contexts. At the same time, it is important to reflect on how groups living in communities that exhibit the phenomenon of social exclusion are more vulnerable to crime and victimization and how the exclusion processes and policies reinforce this condition of vulnerability. The purpose of this review is to provide a rationale for discussing the importance of the local security diagnosis studies conducted among these populations with the aim to understand their daily experiences. We also want to develop focused strategic actions for crime prevention and the protection of those groups most vulnerable to violence and crime.

Keywords: community violence exposure, crime exposure, vulnerability, security

INTRODUCTION

The definition of victim is not always consensual. Rather, it is a concept difficult to comprehend and one that may be subordinated to a legal perspective when associated with crime, to a moral perspective when interpolated as a discriminatory issue, to a social approach when perceived as a cultural specificity and even to a personal group of determinants when considering the individual victim experience (Fohring, 2018; Strobl, 2010). In other words, the concept of victim is not limited to an objective component of a person who suffers injury or damage (Organização das
Exposure to Violence in the Community

Nações Unidas, 1985); instead, it involves a subjective view that results from social interactions and discursive practices (Pina, 2016). One of the crucial aspects of the definition lies in the recognition of others regarding the status and the role of the victim in this condition as well as the rights and obligations of the victim (Strobl, 2010). Certain social groups, such as children, women, and the elderly, often possess the very characteristics that lead to social consensus when attributing this status to them (Greer, 2017). However, there are variables and complex processes that interfere with the definition of victim. Many of these factors also contribute to distinct experiences of victimization that are experienced by certain social groups living in certain geographical locations, jurisdictions, and historical periods (Strobl, 2010).

This chapter attempts to encourage a discussion about violence and crime in the community, specifically related to how and why some groups, such as children and women, are particularly vulnerable targets. We also examine how and why some contexts are more susceptible to criminal activity than others.

We begin by discussing certain central concepts, such as vulnerability and risk, with the objective to later analyze the differential exposures to victimization in the community while considering two specific parameters: age and gender. With respect to the literature, young people and adults are victims of the same crimes, for example, robberies or various assaults (Office for Victims Crime, 2018a), but the risk of victimization tends to decrease with age, indicating that younger people are more vulnerable than adults (Francis, 2007; Office for Victims Crime, 2018a). Gender is also frequently analyzed when considering connections among the different forms of violence as well as the experiences of victimization (Felix & McMahon, 2007). In combination, the interactions of these variables, i.e., age and gender, may also interfere with the vulnerability and risk of victimization (Francis, 2007). Thus, based on a review of studies that support the understanding of the differential distribution of risk given age and gender, we intend to analyze how these variables affect the personal perceptions felt by young people and women with respect to safety and

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insecurity. We also attempt to comprehend how these personal perceptions can further reinforce a condition of vulnerability in a community context.

**Vulnerability, Risk andVictimization: Concepts and Contexts**

The early theorists of victimology (Von Hentig, Mendelson) discussed the role of the victim in the criminal scene, casting various nomenclatures upon the victim, such as natural, precipitating, facilitating, and provoking, (Burgess, Regehr, & Roberts, 2010; Daigle, 2012), which thus influence the victim's character, status and level of response to the crime and to the agent of the crime (Doerner & Lab, 2017). Since the middle of the twentieth century, this discussion has persisted, and due to a series of social movements, scientific studies, and theoretical discussions, the analysis of the victim through victimology has begun to reveal aspects that support a better understanding of the crime, its nature, its extent, its impact on the victim and, ultimately, on the processes of victimization (McLaughlin & Muncie, 2013; Sani, 2015).

Furthermore, we must take into account the notion of vulnerability, which Von Hentig claims is particularly associated with individuality, a factor signaling that children, women, the elderly, etc., are potential victims (Doerner & Lab, 2017). However, today it is assumed that this concept of vulnerability is related to structural, political and social issues. That said, no person, group or context, in itself, is intrinsically vulnerable. Vulnerability represents, from our perspective, a condition that is constructed by interactions and attribution mechanisms used to designate a state or condition that, while subjectively attributed, can be objectively ascertained through victimization experience. As this refers to the search for the elements that define the condition, we are faced with various factors, specifically defined as variables, whose presence increase the risk (Cunha, 2016a).
In criminology, the risk concerns the likelihood of injury, the anticipation of injury or the assessment of the occurrence of criminal actions based on an evaluation that is important in the decision-making processes within the criminal justice system (O’Malley, 2013). Thus, the risk can result objectively in a statistical probability form, or it can be presented in other forms of estimation by considering the magnitude of the moral damage, which brings us to a more subjective appreciation. This evaluation is based on the observation of multiple factors, circumstances and experiences in the individual’s life (Case & Haines, 2013) that increase the probability of a harmful occurrence. While risk factors contribute to these situations, protective factors must also be weighed (Jackson, Chou, & Browne, 2015). These protective factors, by definition, reduce the likelihood of the occurrence of a harmful incident (Cunha, 2016b).

As previously noted, although the risk itself may be measurable, the effects and trajectories of victimization are not linearly predictable. Accordingly, whereas the form of weighting may be identical, the result can be effectively different given the individual's vulnerability. There is a hierarchy of victimization that is reflected and reinforced in the media and in official discourses (Greer, 2017). Thus, as Walklate (2017) suggests, thinking of a hierarchy of vulnerability and victimization can be especially useful with respect to victim support and service delivery. It is not possible to mainstream when we approach multiple criminal phenomena in various contexts, but it is advantageous to analyze the similarities and differences found in an analysis of the hierarchies to make plans and make use of preventive mechanisms for those most vulnerable to victimization by violence or crime.

**EXPOSURE TO VIOLENCE AND AGE**

When the analysis of a criminal phenomenon focuses on communities, we often see that young people play a leading role as agents of crime. This, however, is not surprising given that the official statistics reinforce the high presence of young people practicing criminal acts (see Seifert, 2012, SIS,
2017), generally pointing to 18 years of age as the peak for the commission of criminal offenses by boys and girls (Francis, 2007). This is further reinforced by the media reports that associate the lack of discipline and marginality with the young population (Greer, 2017). Moreover, it is difficult to attribute the condition of the victim, especially if the person is also engaging in deviant behaviors such as drug addiction or delinquency (see Nunes & Sani, 2013, 2015).

The reality is that young people are also a particularly victimized group, not only in the private context but also in the public spaces of social and recreational interactions (Walklate, 2017). The National Survey of Children's Exposure to Violence (NatSCEV II) was administered in 2011 in the USA by Finkelhor and collaborators (2015) to a sample of 4503 children and adolescents aged between 1 month and 17 years. The results revealed that the rate of exposure to violence throughout life was high in this population, especially among young people between 14 and 17 years of age. Specifically, the data reveal that, throughout life, 69.7% of this population were assaulted and 71.5% had witnessed violence.

The literature reports that such victimization is common for several years in this population (e.g., Young 1999; Matthews & Young, 1992), as are the multiple linkages of young people to crime. Young people are statistically more often associated with criminal acts, and young offenders are more likely to be victims of crime than are those who have no association with criminal behaviors. For children and adolescents, the context of criminal occurrences is often the school, while for young adults, the contexts generally include pubs, clubs, bars and the streets (Roe & Ashe, 2008). At times, involving young people in situations of violence or crime is not entirely geared to perpetration or victimization. A German study conducted by Erdmann and Reinecke (2018) on juvenile violence revealed that, in adolescence, aggression and victimization processes are often parallel and that those processes show similar stability and mutual influence.

The literature also reveals that certain environments pose a greater threat than others, especially when considering the experiences of young people with violence and crime, especially as it relates to community life (Office for Victims Crime, 2018a). Academic attendance institutions such as schools
Exposure to Violence in the Community

and universities tend to be presented as contexts of special risk with respect to experiencing violence. Some of the most commonly perpetrated crimes in communities such as college campuses are scams, robberies, physical assaults, and sexual assaults (Office for Victims Crime, 2018b).

Traditionally, the explanation as to why the young population is more vulnerable to crime is related to the routine activities and lifestyles of students (Finkelhor & Asdigian, 1996), but there are other reasons that are associated with the individual’s personal experience. In this context, the approaches presented by critical criminology have led to significant changes in social discourse and have led to the possibility of a better understanding of the relationships among youth, crime and victimization (Francis, 2007).

Since the 1980s, the perspectives of the new criminology (Young, 2013) have promoted interest in studies focused on youth and their experiences with violence and crime. According to this approach, responses to crime and violence must be based on the lived experiences of populations and communities given their historical and structural contexts (Scraton & Chadwick, 2013).

Thus, as written by Walklate (2003, cited Francis, 2007), with regards to exposure to violence, victimization processes are better understood if we take into account the social, economic, political and cultural contexts. Accordingly, from this perspective, we examine crime and the victimization experience in the context of gender relations.

EXPOSURE TO VIOLENCE AND GENDER

In the domain of victimology, women have been conceptualized as victims, and men have been perceived as the nonvictim, which is a belief that seems to result from certain myths and gender stereotypes. This premise, however, is inconsistent with data from victim surveys that indicate men have an increased risk of experiencing all forms of criminal victimization, especially violent crime, both on the street and in public spaces (see Davies, 2018). However, this pattern of gender-based victimization appears to change dramatically if we take into account certain types of crimes occurring

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in the private sphere, such as sexual crimes and domestic violence, where women are identified as constituting the main victims of these types of interpersonal violence (Davies, 2018). Indeed, several studies (e.g., Berta, Ornelas, & Maria, 2007; Machado, 2004; Winzer, 2016) have concluded that women are the most vulnerable and most likely to experience such crimes. As an example, a study conducted in Portugal (Nunes, Sani, Caridade, Sousa, & Dinis, 2018) with a sample of 307 university students, aged between 18 and 48 years, assessed the participants’ perceptions regarding crime and victimization, their feelings of security and their perceptions about police activity. This study found that females expressed greater sensitivity toward these issues than did their male counterparts. More specifically, gender differences were observed in the perceptions of the frequency of certain crimes, such as domestic violence against or among minors, domestic violence against or among boyfriends and spouses, and the level of fears produced by certain crimes, such as robbery, assault, and sexual assault, all crimes that generally involve significant levels of violence and/or which presuppose a close level of interpersonal contact.

The greater vulnerability of women to victimization has been primarily attributed to the role of women in society, which is characterized by social inequality and opportunities and which causes women to experience a greater sense of insecurity as well as more physical and sexual violence compared to that of men (Riswan & Thaseem, 2018). Similarly, it has been argued that sexual violence and its implicit threat are an integral part of a woman’s identity, and it plays an important role in regulating the social experiences of women. A woman's greater concern about certain interpersonal crimes also seems inseparable from a greater awareness and perception of physical and social vulnerability, which is often associated with the construction of the woman’s femininity (Hollander, 2001). Such expectations and perceptions limit women's access to the community space and constrains their freedom, leading them to adopt different strategies, such as avoidance and protection, to ensure their safety in the interactions they establish with others, whether in a public or a private context (Berta et al., 2007).
Hence, it is precisely within the community that the vulnerabilities and conditions linked to gender and age are felt, causing individuals to perceive themselves as possible targets of victimization. Therefore, this bridge with the community and the security felt by its members is imperative to the exploration of the theoretical rationale proposed herein.

EXPOSURE TO VIOLENCE IN THE COMMUNITY AND LOCAL SECURITY DIAGNOSIS STUDIES

The community consists of the whole group and space in which individuals, institutions and activities unite and organize in a common life within the context of a greater (or lesser) sense of belonging of its members under specific, formal and informal social control (Campos, 1996).

In operational terms, the community can be defined in an abstract or territorial way. For example, in more abstract terms, community refers to social groups and networks, while at the territorial level, community corresponds to territory and shared resources, collective actions and identities (Ornelas & Vargas-Moniz, 2016). The idea of community is associated with the very concept of citizenship that refers, generally, to active participation in what is common; thus, it is an idea that is structural in the development of security activities (Silva, 2010).

Born from the concern of President Kennedy (United States of America) in the 1960s and essentially focused on mental health (Ornelas, 1997), community psychology is now an important factor to other contexts such as violence and crime, and as such, it is now related to problematic communities. In this domain, there is a need to collect information that allows for a realistic diagnosis, especially of urban areas and communities that present themselves as problematic. Some communities are differentially organized and structured. In fact, social problems are present in many of these communities, and such community problems are understood to be produced by problematic individuals (Evans, 2015). That said it is not the communities that are problematic, but rather the elements of these
communities. Thus, it is important to analyze violence within the context of the community, and this should include the observations of the most vulnerable groups as well as the vulnerabilizing conditions to which are added specific risks. These issues, in turn, are linked to safety aspects and the perceptions of these aspects at the individual and community levels.

Hence, to better understand what is happening in each community, it is necessary to evaluate each one, beginning with the individuals who share the spaces and territories. Additionally, as each community is differentially organized and has its own serious social problems and peculiarities, these aspects must also be considered. According to the Direcção Geral de Administração Interna (2009), the provision of diagnoses makes it possible to support public and private social control to reinforce security through measures adapted to the realities of each community, including their individual challenges and problems. In particular, the context of vulnerable populations, such as students away from their families and those who are stigmatized and excluded, should also be considered. Finally, given their sociodemographic characteristics, gender and age group must be considered in these evaluations.

Studies of problematic communities have been conducted in which families, also considered to be problematic and comprised of equally problematic individuals, are included (Dornbush, Erikson, Laird, & Wong, 2001; Matos & Sousa, 2006). Therefore, attention is increasingly focused on the particular characteristics, including risks, needs, and available resources, of each community. These factors remain the focus of studies (e.g., Dobay, & Ulman, 2017) that seek to identify the vulnerability of specific communities.

Among these studies, there are some worthy of note. For example, agencies in Portugal have sought to portray some communities in which populations are particularly vulnerable to violence. More specifically, in our previous work in urban areas, where the population is predominantly elderly, Nunes and Sani (2014) identified a perception of increased crime in more than 80% of the respondents, with more than 40% of the subjects perceiving police activity as noneffective, a perception that results in beliefs of reduced protection. The authors, in cooperation with other researchers (Nunes et al.,
Exposure to Violence in the Community

2018), also studied a community in which the police authorities recognize the presence of serious problems, specifically a region with a high concentration of universities and a student population that displaced from their family units. In the study, in which 307 university students participated, the authors verified the experiences of self-reported victimization, wherein 15% of the respondents did not always report to the authorities. While robbery, physical assault and theft were the most feared crimes, theft, robbery, damage to public equipment and drug trafficking were the most observed crimes. Other studies conducted in other communities are considered problematic (e.g., Sani & Nunes, 2014) according to international parameters established in the guidelines of Local Safety Diagnostics (DLS) programs.

These diagnoses have been internationally recommended (EU Forum, 2007; International Center for the Prevention of Crime, 2010) and considered from the perspective of criminal prevention. Studies regarding local aspects and population perceptions with respect to safety have also been conducted at the international level (e.g., Calaresu & Tebaldi, 2015; Terpstra, 2008).

CONCLUSION

The study of victims and victimization must now be viewed from a critical perspective in which assumptions, concepts, and approaches are challenged to understand the nature and the extent to which certain phenomena affect certain groups. The research must identify the needs of these groups and find the best way to respond to them. In this chapter, we have analyzed the unequal distribution of criminal victimization in the community according to two variables: age and gender. Although these variables are assumed to be intrinsically related, an approach focused on each one opens the door to understanding the patterns of victimization and the differential nature of the risk of certain populations. It is particularly relevant to analyze these aspects among populations that are inserted into communities whose specificities can translate conditions in which age and

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gender reveal themselves with more or less impact on the possibility of experiencing victimization.

Furthermore, it is important to note that vulnerability and risk are not produced exclusively by context, as both are constructs of social interactions and discourses. Thus, the relevance of an evaluation that values the perceptions of the populations and the understandings of the experiences of criminal victimization serves the purpose of producing a social, political, and criminal response adjusted to the needs of the victims of crime.

From a social recognition perspective, it is crucial to give visibility to victimization based on local diagnoses that analyze criminal occurrences and encompass the feelings of the relevant populations with respect to (in)security. The development of awareness-raising actions that incorporate a primary preventive character and are aimed at the population who is identified by Local Security Diagnoses as particularly vulnerable, can benefit global risk management policymakers. Any prevention technique is effective when the actions and strategies are implemented within the proper context and when the targets themselves assure the proper management of this risk, thus assuming that which is their social responsibility.

Research has shown that effectiveness in combating violence and crime benefits most from structural measures that mobilize a network of entities aimed at reducing the risk of exposure to violence. There must be close and continuous coordination among academics, police, victim support agencies, social reintegration services and strategies and policies designed to prevent criminal activity.

It is important to assess these actions from the perspective that violence and crime are not tolerable and that the existing laws must be applied without discretion to punish those who perpetrate such actions upon others.

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Chapter 2

SAME-SEX INTIMATE PARTNER VIOLENCE: PREVALENCE AND CHARACTERISTICS

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ABSTRACT

Both in the international context and in the Portuguese context, there is growing scientific recognition regarding the existence of violence in intimate relationships between partners of the same sex. As in heterosexual relationships, there are predictive factors, related to violence in same-sex

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relationships, which are specific to the relationship dynamics of this population. Being a constantly evolving problem, it is becoming increasingly urgent to create specific methodologies able to evaluate the prevalence of this phenomenon, as well as methodologies having a preventive and interventional character. In the present article, a systematic review of the literature on the prevalence of violence in couples with homosexual orientation, namely gay and lesbian, is carried out, and the theme of the risk factors present in these relationships, more specifically in the individuals that constitute the couple, is addressed. According to the results of this literature review study there are different types of abuse and psychological aggression is assuming greater prominence. There are a number of risk factors for same-sex intimate partner violence (IPV), but literature reviews focusing exclusively on the study of risk factors are confusing and scarce, being necessary to develop further accurate scientific studies about the characteristics and risk factors for IPV in same-sex relationships for better understanding of the phenomenon, in order to reduce prevalence and work on prevention.

Keywords: prevalence, risk factors, same-sex relationships, intimate partner violence (IPV), gay and lesbian

INTRODUCTION

Research on domestic violence in same-sex relationships has a recent history (Hester, Donovan, & Fahmy, 2010). In fact, the study on same-sex violence began in the late 1980s and early 1990s (Badenes-Ribera, Bonilla-Campos, Frias-Navarro, PonsSalvador, & Monterde-i-Bort, 2015). Although literature and research on same-sex violence began in the United States of America (US) in 1978, older studies focused primarily on the lesbian population (Hester et al., 2010; Kulkin, Williams, Borne, Bretonne, & Laurendine, 2007; Rohrbaugh, 2006). Since then, the number of studies exploring this subject has increased significantly, extending to different countries (Chong, Mak, & Kwong, 2013; Hester et al., 2010).

Some studies suggest that the prevalence of domestic violence in same-sex relationships may be similar to that of heterosexual relationships, however, what differs is the help-seeking behavior (Hester et al., 2010; McClennen, 2005). Recent studies have shown prevalence rates ranging
from 17% to 52%, and between 25% and 50% in gay and lesbian relationships, respectively (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011; Eaton, Kaufman, Fuhrel, Cain, Cherry, Pope, & Kalichman, 2008). According to Carvalho and colleagues (2011), same-sex intimate partner violence (IPV) occurs at a rate comparable or lower than the heterosexual IPV rates. However, and according to Turell (2000), there are studies revealing a higher prevalence of same-sex IPV, compared to heterosexual relationships.

Estimates of prevalence of same-sex IPV may vary with regard to the male population and the female population, as seen. Thus, prevalence rates reported in studies of the lesbian population cannot be generalized with respect to rates for gay, and overall prevalence rates can lead to significant sexual differences (Carvalho et al., 2011), due to differences in type of sample or gender, among other peculiarities that distinguish the sample types studied and, therefore, the results listed in the studies. The analysis carried out, and therefore the conclusions drawn on the prevalence rates of same-sex IPV, are hampered by several aspects: unreported episodes; difficulties in distinguishing perpetrators from victims, or the existence of two-way abuse; the absence of a concise definition of abuse between partners; the difficulty in obtaining representative samples of the population in question; and the lack of consideration of sexual differences (Murray, Mobley, Buford, & Seaman-DeJohn, 2007).

In the Portuguese context, despite the social mobilization of the institutions supporting the lesbian, gay, bisexual and transgender (LGBT) community, there are still few published works about this subject. In Portugal, research has focused, for the most part, on the study of the prevalence, dynamics and impact of same-sex IPV (e.g., Antunes & Machado, 2005; Costa et al., 2009; Domingues, 2015; Nunan, 2004; Topa, 2010), however, work has been done on the attitudes and responses of professionals to this problem (e.g., Monteiro & Sani, 2013; Topa, 2009). The existence of studies dealing with this problem leads to a greater knowledge of this area, resulting, therefore, in an increase/improvement of services provided to the community.
METHODODOLOGY

Research Procedures

The research was carried out using the B-On, PsycINFO, PubMed and Sage databases, in accordance with the criteria of keywords and Boolean operators: (Prevalence of violence AND risk factors) AND (same-sex relationships OR same-gender relationships OR gay couples OR lesbian couples). In order to select all eligible articles, which might not be included in the databases searched for, the research also included the snowball search method, exploring citations of relevant articles, and conducting online research, i.e., university repositories, among other credible sites that address this issue. The research was carried out from February to April 2016.

Criteria for Inclusion and Exclusion

Regarding the inclusion criteria, the following were used: (a) studies in English, Portuguese and Spanish; b) published articles from the year 2000 to February 2016, unless a reference study is published in between; c) studies with a sample of 18 years of age or more; d) qualitative, quantitative and mixed studies; e) works of literature review or theoretical discussion; f) studies and articles on homosexuals only. Regarding the exclusion criteria, the following were used: a) studies not written in English, Portuguese and Spanish; b) studies with a sample of less than 18 years of age; c) studies and articles focusing only on violence in heterosexual relationships.

At stage 1, after reading the titles and the abstracts of all works, 98 results were excluded, resulting in 27 articles.

Selection of Articles

When considering the inclusion and exclusion criteria mentioned above, a total of 125 results were obtained for the database (65 in B-On, 2 in
PsycINFO, 16 in PubMed and 42 in Sage). The selection of articles was carried out in three stages (cf. Figure 1).

Figure 1. Fluxogram with the selection of articles for systematic review about same-sex intimate partner violence.

In the second stage, the 27 articles were fully analysed. In this analysis, 10 articles were excluded, which did not meet the inclusion criteria: an article because it was related only to the perpetration of violence in the female context.
female context; an article that did not fit the subject; three articles related only to professional practice/professional context; four articles in which the population did not correspond to the population to be studied (e.g., a sample of only men with human immunodeficiency virus (HIV), adolescent sample) and an article that was repeated in two databases. Thus, from this stage 17 articles were kept.

After the research carried out in the electronic databases, the snowball search method was used, resulting in 14 papers for analysis in the present study. The online research resulted in six papers for analysis. The research also focused books, allowing to obtain one result. The total number of results was 21. Thus, for the accomplishment of the present work a total of 38 articles were used. It should be noted that the selection of the studies in the three stages was accomplished through the reading and analysis by two researchers. In case of possible doubts, a third researcher was recruited.

**RESULTS**

The most relevant data were extracted from empirical studies. It should be noted that, in relation to studies of prevalence of the phenomenon, there are 17 studies in total (cf. Table 1).

Regarding to studies related to risk factors associated with same-sex IPV, there are five studies carried out, addressing only to this subject (cf. Table 2).

Thus, in this study, studies that focus on the topic of prevalence, but still address the issue of risk factors, were used (e.g., Antunes & Machado, 2005; Greenwood, Relf, Bu Huang, Pollack, Canchola, & Catania, 2002) in order to complement this issue. Therefore, in this category, these studies (i.e., Antunes & Machado, 2005; Greenwood et al., 2002) will not be characterized twice. Only the results obtained through them will be explained. Since they are studies focusing on the analysis of the prevalence of the phenomenon, they will be characterized together with the prevalence studies.
Table 1. Location and design type of studies on the prevalence of same-sex IPV ($n = 17$)

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States of America (US) (location not specified)</td>
<td>$n = 4$ (Greenwood, Relf, Bu Huang, Pollack, Canchola, &amp; Catania, 2002; Lockhart, White, Causby, &amp; Isaac, 1994; McClennen, Summers, &amp; Daley, 2002; Messinger, 2011).</td>
<td></td>
</tr>
<tr>
<td>Portugal</td>
<td>$n = 3$ (Antunes &amp; Machado, 2005; Costa, Machado, &amp; Antunes, 2009; Domingues, 2015).</td>
<td></td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>$n = 2$ (Mena, Rodríguez, &amp; Malavé, 2005; Toro-Alfonso &amp; Rodríguez-Madera, 2004).</td>
<td></td>
</tr>
<tr>
<td>Vancouver, Canada</td>
<td>$n = 2$ (Bartholomew, Regan, White, &amp; Oram, 2008a; Stanley, Bartholomew, Taylor, Oram, &amp; Landolt, 2006).</td>
<td></td>
</tr>
<tr>
<td>US and Venezuela</td>
<td>$n = 1$ (Burke, Jordan, &amp; Owen, 2002).</td>
<td></td>
</tr>
<tr>
<td>Chicago, US</td>
<td>$n = 1$ (Houston &amp; McKirnan, 2007).</td>
<td></td>
</tr>
<tr>
<td>Canada</td>
<td>$n = 1$ (Ristock, 2003).</td>
<td></td>
</tr>
<tr>
<td>Atlanta, US</td>
<td>$n = 1$ (Eaton, Kaufman, Fuhrel, Cain, Cherry, Pope, &amp; Kalichman, 2008).</td>
<td></td>
</tr>
<tr>
<td>Houston, US</td>
<td>$n = 1$ (Turell, 2000).</td>
<td></td>
</tr>
<tr>
<td>Design type</td>
<td>Number</td>
<td>Studies</td>
</tr>
<tr>
<td>Exploratory</td>
<td>$n = 6$ (Antunes &amp; Machado, 2005; Costa, Machado, &amp; Antunes, 2009; Domingues, 2015; Greenwood, Relf, Bu Huang, Pollack, Canchola, &amp; Catania, 2002; Lockhart, White, Causby, &amp; Isaac, 1994; Messinger, 2011).</td>
<td></td>
</tr>
<tr>
<td>Comparative</td>
<td>$n = 2$ (Burke, Jordan, &amp; Owen, 2002; Mena, Rodríguez, &amp; Malavé, 2005).</td>
<td></td>
</tr>
<tr>
<td>Descriptive</td>
<td>$n = 2$ (Toro-Alfonso &amp; Rodríguez-Madera, 2004; Turell, 2000).</td>
<td></td>
</tr>
<tr>
<td>Qualitative</td>
<td>$n = 2$ (Ristock, 2003; Stanley, Bartholomew, Taylor, Oram, &amp; Landolt, 2006).</td>
<td></td>
</tr>
<tr>
<td>Transversal</td>
<td>$n = 1$ (Eaton, Kaufman, Fuhrel, Cain, Cherry, Pope, &amp; Kalichman, 2008).</td>
<td></td>
</tr>
<tr>
<td>Not specified</td>
<td>$n = 4$ (Bartholomew, Regan, White, &amp; Oram, 2008a; Houston &amp; McKirnan, 2007; McClennen, Summers, &amp; Daley, 2002; Oringher &amp; Samuelson, 2011).</td>
<td></td>
</tr>
</tbody>
</table>
Table 2. Location and design type of studies on the risk factors of same-sex intimate partner violence (n = 5)

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States of America (location not specified)</td>
<td>n = 1</td>
<td>(Carvalho, Lewis, Derlega, Winstead, &amp; Viggiano, 2011).</td>
</tr>
<tr>
<td>Vancouver, Canada</td>
<td>n = 1</td>
<td>(Bartholomew, Regan, Oram, &amp; White, 2008b).</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>n = 1</td>
<td>(Hester, Donovan, &amp; Fahmy, 2010).</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>n = 1</td>
<td>(Chong, Mak, &amp; Kwong, 2013).</td>
</tr>
<tr>
<td>Australia</td>
<td>n = 1</td>
<td>(Kay &amp; Jeffries, 2010).</td>
</tr>
</tbody>
</table>

Design type

<table>
<thead>
<tr>
<th>Number</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploratory</td>
<td>n = 1 (Chong, Mak, &amp; Kwong, 2013).</td>
</tr>
<tr>
<td>Descriptive</td>
<td>n = 1 (Carvalho, Lewis, Derlega, Winstead, &amp; Viggiano, 2011).</td>
</tr>
<tr>
<td>Not specified</td>
<td>n = 3 (Bartholomew, Regan, Oram, &amp; White, 2008b; Hester, Donovan, &amp; Fahmy, 2010; Kay &amp; Jeffries, 2010).</td>
</tr>
</tbody>
</table>

Hence, there are 17 prevalence studies and five studies on risk factors in total, plus two more prevalence studies that also address the subject of risk factors, the characterization of which will be carried out together with the prevalence studies, but the results will also be presented in the topic of risk factors. For empirical studies, data regarding the authors; year of study publication; country where it was carried out; study design; sample/participants; prevalence data and main results, were selected. With respect to the five literature reviews, addressing the risk factors, data were collected regarding the authors; year of publication and main conclusions.

Empirical Studies on the Prevalence and Risk Factors of Same-Sex Intimate Partner Violence

Characteristics of the Samples/Participants

In order to better understand this section, it is pertinent to distinguish between the prevalence studies of same-sex IPV using mixed samples, i.e., gay, lesbian, bisexual and transgender men and women, studies that used...
only men samples and studies that used only women samples. Regarding the constitution of the samples with respect to the sex variable, for studies using mixed samples, four studies used a mixed sample, men and women (Antunes & Machado, 2005; Burke et al., 2002; Costa et al., 2009; Messinger, 2011), two studies used a sample that included gays, lesbians, bisexuals and transgenders (Mena et al., 2005; Turell, 2000), and one study used a sample that included gays, lesbians and bisexuals (Domingues, 2015).

Concerning the size of the sample, for the studies using a mixed sample, there is a considerable variability in terms of size, namely a study involving a sample of 63 participants (Antunes & Machado, 2005), two studies with 70 participants (n = 72 and n = 74, respectively) (Burke et al., 2002; Domingues, 2015), a study using a sample of 151 participants (Costa et al., 2009), a study with a sample of 201 participants (Mena et al., 2005), a study including a sample of 499 participants (Turell, 2000), and a study comprising a sample of 14,182 participants (Messinger, 2011).

Relating the age groups presented in the studies with mixed sample, the age ranges varied between 15 (Costa et al., 2009)/16 (Turell, 2000) and 18 (Burke et al., 2002; Messinger, 2011)/20 (Antunes & Machado, 2005; Mena et al., 2005), until 59 (Burke et al., 2002)/60 (Antunes & Machado, 2005; Costa et al., 2009; Mena et al., 2005)/74 years of age (Turell, 2000). Only one study differentiated age groups according to sexual orientation, gay, lesbian, bisexual (Domingues, 2015).

Of other sociodemographic or static variables presented in the studies with mixed sample, the most referenced were gender (Burke et al., 2002; Mena et al., 2005; Turell, 2000), race/ethnicity (Burke et al., 2002; Messinger, 2011; Turell, 2000), sexual orientation (Antunes & Machado, 2005; Costa et al., 2009; Mena et al., 2005; Messinger, 2011; Turell, 2000), education/literacy (Antunes & Machado, 2005; Domingues, 2015; Messinger, 2011), income (Messinger, 2011), the district of residence (Antunes & Machado, 2005; Domingues, 2015), and the nationality, social class, profession and duration of the intimate relationship (Domingues, 2015).

As far as sampling is concerned, for the sex variable, for studies using men samples, four studies involved a sample of gays and bisexuals
(Bartholomew et al., 2008a; Houston & McKirnan, 2007; Oringher & Samuelson, 2011; Toro-Alfonso & Rodríguez-Madera, 2004), a study comprises a sample of homosexual and bisexual men (Stanley et al., 2006), and a study includes a sample of homosexual men, who self-labeled as gays, bisexual and heterosexual men (Greenwood et al., 2002).

With regard to the size of the sample, for studies using men samples, one study contemplates a sample of 69 participants (Stanley et al., 2006), two studies include samples between 117 (Oringher & Samuelson, 2011) and 199 (Toro-Alfonso & Rodríguez-Madera, 2004) participants, a study was carried out with a sample of 284 participants (Bartholomew et al., 2008a), a study comprised a sample of 817 participants (Houston & McKirnan, 2007), and one study presents a sample of 2,881 participants (Greenwood et al., 2002).

For the age ranges presented in the studies using men samples, one study has ages ranging from 18 to 60 years or older (Greenwood et al., 2002), two studies have age groups between the ages of 20 and 71 (Bartholomew et al., 2008a; Oringher & Samuelson, 2011), a study comprised age ranging between 25 and 63 years (Stanley et al., 2006) and two studies present the mean age of 29 years (Toro-Alfonso & Rodríguez-Madera, 2004) and 33 years (Houston & McKirnan, 2007).

As far as the inclusion of other sociodemographic or static variables, presented in the studies that used men samples, the most referenced were race/ethnicity (Bartholomew et al., 2008a; Greenwood et al., 2002; Houston & McKirnan, 2007; Oringher & Samuelson, 2011; Stanley et al., 2006), sexual orientation (Bartholomew et al., 2008a; Greenwood et al., 2002; Houston & McKirnan, 2007; Oringher & Samuelson, 2011; Stanley et al., 2006; Toro-Alfonso & Rodríguez-Madera, 2004), education (Greenwood et al., 2002; Houston & McKirnan, 2007), income (Greenwood et al., 2002; Houston & McKirnan, 2007), and the occupation, district of residence and HIV positive status (Greenwood et al., 2002).

In relation to the samples sex composition, for studies with women samples, two studies focused on samples of lesbian women (Lockhart et al., 1994; McClennen et al., 2002), a study focused on a sample of women who were currently in a relationship or who had had a previous relationship with
same-sex partners (Eaton et al., 2008), and one study focused on a sample of women identifying themselves as gay (lesbian), bisexual, queer, heterosexual and transgender (Ristock, 2003).

Regarding the size of the sample, for studies with women samples, two studies include a sample between 80 (Ristock, 2003) and 100 participants (McClennen et al., 2002), a study presents a sample of 226 participants (Eaton et al., 2008), and a study contemplates a sample of 284 participants (Lockhart et al., 1994). As for the age groups presented in the studies with women samples, a study presents ages ranging from 18 to 66 years (Ristock, 2003), a study comprises ages between 21 and 60 years (Lockhart et al., 1994), and and two studies differentiate the mean ages according to: abused women (M = 37.33) and nonabused women (M = 39.35) (McClennen et al., 2002) and whether they have a history of same-sex IPV (M = 33.5) or if they present no history of same-sex IPV (M = 33.1) (Eaton et al., 2008).

As far as the inclusion of other sociodemographic or static variables, presented in the studies that consider women samples, the variables with more emphasis are race/ethnicity (Eaton et al., 2008; Lockhart et al., 1994; McClennen et al., 2002; Ristock, 2003), sexual orientation (Eaton et al., 2008; Ristock, 2003), occupation (Eaton et al., 2008; Lockhart et al., 1994), income (Eaton et al., 2008; Lockhart et al., 1994), education/schooling (Eaton et al., 2008; Lockhart et al., 1994), social class (Ristock, 2003), and the type of relationship (Eaton et al., 2008).

Regarding the constitution of the samples for the sex variable, in relation to the studies addressing the topic of risk factors, a study focused on a sample of gays and lesbians (Carvalho et al., 2011), a study contemplated a sample of gays and bisexuals (Bartholomew et al., 2008b), a study used a sample of four representatives of organizations that support the gay community (Kay & Jeffries, 2010), a sample included heterosexual men and women, lesbians, gays, queer, bisexuals and transgenders (Hester et al., 2010), and one study used lesbian, gay and bisexual (LGB) sample (Chong et al., 2013).

As far as sample size is concerned, for studies addressing the subject of risk factors, one study contained a sample of 90 participants (Hester et al., 2010), a study involved a sample of 186 participants (Bartholomew et al., 2008b), a study had a sample of 306 participants (Chong et al., 2013), a study

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used a sample of 581 participants (Carvalho et al., 2011), and a study contained a sample of representatives of four organizations providing support services to victims of same-sex male IPV (Kay & Jeffries, 2010).

Regarding the age groups presented in the studies concerning the topic of risk factors, one study presented ages ranging from 18 to 51 years or more (Carvalho et al., 2011), a study presented ages ranging from 20 to 71 years (Bartholomew et al., 2008b), a study presented a mean age of 26.27 years (Chong et al., 2013), and two studies do not refer to this criterion (Hester et al., 2010; Kay & Jeffries, 2010).

In what relates the inclusion of other sociodemographic or static variables, for studies about the risk factors, the variables with the greatest emphasis are sexual orientation (Bartholomew et al., 2008b; Carvalho et al., 2011; Chong et al., 2013), the type and time of relationship (Bartholomew et al., 2008b; Carvalho et al., 2011; Chong et al., 2013), education (Bartholomew et al., 2008b; Carvalho et al., 2011; Chong et al., 2013), race/ethnicity (Carvalho et al., 2011; Chong et al., 2013), and income, experiences of childhood abuse and occupation (Chong et al., 2013). Two studies (Hester et al., 2010; Kay & Jeffries, 2010) do not refer to this criterion.

Recruitment Context and Sampling Process

In relation to the recruitment context, with respect to the prevalence studies using a mixed sample, two studies collected the sample with the help of associations to defend the rights of the homosexual population (Antunes & Machado, 2005; Costa et al., 2009), a study collected the sample online, using the snowball method (Burke et al., 2002), a study collected the sample of lesbian and gay subjects selected by availability and that have been living together for sixth or more months (Mena et al., 2005), a study collected the sample in the scope of National Violence Against Women Survey (Messinger, 2011), a study collected the sample by sending emails and through the collaboration of various organizations working with the homosexual population and student associations/nuclei (Domingues, 2015), and a study collected the sample through LGBT social, political, religious groups and through the assistance of medical and mental health professionals.
professionals, local bookstores, community centers, and women’s centers (Turell, 2000).

Regarding the recruitment context, for prevalence studies using only male samples, one study collected the sample in places frequented by gay and bisexual men, “Black Gay Pride” events, latin clubs and local street fair (Houston & McKirnan, 2007), one study collected the sample in the community where the study was conducted (Stanley et al., 2006), a study collected the sample in a community of gay and bisexual men (Bartholomew et al., 2008a), a study collected the sample through lists of commercial addresses of homosexuals and through census data (Greenwood et al., 2002), a study collected the sample online, by sending e-mails to LGBT lists and through community centers in the study area (Oringher & Samuelson, 2011), and a study collected the sample through organizations providing services to homosexuals, through social networks and through the sending of letters (Toro-Alfonso & Rodríguez-Madera, 2004).

Concerning the recruitment context, with respect to prevalence studies that used only women samples, one study collected the sample at a music festival for women (Lockhart et al., 1994), one study through a gay pride event (Eaton et al., 2008), one study through member agencies of the National Coalition of Anti-Violence Programs, personal invitations, ads placed in local and national publications targeted to the lesbian population, and two Pride festivals (McClenen et al., 2002), and one study through notices placed in gay and lesbian community newspapers, women’s libraries, women’s bars and a variety of LGBT and feminist organizations (Ristock, 2003).

With regard to the sampling process, for all studies on the prevalence of same-sex IPV, five studies have adopted a random sampling process (Bartholomew et al., 2008a; Greenwood et al., 2002; Ristock, 2003; Stanley et al., 2006; Turell, 2000), three studies have adopted a non-random sampling process (Lockhart et al., 1994; Mena et al., 2005; Oringher & Samuelson, 2011), a study adopted a multiframe sampling process (Houston & McKirnan, 2007), six studies have used convenience samples (Antunes & Machado, 2005; Burke et al., 2002; Costa et al., 2009; Eaton et al., 2008; McClennen et al., 2002; Toro-Alfonso & Rodríguez-Madera, 2004), a study
adopted the snowball method (Domingues, 2015), and a study does not mention the process used (Messinger, 2011).

With respect to the recruitment context, in studies on risk factors, one study collected the sample by disseminating the study in gay/lesbian newspapers, the internet, gay/lesbian festivals, bookstores, organizations and through personal and professional contacts (Carvalho et al., 2011), a study obtained the sample through telephone interviews in the scope of the West End Relationships Project (Bartholomew et al., 2008b), a study acquired the sample by disseminating the study to LGB organizations, internet platforms related to LGB population, emails and electronic ads sent to subscribers and members of various LGB affiliated local sites, launch of electronic banners on popular LGB sites of entertainment and socialization and through the dissemination of the study in “Hong Kong Lesbian and Gay Film,” “Video Festival” and “Gay Pride Parade” (Chong et al., 2013), a study collected the sampled by disseminating the study to organizations that provide support to the lesbian, gay, bisexual, transgender and intersex community (LGBTI), medical centers, counseling and police services (Kay & Jeffries, 2010) and, finally, a study collected the sample in the community where the study was performed (Hester et al., 2010).

As far as the sampling process is concerned, in studies on risk factors, one study adopted the random sampling process (Bartholomew et al., 2008b), a study used a non-probabilistic sampling technique (Chong et al., 2013), a study adopted the snowball method (Carvalho et al., 2011), and two studies do not refer to the process used (Hester et al., 2010; Kay & Jeffries, 2010).

Table 3. Instruments used in the studies

<table>
<thead>
<tr>
<th>Author(s) of the Study</th>
<th>Used Instrument/Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence Studies with Mixed Sampling</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Author(s) of the Study</th>
<th>Used Instrument/Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costa, Machado, &amp; Antunes</td>
<td>Inventário de Violência Conjugal adaptado para as relações homossexuais [Inventory of Conjugal Violence adapted to homosexual relationships] (Costa &amp; Machado, 2007)</td>
</tr>
<tr>
<td>Mena, Rodríguez, &amp; Malavé</td>
<td>Escala para Medir la Violencia Doméstica y las Destrezas para el Manejo de Conflictos en Parejas Gay Puertorriqueños [Scale to Measure Domestic Violence and Conflict Management Skills in Puerto Rican Gay Couples] (Toro-Alfonso &amp; Rodríguez-Madera, 2000)</td>
</tr>
<tr>
<td>Messinger (2011)</td>
<td>Conflict Tactics Scales (Straus, 1979)</td>
</tr>
</tbody>
</table>

Prevalence Studies with Men Sampling

<table>
<thead>
<tr>
<th>Study</th>
<th>Instrument/Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stanley, Bartholomew, Taylor,</td>
<td>History of Attachments Interview (Henderson, 1998)</td>
</tr>
<tr>
<td>Oram, &amp; Landolt (2006)</td>
<td></td>
</tr>
<tr>
<td>Bartholomew, Regan, White, &amp;</td>
<td>Revised Conflict Tactics Scales (Straus, Hamby, Boney-McCoy, &amp; Sugarman, 1996)</td>
</tr>
<tr>
<td>Oram (2008a)</td>
<td>Modified version of Conflict Tactics Scales (Straus, 1979)</td>
</tr>
<tr>
<td>Greenwood, Relf, Bu Huang,</td>
<td>Modified version of Conflict Tactics Scales (Straus, 1979)</td>
</tr>
<tr>
<td>Pollack, Canchola, &amp; Catania</td>
<td></td>
</tr>
<tr>
<td>(2002)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Green’s Masculinity Attitudes Stress Conformity Scale (Nabavi &amp; Green, 2002)</td>
</tr>
<tr>
<td></td>
<td>Conflict Tactic Scale–Second Edition (Straus, Hamby, BoneyMcCoy, &amp; Sugarman, 1995)</td>
</tr>
<tr>
<td>Toro-Alfonso &amp; Rodríguez-</td>
<td>Self-administered questionnaire* (Toro-Alfonso &amp; Nieves-Rosa, 1996)</td>
</tr>
<tr>
<td>Madera (2004)</td>
<td></td>
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Prevalence Studies with Women Sampling

<table>
<thead>
<tr>
<th>Study</th>
<th>Instrument/Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lockhart, White, Causby, &amp;</td>
<td>Self-report questionnaire without specification* (Lockhart, White, Causby, &amp; Isaac, 1994)</td>
</tr>
<tr>
<td>Isaac (1994)</td>
<td>Conflict Resolution Tactics Scale (Straus’s, 1979)</td>
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<tr>
<td></td>
<td>Semi-structured interview* (Ristock, 2003)</td>
</tr>
<tr>
<td></td>
<td>Focus groups* (Ristock, 2003)</td>
</tr>
<tr>
<td>McClennen, Summers, &amp; Daley</td>
<td>The Lesbian Partner Abuse Scale-Revised (McClennen, Summers, &amp; Daley, 2002)</td>
</tr>
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<td>(2002)</td>
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Table 3. (Continued)

<table>
<thead>
<tr>
<th>Author(s) of the Study</th>
<th>Used Instrument/Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bartholomew, Regan, Oram, &amp; White (2008b)</td>
<td>Telephone interview* (Bartholomew, Regan, Oram, &amp; White, 2008) Follow-up questionnaire* and semi-structured interview* (Bartholomew, Regan, Oram, &amp; White, 2008) Modified version of Conflict Tactics Scales (Straus, 1979) Relationship Scales Questionnaire (Griffin &amp; Bartholomew, 1994) Internalized Homophobia Scale (Wagner, Serafini, Rabkin, Remien, &amp; Williams, 1994)</td>
</tr>
<tr>
<td>Chong, Mak, &amp; Kwong (2013)</td>
<td>Self-administered questionnaire* (Chong, Mak, &amp; Kwong, 2013) Subscales of the Personal and Relationship Profile (Straus, Hamby, Boney-McCoy, &amp; Sugarman, 1999). General Perceived Self-efficacy Scale (Zhang &amp; Schwarzer, 1995) Short-form Internalized Homophobia Scale (Herek, Cogan, &amp; Gillis, 2000) Subscale of the PRP (Straus, Hamby, Boney-McCoy, &amp; Sugarman, 1999) 72-item Revised Conflict Tactics Scale (Straus, Hamby, Boney-McCoy, &amp; Sugarman, 1996)</td>
</tr>
</tbody>
</table>

Note. * Prepared Instrument/Methodology, based on the characteristics of each study.
Same-Sex Intimate Partner Violence

Data from Studies of Prevalence of Same-Sex Intimate Partner Violence and Major Outcomes

Main Goals

For prevalence studies using a mixed sample, the analysis of the prevalence of domestic violence among same-sex individuals was the main objective in six studies (Antunes & Machado, 2005; Burke et al., 2002; Costa et al., 2009; Mena et al., 2005; Messinger, 2011; Turell, 2000). The study on the prevalence of violence and the characteristics associated with the phenomenon of violence in LGB couples, both in terms of victimization and perpetration, in past and present relationships, was then assumed as an empirical objective (Domingues, 2015).

For the prevalence studies using male samples, the main objectives were: exploration of the general nature of IPV among men of the same sex (Stanley et al., 2006); examining patterns of abuse among same-sex partners, both at the level of perpetration and at victimization level (Bartholomew et al., 2008a); measuring the prevalence of victimization among men who have sex with men and identifying their characteristics (Greenwood et al., 2002); describing patterns of abuse among male intimate partners who have sex with men and test the psychosocial factors associated with abuse (Houston & McKirnan, 2007); describing the prevalence rates of IPV regarding perpetration and victimization, exploring the bi-directionality of abuse, and to examine the differences in masculinity rates between men who perpetrate and do not perpetrate violence in intimate relationships (Oringer & Samuelson, 2011); and finally, to identify the prevalence of domestic violence, relating the emotional, physical and sexual forms of abuse, in the participants’ lives, identifying the level of violence in the family of origin, the additive behaviors of the participants and the exposure to these behaviors in childhood and identifying the conflict resolution skills of the participants (Toro-Alfonso & Rodríguez-Madera, 2004).

With regard to prevalence studies that used women samples, the main objectives were: determining the extent and nature of the conflict in lesbian relationships (Lockhart et al., 1994); understanding the dynamics of abusive lesbian relationships and the responses of social service providers to abuse.
(Ristock, 2003); designing and constructing a validated scale to assess power imbalance among lesbian couples, resulting in abuse among partners (McClennen et al., 2002); and finally, to examine the factors that co-exist with interpersonal violence in lesbian relationships and relationship-related power dynamics (Eaton et al., 2008).

**Main Results of Prevalence Studies with Mixed Samples**

Regarding the main results included in the studies, in relation to the prevalence studies using a mixed sample, Burke and colleagues (2002) found that about 68.49% of the sample experienced some form of domestic violence (72.97% of Venezuelan participants and 62.86% of US participants), the most common forms of domestic violence being verbal harassment and prohibition of social contacts (40.28%), about 27% of Venezuelan participants reported that they suffered from violence once or twice compared to 6% of US participants, and 23% of North American participants reported being beaten three times or more compared to 5% of the Venezuelan sample.

In a study, Turell (2000) found that 9% of study participants were victims of some type of violence in the current relationship and 32% of participants were victims of past violence, with emotionally abusive and physically threatening behaviors. With regard to sexually abusive behaviors, 1% reported the same in the current relationship and 9% in past relationships. The author also found that at least one of the items related to monetary abuse was reported by 40% of the sample and that at least one item of emotional abuse was experienced by 83% of participants. Comparing the gender, women reported significantly greater differences in physical abuse (55% vs 44%), coercion (59% vs 42%), threat (57% vs 45%), humiliation (77% vs 62%) and not using children as tools of manipulation (12% vs 5%). Participants who self-identified as bisexuals reported less abuse than gay men, lesbian or homosexual women.

In the study by Antunes and Machado (2005) it was observed that 20.6% of the participants who were involved in a relationship at the time of the study revealed having been victim of at least one abusive act during the last year and 15.9% admitted having adopted some kind of violent behavior.
towards the partner. With regard to victimization, 4.8% referred to violent behavior occurring only once, 1.6% reported violent behavior suffered more than once and 14.3% indicated more than one violent behavior. Of those who referred being abusers, 3.2% reported violent behavior occurring only once and 12.7% more than once. Regarding the current relationship, psychological violence was reported in 12.7% of the sample in relation to the participants who identified themselves as victims. Psychological and physical violence were also reported by about 9.5% of participants who identified themselves as aggressors. As far as sexual violence is concerned, it was not referenced in any way, i.e., victim or aggressor. Regarding previous intimate relationships, 61.9% reported victim behavior on the part of the partner and 46% reported having engaged in some kind of violent behavior against the partner in some past relationship. In both the victim and aggressor aspects, aggressive behaviors predominate (52.4% and 34.9%, respectively). In relation to the types of violence experienced in the past, it is verified that the physical and psychological maltreatment are the most frequently mentioned by the participants, both in the victims and in the perpetrators (34.9% and 25.4%, respectively), followed by isolated psychological maltreatment (19% victims and 12.7% offenders). 1.6% of the sample revealed the existence of combined sexual and psychological victimization. In the case of violent behavior perpetrated in the past by the participants, sexual violence is referenced by 1.6%.

Costa and colleagues (2009) found that 37.7% of study participants reported having been the victim of at least one abusive act perpetrated by their partner in the past year and 39.1% of participants admitted having engaged in some kind of violent behavior toward their intimate partners. As for victimization, 35.1% of participants admitted to have been the victim of at least one act of emotional violence, 24.5% reported being physically assaulted by the intimate partner and 3.3% admitted having been the victim of at least one sexually violent behavior by the partner. Analyzing abusive behaviors, psychological violence was reported more frequently (30.5%), followed by physical abuse (24.5%) and sexual violence (0.7%).

In their study, Mena and colleagues (2005) concluded that 41.6% of sample participants considered that they were victims of domestic violence.
in one of their relationships (20.3% homosexual men and 19.3% lesbian). Psychological abuse was the manifestation of domestic violence identified with greater prevalence on the part of the participants, followed by physical abuse and sexual abuse.

Messinger (2011) verified in a study that the means for victimization in intimate partner physical and sexual violence were higher relative to women and that the means for all forms of intimate partner victimization were higher for the gay or bisexual population, compared to heterosexual participants.

Regarding to victimization behaviors and with respect to the type of violence of which the participants were victims in past relationships, Domingues (2015) found that 32.7% of gays, 42.9% of lesbians and 27.3% of bisexuals reported having suffered at least one act of physical violence. As to current relationships, 10.8% of gays, 21.4% lesbians and 12.5% bisexuals reported this type of violence. About 61.2% of gays, 71.4% of lesbians and 63.6% of bisexuals report having suffered at least one act of psychological/emotional violence in past relationships, and in current relationships 35.1% of gays, 35.7% of lesbians and 75% of bisexuals report this behavior. Regarding sexual violence, in relation to past relationships, at least one such act is reported by 10.2% of gays and 14.3% of lesbians. As far as the current relationship is concerned, 2.7% of gays and 7.1% of lesbians refer to at least one behavior of this kind. In terms of socioeconomic violence, in past relationships, it is reported by 18.4% of gays, 42.9% of lesbians and 18.2% of bisexuals, compared with 10.8% of gays and 14.3% of lesbians. In what concerns outing behavior, in relation to past relationships, this is reported by 12.2% of gays and 9.1% of bisexuals. As far as current relationships are concerned, it is only referred by 2.7% of the gay group. Regarding the frequency of violent behavior received in all three groups, 16.3% of gays, 14.3% of lesbians and 27.3% of bisexuals refer at least once a month. With regard to perpetrating behavior, the results are lower. In terms of physical violence, in past relationships, 24.5% of gays, 35.7% of lesbians and 18.2% of bisexuals reported having practiced at least one act of this nature. With regard to current relationships, 10.8% of gays, 21.4% of lesbians and 12.5% of bisexuals reported having practiced at least one such act. As far as psychological/emotional violence is concerned, it is
reported to have been perpetrated at least once, in previous relationships, by 44.9% of gays, 57.1% of lesbians and 54.5% of bisexuals, compared to current relationships, reported by 35.1% of gays, 21.4% of lesbians and 50% of bisexuals. As far as sexual violence, the practice of at least an act is reported by 2% of gays and 7.1% of lesbians in past relationships, compared to current relationships, where this type of violence is referred by only 2.7% of gays. In past relationships, socioeconomic violence is reported by 8.2% of gays and 21.4% of lesbians, while in current relationships it is reported by 5.4% of gays and 7.1% of lesbians. Regarding outing behaviors, in past relationships, this is referred as having been practiced by 4% of gays. As far as current relationships are concerned this behavior is reported to have been practiced by 2.7% of gays. In what relates the frequency of violent behaviors in the three groups, 25.5% of gays, 35.7% of lesbians and 27.3% of bisexuals report less than once a month.

**Main Results of Prevalence Studies with Men Samples**

Concerning the main results of the studies, in the case of prevalence studies using only male samples, Stanley and colleagues (2006) concluded, in their study, that 39% of the original respondents referred at least one experience of violence in some homosexual relationship. They found that the frequency of violent incidents ranged from one to about forty, with four or fewer violent incidents in 75% of relationships, and only one violent incident in 44% of relationships. In the case of the latter, participants reported that both they and their partners were physically violent, i.e., bidirectional violence. In incidents involving non-reciprocal violence, unilateral violence, participants were the only victims of violence in 29% and the only authors of violence in 27% of the cases.

In their study, Bartholomew and colleagues (2008a) concluded that 41% of men were victims of at least one act of physical abuse and 35% reported having acted with violence towards an intimate partner at least once in the past. About 12% reported having been a victim and perpetrator, bidirectional violence, of physical abuse in the previous relationship, and 10% reported having been a victim and 11% a perpetrator in their current relationship. About 94% of men reported having been the victim of at least one
psychologically abusive act and 96% reported having been psychologically abusive to a male partner in the past. Fewer men reported having experienced psychological abuse in the previous year (64% as victim and perpetrator) or with the current partner (37% as victim and perpetrator). About 12% of men reported having exercised force against their partner or exercised threats to gain sex at some point in the past.

In their study, Greenwood and colleagues (2002) found that 39.2% of participants experienced some kind of victimization in intimate relationships, with 18.2% reporting multiple victimization, i.e., more than one type of victimization during the five years prior to the study. Thirty-four percent of participants experienced psychological abuse, 22% physical abuse and 5.1% sexual abuse.

According to Oringher and Samuelson (2011), 42.7% of the sample referred to physical and sexual conflict as a bidirectional, both victim and perpetrator, 9.4% referred to physical and sexual abuse in the context of a victim, and 3.4% referred to physical and sexual abuse in the context of perpetrator.

In their study, Toro-Alfonso and Rodríguez-Madera (2004) concluded that only 24% of the participants perceived that they were involved in a violent relationship, in which 48% of participants were victims of emotional abuse, 26% of participants were victims of physical abuse and 25% of the participants were victims of sexual abuse. In another aspect, 40% of the participants reported having committed emotional abuse, 24% reported having committed physical abuse and 14% reported having committed sexual abuse.

Finally, in the study by Houston and McKirnan (2007), the authors concluded that, overall, 32.4% of sample participants reported experiencing any form of relationship abuse in past or current intimate relationships. About 20.6% reported experiencing a history of verbal abuse, 19.2% reported experiencing physical violence and 18.5% reported experiencing unwanted sexual activity. About 54% of participants who identified themselves as victims reported more than one form of abuse, 30.8% reported two types of abuse and 23.3% reported all three forms, i.e., verbal, physical, and sexual abuse.
Main Results of Prevalence Studies with Women Samples

In relation to the main results obtained in the studies, Lockhart and colleagues (1994) found that 90% of the participants reported having been the victim of one or more acts of verbal aggression by their intimate partner during the year prior to the investigation, about 31% of respondents reported one or more incidents of physical abuse and 11.6% reported having been subjected to one or more severe forms of physical abuse during the year prior to the research.

Ristock (2003) concluded that of the total number of participants (n = 80) the majority identified themselves as victims of abuse, three participants identified themselves as perpetrators and others identified their role as confusing or changing over the relationship. Various types of abuse have been experienced by women in this sample, including emotional, verbal, physical, financial, sexual abuse, persecution, being hit by objects, property destruction, or driving recklessly in order to scare. Most participants experienced a combination of emotional, verbal, and physical abuse. About 49% of respondents described their first relationship as being abusive, 9% of participants reported mutual aggression with intent to injure their partner and retaliate, 20% reported using violence in their own defense throughout their relationship, and 11% reported the use of violence to end the relationship.

In their study, McClennen and colleagues (2002) found that 57.7% of participants reported experiencing an intimate abusive lesbian relationship and 3% were still in violent relationships. About 91.5% of participants experienced emotional abuse, 63.8% of participants experienced physical abuse, 46.8% of participants experienced financial abuse, and 14.9% of participants experienced another type of abuse. As for the frequency of abuse, 48.9% of the participants had been abused frequently and 37.8% daily or almost daily.

Finally, Eaton and colleagues (2008) concluded that 44% of participants were victims of IPV. With regard to the acts most frequently experienced, 50% experienced verbal harassment, 39% experienced physical violence, 33% experienced threats of physical violence and 17.2% experienced sexual coercion. Approximately 71% of respondents reported having suffered at
least two types of violence from their partner and 41% said they had been the victim of at least four forms of violence.

**Data on the Risk Factors Associated with the Phenomenon of Same-Sex Intimate Partner Violence and Major Outcomes**

**Main Goals**

Regarding the studies that address the issue of risk factors for violence in same-sex relationships, the main objectives were: to examine the association between internalized stressors of sexual minorities and IPV in same-sex relationships, regarding victimization and perpetration in the gay and lesbian population (Carvalho et al., 2011); to investigate the correlates of abuse among male partners with same-sex relationships, regarding victimization and perpetration in the gay and bisexual population (Bartholomew et al., 2008b); to verify whether IPV occurs in same-sex male intimate relationships (gay population), and, if so, how does such violence occur, what contextual triggers sustain such violence, what barriers victims face when leaving abusive relationships and when do they seek support and what services are available and appropriate to the needs of men in violent intimate relationships with other men (Kay & Jeffries, 2010); to investigate domestic violence in same-sex relationships in a sample of heterosexual women and men, lesbian, gay, queer, bisexual and transgender, allowing comparison of behavioral experiences in heterosexual and homosexual relationships (Hester et al., 2010); to assess the effect of an association of risk and protective factors on the perpetration of psychological and physical violence among same-sex couples, in a sample of lesbians, gay men, bisexual women and bisexual men (Chong et al., 2013).

**Main Results**

Relating the main results obtained in studies that address the topic of risk factors, Carvalho and colleagues (2011) concluded that perpetrators of IPV report greater awareness of stigma. Moreover, gay perpetrators report more internalized homophobia, i.e., acceptance by homosexual individuals
of society’s negative attitudes towards homosexuality, and less openness towards their sexual orientation, in comparison with the sexual minority of female perpetrators. Participants reporting victimization and perpetration of IPV are more aware of the greater stigma. Individuals with a high awareness of stigma are more likely to engage in violent relationships. In this sample, the absence of openness, i.e., reserve, relative to sexual orientation is associated with IPV. In this study, internalized homophobia is not associated with IPV.

Bartholomew and colleagues (2008b) found that low levels of education and income were associated with the degree of physical abuse regarding victimization, although these demographic indicators show weak association with psychological abuse. The history of violence in the family tends to be associated with all forms of abuse between partners, and family violence is associated with victimization between partners. The use of substances was strongly associated with partner abuse for all forms of abuse, although, after controlling for bidirectional abuse, it was only significantly associated with victimization. HIV-positive men report higher levels of bidirectional psychological abuse and, to a lesser degree, physical abuse, than HIV-negative men. The wrong public situation, i.e., the way they view their situation towards society, has been positively associated with victimization and perpetration of abuse (bidirectional abuse). Internalized homophobia was positively associated with all forms of abuse, being associated with perpetration of physical and psychological abuse, but not with victimization.

Kay and Jeffries (2010) concluded that all interviewed service providers indicated that IPV occurs in same-sex intimate relationships of males at rates similar to or greater than in heterosexual relationships. In contrast to heterosexual violence, violence among male intimate partners was considered to be underreported. Service providers reported that IPV often occurs in relationships affected by psychological health problems and associated substance abuse. The imbalances of economic power between partners and the ideals related to masculinity, i.e., hegemonic masculinity, were even more prominent as having a crucial role in this social problem. Social homophobia has been described as contextually unique, creating additional tensions in the relations of men to each other. Internalized
homophobia was in turn related to mental health problems and associated substance abuse, which act as contextual triggers for violence.

According to Hester and colleagues (2010), risk factors for abuse include age (under 35 years), low levels of income and short levels of schooling. The results of their study indicated a strong association between the experience of domestic violence and the first same-sex relationship, with respect to homosexual men and women, tending to be associated with younger age groups. Research data indicated that homosexual men are significantly more likely to have controlled costs than homosexual women.

Through their study, Chong and colleagues (2013) concluded that psychological aggression and physical aggression are moderately correlated with same-sex IPV. As for other variables, conflict, dominance and control of anger were all associated with psychological aggression and physical aggression. Substance abuse was positively correlated with physical aggression, and was not significantly related to psychological aggression. However, self-efficacy and internalized homophobia have shown non-significant correlations with any type of abuse. Among the demographic variables, only the income had, a significant correlation with the physical aggression. Participants who had more conflicts and disagreements with their partner, and were dominant in the relationship, were 4.32 times and 2.94 times, respectively, more likely to express psychological aggression, while those who were better able to control anger were 72% less likely to psychologically abuse their partner. Age and cohabitation are statistically significant, the effect of anger control on physical abuse was higher, followed by conflict and substance abuse. Individuals able to manage their anger well were 66% less likely to physically abuse their partner. However, those who had more conflicts with their partner and abused alcohol and/or drugs were respectively 2.24 and 1.96 times more likely to express physical aggression. Due to the fact that among all correlates only conflict and anger management have significant associations with the two types of abuse, physical and psychological, logistic regression analyses were performed to test the mediating role of psychological perpetration in the effects of conflict and anger management, only on physical aggression. Conflict was associated with psychological aggression and psychological aggression was

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associated with physical aggression. Psychological aggression can be a significant mediator of the effect of conflict on physical aggression. Likewise, anger management was associated with psychological aggression and the presence of psychological aggression was related to the presence of physical aggression. The domain, within the same paradigm, and substance abuse, from the psychopathological point of view, were significantly associated with psychological aggression and physical aggression, respectively. Internalized self-efficacy and homophobia were not associated with any type of perpetration in this study. The domain was associated with psychological aggression and substance abuse was significantly related to physical abuse. Psychological aggression is a partial mediator between conflict and physical aggression, and a total mediator between anger management and physical aggression in same-sex partner relationships.

Concerning the two studies on prevalence that also refer to risk factors, in the study by Antunes and Machado (2005), it can be considered that there are factors that may contribute to violence between same-sex couples, namely victim dependence, inequality within the relationship and internalized homophobia. As to the study by Greenwood and colleagues (2002), it is concluded that age and schooling are associated with all forms of mistreatment, and HIV status is associated with all forms of aggression, except sexual aggression. Men who have sex with men between the ages of 40 and younger were substantially more likely than men who have sex with men aged 60 or over to experience sexual assault. Men who have sex with men with graduate or professional degrees are substantially less likely to experience any form of abuse on the part of the partner than men who have sex with men with a university degree or less. Compared to HIV-negative men, HIV-positive men are more likely to be victims of aggression (all types except sexual), while men who have sex with men who are unaware of the possibility of HIV are less likely. Compared to the probability of men having sex with men aged 60 years or over, the likelihood of experiencing any type of aggression was 3.8 for men from 18 to 29 years of age, 3.9 for men from 30 to 39 years, and 2.7 for men from 40 to 49 years old. Men who have sex with men younger than 40 years are about six times more likely to report multiple forms of partner violence, such as men who have sex with men aged
60 or older, while men aged from 40 to 50 years, are about four times more probable. Demographic factors independently associated with victimization were age, status/serological status, and education. Younger age was the strongest and most consistent demographic correlate of all forms of maltreatment in this study.

**Review Articles**

In this section, five literature reviews addressing the topic of the risk factors associated with the phenomenon of violence between same-sex couples are analyzed, in order to complement previous cited studies on this subject.

Thus, according to the analyzed literature, there are predictive factors related to violence in homosexual relationships that are similar to those in heterosexual intimate relationships, but there are also risk factors which are specific to the relationship dynamics of the homosexual population. It should be noted that when referring to risk factors, it means referring to the specifics inherent to a particular person. These factors, together or separated, can determine the likelihood of occurrence or continuity of violence.

After analyzing the existing literature reviews on this subject, it can be verified that the risk factors (predictors) of violence in homosexual intimate relationships can be characterized, in a broader perspective, by the aggressor’s dependence (Balsam, 2001), by the history of prior violence and/or family violence (Murray et al., 2007; Nunan, 2004; Richards, Noret, & Rivers, 2003), by abuse of substances, i.e., alcohol and/or drugs (Murray et al., 2007; Nunan, 2004; Ristock & Timbang, 2005), by mental health problems (Nunan, 2004), by personality characteristics (i.e., aggressor characteristics: low self-esteem, depression, history of aggression and violence, insecurity, manipulative behaviors, low self-control, poor communication skills; victim characteristics: self-blame, avoiding conflict, depression) (Murray et al., 2007; Nunan, 2004; Richards et al., 2003) and by the existence of high levels of psychopathology (e.g., aggressive and antisocial behaviors) of the constituent individuals of the couple (Murray et
al., 2007), by the imbalances of power and status in the couple’s dynamics, by stressful or frustrating life situations (Nunan, 2004), by social isolation in rural communities (Ristock & Timbang, 2005) and by the experience of displacement as a recent immigrant (Ristock & Timbang, 2005).

In a more specific context of homosexual relationships, the following risk factors can be characterized: internalized homophobia (Murray et al., 2007; Nunan, 2004), heterosexism (Murray et al., 2007), positive HIV diagnosis (i.e., existence of a carrier partner, more specifically in gay and bisexual relationships) (Murray et al., 2007; Nunan, 2004; Richards et al., 2003; Ristock & Timbang, 2005), and an early age, among gay men (Murray et al., 2007).

**CONCLUSION**

It is clear that IPV is a personal and social problem that has implications at different levels. However, the visibility of this phenomenon has long been overlooked. Of the various reasons why this problem has been neglected, are the stigma and homophobia present in society in this regard, the discrimination that is carried out in relation to this population and the conviction that man has the role of aggressor and the woman the role of victim. These issues reinforce the victim’s role of denial of victimization, resulting in the scarcity of cases where victims seek help and make their reality known.

In terms of prevalence analysis of the IPV phenomenon, this review study reveals how the variability of the estimates were largely related to the fact that the studies did not share the same concept of IPV or the same definitions of various typologies and abusive dynamics, using specific methodologies for intervention in the population and within the phenomenon and also analyzing the data in separate groups, i.e., victims - perpetrators; male - female. Regarding studies related to risk factors, there is a lack of published literature on the subject. In the studies that specifically focus on this aspect, different types of samples were also found, relating
gender, sexual orientation, size, age groups, among other factors, thus also conducting to the variability of findings.

**LIMITATIONS**

The results reported in the analyzed studies have to be carefully examined, due to the gaps reported. The limitation regarding the nationality of the studies being presented here and focused only on this issue must be taken into account. After analyzing the literature related to the subject, it is worth mentioning that, although the investment in the studies on same-sex IPV is notable, and an expansion in the geographical areas with respect to studies can be acknowledgeable, this review only includes a small part of the existing literature, namely studies in English, Portuguese and Spanish, and therefore, it is not possible to generalize the findings. Thus, it is important to emphasize that the results found are not, at all, the only results available on the addressed topics. In fact, the research did not cover the existing diversity of the literature references in the most diverse nationalities, which could contribute to an enlightenment towards the subject under analysis.

**FUTURE RESEARCH**

There is therefore a need for greater empirical investment in this area on a myriad of issues, namely behavioral dynamics, help-seeking behaviors and necessary interventions, both in terms of prevention and intervention. In the Portuguese context, it is necessary to carry out research at a national level, with an exclusive focus on the study of the prevalence of violence among same-sex intimate partners and the predictive factors of the same, as well as a greater openness to studies and flexibility on the part of the target population and the institutions that assist the community. Although innumerable similarities in the manifestations of domestic violence between

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heterosexual and homosexual couples can be identified, there is a difference in the way in which society responds to homosexual victims of domestic violence.

The prevalence rates of same-sex IPV suggest that there is a need for development and implementation of prevention and intervention programs, taking into account the specific characteristics, i.e., specificities of abuse in this population. The training of professionals who work in this area, namely, social workers, psychologists, medical personnel and all other professionals working with the homosexual population, must also be carried out, in order to help change mentalities and policies, promoting an appropriate prevention and intervention programs for this population. There is also a need for greater awareness of intervention in sexual minorities involved in these behavioral patterns. It is imperative that service providers become aware of the role that minority stress plays in the relationships of victims and perpetrators of violence and, consequently, in their lives. It is also necessary to develop training programs and campaigns aimed at the LGBT community itself, in order to increase knowledge about the subject and to break out existing barriers between the LGBT population, the LGBT support institutions, and society in general.

It is pertinent, and an added value, to carry out future research that focuses only on risk factors; constructing and using appropriate and specific methodologies to study risk factors in the context of homosexual relations; using the same concepts and definitions; studying risk factors with regard to factors associated with victims as with regard to factors associated with offenders, thus making a distinction; specifying the differences between the population, i.e., male, female; exploring how the characteristics of both partners come together, resulting in increased risk of same-sex partner abuse and examining the association between social homophobia, internalized homophobia, and same-sex IPV. It is still interesting and therefore pertinent that future studies focus on whether there are differences between the gender, as mentioned above, identifying specific correlations for each of the populations, i.e., gay, lesbian, victim-perpetrator. After analyzing the literature on the risk factors for same-sex IPV, an important issue must be pointed out, the need for innovation regarding programs that may enlighten,
at this respect, the professionals of the institutions competent in same-sex IPV.

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Same-Sex Intimate Partner Violence


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Chapter 3

CHILDHOOD MALTREATMENT
AND ADULT DISPOSITIONAL MINDFULNESS

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ABSTRACT

Dispositional mindfulness has been conceptualized as both a trait and skill set for managing life stress. Levels of dispositional mindfulness appear to provide a meaningful barometer of emotional well-being and behavioral functioning. This chapter reviews selected literature regarding the potential effects of early life experience on the development of this important trait and coping skill. Empirical data regarding the developmental sources of this important psychological attribute has been surprisingly limited. Some prior research has implicated childhood maltreatment as disruptive to the development of this important coping skill. The present study examined the potential impact of six different forms of childhood maltreatment on dispositional mindfulness

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A number of parental relationship and resiliency protective factors were also added to the analysis. Survey respondents in this college sample ($N = 978$) completed indices of dispositional mindfulness, childhood maltreatment, parental relationship qualities, and resiliency factors. Respondents who described histories of sexual abuse, peer abuse, or sibling maltreatment showed lower levels of dispositional mindfulness. Parental temper was inversely related to dispositional mindfulness. Spirituality and larger childhood friendship circles provided favorable indicators. These results should encourage continued efforts to examine childhood maltreatment, early parent-child relationship qualities, and resiliency factors as potential sources of dispositional mindfulness development.

**Keywords**: intimate partner violence, parental physical abuse, childhood sexual abuse, peer abuse, sibling physical abuse, parental alcoholism

### CHILDHOOD MALTREATMENT AND ADULT DISPOSITIONAL MINDFULNESS

Mindfulness represents a state of immediate and nonjudgmental awareness that has been associated with adaptability and emotional stability. Prior studies (Cash & Whittingham, 2010) have identified five mindfulness components (acting with awareness, observing, describing, non-judging, & non-reacting) that can be measured as either state (situation-specific) or dispositional (generalized) attributes. While operational definitions differ from study to study, there seems to be general agreement that the collective attributes or coping skills referred to as “mindfulness” seem to buffer the individual from emotions associated with trepidation or rumination about past events. This article provides a review of the empirical literature regarding what is known about the developmental sources of dispositional mindfulness. This review is followed by an original analysis of associations between dispositional mindfulness and potential maltreatment, parent-child relationship, and resiliency developmental contributors.
Mindfulness and Psychological Adjustment Indicators

Dispositional mindfulness has been associated with both adaptive and maladaptive correlates in the literature. Brown & Ryan (2003) provided inverse links between MAAS scores and internalized symptoms of psychological distress including anxiety, depression, neuroticism, hostility, impulsiveness, and other indicators in their normative college and general adult samples. Meta-analyses (Giluk, 2009; Randal, Pratt, & Bucci, 2015) have established consistent inverse associations between mindfulness measures and self-esteem, neuroticism, conscientiousness, and positive/negative affect. Lower levels of mindfulness have also predicted externalized symptoms of psychological distress including Buss-Perry Aggression Questionnaire scores (Heppner et al., 2008), ruminative thinking about prior angry exchanges (Peters et al., 2015), and even the development of psychopathic personality traits (Barlett & Barlett, 2015).

Mindfulness training has represented a central focus in psychological interventions for personality disorders (Wupperman, Neuman, & Axelrod, 2008; Wupperman, Neuman, Whitman, & Axelrod, 2009), post-traumatic stress reactions (Thompson & Waltz, 2010), major depression (Michalak, Heidenreich, Meibert, & Schulte, 2008), and many forms of emotional disturbance, particularly those involving anger and hostility (Bach & Hayes, 2002; Baer et al., 2006; Brown & Ryan, 2003; Cash & Whittingham, 2010; Walsh, Balint, Smolira, Frederiksen, & Madsen, 2008; Zvolensky et al., 2007).

Mindfulness Measurement Considerations

Available dispositional mindfulness measures include the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003), Toronto Mindfulness Scale-Revised (Davies, Lau, & Cairns, 2009), Five-Facet Mindfulness Questionnaire (Baer et al., 2006), Freiburg Mindfulness Inventory (Buchheld, Grossman, & Walach, 2001), Kentucky Inventory of Mindfulness Skills (KIMS; Baer, Smith, & Allen, 2004), Cognitive

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Affective Mindfulness Scale-Revised (Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007), and Southampton Mindfulness Questionnaire (Chadwick, Hember, Symes, Peters, Kuipers, & Dagnan, 2008). The present study examined developmental antecedents of dispositional mindfulness as measured by the MAAS (Brown & Ryan, 2003) which emphasizes attentiveness and awareness of ongoing experiences (Bergomi, Tschacher, & Kupper, 2013; MacKillop & Anderson, 2007).

Mindfulness Developmental Antecedents

Although the maladaptive correlates of mindfulness have been explored increasingly in the literature, little is known about the salient biological and environmental contributors to its development. Genetic and environmental contributors to mindfulness were examined in a recent adolescent twin study (Waszczuk, Zavos, Antonova, Haworth, Plomin, & Eley, 2015). This team concluded that mindfulness was around 32% heritable with the remaining variance attributable to environmental factors that were not shared by both members of the dyads. While specific environmental influences were not examined in this study, genetic factors did not appear to exert more than a modest impact on the commonly observed covariance of mindfulness with depression and anxiety symptoms.

Riggs and Brown (2017) hypothesized that childhood trauma and recurrent maltreatment often compromise the cognitive functions necessary to attend mindfully rather than reactively to ongoing events. They found mindfulness reductions over time (4 months) among the subset of 152 seventh and eighth grade students who were experiencing peer maltreatment. They posited that child victimization often leads naturally to ruminative processes regarding past violations, perpetrator antipathies, and preoccupations with the development of future evasive strategies.

Peer abuse has been linked to rumination, problem solving skill deficits, and depressive symptoms in a sample of Turkish adolescents (Erdur-Baker, Ö., 2009). Walter and King (2013) found relationships in a college students between MAAS scores and indices of childhood physical abuse ($r = -.25$, $p$
Childhood Maltreatment and Adult Dispositional Mindfulness

<.01), sibling abuse (r = -.22, p < .01), peer bullying (r = -.07, p > .05), and exposure to domestic violence (r = -.20, p < .01). MAAS scores have been found to be lower (r = -.25, p = .002) among medical students and pain patients who report a history of emotional, but not sexual or physical, abuse (Michal, Beutel, Jordan, Zimmerman, Wolters, & Heidenreich, 2007). Mindfulness training has been shown to reduce both ruminative thinking and depression symptoms (Deyo, Wilson, Ong, & Koopman, 2009) that often occur secondary to maltreatment. While the effects of family conflict on mindfulness development remains largely unexplored, evidence regarding the beneficial impact of “mindful parenting” (Turpyn & Chaplin, 2016) on child mental health seems promising (Bogels, Hoogstad, van Dun, de Schutter, & Restifo, 2008; Geurtzen, Scholte, Engels, Tak, & van Zundert, 2015; Parent, McKee, Rough, & Forehand, 2015; Parent et al., 2010; Singh et al., 2007). Mindful parenting is distinguished by a non-judgmental and present-centered interactive style that often cultivated relatively warm and close parent-child relationships (Duncan, Coatsworth, & Greenberg, 2009). Evidence is emerging that mindful parenting also cultivates mindfulness in the children exposed to these adaptive parental behaviors (Waters, 2016).

Both spirituality (Cobb, McClintock, & Miller, 2016; Da Silva, & Pereira, 2017) and mindfulness (Hofmann, Sawyer, Witt, & Oh, 2010) have been identified as important potential sources of stress resiliency and emotional regulation. This natural alliance of coping resources has drawn only limited attention in the empirical literature. One early study examined associations between the Freiburg Mindfulness Inventory (FMI; Buchheld, Grossman, & Walach, 2001) and 28-item Spirituality Assessment Scale (SAS; Howden, 1992). This spirituality measure was described as “inclusive” (distinct from religiousness, church attendance, or denominational affiliation) found to be related (r = .45, p < .01) to FMI scores. Other teams have relied on similar secular spirituality measures such as the 12-item Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being Scale (FACIT-Sp; Carmody, Kristeller, & Merriam, 2008). The FACIT-Sp was used by this team in an impressive study at the University of Massachusetts Medical School which demonstrated that a mindfulness-based stress management program (eight weekly classes of 2.5 hours with
daily home meditation exercises) could achieve substantial increases in both MAAS (16.9%) and FACIT-Sp (22.6%) scores along with improvements in a variety of mental (50%) and physical (28%) health improvements. Changes in mindfulness and spirituality seemed to follow one another naturally in this medical intervention outcome study.

Aims

This study will attempt to replicate and extend prior findings regarding associations between MAAS scores and a number of developmental factors including: 1) childhood maltreatment; 2) lower parental temper thresholds; 3) perceptions of less loving parental relationships; and 4) stronger spiritual beliefs.

METHOD

Participants and Procedure

This university sample \((N = 978)\) was represented by undergraduates enrolled in psychology classes (introductory, personality, developmental, and abnormal) who accessed the anonymous online survey for extra credit. Respondents were included in this initial sample after completing the Mindful Attention Awareness Scale (described below). A subset of these initial respondents \((N = 33)\) was excluded subsequently due to concern raised by validity check items. The resulting sample was comprised largely of young \((M = 20.15, SD = 3.92, \text{Range} = 18-55)\), White (Caucasian, 89.8%; African American, 1.8%; Asian, 2.2%; Hispanic, 1.1%; Native American, 1.5%; Bi-Racial, 1.0%; Other, 2.6%) women (76.8% female, 21.5% male). All testing was completed through an electronics Qualtrics-based survey. This data set was generated from a Psychology Department extra credit participant pool at a large state university within the past two years. Testing required an average of 30 minutes.
Mindful Attention Awareness Scale (MAAS)

The Mindful Attention Awareness Scale (Brown & Ryan, 2003) was generated from a college sample exploratory factor analysis of 184 items scored on a six-point metric (almost always to almost never). Higher scores reflect non-judgmental awareness of current experience.

Six subsequent college, community, and national samples (N = 1,253) were relied upon to generate normative psychometric support. The MAAS was demonstrated to be reliable (test-retest, \( r = .81; \alpha = .83 \) & .87 in college and national samples respectively) and valid as indicated by its links with a wide range of maladjustment, well-being, and/or alternative mindfulness indicators. The MAAS has become a widely-utilized international measure (Barajas & Garra, 2014; de Barros, Kozasa, & Ronzani, 2015; Deng, Li, Tang, Zhu, Ryan, & Brown, 2012; Lopez-May et al., 2015; Seema et al., 2015) of dispositional mindfulness (Brown & Ryan, 2003; Bergomi, Tschacher, & Kupper, 2013; MacKillop & Anderson, 2007).

Developmental Predictors

The predictor indices selected for inclusion in this analysis clustered around the domains of childhood maltreatment, relationship qualities, and resiliency factors.

Childhood Maltreatment Indicators

Violent Experiences Questionnaire

The Violent Experiences Questionnaire (VEQ-R; King & Russell, 2017) provides estimates of the frequencies with which various forms of childhood maltreatment occurred from ages 5 to 16. The score for each index is interpreted as the number of days on average per year a specified class of behavior occurred during the 12 year recollection period. VEQ-R scores
range from 0 to 104 as calibrated on the basis of a descriptive frequency index (never happened; happened only once; happened only twice; happened less than four times; happened about once a year; happened about twice a year; happened about once a month; happened about once a week; happened more than once a week). The VEQ-R relies on operational definitions of maltreatment acts that are differentiated by perpetrator source (parents, siblings, peers, domestic violence) and the nature of the abuse (verbal conflict, threats of violence, physical acts). For example, the Sibling Physical Abuse (SPA) index provides an estimate of the frequency with which physical acts were directed toward the respondent by “a sibling or step-sibling” during upbringing (Physical Acts with or without Physical Injury: pushing, shoving, shaking, striking, kicking, punching, beating, burning or use of a weapon to inflict pain or injury). A SPA score of 2 would indicate that at least one of the physical abuse index acts was experienced on average twice annually over the 12 year recollection period (24 total acts, experienced on average twice a year). The same logic is followed to generate frequency estimates for the CPA (Childhood Physical Abuse), BULL (Peer Bullying), and OPV (Observed Parental Violence) subscales.

The VEQ-R physical abuse indices can be coalesced with verbal discord and threats of violence from each perpetrator source to provide broader Sibling Hostility, Parental Hostility, Domestic Hostility, and Peer Hostility factor scores. This factor structure and other psychometric properties of the VEQ-R have been derived within both college and national samples (King & Russell, 2017). The four factor scores of the VEQ-R have been found in the college normative sample to be internally consistent and temporally stable in one to three week retesting (Sibling Hostility, n = 435, α = .92, r = .73; Parental Hostility, n = 443, α = .89, r = .85; Domestic Hostility, n = 441, α = .87, r = .79; Peer Hostility, n = 439, α = .88, r = .89). Selected VEQ-R maltreatment indices have been found to be predictive of a range of maladjustment indicators (Green & King, 2009; King, 2014ab; King, 2016; King et al., 2017; Moe, King, & Bailly, 2004; Mugg, Chase, & King, 2015;
Mugge, King, & Klophaus, 2009; Russell, Veith, & King, 2015; Veith et al., 2017; Walter & King, 2013).

Sexual Abuse and Assault Self-Report

This 11-item CSA measure (Barnett, Manly, & Cicchetti, 1993) has been used within the Consortium of Longitudinal Studies on Child Abuse and Neglect (LONGSCAN) project coordinated at the University of North Carolina (www.unc.edu/5epts/sph/longscan/). This index was developed to screen for sexual victimization of children and adolescents. Respondents were asked to recall which of 12 CSA acts were experienced prior to age 13, and then in a repeat panel, between the ages of 13 and 16.

The total CSA score represents the sum of identified items over the two retrospective periods. Minor wording modifications were made for adult sampling purposes (i.e., “genitalia” instead of “sexual parts”; “rape” in place of “put a part of his body inside your private parts”). Final sample items after the stem (“Did any of these events happen to you during your childhood?”) included: “Someone touched your genitalia in some way”; “A stranger raped you”; “Someone put their mouth on your genitalia or made you put your mouth on their genitalia.”

The LONGSCAN site provided concurrent validation data.

Children of Alcoholics Screening Test (CAST)

The Children of Alcoholics Screening Test (Jones, 1983) is a 30-item self-report measure which identifies adults who were raised by an alcoholic mother or father. Scores range from 0 to 30 with scores in excess of 6 typically used as a threshold for the identification of a problem parent drinking. The CAST has also been popular as a dimensional measure of the extent to which parental drinking has caused problems within individual family systems. Parental alcoholism indicators were derived separately for the biological mother (CASTM) and father (CASTF). A mean CAST combined score was also calculated.
Parental Relationship Qualities

Perceived Parental Temper

This customized item was included in the analysis: “Did your biological parents show a bad temper or frequent anger during during upbringing (ages 5-16)?”

The MomTemp and DadTemp items were each scored on a Likert scale (1 = never angry; 4 = occasional, normal temper; 7 = always angry).

Perceived Parental Love

This customized item was included in the analysis: “Can you identify the extent to which you felt loved by your biological parents during upbringing (ages 5-16)?.” The MomLove and DadLove items were each scored on a Likert scale (7 = unconditional love, my welfare was a top priority; 4 = emotional unavailable, my welfare was less than a top priority; 1 = judgment/rejection/contempt, disregard for my welfare).

Parental Education

This customized item was included in the analysis: “Can you estimate the education level achieved by your biological parents during upbringing (ages 5-16)?”

The MomEd and DadEd items were each scored on an eight-point scale (1 = less than 8th grade; 2 = some high school; 3 = high school graduate; 4 = some college; 5 = two year associate degree; 6 = bachelors degree; 7 = master’s degree; 8 = law, medical, or PhD. doctorate).

Resiliency Factors

- Spirituality Index (SI). This customized item was included in the analysis: “Are you a religious or spiritual person?” (6) very strong belief in God; (5) strong belief in God; (4) belief in God; (3) Agnostic; (2) Atheist (passive non-believer; (1) Atheist (actively opposed to religion). An assumption was made that current spiritual
Childhood Maltreatment and Adult Dispositional Mindfulness

beliefs usually reflected relatively recent childhood and adolescence religious experiences given the age distribution of this sample.

- **Childhood Social Support Index (Social Support).** The Resilience Factors scale developed through the LONGSCAN project was used for this index (some minor rewording and item deletions). Respondents were asked to identify up to 17 specific activities that contributed to his or her “social support structure” during their school (K-12) years. Item examples included: Was there ever an adult, outside of your family, who encouraged you and believed in you? Did you ever have a part in a drama, music, dance, or other performing arts group? Were you ever a part of a church group?).

- **Childhood Friendship Index (Friendship Circle).** This variable was derived from two items included in the Peer Relationships scale developed through the Consortium of Longitudinal Studies on Child Abuse and Neglect (LONGSCAN) project coordinated at the University of North Carolina (www.unc.edu/depts/sph/longscan/). Respondents indicated their satisfaction with the collective friendships they formed in school from kindergarten through high school. Item examples included: How many of the kids at school (K-12) were friendly toward you (1 = almost no one; 2 = about half; 3 = most; 4 = almost all)? How satisfied were you with the friends you usually hung around with during your K-12 school years (4 = very satisfied; 3 = satisfied; 2 = unsatisfied; 1 = not at all satisfied)?

**Analytic Strategy**

MAAS associations with the maltreatment, parental relationship, and resiliency developmental predictors were examined using two regression analyses. An initial regression model predicted MAAS scores from all of the maltreatment indicators. A follow-up regression analysis included all of the maltreatment, parental relationship, and resiliency predictors in the model. Missing scores were replaced in each analysis by the distribution mean. Square root transformation were completed prior to entry into the regression.
model for predictors that were skewed markedly (>±2). Tolerance (<.20) and variance inflation factor (>5) thresholds were used to identify possible multicollinearity concerns (O’Brien, 2007). Fisher z-transformations (Fisher, 1915) were used to test whether the observed bivariate correlation coefficients between MAAS and each developmental predictor differed in strength between the men and women in the sample (Bond & Richardson, 2004; Cox, 2008; Ferguson, 1981).

RESULTS

Table 1 presents descriptive statistics for the criterion and predictor variables. Women in this sample recalled significantly higher levels of Domestic Hostility than the men (M = 3.51, SD = 10.32 versus M = 2.13, SD = 6.10, p < .05, d = .14). They also described higher levels of social support during upbringing (M = 13.73, SD = 3.10 versus M = 12.71, SD = 3.82, p < .01, d = .31). Spirituality scores were higher among the men (M = 2.78, SD = 1.23 versus M = 2.49, SD = 1.17, p < .01, d = .21). None of the bivariate correlation coefficients between the mindfulness criterion and predictor variables differed significantly in strength by gender. The maltreatment and parental love indicators were all substantially skewed (>±2) and thus transformed (square root) prior to their inclusion in the regression analyses.

Participant ages (M = 20.1, SD = 3.9) were restricted and not closely associated with MAAS scores (r = .00, p > .05) in this sample. Prior medical diagnoses varied from 0 to 15 with around 10% of reporting three or more prior illnesses. Smoking prior to age 19 was reported by 8.6% of the sample. Parental education ranged up to doctoral level for 2.9% and 5.6% of the mothers and fathers respectively. A strong or very strong belief in God was indicated by 70.3% of respondents (18.4% agnostics or atheists). Prevalence rates of childhood sexual abuse (13.5%), maternal (7.0%) and paternal (9.0%) alcoholism (CAST > 6), and VEQ-R parental (8.7%), sibling (15.8%), domestic (9.6%), and peer (24.3%) maltreatment varied by perpetrator source.
While the majority of the sample felt loved (highest rating) by their biological mother (81.3%) and father (68.5%), scores spanned the entire Likert range. High parental temper ratings (>4) occurred for around 5% of the sample.

Regression results are presented in Tables 2 and 3. Missing scores in the predictor distributions were infrequent ($M \sim 14$) and replaced by the mean. None of the tolerance or variance inflation factor indices posed collinearity concerns in this data set. The maltreatment regression model (see Table 2) was significant, $R^2(7, 939) = 5.93, p = .001$, and accounted for 4.2% of the variance in MAAS scores. Significant factors in the model included Sibling

Table 1. Mindfulness and Developmental Predictor Descriptive Statistics

<table>
<thead>
<tr>
<th>Criterion and Predictors</th>
<th>$n$</th>
<th>$M$</th>
<th>$SD$</th>
<th>Range</th>
<th>Skewness</th>
<th>$SE$</th>
<th>$r$</th>
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<td>14.57</td>
<td>15-90</td>
<td>-0.32</td>
<td>0.079</td>
<td>X</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Hostility</td>
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<td>0-92</td>
<td>7.43</td>
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<td>12.99</td>
<td>0-104</td>
<td>3.94</td>
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<td>-0.15***</td>
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<td>5.41</td>
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<td>Peer Hostility</td>
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<td>5.31</td>
<td>15.00</td>
<td>0-104</td>
<td>4.07</td>
<td>0.081</td>
<td>-0.12***</td>
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<td>0-28</td>
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<td>1.32</td>
<td>2-8</td>
<td>1.26</td>
<td>0.080</td>
<td>0.14***</td>
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</table>

Note. * $p < .05$, ** $p < .01$, *** $p < .001$. Criterion-predictor bivariate correlations in $r$ column.
Table 2. Regression Model Predicting MAAS Scores from the Maltreatment Predictors

<table>
<thead>
<tr>
<th>Maladjustment Indicator</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>Significance Testing</th>
<th>Collinearity Indicators</th>
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<td></td>
<td>β</td>
<td>SE</td>
<td>Beta</td>
<td>t</td>
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<td>.86</td>
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<td>Peer Hostility</td>
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<td>Maternal Alcoholism</td>
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<td>-.052</td>
<td>-1.51</td>
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<tr>
<td>Paternal Alcoholism</td>
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<td>.474</td>
<td>-.003</td>
<td>.10</td>
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<tr>
<td>(Constant)</td>
<td>70.27</td>
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Note. Significant coefficients bolded. VIF = variance inflation factor.

Table 3. Regression Model Predicting MAAS Scores from the Developmental Predictors

<table>
<thead>
<tr>
<th>Maladjustment Indicator</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>Significance Testing</th>
<th>Collinearity Indicators</th>
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<td>t</td>
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<tr>
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<td>Spirituality</td>
<td>1.04</td>
<td>.406</td>
<td>.084</td>
<td>2.56</td>
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<td>Social Support</td>
<td>-.06</td>
<td>.150</td>
<td>-.013</td>
<td>-.39</td>
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<tr>
<td>Friendship Circle</td>
<td>1.11</td>
<td>.394</td>
<td>.100</td>
<td>2.81</td>
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<tr>
<td>(Constant)</td>
<td>84.60</td>
<td>3.812</td>
<td>22.19</td>
<td>.000</td>
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Note. Significant coefficients bolded. VIF = variance inflation factor.
Hostility (β = -.113, p = .001), Peer Hostility (β= -.074, p = .029), and Childhood Sexual Abuse (β= -.110, p = .001). The total regression model (see Table 3) included all of the developmental predictors.

Sibling Hostility (β = -.103, p = .004), Childhood Sexual Abuse (β = .092, p = .005), Paternal Education (β = -.088, p = .012), Paternal Temper (β = -.082, p = .025), Spirituality (β = .084, p = .011), and Friendship Circle (β = .100, p = .005) accounted for 7.9% of the variance in MAAS scores, R (16, 930) = 4.99, p = .001.

**DISCUSSION**

Mindfulness skills tend to be lower among adolescents and adults exposed to various forms of childhood maltreatment (Riggs & Brown, 2017; Michal et al., 2007; Walter & King, 2013). This study replicated the findings of Walter and King (2013) in regard to sibling and peer hostility within this larger college sample. Links between childhood physical abuse and exposure to domestic violence were not replicated. While childhood sexual abuse was not predictive of MAAS scores in one previous study (Michal et al., 2007), it did account for unshared variance in the present regression analyses. A comparable measure of emotional abuse used in this latter study was not available, but smaller childhood (K-12) friendship circles were inversely related to MAAS scores in this sample. These collective results seemed to highlight the potential impact of adverse sibling and peer influences on the development of dispositional mindfulness. Potential mechanisms for these associations were not evaluated in this study, but the ruminative mentation and negative emotionality that often accompany maltreatment may provide mechanisms warranting further investigation (Deyo, Wilson, Ong, & Koopman, 2009; Erdur-Baker, 2009).

Perceptions of selected parental attributes recalled from upbringing were measured using several customized indices. Bivariate correlation analyses found that respondents feeling maternal love generated higher levels of dispositional mindfulness. Recollections of parental temper were associated with lower dispositional mindfulness. MAAS scores were inversely related
to paternal educational attainment. While maternal love approached significance, only paternal education and temper accounted for unshared MAAS variance in the total regression model (see Table 2).

Two of the three resiliency factors were found to be positively linked to dispositional mindfulness in this college sample. The quality of the respondent’s K-12 friendship circle predicted MAAS scores in both the bivariate and regression correlation analyses. The significant spirituality association replicated an earlier (Leigh et al., 2005) finding ($r = .45, p < .01$) between Freiburg Mindfulness Inventory and Spirituality Assessment Scale scores. These results were also consistent with the work of Carmody, Kristeller, and Merriam (2008) showing mutual changes in MAAS and FACIT-Sp scores secondary to structured mindfulness enhancement efforts in a medical setting. The development of spiritual and moral beliefs may be traced possibly to family role models who emulate coping skills and values associated with dispositional mindfulness. These results seemed to suggest that dispositional mindfulness may arise more commonly among spiritual college students raised in families distinguished by higher parental temper thresholds and perceived maternal love. These preliminary results should encourage continued efforts to examine parent-child relationship qualities as they potentially effect the development of dispositional mindfulness.

**LIMITATIONS AND FUTURE RESEARCH**

Survey studies such as this is limited by its reliance on typically small, homogenous samples and correlational research designs. The present results would optimally extend to young adult Caucasian college students. Future studies would optimally rely on longitudinal designs in broader samples to trace dispositional mindfulness developmental trajectories. Questions remain as to the underlying mechanisms that differentiate between maladaptive and resilient mindfulness skill development among individuals exposed to various forms of developmental adversity.
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CHILDREN’S MULTIPLE VIOLENCE EXPOSURE: RISK, IMPACTS AND INTERVENTION

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ABSTRACT

Civil society still perceives violence exposure as a non-violent phenomenon due to the absence of a direct victim and consequently its apparent lack of severity. Children face various risks during their development and most of which are caused by people from their inner circle. In general, children suffer negative consequences from the exposure to these adult behaviors, and not from community violence. Family violence is far more likely to compromise their well-being and

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development. Some of the examples of harmful situations to the child’s adjustment concern litigation in parents’ separation or divorce, domestic violence between caregivers or children exposure to psychoactive substance abuse (alcohol, drugs). In this chapter, conceptual frameworks will be systemised and supported by empirical data related to the impact of child’s exposure to different harmful situations in order to highlight the co-occurrence of multiple forms of violence throughout the life cycle. To conclude, this work intends to discuss the importance of interventions based on risk analysis and management as well as on protective factors that contribute to the child’s well-being.

Keywords: children exposure to violence, polyvictimization, multiple victimization, risk, impact, Intervention

INTRODUCTION

Understanding children’s exposure to indirect or direct violence requires the study of the problem and its potential impact (Sani & Almeida, 2011). Scientific literature reveals that many children experience violence throughout their lives (Finkelhor, Turner, Shattuck, & Hamby, 2015). If these experiences occur in intimate contexts, such as within a family, they tend to have significant repercussions in the development of children and adolescents (Sani, 2011). The negative impact of this exposure may result in short-, medium- or long-term emotional, behavioral, social, cognitive and physical damage that may emerge after the event (Sani, 2007a). Therefore, to mitigate risk to the child, an accurate assessment with the maximum possible information originating from multiple sources and using diverse techniques and strategies is required (Sani, 2017) to capture the complexity and subjectivity inherent in each situation. In addition, it is important to recognize the coping strategies used by children and their own assessment of behaviors (Sani & Almeida, 2011) and analyze whether they deal with one or more significant stressors.

In this chapter, as experts on the multiplicity of violent situations that children face throughout their development—especially in a family context—we explore some of the most common occurrences of violence

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Children’s Multiple Violence Exposure

exposure. We debate the risks that children face and the implications that exposure to violence have on their physical and psychological adjustment throughout their development so that we can draw conclusions that allow us to intervene appropriately. For this purpose, we will start by presenting empirical data on children’s exposure to risk and dangerous situations, and then we will discuss the simultaneous occurrence of multiple forms of lifelong victimization. Thus, based on evidence that substantiates child and juvenile multiple victimization, our goal is to highlight the importance of interventions that integrate multiple actions, including the mitigation of risk factors and the inclusion and focus on protective factors.

VIOLANCE EXPOSURE: RISK AND IMPACTS

Children’s Exposure to Situations of Severe Parental Conflict after Separation or Divorce

Family relationships do not always exist with the harmony and balance required for the healthy development of a child. At times, in some family contexts, there are conflicts that aggravate and eventually lead to the disruption of affectional bonds and to aversive interactions between family members. These conflicts—specifically those between adults and witnessed by children—can be conducted in an implicit or explicit manner and will take a noticeable toll throughout a child’s life.

Parental divorce or separation does not necessarily have to be marked by conflict (Machado & Sani, 2014), especially because family reconstruction may occur and generate a positive adaptation for all family members, including the children. High levels of conflict witnessed by children before and after a separation are the ones that result in severe consequences for a child’s development (Aguilar, 2008; Benetti, 2006). Parental conflict is one of the most frightening events that children can experience because they are present during continuous discussions and aggressions that jeopardize their emotional safety and stability and are

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between people to whom they are emotionally attached (Berger, 2003; Sani, 2011).

Children may be adversely affected by conflicts between parents even if they do not witness a physical violent aggression (Benetti, 2006). Some studies conclude that children brought up in high-conflict households have a higher probability of developing insecure representations of familial relationships (e.g., fear of conflict escalation; fear of being a victim of assault; fear of separations) (Davies & Cummings, 1998; Grych, Seid & Fincham, 1992) and of the child’s sense of self and the world, which might in turn mediate the development of the child’s adjustment problems (Brock & Kochanska, 2016; Sani, 2004).

Early exposure to severe family conflict increases the risk of reproduction of adverse behavior in a family context or in other interpersonal interactions with youth (Laporte, Jiang, Pepler, & Chamberland, 2011). If a child continuously observes these behaviors, it will reinforce the idea that living in conflict is normal (Cottrell & Monk, 2004), in turn leading to the intergenerational transmission of violence (Almeida & Sani, 2014; Black, Sussman, & Unger, 2010).

In some cases, the exacerbation of conflict may culminate in distinct forms of violence. Alienation of a child from one of the parents is a clear example of victimization perpetrated by adults, and it leads to negative consequences that are frequently significantly harmful to the child’s development (Sani & Molinari, 2016). The child is used as an instrument of aggression by one of the parents against the other, with the purpose of disqualifying, discrediting, or destroying the ex-partner (Dias, 2010; Molinari, 2016; Molinari & Sani, 2015). There are also some parental alienation cases that are accompanied by allegations of severe violence against the child (e.g., physical abuse, sexual abuse) that generate prolonged or even indefinite separations with irreparable losses to all parties involved (Calçada, 2014; Molinari, 2016).

It should be mentioned that the impact of the child’s exposure to severe conflict will depend on several factors — age, external pressure exerted by the caregivers, the existence of healthy reference figures in the child's life and the degree to which the child internalizes the conflict — and these affect

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every functioning area (Waldron & Joanis, 1996). Therefore, according to the literature on the topic (Aguilar, 2008; Segura, Gil, & Sepúlveda, 2006), the child may present frequent changes related to sleeping patterns, diet, regressive conducts and sphincter control on the physiological level. On the psychological side, exposure to violence may affect the child’s development of self-esteem and self-concept, as well as lead to manipulative behaviors and a poor tolerance of feelings of frustration. In addition, there may be social implications for the child, namely, difficulties related to social competences, empathy, and impulse control, as well as presenting disruptive conduct. Lastly, exposure to violence may be linked at the cognitive level to attention problems and school performance difficulties.

Children’s experience of adversity, conflict and violence caused by unhealthy interpersonal adult relationships with whom they connect usually occurs first during childhood and in the space of familial interaction (UNICEF, 2017). Exposure to the crime of domestic violence—which will be covered next—is perhaps one of the most flagrant high-risk occurrences that affect a child’s physical and psychological integrity.

Children’s Exposure to Domestic Violence

Some familial circles indicate the existence of domestic violence (e.g., arguments between the couple, child maltreatment, elderly violence), which negatively affects the developmental path of children and adolescents.

The scientific literature shows that child exposure to domestic violence is more common than the experience of other direct forms of victimization (MacLeod, Kinver, Page, Iliasov, & Williams, 2009; Radford et al., 2011). In a study conducted in Scotland on crime and justice regarding intimate partners, MacLeod and collaborators (2009) concluded that children and adolescents are highly affected by this problem, either directly or indirectly. The results showed that one third (33%) of intimate partner violence victims had children residing with them who were therefore exposed to a high-risk situation.
The exposure of children to violent situations has an impact on their physical, emotional and cognitive well-being in all stages of development and is particularly harmful in the first few years of life. Domestic violence between a couple, especially parents, is an adverse developmental experience that has repercussions long after the violence itself ceases (Pernebo & Almqvist, 2017). This type of violence causes alterations that compromise the familiar way of functioning and affects, for example, the child’s education (Sandler, Miles, Cookston, & Braver, 2008; Sani, 2007b). Thus, disruptions in important areas for the child’s development, such as the duty of care, attachment, communication, empowerment and a positive perception of oneself, may arise (Sturge-Apple, Davies, & Cummings, 2006), which in turn modifies the child’s overall adjustment.

In the qualitative study of Pernebo and Almqvist (2017), with a sample of 17 children from the ages of 4 to 12 who witnessed interparental violence, it was concluded that this daily circumstance shaped their representations and negatively affected them. Children’s reports on their parents’ experiences revealed that the impact of violence may affect the parents’ availability, reciprocity and affective regulation with the children. Therefore, these children exposed to violence may present an aggravated risk of developing controlling attachment patterns (e.g., punitive behavior or compulsive care control).

Sousa and authors (2011) conducted a longitudinal study in which they accompanied children from the time they were 18 months old to the time they were 6 years old. Their purpose was to analyze the effects (individual and combined) of child abuse and domestic violence exposure in parent-child attachment and in adolescent antisocial behavior. The results revealed that the cumulative experience of direct and indirect violence predicted a poor connection to parents in adolescence when compared to children who did not suffer from abuse or violence exposure. Additionally, the results indicated that a more secure attachment prevented the risk of antisocial behavior during adolescence.

Likewise, Godbout, Dutton, Lussier and Sabourin (2009) observed that the participants who were victims of violence exposure presented more insecure attachment patterns, such as abandonment anxiety and intimacy

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avoidance, and, consequently, had a higher probability of involving themselves in intimate partner violence in the future. On the other hand, violence perpetrated by minors against parents is also associated with a history of family violence (Contreras & Cano, 2016; Gámez-Guadix & Calvete, 2012; Weaver, Borkowksi, & Whitman, 2008). Contreras and Cano (2016) stated that adolescents who offended their parents reported higher levels of violence exposure at home when compared to non-offenders and adolescents who committed different offenses. The researchers Gámez-Guadix and Calvete (2012) observed that interparental physical aggression is associated with physical violence against parents and with psychological violence. According to Whitfield, Anda, Dube and Felitti (2003), victimization and violence perpetration in the future are common and significant consequences of child exposure to violence.

In addition to the aforementioned indirect effects, which result from the impact that violence has on family function, there are also direct effects. Usually, the homeostatic system of a child is affected because it has an altered response to both internal and external stress situations (Davies, Sturge-Apple, Cicchetti, Manning, & Zale, 2009).

According to some studies, domestic violence exposure in childhood has been associated with a higher propensity for the development of mental disorders (Cao et al., 2016; Evans, Davies, & DiLillo, 2008; McCloskey & Lichter, 2003; Meltzer, Doos, Vostanis, Ford, & Goodman, 2009). In a study comprising 296 adolescents who grew up in households with marital violence, McCloskey and Lichter (2003) observed that depression was one of the most common diagnoses in female participants. Similarly, the study of Cao and collaborators (2016) observed a greater tendency toward the development of anxiety, depression, attention and social deficits, independent of the form of violence to which the children had been exposed (direct or indirect).

Scientific investigation on this theme also reveals that parental violence and children’s exposure to it are equally linked to various behavior problems: delinquency, substance abuse and a greater risk of future involvement in violent intimate relationships (Meltzer et al., 2009; Sani, Nunes, & Caridade, 2017). Meltzer and collaborators (2009) carried out a
study with a sample of 7865 children and their respective families that analyzed multiple variables through logistical regression, and included measures for traumatic events (e.g., testimony of domestic violence). The results demonstrated that violence exposure had an elevated probability of causing a child to have behavior problems but that it was not independently associated with emotional disorders. Evans and authors (2008) conducted a meta-analysis to examine the relationship between childhood domestic violence exposure, internalization and externalization symptoms and childhood trauma. Based on 60 studies, the authors noted the existence of moderate effects associated with domestic violence exposure and internalization and externalization symptoms, but stronger effects were observed when the symptoms were also associated with childhood trauma.

To the stressors in a child’s life, one can add the additional adversity also experienced in the family context that is caused by caregivers that abuse psychoactive substances, which is discussed further below.

**Children’s Exposure to Psychoactive Substance Abuse**

A child’s exposure to drugs (including alcohol) mainly comes from parents who are substance users. The study of Bassani, Padoin, Philipp and Veldhuizen (2009) suggests that the consumption of psychoactive substances is most commonly done by parents whose children are under 12 years old. Hogan and Higgins (2001) state that a majority of parents tend to use various strategies to hide this aspect of their daily lives from their children because they believe it is important to protect their children from exposure to it. Nonetheless, the same authors add that, for this strategy to be effective requires constant surveillance, and so a significant majority of the children end up witnessing drug use, including injections, which may occur on a regular basis (Hogan & Higgins, 2001).

The existing scientific literature has reflected on important issues for children, such as their daily experience when exposed to parental substance abuse and the perception of the act itself, therapeutic interventions and the
Children’s Multiple Violence Exposure

experience of being separated from parents to live in foster arrangements (e.g., foster family or center). Olszewski, Burkhart, Bo and EMCDDA (2010) analyzed participants from fourteen countries between 1997 and 2010 and concluded that child exposure to alcohol and drugs by their caregivers was seriously detrimental.

From early on, the literature points out the risk of negligence in regards to children. If the consumption of alcohol and drugs is frequent and excessive—even if many parents desire to take care of their children and succeed in doing so—their ability to do it is very reduced, and the absence of appropriate care puts the child at risk (Olszewski et al., 2010).

This interference in daily routines and alteration in care prevent these parents from satisfying the most basic needs of their child. Some children adjust their behavior in such a way that they become the caretakers of their parents (Hogan & Higgins, 1997; Olszewski et al., 2010).

However, this risk may not derive just from the omission of care but also from the experience of facing violence and abuse (Hogan, & Higgins, 1997); in turn, this risk also depends on the type of consumption and induced alterations that cause situations of severe malfunction. According to Olszewski and collaborators (2010), episodes of parental violence are usually associated with intensive patterns of alcohol abuse. The fact that this consumption results in a higher probability of child exposure to adverse events may explain the negative effects the child suffers (Bassani et al., 2009; Hogan & Higgins, 2001). The risk will likely be influenced by the meaning the minors attribute to the substance abuse itself and to their parents’ behavior (Hogan & Higgins, 2001). Most of the time, these children feel the need to hide their parents’ problems as a strategy to deal with the stigma associated with drug consumption—especially if the parents are mothers or are illicit drug users (Olszewski et al., 2010).

The existing literature also reveals that adults responsible for exposing their children to psychoactive substance abuse may be actively and deliberately encouraging this behavior (Olszewski et al., 2010). The transversal investigation by Moore, Rothwell and Segrott (2010), with a sample of 6,628 students from 7 to 11 years old, demonstrated that adolescent alcohol consumption was associated with family member

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substance abuse or with a brother that frequently consumed alcohol before the age of 18 years. Thus, children and adolescents exposed to drug abuse may engage precociously in deviant practices and contexts. In contrast, given their high probability of contact with the justice system and social control, these children face a higher risk of dealing with other adversities, such as internment or detention of parents and their consequent institutionalization (Finkelhor, Shattuck, Turner, & Hamby, 2013; Hogan & Higgins, 2001).

Empirical investigations have shown that the multiple forms of violence to which children can be exposed—especially during childhood and in a family context (Finkelhor et al., 2015)—contribute to the adversities that may coexist in their lives. Therefore, assuming the existence of this multiple-factor victimization in childhood and adolescence (Caridade & Sani, 2016), we intend to discuss the relevance of intervention proposals that cover all the forms of victimization experienced by minors.

**VIOLENCE EXPOSURE: INTERVENTION**

The majority of interventions directed toward children exposed to violent events consist in specific proposals about a single phenomenon. Notwithstanding the pertinence of these interventions, various studies in the area of child victimization have attributed the existence of polyvictimization or cumulative exposure to different types of abuse (Turner, Finkelhor, & Ormrod, 2010) and polyvictimization’s association with more psychological difficulties and severer symptomatology compared to children or adolescents exposed to a single form of abuse (e.g., Gustafsson, Nilsson, & Svedin, 2009; Holt, Finkelhor, & Kantor, 2007; Soler, Paretilla, Kirchner, & Forns, 2012).

The literature on children and adolescent multiple victimization tends to show that intervention may be more effective if one conducts a thorough assessment of the different phenomena and adopts a multidimensional approach, due to the various origins of violent situations (Risser & Schewe, 2013; Schewe, Risser, & Messinger, 2013). In addition, this approach could
Children’s Multiple Violence Exposure

Encompass several levels of primary, secondary and tertiary interventions and cover different contexts of young people’s lives if necessary (e.g., Lila, Herrero, & Garcia, 2008).

In general, literature on child and juvenile polyvictimization has sought to identify risk factors that promote the greatest vulnerability (Finkelhor, Ormrod, Turner, & Holt, 2009; Finkelhor, Turner, Hamby, & Ormrod, 2011), as well as protective factors (Sabina & Banyard, 2015). In addition to symptom reduction as a common measure of an intervention’s success, Howarth and authors (2015) stated that their participants noted other indicators, such as the improvement of school performance, of personal and social competences (coping, emotional regulation, self-esteem) and of parental competences and parent-child relationship quality.

Bassani and colleagues (2009) stressed the importance of the development of parental competences and family follow-up in order to mitigate risk factors. Moore and authors (2010) observed that parental monitoring and proximity reduced the minors’ substance consumption levels. Additionally, Risser and Schewe (2013) highlighted the importance of assessing the child and caregiver’s characteristics, due to their influence on commitment to treatment and the guarantee of its completion, specifically, if they benefited from a single intervention format or only from more than one.

One can still argue that community and political support are key factors in child protection (Oskouie, Zeighami, & Joolae, 2011; Reupert, Maybery, & Kowalenko, 2012). Risser and Schewe (2013) also mentioned the importance of access to, and engagement with, services to the effectiveness of intervention programs.

Lastly, as a further example, since 2001, the Safe From the Start program in Illinois has aimed to combat and prevent child abuse and the exposure of children up to 6 years old to interparental and community violence. In this program, the most common and successful strategy consists of the psychoeducation of caregivers in individual sessions and of children in group sessions with several families. In addition, the format of this strategy’s intervention includes therapy that is focused on the child and

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caretaker, family therapy, group therapy and crisis intervention (Schewe et al., 2013).

**CONCLUSION**

Several studies have demonstrated that children and adolescents experience multiple, even simultaneous, violent situations during their development. The risks of physical and psychological adjustment may be severe, with continuous manifestation in different stages of their lives. Thus, these children exhibit a higher probability of having insecure relationships with their caregivers and unsatisfied basic needs and of suffering from negligence, as well as of having a more elevated risk of physical, psychological and sexual abuse and precocious involvement in substance abuse, delinquency and criminality. In fact, most violent situations persistently repeat themselves and therefore aggravate the negative impact and prognosis.

The purpose of this chapter was to bring attention to the child polyvictimization arising from situations of violence caused by adults, which demonstrates how victimization due to exposure to deviant role models generates consequences such as direct victimization. One should rethink the paradigm of what constitutes intervention; as revealed in the scientific literature, individualized actions may not achieve the intended effect when there are multiple risk situations. Thus, there are four relevant aspects. First is the conceptualization of the severity of victimization and whether it occurs in a family context and involves persons meaningful to the child's development. Second is the notion that cumulative experiences in risk situations may result in a greater negative impact on the overall functioning of a child. Third is the pertinence of intervention actions that consist not only of treating the effects following specific phenomena but also of integrated actions, including several prevention levels (primary, secondary and tertiary), targets and actuation contexts. Lastly, is the consideration that a successful intervention includes not only the mitigation of risk factors but also an orientation much more focused on protective

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factors related to the child and family system. Protective factors have been associated with adaptive functioning and are therefore able to mitigate the cumulative impact of (multiple) victimization.

We conclude that although the violence in the child’s life might not be fully eliminated, interested parties—namely, professionals—might rethink the forms of prevention that mitigate the risks experienced in several contexts, especially in family settings.

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Chapter 5

THE ROLE OF SHELTERS FOR VICTIMS OF VIOLENCE IN THE EYES OF CHILDREN

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ABSTRACT

Traditionally public policies on domestic violence rely on the idea that this is primarily a gendered and adult problem to which children may be secondarily exposed and, as such, be indirectly victimized. These policies, especially focused on the protection of women victims of violence, often involve their children, since they accompany them. Thus, the services originally intended for adult victims frequently face the challenges of addressing the needs of these children. More recently, the growing evidence of the harmful and traumatic impact on children of witnessing

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domestic violence led to the abandonment of the idea of indirect victimization and to the redefinition of the notion of exposure to domestic violence. Hereinafter, children living in violent households will be considered direct victims subjected to violence as their mothers are. The recent understanding of children as victims in their own right of the violence that occurs in their households, with specific needs to address, is still consolidating itself and does not have yet a systematic and consistent formal expression into domestic violence policies. Given the disruptive character of the experience of domestic violence and of the experience of sheltering in a nonnormative context, it is worthwhile to study to what extent these services meet the needs of these children, particularly from their own perspective, how they perceive these events and their impact on their lives. In this chapter, based on empirical research conducted with children victims of domestic violence, we will examine their experience and perspective of domestic violence and of the role played by shelters and the services they provide. Implications for intervention and public policies are discussed.

Keywords: children victims, exposure to domestic violence, shelters

INTRODUCTION

According to UNICEF (2017), one in four children under five years of age (176 million) live worldwide with mothers who are victims of intimate partner violence, being subject to an increased risk of becoming direct victims of household violence (Sani & Caprichoso, 2013). In the USA, data from the National Survey of Children's Exposure to Violence (NatSCEV II), with a sample of 4,503 children aged one month to 17 years old and their caregivers, revealed significant exposure of children to various situations of violence throughout their life and in different contexts. More than half of the children (57.7%) have been exposed to five combined types of violence at least once in the past year (physical assault, sexual victimization, maltreatment, property victimization, and witnessing violence) (Finkelhor, Turner, Shattuck, Hamby, & Kracke, 2015). In terms of what, so far, has been called indirect or vicarious victimization, 22.4% witnessed violence in the past year, either in the family or in the community (Finkelhor, Turner, Shattuck, & Hamby, 2015).
In Portugal, in a study conducted with a sample of 4,048 students (Martins, Mendes, Fernandez-Pacheco Alises, & Tendais, in press), our findings showed that 50% of young people aged 12 to 21 years had experienced at least one form of victimization during their lifetime, and 32.6% were exposed to some form of violence in the previous year. Of the total number of respondents, 16.9% (lifetime) and 12.1% (past year) were victims of both intra- and extrafamilial forms of victimization, and 10.4% (lifetime) and 7.4% (past year) suffered only family violence (either parental violence or parental maltreatment). During the period between 2013 and 2016, according to Portuguese official data, 77.2% of the crimes of which children were victims occurred in the household (APAV, 2017). In 2017, domestic violence was the second-most frequent motive for referrals to Portuguese Child Protective Services, representing 22.3% of the total reports. This decreases with age, reaching the highest levels among children aged up to 5 years old (33.2%). The majority of reported situations consisted in exposure to violence (98.5%), but in 1.5% of cases, the child was a direct victim of physical offenses (CNPDPJC, 2018).

In addition to its high frequency (English et al., 2009; UNICEF, 2017), a large body of research has shown that family violence, and particularly domestic violence between parents, as it involves major attachment figures and proximal, continuous and intense relationships in early stages of life, has a negative impact on child’s development (Artz et al., 2014; Howell, Barnes, Miller, & Graham-Bermann, 2016; Kimball, 2016; Pingley, 2017; Sani, Nunes, & Caridade, 2016; Sani & Soares, 2018). Thus, responses to addressing this problem must go beyond individual, gender-based and adult-centric approaches to include those children in the family context in which the problem occurs.

Thus, in this chapter, we will analyze the topic of domestic violence from the perspective of children who were exposed to aggressive interactions (physical or psychological) between their parental figures (Sani, 2016) and who, for safety reasons, were removed from their homes, along with their mothers, and moved to shelters for victims of domestic violence (Coutinho & Sani, 2010; Sani & Correia, 2015, in press).
THE RECOGNITION OF CHILDREN AS VICTIMS
OF DOMESTIC VIOLENCE –
FROM LEGISLATION TO PROCEDURES

As in other countries, in Portugal, the recognition of children as victims of domestic violence was first unveiled in law, namely, in child protection legislation, family law and criminal law.

With regard to child protection, exposure to domestic violence came to be considered an event that compromises children’s physical and psychological well-being and integrity. Thus, authorities are required to report to child protective services all incidents of domestic violence involving children (Law n. 142/2015).

With respect to the criminal legislation, according to Law nº 59/2007, a child's exposure to an occurrence of domestic violence is an aggravating circumstance that may increase mandatory minimum sentences in domestic violence cases. Thus, since 2007, there has been an explicit acknowledgment of the seriousness of these acts, especially considering the context of intimate relationships where they occur and their impact on the victims, particularly on child’s development (Sani & Cardoso, 2013).

In family law, there were other legislative milestones that strengthened the effort toward adopting protective responses in the best interests of the child. Of particular significance is Law no. 24/2017, committed to taking into account domestic violence when custody determinations are made, namely, in preventing joint custody in cases of proven domestic violence, which is therefore considered to be contrary to the interests of the child.

To comply with legislative requirements, policies and procedures that have been implemented to tackle domestic violence have evolved to respond to the requirements to protect children’s rights in an expeditious, sensitive, and appropriate manner. An example of such policies is the mandatory requirement, announced by the Commission for Citizenship and Gender Equality (CIG)¹, in 2018, of specialized training in domestic violence and

¹ The governmental department has the “remit to design, implement and assess public policies of education for citizenship and promotion of gender equality, and it assures the representation

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The Role of Shelters for Victims of Violence in the Eyes of Children

gender issues for professionals who deal with this issue, to help them in providing more effective support for victims of domestic violence, including children. Among these professionals are police officers. In fact, it is generally recognized that police officers frequently use a significant level of discretion when responding to domestic violence calls. Their beliefs about domestic violence, their cultural context, often characterized by sanctioned expressions of violence and control (Green & Kelso, 2010) and high levels of tolerance regarding this phenomenon (Sani, Coelho, & Manita, 2018; Sani & Lopes, 2018), may contribute to its invisibility (Larsen & Guggisberg, 2009). For this reason, it is important to provide specific training to practitioners that will promote quick, effective and tailored responses to address the problem.

Domestic violence is a global problem that affects several actors in the family. Therefore, it requires social responses capable of protecting these children, whose exposure to this type of violence is associated with a high and cumulative level of risk. According to Kohl, Edleson, English and Barth (2005), children exposed to domestic violence are 10 times more likely to be placed in a residential setting than children from low-risk families. Eventually, some of these children end up in shelters for victims of domestic violence (Chanmugam, 2017) and are confronted with a new adaptive experience in their lives (Bowyer, Swanston, & Vetere, 2015). Therefore, shelters play a key role, as they ensure the safety and protection of families and take into account children’s needs, their well-being and development (Sani & Caridade, 2016). Moreover, it is important that children keep active at the refuge and be able to approach and deal with their own experiences of violence (Øverlien, 2001).

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CHILDREN EXPOSED TO DOMESTIC VIOLENCE AND THEIR LIFE IN SHELTER

It is estimated that more than half of people in emergency domestic violence shelters are children (Hogan & O'Reilly, 2007) accompanied by their mothers (Chanmugam, 2011; Cunningham & Baker, 2004). These children may have specific needs, arising from being exposed to violence or otherwise from leaving their homes and having to adjust to the shelter (Bennett, Dawe, & Power, 1999). Research reports high levels of anxiety (Khatoon, Maqsood, Qadrir, & Minhas, 2014) and PTSD symptoms (Jarvis, Gordon, & Novaco, 2005), feelings of sadness or fear and such externalized behaviors as impulsivity or anger (Chanmugam, 2017). Moreover, many of them arrive at the shelter with difficulties in various domains of functioning (social, academic, and emotional, among others) (Artz et al, 2014; Sturge-Apple, Skibo, & Davies, 2012). Thus, professionals have been developing various programs considering children’s individual needs (Coutinho & Sani, 2010).

Some studies (e.g., Bowyer et al., 2015; Chanmugam, 2011; Coutinho & Sani, 2008, 2010) have sought to explore the experience of children living in shelters for victims of domestic violence. Bowyer and colleagues (2015) conducted a qualitative study and interviewed five female children, aged 10 to 16 years, who had been in a shelter for at least six months. The questions focused on three time periods: a) before going to the shelter, b) the “actual journey”, and c) living in a shelter. The results showed that the transition process from home to shelter was experienced with feelings of helplessness and lack of control. Moving to a new home made it difficult for children to act or behave the way they wanted to. Leaving their friends, fathers and acquaintances, as well as their homes, their personal spaces and belongings were other negative aspects evoked by these children. The temporary and secret nature of their current dwelling involved other types of dangers and threats that weakened the children’s sense of safety and compromised their relationships, as they could not reveal where they lived to their peers. Moreover, their safety would depend on people who felt unsafe themselves.
and, consequently, unable to keep them safe. Concerns were focused on children’s fear that the offender could discover the location of the shelter and that the shelter’s professionals would be unable help them if this happened. These children reported feeling the need and desire to talk about their experience, yet they avoided doing so. With regard to the existing support services for victims of domestic violence, police were perceived either as a threat that could worsen the situation or facilitators of victim assistance. The role played by community institutions and NGOs was perceived as positive and useful, although sometimes impotent in the face of violence.

In a qualitative study conducted by Chanmugam (2011) using a sample of young adolescents (ages 12 to 14) and their mothers residing in domestic violence emergency shelters, the author concluded that youth described both positive and negative aspects of shelter homes. They had a positive appraisal of living in the shelter (e.g., they like the other families, enjoyed the services and appreciated the safety they provided) but also made a negative assessment (e.g., they dislike the rules that restricted their behavior). This study shows the importance of considering youth participation in order to tailor programs responsive to young adolescent residents that best fit their needs.

Another study conducted by Coutinho and Sani (2010) aimed at exploring the psychological adjustment of nine children, aged between 6 and 15 years, who had lived for more than two months in two shelters. Data were collected through a semistructured interview consisting of three phases focused on different time periods: a) the phase prior to entering the shelter, when the child was exposed to domestic violence, b) the moment he left home with the mother, and c) the shelter phase. Five major themes emerged from the analysis: (1) overcoming the difficult situation, (2) support, (3) responsibility, (4) discipline, and (5) safety (Coutinho & Sani, 2010). The results showed that the shelter experience promoted changes in children’s perception about themselves, about others and the environment around them, fostering their self-esteem and personal growth. Children were able to identify in their lives factors that would provide them with the sense of safety they need, making them feel optimistic about the future. They also identified

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support and protection figures, namely, their mothers and the practitioners. According to the children, the experience of being sheltered had a positive impact on their mothers and a negative impact on their relationship with their fathers. With regard to mothers, the experience was beneficial because it enabled them to reflect and to plan new life projects, and contributed to overcoming this highly disruptive and distressing period. With respect to the fathers, being sheltered contributed to intensifying children’s negative emotions and cognitions towards them; they were perceived as threatening, problematic and responsible for the current situation and family violence. Shelters are seen as places characterized by order, rules and predictability, unlike the environment in which the children lived before, which was perceived as unstable, chaotic, unpredictable, and hostile. Shelters made them feel safe and secure from a physical and psychological point of view, which contributed to the normalization/minimization of their emotional, cognitive and behavioral experience related to trauma and contributed to reducing the prominence of the theme of violence in their lives (Coutinho & Sani, 2010).

Considering that a) a significant number of children who are victims of domestic violence benefit, together with their mothers, from shelter services and programs originally designed for adults, b) these children have specific needs to address, and c) listening to their experience and perspective is an ethical and therapeutic requirement of the response to these needs, research with these children may provide information useful to developing more adaptive and effective responses.

**METHOD**

This study intended to explore, as comprehensively as possible and from the children’s viewpoint, the role played by domestic violence shelters in responding to the needs of children sheltered with their mothers. More specifically, it aimed to determine the extent to which the shelter was perceived by children as an effective resource for them and their mothers and whether this perception evolved with the experience of being sheltered.
The Role of Shelters for Victims of Violence in the Eyes of Children

Qualitative research, utilized to gain insight into the participants’ thoughts and feelings, can shed light on their personal perspectives and, as such, was considered the most suitable approach to this study (Richardson, Peres, Wanderley, Correia, & Peres, 2008). Accordingly, as the interview is an appropriate technique for obtaining information from children, we conducted semistructured interviews.

Participants

We used a purposive sample of 10 Portuguese children and young people aged between 7 and 17 years old (M = 12.2, SD = 3.084), of both sexes (six females and four males), living in domestic violence shelters for at least one month (Table 1). All of them were exposed to violence at home, throughout their lives (all but one), and were also victims of physical and/or psychological violence. They were sheltered due to the escalation in violence. In 70% of the cases, the offender had substance abuse problems.

<table>
<thead>
<tr>
<th>Participants</th>
<th>Age</th>
<th>Sex</th>
<th>Substance Abuse</th>
<th>Duration of DV</th>
<th>Kinds of domestic violence against the children</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>13</td>
<td>F</td>
<td>-</td>
<td>25</td>
<td>Physical and psychological</td>
</tr>
<tr>
<td>P2</td>
<td>17</td>
<td>F</td>
<td>Alcohol</td>
<td>23</td>
<td>Physical and psychological</td>
</tr>
<tr>
<td>P3</td>
<td>13</td>
<td>M</td>
<td>Alcohol</td>
<td>23</td>
<td>Psychological</td>
</tr>
<tr>
<td>P4</td>
<td>8</td>
<td>F</td>
<td>-</td>
<td>10</td>
<td>Psychological</td>
</tr>
<tr>
<td>P5</td>
<td>15</td>
<td>M</td>
<td>Alcohol</td>
<td>14</td>
<td>Psychological</td>
</tr>
<tr>
<td>P6</td>
<td>13</td>
<td>M</td>
<td>Alcohol</td>
<td>24</td>
<td>Physical and psychological</td>
</tr>
<tr>
<td>P7</td>
<td>7</td>
<td>F</td>
<td>Alcohol</td>
<td>19</td>
<td>Psychological</td>
</tr>
<tr>
<td>P8</td>
<td>12</td>
<td>F</td>
<td>Alcohol and drugs</td>
<td>15</td>
<td>Psychological</td>
</tr>
<tr>
<td>P9</td>
<td>14</td>
<td>F</td>
<td>Alcohol and drugs</td>
<td>15</td>
<td>Physical and psychological</td>
</tr>
<tr>
<td>P0</td>
<td>10</td>
<td>M</td>
<td>-</td>
<td>20</td>
<td>Psychological</td>
</tr>
</tbody>
</table>

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Measure

Based on the available information, we developed a semistructured interview script commented and reviewed by an expert in the field of domestic violence. The interview was then piloted with three children aged between 7 and 13 years old. As a result, a few changes were made to the interview script.

It consisted of nine open-ended questions organized in three parts: the initial one aimed at establishing a rapport between the child and the researcher; the second focused on the shelter; the third sought to summarize what the child said, opening up the possibility for additional information. Following the interview, the children were offered the opportunity to debrief to ensure that they were comfortable with their responses and did not feel distressed given the sensitive topic.

Regarding the second part – the focus of this study – the following research questions were explored:

- Before you came here, what did you think a domestic violence shelter was?
- Now that you're here, what is the shelter like and what's it like to live in the shelter?
- In your opinion, what is the shelter's purpose?
- You've been here for some time; what do you think about living here?
- Would you tell me about any experience you've had here or something that happened to you here?
- If it were up to you to decide, would you be living here in the shelter?

Recruitment, Consent, and Assent Procedures

The research protocol was elaborated to set the research goals and procedures as well as the ethical standards and requirements to be met. This
The Role of Shelters for Victims of Violence in the Eyes of Children

protocol, together with a request letter for permission to conduct the interviews at the shelter, was addressed to the head of the organization. The research protocol was then submitted and approved by the University Research Ethics Committee.

To obtain parental permission, a meeting was held with the mothers of the children identified as possible participants in order to provide them with information about the research goals and procedures, ethical safeguards, and potential risks and benefits involved in children’s participation in this study. All mothers gave their written consent. Next, we approached children and young people to obtain their assent. All agreed to participate in this research.

The interviews were held in a private room in the shelter, without the presence of mothers and were conducted by trained interviewers; they lasted approximately 20 minutes. After formal authorization was obtained from their mothers (the legal guardians of their children), the children’s interviews were recorded on audiotape and transcribed verbatim for content analysis. Transcripts were checked twice against the recorded interviews for accuracy.

The interviews were analyzed by two research team members individually, using Bardin’s content analysis technique (2009). We adopted a mixed approach to the semantic analysis, inductive and deductive, considering both our starting questions (Bardin, 2009) and the children’s answers.

Data analysis was then triangulated by a third researcher. The final category system resulted from this process.

RESULTS

Children’s responses revealed (1) their perception of the role and functioning of emergency shelters and (2) their concrete experiences during their stay. These broad themes were then organized into subcategories: how the shelter was perceived (1.1) before being sheltered and (1.2) after being sheltered; as (1.3) a last resort or (1.4) a good response; the (2.1) positive and (2.2) negative experiences lived in the shelter (cf. Table 2).
Table 2. Classification of categories and subcategories

<table>
<thead>
<tr>
<th>Categories</th>
<th>Subcategories</th>
<th>Description of Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Views of Shelter</td>
<td>Before being sheltered</td>
<td>Shelter is pictured before actual experience.</td>
</tr>
<tr>
<td></td>
<td>After being sheltered</td>
<td>Shelter is pictured during or after actual experience.</td>
</tr>
<tr>
<td></td>
<td>A good response</td>
<td>Shelter is a good solution <em>per se</em> or in combination with other responses.</td>
</tr>
<tr>
<td></td>
<td>A last resort</td>
<td>Shelter is or should be considered as a final course of action, used only when everything else had failed.</td>
</tr>
<tr>
<td>(In)Adaptation/Experiences</td>
<td>Adaptation/Positive Experiences</td>
<td>Mention of positive aspects/experiences during their stay in shelter.</td>
</tr>
<tr>
<td></td>
<td>Inadaptation/Negative Experiences</td>
<td>Mention of negative aspects/experiences during their stay in shelter.</td>
</tr>
</tbody>
</table>

**Views of the Shelter**

The views of the shelter revealed children’s understanding of this response.

**Before Being Sheltered**

Before the actual experience of being sheltered, most children (n = 7) had some knowledge about the shelter, pointing out that it was meant to accommodate women who had been subjected to violence by their partner.

“A shelter for me was the place where women who are beaten by husbands or partners came to be safe so they will not be abused anymore.” (E6)

“It was a home where mothers and children at risk were safeguarded from the ex-husbands and alleged fathers. (...) And that helped to rebuild their lives again, so that they can have a better life.” (E9)

One of the children described her earlier concept of a shelter – its purpose, the kind of people who live in it, its limited space and the relative
The Role of Shelters for Victims of Violence in the Eyes of Children

support people receive there – by contrasting it with her current knowledge based on her experience:

“For me it was a house where there were also many people who had suffered the same as us and always thought it was a smaller house than it is. I thought we did not have as much support as we have here and never imagined that this is what it is. I thought there were few people, like we did not have so much help solving the problems, but we do.” (E1)

For some children (n = 2) a shelter, in addition to protecting people, would have a daily routine not very different from theirs.

“It’s a place where we can be at ease ... Yes ... We can make friends.” (E10)

“I thought it was a house that sheltered people, but that people had a life like the previous one, only they were not with their husbands, but had a free life, could travel and stuff, had only protection in the house. I thought that was it, but now I've seen it’s not.” (E2)

After Being Sheltered

After being sheltered, all children (n = 10) mentioned the difference in the daily routine of the shelter compared to a family home.

Older participants (n = 4) described the shelter in global terms, as a house that shelters families who have been victims of domestic violence. According to these young people, during the period in which these families are there, they have to start over.

“Ah, it’s a big house with lots of people who unfortunately also suffer. It serves to hide from the people who do us harm, to deal with problems, to heal from the problems we have and also to help us overcome the difficulties of life.” (E1)

“A shelter is a home that welcomes people with the same problem or even worse, who become a large family with all their problems. I'm here

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because I was a victim of domestic violence by my father. They helped me to leave home to have a better and stable life. (...)” (E2)

“It is the place women who are victims of domestic violence come to.” (E5)

Other children (n = 3) mentioned the shelter staff who helped them when problems arose, as well to reconstruct their family project.

“(…) there are always good people who help us, who take care of us, who always help to meet our needs, always give us a home until we find a house to live in, and whenever we need something they are always there, ready to help us.” (E1)

“For me a shelter helps people, those people who have, so to speak, difficulties managing money and spend for nothing, helps them look for work, get a job and a house and then, when they leave here, to have a better and stable life.” (E9)

The younger children (n = 5) described the shelter focusing on its material and structural characteristics:

“It has rooms for people [...] it’s big, it gives children a chance to play [...] you can ride a bicycle [...] a living room to watch television, a kitchen to make food, there is the cafeteria for people to eat (...)” (E3)

“(…) They always have auxiliary staff, they have doctors from Monday to Friday for us, sometimes we want to go for a walk and we cannot get out at this time and if we want to leave earlier we need to call the doctors ... This is what I thought, it’s a big place, there’s a place only for the little ones to play, it’s a big house to play in, there’s a living room to watch TV and there are those benches, there’s a lot of books. It has a good kitchen, it seems, food is made quickly, it is not, it doesn’t have many days (...) It has one table for each one, I thought that too, while the other only had one table and we had to be all tight.
The Role of Shelters for Victims of Violence in the Eyes of Children

A Good Response

Most children (n = 9) assumed that if they had to decide, they would have chosen the shelter because of the risk they were subjected to.

“Yes. Because if I went to the home of a relative, the offender may know, may know where I was ... and so, here, in any place where there is a shelter, probably he doesn’t know, he might have no idea that this exists (...)” (E6)

“Yes, I was here in the shelter because it’s my mother's protection. (…) And for my mother to be able to rebuild her life ... obviously I would like to be in X, but at this moment it’s not possible because of my father. If we were in X he would do anything to my mother, he would hurt my mother, so I'd rather be here and then, someday, I'm going to X.” (E9)

To be sheltered also provided an opportunity to obtain physical and psychological support.

“I would be. Because, in addition to conflicts, we also have directors here who help us, who are always ready to help us, if they see us sad, they are always trying to cheer us up, and these people treat us well ...” (E1)

The Last Resort

The shelter is viewed as the last solution to the problem, given the unavailability of other resources capable of supporting a solution to the problem.

“(…) It depends, if my mother could not go, get a house immediately and a job, if it was that fast.” (E5)

(In)Adaptation/Experiences

Positive Aspects/Experiences during Their Stay in the Shelter

For the majority of the participants (n = 9), integration in the shelter was positive, emphasizing the fact of making new friends and having professionals available to help them.
“Ah, I’ve never imagined that it could be like this, a good experience (…). It’s like making new friends, we see that there are people who have gone through the same thing, but people who always help us, and we also have a friendship with people who understand us, who do not judge us by our problem, and we can overcome everything together.” (E1)

“It’s been good, because I didn’t expect it to be so. I thought I was going to be badly received for my faults, for my personality, for having passed what I went through; but eventually it didn’t happen, because I know now that I’m not the only person who has this problem and that I can help others as much as they can help me, and, I already said that this, this is a family (…)” (E2)

“I am, I like to be here, but obviously I’d like being in a house of my own, with my mother and brothers. (…) Because I get along with everybody here and they are nice to me, they talk to me and I talk to them and sometimes we play games, we interact with each other.” (E9)

Certain events shared with shelter staff were evoked by some participants (n = 4) as being especially positive.

“(…) There was a situation that I liked a lot; it was a Saturday, the staff told the children to play and I liked it a lot because I got bored in the house and now we have a day that they are with us…” (E1)

“(…) it was when we gathered in a group and went for a picnic. (…) First we went to the beach; then because they were playing games there … we got into those games and then we went to the garden…” (E2)

Shelter equipment also allows for positive experiences.

“A good experience, only in this one, is to have Internet, while the other one didn’t have it, and sometimes I may watch what I want. Oh, and it is to watch television quietly (…)” (E6)
Negative Aspects/Experiences during Their Stay in the Shelter

Two participants (n = 2) identified negative moments that affected their adaptation, in particular, conflicts between shelter residents.

“(…) when I was upset with D.A. (…) because I didn’t, I didn’t like her attitude, the way she talked and it irritated me (…)” (E1)

“(…) that’s when there are those fights between women. (…) So, sometimes ladies are annoyed for nothing, but other times it looks like it has to be so. But they get irritated, they start to get angry and then they threaten each other and argue (…) Then the employee appears, tries to separate them and then the other women come to separate them and each one goes to her own place. Some women take one of them to one side and others take the other woman to another (…)” (E9)

One participant revealed his discomfort with certain rules and operating dynamics in the shelter.

“(…) it is because of going to the mall, of not being able to go out at night, and because here we lie down too early and can’t serve the food we want. (…) Even the people who serve us, the employees must serve us, we cannot serve ourselves. […] To eat on trays, I don’t like it, I hate it. (…)” (E8)

One participant mentioned as a positive experience the moment he became aware of the end of the sheltering period.

“(…) Good? It was when I heard that I was going to get out … because I’m going to have my life (…)” (E5)

DISCUSSION

This study gave us access to the perceptions and experiences of children who are victims of domestic violence regarding emergency shelters. Our Complimentary Contributor Copy
data reveal that these children share the understanding that shelters serve to accommodate families who are victims of domestic violence, giving them support to re-project their lives. This perception gains consistence when children are sheltered with their families. Contrary to the study of Bowyer and colleagues (2015), which revealed that the sense of safety is fragile, in our data, young people minimize risk and recognize the support provided by the shelter. These results are in line with other studies (e.g., Chanmugam, 2011; Sani & Coutinho, 2010), which point out that these social responses are perceived as having the primary function of protecting and guaranteeing the safety of victims of domestic violence. Shelters provide children and adolescents with the opportunity to find support to deal with their problems and to rebuild their lives (Carlos, Ferriani, Esteves, Silva, & Scatena, 2014).

Despite the day-to-day setbacks (e.g., exit, rules, emerging conflicts), most children describe their sheltering experience as positive, depicting positive concrete experiences. The opportunity to share similar situations and feelings, the emotional and material support they receive, and the possibility of re-creating new relationships are, among others, motives highlighted in this and other studies (e.g., DeForge, Zehander, Minick, & Carmon, 2001; Sani & Coutinho, 2010) as factors conducive to positive integration in a shelter. As with any process of adaptation to a new reality, this one is not exempt from difficulties (e.g., conflicts between residents) and constraints (e.g., rules and schedules). This requires the mobilization of strategies to deal with the situation. For children and young people, the confrontation with change can be particularly disruptive, especially if leaving home also implied changing school, separating from friends and sometimes making drastic changes to rooted habits (Bowyer et al., 2015; Chanmugam, 2011; DeForge et al., 2001). These conditions could operate as stress factors (Huang & Menke, 2001). When school change is required, often in the middle of the school year, it is sometimes difficult for children to keep up with their peers, which may lead to lower school achievement results or even school failure (Averitt, 2003). Despite the uncertainty of their future, children understand shelters as a resource and a source of support. In the hypothetical quality of decision subjects, they would count with these institutions to help them. The realization that in a shelter they can find the
safety they need, not only for them but also for the mothers, along with risk reduction and physical and psychological support, helps overcome fear. It should be noted that not all studies point in this direction. For example, Averitt (2003) found that preschool children living in temporary shelters perceived the support provided by the shelter as inadequate. It is therefore important to contextualize children's responses and to take into account the actual conditions (program, practices, routines, rules and staff) of each shelter.

Following Øverlien (2001), working closely and intensively with children and their mothers deepens a professional understanding of them and provides information and the opportunity to fit the intervention to their needs. In addition, shelters can improve cooperation with other services or find some important resources in the community to strengthen their action.

**CONCLUSION**

Prevalence studies show that children's exposure to violence, particularly at home, is pervasive and, as such, a serious social problem. In Portugal, as in other countries, there has been a progressive social recognition of this problem, which has been accompanied by various legislative improvements that reinforce the protection of children's rights.

Shelters are a residential response for victims of violence, most of which are women and children. Studies have shown that some of these children have specific needs that ought to be met by these services.

Our study offers new insights into how children perceive their experience in a shelter.

An important point to note is that there is no break or clash of expectations regarding the representations of these children about a shelter before and after their experience of being sheltered. However, the experience of living in a shelter gave them the opportunity to develop a more concrete understanding of the concrete aspects of daily life. This fact may have contributed to attenuating the disruptive character of the transition from their home to the shelter.

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The shelter is generally perceived positively for four main reasons: the security it offers, its professional support, the interaction with families in similar circumstances and the possibility of rethinking one’s family life project. Children understand that shelters are helpful. Aside from some reservations, all the children mentioned that their entry into the shelter was positive, since it helped them to plan a new life project with the help of professionals, giving them the possibility of creating new bonds of friendship. At the same time, they spoke positively about the shelter professionals who supported their families, accentuating that they were available and forthcoming whenever necessary. Professionals were thus seen by children as figures of protection and safety, which reinforces the importance of their role and their work.

It is noteworthy that these children positively appreciated the benefits that the shelter brought to their mothers, which highlights the fact that at least some of the interventions targeted at women victims may indirectly benefit children and young people.

Assessing the specific needs of children in shelters and the extent to which their needs are met requires further investigation using a multimethod design involving the evaluation of children’s functioning and well-being, with several informants, including the shelter’s staff, in addition to mothers, and related service professionals. This will allow to one to capture the adjustment and differentiation of responses provided by shelters and the ecology of services with which they articulate their intervention. It is also important to consider the requirements that shelters must meet in relation to the age of the children and young people they host.

At this stage of research and development of this social response, particularly in Portugal, intensive, extensive and systematic monitoring of the well-being of children and young people in VD shelters, taking their perspectives into account, is critical: on the one hand, it will help identify and handle any shortcomings in the functioning of institutions, thus improving the support provided to children and their mothers as well as the quality of services; on the other hand, it will allow one to collect information to support the evaluation and redefinition of future policies in this sector.
ACKNOWLEDGMENTS

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Ana Sani, Paula Cristina Martins and Vera Azevedo


The Role of Shelters for Victims of Violence in the Eyes of Children


Law n. 24/2017, of may 24. Altera o Código Civil promovendo a regulação urgente das responsabilidades parentais em situações de violência doméstica e procede à quinta alteração à Lei n.º 112/2009, de 16 de setembro, à vigésima sétima alteração ao Código de Processo Penal, à primeira alteração ao Regime Geral do Processo Tutelar Civil e à segunda alteração à Lei n.º 75/98, de 19 de novembro [Amends the Civil Code promoting the urgent regulation of parental responsibilities in situations of domestic violence and proceeds to the fifth amendment to Law no. 112/2009, of September 16, to the twenty-seventh amendment to the Code of Criminal Procedure, to the first amendment to the
The Role of Shelters for Victims of Violence in the Eyes of Children


Sani, A., & Caprichososo, D. (2013). Crianças em situação de risco por exposição à violência doméstica [Children at risk by exposure to domestic violence] In M. Calheiros, & M. Garrido (Eds.), Crianças em risco e perigo: Contextos, investigação e intervenção [Children at risk

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Sani, A., & Soares, L. (2018). Los efectos (in)directos de la exposición a la violencia parental en el niño [The (in) direct effects of exposure to

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Chapter 6

DEPRESSION IN BRAZILIAN CHILDREN AND ADOLESCENT VICTIMS OF INTRAFAMILIAL ABUSE: A DISCUSSION ABOUT GENDER

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ABSTRACT

The World Health Organization (WHO) considers Intrafamilial Child Abuse (ICA) a severe public health problem, and a major cause of morbidity and mortality in that age range. International studies point that mood disorders, particularly depression, stand out among the many resulting sequels to the victims’ mental health. In view of the aforementioned, this paper presents and discusses the results of an investigation into the depression indicators in Brazilian children and youths, victims of physical violence and/or intrafamilial sexual abuse. The sample was comprised of 1,253 participants, aged 6 to 16 years, 55.2% of which females and 48.2% males, divided into four groups: clinical group I, comprised of physical abuse victims; clinical group II, comprised of sexual abuse victims; clinical group III, comprised of physical and sexual abuse victims; and the control group (IV), comprised of participants with no history of victimization. The Child Depression Inventory (CDI) was used to assess depression indicators. This inventory assesses depressive symptoms in children and youths, through a self-administered questionnaire. Data analysis was carried out by comparing the CDI results of the four groups, by using Pearson’s Qui-Square Test, Student’s t test, and Multiple Logistic Analysis, by Odds Ratios calculation. The results showed significant differences (p < 0.0001) between the control groups and those comprised of ICA victims. Depression as a result of the ICA experience was found to prevail among females, teenagers in particular. Besides, among the ICA modalities, physical maltreatment was found to be the most predisposing element for the development of a depressive condition as compared to sexual abuse.

Keywords: child abuse, psychopathology, depression, gender

INTRODUCTION

Intrafamilial Child Abuse (ICA), physical maltreatment and sexual abuse in particular, has been recognized as an important social and health problem, a major cause of morbidity and mortality in that age range. According to Pinto Junior and Tardivo (2017), such abuse modality must be understood as a problem configured within the family as a private space, within a micro-political domain, but also as a gender and generation social relations problem, within a macro-political domain.
Thus, ICA results from the interaction of several factor groups: socioeconomic, cultural, and psychological ones on the part of the persons involved. Further features of such type of abuse should also be considered, as point out Azevedo and Guerra (2005): it is an endemic phenomenon; to which no ethnics, social class or religion is immune; it is not typical of poverty; it is statistically significant, not marginal; it may cyclically involve several generations in its reproduction; and it holds reiteration as a characteristic.

This interactionist reading of etiological factors of ICA and its characterization is based on the Theory of Gender Social Relations (Azevedo and Guerra, 2005; Hirata, 2014) under which maltreatment of children, rather than simply being a product of dysfunctional or psychopathological families, as advocate defectology theories, is actually due to the patriarchal structure itself that prevails in the contemporary societies, in which women and children are placed in a social condition of inferiority as compared to men. According to such theory, the problem is an issue of power that is extrapolated by the adult and that places the child in an object and subordination role.

So, as opposed to the determinist and/or unidirectional readings that consider the child as co-responsible for the family conflicts, the Theory of Gender Social Relations advocates the idea that, in the cases of child abuse, the child is always the victim, never to be blamed for the violence practiced by his/her parents. Under such perspective, ICA ought to be understood as a subjective and interpersonal form of violence, in which the adult imposes his/her power of discipline, denying and neglecting the child’s needs and rights, leading him/her to feature as a mere object of the adult’s desire or will.

Investigations into the area show that the ICA experience is responsible for uncountable damages to the victims’ mental and psychological health. A large number of sequels have been identified, such as: sleep problems, school difficulties, neurological disorders, significant and persistent losses in quality of life in the adult age, possible reproduction of the violence experienced, in addition to severe mood disorder conditions, depression in
Depression is nowadays considered a mood disorder of high incidence worldwide. According to the World Health Organization (WHO, 2011), depressive disorders, along with heart diseases, are already the group of diseases of major prevalence and growth in the world population, becoming a severe public and economic health problem. According to the DSM-V (APA, 2013), depressive conditions are classified as mood disorders or affective disorders, characterized by the presence of a sad, empty or irritable mood, followed by somatic and cognitive alterations that significantly affect the individual’s functioning.

A study into the prevalence of depression in 18 countries found an 11.1% rate, highlighting that among the middle-income countries, and Brazil showed the highest rate, with an 18.4% percentage (Bromet et al., 2011). The disease etiology is multiple, resulting from genetic, biochemical, psychological and social-familial factors. Although it may occur at any age, its main predictors are: female gender, dysfunctional family relations, low level of education and income, poor housing conditions, deficient social support and presence of different stressing events (Gregoleti, Scortegagna, and Portella, 2016).

Specifically in regard to depression in childhood, the prevalence data are severe, including in Brazil. In the Brazilian population, estimates show that between 0.4% and 3% of the children have depression indicators, and in adolescents that figure varies between 3.3 and 12.4%. It may even be higher among those in institutional care situation, who suffered conflicts and broken ties due to some type of abuse, maltreatment or abandonment, with prevalence between 6% and 45.7% (Coutinho et al., 2014; Schwan, and Ramires, 2017).

Depression in childhood and teenagers is connected with relevant stress or conflict situations, but the ones mostly reported in the investigations on the theme are: social vulnerability, lack of social support, and violence within the family context. Thus, the experience of physical maltreatment committed by the father or by the mother, exposure to violence between the parents, or violence among siblings, besides sustaining intrafamilial sexual
abuse, figure as relevant etiological factors for the development of depression in children and youths.

Specific studies on children and adolescents victims of either maltreatment or intrafamilial sexual abuse show this kind of experience to be directly connected with the development of psychiatric disorders, revealing depression rates that range from 38.6% to 59.2%, and of Post Trauma Stress Disorder (PTSD), from 29.3% a 69% (Lorion and Saltzman, 1993; Serafim et al., 2011; Hildebrand et al., 2015). Likewise, investigations show that most sexual abuse victims that develop depression as a symptom belong to the female gender, and such prevalence is usually explained by cultural factors (in particular, gender and generational inequalities) that historically impose situations of abuse and exploitation on females (Radford, et al., 2013; Finkelhor, Turner, Shattuck, and Hamby, 2013; Pinto Junior, Cassepp-Borges, and Santos, 2015).

It should be emphasized that child abuse is not sustained by the female gender alone; boys are also subject to maltreatment by the parent figure. However, it is noticed that male victims tend more to develop conduct disorders, characteristic that could explain the smaller number of boys that develop depression as a psychiatric disorder (Pinto Junior, Cassepp-Borges, and Santos, 2015). Thus, ICA is seen as a phenomenon that should be understood from a view that considers the issues of gender and generation, including in terms of psychopathological consequences, since in patriarchal and adult-centered cultures the differences between genders turn into inequalities that make possible the process of domination and exploitation of men over women, and in particular of men over girls (Apostólico et al., 2012; Pinto Junior, Cassepp-Borges, and Santos, 2015; Pinto Junior, and Tardivo, 2017). And, perhaps for that reason, female victims of maltreatment and of sexual abuse tend to develop more depression, as a psychopathological consequence of that kind of victimization, as compared to male victims.

Based on the aforementioned, this paper sought to investigate the depression indicators in Brazilian children and adolescents, victims of physical maltreatment and of intrafamilial sexual abuse, by administering the Child Depression Inventory (CDI), a scale that assesses depression
symptoms in the child and juvenile population. (Gouveia et al., 1995). Additionally, the differences between the genders and type of intrafamilial abuse sustained were analyzed, in order to obtain a more trustworthy panorama of depression as a psychopathological consequence of the ICA experienced.

**METHODS**

**Participants**

The sample was comprised of 1,253 Brazilian children and youngsters, from all areas in the country, ages ranging from 06 to 16 years, divided into four groups: a) Control Group, comprised of 593 children and youngsters, of both genders, not suspected of sustaining ICA; b) Clinical Group I, comprised of 426 children and teenagers, of both genders, proven to have sustained physical maltreatment practiced by their parents; c) Clinical Group II, comprised of 168 children and teenagers, of both genders, proven to have sustained sexual abuse practiced by their parents; d) Clinical Group III, comprised of 86 children and teenagers, of both genders, proven to have sustained maltreatment and sexual abuse practiced by their parents. Tables 1 and 2 present the participants’ distribution by Gender, Age, Schooling and ICA Group.

Considering the data in Tables 1 and 2, one may verify that, in terms of gender, girls’ participation was slightly higher, 55.2%, as compared to 48.2% of boys’. Considering age, the mean was 10.3 years, with a slightly higher percentage of participants aged up to 10 years (55.8%). Schooling ranged from 0 to 12 years, mean of 4.7 years, standard deviation 2.5. As to the type of ICA sustained, except for the Control Group, a large concentration for physical maltreatment was found (34.0% of total participants).
Table 1. Patients’ distribution by gender, age, schooling and ICA

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Group</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>692 (55.2%)</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>561 (44.8%)</td>
</tr>
<tr>
<td>Age Range</td>
<td>6 to 10 years</td>
<td>699 (55.8%)</td>
</tr>
<tr>
<td></td>
<td>11 to 16 years</td>
<td>554 (44.2%)</td>
</tr>
<tr>
<td>ICA</td>
<td>Physical</td>
<td>426 (34.0%)</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td>168 (13.4%)</td>
</tr>
<tr>
<td></td>
<td>Physical and Sexual</td>
<td>66 (5.3%)</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>593 (47.3%)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td>10.3±2.7</td>
</tr>
<tr>
<td>Schooling</td>
<td></td>
<td>4.7±2.5</td>
</tr>
</tbody>
</table>

Table 2. Summary measurements for age and schooling

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Measures</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Mean</td>
<td>10.3</td>
</tr>
<tr>
<td></td>
<td>Standard Deviation</td>
<td>2.7</td>
</tr>
<tr>
<td></td>
<td>Minimum</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Q1</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Maximum</td>
<td>16</td>
</tr>
<tr>
<td>Schooling</td>
<td>Mean</td>
<td>4.7</td>
</tr>
<tr>
<td></td>
<td>Standard Deviation</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>Minimum</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Q1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Maximum</td>
<td>12</td>
</tr>
</tbody>
</table>
Materials

The Child Depression Inventory (CDI) was used for data collection. Such instrument was originally created by Kovacs (1992), in the USA, and validated for the Brazilian population in 1995, by Gouveia et al. (1995). It is a self-administered scale, developed to identify depression symptoms in individuals aged 7 to 17 years. The CDI version validated in Brazil is comprised of 20 items characterized as cognitive, affective and behavioral symptoms of depression. Every alternative requires one among three answers to be chosen, and they vary in a scale from 0 (total absence of symptoms) to 2 points (severe symptom) (Gouveia et al., 1995).

Procedures

Firstly, the study was assessed and approved by the Committee of Ethics in Research of the Institute of Psychology of the University of São Paulo, having followed all ethical procedures required. All teenager participants signed the Consent Form and their legal representatives signed the Free and Clarified Consent Form.

Then, the inventory was administered to the participants in the four groups, i.e., the three clinical groups (victims of physical maltreatment, victims of sexual abuse, and victims of physical maltreatment and sexual abuse) and the control group. The data were collected individually in the institutions where the participants were identified.

Data Analysis

After the inventory was administered, the records were assessed individually, by adding the scores of every participant in the CDI. For this study, score 17 was adopted as the cut-off score, value defined by the CDI validation study in Brazil (Gouveia et al., 1995). Thus, the participant
achieving a score equal to or higher than 17 was classified as “probably depressive”.

Then, the data underwent statistical treatment, aiming to verify the differences among the groups. To that end, Pearson’s Qui-Square Test and Student’s t-Test were used to compare the means. A Multiple Logistic Regression Analysis was also carried out, to assess the CDI result on a multivariable basis, considering all variables jointly, i.e., gender, age range, schooling and ICA.

Lastly, the CDI results were analyzed, particularly considering the characteristics of the participants in the clinical groups. Thus, in order to verify the differences among the participants, ICA victims, the Qui-Square Test and Student’s t Test were used. To assess the CDI results of those participants on a multivariable basis, considering all characteristics – gender, age range, schooling and ICA –, the Multiple Logistic Regression Analysis, by calculation of the Odds Ratio, was used.

RESULTS AND DISCUSSION

CDI results were analyzed, considering the participants’ characteristics, first individually and then by multiple analysis. Firstly, Tables 3 and 4 present the distribution of results considering the cut-off score for the instrument, i.e., scores <17 and >= 17 (indicative of depression). Frequencies and percentages are presented for attribute measurements; for the quantitative measurements, the means and standard deviations are presented.

In order to verify if there was any difference among the groups, Pearson’s Qui-Square Test was used to compare the percentages; for the quantitative measures, Student’s t Test was used for the independent samples aiming to compare the means. The tests p-values are presented.

The data in Tables 3 and 4 show a significantly higher percentage of women among the participants that scored >= 17 in the CDI (p-value = 0.0017), corroborating the findings in the literature in the area suggesting
that female gender stands out among the depression predictors (Gregoleti, Scortegagna and Portella, 2016).

Table 3. Distribution of participants regarding the CDI results

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Group</th>
<th>CDI &lt; 17</th>
<th>CDI &gt;= 17</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>519 (52.9%)</td>
<td>173 (63.6%)</td>
<td>0.0017</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>462 (47.1%)</td>
<td>99 (36.4%)</td>
<td></td>
</tr>
<tr>
<td>Age range</td>
<td>6 to 10 years</td>
<td>549 (56.0%)</td>
<td>150 (55.1%)</td>
<td>0.8105</td>
</tr>
<tr>
<td></td>
<td>11 to 16 years</td>
<td>432 (44.0%)</td>
<td>122 (44.9%)</td>
<td></td>
</tr>
<tr>
<td>ICA</td>
<td>Physical</td>
<td>258 (26.3%)</td>
<td>168 (61.8%)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td>111 (11.3%)</td>
<td>57 (21.0%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical and Sexual</td>
<td>40 (4.1%)</td>
<td>26 (9.6%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>572 (58.3%)</td>
<td>21 (7.7%)</td>
<td></td>
</tr>
</tbody>
</table>

Table 4. Summary measures for the CDI groups

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Group</th>
<th>CDI &lt; 17</th>
<th>CDI &gt;= 17</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Mean</td>
<td>10.4±2.6</td>
<td>10.1±2.9</td>
<td>0.2777</td>
</tr>
<tr>
<td></td>
<td>Standard Deviation</td>
<td>2.6</td>
<td>2.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minimum</td>
<td>6</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q1</td>
<td>8</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximum</td>
<td>16</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

Schooling Mean 4.8 4.0
Standard Deviation 2.4 2.5
Minimum 0 0
Q1 3 2
Median 5 4
Q3 6 6
Maximum 12 11
When the investigation participants’ age range is considered one notices a slightly higher percentage in the 11 to 16 years range in the group of subjects scoring CDI >= 17; however, the difference was not significant (p-value = 0.8105). The same applies to the age variable, in which a small and not significant difference is found among the age means, (p-value = 0.2777).

However, when the ICA modality is analyzed, a significantly higher percentage of physical maltreatment in the participants group scoring CDI >= 17 is found. On the other hand, very few participants are identified in the Control group with such result (p-value < 0.0001). This finding highlights the fact that being a physical maltreatment victim is an important element for the development of depression in childhood and in adolescence. Such fact may be due to the type of abuse characteristics, since the assault that directly strikes the victim’s body, besides the pain and physical marks, leaves psychic sequels and traumas that disrupt their emotional development, starting from a rupture in the feeling of continuity of being. According to Pinto Junior and Tardivo (2008), the maltreatment situations, especially those practiced by parents, operate as an event that takes away from the child his/her subject condition, capturing the possibility of symbolization and representation, thus establishing a psychic imbalance that can trigger the development of psychopathological conditions, depression in particular.

When the research participants’ schooling is analyzed, a slightly lower mean is found in the group of children and youth scoring >= 17 in the CDI, with a significant difference of 0.8 years of schooling (p-value < 0.0001). Such datum confirms what is found in the area literature, i.e., that ICA depressive victims show to lag more behind in schooling, confirming cognitive disorders and small school progress as consequences of the violence suffered (Tardivo, and Pinto Junior, 2010, Nemeroff, 2016; Van der Kolk, 2017).

For assessment of the CDI result on a multivariable basis, considering all variables – gender, age range, schooling and ICA – together, a Multiple Logistic Regression Analysis was used. Table 5 presents the Logistic Regression result. Considering the p-values, one can find that all variables were significant, including the age range that, individually, was not. In order
to assess the impact of these variables, the Odds Ratios were calculated, and are presented along with a Confidence Interval in Table 6.

Considering the data presented in Tables 5 and 6, one can note that when taking into account gender, the Odds Ratio was 1.90, which shows that the female gender stands 1.9 times greater chance of having CDI $>= 17$ as compared to the male participants, again corroborating that depression is a pathology clearly more present among females (Gregoleti, Scortegagna and Portella, 2016). Regarding age range, the Odds Ratio was 1.73, suggesting youths aged between 11 and 16 years to have 1.7 times greater chance of scoring $>= 17$ in the CDI. This corroborates the research conducted by Hiremath and Debaje (2014) that indicated domestic violence as a major factor to cause mild or severe depression in teenagers.

As to the type of ICA, the Odds Ratios were calculated for each group in relation to the Control group. From that analysis, it is found that the group of victims sustaining physical maltreatment stands 17.5 times greater chance of scoring CDI $> 17$ as compared to the Control group; the group of victims of sexual abuse stands 12.3 times greater chance of scoring CDI $>= 17$ as compared to the Control group; and the group of victims of physical and sexual abuse stand 14.6 times greater chance of scoring CDI $>= 17$ as compared to the Control group.

\begin{table}[h]
\centering
\caption{Logistic Regression Analysis for CDI}
\begin{tabular}{|l|c|c|c|c|}
\hline
Source & Parameters & Degrees of freedom & Qui-square & p-value \\
\hline
Age Range & 1 & 1 & 5.96 & 0.0146 \\
Gender & 1 & 1 & 15.35 & <0.0001 \\
Schooling & 1 & 1 & 25.47 & <0.0001 \\
Type of ICA & 3 & 3 & 227.32 & <0.0001 \\
\hline
\end{tabular}
\end{table}

Those figures show that undergoing any ICA modality can strongly predict a depressive condition trigger, but it should be emphasized that physical abuse is placed as the main etiological factor, at least in this paper. The study conducted by Greger and others (2015) also pointed that the teenagers sustaining physical violence showed greater chances of

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developing a psychiatric disorder, among which, depression, as compared to those who witnessed some type of violence.

Table 6. Odds Ratios for CDI

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Level 1</th>
<th>Level 2</th>
<th>OR</th>
<th>CI95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>Male</td>
<td>1.90</td>
<td>1.37; 2.62</td>
</tr>
<tr>
<td>Age range</td>
<td>11 a 16 years</td>
<td>6 a 10 years</td>
<td>1.73</td>
<td>1.11; 2.68</td>
</tr>
<tr>
<td>ICA</td>
<td>Physical Control</td>
<td>Sexual Control</td>
<td>17.50</td>
<td>10.75; 28.49</td>
</tr>
<tr>
<td></td>
<td>Physical and</td>
<td>Sexual Control</td>
<td>12.34</td>
<td>7.13; 21.36</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td>Control</td>
<td>14.63</td>
<td>7.49; 28.60</td>
</tr>
<tr>
<td>Schooling</td>
<td></td>
<td></td>
<td>0.79</td>
<td>0.72; 1.26</td>
</tr>
</tbody>
</table>

The previous observation is confirmed in regard to Schooling, since the Odds Ratio was 0.79, i.e., for every additional year of education, the chance of scoring CDI >= 17 is 0.79 times smaller, i.e., for every year less of education the chance of CDI >= 17 is 1.26 times greater. Considering that among the ICA victims, as a rule, schooling and cognitive capacity are lower as compared to children and teenagers not victimized (Tardivo, and Pinto Junior, 2010; Nemeroff, 2016; Van der Kolk, 2017), it remains confirmed that the abuse experience in childhood brings negative consequences for the intellectual development in both genders.

CDI results were also assessed considering the characteristics of victimized participants alone. The analysis was made firstly on an individual basis and then from multiple analysis.

In the individual analysis, the ICA group characteristics are shown in Tables 7 and 8, with distribution of the results considering CDI scores <17 and >= 17. For attribute measurement, frequencies and percentages are described; for quantitative measurements, the means and standard deviations are described. In order to verify if there was any difference among the groups, Pearson’s Qui-Square Test was used for comparison of percentages; for the quantitative measurements, a Student’s t test was used in two independent samples to compare the means, showing the p-values of the tests.

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Considering the figures presented in Tables 7 and 8, one notices a significantly higher percentage of female participants scoring >= 17 in the CDI (p-value = 0.0352), which shows that even among the ICA victims, girls tend to develop more depression than boys. The latter ones, according to the literature, seem to develop more conduct disorders (Pinto Junior, Cassepp-Borges, and Santos, 2015).

### Table 7. Participants distribution in regard to the CDI results in the ICA groups

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Group</th>
<th>CDI &lt; 17</th>
<th>CDI &gt;= 17</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Females</td>
<td>220 (53.8%)</td>
<td>156 (62.2%)</td>
<td>0.0352</td>
</tr>
<tr>
<td></td>
<td>Males</td>
<td>189 (46.2%)</td>
<td>95 (37.8%)</td>
<td></td>
</tr>
<tr>
<td>Age range</td>
<td>6 to 10 years</td>
<td>200 (48.9%)</td>
<td>136 (54.2%)</td>
<td>0.1873</td>
</tr>
<tr>
<td></td>
<td>11 to 16 years</td>
<td>209 (51.1%)</td>
<td>115 (45.8%)</td>
<td></td>
</tr>
<tr>
<td>ICA</td>
<td>Physical</td>
<td>258 (63.1%)</td>
<td>168 (66.9%)</td>
<td>0.4473</td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td>111 (27.1%)</td>
<td>57 (22.7%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical and</td>
<td>40 (9.8%)</td>
<td>26 (10.4%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td>10.6±2.7</td>
<td>10.2±2.9</td>
<td>0.0485</td>
</tr>
<tr>
<td>Schooling</td>
<td></td>
<td>4.8±2.4</td>
<td>4.1±2.5</td>
<td>0.0001</td>
</tr>
</tbody>
</table>

### Table 8. CDI summary measures of ICA groups

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Group</th>
<th>CDI &lt; 17</th>
<th>CDI &gt;= 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Mean</td>
<td>10.6</td>
<td>10.2</td>
</tr>
<tr>
<td></td>
<td>Standard Deviation</td>
<td>2.7</td>
<td>2.9</td>
</tr>
<tr>
<td></td>
<td>Minimum</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Q1</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Maximum</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Schooling</td>
<td>Mean</td>
<td>4.8</td>
<td>4.1</td>
</tr>
<tr>
<td></td>
<td>Standard Deviation</td>
<td>2.4</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>Minimum</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Q1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Median</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Q3</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Maximum</td>
<td>12</td>
<td>11</td>
</tr>
</tbody>
</table>
Also, a slightly higher percentage of ICA victims is noted within the 11 to 16 years range with a \( \geq 17 \) score in the CDI; however, the difference was not significant (p-value = 0.1873). On the other hand, considering the age variable, a significant difference (p-value = 0.0485) is found between the age means (10.6 to 10.2). As to the modality of ICA, a similar percentage of the types of violence in both groups is found, with no significant difference (p-value = 0.4473), which indicates that experiencing any type of abuse modality may predispose the victim to develop a depressive condition.

When schooling is considered, a slightly smaller schooling mean is found among the participants scoring \( \geq 17 \) in the CDI, with a significant difference for 0.7 years of schooling (p-value <0.0001). That figure suggests that the larger the number of depression indicators found, the greater the tendency of presenting learning problems.

Finally, the multivariate analysis of the CDI result was conducted, considering all variables together: gender, age range, schooling and type of ICA. To that end, a Multiple Logistic Regression Analysis was conducted. Table 9 presents the Logistic Regression result, showing that, according to the p-values, significant differences were found regarding age range, gender and schooling. To assess the impact of these variables, the Odds Ratios were calculated. They are presented in Table 10, along with their corresponding Confidence Interval.

Tables 9 and 10 data show that, considering gender, the Odds Ratio was 1.72, which indicates female victims to stand a 1.7 times greater chance of presenting CDI with a \( \geq 17 \) score as compared to males. Likewise, considering age range, the Odds Ratio was 1.63, suggesting that youths aged 11 to 16 years stand 1.6 times greater chance of having CDI with a \( \geq 17 \) score. For schooling, the Odds Ratio was 0.81, i.e., for every additional year of schooling, the chance of having CDI with a \( \geq 17 \) score is 0.81 times smaller. In other words, for every year less of schooling, the chance of scoring CDI \( \geq 17 \) is 1.24 times greater.
Table 9. Logistic Regression Analysis for the CDI victimized group

<table>
<thead>
<tr>
<th>Source</th>
<th>Parameters</th>
<th>Degrees of freedom</th>
<th>Qui-square</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age range</td>
<td>1</td>
<td>1</td>
<td>4.29</td>
<td>0.0383</td>
</tr>
<tr>
<td>Gender</td>
<td>1</td>
<td>1</td>
<td>9.53</td>
<td>0.0020</td>
</tr>
<tr>
<td>Schooling</td>
<td>1</td>
<td>1</td>
<td>18.59</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Type of ICA</td>
<td>2</td>
<td>2</td>
<td>2.65</td>
<td>0.2652</td>
</tr>
</tbody>
</table>

Table 10. Odds Ratios for CDI – ICA group

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Level 1</th>
<th>Level 2</th>
<th>OR</th>
<th>CI95%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>Male</td>
<td>1.72</td>
<td>1.22;2.42</td>
</tr>
<tr>
<td>Age range</td>
<td>11 to 16 years</td>
<td>6 to 10 years</td>
<td>1.63</td>
<td>1.03;2.59</td>
</tr>
<tr>
<td>ICA</td>
<td>Physical</td>
<td>Sexual</td>
<td>1.39</td>
<td>0.93;2.06</td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td>Physical and Sexual</td>
<td>1.17</td>
<td>0.67;2.02</td>
</tr>
<tr>
<td>Schooling</td>
<td>0.81</td>
<td>0.73;0.89</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By analyzing the Odds Ratios data according to the ICA modality, no difference was found among the groups, i.e., the Odds Ratio equaled 1 (same chance in the different groups assessed). However, the data suggest that when comparing the group of victims of physical maltreatment with the group of victims of sexual abuse, the physical maltreatment group is found to present a 1.39 times greater chance of scoring CDI >= 17 as compared to the sexual abuse victims. When comparing the group of victims of physical maltreatment and the group of victims of both, physical maltreatment and sexual abuse, it is noted that the physically abused participants stand a 1.17 times greater chance of scoring >= 17 in the CDI than the subjects that sustained physical and sexual abuse, simultaneously.

**CONCLUSION**

This paper aimed to look into depression indicators in Brazilian children and youths, victims of physical maltreatment and of intrafamilial sexual abuse, by administering the Child Depression Inventory (CDI), a scale that
assesses depression symptoms in the child and juvenile population. Additionally, the differences between the genders and type of intrafamilial abuse sustained were analyzed, in order to obtain a more trustworthy panorama of depression as a psychopathological consequence of the ICA experienced.

The paper objectives were fully achieved, confirming depression to actually be a consequence of the victimization experience within the family context, with the Brazilian teenagers, victims of ICA, always showing more signs of depression when compared to the ones in the control group. It was also evidenced that depression resulting from the ICA experience prevailed among females. Additionally, among the ICA modalities, it was possible to find that physical maltreatment appears as the event that mostly predisposes for the development of a depressive condition as compared to other forms of abuse, although victimized teenagers have always presented more signs of depression.

The data found herein provide evidence of the severity of the victimization experience and the relevant damages that sustaining ICA brings to the health and development of Brazilian teenagers. Thus, this study substantiates the need to implement preventive measures and early identification of ICA in children and youths, as well as effective treatments for the victims and their relatives.

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["Victimization and violence: clinical care from different settings”. In Support: new proposals in clinical psychology].


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INDEX

A

abuse, viii, ix, x, 15, 16, 20, 21, 30, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 49, 50, 51, 52, 53, 56, 58, 62, 67, 69, 72, 75, 76, 78, 80, 82, 84, 85, 86, 87, 88, 89, 90, 92, 93, 94, 95, 97, 98, 99, 109, 122, 126, 130, 131, 132, 133, 134, 136, 139, 140, 141, 143, 144, 145, 146, 147, 148, 149, 152

academic performance, 95
access, 8, 89, 117
accommodation, 121
adaptation, 81, 117, 118, 146, 151
adjustment, x, 80, 81, 82, 84, 90, 93, 94, 99, 107, 120
adolescents, 6, 58, 63, 69, 72, 73, 74, 80, 83, 85, 88, 90, 92, 94, 95, 99, 107, 118, 121, 126, 132, 133, 145, 147, 148, 149, 150, 154, 155, 156
adults, 3, 6, 63, 69, 81, 82, 87, 90, 99, 108, 148
adverse event, 87
affective disorder, 132
age, 3, 6, 9, 10, 11, 15, 18, 22, 27, 28, 29, 30, 44, 45, 47, 48, 63, 65, 66, 82, 88, 102, 103, 120, 130, 131, 132, 134, 137, 139, 140, 142, 143
agencies, 10, 12, 31
aggression, ix, 6, 20, 41, 44, 45, 46, 51, 52, 76, 77, 82, 85, 93, 95, 122
aggressive behavior, 37, 74, 77
alcohol abuse, 87
Alcohol Use Disorders Identification Test, 34
alcoholics, 75
alcoholism, 56, 63, 67, 76
alienation, 82, 91, 92, 96, 98, 99
American Psychiatric Association, 145
anger, 44, 57, 64, 106
antisocial behavior, 46, 84, 99, 148
anxiety, 57, 58, 74, 78, 84, 85, 106, 123
assault, 8, 11, 45, 82, 102, 139
assessment, 5, 71, 72, 74, 80, 88, 98, 107, 139, 152, 153
atheists, 66
attachment, 14, 78, 84, 94, 103
attitudes, 21, 43, 96
authorities, 11, 104
avoidance, 8, 77, 85
awareness, 8, 12, 42, 49, 56, 58, 61, 75

Complimentary Contributor Copy
Index

B

barriers, 42, 49, 52
behaviors, x, 6, 35, 36, 37, 38, 46, 48, 54, 59, 77, 79, 80, 82, 83, 106
benefits, 12, 72, 111, 120
borderline personality disorder, 78
Brazil, 129, 132, 136, 145, 147, 150, 151, 152, 153, 155, 156
Brazilian children and adolescents, 133
brothers, 116
bullying, 59

C

campaigns, 49
caregivers, x, 80, 82, 86, 87, 89, 90, 102, 148
challenges, x, 10, 95, 98, 101, 126
child abuse, 72, 84, 89, 94, 97, 98, 99, 130, 131, 133, 147, 149
Child Depression Inventory, 130, 134, 135, 144
child development, 72
child maltreatment, 71, 83, 148
child protective services, 104
childhood, vii, ix, 15, 30, 35, 55, 56, 58, 60, 61, 63, 65, 67, 69, 75, 76, 77, 83, 85, 86, 88, 93, 94, 97, 99, 122, 123, 132, 139, 141, 146, 151
childhood maltreatment, v, vii, ix, 55, 56, 60, 61, 67, 68, 69, 75, 77
childhood sexual abuse, 56, 67, 69
children as victims, xi, 102, 104
children exposure to violence, 80
children victims, viii, xi, 98, 102
citizenship, 9, 105
civil society, 105
clinical psychology, 148
cognitive capacity, 141
cognitive level, 83
cognitive process, 93
cognitive therapy, 76
college students, 58, 70, 71, 74
commercial, 31
communication, 46
community, v, vii, x, 1, 3, 6, 8, 9, 10, 11, 13, 14, 15, 16, 17, 21, 29, 31, 32, 48, 49, 53, 61, 79, 89, 92, 99, 102, 107, 119, 121, 123, 126, 147
community psychology, 9, 13
community violence exposure, 2
compilation, vii, 14
complement, 24, 46
conceptualization, 90
conduct disorder, 133, 141
conflict, 35, 40, 44, 46, 54, 59, 62, 81, 82, 83, 92, 93, 94, 97, 98, 99, 122, 126, 132
conflict resolution, 35, 54
confrontation, 118
construction, 8, 15, 145
consumption, 86, 87, 89, 96
counseling, 32, 52
Court of Appeals, 129, 154
crime exposure, 2
crimes, 3, 7, 8, 11, 103
criminal activity, 3, 12
criminal justice system, 5
data collection, 135
data set, 60, 67
decision-making process, 5
delinquency, 6, 85, 90

Complimentary Contributor Copy
Index

depression, vi, viii, 46, 57, 58, 59, 73, 74, 78, 85, 129, 130, 131, 132, 133, 136, 137, 139, 140, 141, 143, 144, 146, 148
depressive symptoms, 58, 73, 76, 78, 130
developmental factors, 60
developmental psychology, 72
differential distribution of risk, 3
directionality, 35
diseases, 132
disorder, 76, 77, 131, 132, 133, 141, 148
displacement, 47
dispositional mindfulness, v, vii, ix, 55, 56, 57, 61, 69, 70, 71
distribution, 3, 11, 65, 66, 74, 134, 135, 137, 141, 142
diversity, 48
domestic violence between parents, 103
domestic violence in same-sex relationships, 20, 42
dominance, 44
dopaminergic, 148
drug abuse, 88, 98, 126
drugs, x, 44, 46, 80, 86, 87, 94, 109
drug abuse, 88, 98, 126
emotional disorder, 86
emotional stability, 56
emotional well-being, ix, 55
emotionality, 70
empathy, 83
empirical studies, 24, 26
employees, 117
empowerment, 84
environmental influences, 58
epidemiology, 146
epistemology, 51
equipment, 11, 116
ester, 20, 29
ethical standards, 110
ethnicity, 27, 28, 29, 30
European Regional Development Fund, 91, 127
European Union, 96
evidence, x, 59, 73, 74, 81, 101, 145
experience of children, 106
exposure, vii, viii, xi, 2, 6, 7, 12, 15, 35, 59, 69, 76, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 92, 93, 94, 98, 99, 102, 103, 104, 105, 119, 121, 122, 123, 125, 126, 132, 146, 147, 151, 152
exposure to domestic violence, xi, 59, 69, 83, 93, 98, 99, 102, 104, 121, 125, 126, 147, 151, 152
exposure to indirect or direct violence, 80
externalizing disorders, 72

E

ecology, 120
economic power, 43
education, 27, 28, 29, 30, 43, 46, 64, 66, 70, 74, 84, 105, 132, 141
educational attainment, 70
emergency, 106, 107, 111, 117, 121, 123
emotion, 73, 77
emotion regulation, 73

F

families, 10, 15, 70, 86, 89, 105, 107, 113, 118, 120, 126, 131
family conflict, 59, 82, 131
family violence, 43, 46, 85, 95, 103, 108
fear, 13, 15, 82, 106, 107, 119
feelings, 8, 12, 83, 106, 109, 118
female victims, 133, 143
femininity, 8
fights, 117
financial, 41
flexibility, 48
food, 114, 117
force, 40
freedom, 8, 140, 143, 150
friendship, x, 56, 69, 70, 74, 78, 116, 120

G

gay and lesbian, ix, 20, 21, 31, 42, 50
gay couples, 22
gay men, 36, 42, 47
gender, 1, iii, vi, 3, 7, 9, 10, 11, 13, 14, 15,
17, 21, 27, 36, 48, 49, 52, 53, 66, 103,
105, 124, 129, 130, 131, 132, 133, 134,
135, 137, 138, 139, 140, 142, 143, 144,
147
gender differences, 8
gender equality, 105
gender stereotypes, 7
genetic factors, 58
God, 64, 66
group characteristics, 141
group therapy, 90
growth, 107, 132
guidelines, 11, 15, 92

H

harassment, 36, 41
health, 9, 31, 43, 46, 51, 59, 60, 72, 78, 91,
95, 97, 130, 131, 132, 145, 146, 147, 151
health problems, 43, 46
heart disease, 132
hierarchy of victimization, 5
high school, 64, 65
history, 20, 29, 40, 43, 46, 59, 85, 130
homosexuality, 43
homosexuals, 22, 31
Hong Kong, 26, 32, 50

host, 120, 155
hostility, 57, 69, 75, 99
House, 150
housing, 132
human, 24
human immunodeficiency virus, 24

ideals, 43
identification, 63, 145
identity, 8, 150, 156
illicit drug use, 87
images, 15, 72, 121
imbalances, 43, 47
immunodeficiency, 24
impact, vii, ix, x, 4, 12, 21, 55, 58, 59, 69,
80, 82, 84, 85, 90, 92, 98, 99, 101, 103,
104, 108, 121, 123, 125, 126, 139, 143,
148
improvements, 60, 119
impulsiveness, 57
impulsivity, 77, 106, 148
incidence, 14, 132
income, 27, 28, 29, 30, 43, 44, 132
indirect effect, 85
indirect or vicarious victimization, 102
individual differences, 78
individuals, ix, 9, 10, 20, 35, 42, 46, 71,
136, 146
inequality, 8, 45
inferiority, 131
inflation, 66, 67, 68, 69, 76
injections, 86
injure, 41
insecurity, viii, 2, 4, 8, 15, 46
institutions, 6, 9, 15, 21, 48, 49, 50, 107,
118, 120, 136, 149, 155
integration, 115, 118
integrity, 83, 104
intelligence, 154
interface, 71
interference, 87
internalization, 86
interparental conflict, 94, 98, 99
interpersonal contact, 8
interpersonal interactions, 82
interrelations, 14
intersex, 32
intervention, v, viii, xi, 17, 47, 48, 49, 52, 60, 79, 80, 88, 89, 90, 92, 102, 119, 120, 125, 126, 147, 150, 154
intimate partner violence (IPV), vii, ix, 20, 21, 24, 25, 26, 29, 30, 31, 35, 41, 42, 43, 44, 47, 48, 49, 50, 51, 52, 53, 56, 83, 85, 96, 99, 102, 121, 123, 124
intrafamilial child abuse (ICA), 130, 131, 133, 134, 135, 137, 138, 139, 140, 141, 142, 143, 144, 145
investment, 48
Iran, 96
Ireland, 94
issues, 4, 8, 10, 47, 48, 72, 86, 96, 105, 126, 133
kill, 58
kindergarten, 65
Latin America, 145, 150, 155
lead, 3, 21, 73, 81, 83, 118
learning, 143
legislation, 104
lesbian couples, 22, 36
level of education, 132
life cycle, viii, x, 80
Likert scale, 64
litigation, x, 80
Local Security Diagnoses, 12
longitudinal study, 84, 92
love, 64, 66, 70
Luo, 92
major depressive disorder, 76
majority, 41, 67, 86, 88, 103, 115
maltreatment, vii, ix, 37, 46, 55, 56, 58, 59, 60, 61, 62, 65, 66, 67, 69, 71, 75, 77, 83, 98, 102, 103, 130, 131, 132, 133, 134, 136, 139, 140, 144, 145, 146, 148
management, viii, x, 12, 44, 59, 80
marital conflict, 94
masculinity, 35, 43, 51, 53
measurements, 135, 137, 141
medical, 31, 32, 49, 59, 60, 64, 66, 70
mental disorder, 85, 145
mental health, 9, 31, 44, 46, 59, 95, 97, 130, 146, 147, 151
mental health professionals, 31
mental illness, 77, 96, 97
meta-analysis, 74, 86, 93
minors, 8, 85, 87, 88, 89
modifications, 63
mood disorder, 130, 131, 132
multidimensional, 77, 88
multiple factors, 5
multiple victimization, 40, 80, 81, 88, 92, 94, 95
multivariate analysis, 143
National Survey, 6, 15, 94, 102, 123
negative consequences, x, 79, 82, 141
negative experiences, 111
neglect, 97, 147, 149
North America, 36
offenders, 6, 37, 49, 85
openness, 43, 48
opportunities, 8
overlap, 14

pain, 59, 62, 139
parental alcoholism, 56, 63, 76
parental alienation, 82, 91, 92, 96, 98, 99
parental attitudes, 96
parental conflict, 81, 126
parental maltreatment, 103
parental physical abuse, 56, 76
parent-child relationship, x, 56, 59, 70, 89
parenting, 59, 73, 74, 76, 77, 95, 97
parents, x, 62, 64, 72, 77, 80, 82, 84, 85, 86, 87, 88, 91, 92, 94, 95, 97, 103, 131, 132, 134, 139, 152
participants, viii, 8, 18, 26, 27, 28, 29, 35, 36, 37, 38, 39, 40, 41, 44, 45, 47, 48, 49, 50, 51, 54, 66, 94, 97, 98, 119, 122, 123, 125, 126, 132, 133, 147, 148, 151, 152
prevalence of violence, vii, ix, 20, 22, 35, 48
prevention, vii, viii, ix, 2, 11, 12, 15, 17, 20, 48, 49, 73, 90, 91
probability, 5, 45, 51, 82, 85, 86, 87, 88, 90
professionals, 21, 31, 49, 50, 52, 54, 91, 95, 105, 106, 107, 115, 120
protection, viii, x, 2, 8, 10, 13, 15, 89, 101, 104, 105, 108, 113, 115, 119, 120
protective factors, vii, viii, ix, x, 5, 15, 42, 50, 56, 80, 81, 89, 91, 97
psychiatric disorder, 133, 141
psychiatric patients, 73
psychological development, 92
psychological distress, 57, 75
psychological health, 43, 131
psychological well-being, 72, 104
psychology, 9, 13, 17, 60, 72, 74, 98, 148, 149
psychometric properties, 62
psychopathology, 46, 71, 74, 76, 92, 130, 148, 149, 150, 155
psychosocial factors, 35
psychosocial functioning, 95

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Index

<table>
<thead>
<tr>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>rape, 13, 63, 154</td>
</tr>
<tr>
<td>reactions, 57</td>
</tr>
<tr>
<td>reading, 22, 24, 131</td>
</tr>
<tr>
<td>recognition, ix, 3, 12, 19, 104, 119</td>
</tr>
<tr>
<td>recommendations, iv, 98</td>
</tr>
<tr>
<td>regression, 44, 65, 66, 67, 69, 70, 86</td>
</tr>
<tr>
<td>regression analysis, 65</td>
</tr>
<tr>
<td>regression model, 65, 67, 70</td>
</tr>
<tr>
<td>relationship quality, 89</td>
</tr>
<tr>
<td>reproduction, 82, 131</td>
</tr>
<tr>
<td>requirements, 104, 110, 120</td>
</tr>
<tr>
<td>researchers, 10, 24, 85</td>
</tr>
<tr>
<td>response, 4, 12, 85, 108, 111, 112, 119, 120</td>
</tr>
<tr>
<td>risk, v, vii, viii, ix, x, 2, 3, 4, 5, 7, 11, 12, 13, 14, 16, 20, 22, 24, 26, 29, 30, 32, 34, 42, 44, 45, 46, 47, 49, 50, 51, 71, 73, 77, 79, 80, 81, 82, 83, 84, 85, 87, 88, 89, 90, 92, 96, 98, 99, 102, 105, 112, 115, 118, 119, 122, 125, 126, 146, 151, 152</td>
</tr>
<tr>
<td>risk management, 12</td>
</tr>
<tr>
<td>risks, x, 10, 79, 81, 90, 91, 111</td>
</tr>
<tr>
<td>routines, 87, 119</td>
</tr>
<tr>
<td>rules, 76, 107, 108, 117, 118</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>safety, 3, 8, 10, 11, 14, 16, 81, 103, 105, 106, 107, 118, 119, 120</td>
</tr>
<tr>
<td>same-gender relationships, 22</td>
</tr>
<tr>
<td>same-sex relationships, vii, ix, 20, 22, 42, 50, 53</td>
</tr>
<tr>
<td>school, 6, 14, 15, 64, 65, 83, 89, 94, 118, 131, 139, 154</td>
</tr>
<tr>
<td>school performance, 83, 89</td>
</tr>
<tr>
<td>schooling, 29, 44, 45, 137, 139, 141, 143</td>
</tr>
<tr>
<td>security, viii, 2, 8, 9, 10, 12, 13, 16, 17, 18, 92, 93, 120, 152</td>
</tr>
<tr>
<td>self-esteem, 46, 57, 77, 83, 89, 98, 107</td>
</tr>
<tr>
<td>service provider, 35, 43, 49, 51</td>
</tr>
<tr>
<td>services, iv, x, 12, 21, 30, 31, 32, 42, 89, 101, 104, 107, 108, 119, 120, 123</td>
</tr>
<tr>
<td>sex, vii, ix, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 35, 40, 42, 43, 44, 45, 46, 48, 49, 50, 51, 52, 53, 54</td>
</tr>
<tr>
<td>sexual abuse, viii, x, 38, 40, 41, 56, 67, 69, 82, 90, 92, 130, 133, 134, 136, 140, 144, 148, 152</td>
</tr>
<tr>
<td>sexual orientation, 27, 28, 29, 30, 43, 48</td>
</tr>
<tr>
<td>shelters, vi, viii, xi, 101, 102, 103, 105, 106, 107, 108, 109, 111, 113, 117, 118, 119, 120, 121, 122, 123, 126</td>
</tr>
<tr>
<td>shelters for victims of domestic violence, 105, 106</td>
</tr>
<tr>
<td>showing, 70, 141, 143, 145</td>
</tr>
<tr>
<td>sibling, x, 56, 59, 62, 67, 69</td>
</tr>
<tr>
<td>sibling physical abuse, 56</td>
</tr>
<tr>
<td>Singapore, 122</td>
</tr>
<tr>
<td>social class, 27, 29, 131</td>
</tr>
<tr>
<td>social psychology, 149</td>
</tr>
<tr>
<td>social support, 65, 66, 132</td>
</tr>
<tr>
<td>society, x, 8, 13, 15, 18, 43, 47, 49, 79, 105</td>
</tr>
<tr>
<td>solution, 112, 115, 122</td>
</tr>
<tr>
<td>spirituality, 59, 70, 72, 73, 74</td>
</tr>
<tr>
<td>standard deviation, 134, 137, 141</td>
</tr>
<tr>
<td>stress, ix, 49, 50, 55, 57, 59, 72, 77, 78, 85, 98, 118, 132</td>
</tr>
<tr>
<td>stress management, 59</td>
</tr>
<tr>
<td>structural characteristics, 114</td>
</tr>
<tr>
<td>substance abuse, x, 43, 44, 75, 80, 85, 86, 87, 90, 96, 109</td>
</tr>
<tr>
<td>symptoms, 57, 58, 59, 72, 73, 75, 76, 78, 86, 94, 98, 106, 130, 134, 136, 144</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>target population, 48</td>
</tr>
<tr>
<td>team members, 111</td>
</tr>
<tr>
<td>techniques, 80, 125, 152, 153</td>
</tr>
<tr>
<td>therapeutic interventions, 86</td>
</tr>
<tr>
<td>threats, 40, 41, 62, 106</td>
</tr>
</tbody>
</table>
Index

training, 49, 52, 57, 59, 72, 73, 77, 105
training programs, 49
transmission, 82, 91, 92
trauma, 58, 76, 86, 98, 108, 148

U
underlying mechanisms, 71
universities, 7, 11
urban, viii, 2, 9, 10, 16, 94, 147

V
validation, 63, 73, 74, 75, 136
variables, 3, 4, 11, 15, 27, 28, 29, 30, 44, 66, 86, 137, 139, 143
variations, 123
victimization, vii, viii, x, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 14, 15, 16, 18, 35, 37, 38, 40, 42, 43, 46, 47, 51, 52, 53, 58, 63, 73, 80, 81, 82, 83, 85, 88, 90, 92, 94, 95, 98, 99, 102, 103, 124, 130, 133, 144, 145, 148
victims, vi, viii, x, 3, 4, 6, 7, 11, 12, 13, 14, 15, 16, 18, 21, 30, 36, 37, 38, 39, 40, 41, 42, 45, 47, 49, 50, 52, 54, 75, 83, 84, 97, 98, 101, 102, 103, 104, 105, 106, 107, 108, 109, 113, 114, 117, 119, 120, 121, 125, 129, 130, 131, 133, 136, 137, 139, 140, 141, 142, 143, 144, 145, 148, 154
victims of domestic violence, 37, 49, 103, 105, 107, 108, 113, 114, 117, 121
vulnerability, v, vii, viii, 1, 2, 3, 4, 5, 8, 10, 12, 15, 17, 89, 132, 149

Washington, 123, 145
well-being, viii, ix, x, 55, 61, 72, 79, 84, 97, 104, 105, 120
withdrawal, 99
workers, 49
World Health Organization, 130, 132, 149

Y
young people, vii, 3, 5, 6, 15, 17, 89, 96, 103, 109, 111, 113, 118, 120, 122, 125, 126, 148

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